

# Communicating with awareness and emotional competence with patients and colleagues



Feedback on  
communication skills  
from baseline and  
observation tasks

Basic workshop Kilifi

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- Strengths when Communicating with parents, patients, colleagues and supervisors
- Effects of communication
- Information and communication you give to patients and colleagues, and how you help them understand
- Communication skills challenges, and perceived causes of the problems
- Insights/MSC
- Learning needs

# Using good communication skills



# Which skills are you good at with patients?

*All participants acknowledge some strengths. Main trends:*

## **Listening(9)**

- *“Am a good listener e.g. I can listen patiently to someone talk for a long time without interrupting or cutting them short so as to get the full information.”*

## **Giving instructions/explaining reasons (6)**

- *“I am good at explaining the reasons for taking drugs correctly as prescribed and also nature of disease. Example I had a patient who didn't want to take HAART, yet she was eligible I explained to her the importance at length and finally she agreed”*

# Other skills you are good at

- Greeting/creating rapport/make patients comfortable (4)
- Deal with fear and anxiety (2)
- Communicating in patient's own language/be at the same level/take time (4)
- Giving feedback-2
- Empathy -1; Openness-1
- *"I am good at creating rapport. Ex: I start by greetings, if possible handshaking, then introduce myself by even giving my name, then proceed"*

# Good skills with colleagues/supervisors

## Common skills

- Listening to colleagues (13), to supervisor (1)
- Communicating with respect (4)
- Giving good feedback
- Handing over clear report to colleagues
- Other skills: questioning (2), respect and ask supervisor for opinion (2), seeking to understand others views (2), Pass information (2)

# Skills you are not so good at

- Listening (12)
- Handling emotions (6)
- Listening and asking question (3)
- Interpreting non-verbal communication (2)
- **Other (1):** Giving constructive feedback , Respect, Patience , Convincing patients , Judgmental
- *“I am not good at listening to long stories especially during admission. I get irritated so fast so I will only take what is important”*

# Effects of good communication on colleagues and patients



# Effects of good communication on patients

## **Patients understand instruction and cooperate in care (9)**

- *“That elaborative and simplified explanation made the mother of the child with a head control problem understand the problem the use of a cervical collar and co-operate in the treatment plan, hence the child gains head control”*

## **Open up and motivation to communicate freely/confidence (5)**

- *“My giving the mother an ear, she gained confidence that at least someone listen to her”*

## **Reduce patients anxiety and fear (2)**

- *“The mother who appeared anxious initially now looked calm and opened up to me and we communicated freely concerning her child”*

# Effects of good communication on colleagues and supervisors

## Good relationships (mutual understanding) (11)

- *“There was harmony at work, we understood one another well”*

## Appreciation/Respect for one another (5)

- *“In both situations they showed appreciation and I did not sense bad reaction”*

## Confidence and trust in one another (3)

- *“He gained a lot of confidence with me, I carried out the inspection on the specified areas and compiled a report which I presented to my supervisor, he took it forward to the plan hence helped the specific health centre to improve in this in the standard provision of health care”*

# Information and communication to patients



# What info do you give patients -

## At admission: Emotional care:

- **Information that deals with patients' fear and anxiety (11)**
- *"I create a rapport with the parents and thank them for bringing the child to hospital. I ensure they are aware that the child is very sick and assure them that the medical team will give their best. Then after settling the child in bed I do an orientation of the ward, where bathrooms are etc"*
- *"Acknowledge and calm the patient: that what the parent has done is the best, so as I alleviate any guilt feelings, reassuring that we are going to do our best at our capacity and perhaps refer when appropriate; Educate the client on the condition."*

# At admission -

## ***Medical information (7)***

- *“I will inform the parent of the nature of illness of her child and the possible diagnosis. I will inform her about the treatment the child has been prescribed, I will inform her about lab investigations for her child”*
- **Others:** describe measures that could reassure patients: Orientation to ward environment (2); and feedback on progress

# How do you make patients understand information?

## **Give information in clear way/simple language (6)**

- *“I try and explain things in a simple way, usually repeat what I have said, ask them if they have understood and sometimes ask them to repeat what I have said...give them a chance to ask question. While doing this, examine their facial expressions”*

## **Explaining importance of the information (2)**

- *“I try to let them know why they need to act in certain manner/when they gain from following the advice*
- Ask them to repeat (3)

# How do you make patients understand information?

## Creating conducive environment, talking to them nicely/friendly (4)

- *“Before I give them advice, I create an environment which is conducive and tend to create an interpersonal relationship between the parent and myself e.g. I can start by creating a joke which makes the parent laugh then there I start my speech”*

## Explain, then ask for return feedback question (3)

- *“I explained to them and ask them questions and make sure they understand, and also give them time to ask me questions to verifying any query they have”*

# Why do patients follow advice?

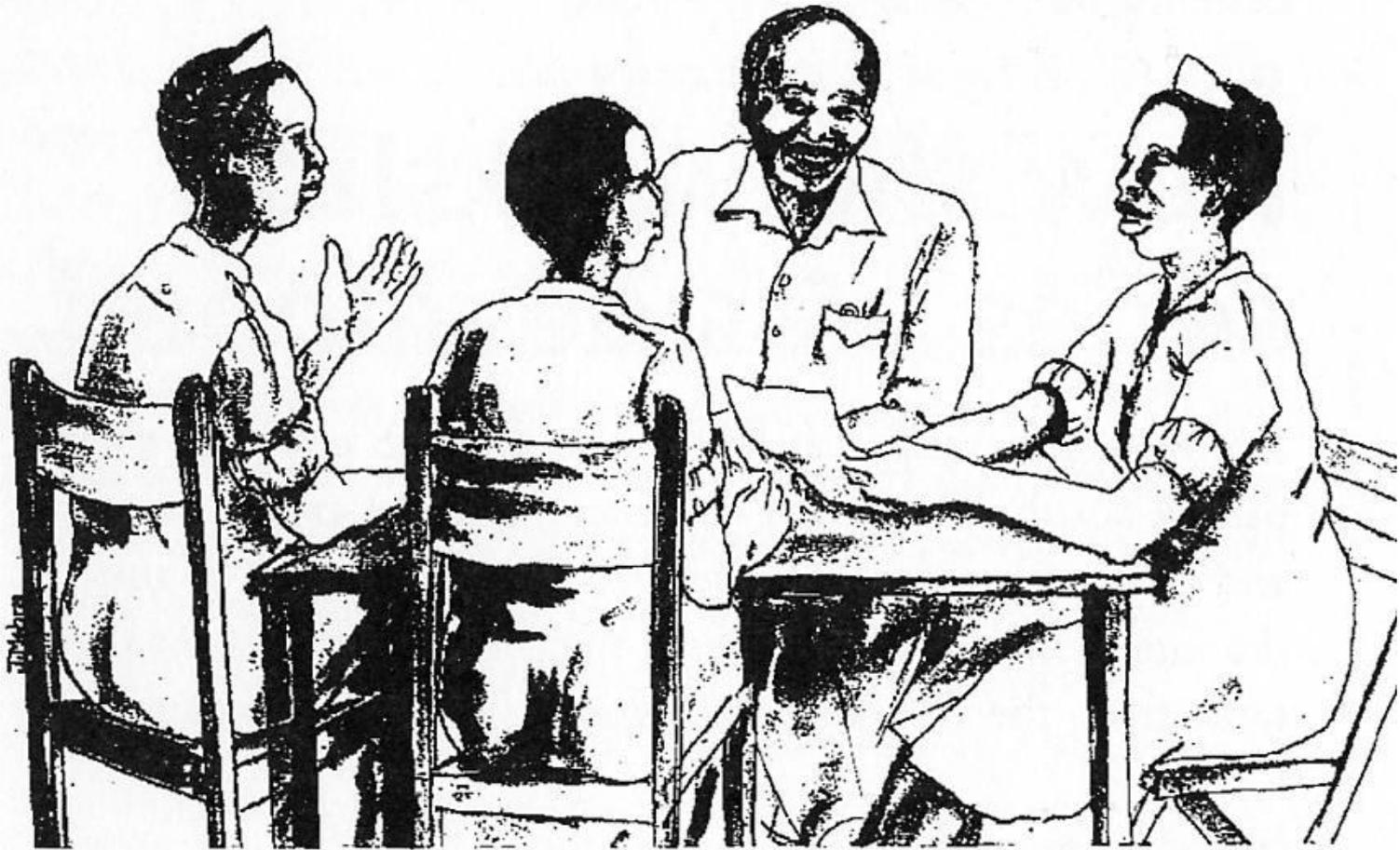
## **Explained the benefits/importance and outcome (17)**

- *“When the parents become comfortable with the situation and are ready to work with you and are willing to work together”*

## **Others:**

- **when you listen to them, HP confident, show emotional support**

# Major communication challenges



# A. Providers' own limitations

The majority (22) felt the problems they are encountering are related to their own lack of skills:

## Lack of communication Skills (10)

- *“The cause of the main communication problems is lack of communication skills and we need to be sensitised, taught on good communication skills “*

## Lack of skills to handle own and patients' emotions (12)

- *“I become judgmental because of the traditional charms on the child's waist whereby I told the mother to cut it before I could attend to her”*
- *“I think mainly communication becomes a problem when we don't know how to deal with our self in the 1<sup>st</sup> place.*

## Other challenges

- Hierarchy/superiority complex (9)
- Not patient (1); Judgmental (1 )

# Why they did not follow advice?

- **Patient's limitations (10)**

*“Because she used cold water to tepid sponge the baby as she thought I said she should tepid sponge her baby with boiled cold water. Did not understand ‘luke warm water”*

- **Noting H/workers own limitations (7)**

*“There was a mother whom I advised to tepid sponge her baby with Luke warm water; but she didn't understand the “Luke warm water” she boiled the water and let it cool then she tepid sponged her baby with this cold water”*

***Others: healthy systems/policies/workload(2)***

# Why they did not follow advice

- **Not explained the importance/implications of following or not following the advice (14)**
  - *“I had not explained to them the importance of keeping their babies warm. until I did so when every mother was scared of the disadvantages and decided to wrap her baby well and took the advice positively”*
- **Patients followed their traditional methods/ beliefs rather than HP advice (7)**
  - *When a child was malaria positive I told the mother that every morning the bloods will be taken till the day it will be negative but instead she complained that bloods were taken for devilish issue*

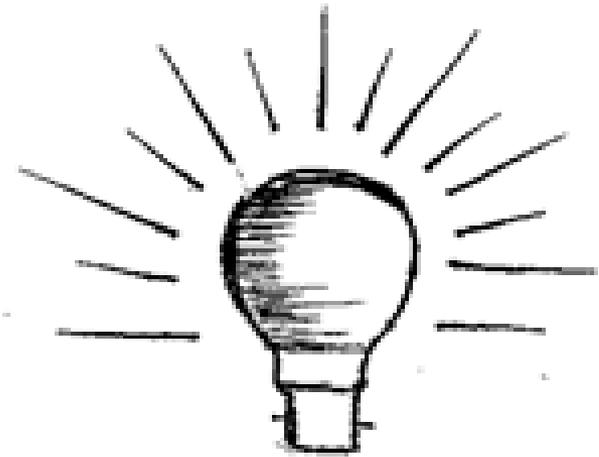
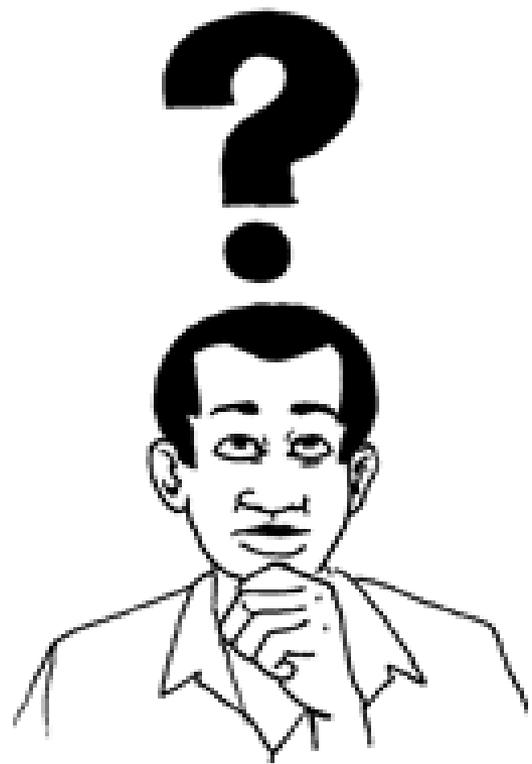
# Challenges: Supervisors

- *“There are times they don’t want to listen, especially the supervisor, they have the tendency that a junior cannot tell them anything”.*

# Learning needs

- How to manage emotions – mine, others’
- How to handle angered relatives/patients
- Control anger – “I am still very far but I am trying my best”
- How to control stress
- Handling terminally ill patient
- How to manage short tempers
- *“I need to be patient, not act out of impulse, be tolerant, calm and have confidence in trying situations”.*

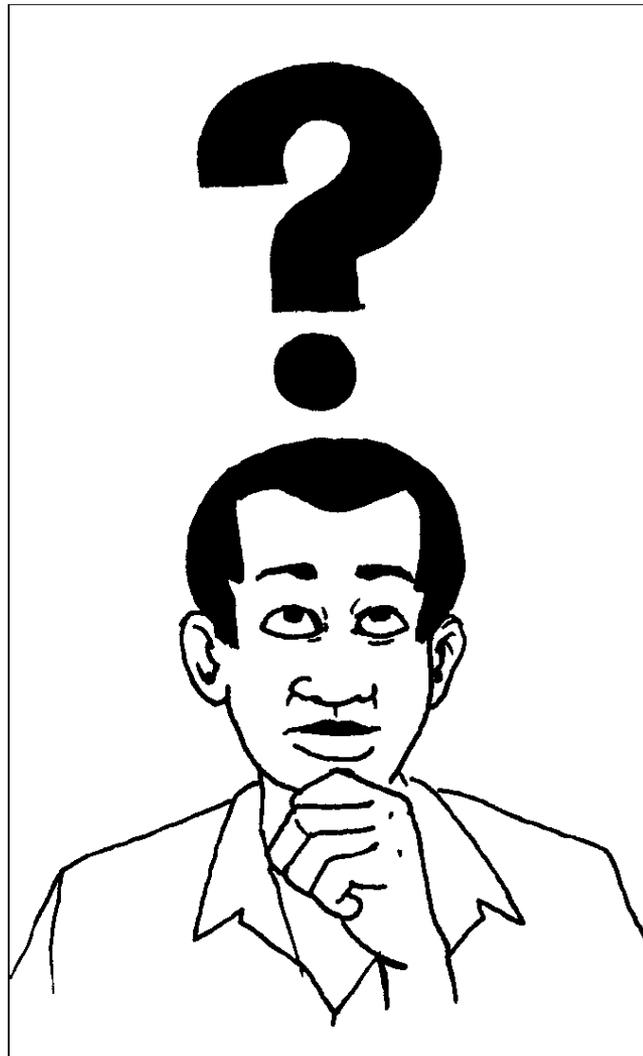
# Insights on how to communicate



# Asking questions

- *“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 ask close ended questions, hence not listen to what the person is saying”*
- *“I listened attentively and framed my questions well, to avoid judging her. I did not want to interrogate her; this could have scared her to open up. So I avoided questions like “why”, and used “How’, “what”, in order to make her talk out her issues”*
- *“I feel most of my patients do not have time to explain more on what their problems are because I don’t give them time to do so.”*
- *“I later realized that I had been harsh to others, quick to blame other people for any mistakes that happens, not realizing that I could have also contributed to the outcome of the incidence”*

**Have we captured the main issues?  
Do you have questions?**



# Additional examples



# Insights on how to communicate

- *“It was amazing that I could give her a lot of time just listening to her without interrupting..... . It was amazing to me how just listening could work magic”*
- *“I learnt to consciously watch my form of non-verbal communication that may have a negative influence on effective communication*
- *“I realized that I used to pay attention to other people more than my children because after work I am tired and worn out, so I could not have time to discuss with them, I used to ask them close ended question like, ‘have you done your homework?’, ‘have you eaten?’ “How is school” and they use to answer either ‘Yes’ or ‘No’, but nowadays I give them open ended question like, ‘tell me about school”*

# Insights on how to communicate

- **Even a fool has something to say:** *“I came to learn that if procedures and activities pertaining patient ‘s are not clearly explained to the parents misunderstanding may arise .clinicians and nurses should ensure that thorough detailed information is delivered to clients so as to prevent misconceptions of the activities. No matter the workload, LISTEN! Even a fool has something to say, so you better listen!”*
- *“I learnt that it is good to listen to people explain their views first until when they finish, then chip in.”*

# Verbal and non-verbal promotes good communication

- *“I have realized the way I talk/react to situations both verbal and non-verbal has a lot of impact on whoever am communicating with. At times it promotes good communication and somebody feels free expressing him/herself to me”*

