



An Introduction to the Power of Questions

The Power of Questions

Let us explore the power of questions and how learning to ask the right questions will help you receive better healthcare.

If you wanted to know what time it was, what question would you ask?

How about: “Excuse me, what time is it please?” Okay – this seems obvious but people regularly overcomplicate their questions for many reasons and are then dissatisfied and confused with the response.

If you wanted to know what time it was, why on earth would you say: “So, if you were to look at a clock and observe the numbers and position of the hands, and based on clocks you have seen before and taking into account the information you have, how would you describe what you see?”

A slightly protracted example but hopefully you see the point!

Every extra unnecessary word you put in a question gives you a diminishing return on the quality of the answer you require and will receive, and runs the risk of you compromising your relationship with the person you are talking to.

Start noticing and you will see daily examples of people:

- i) overcomplicating questions and receiving unhelpful answers.
- ii) asking poor quality questions that have a negative impact on the dialogue.

PRACTICE and NOTICE!

Engage yourself in some deliberate practice at being more aware of the questions you hear yourself and other people asking and what the responses are like in relation to the questions. How could you or someone else have asked a more simple and better quality question?

There are many opportunities for noticing on TV, radio, in films, with friends, and in everyday society.

The best questions are the questions a child would ask. Short, simple and direct. In fact, a good way of framing your questions is to ask yourself, ‘how would a child ask the question to find out the information I require?’

Your questions need not be complex; the shorter the better. For a complex concern break it up into a series of short questions to give clarity. It makes it easier for the recipient to answer and it clarifies what you actually want to know. Short questions are more

memorable and it *should be* easier for you to understand if you have got a clear and honest answer. People overcomplicate and ask poor quality questions for a number of reasons including: not really wanting to hear the answer or the truth. Other reasons may be through nerves and fear or wanting to show their knowledge on a subject. Simple and short questions allow clarity.

Many people will ask a poorly worded question, accept the answer given, then remain dissatisfied.*

* If you want to know why so many of us do this, read *“Fast and Slow Thinking”* by Daniel Kahneman, an indepth review of psychology

When you ask any question in any situation, first ask yourself, **‘what do I really want to know?’**, Now think of the simplest question that will give you that information..

Common good questions for patients to ask:

- * What is wrong with me?
- * Is this going to hurt?
- * How bad are the side effects?
- * What are the facts?
- * How long will I wait?
- * What has led you to that conclusion?
- * Why do you think that?
- * What are my options?

And the one question that nearly every patient is thinking but rarely asks;

- * Am I going to die?

These are all great questions; short, simple, clear.

Here is a challenge for you – can you think of a single problem in the history of mankind that has been solved without a question been asked?

Questions are key to solving problems, developing understanding, fostering relationships, challenging assumptions, reducing uncertainty... the list goes on.

If you ask a question that requires an opinion and you don't get a straight answer that you understand, then try re-asking the question using a scale format. Using scales or percentages will let you know how confident the healthcare worker is in the conviction of their opinion.

People in authority often offer long rambling answers to direct questions because they either don't know the answer or they don't have an opinion... or they don't want you to know they don't know or don't have an opinion!

The other permutation is that they do indeed have an opinion – but they don't want to share it with you because they have a personal agenda.

For example:

Q – Have I got glaucoma?

The non-direct answer – *“Well, this is a very complex disease requiring multiple investigations and repeat visits, and it’s only after working out”... etc, etc.*

Q – On a scale of 0-10, have I got glaucoma? (0 being no, and 10 being yes)

If you now get an answer of 0 – you are clear you do not have glaucoma!

If you get an answer of 10 – you have glaucoma. If either a 0 or a 10, then you can ask, *“What is the clear evidence for this certainty? – please explain.”*

If you get an answer of 5 on any scale-based question, i.e. 50% - it is likely that the individual answering has no clear idea and it’s just a fact-less opinion, or a guess.

Not knowing is not a crime, but not sharing the TRUTH that you don’t know, is.

A friend used a percentage type question during a recent consultation. "What percentage likelihood do I have of making a full recovery?" 80% said the surgeon. The follow up question being, 'what gives you 20% of doubt?'

Opinions should be backed up with concrete facts. It is your job to ask the right questions to get the FACTS. Opinions are given based on a number of factors: experience, judgement, guesswork and hunches. As a patient, you need to get the FACTS!

They call it ‘practising medicine’ for a reason – that it is impossible to know everything due to the sheer complexity of the human body. It is little wonder then that healthcare workers use guesswork as they ‘practise’ their trade. Detect the guesswork and ask the right questions to get the facts.

If you ask a really good, simple and clear question, this is exactly the kind of answer you should be very suspicious of...

If you recall the TV programme ‘Yes, Prime Minister’, Sir Humphrey may have answered a question like this...

“Based on the balance of probabilities, taking into account all current known knowns and sidestepping and ignoring the known, unknowns and mitigating errors and fallibility of presumed assumptions and deflecting reasonable doubt, and taking into account the current needs of the organisation, you probably have a small risk of glaucoma and eventual blindness in the fullness of time, but at this current time I would suggest delaying any actual decision until further evidence and disclosure of knowns and unknowable knowns become clearer.”

The power of a good question

- 1 It makes people think
- 2 It generates responsibility
- 3 It provides clarity and facts
- 4 It provides information
- 5 It highlights assumptions
- 6 It can promote a deeper understanding

It is undoubtedly a matter of fact that the better you are at questioning and listening, the better the chance of receiving top class healthcare from the people whose job it is to look after you.

It is a professional healthcare worker's privilege to look after you. By questioning them, you can reinforce that it is their duty and privilege to have your trust; is not just your privilege to be sat in front of them.

An exercise

Think about the last time you saw a health professional, and consider the following questions:

- * What do you remember about the conversation?
- * How much were you listened to?
- * How involved did you feel in making decisions?
- * How much control did you have?
- * How did you feel when you left the conversation?
- * What questions do you wish you had asked?

Think through your answers and share with your relatives and friends having asked them to complete the same exercise.

What are the key themes? Write down the commonest things that are said and experienced then think through what that means to you. If you have seen a good health professional and we hope you have, then this will be an easy and rewarding task. If it is not so great a memory, then consider how you would or could change things next time for you to be in control and feel more informed.

Types of Questions

There are many types of questions but to keep this simple, let's concentrate on the two main types of questions: OPEN AND CLOSED.

OPEN – Use if you want **information**

CLOSED – Use if you want **clarity**. If asked correctly, it is a YES or NO answer.

For example:

OPEN

“What do you think is wrong with me?” – you find out lots of information and possibilities

CLOSED

“Have I got cancer?” – you discover specifics. Yes/No.

Words which you can use at the start of OPEN questions to get information and build your understanding:

WHAT?

HOW?

WHEN?

WHO?

WHERE?

WHY?

Words which you can use at the start of CLOSED questions to give you clarity:

IS?

IF?

COULD?

WOULD?

WILL?

DO?

WAS?

WILL?

A note on using the ‘WHY’ question:

Not always, but asking a WHY question can be challenging for the recipient. Being asked WHY can make the person feel that they should justify their position or opinion or are being judged. Sometimes this is a good thing though! If you feel you are unclear why a healthcare worker is advocating a certain point, then ask the WHY question.

WHY questions can probe deeply very quickly because they force you to answer based on your beliefs, attitudes and opinions. Other OPEN questions direct the recipient to answer with facts. WHY question answers often involve emotion-based responses. If you have ever been stopped by the police for speeding, they may well ask, “So WHY were you doing 95mph today on the motorway?” It instantly makes you feel guilty!

WHY questions can be very useful, but their overuse or delivery in a confrontational way will almost certainly compromise your relationship – in any walk of life.

A real depth of understanding is only reached by asking what we call ‘building questions’. These are questions that directly relate to what you have just heard, and build on each other. Having a pre-prepared list of questions is great, but just going through them routinely without exploring each one in depth is where much is missed. This exploration is where you need to practise deep listening, which we discuss in the next section.

If you notice interviewers on TV and radio, many just go through their list of questions without asking any building questions, often missing real gems of opportunity to investigate further. It’s often visible on TV as the camera pans to the interviewer seeing them reading their next question and not being engaged at all in a quality conversation. As a patient, you need to develop the ability to ask building questions to help you get the best care. PRACTISE.

In healthcare, it is prudent for you to have control over what is going to happen to you. You can do this by asking good questions to those looking after you. Being able to influence outcomes that are in your interest is an important skill. We are all individuals but our behaviours might be neatly summarised as below. Where do you fit in?

Broadly there are three types of people:

- 1) those that make things happen;
- 2) those that watch what happened; and
- 3) those that ask “what the hell happened?”

The tragic irony for the people in group 3 is that this may be the first question they have ever asked and it may already be too late!

To be in control you have to lead and take responsibility which means being in the first group. You can start to make things happen by asking great questions.

How are you going to learn and acquire the skills highlighted here? Reading this book is a great start, then practise the skills as suggested and review how much difference it makes to your understanding and satisfaction. With practise, you will become more aware of:

- what questions achieve
- what different questions achieve
- which questions to ask and when
- when to stop asking questions
- which questions get reactions
- which questions challenge people

- which are good questions and which are bad ones

Remember: practise, practise, practise...
and then reflect on the outcomes of the types of questions used.