

Professional **distance**, or professional **closeness**?



Personal and impersonal
language strategies, and
their effects:

**Introducing emotional
competence**

**Follow-up course
Kilifi**

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Referencing and acknowledging the iCARE-Haaland model

- *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 «**Professional distance or professional closeness?**», 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/icare-haaland-model/>
- The authors' names should remain on the presentation, with a by line recognizing the person who (has adapted and) is presenting the presentation

Personal style? Impersonal?

Is the difference important? Why?

- **Define:** *Personal? Impersonal?*
- *«The blood needs to be checked. There is a need to investigate.»*
- *«I will take a blood test from you, and bring you the results in the afternoon. We need to check if you have (...malaria)»*
- Why is it important to be aware?



The **difference** between

Personal language style, and taking things personally

- **Personal language/ communication style =**
- **Conscious use** of language and communication to create professional closeness



- **Taking things personally =**
- Being offended, or feeling hurt by something someone said or did
- Often an automatic reaction, believing the other person intends to hurt or offend
- Very often «wrong» – the other person most often did not intend to hurt
- Often results in conflict



Objectives

- **Strengthen knowledge and awareness about**
 - What are personal and impersonal language and communication strategies, how you use them
 - the ***effect*** of using such strategies, on self and others: Creating professional closeness or professional distance
 - Why you use them automatically, or choose them consciously: **the emotional reasons**
- **Strengthen emotional competence skills**
 - to select and use personal and impersonal language and communication strategies, with awareness of the effect on the other person

Demo:

Telling a mother her child has died



Discuss in groups:

What kind of language did HP use?

- What characterizes this language?
- What is the **effect on the mother?**
- **Effect** on the **HP**?
- **Why** does HP use this language?



Using impersonal language



We use impersonal language:

- «The patient packed»; «RIP»
- «The patient collapsed»
- **Characterized by**
 - Distancing from the other
 - Neutrality, not engaging
 - Being diffuse
 - No emotion
 - No invitation to engage

Effect:

- **Protecting the provider** – from dealing with emotions
- **Not dealing with the patient's or parent's needs or emotions**
- **Parent feels rejected**

Handout

Impersonal language, and taking responsibility?



Discuss in pairs: How do we use impersonal statements in our medical work

- *«Blood samples will be taken from the patient»*
- *«It is not necessary for the patient to worry»*
- *“There was nothing that could be done”*
- *«Interrupting is the most detested listening habit. When you interrupt one spends their time not listening to what is being said»*
- *«It is effective to listen attentively, not being judgmental and not with mouth full of words. By applying the communication skills, one is able to handle conflicts effectively»*

Discuss:

- **What is the effect on the other person?**
- **Where (with whom) is responsibility for taking action?**

Can you show **empathy**, using impersonal style?



Effects of using impersonal style

On you - You

- **Create distance** to the other person
- Remain **neutral**, not engaging
- Maintain authority, remain in control, keep the **power**
- Do not take **responsibility for action**
- Your feelings are **protected** from attack. No one can "get at you"/**hurt** you

On the person you speak to:

- Freedom to concentrate on issue, not person?
- Feeling small, not seen as a person?
- Not being **engaged**? Not connect with you?
- Disappointed/hurt (if needing e.g. Emotional support)
- Can feel «cold»: *You relate to medical issue, not to person*

Personal style – characteristics?

- *Examples –
Using personal style?*



Handout

Personal language, and taking responsibility?



Discuss in pairs: How do we use personal statements in our medical work

- *« You need to follow the instructions closely to make your son John get better »*
- *« I need to take some blood from your son to see if he has improved. I will come back and give you the results this afternoon »*
- *“There was nothing that I could do”*
- *“I can see that you are upset. Would you like us to talk?”*
- *« There has been significant change in the way I treat people with respect. People feel valued, and in turn I feel valued, too »*

Discuss:

- **What is the effect on the other person?**
- **Where (with whom) is responsibility for taking action?**

Effects of using personal style, with awareness

On you – you:

- Feel **connected** to other person, see him/her as person
- **Engage** in the interaction
- Your opinions are easier **understood**
- **Commit yourself**, (may) have to take **action**
- Take **risks**
- May feel **vulnerable** and find difficult to withdraw
- **Invite** dialogue – spark engagement

Effects of using personal style, with awareness

On the person(s) you speak with

- People feel **safe** – they know what you mean (*or at least what you plan to do*), even though **they might not agree**
- May feel emotionally supported/seen as a person
- May feel **connected** to you
- People may **judge** you, but also **respect you**
- Can create **conflicts**

In pairs: Reflect on when you use personal style – effects on others?

- *Examples – and effects*



Role-play practice:

Telling a mother her child has died



Discuss in plenary:

*What kind of **language** did HP use?*

- What are statements you used, which you consider «**personal language**»?
- What characterizes this language?
- What is the **effect on the mother?**
- **Effect** on the **HP**?
- **Why** does HP use this language?



Using personal language



- **Characterized by**
 - Seeing the patient as a person
 - Being present
 - Acknowledging emotions
 - Being clear – taking responsibility
 - Invite/encourage to engage

We use personal language:

- «Pole, mama – your baby Kadzo has died. I am so sorry»
- ***Effect:***
- *Parent feels accepted/respected*
- *The parent's need for empathy are met*
- *The provider can become vulnerable*

CHOICE:

Personal, or impersonal communication?

- ***Depends on the situation – and your goal:***
- **Person is upset/scared/sad:**
 - Usually: Meet the feelings with empathy, be **personal**.
 - If emotions are high – some distance may be right, to calm down: **Impersonal**. Consider change to **personal**, later
- **Person is in good mood:**
 - Respond to feelings, acknowledge. Then give info
 - ***If impersonal/advising – person will feel rejected***
- **Person is neutral/impersonal:**
 - Will likely respond well to impersonal, can understand info
- ***BUT NOTE: Your own aware assessment of each situation is the main guide – there is no fixed answer!***

The aim:
**Comfortable
distance,
with awareness**



- **Providers need appropriate professional distance:**
 - Sometimes close, sometimes distant
- **Skills to choose appropriately:**
 - using emotional competence, and
 - by using personal communication skills

• ***Enables you to use empathy constructively***

- **Impersonal style without awareness**
 - Creates «*cold distance*»
 - Is experienced as uncaring by patient



Impersonal style With awareness:

- Allows fine-tuning: best distance/closeness

Summary:

Effects, and conscious choices

- Using **impersonal** communication style:
 - We maintain authority, protect ourselves and we feel safe, but
 - the other person may feel rejected, not seen
 - Patient's needs often not met, BUT -
 - *Often useful to create appropriate distance*
- Using **personal** communication style:
 - Makes the other person feel seen + cared for;
 - However, we may become vulnerable
- Choose which style to use
 - with **awareness and EC** – depending on
 - mood and needs of the other person



Distance – appropriate?



Appropriate professional closeness?



Cut from Death and Dying module

- The following two slides were the ones we cut. The point in this module was – shying away from telling the mother
- The notes from the discussion are useful – some can be picked up here, in this module, or used in D&D
- The point in THIS module is – the words we use (often subconsciously). I have therefore kept the original example from this module. But please check the slides. Check comments under the last slide – many good points

**Demo: The
child is
dying**



Discussion



- *Does this happen?*
- What is likely to be **behind** the nurse's and clinician's reactions?
- Please share strategies you have found helpful when dealing with parents or carer who have just lost a dear one

Please come and show