



# The effects of emotions on communication and conflict



## The many faces of **ANGER**



## *and how to handle it with **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 «***The effects of emotions on communication and conflict: The many faces of Anger, and how to handle it with emotional competence***», 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

# Recognize and respond to **anger**: further learning needs

- **DISCUSS:** What makes you angry in your workplace?
- How do you act and communicate differently now (from before the course)?
- What are your further learning needs on handling anger?



# Objectives

## **To strengthen awareness of and knowledge about:**

- What can cause anger in patients and yourself
- What are some natural reactions to anger
- Common effects of anger on communication
- Changes made in how you recognize and respond to anger

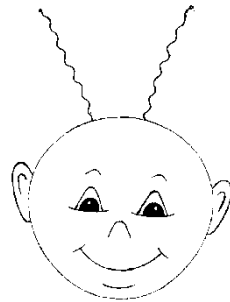
## **To strengthen skills to:**

- Recognize anger, step back, stop judgment and look for reasons behind the anger
- Set boundaries to protect yourself
- Meet anger constructively, with respect and emotional competence

# Change on handling anger



- *“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. By stepping back when am angry has really helped me”*



- *“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”*



# Appropriate use of **anger**?



- *“I exchanged nasty words with a parent because of asking him to assist me get his patient (adult) from an ambulance. The parent told me that was not his work and this made me so furious that we had to exchange words. Lastly he had to assist”*

# New reactions to different expressions of **anger**?

## Patient, colleague

- Verbal attack (angry)
- Judgemental
- Criticize
- Ridicule
- Persistent
- Ignore
- Arrogant



**Your response now?**

**STEP  
BACK!**

***What is the feeling behind? How do you recognize + handle it?***

# Automatic reactions to different expressions of **anger**

## Patient/ colleague

- Verbal attack (angry)
- Judgemental
- Criticize
- Ridicule
- Persistent
- Ignore
- Arrogant
- Lie



## Automatic responses

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



# Behind the anger is fear



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

# Anger can be a cover for fear

- **Fear:** uncomfortable
- **Most people cover up:**
  - Show anger
  - Superiority
  - Arrogance
  - Show power
- **More acceptable**
- **Judgement:**
  - = often a cover for fear



# What makes patients **angry** at our work place?

- *“When patients are not listened to or what they think is important that needs to be done is not being done”*

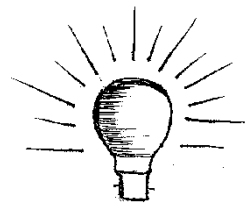


*“Patients become angry because the care providers are rude, disrespectful, uncooperative”*

*“When they are delayed to see the doctor. When a doctor / health worker leaves the work station without informing them”*

# Handling an **angry** patient?

- *"I get angry too and shout at them. A patient came shouting that his child had being seen previously with no improvement. I told him he could have gone to another hospital"*
- **Buzz in small groups:**
  - What could have been reason for the **parent** to be angry?
  - Feeling behind anger?
  - **Provider's** reason to be angry? Where is provider's focus?
  - **How would you handle the parent now? Focus?**
  - **Show it to the group!**

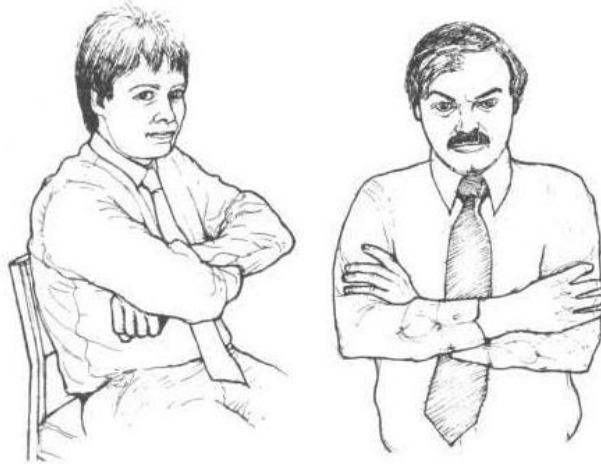


# Insecurity → Insecurity

Patient, colleague

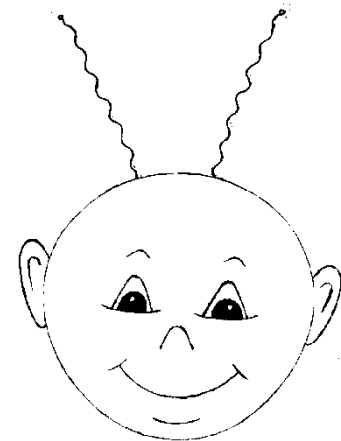
Your response

**Insecurity**  
(covered up  
by anger)



Can cause **insecurity**  
(covered up by anger)

***The medicine is... Awareness,  
and stepping back***



# Emotions are contagious: Step back!

- *“One day as we were attending ANC clients, one of the booklet was misplaced and a mother was left to stay in the queue for long. Mothers who came behind her were served and left. The mother stepped in the room. So angry using abusing words, I and everybody was like “who this mother is and what was wrong with her?”*
- *She created a scenario and we were the centre of interest to other clients and patients who were around. We tried to calm her down and she was so emotional. I almost went to same emotions 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 the problem and how to help her. She also calmed down saying she has stayed for long without being attended. I apologized and traced her book which was misplaced; served her and she went home.*
- *At least me stepping back made her to cool which enhanced the conversation. Taking care of my emotions solved the problems without worsening it.”*

# Insecurity: How to deal with - Self?

## Step 1: Recognize:

- Feeling shaky? Fuzzy? Angry?

## Step 2: Acknowledge

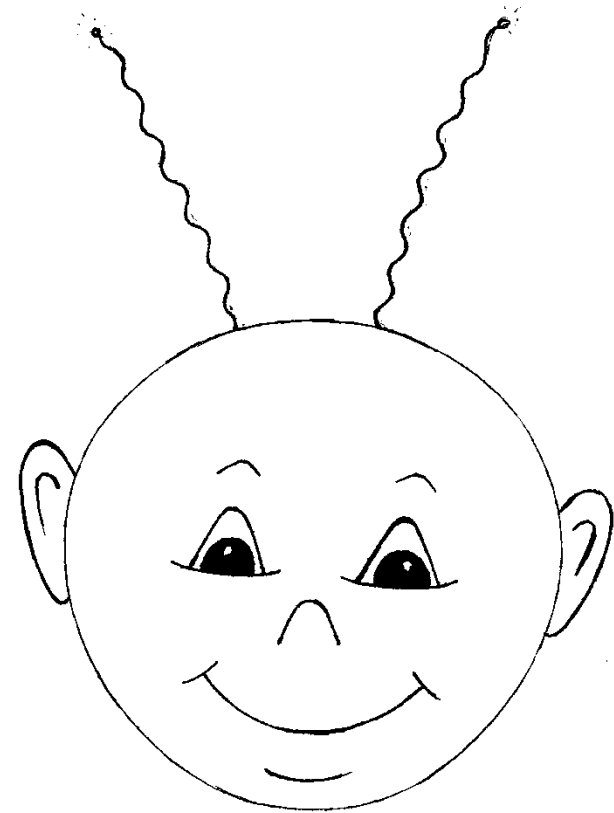
- Get antenna out

## Step 3: Step back

- Stop automatic reactions. Set aside. Think

## Step 4: Take care

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



# **Insecurity:** How to deal - Others?

## **Meeting it in others:**

- Address feelings first

## **Recognize:**

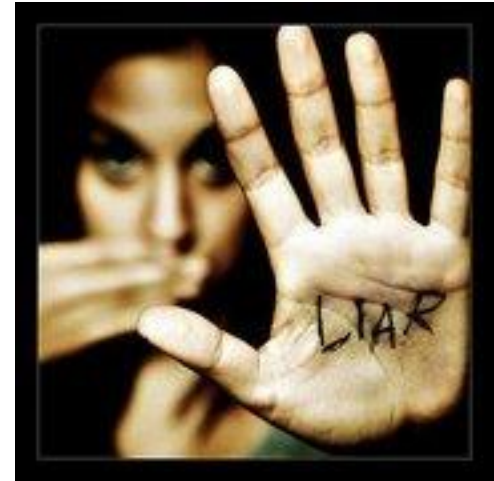
- Person will NOT respond to info, or intellectual talk





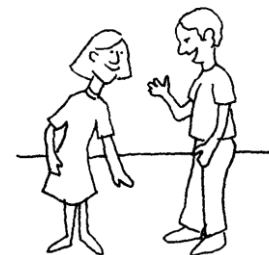
# Possible effects of **lying** on emotions and communication

- Challenge: *When you feel the patient is lying to you, does it make you feel angry and aggressive?*



## **BUZZ:**

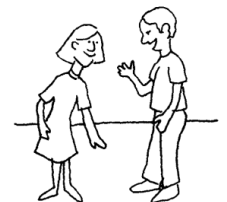
- How common is this?
- Share an experience where you felt a patient lied and how you handled the situation.
- Why do you think the patient lied to you?
- What strategies did you use to handle this patient well?



# What is behind the lying?

## Participant's example

- *“I was attending a client in the family planning room. She has been coming late for her appointment date and she always quarreled whenever she comes. She used to cheat that she has gone for a burial.*
- *When she entered the room, I greeted her, offered her a seat. She looked anxious. I asked her politely why she didn't keep her TCA and as usual she repeated the same excuses. I empathized with her, and still without judging I tried to dig down showing respect to what she was saying. After a long dialogue the mother opened up saying that her husband doesn't want her to have FP methods. She usually waits for her child welfare clinic so she can have her injection (depo-provera).*
- *I merged her FP day and her child's clinic which she was supposed to come for on the same day. She was happy and promised not to omit her day again. I was happy that I was able to identify her problem and try to solve it. The client was so happy as for once she was treated with respect and somebody was there for her”.*



**Strategies to handle anger constructively:**

**Acknowledge, step back,  
create safety, show respect**



# Strategy 1:

# Acknowledge their anger



**- While  
recognizing and  
stepping back  
from your own  
reactions and  
emotions**

# Strategy 2: Create safety

- **Feeling safe:** basis for handling patients and colleagues well
- **Strategy: build trust:**  
Recognize and take care of **fears** -  
make person (+yourself) feel safe
- When feeling safe – you can listen, empathize, **find reasons** -  
and **explain why**
- **Safety and trust:**  
**core in patient centred care**



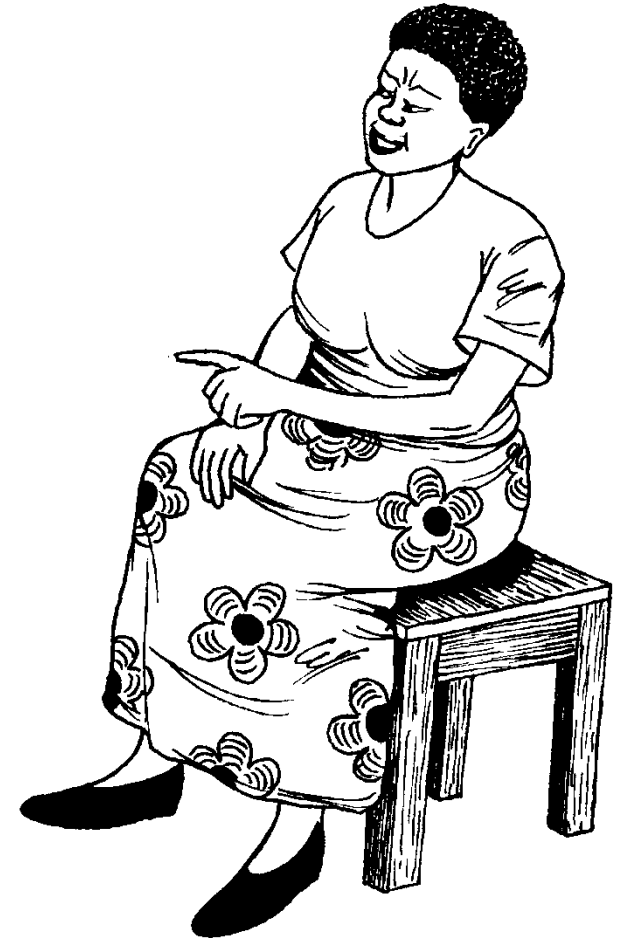
# Strategy 3: Showing Respect



= fundamental  
attitude that  
**underlies action**

# Dealing with **angry patients (1):** **Stay aware**

- **Recognize** anger and take a ***step back*** –
  - do not let your fear take over
- Remind yourself –
  - ***patient is afraid***
- ***Fear is contagious*** –
  - ***do not get infected with his/her fear!***
- Stay calm, ***listen*** to his anger, and respect it:
  - ***Show patient you take him seriously; don't judge***



# Dealing with **angry patients** (2)



- **Look him in the eyes**
  - when you talk
- **Use his own words to repeat:**
  - *Do not interpret, and do not explain, or discuss*
- ***Why is this important?***
- **Ask questions**
  - to find out cause of anger, when he has calmed down a bit
- **Set limits:**
  - Do not accept swearwords or personal abuse



# Recognizing and responding to **anger**:

## *What have you learnt?*



### Dealing with

- ***Patients' anger*** – good skills
- ***Colleagues anger*** – big steps forward
- ***Supervisors' anger*** – still difficult, but progress

### Buzz:

- Why is it easier to deal with patients' anger, than with supervisors' anger?
- Which strategies do we use to deal with supervisors' anger?
- What can we learn from how we handle patients' anger, to be able to handle supervisors' anger better?

# Summary



- **Acknowledge:**
  - **anger** is a natural reaction
- **Constructive action is to:**
  - Recognize, **Step back** (take control) + Listen
- **Respect** the angry person
- **Assume there is a reason** for the anger –
  - find it, and **deal with the problem** (*instead of re-acting to the symptom of anger*)