

# EENA – A Way to YES

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As we've taught our new workshops, **The Language, Principles and Variations of Good Donation Conversations** and **Phone Requests for Eye and Tissue Donation: What to Say and What to Avoid**, we've been struck with how difficult it is for many coordinators to master the skill set (**EENA**) most crucial for helping families say YES to donation. We also know, from working with coordinators in advanced classes customized on their own data, that the **EENA** skills, when initially mastered, often erode over time. This makes these like other skills, for instance, golf swings, tennis serves and cooking. Practice and continual guidance are important for all skill sets. So we want to reiterate the **EENA** techniques here, provide rationales and examples, and, hopefully, leave readers with a model they can use for self-study or in-house education when skills get rusty and consent rates drop.

*EENA* is the skill set at the heart of the donation conversation. It's a questioning and relationship-building technique comprised of four parts, **Exploring, Empathizing, Normalizing** and **Answering**. It establishes rapport, strengthens connections, addresses practical problems and irrational fears and, most of the time, leads to donations. It should be used any time a family member (NOK) expresses a concern or asks a question, or whenever you sense hesitancy or discomfort. The four parts of the skill set are described and illustrated below.

## Exploring

**1.Exploring:** These are the first questions you ask the NOK when a concern is expressed. Say, for instance, the NOK says, "How long would this take?" Helpful **Exploring** questions might be:

"Could you tell me a little more about your concern?"

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“Are you worried donating would delay your funeral?”

“What time constraints do you have?”

Note that not all of these questions are open-ended. **Exploring** questions can be closed-ended, but if they are, you may need to follow up with another **Exploring** question. The point is to show enough interest that the NOK will express his or her concerns and you can get to the root one before you try to **Answer**. If you provide information immediately, without **Exploring**, you can come across as not really caring about the person you are speaking with, or you can provide information that's beside the point. But it's also important to remember that you are genuinely trying to understand a root concern, not interrogating people. Explore gently.

Some stock **Exploring Questions** you can use again and again are:

“Could you tell me a little more about that?”

“What concerns you about that?”

“Could you help me understand that a little better?”

“What about that bothers you?”

“Is there something about it that worries you?”

“You're feeling uncomfortable with that?”

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## Empathizing

We have chosen a concern about length of time as our example because we've recently seen that our clients are losing donations, particularly DCD ones, to this objection at an alarming rate. We will extend this same example through the rest of the EENA process.

**2. Empathizing:** These are the statements you make after you have thoroughly explored the concern to its base. These statements let the NOK know you *get it*; that he or she has been heard and understood. They sound like:

"I can understand how you'd be worried about that."

"I know you want to have your funeral in a timely way."

"I can't imagine how tired you must be."

"It sounds to me like you all are just worn out."

"I can see that you are at the end of your rope."

"I'm so sorry you've had to go through all of this."

"It's painful to see her like this."

"The whole thing is just heartbreaking."

Some of the examples above are stronger than others in that they demonstrate a deeper level of empathy. Unfortunately, most coordinators stick with the first two statements, which are appropriate, but not appropriate all of the time.

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They are cognitive in nature; they express understanding and knowing, intellectual functions. There's nothing wrong with that for some concerns, but intellectual understanding is the most shallow level of empathy. For many concerns, you will want to go deeper.

"I can't imagine," "It sounds to me" and "I can see how" express a deeper level of empathy because those phrases are more directly connected to the sensory (bodily) experiences of sight and hearing.

But the best empathetic responses actually name a feeling: "I'm so *sorry*," "It's *painful*," "Just *heartbreaking*." Because almost all the people you are speaking with are overwhelmed with emotions, acknowledging those emotions and your own are the most empathetic responses you can make, and they build deeper connections.

Notice that we don't recommend the old Active Listening saw, "What I hear you saying is...." That's not a conversation stopper, but it is a formula that many people recognize as artificial, and it's overused.

## Normalizing

**3. Normalizing:** Families in crisis are desperate for reassurance. You can't fix what's worst for them, the death of their loved one. But you can give them some reassurance, both in your ultimate answer, and in letting them know that their concerns are legitimate, you've heard them before and you are competent to address them. **Normalizing** opens families up to more honest expressions of their concerns, sets you up as a person who can deal with them and sets up your **Answer**. **Normalizing** statements sound like:

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“Other families have told me they just want it over with.”

“Most families don’t want to do anything that would prolong things for their loved ones or for themselves.”

“A lot of families have that concern.”

“That’s a question I’m often asked.”

“You are not the only people to have worried about that.”

We can’t model tone of voice here, but do recognize that **Normalizing** statements have to be delivered with empathy or they can sound dismissive.

## Answering

**4. Answering.** The mistake we most often hear coordinators make is **Answering** without going through **Exploring**, **Empathizing** and **Normalizing** first. We understand you do that because you know the answer, or think you do, and are concerned about time. But if you don’t **Explore** first, you may give the wrong answer, i.e., one to a question the family isn’t really asking, and you will, most assuredly, lose the opportunity to make the connection with families that leads the reluctant ones to donation.

**Answers** to time concerns are many, varied and depend on exactly what you have uncovered during **Exploring**, **Empathizing** and **Normalizing**. It may be that a particular NOK is worried donating will prevent him or her being with the loved one during withdrawal and at the moment of death. It may be that another family is so tired that they feel like they can’t risk doing

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anything that would prolong their ordeal. Another family may feel like they would be putting their loved one through yet one more thing that won't help. Or, maybe, they feel like donation would prolong the death. All of these different concerns can be addressed, and experienced coordinators know the various **answers** to them and how those differ depending upon the condition of the potential donor and the particular hospital setting. But the correct **answer** – the one that is truthful, meets the family's needs, and usually gets the donation – cannot be given without the **EEN** that proceeds the **A**.

When we return to teach advanced courses to our tissue bank clients we usually have listened to their tapes, have selected actual wording that led to refusals and can demonstrate **EENA** skills that would've turned those around. We've developed a tool for our OPO clients to capture some of that information and will be glad to share it upon request. Additionally, we hope that you use this paper as a guide for practice role-playing when we're not around. Remember, requesting is like golf, tennis and cooking. You have to use the right form, the right ingredients.

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