

Communicating with emotional competence



Effects of **anger**,
safety, and
insecurity on how
we communicate

Kilifi

Basic workshop

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Objectives

To understand and recognize

- The effect of emotions on communication and learning, and on building trust and establishing relationship
- The effect of automatic reactions on patients+colleagues
- What is insecurity, how does it show and how does it affect you, patients, colleagues – and communication and learning
- What is anger, how does it affect you, patients, colleagues, communication and learning
- How to use respect and appreciation to create a safe situation for patients to enhance good communication and learning
- What is emotional competence, and how it can be used in professional care

Be able to

- Use emotional competence: Recognize their own and patients' emotions, take a step back (*from automatic reactions*).
- Find reasons behind the emotions, and communicate with awareness and empathy – to build trust and establish relationship

The challenge:

Effect of emotions on communication

- *“When I am very much annoyed, I feel cold sweat evaporating on my skin confirming anger but that time I am lost for words to argue”*
- *“When I am frustrated and overwhelmed - I work slowly and when asked questions or explaining a point to a patient or colleague I talk as if I don't have life in me.”*

The Aim – Emotional Competence:

Recognizing emotions – and taking a Step Back, consciously

- *“I realized that this is a difficult situation and I have to be very sober. I put effort to control myself but anger was eating me up. I took a break and we later settled for a discussion.*
- *I realized I would save the situation if I get composed. I found strength in self talk. I realized I still need him and I need to be brave”*

Demonstration: Part 1

The child is not adding weight



- A mother has been in the ward with her 1 year old malnourished baby for 2 weeks. The child is not adding weight, despite being on feeding treatment.
- The nurse has just reviewed the progress of the baby, and goes to see the mother by the bed.
- ***Two trainers show scenario***

Effects of emotions on communication

Discuss in groups:

- What did the provider do?
- What could be behind the provider's reactions?
- How do you think the mother felt?
- What is the effect on the mother's motivation to follow advice?



Need for health personnel to learn to recognise and manage emotions



Challenges:

Suicide

Burnout

Denial

Mental problems

Attrition

Automatic reactions



Emotional Labour:

..the act or skill involved in the caring role, in recognizing the emotions of others and managing our own”

- **Unacknowledged**

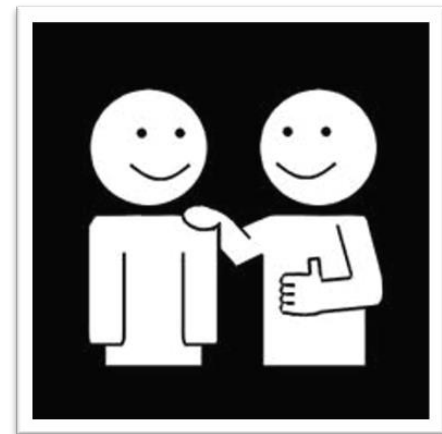
Studies show:

- **Profound need:** Bridge the gap between medical and emotional aspects of care



Why learn emotional competence skills?

- *Evidence: EC skills make better and more productive professionals and leaders;*
- *Enable them to take care of their wellbeing*



Building Emotional Competence = Basis for resilience, and for objectivity

Four skills comprise EC:

1. Accurately *perceiving* emotions
2. Integrating emotions with *cognition*
3. Understanding *emotional causes and consequences*
4. *Managing emotions* for personal adjustment



Emotional Competence made simple

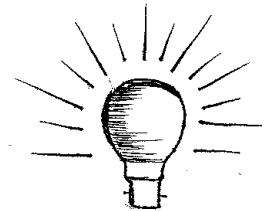
1. **Recognize** emotions
(yours; others')



2. **Think**



3. (Stop!) **Analyze** –
WHY?



4. **Act** – with awareness
and understanding



Examples:

Effects of anger and insecurity



Anger

- *“I caused anger after a confrontation with a staff who had chased a client from the clinic. This affected all clients in the clinic as they were all harassed that day.”*



Insecurity

- *“ Insecurity brings lack of confidence in me and this affects me by bringing my mood down lowering the spirit of work performance”*

How important are feelings in making you do good work?

Discuss in groups:

- *What makes you feel safe (emotionally) at work?*
- *What makes you feel insecure?*

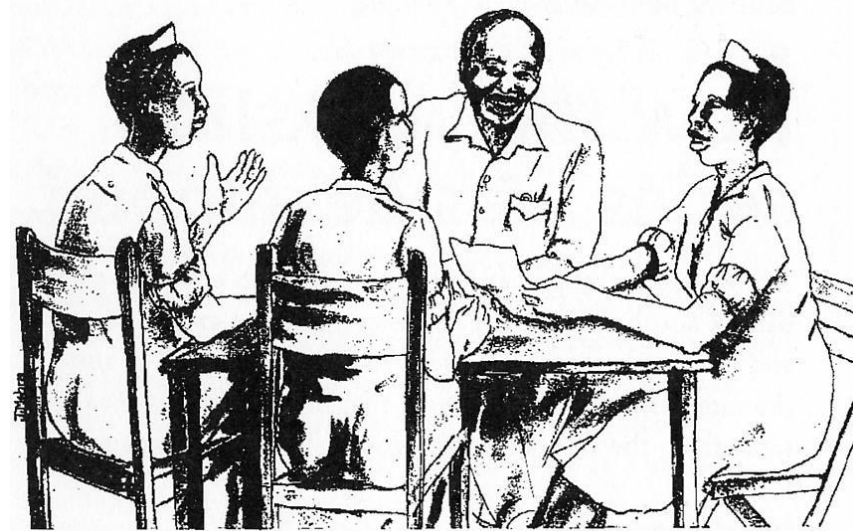


What are the effects, on how you communicate?

Summary:

Feeling safe makes you -

- Communicate freely, confidently, without fear
- «Speak my heart»
- Listen well
- Share issues with ease
- Be relaxed
- Able to be present
- Speak with awareness and power, in control of your emotions
- Give better explanations
- Appreciate others



What makes you feel insecure?

I feel insecure when:

- *“Taking care of very sick patients with poor outcome”*
- *“Handling angry/violent/arrogant patients”*
- *“Dealing with uncooperative relatives”*
- *“I am uncertain of patients expectations”*
- *“Handling emergency alone
/not sure what to do”*
- *“I don’t have the right information”*
- *“I don’t have the right skills”*



Summary:

Feeling insecure makes you:



- Afraid, not free
- Negative, rude, harsh
- Attend with no respect
- Just shut up
- Not give instructions well
- Not ready to face client
- Avoid eye contact
- Reject and disapprove
- ***Where is your focus?***

How do you recognize you are feeling insecure?

Discuss in groups:

- **What causes insecurity?**
- How does insecurity show itself in you?
- Where is your focus of attention when you feel insecure?
- When you feel insecure, what are the effects on how you deal with
 - Patients
 - Colleagues



Insecurity, what is it?

What does it do to you?

- **Insecurity is:** Stomach feeling, uneasiness

What it does to you/effects:

- **Focus: Yourself.** Lose antenna and control
- **Fogs your view**, your plan and overview
- **Lose ability to listen** and understand full picture
- **Listen selectively**, misunderstand, and may not act rationally
- **Don't know what to do:** Protect self



Communicating with people who make you feel insecure



Effects of insecurity on communication

- *“I don’t give full information and I do not give room for questions ”*
- *” I result to blame game. I will result to point fingers at other members of the team as being the cause.”*



Effects of insecurity on communication

- *“Negative and rude. When I feel insecure or afraid it makes me feel like a police officer”*
- *” I communicate with a lot of fear and hold back some information and even have to lie sometimes to avoid problems”*
- *“ When I am insecure I fail to have confidence and at times I am not ready even to face the client / parent, and not able to disclose most information to the client. It makes me have a lot of thoughts and be in a sad mood during my resting times”*

Group work

How does insecurity influence your ability to give patient centered care?



- *Discuss how feeling insecure can affect your ability to provide PCC*

«Attack» causes automatic reactions

Patient/colleague...

- Is angry (attacking)
- Is judgemental
- Criticizes
- Ridicules
- Is persistent/persuades
- Ignores
- Is arrogant

Your response

- Defend or feel guilty, irritated or angry
- Insecure
- Defend or feel guilty
- Defend or feel ashamed
- Irritated
- Insecure
- Afraid., angry, nervous

Behind all: Insecurity



What are your natural responses to such behavior?

Insecurity: How do you react?

- Grab **"quick fix"** – asking leading questions
- **Re-act**: show negative emotions
- Reduce unpleasant feeling – **cover up**: arrogance, superiority
- Stick to old ideas:
- **"I am right"**
- **Argue** (often aggressively)
- **Withdraw**



Insecurity: How to deal with - Self?

Practice emotional competence

Step 1: Become aware: Recognize emotions:

- Feeling shaky? Fuzzy? Angry? Sad?

Step 2: Acknowledge emotions

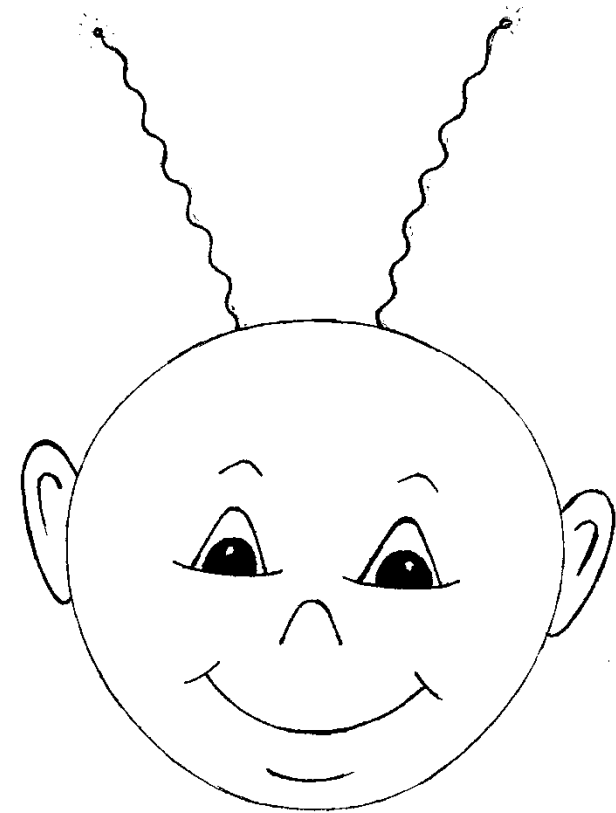
- Get antenna out – *what is going on?*

Step 3: Analyze - step back

- Stop automatic reactions. Set aside. Think – *find reasons behind your emotions*

Step 4: ACT: Take care

- If possible – immediately: Find a place to calm down. Talk to colleague. Take tea?
- If not possible: Set feeling aside, consciously. Find time to deal ASAP



Insecurity: How to deal - others?

Practice emotional competence

Recognize emotions:

- Insecure, afraid, in pain?

Think – analyze effect:

- She will not listen, or learn
- **Attention: *on feelings***
- Will not remember info

Take action:

- Take care of feelings first
- Then teach (or give info)



What is anger?





Showing **anger** - effects

- *“When I shouted at the parent because of not following instructions, the parent feared me so much that she could not share with me anything, not even something to do with the patient and hence I could not give quality of care because I did not know more about the patient*

Is **anger** always negative?



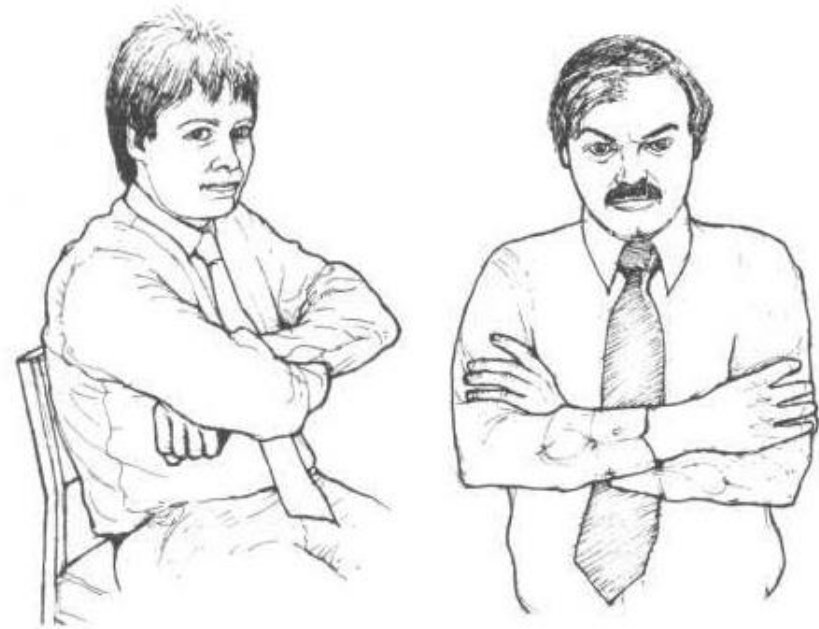
- *“I’ve realized that sometimes showing your anger helps in achieving what is rightfully yours when someone tries to deny or undermine your rights”*

What is often the reason behind **anger**?

- *“I have discovered that behind my anger there is always a reason, something underneath awaiting to surface”*

Buzz

- Is this the case for you?
- What is often the reason behind?



Behind the anger is fear



We judge what we are afraid of. Behind the anger is fear.

Participant's example

- *“I hated her arrogance and to me she looked like a shamble of **desperation**. I felt small, at once I experienced a lot of emotional alterations. Pain started rising in my stomach but I was quite aware of this now.*
- *But I later felt sorry for her **she was also struggling to be fit, I saw embarrassment in her** and I realized I need to support her. “*



Anger is a cover for fear

- **Fear:** uncomfortable

Most people cover up:

- Show anger
- Superiority
- Arrogance
- Showing power

➤ *More acceptable*

Judgement:



- often a cover for fear



“

Some automatic reactions to emotions

Angry



Pull back

- Walk away,
- Keep quiet and reflect
- Repress the anger

Act out

- shout, or become unapproachable
- quarrelsome irritable
- Become destructive

Over-whelmed



Pull back

- Take a rest and reflect,
- Share with colleagues, stay calm
- Don't want to talk to anybody/no questions

Act out

- Shout, blame others

How do we control anger?

Taking a step back – using emotional competence

- *“I realized that this is a difficult situation and I have to be very sober. I put effort to control myself but anger was eating me up. I took a break and we later settled for a discussion. I realized I would save the situation if I get composed. I found strength in self talk.”*

How do we control anger, using emotional competence?

Stepping back - *Effect?*

- *“I learned that it is good to take time before talking to someone with hot tempers until the person has cooled down, because by the time I called her she looked relaxed and easy”*

If anger is not dealt with – it builds up, then **explodes**

- *“I controlled my emotions but my biggest challenges still remains, the pain that remains inside, the anger and bitterness of letting someone intimidate you and not being able to confront him/her back. Each time I see that nurse, I feel very angry at her”*
- *“Wherever I grow angry, I accumulate energy for revenge! I am surprised to realize how much evil I can think; it means given time I can do a lot of damage”.*



Effect of emotions at work, when you let them build up

Discuss in groups:

- Pick a situation where you experienced difficult emotions
- How did it affect you?
- How did you handle patients/colleagues?
- **Implications:** What can happen if you have many situations like this, over time?

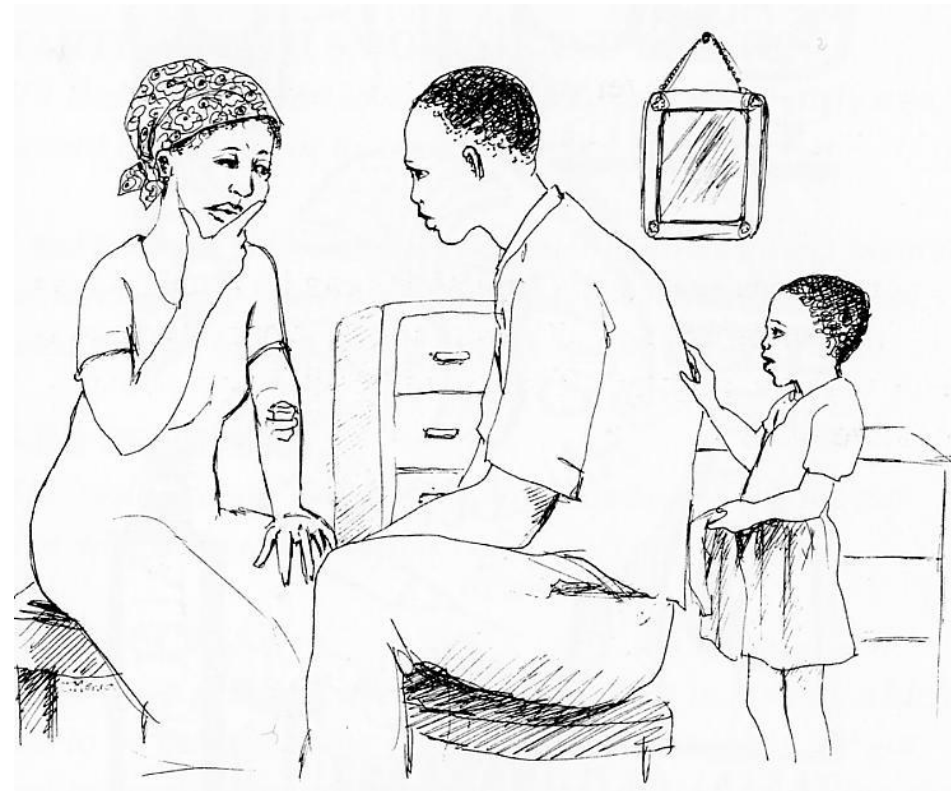


Symptoms and consequences of burnout

- **Emotional exhaustion** - where one closes down emotionally to others and is not able to take in any more
 - **Depersonalization** - distancing oneself from the situation. Branding patients as objects; categorizing
 - **Dissatisfaction at work** – low morale, not feeling like working the following day, feeling less productive
-
- Has anyone experienced burnout before?
 - **Burnout:** very big problem for health providers
 - We need to learn how to deal with it constructively.
 - In depth discussion in the follow up course.

Showing emotions: **Dangerous?**

- Many people are **afraid of showing emotions** – especially the **sensitive** ones
- Society **does not encourage** showing sensitive emotions
- **Why?**
- What is **the ideal** in your culture?
- What is the reaction when people **cry**?



Taking care of your own emotions: **How?**

- *“I felt sorrow one day when a mother who had delivered at home and developed post partum haemorrhage was brought to maternity some hours after her delivery. When she was brought in shock ,we started her on IV fluids and called for the obstetrician, but in due course she started gasping, we did all our best to resuscitate the mother but she collapsed and died leaving behind the new born baby girl.*
- *I can't forget that day because I was affected emotionally, I couldn't even talk. I went to the nurse's room avoiding my colleagues to see the traces of tears draining down through my face”*

Take care of your own emotional needs

Discuss:

Share experiences of how you have taken well care of your own emotions



Strategies to manage emotions with competence?



Role-play: Taking care of patient's and your own emotions

The «old» situation: The child is not adding weight
Handle it with new insights and skills – in groups of 3:

- with background of senior and junior nurse provided



Strategies to handle emotions competently:
Safety, Respect and Appreciation



Strategy 1:

Create a safe situation; build trust

- **Feeling safe** is a basis for handling patients well, and relating well to colleagues
- **Strategy - Build trust:**
Recognize and take care of **emotions – especially fears** – make person (and self) feel safe
- When safe – you listen, empathize, find reasons – and **explain why**
- **Safety and trust: CORE in Patient-centred care**



Strategy 2:

Show Respect, manage emotions



Mutual respect inspire good feelings:

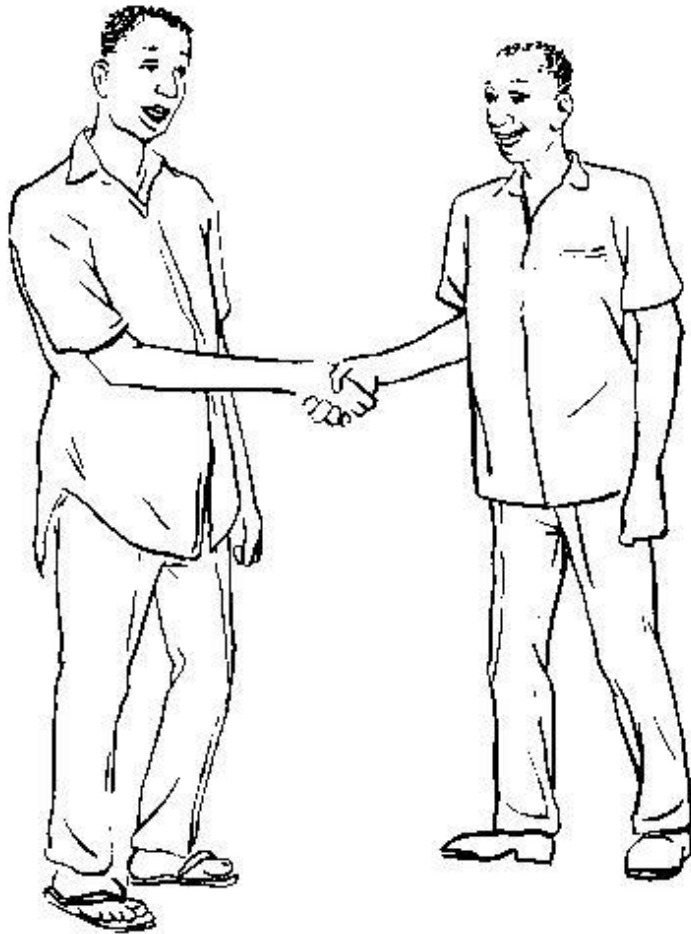
- *“I feel good and honoured and greatly motivated”*
- *“I feel valued and appreciated as person”*



- ***“Effects of not being respected***
- *“I feel so much let down, a loser and ask myself so many questions what is wrong with me*
- *“I feel intimidated and anger grows in me”*

Strategy 3:

Show appreciation



- *” I feel happy when patients have faith in me and appreciate the service I render. This in turn gives me courage to practise the same to the rest of patients, hence job satisfaction”*

Exercise in groups

- How do you feel when you are met with respect and appreciation?
 - *“I feel valued and appreciated as a person”*
- What is the effect on how you communicate?
 - *“I communicate freely with all my heart and mind when feeling happy to express my views”*

Buzz

- Share examples of what happens when you respect and appreciate patients and colleagues
- Show one of the examples in your group
- **Reflect on** what makes it **difficult to practice respect** and appreciation with patients?
- What would make it easier to practise respect?

Summary:

Managing emotions with awareness and competence

Step 1: Recognize:

- Recognize emotions when meeting a patient or dealing with colleagues (yours, their).

Step 2: Acknowledge

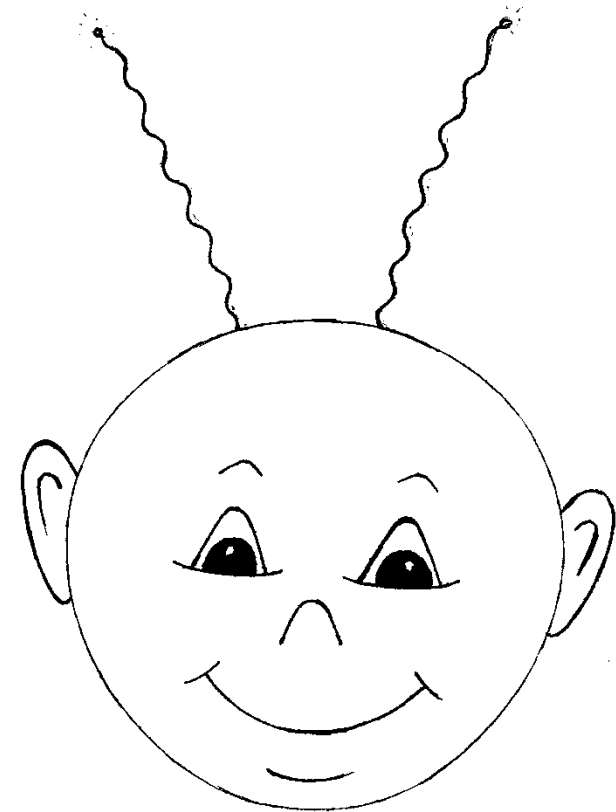
- Get antenna out. Think

Step 3: Step back

- Use awareness to set aside automatic reactions, be fully present. Analyze

Step 4: Listen with ears, eyes and heart:

- If patient or colleague is upset, or scared – deal with emotions first
- This will enable you to build relationship and trust, and communicate with competence
- They will be able to listen –
- *and you can both take ACTION on it*



How to create best conditions for learning

- Relate to and respect the patient as a person
- Respect patient's feelings, take care of them
- Listen, not interrupt, ask open questions
- Get into his idea. Let him identify solutions
- Give time to open up, establish trust, keep focus on patient
- Find time that suit patients, space that make them feel safe, and comfort that makes them want to ask questions
- Use peer work, and patients' own resources
- Pay attention to verbal and nonverbal communication
- Facilitate and respect confidentiality
- Do not judge because of moral, behavior etc
- Be supportive and positive, make patient feel he is important
- Use appropriate visuals
- Use constructive feedback with colleagues and patients

Further examples

The Aim:

1. Taking care of own feelings

- *“I want to be able to take care of my own feelings first before I would be in a position to take care of other people’s feeling. I want to stop judging other people’s behaviour, they have a reason for their actions”*

The aim: Taking a step back

- *“I realized that this is a difficult situation and I have to be very sober. I put effort to control myself but anger was eating me up. I took a break and we later settled for a discussion. I realized I would save the situation if I get composed. I found strength in self talk. I realized I still need him and I need to be brave”.*

Insights on Reactions - emotions

- *“I discovered that even if you blame, it doesn’t reverse the situation.”*
- *“I have come to realize that big reactions are never helpful and do not solve problems promptly as if one takes too long to calm down after a reaction, time is wasted and the problem grows larger and larger.”*
- *“Sometimes when one tries to solve a problem before the tempers are over I have realized that no solutions are achieved because temperature or grief is still high and it might cause a danger to self or whoever is assisted. “*

Effects of emotions on communication

- *“There was a time when I tested a guardian and she turned HIV positive. I was not prepared to receive the results as the client was not a patient but a caretaker. I was so afraid of what will happen and how she would react that I went on and on repeating one point for a very long time before I realised I was repeating my self. It leaves me helpless.”*
- *“Feeling fed up, Angry. I talk loudly, harshly, a lot. I become a bit uncooperative and can make decision that can adversely affect the people involved.”*

Effects of anger

- *I have observed that I am susceptible to anger. I don't digest and analyze the information or reaction first before I make a comment or conclude my next step of action"*
- *"Frustrated and overwhelmed/tired, I work slowly and when asked question or explaining a point to a patient or colleague I talk as if I don't have life in me*

Effects of emotions

- *I don't get straight to my points, I find it difficult to illustrate some points”*
- *“There was one time we lost a child in the process of admission who had severe dehydration, I almost cried in the process but I just prayed about it and I felt better”*
- *“I have discovered that whenever there is a problem it's good to wait until tempers come down then I call on the person in a nice way and ask why she decided to do so to me.”*

Effects of anger

Anger: *"I always take it in my stride, so I suddenly keep quiet, too quiet for the other people's liking. I don't respond to them. I just listen and in case of any where needing discussion I don't give any views"*

- *"I answered him with a question and told him why was he so angry about the whole thing while it was just a minor container. When he kept going on it irked me so much and got me irritated. Am ashamed we got into an argument over it and got me angry."*

Bad feelings among colleagues

- *“One day I was attending to a baby and as I was assessing the child, my colleague shouted at me in front of the mother and other patients:*
- *“Do you know what you are doing, that baby has no problem – leave him!”*