

## ***“I thought I was good at listening...”***

### **Reflective stories from health providers who participated in the iCARE-Haaland model training on communication skills and emotional competence**

#### **Background**

*“Systematic self-observation and reflection over time is a key method used in the iCARE-Haaland model training. Health providers participating in the training go through a period of guided self-observation and reflection on their own communication behaviours, and the effect it has on their relationship with patients, colleagues and supervisors. The aim is to build self-awareness on providers’ own communication behaviours, seeing what they are doing well, appreciating their challenges, and what they need to improve. Providers share their discoveries from the observations with trainers, and this helps the trainers to identify providers’ learning needs and shape the training to meet providers expressed needs. The examples give the trainers a very good base for linking the learning theories directly to the work challenges of the participants, and for facilitating learning in supportive group processes in a safe and a non-judgemental way.*

*Below are examples of reflective stories from providers’ encounters with patients and colleagues in their daily work situations. The stories describe what they have become aware of in their communication behaviour, and of how they are using the skills learnt to manage these situations in more constructive ways.”*

**Lead Trainer, Nurse, Kilifi,**

#### **Story 1: Have learnt to be patient and explore parents’ concerns!**

*“A child was being investigated for tuberculosis and had been seen previously by a colleague who had ordered for some tests while he put the child on some medication for cough that the child was experiencing. So, when the mother returned to the clinic she found me. So, I went through my colleague’s notes and looked for the remaining results. Some results were not ready yet.*

*So, I later sat down with the mother to explain to her the situation. I told her “though your child is suspected to be having tuberculosis we do not have strong evidence to prove that. Some of the tests point towards tuberculosis while others are completely normal and as per our guidelines we cannot say your child has tuberculosis and at the same time we cannot confidently rule out that”. I saw from her face she was puzzled and worried at the same time. So she asked me “Daktari, (Doctor) even the other doctor thought my child could be having tuberculosis but did not feel it was right to start him on tuberculosis treatment yet until we get all the results. But, the medication he prescribed is almost over and this child has not improved, he is coughing a lot. Instead of waiting, why can’t we just start my child on treatment for tuberculosis?” She was now raising her voice and sounded a little angry. I tolerated that. I thought she needed a little more explanation on the disease, how difficult it is to diagnose tuberculosis in children and how we finally arrive at a diagnosis.*

*All these did not help. She kept on asking the same questions (but twisted them) over and over again and it was clear from her arguments and face she just wasn’t getting my point. At this point I was getting weary of her but I really tried not to react in a negative way and my eyes were on me. Previously if a situation like this occurred, I would cut this mother short, give her my final instruction and let her know where to go next, or I call one of my junior staff, give him/her the instructions and leave that mother in the hands of someone else that abrupt!*

*This time around I was in control although I felt she had become a nuisance somehow. Later as I was still talking to her I realized this mother was anxious and at the same time worried. Then I thought I was probably expecting this mother to understand tuberculosis the way I do while she probably has her own opinions about it. So I asked her politely, "What do you understand about tuberculosis?" she told me, "My child will die because you are not starting him on treatment". I went ahead and explained about tuberculosis again. She looked sad, scared and frustrated. This got me worried and a bit frustrated and annoyed too but I was not going to say or do anything that will make the mother feel worse.*

*So, and thank God about this, I later held that mother's hand and asked her what her greatest fear was and she said while trying hard to hold back her tears, "Daktari, (Doctor) I lost my 16 year old son a few years back because of tuberculosis. This had been diagnosed very late after my child had suffered a lot. I would not like that to happen to this one. So, if you and your colleagues are suspecting that my child has tuberculosis, can't you start him on the necessary treatment right away instead of asking us to come back to the clinic for follow ups every now and then?"*

*I got her point. I thanked myself for being a little more patient with this lady. I really felt for her. I kept quiet for a few seconds then I told her how am sorry about the loss of her son. I gathered courage and reassured her that although we suspect that her son now has tuberculosis, he is relatively well and it's important that we continue to follow him up closely so that we assess his progress. And that we may finally start him on treatment if we confirm or strongly feel that her child has tuberculosis as guided by our test results, clinical judgment and protocols. I made her understand that her late son was in a different situation from this one because he was so sick by the time they even thought of investigating him for tuberculosis. This one, though he has pointers to TB, they are not conclusive and he is relatively well.*

*By the time I said this she was looking calm and relieved. She thanked me and assured that she will bring her son for the follow up appointments.*

*I don't know where that patience came from, am so glad I was patient with this mother. I feel this mother should be open enough with her fears instead of beating around the bush. If I had not been that patient I could have assumed "she is just thick, she never understands a thing" then I handover to someone else or go about my other duties.*

*I think this is one of the situations that I have handled best since the beginning of my reflections. Although I couldn't help feeling annoyed and weary of it, I managed not to show it."*

*Clinical Officer, Kilifi 2016*

## **Story 2: I have discovered myself!**

*"The self-exploration and experiential exposures of this training have made me discover myself in another perspective. There are small happenings and aspects of me which were denied to my awareness. But surprisingly these aspects and happenings were playing a lot of dynamics in my daily behavior thereby posing a lot of resistance in my interpersonal relationship with my colleagues, supervisors and significant others.*

*I had not been in a position to understand myself in different situations in the past, thereby not being in a better position to control myself. I had been very nasty to people when I am frustrated. This decreased my interpersonal relationship because I would spill my frustration to anybody I came into contact with. In situations I was angry; I had no boundaries with these feelings. I used to spill it all over. And to a greater*

*extent I would unconsciously carry it over from one person to another, thereby causing a chain of reactions, from one person to the other and from work to significant others and vice versa.*

*I have been behaving very strangely when I am afraid and not sure. My ability to communicate my inner feelings to the outside world has been a challenge. This is because I was not sure of the reactions of the outside world. At times I would make statements whose repercussions I am not sure of but now, I am in a better position to control this behavior. And I am feeling the change in me. I am also experiencing a change in my way of considering other people's opinions; all these are situations I was not well-versed with but now my communication and ability to sense that it is now the time for the other person to talk and assume the role of the listener has greatly improved.*

*In my department, I am seeing myself to be in a good position to undertake tasks in the best of myself. My ability to sense and control or deal with my inner emotions and to articulate issues from my colleagues without ill feelings has improved and I am in a better position to accept criticism than ever before. This tendency makes my workmates free to express themselves and it also makes me able to gauge the impact of my statements before I even make them.*

*Therefore, from this task I can conclusively say that behavior can be learnt and it can also be un-learnt. Good behavior is rewarded, bad behavior is punished. I have already started punishing or dealing with my bad behavior. I have realized that if I am in a position to sense and deal with my feelings and modify them with a view of making the other person feel valued, respected and accepted then this person will react very positively to me but if I will not be in a position to sense and deal or modify my feeling, then the reaction will be negative. In both situations, I am the contributing factor to the happening. There is a parable in mijikenda community (local communities on the Kenyan coast) which states – “if you point an accusing finger at another person, it means you contribute  $\frac{3}{4}$  of that problem, the person you're pointing at just contributes a  $\frac{1}{4}$ . The thumb pointing upwards means God is the witness”. Truly speaking, I have heard people say it, I have also said and told people this parable but little did I know that every inch of this parable is true after taking myself through these reflection exercises/tasks.”*

*Nurse, Kilifi 2012*

### **Story 3: I realized I had a problem in listening!**

*“I did the observation tasks and realized I have a problem in listening till one finishes, I also listen too much without interjecting when I have to interject. I do not ask enough questions to find out more. I also seem to get a very fast burnout in listening to a person who talks a point for so long. Some time I feel annoyed by those who take long to say what they have to say, and at times this boils in me. When I get time to say something I burst out loudly and most of the time people do not listen to me.*

*I have realized I rarely listen to other people's ideas and more often would want to be heard about my own ideas/opinions. I have a challenge in asking questions to find out more what the other one is saying. Most of my questions are close-ended requiring yes/no answer.*

*When I let my feelings take control over me I end up becoming impatient and ask close-ended questions, hence I do not listen to what the person is saying.*

*I have realized the effects of not listening, and me having no patience ends up making people resentful and some become abusive. There is this situation when I told one of my colleagues that I was getting late and his actions are delaying me without finding out what could have been keeping him that long. What resulted was him going on the defensive saying “asiharakishwe na mtu junior kwake” (She doesn't want*

to be rushed by her junior) and because I did not ask more on what he meant, an argument ensued. He ended up using very hurting words in retaliation.

Some of the things that I have learned which hinder good communication is interjecting when one is talking, making faces when one is talking, sometimes even laughing in some situation annoys people. The other day I decided to use the asking and probing questions in a discussion and realized that I took long to discuss with the person. He was able to ask questions and in the process, there was no building of barrier (defense) as he talked and we were able to agree on some issues. Rephrasing his statements and asking more open-ended questions ended up making the conversation comfortable. Listening to my feelings has also made me keep myself in control. Accepting those bad situations that they happened and looking at them as experiences for learning has made me feel better and good about myself.”

Nurse, Kilifi, 2013

#### **Story 4: I am a good listener, or so I thought!**

“I am a good listener, or so I thought. I am not in many occasions. I tend to be attentive most times but get distracted on various occasions. Sometimes it’s unavoidable. Am probably stressed by too long discussions especially if not my topic of interest make me distracted easily. Sometimes I am putting people off blatantly when I feel they sound barbaric. I am quick in judging others. I am the worst person when am angry, I just don’t listen. What a shame!

I have realized the way I talk/react to situations both verbally and non-verbally has a lot of impact on whoever I am communicating with. At times it promotes good communication and somebody may feel free to express him/herself to me. Too bad when I am irritated or angry or stressed in one way or another I don’t create that atmosphere where somebody can pour out their hearts, my instructions are not taken appropriately and there can be a lot of confusion. This is common with my children, workers at home and my juniors at work.

Much as I would like to, I haven’t been able to deal appropriately with conflicts especially when they cause me a lot of pain. So far am thinking if I could just stop giving sharp reminders and be able to talk or express myself well, in a way that won’t cause negative emotions both to me or the person I am talking to, I would really feel good. At least, if I could think a little more before I open this mouth! I am usually that person that hits while the iron is still hot, and my words and the way I express myself is Dis-heartening. Fine, even if somebody has wronged me, I would want a better way of letting that person know, without hurting him/her and at the same time leaving me with less or no pain.”

Clinical, Kilifi, 2011

#### **Story 5: Effective communication helps me derive internal satisfaction from my routine**

“During the past few weeks, I have consciously realized how effective communication helps patients or clients to understand, co-operate and participate in in their own health care management. Above all, I have noted the slow, steady, but an overwhelming internal satisfaction I derived from my routine work.

A memorable experience I want to share, began with a very distressful unmarried young woman walking into my clinic with complain of missing her menses for six weeks. She was visibly anxious and worried that she may have been already pregnant. After asking and listening to her explanation, especially how it all began and what other signs and symptoms she was experiencing, her story underscored a sexually active young lady with an unstable sex partner.

*I reassured her of support and confidentiality. Basic principles of management including physical, laboratory and ultrasound examination were explained for her to understand, but also to obtain her consent and co-operation. Findings on initial physical examination were highly suspicious of sexually transmitted infection (STI) and I gave her feedback. However, further laboratory examinations needed to be done especially a urine HCG test to rule out pregnancy. Both the HCG test and ultrasound scanning did not reveal any sign of pregnancy. All findings and results were then feedback to her which greatly reduced her anxiety and stress. She became more comfortable began to divulge more information concerning her sex partner and how she might have gotten an STI.*

*I counselled her on methods to prevent sexually transmitted infections and unplanned pregnancy. I prescribed her some treatment and issued some condoms. A follow-up review was arranged for her to return with the partner to counsel him as well.*

*Yes, I have had similar cases in the past, but the difference I realized here was the immediate and sustained trusting relationship we built during the period of the consultation. I believe it was the result of my new perception and approach to communication with patients or clients.”*

*Nurse Midwife, Gambia 2016.*