



Editorial

Navigating Difficult Conversations in the Inpatient Setting: A Framework for Hospitalists

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Abstract

The inpatient setting is fraught with emotional challenges for patients and healthcare providers due to unexpected illnesses, procedural delays, diagnostic uncertainties, suboptimal treatment responses, and prolonged hospital stays. These stressors often manifest in patient demands, behaviors, and questions, necessitating difficult conversations. The rise in misinformation, unrealistic expectations, and complex psychosocial dynamics has further increased the frequency of such interactions. Avoiding these conversations can exacerbate issues, erode trust, and harm therapeutic relationships. Hospitalists must cultivate skills to address these challenges effectively, fostering clarity, shared goals, and patient-centered care. A structured approach to navigating difficult conversations includes preparation, creating an appropriate setting, active listening, reflecting on perspectives, and collaborative action. Tools such as the Awareness-Understanding Matrix can guide understanding and resolution. By prioritizing open, empathetic, and purpose-driven communication, hospitalists can align with patients, strengthen relationships, and achieve meaningful outcomes in care.

The inpatient setting presents significant emotional challenges due to various factors. These include unexpected illnesses, delays in diagnostic and therapeutic procedures, challenges in reaching definitive diagnoses, suboptimal responses to treatments, complications arising from interventions, and the need for repeat procedures. Hospitalization also imposes additional stress due to associated opportunity costs and competing demands on time and resources, which become increasingly burdensome with prolonged stays. The emotional strain often manifests in patient demands, questions, and behaviors, necessitating difficult conversations.

The frequency of these conversations has risen due to factors such as misinformation and disinformation in mainstream and social media, unrealistic expectations, complex psychosocial and family dynamics, and other compounding influences.¹

However, difficult conversations are frequently avoided for reasons such as:

1. Reluctance to address contentious issues.
2. Fear of offending those involved.
3. Uncertainty about how to initiate the discussion.
4. Concern about potentially exacerbating the situation.

Despite these challenges, the importance of engaging in such conversations cannot be overstated. Addressing

contentious issues and offering clarity strengthens therapeutic relationships, establishes shared goals, and promotes a sense of purpose in the inpatient environment. Developing the skills to effectively navigate difficult conversations is an essential competency for hospitalists to enhance their impact and effectiveness.¹

As we embark on this endeavor, it's crucial to recognize and avoid certain pitfalls:

A. AVOIDING THE CONVERSATION

Avoiding difficult conversations often exacerbates the issue and compounds the problem. As Victor Hugo aptly put it, "Not being heard is no reason for silence." These discussions are necessary, even when the stakes seem low—for example, when a patient insists on leaving against medical advice (AMA) despite improving and being suitable for outpatient follow-up, or when a patient refuses a discharge plan and requests an additional hospital day after a recent readmission. Avoidance in such scenarios can escalate emotions and harm the hospitalist-patient relationship.²

B. MAKING ASSUMPTIONS

Productive conversations require us to avoid unfounded assumptions about patients' motivations or perceptions.

Common pitfalls include attributing disagreements to gender or racial bias without evidence or presuming those preferences for specific medications stem from addiction. For example, a family's refusal of a discharge over a long weekend may not necessarily be for convenience but could have valid reasons. Avoiding assumptions fosters open dialogue and mutual understanding.³

C. PERSONALIZING ISSUES

It's important not to take these discussions personally. Conversations about patient care and decision-making are rarely a reflection of us as individuals unless explicitly stated. Grounding discussions in the principles of the Hippocratic Oath and the fundamentals of medical ethics can help depersonalize interactions and maintain focus on patient-centered care.

D. EMOTIONAL REACTIVITY

The emotionally charged inpatient environment can take a toll on hospitalists as well. Managing our emotions is essential to achieving productive outcomes. If this proves challenging, involving colleagues or other stakeholders in these conversations can provide support and perspective.

E. PATRONIZING OR LECTURING

While medical jargon and technical language are efficient tools for professional communication, they can alienate patients. It's essential to avoid patronizing or lecturing, even when re-educating or clarifying roles in patient care. Striving for clear, empathetic, and patient-centered communication ensures more effective and respectful interactions.

When preparing for difficult conversations, we often encounter the Awareness-Understanding Matrix (Table 1). Issues can range from those we are both aware of and understand to those we neither recognize nor fully comprehend.⁴

Table 1. Awareness-Understanding Matrix

	Aware	Not aware
Understand	Known knowns: Things we are aware of and understand	Unknown knowns: Things we are not aware of but do understand or know implicitly
Don't understand	Known unknowns: Things we are aware of but don't understand	Unknown unknowns: Things we are neither aware of nor understand

To effectively navigate difficult conversations, a structured framework is essential.^{5,6} This framework includes:

1. Preparation: Define the purpose of the conversation. Gather the facts and identify any assumptions that need to be addressed.
2. Managing the Setting: Opt for in-person meetings whenever possible. If necessary, use a virtual format to include relevant stakeholders. Ensure the setting is private and conducive to a constructive discussion.
3. Listening: Be prepared to actively listen and genuinely consider their perspective without interrupting or immediately correcting.
4. Reflection: Acknowledge the emotions and contributions of all parties involved.
5. Action: Collaborate to build mutual understanding by following these steps:
 - a. Assume positive intent.
 - b. Engage in active listening to fully grasp their perspective.
 - c. Use open-ended questions to seek clarification rather than making assumptions.
 - d. Maintain a calm and composed demeanor.
 - e. Provide clear and direct summaries of the issues being addressed.
 - f. Identify common ground.
 - g. Agree on the next steps and ensure appropriate follow-up if required.

In summary, difficult conversations are an inevitable part of meaningful interactions. The objective is not to "win" but to foster alignment around a shared purpose, building connections, and progressing toward common goals. Developing the courage to engage in these discussions and the skills to navigate them effectively comes with consistent practice.

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The author has no conflicts of interest to disclose.

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