

Module 3b:

Communicating with emotional competence

Effects of safety, anger and insecurity on how we communicate

By Ane Haaland, with Mwanamvua Boga

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Background for trainer

Emotions are a natural part of life – and of being sick. It is very normal to be worried (*or scared or desperate or angry*) and feel vulnerable when your child or you yourself are ill. Patients have a need for these emotions to be recognized, respected and met with kindness, skills and concern. When patients are met with empathy and given emotional care (*in addition to medical care for the disease*), it has a positive impact on the outcome for the patient.

It is equally natural for the provider to experience emotions when handling patients. When the patient is showing pain, is withdrawn or is frustrated or angry, these emotions will affect the provider. Learning to recognize these emotions and managing them well, instead of reacting automatically, will help the provider to be effective and to enjoy her work: Practicing **emotional competence** is essential for the patient's as well as the provider's own wellbeing.

These are important aspects of **patient centered care (PCC)**, where a healing relationship between the provider and the patient and his/her family is the basis for good communication and shared decision-making. In PCC, the provider sees the patient as a person, as a human being with physical and emotional concerns that bring her (or them) to the provider. Using emotional competence is a key skill in practicing PCC, in ensuring healthy relationships with colleagues, and in ensuring wellbeing for the providers themselves.

Emotional Intelligence (which is largely the same as emotional competence) can be described as the practice of the following four skills:

1. **Recognizing** the emotions (your own, and those of the other, e.g. patient)
2. **Think** – (and **stop**) - taking a step back from automatic reactions to the emotions, and get space/time to think (*also described as seeing the connection between thinking/cognition and emotions*)
3. **Analyze** or explore the potential reasons behind the emotions (and the consequences of different actions you might take), and
4. **Action** – taking action, based on your understanding of the situation.

There are several ways of describing emotional competence – we are here using the set of skills which is described above. These are relatively simple and straightforward to learn, and to practice. From experience, providers learn the first two skills quite quickly. It is when they start learning to look for and understand the reasons behind the emotions (skill 3), that they also learn why and how



to take different actions in the situations. Having a theoretical model to link the skills to, will help them build up these essential skills, and employ them in their work. Throughout this module we will refer to these skills and help the providers build their competence in recognizing and using them in their work.

We are also introducing the concept of **emotional labor** as a recognized challenge (see reference). Emotional labor is defined as “*..the act or skill involved in the caring role, in recognizing the emotions of others and managing our own*”. The research on emotional labor shows it is still largely unacknowledged, and that there is a profound need to build a bridge between medical and emotional aspects of care. Providers thus learn from the literature which we present in the course that what they are experiencing as challenging emotions in their work, is natural and felt by providers in many other countries and situations. This knowledge will help them accept and put their own emotions into perspective, and then concentrate on learning ways to recognize and manage them in natural and constructive ways.

There are of course a number of other reasons for the problems faced by staff and patients in health institutions in countries where providers work under pressure of limited resources and a high disease burden, and communication and emotional competence skills alone cannot solve these problems. However, learning these skills do seem to make a large difference in how providers relate to their challenging situation, how they treat patients, and how they build up their own confidence in providing professional care. These skills also affect their own wellbeing positively, and can reduce burnout and increase job satisfaction.

This module aims to build the basis for understanding and practicing emotional competence. It focuses on a number of key strategies, skills and values needed for effective and empathetic management of emotions to achieve good Patient Centered Care and provider wellbeing:

To be able to manage emotions well, we must feel safe (i.e. have the ability to recognize and handle insecurity and fear). Feeling safe means we are confident that we can recognize and manage emotions, both patients', and our own, to build professional relationships where trust and open communication can be developed and practiced. These two strategies and the skills involved in them are inseparable.

Strategy 1: Creating a safe environment – and building relationship

This is essential to be able to communicate well with the patient, and enables the patient to relate well to the provider, build trust, and communicate openly. It requires a number of key skills:

- A. Developing the skill of showing respect** to the patient is an underlying value and a foundation for good communication, and for creating a safe environment: Communicating with respect and empathy becomes a natural goal, and strengthens the feeling of safety. A safe environment is a place where you **create a foundation for constructive communication**, and where **emotions are less likely to take over in a negative way**. Emotions will arise in both safe and unsafe environments, this is normal – and learning how to use emotional competence – i.e. to recognize and manage the patients' as well as the providers' own emotions - is essential to be able to establish and maintain a safe environment, and focus on the patient's needs. Practical skills to create a safe environment and building a professional relationship include **greeting the patient, providing privacy**, and **actively showing respect and appreciation** for the patient as a person.

- B. Developing the skill of showing appreciation** for the patient's actions by seeing the intentions behind (e.g. bringing the child to hospital), strengthens trust and facilitates the development of a good relationship, which is a good basis for communication and cooperation. (*Blaming the parent for coming late, or for having seen a traditional healer before coming – or blaming her for anything else - makes the parent feel bad, and judged. Such behavior does not help build the trust which is necessary to identify the child's problem, and build cooperation for the treatment.*)

An example from a participant, towards the end of the training process:

- *“By greeting and welcoming the client, it makes the client feel comfortable and respected. The client opens up her heart and usually shares her inner problems. This increases the bond between you and the client which increases good management. You feel good and your mood remains elated, ready to serve the other clients without getting tired.”*

Note: This provider has observed that handling the patients with respect, and building a good relationship, also make *her* feel good. She gives – and then receives – energy from the patient, which can increase job satisfaction, and decrease emotional exhaustion and burnout (*this point will be discussed more in detail, later*).

Strategy 2: Building and practicing emotional competence

To be able to practice the strategy to create a safe environment based on communicating with respect and appreciation, the provider must become aware of her own emotions, and be able to manage them in such a way that she can focus on the patient's safety and needs. She must also be able to recognize and manage (or respond appropriately to) the patient's emotions. The provider must be able to be present with the patient, without being sidetracked by e.g. her own thoughts and/or fears. This gives a basis for good care.

The skills of awareness, stepping back and creating the space to choose the right action guides the provider through the interaction with the patient, collecting medical data (*and possibly request consent for participation in a research study*), AND paying attention to the emotion:

- A. Developing the knowledge about and skill of practicing awareness** – being able to recognize and acknowledge emotions that are there in front of her, which might hinder vital information to be communicated (e.g fear, anger, frustration);
- B. Developing the skill of stepping back** – from common automatic reactions to such emotions, to identifying what the emotions are, and whose they are (the patient's? her own? Or a mixture?), and -
- C. Developing the skill of utilizing the mental space which awareness and stepping back provide, in order to look behind the emotions to see what might be causing them, and only then choose the right action and strategy, with awareness and empathy:** The skill to manage the emotions you become aware that the other person may be feeling (*and/or feel yourself*) - rather than being led by automatic reactions. An example:
- *“It happened in the recent past, whereby a patient had undergone some prostatectomy and the irrigation had to run throughout the night, but due to some recklessness of one of my colleagues on night duty, the bladder irrigation blocked. So when I was being handed over the report, I asked the nurse what the hell she was doing, until the irrigation blocked, and the ward had only 3 patients. Somehow I overreacted, I became angry and focused on myself: “what will I tell the doctor when he comes to do his ward rounds?” There and then something within me told me to cool down, though it was not easy. I apologized for being so inconsiderate and judgmental and also for lacking respect and told*

her I will deal with the situation from there on. She thanked me for stepping back because she is also not senior than I am. Later on I felt at ease as we had solved the issue and forgave each other.”

These strategies and skills, and the values underlying them, are recurring throughout the module, and should be taught as the key contents to manage emotions effectively – for the patients, and for the provider.

The skill to recognize automatic reactions and step back can be a vital survival strategy, as formulated by the renowned psychiatry professor and holocaust survivor, Viktor Frankl:

«Between stimulus and response there is a space. In this space lies our power to choose our response. In our response lies our growth, and our freedom.»

The module takes providers through the analysis of a number of emotions commonly affecting sick people, and affecting the providers who care for them: Fear (*including insecurity, desperation, hysteria, anger, frustration...*), and looks at some of the reasons why such emotions occur, and what they can “spark” or trigger in the provider. By using awareness, and knowledge about how these emotions “operate” and can be best recognized, acknowledged and responded to (*main skills: being aware and present, and using informed empathy*), providers learn to be comfortable around emotions – and deal with them as a natural, common phenomenon belonging to the profession (and – incidentally – to life!) Reflecting on situations and on learning, both individually and in interaction with colleagues, is essential to developing and strengthening these skills over time.

When providers feel safe in handling emotions, they will recognize and manage the emotions competently when they meet them, rather than fighting or avoiding them: This frees their energy to deal with the problem (*rather than being bogged down by the emotions*). One of the effects is - they no longer take out their frustrations on patients or colleagues:

- *“When angry I usually feel very disturbed, irritated like I can swallow someone. One time a colleague annoyed me and I felt very bad. Nowadays when angry I step back, accommodate, then reflect and with a lot of respect I approach the person for dialogue hence solve the problem.”*

Does caring about emotions take time? Initially – yes – as with any new skill you try to include in your routine work. As you learn to manage emotions with more confidence, it actually saves a lot of time: When you know how to handle patients’ emotions, establishing trust and good collaboration from the start saves time for longer term management. Patients also understand and learn quicker when they feel safe and can have an open dialogue with the provider, and are free to ask questions. This also frees up providers’ own time, by preventing her from a number of worries: She has a functional and positive professional relationship with the patient, they are partners in care.

According to many of our participants – being able to handle emotions effectively makes a big difference in their job: They feel more confident, they have more energy, and although the job pressure is the same – many say they handle challenges more effectively, and – leave the job without being exhausted.

A glimpse of the history:

Why is emotional competence not taught consistently to providers?

The strategies and skills described above may all sound logical to you as a trainer, and you may conclude that it should ideally result in providers learning to take care of patients' emotions. However, in most training programmes, they don't, and neither do they learn how to take care of their own emotions, which they commonly experience when dealing with patients and colleagues in a highly stressful work situation. We explore this phenomenon and some of the reasons behind, briefly, before looking at some of the specific issues this module is aiming to teach. The reason for exploring this topic is to give you as a trainer a broader background for why the topic has not been sufficiently focused on, and reasons why research and experience now suggest it should be a central topic in basic as well as in continuing medical education.

"She is just being emotional"

"Emotion" has a bad name for many providers – "being emotional" is seen as something negative, something to judge (*equivalent to being hysterical, or silly*). It is most often applied to women: "*She is just being emotional*" is a way of categorizing reactions providers don't know how to handle, and making the reactions unimportant and justify the provider's own judgment of these emotional reactions.

In our course, we confront and challenge this attitude, or view (or habit). We seek to replace it with one where having and showing emotions is seen as a natural and unavoidable reaction to being ill and feeling vulnerable. These emotions can be helpful for building trust, relationship and cooperation – IF the provider knows how to recognize, respect and respond to them (*with awareness and informed empathy*). Critical thinking and reflection is needed in the training to confront, explore and discuss potential consequences of negative and uninformed attitudes to emotions, on providers' abilities to give patient centered care.

Providers are faced with patients' emotions every day, and meet these as best they can. The old "ideal" or assumption is, however, that medical providers should be able to handle these emotions as a part of their profession, even if most of them have never learnt how. Research and experience, especially (in the North) over the last 20 years has shown that the ideal does not correspond with the harsh reality: Providers are highly affected by emotions, and very often they are not managing the emotions well (*see e.g. short article by P. Maguire: Key communication skills and how to acquire them*).

Another example from observations (early in the training process) by participants in our training:

- *"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. Hence I could not give quality of care because I did not know more about the patient."*

Research in a number of countries shows that providers' lack of skills to communicate and manage emotions competently are main reasons behind problems that lead to patient complaints (e.g. misdiagnosis and maltreatment).

The problem is a serious one, with profound consequences. A survey in Kenya in 2011 by the Population Council showed that only 4 in 10 women deliver their babies in the hospital. A primary reason the women give is to avoid the disrespectful and humiliating treatment by the health providers during childbirth – the women are subjected to verbal and physical abuse. Providers admit they are slapping the women, to "help them", e.g. when the providers are afraid something is about to go wrong with the baby. *This can be seen as an indication that the providers do not know how to manage their own emotions – when they feel fear that something can go wrong, they "take it out" on the patient, rather than recognizing the fear as their own, and addressing it in a constructive way.*

Other studies from Kenyan Government hospitals show that providers often are rude and display their power, probably acting automatically to emotions they do not know how to handle. A study by Benson Oduor et al, (2008) concluded that “Nurses in public hospitals were rude and impolite, and offered cold reception”, and that “Nurses’ impoliteness is an impediment to patients’ rights in selected hospitals in Kenya.” Studies from other African countries show similar problems (see literature list). One of the “remedies” suggested by the Population Council study in Kenya is training, to change the attitude of the providers, to help them show respect for the patients. Research on communication skills training for providers in the last decade has shown that training helps – IF it follows principles established in the literature: Training needs to be conducted over time, use experience based learning methods, be based on participants’ real work situations, give time for practice with feedback, and – include cognitive as well as emotional perspectives on the learning (*see literature in Chapter 3 of the iCARE-Haaland manual - [Guide to the iCare-Haaland Model Resources • CONNECT \(tghn.org\)](#)*).

Our course: Trust in providers’ ideals as a foundation for good care

We suggest that when providers are respecting themselves and learn to recognize, acknowledge and manage their own emotions, respect for the patients come naturally. Providers in our courses acknowledge the problems they have had re treating patients badly, and many told stories about how they took out their frustrations on patients and “put them in their place”. They also noted that this way of treating patients contributed to frustrations, guilt, conflicts and burnout.

After acquiring knowledge and skills to recognize and manage emotions, they no longer take out their frustrations on patients or colleagues:

- *“When angry, I always felt like breaking up into tears, and I would put a grudge on the one who had angered me. After undertaking the communication course, I have learnt how to control my anger and take things positively.”*

The approach of this course is to trust in the underlying ideals of the health providers, and assume that providers want to care for and communicate with patients, with respect.

We also take it for granted that providers in their work have to give a lot of care, and that ***when you give a lot, you also need to receive – to keep your balance, over time.*** Health providers are expected to give care continuously, and to possess a “source of care”, much like an eternal source which never runs empty. Somehow, the skills to deal with the many difficult emotions (*the patients’, as well as one’s own*) are supposed to be “inbuilt”. We know – e.g. by looking at statistics for how many health providers burn out in their profession (*one of 3 main symptoms of burnout is: Emotional exhaustion*), that the old “myth” does not fit today’s challenging reality: ***The providers’ source runs empty.*** It needs nourishment, and a way to work which does not exhaust providers’ emotions but rather maintains a balance, one which must be developed, practiced and maintained.

Some main “ingredients” are:

- *The provider’s own emotional needs must be recognised and addressed*
- *The provider can then give more freely to patients*
- *When a provider gives care with respect, she will receive something back*
- *This feeds the provider’s own emotional need, and*
- *Enables the provider to focus on the patients’ needs*

The capacity to give and receive with respect is a communication skill, learnt through a process of awareness building, reflection and skills training.

This approach leads to a balance through which providers receive appreciation, respect and positive feedback and cooperation from the patient. The result is a reduction in everyday stress, a higher job satisfaction, and – a motivation to give better quality care for the patients.

Communicating well with patients, and handling emotions with competence

Participants in the course have spent several weeks observing the effects of their own emotions, on communication with patients, colleagues and supervisors. They come to the course, motivated to learn – and may be for the first time in their professional life, they acknowledge that learning about emotions is key to better care:

- *“One day as we were attending ANC clients, one of the booklets for a client was misplaced and she was left to stay in the queue for long. Mothers who came behind her were served and left. The mother then stepped in the room. She was so angry, using abusing words, I and everybody was like “who this mother is and what was wrong with her?” She created a scene and we were the center of interest to other clients and patients who were around. We tried to calm her down and she was so emotional. I almost went into same emotions myself, but I had put my antennae up. I stepped back, calmed down and composed myself. I requested her to just enter the room calmly; I asked her what was the problem and how I could help her. She also calmed down saying she has stayed for so long without being attended to. I apologized and tracked down her book which had been misplaced, served her, and she went home. My stepping back made her cool down, which enhanced the conversation. Taking care of my emotions solved the problems without worsening them.”*

Another example shows how respect and listening helped identifying a main problem:

- *“A client came into the clinic looking so anxious and worried. I greeted her, welcomed her and offered her a seat. She complained of prolonged periods and abdominal pains. I actively listened to her. She was hesitating to give more history. I was composed without any non-verbal communication when trying to elaborate on her complaining like Dysparenia and P.V bleeding after coitus. Which she was very shy to tell. I encouraged her, empathizing with her. She felt safe and she opened up about her complaints. I respected her with the respect I could have expected to be done to me. I was also happy, felt safe and able to counsel and help her accordingly.”*

This example also shows the effect on the provider: Being able to communicate well and get to “the real problem” is satisfactory, and brings joy to the provider. This, in turn, gives her new energy – and may contribute to preventing emotional exhaustion and burnout.

Further background and examples on handling fear, insecurity and anger

The feedback from the providers shows that for a majority, learning to handle emotions competently is the skill which enables them to make the biggest change in their work and lives. It brings them work peace and satisfaction, and makes them give better and more patient centered care.

Some of the most common emotions to handle are fear, insecurity and anger. As we will see in the module, these are often closely related: Be aware that fear is hard for people to recognize and admit to having. But it might often be at the root of the problem and come out as anger, or take the form of insecurity. When providers learn that behind anger is often fear or insecurity, they stop being afraid of the anger, and can look for the reason behind the emotions shown – and thus respond to the fear, not to the “symptom” of the fear (which is often the anger).

Some examples of how “big emotions”, anger and insecurity affect providers:

- *“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. And 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.”*
- *“I used to feel stressed, get angry very fast when a person comes at a time when I’m so tired and almost time to come out of work for either lunch or evening. I’m now able to step back – listen first then give answer. Stepping back when I am angry has really helped me.”*

A key skill is to **take anger seriously**, and find the reasons behind:

- *“By trying to dig for the cause of anger. There was a patient who was a nuisance in the ward (Orthopaedic patient). He could undress his wound at any time and call for another dressing even at night. So colleagues were so unhappy and told him ‘You sort yourself out if you undo the dressing!’ One morning I took my time and talked to him and he told me that there was pus which was draining so he felt uncomfortable. I talked to surgeon and surgical toileting was done. He was happy.”*

Acknowledging insecurity, and taking steps to deal with it, is another key skill which will make a big difference to providers:

- *“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”*
- *“I communicate poorly, lose confidence and my explanations become unclear”*

The special skill: **Stepping back**

Learning to handle your own and patients’ emotions competently is best done over time, based on developing awareness of and then reflecting on how you and your patients react in different situations. Based on learning from the preparatory exercises (observation and reflection tasks), and on the work we do in the course, participant providers will learn to recognize, acknowledge and respond competently to these emotions by communicating in an open and respectful way. We call it **to “step back” from the automatic reactions to emotions**, exploring what can be reasons behind the reactions, and then learning to act in constructive ways (which is easier when you understand what is behind). This is the skill that has made the biggest difference to the participants in the communication skills courses:

- *“I step back. If it’s at work I take a little time away from the situation causing the anger (a short break). Then if it needs assistance by second person I discuss with my colleagues and later plan on possible best ways to handle the situation.”*
- *“When angry I usually feel very disturbed, irritated like I can swallow someone. One time a colleague annoyed me and I felt very bad. Nowadays when angry I step back, accommodate then reflect and with a lot of respect I approach the person for dialogue hence solve the problem.”*

The results of this training in a number of countries show that participants learn to manage their own and patients’ emotions competently when using the skills taught here, and that these skills are what makes a big difference to them in their professional (and personal) lives. **Thus, this module is an important core in this course, and should be given enough time and attention – even if you as a trainer have not taught (much) about the emotional aspects earlier. It will help you as a trainer**

when you also carry out the observation and reflection tasks before you teach the workshop, to learn from your own experience and be able to relate directly to what the participants discover. Reading the relevant literature on the need for focusing on building emotional competence, will give you further background.

There are six sections in this module. An overview:

1. **Introduce the topic and establish relevance;** using examples from participants to start identifying how emotions affect communication, and how it affects the ability to build trust and relationship with the patient. We establish the challenge we are faced with in managing emotions with competence, and the skills aim – learning to take a step back and create a safe situation, as a basis for constructive communication. We introduce emotional competence as a set of skills necessary for health care professionals to meet a number of challenges. EC is referred to throughout the module, and also emotional labor as a concept (slides 1-12)
2. **Demonstrate and discuss the effects of emotions on patient-provider communication:** The situation links the topic of emotions to a common challenge providers face in the ward: Patients' fears, which are often met with the automatic reaction of judgment and scolding, or the provider ignoring the emotion. The demonstration provides a common reference point for the group to relate to fears and insecurities, and their effects on provider-patient communication, throughout the module (slides 13-14);
3. **Common emotions: Reactions to and skills to identify and handle Anger and Insecurity, and to respond to emotions with empathy:** The core of the module takes participants through recognition of these emotions (and the common automatic reactions), and how they affect communication and learning. Furthermore, participants learn skills regarding how to deal with the emotions competently, by recognizing and stopping the automatic reactions, stepping back, and communicating constructively – with awareness: creating a safe situation, building trust and relationship – while managing the emotions on both sides. A special skill to manage emotions is introduced - empathy (slides 15-29 – insecurity, 30-33 empathy and 34-44 - anger)
4. **Consequences of emotions which are not dealt with, and burnout:** Understanding the importance of managing emotions competently, rather than “burying” or denying them, and letting them build up until they “explode”: Introducing the danger signs and symptoms of burnout, which can lead to treating the patient and oneself badly (slides 45-49)
5. **Strategies to handle emotions competently:** Through a role-play of “good practice”, recognize and understand which strategies are essential to recognize and handle emotions competently, with awareness: Feeling safe, and showing respect and appreciation. Learn skills to deal with emotions (slides 50-56)
6. **Summing up – how providers can manage emotions competently:** By focusing on recognizing the emotions, acknowledging them, stepping back and listening with eyes, ears and heart – to understand the reasons behind the emotions, before taking action (slide 57).

Further background about purpose and contents of the sections

1. Introduce the topic and establish relevance

The purpose of the introduction is to enable participants to start identifying how emotions affect communication, by using their own examples from their work place, which they have observed and reflected on during the last few months. We establish the challenge we are faced with in managing emotions competently, and we acknowledge the effects of these emotions on patient care, communication with colleagues, communication at home, and on providers' own wellbeing.

The **first skill** to be learnt is to **recognize** the emotions, and the **second skill** is to **think** and then **take a step back to stop the automatic reactions** (to some of the emotions). Some of the providers are already practicing these skills – having learnt them from observing and reflecting on how they

communicate. The **third skill** to be learnt is to learn to **analyze or explore the reasons behind the emotions** – both their own, and those of the patient: when understanding what causes the emotions, it is easier to show empathy – and to **find out what can be the best action to take** (which is the **fourth skill**). ***These four skills are the core skills in emotional competence.***

The provider can – from the “space” of being aware – create a safe situation where she can build trust and establish relationship with the patient, by showing respect and empathy, being present, and using appreciation and emotional competence throughout the interaction.

2. Demonstrate and discuss effects of emotions on patient-provider communication

The demonstration is an important one, and will be a common reference point for the further discussions throughout the module. Patients’ fears always have a reason, but this is seldom actively explored by the provider: Patients are commonly met with automatic reactions of judgment and blame, and the problems often do not get discovered and solved. The reasons behind the actions and reactions are commonly not understood by the provider, neither her own, nor on the part of the patient. ***Very often, reasons are linked to emotions, and the provider needs tools to explore these.*** The demonstration will encourage participants to think about these issues, and by seeing the effects of the provider’s judgment and scolding on the parent, the participants can start feeling empathy for her and for her fear and start looking at the issue ***from her side***. This opens up for a broader discussion and reflection, where the aim is to recognize the emotions, turn around the negative feelings, step back, create safety and build trust – and establish a professional relationship as a basis for constructive communication, and patient centered care.

3. Reactions to and skills to identify and handle Anger and Insecurity – with empathy

Anger in various forms (irritation, impatience) and insecurity (fear, ...) are very common emotions in providers’ working day, and automatic (negative) reactions to these emotions are equally common. Through a series of exercises and reflections, participants are guided to recognize these emotions in themselves and in the patient, and to start looking for the underlying reasons. When recognizing e.g. that behind anger is often fear and vulnerability, they learn to be less afraid of the expression of anger from patients or colleagues. They gain confidence to face the anger with respect, to listen, and explore the reasons behind – instead of acting automatically, from their own fear. Likewise, when they know how to recognize insecurity, they can take steps to deal with it – and stop the automatic reaction: ***They learn to step back. This is a crucial skill in building emotional competence, and in being able to handle the emotional challenges with empathy.***

The next step – after recognizing the emotion and stepping back from the automatic reaction – is to look at the effects of these emotions on communication: Participants will have seen in their observation tasks that when they are affected by emotions, they do not communicate well, and when feeling safe – communication flows more freely.

This part focuses on how to manage emotions competently, by recognizing them (being aware), stepping back from automatic reactions, and communicating constructively to build trust and establish a relationship. An important part of this is to practice empathy – which they are ready to do when they are able to recognize and handle their own fear and insecurity, and set this aside to be fully present with the patient.

4. Consequences of emotions which are not dealt with, and burnout

A common way to react to emotions, when you have not learnt how, is to “bury them”, and pretend either they do not exist – or that one is not affected by them. Participants will most probably recognize this situation – that when you keep your reactions inside for a long time, one day you will “explode”, for a seemingly small thing that triggered the whole avalanche of built-up emotions from

inside. They will also recognize that this can lead to burnout, which again can make them treat patients badly and continue to drain energy from themselves.

Skills contributing to preventing explosions and burnout are to recognize and manage emotions competently. These issues are dealt with more in depth in a separate module in the follow-up workshop, and in the stress module in this workshop.

5. Strategies to manage emotions competently

The challenge is now given back to the participants to role-play: How do you manage the situation demonstrated at the beginning of the module, in a better way – using the skills you have just learnt? Having tested out and reflected on the experience of using these skills, the module is summed up by emphasizing three main skills to recognize and manage emotions competently, with awareness:

- Creating a safe situation,
- showing respect, and
- showing appreciation.

The groups reflect on their own experiences of using these skills in their work, and on the effects of using such skills (build trust and establish a good relationship, as a basis for constructive interaction). Identifying obstacles to practicing respect and appreciation should bring out the cultural habits of showing respect “upwards”, and that many providers look at patients as being “below them” in the hierarchy, and therefore not “worthy” of respect. Similarly, in the medical hierarchy, which is very much emphasized in African cultures, respect is shown to those above – those in power.

NOTE: A thorough discussion on the effects of power and hierarchy on showing respect for patients and colleagues is introduced in the Power module in the follow-up course, and also described in the iCARE-Haaland manual, chapter 4.3.4. The topic should however be touched on here, as an introduction, and participants can be invited to reflect on it, and observe how they relate to power both during and after this workshop.

6. Summing up – how providers can handle emotions with awareness and empathy

The main points in managing emotions with competence are simple in theory: Recognizing the emotions (using awareness), acknowledging them (get antennae out), stepping back from automatic reactions, and listening with eyes, ears and heart – gives the providers a chance to meet patients’ needs in a constructive way, and using empathy with awareness. This involves creating a safe situation, showing respect and showing appreciation. The “bonus” point is – it will also make them feel better, themselves – and thus contribute to a “win-win” situation. This will enable them to build trust and relationship with the patient, and establish a base for constructive communication and interaction, and good patient centered care – with appropriate empathy (also for themselves!).

Time needed: 4-5 hours (or a whole day, alternatively two half days)

Preparation: Role-play script: *Taking care of patient’s and your own emotions.*

Materials needed: Flipcharts, marker pens, handouts

Facilitator/co-facilitator roles: There are several functions for trainers in this module: Two trainers should do demonstration nr. 1. They should both be different from the main facilitator. If extra trainer(s) are not available, then work with two experienced participants, and practice the demo the day before, or in good time before the session. Being able to show the emotions clearly, is essential.

Co-facilitator can also take over part of the module – this is a long one to teach. Trainers can agree on who should have main responsibility for each part, and change being in the lead. It is good to be


Module 3: Understanding and handling emotions



two trainers “on stage” throughout this module. Co-facilitator can read out examples from slides, write on flipchart, sit in groups during discussions (*but: be silent, just listen!*), and ask additional questions.

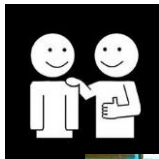








NB: When there are two trainers in the front, both need to be aware of their role being to facilitate, not dominate: They should consciously facilitate learning, and encourage and bring out points from the participants.





As many participants may be reluctant to talk about emotions (most are not used to this), there is a danger for the trainers to want to fill in “the holes”, or silences, with more talk (and often bringing in their own successful examples). We encourage you to resist this, and rather – if there are silences, ask them to reflect together in the group, and come up with questions, or examples.

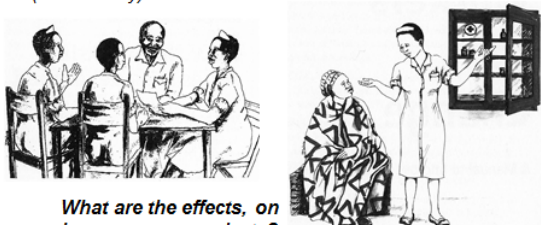



Presentation slides: Comments, questions, main points to bring out






<p style="text-align: center;">Communicating with emotional competence</p>  <p style="text-align: center;">Effects of anger, safety, and insecurity on how we communicate</p> <p style="text-align: center;">Kilifi Basic workshop Ane Haaland, Mwanamwua Boga, Hiza Dayo</p>	<p>Introduce the module by asking: Have you ever been in a situation where emotions affected how you communicate? Ask them to buzz on what happened Ask for feedback Main points: Emotions often affect communication strongly. People lose perspective, and forget about their skills: Emotions take over. We need to learn how to manage these.</p> <p>Purpose: To make participants start thinking about how emotions affect their interaction with others, and link this to their own experiences.</p>
<p style="text-align: center;">Referencing and acknowledging the iCARE-Haaland model</p> <ul style="list-style-type: none"> • Please feel free to use and adapt the material in this presentation, and the model it is built on, by referring to the model, and the authors: • This presentation is adapted from «<i>Communicating with emotional competence : Effects of anger, safety and insecurity on how we communicate</i> », which is part of the learning materials in the iCARE-Haaland model. • To reference this content please use the following : Haaland A, with Boga M, 2020. Communicating with awareness and emotional competence: introducing the iCARE-Haaland model for health professionals across cultures. With contributions from training teams, Vicki Marsh and Sassy Molyneux. https://connect.tghn.org/training/icarehaaland-model/ • The authors' names should remain on the presentation , with a by line recognizing the person who (has adapted and) is presenting the presentation 	<p><i>Please reference the materials you use from this module and the presentation in the way specified on the slide.</i></p>
<p style="text-align: center;">Objectives</p> <p>To understand and recognize</p> <ul style="list-style-type: none"> ➤ The effect of emotions on communication and learning, and on building trust and establishing relationship ➤ The effect of automatic reactions on patients and 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 empathy, and how to use it with awareness in patient care ➤ What is emotional competence, and how it can be used in professional care <p>Be able to</p> <ul style="list-style-type: none"> ➤ Use emotional competence: Recognize their own and patients' emotions, take a step back (<i>from automatic reactions</i>). ➤ Find reasons behind the emotions, and communicate with awareness and empathy – to build trust and establish relationship 	<p>Read out the objectives Link to Patient Centered Care</p>








<p style="text-align: center;">The Challenge:</p> <p>Effect of emotions on communication</p> <p><i>“When I am angry I tend to be bitter, raise my tone of voice to people and at time release my anger to the wrong people”</i></p> <p><i>“ When I am overwhelmed I become so fierce and unapproachable. I can stop seeing patients and sit and look at them”</i></p>	<p>Read out the examples: The main challenge is to become aware of the emotions....</p> <p>Ask if they recognize these challenges.</p>
<p style="text-align: center;">Do emotions affect how YOU communicate?</p> <ul style="list-style-type: none"> • In small groups: • Share examples of how emotions affect you in your work 	<p>Ask them to discuss briefly. Get a few reactions</p> <p>The purpose of this brief exercise is to make them link emotions to their own experiences, and see further the relevance of this very important aspect, to their work.</p> <p>NOTE: As we go into emotional competence background before we demonstrate their work, it is important that they first engage with their own experiences – which enables them to link to the theory to be presented.</p>
<p style="text-align: center;">The Aim – Emotional Competence:</p> <p style="text-align: center;">Recognizing emotions, and Taking a Step Back, consciously</p> <p><i>“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”.</i></p> <p><i>“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.”</i></p>	<p>The aim is to learn to recognize emotions, and step back, consciously, instead of reacting automatically.</p> <p>These are the skills to learn to practice when using Emotional Competence</p>
<p style="text-align: center;">Need for health personnel to learn to recognise and manage emotions</p>  <p>Challenges: Suicide Burnout Denial Mental problems Attrition Automatic reactions</p>	<p>Explain: People working with health face emotional situations every day. We know that globally, many health providers even take their own lives because they cannot cope with the challenges. Many have mental problems, which they may not talk about. Many burn out, and may even leave their profession. Many build up frustrations and react automatically to people they care about – causing big problems, and conflicts. And many do not take good care of themselves.</p> <p>Ask: Do you recognize these challenges? Let them reflect together briefly.</p>

<p>Emotional Labour: <i>..the act or skill involved in the caring role, in recognizing the emotions of others and managing our own”</i></p> <ul style="list-style-type: none"> • Unacknowledged <p>Studies show:</p> <ul style="list-style-type: none"> • Profound need: Bridge the gap between medical and emotional aspects of care  	<p>Explain: To most people, it would seem obvious that you as health care professionals need emotional competence Yet – the competence learnt within health care education – if learnt at all – is to CONTROL emotions, rather than to RECOGNIZE and MANAGE them competently.</p> <p>Ask: During your medical training – Has any of you learnt to recognize and manage your own and patients’ emotions, and take care of your wellbeing?</p> <p>Discuss – concluding this is what we need to do, and what this module is about.</p>
<p>Why learn emotional competence skills?</p> <ul style="list-style-type: none"> • Evidence: EC skills make better and more productive professionals and leaders; • Enable them to take care of their wellbeing 	<p>Explain: There is much evidence from research that learning EC is very useful for a number of different professionals – including those working in health care.</p> <p>When learning EC, we see that professionals also take better care of their own wellbeing, and are thus happier in their jobs.</p>
<p>Building Emotional Competence= Basis for resilience, and for objectivity</p> <p>Four skills comprise EC:</p> <ol style="list-style-type: none"> 1. Accurately perceiving emotions 2. Integrating emotions with cognition 3. Understanding emotional causes and consequences 4. Managing emotions for personal adjustment  	<p>Explain – When you practice EC, you will become more resilient, i.e. able to cope with stress and other challenges at work. You will also find it easier to get perspective, and not get into conflicts. But this takes practice!</p> <p>Go through the four skills – explain these – using the next slide to make them more simple. Use an example from participants’ practice</p>
<p>Emotional Competence made simple</p> <ol style="list-style-type: none"> 1. Recognize emotions (yours; others’) 2. Think 3. (Stop!) Analyze – WHY? 4. Act – with awareness and understanding    	<p>Use this slide to explain EC in a simple way – with one of their examples.</p>





<p style="text-align: center;">Demonstration: Part 1 The child is not adding weight</p>  <ul style="list-style-type: none"> • 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. <p style="text-align: right;">• Two trainers show scenario</p>	<p>Demonstration 1 and Exercise 1 Introduce the demo and let two trainers demonstrate “the bad way”</p> <p>After the demo, ask: Does this happen? <i>(Participants will likely say: Yes, this is a typical scenario)</i></p> <p>Ask them to discuss the questions on next slide</p> <p>See procedure, at the end of the module</p>
<p style="text-align: center;">Effects of emotions on communication</p> <p>Discuss in groups, and reflect on:</p> <ul style="list-style-type: none"> • What did the provider do? • What could be reasons behind her reactions? • How do you think the mother felt? • What is the effect on the mother’s motivation to follow advice? 	<p>Ask them to discuss Ask for feedback on one question at a time Let a co-facilitator write points on a flip chart. Main points: The provider shouted at the mother, she was very unprofessional, was emotional, judgmental, offered no room for dialogue Reasons behind providers reactions: fear of being blamed by supervisors; burn out, lack of motivation/ appreciation for their hard work..... How do you think the mother felt? Embarrassed, unwelcomed, disrespected, humiliated Effect on motivation to follow advice? Will not follow advice, can abscond from hospital</p>
<p style="text-align: center;">The aim: Use empathy, with awareness</p> <ul style="list-style-type: none"> • Brené Brown on Empathy: https://www.youtube.com/watch?v=1Evggu369Jw 	<p>Add another aim – to handle the situation above competently:</p> <p>Recognize emotions, step back, and communicate with awareness and empathy</p> <p>Show the short video – introduce empathy as a set of skills. Explain: We will look closer at empathy a bit later – but first look at some emotions that may hinder us from practicing empathy.</p>
<p style="text-align: center;"><i>Examples:</i> Effects of anger and insecurity</p> <p>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.”</p> <p>Insecurity • “ Insecurity brings lack of confidence in me and this affects me by bringing my mood down lowering the spirit of work performance”</p> 	<p>Explain before reading the examples: <i>We will now go through some possible reasons for the provider’s behavior and the mother’s behavior. At the end of the module, you will get a chance to “step into the shoes of the provider” (or the mother), with new skills, and manage the situation with emotional competence.</i></p> <p>Read the example, or ask a volunteer (or co-trainer) to read.</p>




<p style="text-align: center;">How important are feelings in making you do good work?</p> <p>Discuss in groups:</p> <ul style="list-style-type: none"> • What makes you feel safe (emotionally) at work? • What makes you feel insecure?  <p style="text-align: center;"><i>What are the effects, on how you communicate?</i></p>	<p>Exercise 2: Feeling safe and feeling insecure at work</p> <p>Let participants work in groups of 4-6 persons Let half the groups discuss what makes them feel safe, the other half – what makes them feel insecure at work. How do the feelings influence the way they communicate? Give them flipcharts to write, and pens</p> <p>Procedure and main points: See at the end of the module. NB this is an important exercise with lots of potential learning!</p>
<p style="text-align: center;">Summary: Feeling safe makes you -</p> <ul style="list-style-type: none"> • Communicate freely, confidently, without fear • «Speak my heart» • Listen well • Share issues with ease • Be relaxed • Speak with power, in control of emotions • Give better explanations • Appreciate others 	<p>Use these points to supplement what participants brought out in the exercise</p>
<p style="text-align: center;">What makes you feel insecure</p> <p>I feel insecure when:</p> <ul style="list-style-type: none"> > “Taking care of very sick patients with poor outcome” > “Handling angry/violent/arrogant patients” > “Dealing with uncooperative relatives” > “When my ability is doubted” > “Handling emergency alone /not sure what to do” 	<p>Relate these points to what they noted in the exercise; add to the lists they made Ask participants to read the examples</p>
<p style="text-align: center;">Summary: Feeling insecure makes you:</p>  <ul style="list-style-type: none"> • 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 	<p>Relate these points to what they noted in the exercise; add to the lists they made</p> <p>NB – don’t read out this if they have captured most of the points in the exercise (which is likely) – rather: Acknowledge that they know and have noticed all this, and now it is a question of bringing the knowledge a step forward – to Action</p>

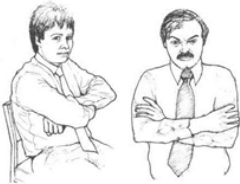



<p>How do you recognize you are feeling insecure?</p> <p>Discuss in groups:</p> <ul style="list-style-type: none"> ➤ What causes insecurity? ➤ How does insecurity show itself in you? ➤ Where is your focus of attention when you feel insecure? ➤ When you feel insecure, what are the effects on how you deal with <ul style="list-style-type: none"> – Patients – Colleagues 	<p>Exercise 3: Recognizing insecurity</p> <p>Ask: What causes insecurity? Get feedback (e.g. anger, shouting, being anxious, being sad) Ask them to discuss other points in their groups Get feedback on one point at a time. Discuss Ask co-facilitator to note points on flipchart</p>
<p>Insecurity, what is it? What does it do to you?</p> <ul style="list-style-type: none"> ➤ Insecurity is: Stomach feeling, uneasiness <p>What it does to you/effects:</p> <ul style="list-style-type: none"> ➤ 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 	<p>Relate these points to the discussion, above, and supplement points that did not come out</p> <p>Main points: Stomach feels tight, uncomfortable. Focus on yourself, not the subject being discussed. Lose your antenna: Don't see clearly what is going on. Fogs your view: Feelings take over. Your instinct is to avoid danger or conflict, and you try to get out of the situation – to become secure again. You don't know what to do and feel the need to protect yourself.</p>
<p>Communicating with people who make you feel insecure</p> 	<p>Ask: What happens here? How does she feel? How does it influence her teaching this group?</p>
<p>Effects of insecurity on communication</p> <ul style="list-style-type: none"> ➤ "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."  	<p>Ask a volunteer participant to read the example Ask if they recognize this point from their own practice If there are reactions to this – let them buzz, and then discuss</p> <p>Main point: When provider is insecure, she/he can have a tendency (or automatic reaction) to blame others – rather than seeing her own emotions as being "the problem", or the cause.</p>




<p>Effects of insecurity on communication</p> <ul style="list-style-type: none"> ➤ “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 at 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” 	<p>Ask participants to read the example (or skip – and let them read on their own)</p>		
<p style="text-align: center;"><i>Group work</i></p> <p>How does insecurity influence your ability to give patient centered care?</p>  <ul style="list-style-type: none"> • Discuss how feeling insecure can affect your ability to provide PCC 	<p>Ask participants to discuss the question</p> <p>Main purpose of bringing this up here is – to give time for a brief reflection on the importance of this feeling, or condition, on their ability to work well. There is more info on insecurity after this.</p> <p>Main points: Insecurity can take away your ability to be aware, and can make you focus on yourself – and not see clearly the needs of the patient. Also a tendency to blame others, rather than seeing your own role (with a realistic assessment of the emotions) in the interaction</p>		
<p>«Attack» causes automatic reactions</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Patient/colleague..</p> <ul style="list-style-type: none"> • Is angry (attacking) • Is judgemental • Criticizes • Ridicules • Is persistent/persuades • Ignores • Is arrogant </td> <td style="vertical-align: top;"> <p>Your response</p>  <p><i>What are your natural responses to such behavior?</i></p> </td> </tr> </table>	<p>Patient/colleague..</p> <ul style="list-style-type: none"> • Is angry (attacking) • Is judgemental • Criticizes • Ridicules • Is persistent/persuades • Ignores • Is arrogant 	<p>Your response</p>  <p><i>What are your natural responses to such behavior?</i></p>	<p>Ask participants to pair up and choose two “actions” and discuss their reactions to these</p> <p>Ask for volunteers to show it in class. (if no one comes forward – have a “backup” where two of your trainers show one of the reactions)</p> <p><i>(Note: this slide is animated)</i></p>
<p>Patient/colleague..</p> <ul style="list-style-type: none"> • Is angry (attacking) • Is judgemental • Criticizes • Ridicules • Is persistent/persuades • Ignores • Is arrogant 	<p>Your response</p>  <p><i>What are your natural responses to such behavior?</i></p>		
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<p>Patient/colleague...</p> <ul style="list-style-type: none"> • Is angry (attacking) • Is judgemental • Criticizes • Ridicules • Is persistent/persuades • Ignores • Is arrogant 	<p>Your response</p> <ul style="list-style-type: none"> • Defend or feel guilty, irritated or angry • Insecure • Defend or feel guilty • Defend or feel ashamed • Irritated • Insecure • Afraid., angry, nervous <p>Behind all: Insecurity</p>  <p><i>What are your natural responses to such behavior?</i></p>		



<p>Insecurity: How do you react?</p> <ul style="list-style-type: none"> ➤ Grab "quick fix" – 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 	<p>Explain: Instinctively we tend to do the following when we feel unsure:</p> <p>Ask leading questions (<i>quick fix</i> – so the person will say yes or no, and this will make us feel better – our opinion has been confirmed).</p> <p>Re-act: Show negative emotions, judgment</p> <p>Reduce unpleasant feelings: Cover up by being arrogant or show superiority: "I am better than you". This makes you feel better</p> <p>Ask: Do you recognize this? Does anyone have an example? Buzz, if necessary, to get their ideas and reflections</p>
<p>Insecurity: How to deal with - Self? Practice emotional competence</p> <p>Step 1: Become aware: Recognize emotions:</p> <ul style="list-style-type: none"> ➤ Feeling shaky? Fuzzy? Angry? Sad? <p>Step 2: Acknowledge emotions</p> <ul style="list-style-type: none"> ➤ Get antenna out – <i>what is going on?</i> <p>Step 3: Analyze - step back</p> <ul style="list-style-type: none"> ➤ Stop automatic reactions. Set aside. Think – <i>find reasons behind your emotions</i> <p>Step 4: ACT: Take care</p> <ul style="list-style-type: none"> ➤ 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 	<p>Explain: It is important to recognize when we feel insecure: Become aware, and take care of these feelings. Read out the steps.</p> <p>Agree: The main aim is to become aware and recognize what is happening. When you become aware, you have a choice. You can take action to make yourself, or the other person feel less unsure. This will have a positive effect on the interaction</p>
<p>Insecurity: How to deal - others? Practice emotional competence</p> <p>Recognize emotions:</p> <ul style="list-style-type: none"> ➤ Insecure, afraid, in pain? <p>Think – analyze effect:</p> <ul style="list-style-type: none"> ➤ She will not listen, or learn ➤ Attention: on feelings ➤ Will not remember info <p>Take action:</p> <ul style="list-style-type: none"> ➤ Take care of feelings first ➤ Then teach (or give info) 	<p>Explain: when you recognize insecurity in another person, you need to be aware:</p> <p><i>Insecurity has a strong effect on learning</i> Discuss – and agree on the need to attend to the emotions first, if you want an insecure person to learn anything from you.</p> <p>Sum up the points on insecurity</p> <p><i>Probably a good point for an energizer or small break, before moving on to empathy, and then anger</i></p>
<p>Practising a special skill: Empathy – the ability to feel WITH people</p> <ul style="list-style-type: none"> • Empathy: a definition*: • The ability to take the perspective of another person • Staying out of judgment • Recognizing emotions in other people, and • Communicating that <p><small>* Theresa Wiseman quoted by B Brown in «Empathy»</small></p>	<p>Ask – How would you use empathy to respond to insecurity in another person? Let them buzz, and get an example</p> <p>Remind them of the video – show again if needed</p> <p>Summarize what empathy is, and how you practice empathy.</p> <p>Ask how it feels to be met with empathy.</p> <p>Discuss briefly, and conclude that being met with empathy makes people feel seen, heard and taken seriously. It feels good, and feels like the other person cares about you.</p>







<p>Empathy – helps you connect emotionally to another person</p> <ul style="list-style-type: none"> • Empathy is a choice • To be able to practice empathy – you have to connect with something in yourself that knows that feeling you are meeting <p>Response that feels good:</p> <ul style="list-style-type: none"> • «I am glad you told me» • «I am here with you» • Connection – feeling that someone cares (rather than «trying to fix it»)  <p><i>Brene Brown in «Empathy», utube</i></p>	<p>Ask what can prevent you from using empathy. Let them buzz, get some suggestions.</p> <p>Discuss – that what can prevent you is if you yourself have many emotions that you cannot control well, like insecurity, or anger, or sadness.</p> <p>And if you cannot feel something close to the feelings the other person is experiencing (like for example vulnerability) – it is very difficult to empathize.</p> <p>Allowing yourself to feel WITH the other person, without “losing yourself” and be overcome with emotions – this is the skill to learn.</p>
<p>Empathy and Sympathy – what is the difference?</p> <ul style="list-style-type: none"> • Empathy is to feel WITH a person: • To step into their shoes and be there, emotionally – but with the power to step out, and take action • Sympathy is to feel bad FOR a person, • for something that has happened («Oh, poor you!») • It is usually «passive» (no action)  	<p>Introduce the difference between empathy and sympathy.</p> <p>Let participants buzz and share their own examples, and get a few suggestions/experiences.</p>
<p>Empathy: How do you practice?</p> <ul style="list-style-type: none"> • Share examples of when you used empathy with your patients. What did you do, and say? <p>Exercise:</p> <p>Jane was admitted with her preterm baby weighing 1kg, she has been in the ward for 3 weeks, the baby now weighs 1.2kgs. This morning the baby has had several apneas, the mother is worried about her baby's condition.</p> <ul style="list-style-type: none"> • How would you show empathy to the mother? • Demonstrate in class 	<p>Let them share examples. Get a couple of examples, and draw out main points.</p> <p>Carry out the exercise; ask for a demonstration. Ask the group to comment – being sure to use constructive feedback rules.</p> <p>Discuss what are useful skills when practicing empathy. Bring out the following points:</p> <p><i>Acknowledge what you can see (rather than telling that you understand):</i></p> <p>“I can see that your child is very sick, we will do our best towards getting him well”</p> <p>“I can see you are troubled. We will find out what is the problem, and then hopefully solve it”</p> <p>“I can see you are worried (or concerned), we will do what we can to assist you”.</p> <p>Explain: This usually feels better than saying e.g. “Don’t worry”, which can be felt as a rejection, as if saying “your feelings are false”</p> <p>If you say “I understand your feelings/worries” it is not true – you CANNOT understand her feelings, but you can try to feel WITH the mother. Most people will react negatively if you say “I understand how you feel”.</p>






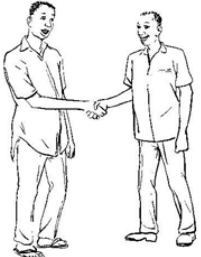
	<p>Conclude: Empathy is a powerful method which is felt strongly by the patient, and means the patient really feels seen, heard and understood. Empathy can be a good basis for cooperation between provider and patient (or parent).</p> <p>It is a challenging skill to practice. Practicing empathy is usually felt as very satisfactory and fulfilling to the provider. Many providers say that although giving empathy is challenging, it also gives them a lot of energy.</p>
<p>What is anger?</p> 	<p>Create a link from the first part of the presentation, to this part dealing with anger.</p> <p>Explain in your own words: In our work with patients, and in this module, we are looking at two key emotions: insecurity, and anger. They are often closely connected.</p> <p>We have looked at how insecurity affects communication.</p> <p>In this session will look at anger, and what happens to our communication when we are angry (link to observation tasks).</p> <p>Ask: So what is anger? Get suggestions, discuss briefly</p>
 <p>Showing anger - effects</p> <p>➤ <i>“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</i></p>	<p>Ask participant to read Ask: Does this happen? Get confirmation, then move on (don't discuss)</p>
<p>Is anger always negative?</p>  <ul style="list-style-type: none"> • <i>“I've realized that sometimes showing your anger helps in achieving what is rightfully yours when someone tries to deny or undermine your rights”</i> 	<p>Ask: Is anger always negative? (animate slide – show just title and drawing) Get a “No” Ask: what make you say so? Let them buzz, and give examples why they think anger if not always negative Main points: Anger can be a way to protect yourself from harm. Anger is negative but can have positive effects. Anger can be used to set boundaries, and e.g. prevent someone to exploit you, or step on you</p>

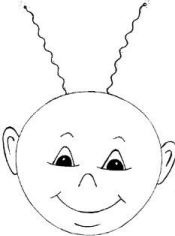
<p style="text-align: center;">What is often the reason behind anger?</p> <ul style="list-style-type: none"> • <i>"I have discovered that behind my anger there is always a reason, something underneath awaiting to surface"</i>  <p>Buzz</p> <ul style="list-style-type: none"> ➤ Is this the case for you? ➤ What is often the reason behind? 	<p>Read out the quote Let them share experiences, and discuss the questions Ask for one or two examples; probe to discover the reason(s) behind</p> <p>Main points: Fear and vulnerability are often reasons behind</p>
<p style="text-align: center;">Behind the anger is fear</p>  <p style="text-align: center;"><i>We judge what we are afraid of. Behind the anger is fear.</i></p>	<p>Ask: Do you recognize this? When handling a patient with TB and they cough before us, what do we do? (<i>"We shout at them"</i>) Ask: What makes us shout at them? (<i>"We fear that they will infect us with TB"</i>).</p> <p>Ask: Is this Patient Centered Care? Can we do things differently, with new knowledge and insights? Get reflections, discuss briefly</p>
<p style="text-align: center;">Participant's example</p> <ul style="list-style-type: none"> • <i>"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.</i> • <i>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. "</i> 	<p>Read out the example</p>
<p style="text-align: center;">Anger is a cover for fear</p> <ul style="list-style-type: none"> • Fear: uncomfortable <p>Most people cover up:</p> <ul style="list-style-type: none"> • Show anger • Superiority • Arrogance • Showing power <p>➤ More acceptable</p> <p>Judgement: 🤔</p> <ul style="list-style-type: none"> • often a cover for fear 	<p>Read through the points Ask: Is this true? Discuss, get examples</p>

<p>Some automatic reactions to emotions</p> <p>Angry</p>  <p>Pull back</p> <ul style="list-style-type: none"> • Walk away, • Keep quiet and reflect • Repress the anger <p>Act out</p> <ul style="list-style-type: none"> • shout, or become unapproachable • quarrelsome irritable • Become destructive <p>Over-whelmed</p>  <p>Pull back</p> <ul style="list-style-type: none"> • Take a rest and reflect, • Share with colleagues, stay calm • Don't want to talk to anybody/no questions <p>Act out</p> <ul style="list-style-type: none"> • Shout, blame others 	<p>Explain: We asked you in the baseline - how do you react when angry and overwhelmed. This is what you said you do. (Read points)</p> <p>Explain: We gave you observations to look at your emotions for 1 month.</p> <p>Ask: How are you now doing with controlling these emotions?</p> <p>Get responses (Main points probably – participants will be able to somehow control from time to time, but not always. Acknowledge and appreciate their growth, confirm – change takes time! They are now aware – that is 1st major step)</p>
<p>How do we control anger? Taking a step back – Using emotional competence</p> <p><i>“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></p> <p><i>“I step back. If it’s at work I take a little time away from the situation causing the anger (a short break) then if it needs assistance by second person I discuss with my colleagues and later plan on possible best ways to handle the situation.”</i></p>	<p>Explain: This is what some of you are doing</p> <p>Ask participant to read examples</p> <p>Emphasize: Stepping back is a key skill in handling emotions</p> <p>Ask: What is stepping back?</p> <p>Main points: physical - moving away Mental: setting aside emotions, with awareness – using the first skills of emotional competence</p> <p>Explain: We may need to bend some cultural “rules” to practice stepping back..... -stepping back you may be looked down upon as - weak?</p> <p>Discuss.</p> <p>Main point: We need to challenge some cultural rules, and give them new meaning – when we are in the process of improving practice.</p>
<p>How do we control anger, using EC? Stepping back - Effect?</p> <p><i>“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”</i></p>	<p>Ask: What can be the effect of using emotional competence, and stepping back?</p> <p>Get a few suggestions,</p> <p>Discuss briefly</p> <p>Main points: When you become aware and step back, it helps you get “space” to make informed choice and take constructive action. You set your emotions aside, and can act with empathy, insight, and all the skills available to you. <i>This is using EC</i> When angry, many people cannot control what they say. <i>Using EC – you can get control</i></p>
<p>If anger is not dealt with – it builds up, then explodes</p> <ul style="list-style-type: none"> • <i>“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”</i> • <i>“ 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”.</i> 	<p>Read out the example</p> <p>Ask: Is this the case?</p> <p>Discuss</p> <p>Ask: Could you learn to control this? How? This requires knowledge of EC, and repeated practice, over time...</p>

<p>Effect of emotions at work, when you let them build up</p> <p>Discuss in groups:</p> <ul style="list-style-type: none"> • Pick a situation where you experienced difficult emotions • How did it affect you? • How did you handle patients/colleagues?  <ul style="list-style-type: none"> • Implications: What can happen if you have many situations like this, over time? 	<p>Ask them to discuss</p> <p>Get feedback – one or two examples. Probe to get to the burnout:</p> <p>Ask questions like: what happens when you burn a lot of your energy through dealing with difficult emotions?</p> <p>Main points:</p> <p>You can burn out, and be sick for a long time. We will deal more with burnout in follow-up workshop. Burnout is a main problem for providers all over the world.</p> <p>If they are ready – ask them to suggest how using EC could have helped</p>
<p>Symptoms and consequences of burnout</p> <ul style="list-style-type: none"> – 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 <ul style="list-style-type: none"> • 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. 	<p>Read out the main symptoms</p> <p>Ask if they recognize these, and have seen themselves or colleagues act this way</p> <p>Ask: What do you think are main reasons why providers burn out?</p> <p>Discuss</p> <p>A main reason for burnout is to not be able to recognize and manage your emotions. It can be prevented to a large extent by learning to manage emotions with competence.</p>
<p>Showing emotions: Dangerous?</p> <ul style="list-style-type: none"> • 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? 	<p>Read out the points</p> <p>Ask them to buzz on the last two questions</p> <p>Get out main points, and examples</p> <p>Reinforce the point that – we need to question some cultural habits which can be negative for our ability to provide patient centered care. If we decide – based on knowledge, and analysis of our own skills and reactions, as well as on what we want to achieve professionally –</p> <p>We are free to change.</p> <p>We can learn emotional competence, and practice these skills.</p>
<p>Taking care of your own emotions: How?</p> <ul style="list-style-type: none"> • “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 fears draining down through my face” 	<p>Read out the example</p> <p>Ask if they recognize these feelings</p> <p>Ask how she could have handled the situation by using EC.</p>

<p>Take care of your own emotional needs</p>  <p>Discuss: <i>Share experiences of how you have taken well care of your own emotions</i></p>   	<p>Exercise 4: Taking care of emotional needs Ask them to discuss, write points on flip charts. Hang charts on the wall, let them read Highlight some strategies from each group Ask them to talk about how they used the strategies to take care of their emotions. Examples: listen to music, swim, take a walk, sex, read a novel, pray, sing Ask: What can you say about these strategies? Key point: All set to generate positive energy</p> <p>Taking care of vulnerability, or "our softness": If you know about your vulnerability – or this sensitivity - you can take care of it yourself consciously, and with choice. <i>This is using emotional competence – and the more you become aware how you do it, the easier it becomes to use the skills when needed.</i></p>
<p>Strategies to manage emotions with competence?</p> 	<p>Show the scenario from the demo again – using the "bad version"</p> <p>Ask: What did they do, that shows the health provider respected the patient? How did they show respect? Get brief suggestions. The main point here is to <i>refresh their memory</i> about the situation played out at the beginning of the module, and make them start thinking about how they can do it better – building on the new knowledge and insights from this module.</p>
<p>Role-play: Taking care of patient's and your own emotions</p> <p>The «old» situation: The child is not adding weight <i>Handle it with new insights and skills – in groups of 3:</i> - with background of senior and junior nurse provided</p> 	<p>Give out role play script: <i>Participants now get background on characters, and are asked to discuss and prepare to show how they would have acted now, as the nurse, using emotional competence.</i></p> <p>After role-play: Ask for insights on what they learnt. Some questions to guide the discussion: <i>What could be behind senior nurse's reactions?</i> <i>How did she handle them this time (eg: with EC - stepping back, listening – instead of showing judgment and anger)</i> <i>How do you think the junior nurse felt?</i> <i>How did she handle her emotions?</i> <i>What was the effect on the collaboration between the two, and – in the ward?</i> <i>Potential effect on senior nurse's ability to work well during her duty? Effect on her stress levels?</i> Use the discussion from the role-play to relate to the strategies, to be summarized next</p>

<p>Strategies to handle emotions competently: Safety, Respect and Appreciation</p> 	<p>Explain: We are now putting together our strategies for how to manage emotions with competence, based on what we have learnt so far.</p> <p>Some main aspects are – recognizing their (and our) emotions, showing respect, using appreciation, and making sure people feel safe. This creates a basis for building trust and establishing a good relationship. We will apply this to how you deal with your own emotions, and how you deal with patients' emotions: Both aspects are essential for providers to give balanced and patient centered care on a long term basis.</p>
<p>Strategy 1: Create a safe situation; build trust</p> <ul style="list-style-type: none"> ➤ 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  	<p>Bring these points together with their examples as well.</p> <p>Ask for example to illustrate this points</p>
<p>Strategy 2: Show Respect, manage emotions</p>  <p>Mutual respect inspire good feelings:</p> <ul style="list-style-type: none"> ➤ "I feel good and honoured and greatly motivated" ➤ "I feel valued and appreciated as person"  <ul style="list-style-type: none"> ➤ "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" 	<p>Ask for example</p> <p>Emphasize the key role respect plays in patient centered care.</p> <p>Ask – is it possible to practice PCC without respecting the patient, and ourselves?</p> <p>Get a no (hopefully!)</p> <p>Ask why (if not already clear...)</p>
<p>Strategy 3: Show appreciation</p>  <ul style="list-style-type: none"> • "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" 	<p>Bring the points together, from what they have shared and reflected on;</p> <p>Emphasize – when feeling safe, you communicate well, and have your focus on the other person (as opposed to – when insecure, focus is on yourself). You can appreciate her/him for the action the patient has taken. To build trust, practice empathy and establish a good relationship with the patient – these aspects are essential – this is practicing emotional competence.</p> <p>Ask for example to illustrate this point</p>

<p style="text-align: center;">Exercise in groups</p> <ul style="list-style-type: none"> ➤ How do you feel when you are met with respect and appreciation? <ul style="list-style-type: none"> • <i>"I feel valued and appreciated as person"</i> ➤ What is the effect on how you communicate? <ul style="list-style-type: none"> • <i>"I communicate freely with all my heart and mind when feeling happy to express my views"</i> <p>Buzz</p> <ul style="list-style-type: none"> ➤ 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? 	<p>Exercise no. 5: Respect and appreciation See description at the end of module Link to emotional competence.</p>
<p style="text-align: center;">Summary: Managing emotions with awareness and competence</p> <p>Step 1: Recognize:</p> <ul style="list-style-type: none"> ➤ Recognize emotions when meeting a patient or dealing with colleagues (yours, their). <p>Step 2: Acknowledge</p> <ul style="list-style-type: none"> ➤ Get antenna out. Think <p>Step 3: Step back</p> <ul style="list-style-type: none"> ➤ Use awareness to set aside automatic reactions, be fully present. Analyze <p>Step 4: Listen with ears, eyes and heart:</p> <ul style="list-style-type: none"> ➤ 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 	<p>Summarize: The main aim is to become aware and recognize what is happening, and then take appropriate action. When you become aware, you have a choice. You can take action to make yourself, or the patient (or both), feel less unsure. Such action will have a positive effect on the interaction. You arrive at reaching your goal – building trust with the patient, and establishing a relationship that will be the basis for good cooperation, and patient centered care. END OF MODULE</p>
<p style="text-align: center;">How to create best conditions for learning</p> <ul style="list-style-type: none"> • 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 	<p>This can be given out as a handout, see appendix for an illustrated version.</p>
<p style="text-align: center;">Problem: Setting boundaries, with respect</p> <ul style="list-style-type: none"> • Patients go on and on and on • You know what is coming – and want to complete the sentence for the patient • You do not dare to stop the patient – you are afraid to hurt their feelings. <p>BUZZ in groups of 3 –</p> <ul style="list-style-type: none"> • What do you think is going on here ? • What about YOU? How do you feel? • What happens if you continue to do this? • Discuss – and create a situation where you interrupt a patient with respect. Show it to class 	<p>Extra exercise</p>

Demonstrations, Exercises and activities; Role play script

Demonstration 1: “The child is not adding weight”

Purpose: To strengthen awareness of how a natural negative reaction towards a patient/parent can build up in the provider, and of the effects of such an automatic judgmental reaction on the parent. Furthermore, to strengthen the skill of empathy by linking this situation to their own practice, and start reflecting on it – from the point of view of the parent.

Instruct two of your trainers to play out the following roles, exaggerating the negative reactions:

A. The provider

You are a nurse/CO working in the malnutrition bay. You have many years’ experience, and have worked in this department for the last 2 years. You are very conscientious in making sure the mothers get the milk to give their babies, and you sometimes really wonder what the mothers are doing when the babies do not put on weight.

One week ago, a mother came in with a very malnourished 1 year old child, and he continued to lose weight, even though you made sure the mother got the milk for the baby. You have asked the mother how her child is doing, and she insists the baby is doing fine, and taking the milk. You have told the mother you will insert a gastric tube if the baby does not gain weight, but the mother is insisting she gives the milk, and says there must be another problem. Today has been a particularly stressful day, and one of the babies you had been caring for a long time, died in the morning. It is the afternoon, and you are checking on the weight of the babies in the malnutrition bay. The very malnourished one is still losing weight, and you get very upset, and wonder what is going on. You suspect the mother is not feeding the baby, and you are really fed up, and decide to confront her.

B. The parent

You are a mother of 4 children, and you are struggling to feed them, as your husband has left you for another woman. For some weeks, your 1 year old, Chris, has been getting weaker. The last 2 days he would simply not eat the normal food which is all you can manage for the family. You finally managed to borrow some money to go to the hospital, and get a neighbor to look after your other children. You hope Chris will recover, he is your only son and a very precious child. You lost another child some time ago, he had malaria and was in a coma. At the hospital they put a tube thru his nose to get some food into him. But your son died in your arms with the tube through his nose.

Chris started to drink the milk they give him in the hospital. But you can only get a little bit into him, and he remains very thin and weak. The nurses are very harsh to you, and one of them said she would fit a tube through the baby’s nose to make sure he ate. This made you really scared. So you have insisted to the nurse that Chris is eating all the milk, and have made sure you drink the rest, so they will not find out that Chris is not eating. You fear they will blame you for being a bad mother, and fix the tube, and then you fear you will lose him, too.

But you see Chris is getting worse, and you know you are not doing the right thing. If the nurse talks to you in a nice way and shows understanding, you will share your fears and ask her for help, and follow her advice. You really want Chris to get well. If she continues to shout at you, you will protest, and by all means prevent them from putting in the tube.

Note: *This script is to be used later in the module, as a background for the role play. The trainer who plays the parent should not give any of this information – but it is shown here to provide the mother with a good reason for her reaction (which is always there – when the provider starts to ask!) The first demo should show the “parent” defending herself against the harsh nurse, and the problem not being solved. Both are feeling drained, and hopeless.*

Role play script, with observer’s questions, on the last page of this module.

Exercise 1: Empathizing with the parent

Purpose: To strengthen awareness of how a natural negative reaction towards a patient/parent can build up when progress is not as expected (*and there is perhaps a suspicion in the provider that the parent is not cooperating*), and can result in an automatic judgmental reaction/confrontation with the patient/parent. Furthermore, to enable participants to empathize with the parent, by exploring possible reasons for reactions from her perspective, and exploring her possible feelings when judged by the provider. Finally, to strengthen awareness of possible effects of the provider's behavior, on the parent's motivation to follow advice.

Procedure:

- **Ask** them to discuss the questions on the slide
- **Ask** for feedback on one question at a time; discuss
- **Ask** for insights and reflections
- **Let** a co-facilitator write points on a flip chart.

Main points to bring out in discussion:

- **The provider** shouted at the mother, she was very unprofessional, was emotional, judgmental, offered no room for dialogue
- **Behind providers reactions:** fear of being blamed by supervisors for not managing to get the child to improve; burn out, lack of motivation/appreciation for their hard work, lack of skills to handle the parent/to explore the reasons for her actions; lack of skills to handle her own emotions
- **How do you think the mother felt?** Embarrassed, unwelcomed, disrespected, humiliated. She also felt fear that she would not get help for her son
- **Effect on motivation to follow advice?** The parent will not follow advice, and may abscond from hospital. This will likely lead to her son dying.
- **Ask at the end:** If she went home, and her son died – who is to “blame”? Encourage discussion around taking responsibility for the potential effects of judging and blaming (which always feels unfair), on patients' health, and – life and death. The idea is not that the parent/patient has no responsibility – but that automatic emotional reactions from providers can have very negative effects, and – must be reflected on, and – changed?

Exercise 2: Feeling safe or insecure at work

Purpose: To strengthen awareness about how feeling safe and feeling insecure in the workplace influences work quality and performance, work satisfaction, conflict and burnout. Furthermore, to strengthen awareness of how these feelings influence how we communicate with others.

Procedure

- Divide into groups of 4-6, give flipcharts and pens at each table;
- Ask half of the tables to discuss what makes them feel safe at work, and how feeling safe influences how they communicate;
- Ask the other half to discuss what makes them feel insecure at work, and how feeling insecure influences the way they communicate;
- Ask all groups to hang flipcharts on wall, the «safe» on one side, the «insecure» on the other/next to it.
- Ask all participants to read each other's contributions, standing close to the flipcharts.
- Ask for comments and reflections, while they stand around reading.
- Ask them to identify those aspects related to **system and structures** (e.g. job security, salary, resources) which we cannot do anything about in this course, and those related to

communication and emotions (e.g. Friendly colleagues, respect from the boss, good teamwork; and (negative) arrogant boss, Unapproachable colleagues-not listening, ignorant, judgmental).

- Ask them to share from their discussion on how feeling safe makes them communicate (e.g. confidently, with respect, friendly, open up), any insights or reflections on this.
- Then, ask the same for how feeling insecure makes them communicate (e.g. with fear, very brief, lie), and any insights or reflections on this.

Main points to bring out (see next two slides):

- **Sum up the discussion:** These two feelings influence our work very strongly – and when we learn more about how to recognize and manage these emotions constructively, it can have a very positive effect on our work environment, on cooperation with colleagues and supervisors, and on how we feel ourselves. ***This is the learning we will continue to do in this course – to build practical emotional competence.***

Exercise 3: Recognizing insecurity

Purpose: To strengthen awareness about the signs of insecurity in oneself, on body and mind, and the likely consequences of insecurity, on where the person focuses his/her attention. Furthermore, to strengthen awareness of the potential effects of feeling insecure, on how providers relate to and deal with patients and colleagues.

Procedure

- **Ask in plenary:** What causes insecurity?
- **Get feedback** (e.g. anger, shouting, being anxious, being sad)
- Ask them to discuss other points on the slide, in their groups
- Get feedback on one point at a time
- Ask co-facilitator to note points on flipchart

Main points to bring out in discussion: See next slide

Exercise 4: Taking care of emotional needs

Purpose: To strengthen awareness of the need to recognize and take care of one's own emotions, and of strategies that can be used to do so. Furthermore, to strengthen awareness of the positive sides of getting to know one's own vulnerability (or "softness"), and the advantages of doing so, in building and maintaining relations with patients and colleagues. Finally, to strengthen motivation to take care of these needs, by linking to the gains they can make by being in a good emotional balance.

Procedure:

- **Ask** them to discuss in groups, and write points on flip charts. Ask them to hang charts on the wall, let them read
- **Highlight** some strategies from each group
- **Ask** them to talk about how they used the strategies to take care of their emotions.
- **Examples:** listen to music, swim, take a walk, sex, read a novel, pray, sing
- **Ask:** What can you say about these strategies, what do they do to you?
- **Key point:** All set to generate positive energy. Many help you to take care of your vulnerability

Main points to bring out

- Recognizing and taking care of one's own emotions is not easy – most people are not used to doing so, or thinking about it in this way. It is a habit that can be built up.
- Vulnerability is often seen as something negative, something to be avoided (“we should not be weak!”) The point is that one is much stronger when able to recognize, appreciate, respect, and take good care of one's own vulnerability. When doing so, it is also easier to be present for others who are having it difficult, e.g. a parent with a critically ill child, or someone who has lost a dear one.
- The time should be spent alone, where there is no temptation or possibility to care for others – the agenda is to care for oneself.
- One or two hours a week is usually enough to achieve the goal of creating a better emotional balance.
- When there is better balance, it is also easier to practice being aware of others' emotions, and respond to these constructively.

NOTE: These points are further discussed in the Stress module.

Exercise 5: Respect and appreciation

Purpose: To strengthen awareness of the positive effects of showing respect and appreciation, on relations with patients and colleagues, on communication and on and on patient care, by linking the practice to participants' own experiences. Furthermore, to strengthen awareness of issues that make it difficult to practice respect and appreciation, and share and reflect on methods that can help overcome these difficulties.

Procedure

- Ask participants to discuss the questions on the slide
- Ask for one or two examples to be presented to the large group
- Draw out the main points

Main points to bring out

- Respect and appreciation makes people able to relate to each other in a more positive way, and creates better cooperation
- It has to be genuine! False respect – “for the sake of showing respect” – will usually be felt by the other person, and negative reactions will usually be felt.
- Appreciating a colleague is a habit many professionals are not used to. It needs to be practiced. Appreciation strengthens motivation to work, and strengthens job satisfaction. It is also often “contagious” – the person being appreciated, and feeling good by being appreciated, will in many cases want to reciprocate. One can create a better working environment by using appreciation consciously, and genuinely.
- Practicing respect and appreciation is also to use emotional competence.

Additional examples

Effects of emotions on Communication: Being overwhelmed

- *“When I am overwhelmed and tired I become irritable. One day I was alone on duty and there were discharges to be done but the doctors had written the summary but the bills were ready. So they insisted to get there bill so they can pay, so they kept on coming to ask the same question and I really got angry and shouted at them”*

Effects of anger on communication and action

- *“Have realized that if patients do not answer questions as I expect them to do, I become angry and irritated and in turn the patient becomes even more scared because of fear”*
- *“A patient was on antimeningitic treatment, lacks an I/V access, attempts to refix it failed and the mother is told that the baby needs to be shaved for a scalp vein access but the mother refuses completely. I reacted harshly asking why she refused but she did not answer and I told her to let the baby stay without the treatment because she enjoys being in hospital”*
- *“I have observed that 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.”*
- *“The neighbor came in very rough as though ready for a physical fight; her anger level was at a maximum peak. When I saw her approach I started feeling afraid. Immediately prayed silently for God to help me control my tempers.”*
- *“I have observed that 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*
- *“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.”*
- *“I reacted with anger to a patient who was not cooperative, she got angry and cried very loudly and wanted to bite my hand.”*

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

- *“I thought the anger vanished because I said I’ll forgive her, but whenever I see her I feel this heavy potato in my heart is still hurting me.”*

Effects of insecurity on communication

- *“ 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”*
- *“ I communicate poorly, lose confidence and my explanations become unclear”*

Learning through reflection: 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”*

Learning through reflection: Taking a step back

- *"I've learnt that in some situations, if I confront someone it easily develops into a conflict. Should rather wait until the situation cools down then discuss the problem and come to an agreement"*
- *"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".*
- *"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."*
- *"I at first avoided her but soon realized it was a challenge to me and I have to grow stronger. I managed to absorb my anger and I looked at her in the eye, I worked over my bitterness and looked at her with fair assumption. I talked to her acknowledging her status but also took her to task that "you are a leader because of your juniors – us, so its time you realize we need an opportunity to express our abilities". I "walked over" my emotions and I positively challenged her that "I am going to present something good". I managed to put a positive effort and for once I empathized with her, to me I "pointed a nature" of her being a good person and I believe I needed her in the group. I shook her big hand and she responded positively with a smile."*

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."*
- *"And 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."*

Taking care of own emotions (vulnerability)

- *"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"*

Effects of emotions, on communication and action

- *"There was a time when I tested a guardian and she turned HIV +ve. 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 myself. 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."*

- *“It’s good to reflect about what has just happened to give you a direction on the next act. It helps us learn about how others feel on the same reaction, we should not always focus on ourselves but must look on both sides”*
- *“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 communicating with and without respect

Mutual respect inspire good feelings:

- *I feel encouraged to talk more, and open up*
- *I feel so great and very happy, I communicate freely and easily*

Effects of not being respected

- *I become angry, irritated and unvalued.*
- *I feel demoralized, so low to a point of crying*

Role play script: “The child is not adding weight”

A. The provider

You are a nurse/CO working in the malnutrition bay. You have many years’ experience, and have worked in this department for the last 2 years. You are very conscientious in making sure the mothers get the milk to give their babies, and you sometimes really wonder what the mothers are doing when the babies do not put on weight.

One week ago, a mother came in with a very malnourished 1 year old child, and he continued to lose weight, even though you made sure the mother got the milk for the baby. You have asked the mother how her child is doing, and she insists the baby is doing fine, and taking the milk. You have told the mother you will insert a gastric tube if the baby does not gain weight, but the mother is insisting she gives the milk, and says there must be another problem. Today has been a particularly stressful day, and one of the babies you had been caring for a long time, died in the morning. It is the afternoon, and you are checking on the weight of the babies in the malnutrition bay. The very malnourished one is still losing weight, and you get very upset, and wonder what is going on. You suspect the mother is not feeding the baby, and you are really fed up, and decide to confront her. But you are also aware that you need to use your communication skills to get to the bottom of this case, and save the child.

A. The parent

You are a mother of 4 children, and you are struggling to feed them, as your husband has left you for another woman. For some weeks, your 1 year old, Chris, has been getting weaker. The last 2 days he would simply not eat the normal food which is all you can manage for the family. You finally managed to borrow some money to go to the hospital, and get a neighbor to look after your other children. You hope Chris will recover, he is your only son and a very precious child. You lost another child some time ago, he had malaria and was in a coma. At the hospital they put a tube thru his nose to get some food into him. But your son died in your arms with the tube through his nose.

Chris started to drink the milk they give him in the hospital. But you can only get a little bit into him, and he remains very thin and weak. The nurses are very harsh to you, and one of them said she would fit a tube through the baby’s nose to make sure he ate. This made you really scared. So you have insisted to the nurse that Chris is eating all the milk, and have made sure you drink the rest, so they will not find out that Chris is not eating. You fear they will blame you for being a bad mother, and fix the tube, and then you fear you will lose him, too.

But you see Chris is getting worse, and you know you are not doing the right thing. If the nurse talks to you in a nice way and shows understanding, you will share your fears and ask her for help, and follow her advice. You really want Chris to get well. If she continues to shout at you, you will protest, and by all means prevent them from putting in the tube.

C. The observer

Please observe the following: **Does the nurse/clinician:**

- Build trust? Establish (or re-establish) a good relationship with the parent?
- Ask open questions? Probe to get information? Listen actively to the parent?
- Try to find out (by observing, listening, asking) what the patient needs?
- Show the patient and parent care and support? Show empathy?
- Give good reasons for why she wants to insert the tube?
- Try to cope with the parent, rather than find out what is the reason for the behaviour?
- Judge the parent? Use positive or negative body language?

After the exercise, let the nurse/clinician comment first on his/her own behaviour in the role, and then give feedback (from observer and patient) to the nurse/clinician. Be sure to give positive feedback first, and to be constructive and specific in your suggestions for improvement.

Discuss how the nurse/clinician and the parent felt, and how these feelings influence their actions.