

# First, do “nothing” ... and listen

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The oath—‘do no harm’—ensures the health and well-being of the patient are protected, respected and hopefully improved. However, it implies that ‘something’ will be done where a definitive answer or diagnosis will be generated and a specific treatment plan generated. While the latter aligns with common practice and meets the expectations of athletes and clinicians alike,<sup>1</sup> it presents a temptation to rush into a specific treatment path that is difficult to resist. Even pain science education (‘explain pain’) as a recognised treatment of common musculoskeletal disorders might still underestimate the initial interaction between the practitioner and the patient.<sup>2</sup> It seems that listening, or the opportunity to discuss problems, might be as important as specifically targeted education.<sup>2</sup>

In this editorial, we explore a key component of assessment that might aid practitioners in their clinical care of

patients—doing ‘nothing’ (translation—really listening). Specifically, how generative listening might improve the outcome for the individual.

## THE BENEFITS OF DOING ‘NOTHING’ (REALLY LISTENING)

In sports medicine, as with other fields of healthcare, athletes seeking consultation

are equipped with self-obtained knowledge about their condition or injury. This might include a mix of accurate, well-researched information, as well as a plethora of anecdotes, beliefs, and opinions. By carefully listening, the clinician can identify these different lanes of information, and create a foundation of trust.<sup>3</sup>

Behavioural learning is key for true integration of the information given to the athlete; self-discovery by the individual is much more deeply owned and accepted than strong statements from a clinician. How often do we provide confident declarations in our assessment and treatment of athletes instead of asking probing and open

### Downloading

“Yeah, I know that already”

Do you hear something familiar from a patient early in their storytelling immediately begin crafting how you will explain your diagnosis and treatment options, all while the patient is still speaking?

### Generative

“I am connected to something larger than myself, and open to the unknown emergence of the interaction”

Are your patient interactions primarily a time of collaboration? A curious openness to emergence in real time, they story, you listen, you question, they respond, you hear their goals even their emotions. Do you find creative things that weren’t in your mind at the beginning? If this is you, you might be a generative listener

### Factual

“Ooh, look at that”

Do you most often listen and hear bit and pieces of a patient story? Whether or not it fits with your initial assessment but feel like you have heard enough. And you dismiss or possibly include any anomalous details as (un)important?

### Empathetic

“Let me reflect what I hear you saying and feeling”

Do you find allow yourself an awareness of the patient’s needs? Not leaning into your diagnostic repertoire until you have really heard what it is they want or need to say? And that information changes your own thinking?

What kind of listener am I?

Figure 1 Key questions to determine what kind of listener you are.

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questions, facilitating the co-discovery of the athlete's best outcome?

Of course, no action is a form of action. It is the deliberate decision not to apply a specific intervention, provide an unsolicited explanation or suggest serious and definite steps that need to be taken with immediate effect. In many instances, the athlete may not require any of these actions. Rather, if the subjective assessment is performed well, the true benefit can lie in minimal guidance of behaviour, training, exercise or adaptations in daily activities. In a recent editorial on pain and fatigue, O'Sullivan *et al*<sup>4</sup> suggested that management of the athlete is aided through carefully listening to the athlete's story, with education and reassurance provided through reflective communication. This type of intervention, often labelled 'education', is already an action. However, the key component before any action, including education, is to listen.

#### WHAT KIND OF LISTENER AM I?

Patients experience improved outcomes if they feel they are 'taken seriously', which often reflects the clinician being attentive and interested in what they are saying.<sup>3 5 6</sup> Identifying interpretive biases in our own listening is difficult. Otto Scharmer provides clear insights on four different types of listening: downloading, factual, empathic and generative listening.<sup>7</sup> Figure 1 captures key questions that will allow you to understand what kind of listener you are. If you identify with downloading, what you hear confirms what you already know, seeking to reconfirm habitual judgements. When listening factually, the focus is on what is novel or disconfirming in what you hear. You allow the data to talk to you, and are attentive to the responses you get. If the

listener becomes empathetic, there is a shift from the clinician's experience to that of the athlete. This type of listening attempts to better understand the perspective of the person we listen to, and creates resonance that builds trust. Ultimately, when generative listening occurs, both the clinician and the athlete can be themselves, and share truthfully and transparently. Preconceived ideas are let go, and the interaction becomes open to a new field of possibilities.

#### INCORPORATING GENERATIVE LISTENING IN YOUR PRACTICE

When generative listening guides us, we increase the possibility to identify with the athletes' needs and expectations, and how we are most able to reach these goals. The premature destinations often considered when consultations are started are avoided and there is emerging understanding between the clinician and the athlete. Generative listening enables you to (sometimes creatively) adapt for each unique athlete and better determine what you and they need to do... or not do.

To develop and grow, we encourage clinicians to adopt a generative listening approach in their assessments. The optimal health of the athlete will always rely on our ability to deliver the 'something'—be it education or exercise interventions. However, to do it well, we must first learn this skill of doing 'nothing.' We must become generative listeners.

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