

## **The Basic First Step of the Cooperation; Listening / Observation Concept\***

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*The cooperation status at the Newborn Unit is mainly based the principles of cooperation and collaboration. In this Unit, the first step; listening/observation concept is considered.*

**M**edicine have to be on cooperation and collaboration with the person, the individual. But at Neonatology, especially at the preterm infants, the only state-run is with the family, mainly with the mother.

Thus, if the health status and the conditioned will not be solved for healthy state, the family have reflections, and be claim, sometimes accusation state. Thus, mainly be not accepted as a blame/fine from the legal and at the basis of Patient Right, but astonishing to family and the medical staff.

In this Unit, we have considered the listening/Observation of the newborn infant, the first step as an ethical consideration perspective, as medical procedures and approaching facet.

## Outline

### The Basic First Step of the Cooperation; Listening/Observation Concept

**AIM:** The Neonatology Period is mostly on the consideration of listening the physiology of the infant and meaning the observational perspectives on the especially the preterm infants, this is a philosophical point of view the observation in medicine at the Neonatology.

**Grounding Aspects:** The communication and to be on coordination, the philosophical considerations on listening and/or Observation, mainly Wikipedia as a literature source.

**Introduction:** To on in communication of the preterm infant, at the Neonatology Period, the main ought to be concepts is to be in love, in every manner, the humanity, the patient, in caring and serving to people, as an individual and as a common/society. Respect as a human, even for the very small premature.

**General Considerations:** Ethical Considerations can be indicated as; a) Basically be on: 1-Thrust, be on the truth and reality, 2-Loyalty, high fidelity, 3-Confidence, secret saving; b) Ethical application Principles: 1-Not to be any harm, *primum non nocere*, 2-Benefit, usefulness, 3-Respect the autonomy, civil liberties, 4-Justice, not only be on common sense, but for individual aspect

**Proceeding:** The general perspectives of humanity. Reasoning of the observation can be indicated as: 1-Why concept, why required for observation/listening, 2-What will be the purpose, aiming? 3-How it will be given phase? 4-What will it be understandable medium? 5-What he/she understands? 6-Is it really be on the same frequency? 7-What for the conversation/cooperation for observation required? 8-Can it be circling/repeated?

The communication states can be summaries as; a) The communication state, b) For informed consent, c) For humanistic relation, d) Biosemiotics for evaluation and interpretation.

**Notions:** The communication must be based on ethical principles. Communications Stages must be all grounding on the Human Rights, indicating at the Medical and Universal Ethical Considerations. In all procedures; a) Non-verbal, verbal, written, and other stages must be on ethical aspects and, also, b) Barriers and communication accidents can be overcome by again and again, repeated communications by correcting the blockades can be overcome by again and again, repeated communications by correcting the blockades.

**Conclusion:** Understanding the person as ethical developmental perspective, as physician and the patient as Human is vital important. Cooperativeness on listening and observing is basic consideration on communication concept under ethical parameters.

**Key Words:** The ethical perspectives and philosophy of cooperation

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## Özet

### İlişkinin ilk temel basamağı olarak; Dinleme/Gözlem Olgusu

**Amaç:** Yenidoğan Döneminde hekim/sağlık personeli ile hasta bebekler arasında fizyoloji ve sorunların özellikle prematürelere izlem gözleme dayandığı bir gerçeklik boyutudur. Tüm tıbbi yaklaşımların klinik sonucu, fizyopatolojik yapısı açısından gözlemin önemi belirgindir.

**Dayanaklar/Kaynaklar:** İletişimde bir eşgüdüm ve iş birliğinin psikolojik temellerinin dinleme/gözlem ile felsefe boyutu ile incelenmesi Wikipedia irdemesi ile yapılmıştır.

**Giriş:** Prematürelere ile Yenidoğan Döneminde, temel yaklaşım boyutu sevgi olmalıdır, insanı her açıdan, her yönü ile sevmelidir. Yaşam hakkı ve İnsanlık Haklarına saygı duyma ve saygı oluşturmaktır. Çok ufak prematürelere de bu sevgi ve saygıdan daha fazla hak ettikleri belirgindir.

**Genel Yaklaşım:** İlke, temel olarak etik yaklaşımlarda olmalıdır; temel olarak, a) güven, b) sadakat, c) gizlilik, yaklaşımlarda etik boyut olarak; a) zarar dokunmaması, b) yararlılık, c) bireye hakkı açısından, otonomisi açısından saygı, d) adalet, hak edişe göre yaklaşımdır.

**Başlıca boyutlar:** 1) Nedensellik, neden gözleme gereksinim vardır, laboratuvar sonuçlara göre tercih nedeni? 2) Gözlemdeki amaç ne olmalıdır? 3) Gözlemin yapılış biçimi? 4) Gözlemin yapılış, uygulanış ortamı? 5) Gözlemden anlaşılan, yorumlanan? 6) Aynı frekans içinde olunmalı? 7) Sonuçta elde edilenler neler? 8) Gözlemden devamlılık ilkesi?

İletişim boyutları olarak; a) bilgilendirme amaçlı, b) iletişim amaçlı, c) insani ilişkiler, d) değerlendirme ve yorum yapabilme açısından yapılmaktadır.

**Sonuç:** İlişki ve iletişimlerin temel amacı tümünün İnsancıl olmasıdır. Olaya karşı gelinir ama bireye değil, birey eğitilmesi, terbiye olması beklenebilir. Uygulama olarak iletişimin tüm aşamaları; a) sözsüz, konuşma, yazı, diğer aşamalar ile etik algılar içinde, b) iletişim bariyerleri ile iletişim kazaları tekrar ve tekrar iletişim yaparak saplanabilir ve blokajlar düzeltilebilir.

**Yorum:** Bireyin anlaşılması hekimlikte hasta ve doktor açısından yaşamsal öneme sahiptir, iş birliği dinleme ve gözlem ile sağlanması, iletişimde etik ilkeler açısından olmalıdır.

**Teşekkür:** Karşılıklı görüşmeler sonucunda oluşan bu düşüncenin kaynağı olan Eskişehir Acıbadem Hastanesi sorumluları ile Pınar Ürersoy'a, teşekkürü bir borç bilirim.

**Anahtar Kelimeler:** İlişkilerde etik bakış, felsefe açısından ele alınmaktadır.

# The meaning of Listening/Observation; For communication

## Communication

### Wikipedia

Communication is sharing some concepts, in this Unit, that we are establishing the medical sharing for Meaning the medical applications and Procedures, to the family, Neonatology period not to be direct to the infant, of course, for an understandable way.

### The basic steps of communication in interrogative way; are:

1. Why concept. The communication will be established because of the Human Rights; informed consent and autonomy and Right of the Patient Principles.
2. What will be given? The message composition and the information will have prepared before the presentation.
3. How it will be given stage. The communication method, encoding and decoding the information, thus, it will be noticed according the person status and the condition etc.
4. What will it be understandable medium? The signals and transmission medium. Mostly the stethoscope is using as a symbol of physician for a medium effect,

5. What he/she understands? Accepting condition, reception state. The patient and/or the family status of receiving the massages, the signals is differentiated, so, the communicative person must consider the status
6. Is it on the same frequency? The message will be reconstruction, therefore, can be reach to an understandable point.
7. What for the conversation required? Interpretation and given or meaning any sense to the family and other person.
8. Can it be circling? The turnover is continuing, go on and on.

Why we are in communicative state? The study of communication perspective:

- Information for consent, or for autonomy, for Right to Life
- For humanity, for relation, the steps to be a friend, subjective indications
- Communication studies, for duty on communication aspects, press, media for common sense
- Biosemiotics; the biological basis of all signs and sign interpretation, as the findings and evidences in patients, conditions as with preterm infants

### Communication Stages;

#### 1. Non-verbal;

(55% of human communication occur through non-verbal facial expressions, 38% through para-language)

- **The body language and artifacts/dress** is the main concept to be indicated: gestures, facial expressions, eye contact and dress; tie or free style
- **Voluntary or forceful**, by demonstration of your interior as stressful or in peace
- **International movements**, shaking the hand, indicating yourself, by the table notification of your name and status
- **Paralanguage/paroling**, the way of speaking, softly, understandable, showing the love and respect as rhythm, intonation, tempo, and not stressful in calm manner, waiting to her/him speech for recoding the complaints
- **Background music**, slow, hard, rock or no music, some voices from the patients and doctors or assistants, secretaries
  - Environmental noise. Noise that physically produce form the incubators, ventilators etc., might disrupts communication.
  - Physiological-impairment noise. Physical maladies as deafness.
  - Semantic noise. Different interpretations of the meanings of certain words, as give TPN, meaning feed the infant but family assumed giving medicine not feeding
  - Syntactical noise. Mistakes in grammar can disrupt communication, such as “it’s done” means “it will be done or it is planning to be done?”
  - Organizational noise. Poorly structured and crowded places.

- Cultural noise. Stereotypical assumptions can cause with loudly saying hello, how are you or etc. in several people and at several medium.
- Psychological noise. Speak in loudly assume to be accepted condition, but mostly reject the indication, because like a shouting speech.
- **Keeping the same level**, a round table can see the eye and reaching with an arm movement distance, (not a distance with the physician as table or other barriers)
- **Responsibility is for the person**, thus, the traditional or business concepts can be need to perform, as humanity resources
- **Proxemics**, speaking slowly or so fast, the space element between the communication, let them to think and ask questions is important concepts.
- **Chronemics**, time aspects, let them time or give time for expression the feelings, desires, expectations.
- **Special kinesics**, a part of the meaning, indicating some special concepts, as nurse, physician and statute dress as professor or etc.

## 2. Verbal

- **The language**, to be in the same frequency, the system and the words, the symbols may differ, due to economics, believes and education. In speaking grammar properties, mostly non-suitable to indicate.
- **Dialect**, mostly the status differs, as physicians to physician talking, not can be understandable with the patient, for patient it must be translated or in different way it must be indicated or information given.
- **The person understands, what he/she want to hear**, not discriminate the detailed concept.
- **Responsible one is the person**, the words quickly passed from the mouth but cannot be return, and may cause very serious problems.
- **Just ask questions to answer, or free indication of the problems, answering from a standard questioner and later be verbal communication.**

## Written communication

- **Pictured written communication are more effective**, thus, the x-ray graphs and the laboratory results and the explanations depend on these findings are more understandable
- **The report summary and discharged report are not understandable**. They must be as like decoding of an expert opinion, that mostly courts send it to the physicians for the discussion.
- **Electronic massage is also a legal perspective**. For emergent operation consent, or just to give an information, using e-mail or other communication way is also accepted by the ethical committees, since Paris Declaration in 2007. Even form doctor to doctor as an expert opinion is a simple and more effective way, writing with the graphics or laboratory results.

- **Asking some information**, some ideas and some concepts can be send by the mother to the Intensive Care Unit, not by phone, that is so taking time to the nurse and doctors, so just a massage as “*how is my baby*” like note and “*quite fine, tolerate it*” the answers might be.
- **Continuous messaging at the new generations**. The nurse on call writing is most legitimate and indicates the truth, not the physician’s indications, so, physicians must have explained the nurse indications.
- **Responsibility is the evaluation of the conditions and the cases in expert opinion**.

### Business

Business communication is in Medicine and especially at the Intensive Care Unit is a mixed responsible and all are at the same inform situational, a special spider web configuration aspect.

Physician responsible for the medical perspective, nurse for caring and giving medicine, the pharmacist for the drug given and induced, and the others for the patient. The focus is the patient, physician is not giving an order just an advice, the nurse will not have performed, e.g. feed, then distention not feed. The drug must have required a special profession signature as Neonatologist, then refused from the pharmacist, except the urgent ones.

This means a complex way of communication and cooperation, indicated at another Unit.

If the behavior is not suitable to the business strategies, the person can be dismissed because of unwanted communication.

### Believes and Political Perspectives

Commercial and propaganda is not legal in medicine. Just the evidence based indications can be considerable and the communication system is not for selling or other considerations, just informing the physician.

The physician role as advocate of the preterm infants, “*Right to Life*” is dominant and *primum non nocere* (not to make/be harm) so sometimes not informative consent, just give the information, the emergency or other life considerations indicated by the medical science. In science, there is no voting, just the medical science indications to perform, evidence based medicine even in legal concepts.

The reaction might be, a) refusal, b) acceptance, c) in hesitation but obey, not in perception.

The society influences as; a) individual aspects, b) informal, considering the traditions etc., c) cognitive using mind, education and internal affairs and make a combination of in their act, behavior and tutorials.

The believes and poetical perspectives not questionable not ask, it is personal self-secret and in dignity be free.



### Family

This is an effective aspect and consideration of the traditions, the leader or other cultural standpoints.

In some case family rules and roles must be neglected in case of the right to Life in preterm infants and in harm causing situations the infant can be in legal, taken from the family, no one have right to be cruelty and oppression on the health.

Physician not ought to take the consent from the family in case of emergency and life threatening conditions, just give the information, if rejects, accusation to the law orders. In case of not to want exchange transfusion due to believes, the Supreme Court take the baby from the family and exchange performed.

### Interpersonal

Interpersonal communication is an art of the communication status. It is often referred to as face-to-face communication between mother and baby, nurse to infant etc.

There are some contributions on this communicational state as, a) relational distance, b) closeness, c) cultural concepts balancing, d) value and ideological differences, e) civil liberties perspective. Selective perception, information overload, emotions, language, silence, communication apprehension, gender differences and political correctness are the main problems on this communication.

### Barriers to effectiveness

- Physical barriers- Physicians take the history and the admission indications on a desk, and this means a barrier with the patient. The digital sound recording advices gives more opportunities from al barriers are get rid of the barriers.
- System design- Organizational structure in medicine can allow to take the information from the family by nurse and other medical staff. More efficient with contact the physician, roles are united from the same patient focus, core on the medicinal procedures.
- Attitudinal barriers- Attitudinal barriers come about because of problems with staff in an organization, talking to professors are so hard and not enough time to listen, so physician or nursing contact are more familiar in medicine.
- Ambiguity of words/phrases- Words using by the inter physician speech must not be understandable to the patient family. The special language formation must be used, according the family status is essential and must require form professional team.
- Individual linguistic ability- The use of some jargon, as in Turkish, cigarettes cannot be drinkable means, not smoke is allowed meaning. Autistic person is stricter ability but high intelligence capacity, so, the individual state is important.
- Physiological barriers- illness and other stress conditions, preterm infant is some vital problems, the mother cannot confirm what is going and what is telling her.

- Bypassing-These happens when you are just listen few words, you directly get a result, but it is not.
- Technological multi-tasking and absorbency- individuals condensed communication in the form of e-mail, text, and social updates, by simple words in place of long words. Whatsup is one example of it.
- Fear of being criticized- Some families are very anxious from criticize by the physician, so make a role, as if understands it. “*Do you agree, yes, what are you agreeing, I have no idea*” is a simple example.
- Gender barriers- mother cannot indicate the feelings and the status to a man, but can be said it to nurse. So, nurse can be completed the history taking.

### Cultural aspects

- In wandering/nomadic community culture; the boss, the leader gives the advice, people must obey, like in military force, for serving their municipal.
- In agriculturalize culture; the traditions more important, because the process is on and on, be continuous, to be need some advices, thus in re-concepts are indicated in this community. Mostly depend on religion but rarely have a document on holy books.
- Industrial culture; the administrative law regulations is the utmost important.
- Democracy, not selective ruler, but Individual/Civil Rights primum one communities; rights to life and civil liberties, the only and sole responsibility is the individual and informative consent required.

### Nonhuman contributions

In some situations, at the playground in the hospital, and some dolls or some coloring apparatus, can be more help for a close and true correlation with the child and the physician.

The family also not be stressful at the waiting hall, with the infant and the kid.

Plants; There will be sanitation problem for the plant in hospitals, but fake and ornamental figure of plant will be useful.

## Understanding the person: Personal attitudes/ethical considerations

Personal attitudes are indicated mostly as 5 levels, as mentioned below.

### Lawrence Kohlberg's stages of moral development

Wikipedia

Ethical stages confirm by the developmental moral reasoning, based on ethical behavior, by Piaget studied, logic and morality on constructive stages in cognitive concepts. They describe on the theory of cognitive development paralleling with ethical confrontations.



### The individual developmental perspective

It can be evaluated in 5 stages, as;

- 1—Physiological: Health, body needs; feeding, sleep, etc.
- 2—Safety: Sheltering, precautions form danger
- 3—Belonging: Love, affection, being in a society
- 4—Esteem: Self honor and regard from others
- 5—Self-actualization: Achieving individual potential

**Comment:** The function is working to established value, alturistik and be configured the life, can be the aim to be a Human. Therefore, to be ethical means, not only to be on ethical principles, for being confirming ethical considerations for every conditions and cases/patients. This is unification of thoughts/philosophy and the ethical behavior/acts is the target.

### Stages

The six stages of moral development are grouped into three levels:

a) pre-conventional morality, b) conventional morality, and c) post-conventional morality.

**Table 3/1:** The general stages indicated as a table

	View of Persons	Social Perspective Lvl
<b>6</b>	Sees how human fallibility and frailty are impacted by communication	Mutual respect as a universal principle
<b>5</b>	Recognize that contracts will allow persons to increase welfare of both	Contractual perspective
<b>4</b>	Able to see abstract normative systems	Social systems perspective
<b>3</b>	Recognize good and bad intentions	Social relationships perspective
<b>2</b>	Sees that a) others have goals and preferences, b) either conform to or deviate from norms	Instrumental egoism
<b>1</b>	No VOP: only self & norm are recognized	Blind egoism

### Level 1 (Pre-Conventional)

Pre-conventional

- The moral reasoning is especially common in children, although adults can also exhibit this level of reasoning.
- The first and second stages of moral development and is solely concerned with the self in an egocentric manner.

- A child with pre-conventional morality has not yet adopted or internalized society's conventions regarding what is right or wrong but instead focuses largely on external consequences that certain actions may bring.

### **1--Obedience and punishment orientation** (*How can I avoid punishment?*)

In **Stage one** (obedience and punishment driven), individuals focus on the direct consequences of their actions on themselves.

- What is right is not based on ethical principles and Human Rights, and civil liberties.
- The rules and traditions, classmate/family, father/mother is the decision making.
- Person try to find individual benefit and want to be autonomy and taken the responsibility.

### **2--Self-interest orientation** (*What's in it for me?*), (*Paying for a benefit*)

**Stage two** (self-interest driven) expresses the "what's in it for me" position.

- the individual believes to be in their best interest
- Reciprocal acts as; "you scratch my back, and I'll scratch yours" mentality.

### **Level 2 (Conventional)**

- The moral reasoning is typical of adolescent and adults.
- Thoughts on to judge the morality of actions by comparing them to society's views and expectations.
- Conventional morality is characterized by an acceptance of society's conventions concerning right and wrong.
- At this level, an individual obeys rules and follows society's norms even when there are no consequences for obedience or disobedience.
- Adherence to rules and conventions is somewhat rigid, however, and a rule's appropriateness or fairness is seldom questioned.

### **3--Interpersonal accord and conformity** (*Social norms*), (*The good boy/girl attitude*)

In **Stage three** (good intentions as determined by social consensus)

- The person, by self enters society by conforming to social standards.
- Individuals are receptive to approval or disapproval from others as it reflects society's views. They try to be a "good boy" or "good girl" to live up to these expectations.
- The reasoning may judge the morality of an action by evaluating its consequences in terms of a person's relationship.
- The golden rule: "I want to be liked and thought well of; apparently, not being naughty makes people like me." Conforming to the rules for one's social role is not yet fully understood.
- The role in reasoning that "they mean well".

### **4--Authority and social-order maintaining orientation** (*Law and order morality*)

In **Stage four** (authority and social order obedience driven)

- To obey laws, dictums, social conventions, not individual perspective, but the society functioning is the primum.
- Moral reasoning is beyond the need for individual approval
- Most active members of society remain at stage four, where morality is still predominantly dictated by an outside force.

### **Level 3 (Post-Conventional)**

Some theorists have speculated that many people may never reach this level of abstract moral reasoning

The principled level, is marked by a growing realization that individuals are separate entities from society

- The individual's own perspective may take precedence over society's view; individuals may disobey rules inconsistent with their own principles.
- Post-conventional moralists live by their own ethical principles—principles that typically include such basic human rights as life, liberty, and justice.
- People who exhibit post-conventional morality view rules as useful but changeable mechanisms—ideally rules can maintain the general social order and protect human rights. Rules are not absolute dictates that must be obeyed without question. Because post-conventional individuals elevate their own moral evaluation of a situation over social conventions, their behavior, especially at stage six, can be confused with that of those at the pre-conventional level.

### 5--Social contract orientation

In **Stage five** (social contract driven)

- The person has as holding different opinions, rights, and values. Such perspectives should be mutually respected as unique to each person or community.
- Laws are regarded as social contract, rather than rigid edicts.
- The consideration is; "the greatest good for the greatest number of people".
- The majority decision is not complying the personal wishes, so in democracy confrontation the opposite view therefore, are the indication of democracy.

### 6--Universal ethical principles (*Principled conscience*)

In **Stage six** (universal ethical principles driven)

Moral reasoning is based on abstract reasoning, by using universal ethical principles.

- Laws are valid only insofar as they are grounded in justice, and a commitment to justice carries with it an obligation to disobey unjust laws.
- Decisions are not reached hypothetically in a conditional way.
- It is difficult to identify individuals who consistently operated at that level.

### Further stages

May be a seventh stage—Transcendental Morality, or Morality of Cosmic Orientation—which linked religion with moral reasoning as Nirvana indications.

### Conclusion

There is no exact position, there must be diversity in the stages, one in a condition, then other in for another conditioning, my mind or by internal affairs. So, all the stages can be noticeable in a person.

Nothing can be taken as a rigid concept. The implementation is, the stages one by one be go on, but I assume there can be jumping from the top, or stay some step until the life ends.

Equality and balancing as justice operation is the process of resolving conflicts he indicates, reciprocity as a role of personal merit.

### Criticism

- Androcentric perspective: not considered mother's perspective
- Culturally not normal, empathy, believes, charity and alturistik actions not so additional perspective

- The people frequently demonstrate significant inconsistency in their moral judgements
- Individuals often make moral judgments without weighing concerns such as fairness, law, human rights, Right to Live, or other abstract ethical values
- Balancing and justice from who's standards, or perception of the perspectives. The basic concept has taken law is mostly only for the fine and penalty codes, not individual aspects. The civil liberties are only be acceptable under the righteous decision can be confirmed.
- The questions are still on run,
  - **“What is right” concept:** the universal ethical considerations for discussing the civil as a core of the ethical center of the perspectives, mostly theoretical, and hypothetical.
  - **“Ought to do” the application,** will be leading peace and benefit of the individual, the actionably phase will be considered. In this aspect, not standard but personal aspects are the selective one, active decision making, as informed consent etc.

## Cooperativeness

### Introduction

To be a cooperative, according to what, whom? First, we consider the standard, the way of looking the aspects, the parameters. Everything should be on Humanity principles with ethical considerations, universal point of view is the basis to be taken.

In order the cooperativeness not on always positive and negative, it depends on the conditional, situational concerns, even differs at the same people, at the same time.

**Table 3/2: Components: The positive and negative considerations must be on side by side as;**

Status	Socially	Acceptance	Empathic	Charity	Compassionate
<b>Positive</b>	Principles	Tolerant	Empathies	Helpful	Compassion
<b>Negative</b>	Selfish	Intolerant	Disinterest	Unhelpful	Revengefulness

**Table 3/3: Additional components: Some additions are confirmed by our estimations, as;**

Status	Feelings	Respect	Knowledge/Learning	Discrimination
<b>Positive</b>	Love	Esteem	Continuous Education	Civil liberties
<b>Negative</b>	Hate	Like slaves	I know the best	Rule or Obey

**Table 3/4:** Eysenck's model of personality: describes the traits that are associated with the three dimensions

Psychoticism	Extraversion	Neuroticism
Aggressive	Sociable	Anxious
Assertive	Irresponsible	Depressed
Egocentric	Dominant	Guilt Feelings
Unsympathetic	Lack of reflection	Low self-esteem
Manipulative	Sensation-seeking	Tense
Achievement-oriented	Impulsive	Moody
Dogmatic	Risk-taking	Hypochondriac
Masculine	Expressive	Lack of autonomy
Tough-minded	Active	Obsessive

There are some indications at the Wikipedia; Zuckerman's [Alternative five](#) model and the [Eysenck Personality Questionnaire](#) respectively considered but not mentioned detailed at this Unit. Some indications stated below:

- Neuroticism–anxiety: Lack of self-confidence and sensitivity to criticism.
- Aggression–hostility vs. The factor is associated with rudeness, thoughtless and antisocial behavior, vengefulness, quick temper and impatience.
- Impulsive sensation-seeking: The sensation seeking items describe a liking for thrills and excitement, novelty and variety, and unpredictable situations and friends.
- Sociability: measures affiliation, social participation, [extraversion](#). Assesses liking for big parties and interactions with many people, as well as a dislike of isolation in sociable people versus a liking for the same in unsociable people.
- Activity: measures energetic behavior and persistence. This factor is associated with need to keep active and feelings of restlessness when there is nothing to do.

## Listening

### Wikipedia

**Listening** is a process, individually specify their attitudes as; affective, cognitive, and behavioral considerations, mostly also confirm the love and respect to the humanity as unique and same as Homo sapiens, sapiens. Listening is not obeying and accepting process, just confirming the other, rather than me, myself.

"Hearing is a physiological phenomenon; listening is a psychological act." Listening can be understood on three levels: alerting/informing, decoding/interpreting/deciphering, and an understanding.

Along with [speaking](#), [reading](#), and [writing](#), listening is one of the "four skills" of [language learning](#) as well as medical physician/patient relation.

### Active listening

**Active listening** is a [communication](#) technique used in [counseling](#), training, and [conflict resolution](#). It requires that the listener fully concentrate, understand, respond and then remember what is being said. In medicine, active listening is compulsory, thus the report in writing must be on the subjects that are listening. This is opposed to [reflective listening](#) where the listener repeats back to the speaker what they have just heard to confirm understanding of both parties.

#### 1--Comprehending

In medicine a patient cannot be comprehending what the physicians said, therefore there must be a translation state, thus, indicating as an understandable concept. Comprehension is shared meaning between parties in a communication transaction. This is the first step in the listening process. The second challenge is being able to distinguish disruptions.

#### 2--Retaining/Absorbent/Recalling

It is the second step in the listening process, because the information retained when a person is involved in the listening process is how meaning from words is created, thus, the patient/the family may attach different meanings to the same statement

#### 3--Responding

There is an interaction between the physician and the patient/the family, if they listen, there must be a responding attitude, even nonverbal acts.

#### 4--Tactics; behavior, counter acts/contradictions, body language etc.

**5--Workplace listening** is a type of [active listening](#) that is generally employed in a professional environment. Listening skills are imperative for career success, [organizational effectiveness](#), and worker satisfaction.

**6--Dialogic listening** is an alternative to [active listening](#), thus, also known as 'relational listening' because with the help of exchange of ideas while listening, we also indirectly create a relation.

7—**Vividness/live effect**: The vividness effect explains how vivid or highly graphic and dramatic events affect an individual's perception of a situation. The vividness effect was only amplified by the media.

**8-- Confirmation bias**: Confirmation bias is the tendency to pick out aspects, as;  
a) First, confirmation bias tends to become involved in conversation before the speaker finishes his/her message, b) Second, confirmation bias detracts from a person's ability to be [open-minded](#).

#### 9--Effective listening:

- **Memory**: To understand what is said in the present, one must remember what has been said before; and for the message to have impact, thus, aid is simply taking notes



- **Identification:** Identify the main point that the speaker is trying to bring across.
- **Questions:** It is usually helpful to ask oneself questions about the speaker's message.

### 10—Use, what for the listening process?

Active listening is used in a wide variety of situations, mostly taking history and for informed consent.

### 9--Barriers to active listening; emotions, noise and visual distraction, not close contact as desk

- **Shift response:** the tendency of listeners to turn the topic to themselves without showing sustained interest in others (**conversational narcissism**), as classic physician attitude as an expert be not to close to the family, just give information, not required to take. This is in medical ethical principles are not acceptable behavior.
- Understanding of non-verbal cues: Ineffective listeners and in children, this kind of signs and symbols are mostly used. Some physicians have some 3D shapes to confirm what is what.
- Confirm the barrier and overcoming them. For taking history, there must be a desk to write it. But when making medical examination, direct contact is obvious, you should indicate what you said before, again and ask questions. The patient comprehends or not can be understandable by the answers.

### Appreciative/Grateful/Thankful listening

**Appreciative listening** is a type of listening behavior where the listener seeks certain information which they will appreciate, when listening to good **music**, **poetry** or maybe even the stirring words of a great leader.

#### 1--Presentation

There are many distinct factors that encompass **presentation** including the medium, the setting and the style and personality of a presenter. To have a preterm infant is a goodness, not to die, or worse, not to be healthy, is presenting/looking the point of view.

#### 2--Perception/Observation/ Awareness

An individual's perception and expectations are driven by his/her attitudes which determine how he/she reacts to and interact to the world in which he/she lives. Each family have different attitudes for the preterm infants, that they have been.

#### 3--Previous experience

Some of our families have preterm deliveries, and they reflect the past to the present one, as good or bad, not consider the reality at the present baby.

### Informational listening

The process of **informational listening** focuses on the ability of an individual to understand a speaker's **message**. In all areas of life, informational listening plays a

huge role in [human communication](#). In medicine, [informative consent](#) is the important concept that will be considered.

#### Potential difficulties/hindrances/interferences

When listening to a person's message, it is common to overlook aspects of the conversation or make judgments before all the information is presented.

## Observation/as a listening by eyes-mind

Wikipedia

*“**Observation** is the active acquisition of [information](#) from a [primary source](#). In living beings, observation employ the [senses](#). In science, observation can also involve the recording of data via the use of instruments. The term may also refer to any [data](#) collected during the scientific activity. Observations can be [qualitative](#), that is, only the absence or presence of a property is noted, or [quantitative](#) if a numerical value is attached to the observed [phenomenon](#) by [counting](#) or [measuring](#)”* as indicating at Wikipedia.

In medicine, at Newborn Period, especially at the preterm infants, the performing the procedures and applications results, can only be noticeable by the observation, a kind of listening.

#### Observation in medicine

The [scientific method](#) requires observations of nature to formulate and test [hypotheses](#), in medicine [the treatment and/or the applications, procedures](#). When administration of oxygen, the result must be seen, as increase the oxygen content, oxygen saturation and the lowering of acidosis and lactate production.

#### The stages of observation, as;

1. [The evaluation/questioning of physiology and the physio-pathology](#) of the case and condition, discrimination of the phenomenon. Laboratory tests to confirming and establishing the beginning.
2. [Making observations](#) of the phenomenon
3. [Hypothesizing an explanation](#) for the phenomenon
4. [Predicting](#) logical, observable consequences of the hypothesis that have not yet been investigated
5. [Giving](#) the application or procedures.
6. Testing the hypothesis' predictions by an [experiment](#), [observational study](#), [field study](#), or [simulation](#)
7. Forming a [conclusion](#) from data gathered in the experiment, or making a revised/new hypothesis and repeating the process
8. Writing out a description of the method of observation and the results or conclusions reached
9. Review of the results by peers with experience researching the same phenomenon

### Basic concepts

- Learn the subject, know the problem. For making any observations, you must know the patient and the problem.
- Measuring scales. The system, the scale or standard measure instruments, the method or the basic applications and procedure, specific for the case and the condition.
- The equipment for exact standard measuring apparatus.
- **Observing Basic condition.** You must consider the patient as unique and specific, thus getting the evidences as a baseline, for the desired levels or the clinical positioning to be expected.
- The results of the considering the scales, the evaluation concepts to be taken in consideration.
- Giving, administration, performing the application and the procedure
- **Observing;** Waiting to be making the differentiation
- **Observing the results, the differentiation**
- False evaluations, the hallucination and plasebo effects must be taken in notice.
- The person the physician influences, that is called the *observer effect*
- Evaluation and starting the new turnover for the repeated observation.

### Observational paradoxes

There will be some paradoxes in evaluation, as;

- **Relativity:** different observers may observe different values.
- **Detailed non-standardized conditions; like Quantum mechanics:** results in this wave function collapse is called an *observation* or *measurement*, whether it is part of a deliberate observation process.

### Biases

When a cup is not full, half filled, the perspective from the empty or the full one, might be differentiated the evaluation.

#### 1--Confirmation bias (*see what we expect to see*)

Human observations are biased toward confirming the observer's conscious and unconscious expectations and view of the world; we "*see what we expect to see*", thus, techniques such as blind or double blind experiments, to minimize observational bias.

#### 2--"Cargo cult" science (*seeing what we want to see*)

This is a research, but not meaning as research, just confrontation, as fake one, estimation what you want it, meaning "*see what we neediness to see*".

#### 3--Processing bias (*realize what you see*)

This is a form of bias that is difficult to quantify, that, is it an illusion or reality.

#### 4--Observational bias (*see the only you want to see*)

Wonder what you wanted, consider the literature only for the aspects you want to be, not the contrary ones.

### Observations in philosophy

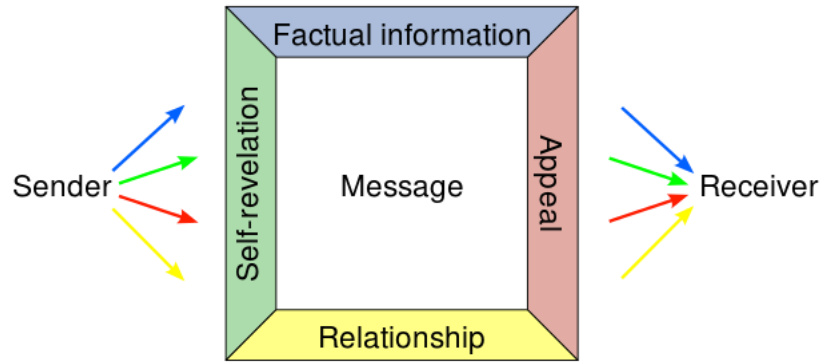
Observation in [philosophical](#) terms is the process of filtering [sensory information](#) through the thought process. Input is received via [hearing](#), [sight](#), [smell](#), [taste](#), or [touch](#) and then analyzed through either rational or irrational thought.

Physician must be objective and be on scientific concepts. But the main ethical considerations, observation is for care and serve, for goodness and benefit, by making empathy as a role of advocate of the civil liberties and Human Right, under the love concept implementation.

## Communication Concept

What is the meaning of communication, that is indicated must be also evaluated under a quick perspective as indicated below lines?

In a perspective, a message sending form sender to receiver, even by nonverbal, verbal or writing whether several systematic ways, but in a core of structure of the message. The four-sided model is indicated below.



**Figure 3/1:** Graphic of the four-sides model of the communication square

### The four sides of communication

- Content *What I inform about:* The *matter layer* contains statements which are matter of fact like data and facts, which are part of the news.
- An individual/Person indicates/tells themselves, discredited himself/herself *What I reveal/make known about myself:* In the [self-revealing](#) or [self-disclosure](#) the speaker - conscious or not intended - tells something about himself, his motives, values, emotions etc.
- Thoughts, mind and heart connection, love and respect unification *What I think about you (you-statement) and how we get along (we-statement):* In the [Relationship](#)-layer is expressed resp. received, how the sender gets along with the receiver and what he thinks of him.
- Desires to be *What I want to make you do:* The [Appeal](#) contains the desire, advice, instruction and effects that the speaker is seeking for.

## Agnosia

Physically no problem but, effected sensory conditions is indicated, that will be effected the communication process.

### Auditory agnosia

There are three primary distinctions of auditory agnosia that fall into two categories.

1--Semantic-associative: the individual can't comprehend words,

2—Discriminative: An airplane roaring overhead would not be understood to be related to the idea of "airplane", as not thinking to look up for it.

### Auditory Processing Disorder (APD Syndrome)

They cannot process the information they hear in the same way as others do, which leads to difficulties in recognizing and interpreting sounds, especially the sounds composing speech.

### Auditory Verbal Agnosia

It is the inability to comprehend speech. Individuals with this disorder lose the ability to understand language, repeat words, and write from dictation.

### Dialogic Listening

Dialogic listening is also known as 'relational listening' because with the help of exchange of ideas while listening, we also indirectly create a relation.

**Informational Listening** the ability of an individual to understand a speaker's [message](#).

### Pseudo Listening

It is a type of **non-listening** that consists of appearing attentive in conversation while ignoring or only partially listening to the other speaker.

### Workplace Listening

It is a type of [active listening](#) that is generally employed in a professional environment.

## Principles at Listening/Observing at Medical Approaching, in Neonatal Period

## Conclusion

In Neonatology Period, especially the preterm infant, the primum and most important way of communication between them is a kind of listening/observation of the conditions. The treatment must be an evaluation to be confirmed. You give oxygen, but the importance to be oxygenated the cells, the mitochondria to be the physiological be in stable and functional one.

The evaluation cannot be indicated as Yes or No process, therefore some evaluative parameters can be established.

Balancing and evaluation parameters, effected the contour person, feedback considerations:

**Evaluation:** As in Likert item, the evaluation can be classified as:

- a) Strongly disagree,
- b) Disagree,
- c) Neither agree nor disagree,
- d) Agree,
- e) Strongly agree.

In pain, noticeable scale, it is 10 cm length line, the person can be indicating to divide the line as pain and pain free, then measure the distance, as good to worse.

**Psychopathology:** Pathologic ones are forming and making the harm and destruction, even at the Right of Humanity as civil liberties. This must not be in our consideration, they are legal perspective and required punishment, fine or penalty codes for the court.

### The Principles of Observing/listening Process

- 1) **Love concept.** The only way and the unique to be a physician is to be in love; the humanity, the patient, in caring and serving to people, as an individual and as a common/society.
- 2) **Respect concept.** Everyone is the same one as a member of Human, unique, equal rights, even the tiny, very small preterm. Everyone have a respect to Right to Life, and be required the healthy applications and procedures, not to be limited in any manner.
- 3) **Ethical Considerations:**
  - a. Basically, be on
    - i. Thrust, be on the truth and reality
    - ii. Loyalty, high fidelity
    - iii. Confidence, secret saving
  - b. Ethical application Principles
    - i. Not to be any harm, primum non nocere
    - ii. Benefit, usefulness
    - iii. Respect the autonomy, civil liberties
    - iv. Justice, not only be on common sense, but for individual aspect
- 4) **Reasoning of the observation**
  - a. Why concept, why required for observation/listening, per laboratory, objective evidences?
  - b. What will be the purpose, aiming?
  - c. How it will be given phase?
  - d. What will it be understandable medium?
  - e. What he/she understands?
  - f. Is it really being on the same frequency?
  - g. What for the conversation/cooperation for observation required?
  - h. Can it be circling/repeated?
- 5) **The communication state**
  - a. For informed consent



- b. For humanistic relation
  - c. Biosemiotics for evaluation and interpretation
- 6) **Communications Stages** must be all grounding on the Human Rights, indicating at the Medical and Universal Ethical Considerations.
- a. Non-verbal, verbal, written, and other stages must be on ethical aspects.
  - b. Barriers and communication accidents can be overcome by again and again, repeated communications by correcting the blockades can be overcome by again and again, repeated communications by correcting the blockades.
- 7) **Understanding the person as ethical developmental perspective**, as physician and the patient as Human
- 8) **Cooperativeness on listening and observing is basic consideration on communication concept under ethical parameters.**

Önce dinle	First Listen
<p>Birisinin ne diyeceğini Kalbinin içini okuyor musun ki bilesin Tahinler ise doğru değil, varsayımlardır Tümü hatalı ve yanlış iletişime neden olur</p> <p>Bilinmeyen peşinde koşmak yerine Onu bir dinlese Ne dediklerine bir baksak Anlamaya çalışmak Kavramaya gayret göstersek</p> <p>Aynı lisanı konuşsak bile Aynı frekansta olunmaz ise Kelimelerin tanımını aynı değilse Anlaşamayız bilesin</p> <p>Bir gülüş, bir insancıl davranış yeterlidir İşte bunlar temelde birlikteliğin ilk adımdır</p>	<p>How can you know what their decision is? Can you read their heart? Even you estimate what their feeling is?</p> <p>All of them is impossible You can only be learning If he/she can say something to you If they speak really what they think</p> <p>Maybe you have no real communications Even talking the same language But the meaning of the words be different Not in the same frequency</p> <p>Just smile Be on humanistic act Non-verbal communication is the primary Humanist the only way to be get together</p>
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