

The Most Potent Medicine

by Jim Dineen

I was never a big Richard Nixon fan, not because of his political leanings but more because I never quite trusted what he said. After all, he was known to sometimes stretch or shade the truth but one thing he said always stuck with me. “I know you believe you understand what you think I said, but I am not sure you realize that what you heard is not what I meant”. Whether I liked the 37th President of this great country or not, he summed up the issue of communications for me very concisely. What we say and what we mean are often two different things and on the other end of that equation is what we heard is not always what was said.



If we say nothing else about communications in everyday life, we’ve probably summed up most of the world’s problems and disagreements. In fact, since most of us don’t have a great impact on the world situation, we’ve covered the main communications problems in almost all relationships. If I’m not completely clear on what I

communicate and my listener isn’t completely clear on what they understand me to say, we have no communication. I wonder if this kind of issue could arise in a dialysis setting.

Of course, any of us who have ever worked in or been a patient in a dialysis center know the answer to this question. After all, we are there for different reasons and those reasons aren’t always compatible. As a professional, whether a nurse, technician, Dr. or administrator, we get paid to do a job to the best of our ability, in the shortest of time, in the most cost effective manner with the least number of problems. This is pretty much like any job. The dialysis professional just happens to be quite influential in keeping other people alive and feeling as good as can be expected.

As the recipient of the service the professional offers, the patient, we want to be treated in the best possible manner, under the healthiest of situations, by professional who do all those things mentioned above but in the most acceptable manner possible to me, the patient. If we put those things together, we certainly have the ingredients for “communications” issues. If you equate these communications

issues to the desired outcomes we want from dialysis, we could very well have a life threatening situation. What I think I’m told to take and do and what I’m actually told to take and do may be very different.

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The communication between me and my caregiver is much more critical than we sometimes realize. But I don’t think it’s quite that simple.

Let’s look at communications from a standpoint not related to dialysis and ask ourselves a couple of questions. Let’s assume you’re at home and your spouse, significant other, parent or roommate says to you that the garbage needs to go out. You understand this to mean to take the garbage from the kitchen can to the container in the garage. They meant that the

garbage collection company will be there in the morning and it should go from the garage to the curb. Has there been a miscommunication? Not really as both parties have a very clear understanding that the process of getting the garbage from one place to a correct and new place is necessary. Both parties happen to be right or correct yet there really has been no effective communication since the garbage never made it to the truck this week.

Hopefully, we see that communications isn't the simple and uncomplicated issue we seem to treat it as. As a matter of fact, it's not just conveying words between two or more parties that makes up communications. Eye contact, body language, inflection in our voices and where the parties are physically all have a serious impact on whether communication is effective. As a speaker and trainer, I have often suggested to people that before anyone can be a good speaker they must first learn to be a good listener. This begs the question of how then do I become a good communicator if verbally sending a message and hopefully having it heard isn't always communication.



Think of the last instance where communications was vital in

your role as a care giver or patient. Do you appreciate someone having eye contact with you when you speak? In turn, don't you feel that someone is listening to you more intently when they have established eye contact with you? Neither of those actions, eye contact from the giver and receiver requires any sort of verbal skill. The eye contact does convey a strong message however that I'm interested in what you need whichever end of the communication you are on.

Another example might be that one or both parties to a conversation are constantly busy and at least giving the impression they aren't really listening. Have you ever experienced this and how does it make you feel? If we can't stand still or be attentive enough to offer at least a semblance of giving attention, we have lost the communications link. Think about this while you communicate no matter how hectic your day is. Remember, the other party has a life going on as well as you.

How many times during a typical day, whether at work or at home do we find ourselves making arrangements to do something or be somewhere and then, because we run into scheduling conflicts or things get hectic we are late. Put yourself on the receiving end of this scenario and try to remember how you felt as the person waiting. Do you ever feel that

the other party must not care too much about me since they couldn't even be on time for our "scheduled appointment"? Would being late for a scheduled treatment by either the caregiver or the patient be such an occurrence?

"...effective communications is a two way street..."

My point in these instances is that effective communications is a two way street and unless we work at it and work at it hard, it can be totally ineffective and a waste of time. If being effective as either a caregiver or a patient is a legitimate goal, two way communications is vital.

Talking about other people and their problems while communicating with anyone sends a message that those problems or issues are more important than the person you're talking with. Criticizing others while "communicating" with me prompts the question in my mind, do they talk about me when I'm not around? If I try to tell you that my labs are less than perfect because of certain problems outside of the unit I may not be just making excuses. I could have some real problems that need to be addressed and when I'm accused of simply making excuses, I shut down. You obviously don't care about me anyway.

If, we try to see the opposite side of any communications from the other point of view, at least for a few seconds, we might actually have more effective and productive communications. As human beings we all want to be respected and appreciated no matter how hard-nosed we seem on the surface. As the speaker, I owe you my attention and to the best of my ability my presentation of a message in as clear and understandable a manner as possible. As the receiver of the information, I owe you my attention and to the best of my ability my reception of the message as clearly and understandably as possible. Doesn't there seem to be some similarity in those two roles?

Lastly, let me offer a real life situation that happened to me as a consultant.

I had a group of people, about 75 who were trying to define the main problems within their organization. After 2-3 hours of brainstorming everything they could think of, we narrowed the major problems affecting the organization down to one, communications. I then asked the group to help me define communications so we could attack the problems and attempt to solve them. 75 members of this organization made up of every type of employee worked another 2-3 hours and came up with over 1400 types of communications issues ranging from terrible speaking skills to bad telephone

manners to a total lack of listening ability.

The next time you have what seems to be a communications issue with a co-worker or a patient, ask yourself what is the best approach to this issue. "What is the most potent medicine" to cure this communications illness? The medicine is usually right there in front of us.

ABOUT THE AUTHOR

Jim Dineen is a kidney patient, having undergone two years of hemo-dialysis, 1 year of home hemo-dialysis and a kidney transplant in 2003. Jim serves a member of the PLC and on the Bd. Of Trustees for Network 9/10 and is a writer and speaker. His first published book, "Life's Just Not That Complicated" reflects Jim's approach to life in general and being a dialysis patient in particular. Jim's philosophy is that communications is really only as complicated as we want to make it. His web site is www.eagledreamer.com.



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