

Book Reviews

Cathleen Morrow, MD Book Review Editor

Publishers who wish to submit books for possible inclusion in *Family Medicine's* book review section should send texts to Cathleen Morrow, MD, *Family Medicine* book review editor, Maine-Dartmouth Family Practice Residency, 4 Sheridan Drive, Fairfield, ME 04937. 207-861-5030. Fax: 207-861-5003. cmorrow@mainegeneral.org. Reviewers interested in writing reviews for publication should contact Dr Morrow as well.

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Listening as Work in Primary Care, Simon Cocksedge, Oxford (England), Seattle, Radcliffe Publishing, 2005, 192 pp., paperback, about \$41 (21.95 GBP [Great Britain pound]).

The author of *Listening as Work in Primary Care* is a general practitioner who works in a semirural practice in England that has served 8,600 patients over the past 20 years. In the preface, Dr Cocksedge states, "This book has arisen from reflections on patients' everyday stories in my work as a general practitioner . . . I have reflected on the mandate that GPs are given by society to listen and to be available if required. I also considered boundaries in my relationships with patients arising from specific instances and encounters." The body of the book, however, also draws on interviews Dr Cocksedge conducted with fellow practitioners.

The book blends material that reviews communications skills principles described in the health professions literature, presents primary data obtained from providers who examine the critical role of listening performed by the general practitioner, and explores the context that affects the ability

of the experienced practitioner to communicate effectively.

By examining the context of listening and communication as performed by the practitioner, the author deals with subject matter infrequently discussed in health professions literature. At times the author goes outside the health professions to identify or solidify themes. This is done judiciously with good effect. When discussing the importance of, but limitations to, "listening work" in building the doctor-patient relationship, for example, Dr Cocksedge uses the sociology of marriage literature to clarify his point: "One converses one's way through life . . . The reality of the world is sustained through conversations with significant others." (Berger and Kellner, 1979)

The book is of value to both the communications expert and the practicing physician. The academic will benefit by the literature review and discussion of the evolution of communications models. The main body of the book is more practitioner oriented and provides opinions and reflections of general practitioners around listening and the doctor-patient relationship. The author uses the descriptive narrative that emerges from qualitative

research. He blends interviewee quotes with his narrative to develop themes and to explore issues. The chapter flow provides the reader with an option to skim through sections. For some, one or two quotes relative to the narrative will suffice; other readers will wish to absorb the nuances provided by additional quotes.

One serious weakness of the book is the lack of attention given to describing the methodology used to obtain the data that were used to form the narrative. Only one page is dedicated to methodology. It is stated that all data were obtained from 23 experienced general practitioners. All practiced in the same semirural area of northern England. No demographic information is provided, such as age or gender of the interviewees. No interview schedule is provided. The author addresses analysis by stating that "Standard qualitative methods were used for interview analysis." He acknowledges study limitations that include restricted sampling and the noninvolvement of patients. Some readers will find the absence of attention to methodology a serious weakness, while others will not.

Listening as Work in Primary Care is organized into five sections.

The introductory section has two parts, the first of which suggests how to use the book. The author hopes that practitioners who read the book will be encouraged to reflect on their "listening work" with patients. He establishes that listening to patients is work that often is difficult.

The second introductory part provides the theoretical background for the book. The case is made that the importance of listening skills in medicine has come full circle. Before the age of clinical science, listening was the most important tool in diagnosis and management. As clinical science advanced, listening skills were deemphasized in favor of more "objective" diagnostic tools. In the last 30 years, listening and communications skills have reemerged as critical for the practitioner to master. The section continues with a review of the research literature in listening and communications in the health professions. Dr Cocksedge believes that patient-centered communications models reflected in the Kalamazoo Consensus are improvements over earlier models because these models, "while emphasizing the necessity to attend to cues and use (of) communications skills, build in a further emphasis on an integrated understanding of the whole person over time and on continuity of care in the context of effective long-term relationships with healing potential." The author concludes by stating that while he believes newer patient-centered communications models recognize the importance of long-term relationships between physician and patient and the larger context within which these relationships operate, there remains significant tension between professional ideals and everyday practice that makes the application of optimal listening and communications skills difficult to maintain. The narrative stories presented by Dr Cocksedge show a pragmatic application of

patient-centered theory by practitioners often influenced by time and circumstance.

The second section of the book organizes three chapters under the heading of "Choices in Listening." The chapters provide narrative and quotes that examine the importance of listening to patients and practitioner choice whether or not to listen. The chapter dedicated to the choice of not listening examines recognized barriers to listening such as time and work pressure, mood, feelings toward the patient, and concern over inappropriate attachments. The quotes of physicians provide interesting examples of the complexity of listening. For example, interviewees are frank about the methods that they use to limit or block listening.

The third section of the book, "Listening Work and Relationships" consists of four chapters that describe cumulative listening and introduce two concepts identified as "pastoral work" and "holding work." The cumulative listening and relationships chapter indicate that interviewees believe that important aspects of doctor-patient relationships including respect, empathy, approachability, confidentiality, trust, intimacy, and accessibility require significant time to develop. Even with time, not all doctor-patient relationships exhibit these positive elements. Their presence or absence affect the quality of listening. The practitioners interviewed describe successful and less-successful cumulative relationships. The interviewees identified cumulative relationships that have been labeled as pastoral. "There was general agreement (among the interviewees) that being pastoral involves being supportive, caring . . . and reassuring and does not usually involve clinical medicine . . . It is about lending an ear . . . perhaps offering advice . . ." Most of the practitioners interviewed did not think about the pastoral aspects

of their work, but once identified, they recognized it as part of their listening work. The section also introduces the concept of "holding work," defined as "being there" for patients and "keeping them going." All interviewees considered holding work as a routine, important aspect of everyday primary care. Practitioners identified holding most frequently with patients having mental health problems, patients suffering from loss and bereavement, and patients experiencing relationship difficulties. Given that holding work is universal, important, and often difficult, Dr Cocksedge completes the section with a chapter devoted to discussing different approaches to holding: as a concept, as a specific relationship in the patient-physician interaction, and as a method of management in listening work.

The fourth section of the book includes four chapters that collectively address the impact on listening resulting from organizational boundaries, special interpersonal relations represented by friends or colleagues as patients, and by practitioner-held self concepts related to awareness, adequacy, and sincerity. It is interesting, for example, that many of the interviewees suspect that their sincerity in listening to patients may vary by patient or by external factors such as pressures in the home. Indeed, they speculate as to whether or not they sometimes engage in false sincerity, however much they disapprove of this action. It is impressive that Dr Cocksedge's interview protocol elicited in interviewees such self-examination of worrisome behavior.

The final section of the book consists of a summary chapter, "Listening as Work in Primary Care," and three appendices. It also addresses methodology, established communications paradigms, and guidelines (ie, Calgary-Cambridge Guide), and suggestions for further reading. This section links theo-

retical constructs with the major themes illustrated by the primary source (interview) data, legitimizes listening work in primary care, and assists the casual as well as the careful reader in understanding the book's major points.

While *Listening as Work in Primary Care* may not be essential reading for the audience of *Family Medicine*, it is a useful book to both

the communications expert and the primary care practitioner. For the expert, the book delves into areas not often addressed by the literature that examine communications skills. The primary data presented that describe organizational and personal boundaries relative to listening, and that allow for discussion around relatively underreported types of listening (holding and pas-

toral) should engage the communications specialist. The interview data provided by practitioners that verify the importance of listening in primary care and indicate how difficult listening can be in the reality of day-to-day practice should interest the practitioner.

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