

Module 7 (2a)

The many faces of anger:

Recognize, acknowledge and handle with respect

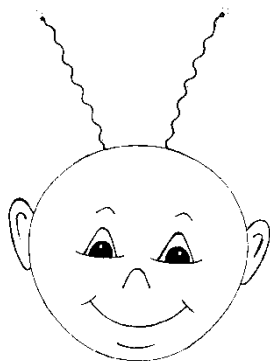
By Ane Haaland, with Mwanamvua Boga

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/>

Background for trainer



Participants' observations and reflections on anger have by now created a strong awareness of the negative effect of anger on communication, and on their work in general. In the research conducted by LVCT¹ to assess the effects of the communication training, a large majority of the health providers say that taking a "step back" from anger and other strong emotions is the most important progress they have made during the communication skills learning process.



They say it has affected positively their ability to respect and relate well to patients and colleagues, stop their automatic judgments and treat patients as persons – in other words – to practice awareness, and provide better patient centred care. This has strengthened their confidence and improved their job satisfaction, and they feel more in control of their own emotions.



The purpose of this module is to affirm the growth the participants have reported, to deepen their understanding of the topic of anger, and to strengthen their skills to deal with it constructively – both their own anger, and the anger they meet from patients and colleagues.


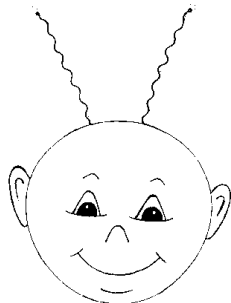
Through their own learning and critical thinking (*observation, reflection and the interactive workshops*), providers have learnt to become familiar with emotional reactions, and are no longer so surprised or scared when they occur. Anger has been a main cause of problems and has caused much fear and loss of patient trust. Understanding that fear and vulnerability are often "hiding" right behind the anger makes the "symptom" of anger less disturbing. This knowledge helps providers to step back, and it gives space for practicing empathy – rather than allowing it to provoke the provider's own fear (automatically, usually subconsciously).

Providers have seen that when they recognize and manage their own and patients' emotions well, the work is much easier: Better cooperation with patients and colleagues, less stress, less conflict,

¹ Liverpool Voluntary Counseling and Testing, a Kenyan NGO which evaluated the training in 2011.

less burnout. Many report that the skills are also very useful at home, with family and community (“They now call me the small Mandela, and come to ask me to help solve conflicts in the family”, one of the nurses commented with a smile – and pride.)

By managing anger more constructively, the providers have broken the negative cycle where they used to react to the emotions and get into negative interactions that led to them feeling drained of energy, and where they used to blame others for problems: When they now “listen to anger” with the intention to understand what is **the reason behind**, by being fully present and showing respect to the angry person, they spend less energy reacting to the “symptoms” of the anger, or dealing with the situation. They then often also get positive energy back from the other person, who appreciates being heard, seen and having his/her anger (and the vulnerability behind) taken seriously. **The provider has changed from a cycle of emotional reacting/blaming and using negative energy, to a cycle of giving and receiving with respect, which leads to emotional balance.** The vehicle for giving and receiving with respect is communication and emotional competence skills, learnt through a process of awareness building, reflection and skills training.

	Protect yourself from violence!	
	Sometimes, an angry person can turn violent, and may threaten you. In this case – call security. Physical safety must come first!	
	Or, as one participant put it: <i>“When the patient turns violent, or you feel physically threatened – take your communication skills under your arm, and RUN – or raise an alarm, if possible, practical and safe for you!”</i>	

Anger can in a few cases build up in a person and “boil over”, and the person can turn violent for reasons that you don’t know. The person can have experienced injustice, or lack of care, or other circumstances that have triggered extreme emotions. In such cases, communication and emotional competence skills may not be enough – and your awareness and perspectives on your own fear may help you to identify these situations. In this module, our focus is to recognize and respond to anger that can be dealt with, using the skills we have been learning about.

In the strategy module, we also work on how to deal with (verbal) abuse.

Some of the main aspects to remind participants about are:

- **Patient may be angry:** Emotions are a natural part of life – and of being sick. It is very normal to be worried (or scared or desperate or angry) when your child or you yourself are ill. Patients (or parents) may show anger towards the provider – which is usually NOT meant personally (*i.e. they are acting against the hospital, or clinic, or doctor, or other health providers, or even the disease! – and you “just” happen to be the one they meet, and thus let out the built up anger or frustration on*).
- **Provider’s natural/automatic reaction (without awareness):** Take others’ anger personally, and verbally “hit back”: *Anger triggers anger*. Using awareness, and recognition and management of emotions, will give providers a choice of responding in a different way: To step back, be present with the angry person, listen, and create trust and build a professional relationship founded on respect.
- **Providers’ own emotions:** This job is challenging, and providers are faced with many emotions and reactions, every day – from patients (*scared, worried, frustrated, dying?*) to colleagues (*irritated? Overwhelmed? Frustrated? Aggressive?*) and supervisors (*angry,*

withdrawn/ closed, critical, blaming?), and from their own family. It takes a lot of awareness and skills to be able to stay aware, step back, and take care of one's own emotions, to prevent blow-out and/or burnout. Swallowing emotions can make you sick in the long run, acting (automatically) on the emotions can make you destroy relationships, hurt patients, prevent the right diagnosis.... And a number of other negative consequences. The "solution" is – to learn to recognize, acknowledge and step back from anger, with awareness. When the provider knows she/he has the skills needed to meet the anger with, it gives confidence, and helps her/him stay calm.

- **Behind anger is often fear:** Learning to recognize this – as being true for both patient and provider – will help to introduce awareness and stop the automatic reactions to anger.
- **Anger can be constructive:** When used to set boundaries – e.g. if someone is pushing or manipulating you, saying clearly and firmly NO, using anger with awareness, is a useful skill. This is very different from reacting automatically to an emotional challenge, with your own (uncontrolled) anger. The difference is – awareness.
- **Anger affects communication negatively:** An angry person focuses on him/herself, and is "ruled" by the emotions behind the feeling. It is very common to become judgmental, which can produce a defense in the other person – and the communication is "ruined" – until one person snaps out of the emotions (*by recognizing it and stepping back*) and starts communicating constructively – with emotional competence.
- **Obtaining information becomes very difficult:** When a person is angry (the provider OR the patient), it is very difficult to get good information. The focus is on the emotions. In a work situation, this can have severe consequences, e.g. it may be a challenge to get information from the patient and this might possibly lead to making a wrong diagnosis and giving a patient the wrong treatment;
- **Looking for the reasons behind the anger is essential:** The provider should assume that the person has a good reason (i.e. good, from his/her own perspective) to be angry, and communicate verbally and non-verbally his/her concern, interest and intention to understand this reason. When the angry person meets this attitude of "respect, presence and wanting to understand", the anger will commonly be reduced;
- **Recognizing the anger, stopping the automatic reactions and taking a step back is possible to learn:** When you understand why and how anger "works", and understand the negative consequences of this emotion, you can learn to recognize it in yourself as well as in others, and take a step back – instead of reacting automatically. This is usually enough to change the outcome of the interaction.
- **It usually only takes one person to break the power and effects of anger:** When one of the two people in an interaction meets anger with awareness instead of automatic reactions, there can often be a good outcome, instead of conflict, bitterness, and (possibly) wrong diagnosis.
- **Anger which continues to be "buried in providers' heart, or 'stomach'", is a health hazard:** It can lead/contribute to physical health problems like ulcers and high blood pressure. It can also contribute to stress and burnout, and is in general responsible for "stealing" a lot of good energy from health providers. Please refer to the burnout module, 7(2f).

The anger module is an important core in the follow-up course, as it was in the basic course (as a part of the module "Effects of emotions on communication") and should be given enough time and attention.

There are five sections in this module. An overview:

1. **Introduce topic, establish relevance, affirm learning and identify further learning needs:**
Use examples from participants to identify what they have learnt and how they now deal

with anger, and how anger affects communication. They identify what they still need to learn, to handle anger with emotional competence (slides 1-6)

2. **Exploring automatic reactions to anger, the fear behind, and new skills:** Revisiting the automatic reactions to various expressions of anger, exploring and discussing changes, and acknowledging the fear behind anger (slides 7-12)
3. **Insecurity, effects of insecurity, and reactions to lying:** Revisiting the common effects of insecurity on emotions and communication; applying the knowledge to lying – and exploring the reasons behind (slides 13-18)
4. **Strategies to handling anger constructively, with emotional competence:** Reviewing main strategies to meet anger by acknowledging the emotion, stepping back, establishing a safe situation, showing respect, and listen for the reasons behind the anger (slides 19-24)
5. **Summing up:** Affirming learning, summarizing main steps (slides 25-26)

For details: Please refer to the list above “Main aspects to remind the participants about”.

Time needed: 2 hours

Materials needed: Flipcharts, marker pens, tape

Facilitator/co-facilitator roles: Help with running exercises, taking notes on flip chart, distributing stationaries (writing materials) to groups. The co- facilitator should know the module very well to be able to help in clarifying issues during facilitation.



Summary: Handling anger with emotional intelligence

Anger is a natural emotion you will meet in your work and life. There are four main skills you need to learn, to be able to handle it well – and this includes using “**your head and your heart**”, or – seeing the connection between the cognitive and the emotional aspects.

The four main skills are:







1. **Recognizing the emotions** – your own, as well as those of the other person. When the other person is angry, you have an emotional response to the anger. It is important to recognize and acknowledge both these emotions;
2. **Think** – (and stop) – taking a **step back** from your automatic reactions to the anger, and get space/time to think;
3. **Analyze the reasons** – look for what are/can be reasons behind the anger (and the consequences of different action you might take. To do this, you need to reflect and to ask questions – with awareness.
4. **Act, with awareness** – based on what you have understood and learnt from the analysis of the situation.







Practicing these skills will enable you to be act professionally and kindly to patients and colleagues. The skills are taught in this module.





We talk about emotional intelligence and emotional competence as being mostly the same set of skills.



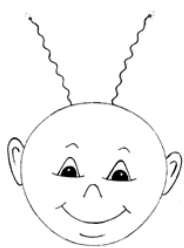
A thorough discussion of emotional competence is found in Module 3b, Workshop 1, part C in this website.





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





 <p>The effects of emotions on communication and conflict</p>  <p>The many faces of ANGER and how to handle it with Emotional competence</p>   <p>Follow-up course Kilifi Ane Haaland, Hiza Dayo, Mwanamvua Boga All participants</p> 	<p>Introduce the topic in your own way, e.g asking: <i>Is anger still sometimes a problem in your work? (Get a “yes”)</i> <i>Is there any difference in how you handle anger now? (get a “yes”)</i></p> <p>Explain: Recognizing and responding well to anger is still an important topic for most of you, and learning to handle this well takes time. We will discuss how you are now managing anger in your work, share experiences and strategies you use, and deepen our knowledge on anger – and on the fear behind anger.</p>
<p>Recognize and respond to anger: further learning needs</p> <ul style="list-style-type: none"> • 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? 	<p>Exercise 1: Identifying learning needs</p> <p>Read out questions, ask them to discuss experiences with recognizing and responding to anger now - their own, and patients’.</p> <p>Ask to write further learning needs on a flipchart</p> <p>Get feedback on one question at a time, from several groups.</p> <p>Get examples from how they handle anger differently now, ask to reflect on why, and the effects of new behavior on selves, and others.</p> <p>Acknowledge and appreciate growth.</p> <p>Read out their further learning needs, and discuss later in your trainers’ team how to meet the needs – if not already included in program.</p>
<p>Objectives</p> <p>To strengthen awareness of and knowledge about:</p> <ul style="list-style-type: none"> – 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 <p>To strengthen skills to:</p> <ul style="list-style-type: none"> - 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 	<p>Read out the objectives, and relate these to the learning needs defined above.</p> <p>Add/adjust objectives, if there are points in their defined learning needs that should be included.</p>




<h3>Change on handling anger</h3>  <ul style="list-style-type: none"> • "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"  <ul style="list-style-type: none"> • "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" 	<p>Ask another trainer, or a participant, to read out these examples.</p>				
<h3>Appropriate use of anger?</h3>  <ul style="list-style-type: none"> • "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" 	<p>Ask: Can anger sometimes be necessary, and useful? Read out the example. Ask what they think could be the reason the provider got angry, and the reason the parent refused to help. Ask if this was appropriate use of anger Get a few responses and reflections Conclude that sometimes anger is very useful to set boundaries, and not accept a behavior. The anger here was not intended to hurt the other person (the parent), but to make him/her act, and help get care for his son.</p>				
<h3>New reactions to different expressions of anger?</h3> <table border="0"> <tr> <td data-bbox="220 1189 411 1216">Patient, colleague</td> <td data-bbox="475 1189 691 1216">Your response now?</td> </tr> <tr> <td data-bbox="220 1223 440 1429"> <ul style="list-style-type: none"> • Verbal attack (angry) • Judgemental • Criticize • Ridicule • Persistent • Ignore • Arrogant </td> <td data-bbox="528 1249 600 1305"> <p>STEP BACK!</p> </td> </tr> </table>  <p><i>What is the feeling behind? How do you recognize + handle it?</i></p>	Patient, colleague	Your response now?	<ul style="list-style-type: none"> • Verbal attack (angry) • Judgemental • Criticize • Ridicule • Persistent • Ignore • Arrogant 	<p>STEP BACK!</p>	<p>Refer to this exercise from the basic workshop. Ask them to BUZZ, to reflect on changes in how they respond to these expressions now. Get feedback. Conclude that many (all?) have probably stopped judging and reacting automatically, and that they recognize that the feeling behind the anger is fear, insecurity or guilt/shame. Conclude that many are now instead stepping back – and creating space for handling the anger constructively, with emotional competence. NOTE: Make STEP BACK animated (jumping!!)</p>
Patient, colleague	Your response now?				
<ul style="list-style-type: none"> • Verbal attack (angry) • Judgemental • Criticize • Ridicule • Persistent • Ignore • Arrogant 	<p>STEP BACK!</p>				
<h3>Automatic reactions to different expressions of anger</h3> <table border="0"> <tr> <td data-bbox="220 1608 392 1635">Patient/ colleague</td> <td data-bbox="491 1608 699 1635">Automatic responses</td> </tr> <tr> <td data-bbox="220 1641 427 1883"> <ul style="list-style-type: none"> • Verbal attack (angry) • Judgemental • Criticize • Ridicule • Persistent • Ignore • Arrogant • Lie </td> <td data-bbox="491 1641 722 1883"> <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 • Angry </td> </tr> </table> 	Patient/ colleague	Automatic responses	<ul style="list-style-type: none"> • Verbal attack (angry) • Judgemental • Criticize • Ridicule • Persistent • Ignore • Arrogant • Lie 	<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 • Angry 	<p>Explain: And this is what you used to do.... Show the slide, remind them of the discussion in the basic course Ask if there are still some of these reactions that get them to react automatically, in some situations (e.g. when stressed, or overwhelmed), and let the "old self" pop up. Explain that this is common, and to be expected, and that learning to recognize and handle the insecurity and fear behind anger constructively, is a process – and will take time. The difference is – they now recognize what is happening, reflect on it, and probably strengthen the resolve to keep learning, and stop reacting.</p>
Patient/ colleague	Automatic responses				
<ul style="list-style-type: none"> • Verbal attack (angry) • Judgemental • Criticize • Ridicule • Persistent • Ignore • Arrogant • Lie 	<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 • Angry 				

<p style="text-align: center;">Behind the anger is fear</p>  <p style="text-align: center;">We judge what we are afraid of. Behind the anger is fear.</p>	<p>Ask them to reflect on what this picture shows, and how this relates to their work <i>(Intention of picture: Show that behind the person being angry is “the little scared child”, which is a part of all of us. It is difficult, and often almost taboo, to show this fear. It is much more “accepted” to cover it up, and show anger.)</i> Conclude that it is natural to be afraid of e.g. being infected with diseases from the patients.</p> <p>Ask how they can handle this fear. Conclude: Providers must learn to recognize their fear for what it is, and take care to protect themselves physically in their job – And not blame the patient.</p>
<p style="text-align: center;">Anger can be a cover for fear</p> <ul style="list-style-type: none"> • Fear: uncomfortable • Most people cover up: <ul style="list-style-type: none"> – Show anger – Superiority – Arrogance – Show power • More acceptable • Judgement: <ul style="list-style-type: none"> – = often a cover for fear 	<p>Explain/summarize the issue of fear often being covered up in a number of different ways</p> <p>Showing fear or insecurity is not encouraged or accepted in many cultures: The expectation is that people will master the situation, or cope. Fear should be swallowed, not shown. In some cultures, this is especially true for men.</p> <p>Ask if they recognize this in their own culture (national, or medical, or both?)</p> <p>Conclude that this is very common – and – that there are better ways to recognize and handle the fear, which they are now familiar with.</p>
<p style="text-align: center;">What makes patients angry at our work place?</p> <ul style="list-style-type: none"> • “When patients are not listened to or what they think is important that needs to be done is not being done”  <p>“Patients become angry because the care providers are rude, disrespectful, uncooperative”</p> <p>“When they are delayed to see the doctor. When a doctor / health worker leaves the work station without informing them”</p>	<p>Read out the examples, or ask a participant to read Conclude e.g with a question: So – you are saying that when patients are angry, they usually have a good reason?</p> <p>Get a “yes”, and/or reflection</p> <p>Conclude: Let us see how this insight can make us relate to angry patients in a different way than before.</p>
<p style="text-align: center;">Handling an angry patient?</p> <ul style="list-style-type: none"> • “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” <ul style="list-style-type: none"> • Buzz: <ul style="list-style-type: none"> ➢ 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! 	<p>Exercise 2: Handling an angry patient Read out the quote, ask them to discuss the questions on the slide. See instructions at the end of the module</p>

<p style="text-align: center;">Insecurity → Insecurity</p> <p>Patient, colleague Your response</p> <p>Insecurity (covered up by anger)</p>  <p>Causes insecurity (covered up by anger)</p>  <p style="text-align: center;"><i>The medicine is... Awareness, and stepping back</i></p>	<p>Link to discussion on previous slide.</p> <p>Acknowledge their growth in recognizing and handling insecurity and anger</p> <p>Ask – When you meet insecurity with insecurity – what can happen?</p> <p>Make the point – insecurity, like many other strong emotions, is “contagious”. Judgment can be an automatic reaction</p> <p>The “Medicine” – is awareness, recognition, and stepping back</p> <p>Invite reflections</p>
<p style="text-align: center;">Emotions are contagious: Step back!</p> <p><i>“One day as we were attending ANC client, 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 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.”</i></p>	<p>Ask a participant to read the example</p>
<p style="text-align: center;">Insecurity: How to deal with - Self?</p> <p>Step 1: Recognize: > Feeling shaky? Fuzzy? Angry?</p> <p>Step 2: Acknowledge > Get antenna out</p> <p>Step 3: Step back > Stop automatic reactions. Set aside. Think</p> <p>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</p> 	<p>Ask: Do you remember this slide?</p> <p>Summarize: The main aim is to become aware and recognize what is happening, by recognizing your own “symptoms” of feeling insecure. When you become aware – you STEP BACK! You will then have a conscious choice, and can take action to make yourself feel less unsure. When you do this, it will have a positive effect on the interaction and on the outcome.</p> <p>FIRST TAKE CARE OF THE FEELING /EMOTION, Then proceed (with whatever is the aim of the interaction)</p>

<p>Insecurity: How to deal- others?</p> <p>Meeting it in others: ➤ Address feelings first</p> <p>Recognize: ➤ Person will NOT respond to info, or intellectual talk</p> 	<p>Ask: How do you recognize that others are insecure? Get suggestions: They seem stressed, worried, silent, not attentive....</p> <p>Explain: You need to address their feelings first (sometimes by exploring/checking out what they need, asking questions, taking action; sometimes by calming/showing compassion)</p> <p>Giving a lot of info, explaining e.g. on how to take medicine, will most likely not be remembered.</p> <p>Link to e.g. crisis situation, stages of crisis, when people in shock will not remember info.</p>
<p>Possible effects of lying on emotions and communication</p> <ul style="list-style-type: none"> • Challenge: <i>When you feel the patient is lying to you, does it make you feel angry and aggressive?</i>  <p>BUZZ:</p> <ul style="list-style-type: none"> • 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? 	<p>Exercise 3: Effects of patient lying, on provider</p> <p>Read out the quote/ask the question Get a response (usually an affirmation) Read the questions, ask them to reflect See instructions at the end of the module</p> <p>Conclude: <i>Lying can be a strategy for patients to meet their own needs (protect themselves), NOT a conscious strategy to hurt/fool the doctor or nurse. Patients may lie when they believe the dr/nurse will not respect them, or accept what they say, if they tell the truth.</i></p> <p>We need to be aware of why patients lie to us, and be able to see behind – rather than to conclude (automatically) that they lie to hurt or deceive us.</p> <p>We need to learn to not take it personally, but to find the reason behind, by showing empathy and compassion, and reaffirming our intention to understand, and help.</p> <p>Need to set judgment aside.</p>
<p>What is behind the lying? Participant's example</p> <ul style="list-style-type: none"> • 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 (<i>depo-provera</i>). • 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. 	<p>Read out the example</p>

<p>Strategies to handle anger constructively: Acknowledge, step back, create safety, show respect</p> 	<p>Summarize the module by emphasizing the main strategies Use an example discussed during the module (e.g. an example contributed by a participant during one of the discussions), to relate the strategies to</p> <p>NOTE: Participants remember strategies much better when they can link them to a concrete example from their work. This linking is a main aim of the last section of this module.</p>
<p>Strategy 1: Acknowledge their anger</p>  <p>- While recognizing and stepping back from your own reactions and emotions</p>	<p>Relate this to the example you have chosen to work with in this module – from participants' examples given during the session, or – examples from the observation tasks.</p> <p>Emphasize that the first important point is to acknowledge “what is going on” – To recognize that you are dealing with anger, and therefore take appropriate action – To step back (from your own automatic reaction to the expression of anger)</p>
<p>Strategy 2: Create safety</p> <ul style="list-style-type: none"> ➤ 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 	<p>Relate this to the example you have chosen (e.g. where a participant described how she created a safe atmosphere).</p> <p>Emphasize the importance of creating a safe situation, and comment on/show how the person in the example did this.</p> <p>Emphasize that safety and trust are core values in patient centered care</p>
<p>Strategy 3: Showing Respect</p>  <p>= fundamental attitude that underlies action</p>	<p>Relate this to an example you have chosen, where the participant describes showing respect as a major issue in relating to an angry person.</p> <p>Emphasize the importance of showing respect to a person who is angry, and on why this is so (you recognize and protect his/her vulnerable feelings, by taking the person seriously). Comment on/show how the person in the example did this, and on what was the effect on the angry person (most will calm down when respected, and having their issue listened to and attended to).</p>

<p>Dealing with angry patients (1): Stay aware</p> <ul style="list-style-type: none"> • Recognize anger and take a step back – <ul style="list-style-type: none"> – do not let your fear take over • Remind yourself – <ul style="list-style-type: none"> – patient is afraid • Fear is contagious – <ul style="list-style-type: none"> – do not get infected with his/her fear! • Stay calm, listen to his anger, and respect it: <ul style="list-style-type: none"> – Show patient you take him seriously; don't judge 	<p>Summarize the skills providers have to use when dealing with angry persons: The main skill is to stay aware throughout the interaction, and not mix in your own emotions. It is natural to feel fear, but the provider should recognize it, and step back (<i>unless patient is violent!</i>) Use knowledge of what is usually behind anger, to guide the action.</p> <p>Ask if anyone has tried out these skills?</p> <p>Explain that they will have a chance to practice these skills in the role-play.</p>
<p>Dealing with angry patients (2)</p>  <ul style="list-style-type: none"> • Look him in the eyes <ul style="list-style-type: none"> – when you talk • Use his own words to repeat: <ul style="list-style-type: none"> – Do not interpret, and do not explain, or discuss • Why is this important? • Ask questions <ul style="list-style-type: none"> – to find out cause of anger, when he has calmed down a bit • Set limits: <ul style="list-style-type: none"> – Do not accept swearwords or personal abuse 	<p>Continue to summarize the skills</p> <p>Stop to ask – why is it important to use his own words to repeat what he said, rather than interpret or explain or discuss? Has anyone tried to do this? What is the effect?</p> <p>Main points: An angry person is vulnerable in his/her fear, and will focus on him/herself. When you speak his own words back, he will recognize, and feel seen/heard, and understood. If you interpret, he will have to shift attention to (<i>what can be experienced as</i>) YOUR agenda, and get irritated and confused. This can increase the anger, rather than calm him</p>
<p>Recognizing and responding to anger: What have you learnt?</p>  <p>Dealing with</p> <ul style="list-style-type: none"> • Patients' anger – good skills • Colleagues anger – big steps forward • Supervisors' anger – still difficult, but progress <p>Buzz:</p> <ul style="list-style-type: none"> • 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? 	<p>Summarize: You have explained that you are dealing better with patients and colleagues' anger, but still have difficulties with supervisors. Ask them to discuss questions on slide.</p> <p>Invite examples from participants who have found ways to deal constructively with supervisors' anger.</p> <p>Reflect, and discuss.</p> <p>Main points: Emphasize good strategies they bring out, encourage them to learn from each other.</p> <p>Point out that also supervisors may have fear behind their anger, and that providers must look for and respond to this by stepping back.</p> <p>Many providers react automatically to their own fear when faced with an angry supervisor. We will deal more with this in the final strategy module, on the last day.</p>

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)

Summarize by pointing out that anger is a natural reaction, and that learning to handle it wisely, will make an important difference to providers' working situation.

Remind them always to assume anger has a good reason, and to look for this reason, with **respect** – remembering that the angry person is vulnerable behind his/her anger. This strategy will in most cases help solve the problem.

Remind them also to use their own anger constructively, to set boundaries – and prevent e.g. that they are exploited.

Exercises

Exercise 1: Identifying further learning needs

See instructions on the slide

Exercise 2: Handling an angry patient

Purpose: To strengthen awareness of and skills on recognizing your own emotions and taking a step back from automatic reactions to patients' anger, and to look for and reflect on the reasons for and feelings behind such anger.

Secondly, to identify and reflect on reasons for and feelings behind the provider's own anger.

Thirdly, to strengthen awareness about how the strong emotion of anger can affect communication: often the person does not listen well, as the focus is on him/herself.

Finally, to strengthen awareness of a good strategy to deal with anger: to acknowledge the anger, step back from their own anger/reaction and look for the reasons behind the patient's anger – to be able to focus on the goal: Giving good patient centred care, and keeping their own emotions under control.

Procedure:

1. **Introduce the exercise** by reading out the quote and ask if they recognize this situation.
2. Then, ask them to **discuss** the questions in their group:
 - What could have been reason for the **parent** to be angry?
 - **What could be the feeling behind** the anger?
 - **What could be the provider's** reason to be angry? Where is provider's focus?
 - What could you do, as a good professional, to contribute to a good outcome?
 - What would be your focus?
3. **Ask for feedback**, and structure the discussion to come up with the main points (see below). The structure could follow the questions asked on the slide, unless there is another natural way the discussion flows.
4. **Sum up the main points:** Behind anger is often fear and vulnerability – and we need to learn to control our reactions to anger: We must be fully present with the angry person, recognize our own emotions, step back from our automatic reactions, respect the person, find the reason(s) behind the anger, and then handle it constructively.

Main points

- Patients who show anger are often scared, or disappointed, or desperate, or insecure and vulnerable (or "all of the above") - behind the anger they show "on the surface";
- It is natural for the provider who is met with such anger, to react automatically with his/her own anger: Anger (*and the insecurity/fear/vulnerability behind*) is a strong emotion, and is contagious;
- When a person is angry, he/she focuses on her/himself, and it is difficult for him/her to be strategic or act constructively;
- The strategy to use is to first recognize one's own reaction to the anger, and step back from it – to be able to focus on meeting the goal with the patient (=good patient centred care)
- When the provider is in control of his/her reactions, he/she can ask good (open) questions to find out what the reason(s) is/are behind the patient's anger
- By discovering this/these reason(s), the provider helps both the patient and him/herself – and can focus on meeting the needs of the patient, with awareness (*rather than on acting out his own fear through the anger*).
- **Anger is usually a symptom – the aware health provider must learn to look for the cause of the symptom – which is usually insecurity, fear and/or vulnerability. When doing this, he/she is using emotional competence – and can communicate well.**

Exercise 3: Effects of lying on emotions and communication

Purpose: To strengthen awareness about the strong reactions many people have to being lied to (i.e. taking it personally; getting angry), and the negative effects this has on communication in an interaction.

Secondly, to enable participants to question and reflect on their own automatic (emotional) reactions to being lied to, and look for possible reasons why the other person is lying.

Thirdly, to reflect on their own use of lying as a strategy.

Finally, to strengthen awareness about alternative strategies that can be used to respond to a person who is (or may be) lying, and to strengthen skills to use them: Recognizing the emotion(s) behind the action, stopping automatic reaction and judgment, stepping back, and finding the reasons behind – to be able to respond to the real problem, and meet the needs of the patient.

Procedure

1. **Ask** participants if they have ever lied to a patient, and let them share examples in the small groups
2. **Ask** for feedback – get one or two brief examples and ask for the reasons why they lied. Ask how they felt about lying, and how it affected their communication with the patient
3. **Ask** them to discuss and reflect on the questions on the slide, and share experiences of patients lying to them, their reactions, and how it affected the communication. Ask them to note strategies for handling patients who lie, on the flipchart
4. **Ask for feedback** to cover the main points below. Ask for insights from discussing this issue
5. **Sum up:** Lying causes strong emotional reactions – we need to recognize and acknowledge our reactions, step back from them, and look for reasons behind the statements we judge as a lie – to be able to identify and meet the patients' real needs. ***When patients trust you, they don't need to lie.***

Main points to bring out

- **When people lie to us, we get angry**, and often react automatically. These reactions can be strong – often anger and aggressiveness, and judgment of the other person
- **We take the reactions personally** – even if they are not meant as that (*the person might lie because you are a health provider, representing the system/power, NOT because you are Mary, or John*)
- Behind our own reaction is often disappointment, or feeling hurt, and we often do not realize this.
- People will often **lie if they don't trust you well enough to bring out the real reason** – for fear of being judged as stupid, or for not having followed instructions/done what you have told them, etc.
- Patients protect themselves by lying, e.g when they believe the dr/nurse will not respect them, or accept what they say, or believe the reasons for their actions, if they tell the truth.
- **Lying is not a conscious strategy to hurt or fool the nurse or dr**
- Lying can be a "symptom" which covers up a reason it is difficult for the patient to talk about.
- The best strategy to uncover the reasons behind a lie is to recognize and step back from your own automatic emotional reaction (to judge the other person). We need to meet him/her with empathy and respect, and ask questions to find the real reasons – to allow you to deal with the real issue or problem, and meet the needs of the patient.