Module 7 (2c)

Using power with awareness and emotional competence

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Background

As health providers, we are in a powerful role in relation to the patient: They come to us because we have the power of knowledge about their health, and they are in a vulnerable position because they are sick, and they need us. This creates at the outset an ***uneven relationship*** – which needs to be balanced by the provider using awareness, to ensure the best outcome for the patient. A main "ingredient" in developing this awareness is to understand how emotions affect the (automatic) use of power, and how the person who is subjected to the power (ab)use, is also affected emotionally.

Medical practice is, however, full of examples of how providers whose primary role is to care and to cure, misuse power to achieve their own goals – at the expense of patients and colleagues. Abuse of power, including bullying (see module 2d), is especially frequent in hierarchical cultures. In the countries where this training process has been developed and implemented, abuse of power has been an important "ingredient" in everyday practice. Participants have pointed to this as a main reason for fear and insecurity among the staff, which has again contributed to some staff judging and treating patients without respect. Misuse (or unconscious use) of power has also contributed to creating conflicts among staff, and to low job satisfaction and frequent burnout.

New roles required: More equality – with awareness and emotional competence

During the last few years, ***Patient Centered Care*** has become the focus for medical care in many countries, and governments have adopted the new focus on patients' rights to respect and good quality care. The picture shows slogans on a wall in Kilifi District Hospital.

The new roles – **to give Patient Centered Care** – requires the provider to be in a more "equal" role with the patient, and to relate to him/her as a partner. To be able to do this, the provider must learn to be aware of his/her tendency to use power automatically.

The provider must develop skills to recognize her own emotions and discover when s/he is about to use power. S/he must learn to step back from the automatic behavior, and act with awareness.

In other words – the provider must learn to practice emotional competence.

Changing attitudes on respecting patients: Getting perspectives on consequences

In some places, this shift includes taking a hard look at how the culture providers operate in "programmes" them to relate to power. When participants in a course in Kilifi were asked (during the basic workshop) to reflect on how **the concept and practice of respect** functioned between providers and patients, there was a lively discussion, with the following main points being brought out:

- *"Culture trains us to respect people above us, or with authority"*
- *"We are not trained to respect people below us"*
- *"Patients are below us"*
- *"We are overwhelmed and stressed, become irritated, what we want to do is a clearing and forwarding job; respect is not a priority."*
- *"The culture dictates our norms. The patients coming to the facility need to greet us as she found us there."*

The groups then looked for additional reasons for the way they often treated patients without respect, and concluded:

- *"Poor communication skills"*
- *"Lack of understanding of and respect for patients' norms and beliefs"*
- *"Lack of awareness of effects of handling patients with and without respect"*
- *"Lack of skills to handle our own and patients' emotions"*

We asked the groups to reflect on the **potential consequences** of this "cultural attitude", for developing trust and a professional relationship with the patients, and for providing patient centred care. When participants were free to explore and reflect on the issue of how medical and national culture affected their work with the patients in relation to respect, without judgment from the trainers – they saw a number of negative consequences. The consequences were described both on themselves (*they felt dissatisfied, and often stressed; and the negative emotions often spilled over to how they dealt with colleagues*), and on patients (*they closed up, did not give all the relevant information, sometimes received wrong diagnosis, and often did not receive patient centred care*). ***The "traditional use of power" had its serious negative consequences on the quality of care, and on providers' own wellbeing.***

We reminded them about how they described **the effects of being treated with respect, and disrespect,** at the very start of the course – in their baselines. All participants reported "good feelings" as a consequence of being treated with respect, e.g.

- *"I feel so happy and satisfied with what has been done to me, and I get trust to that person"*

The reactions to not being respected were equally strong:

- *"I feel rejected, abused, not motivated, embarrassed, discouraged, dishonoured and frustrated"*
- *"Demoralized and wish to avoid interaction with that person"*

Having debated this, their conclusion was clear - they made a unanimous decision to change:

- *"We need to change this culture in our hospital"*
- *"It's just about our attitude, there is one nurse working in a cancer ward who does not interact or greet the patients. She is a 'sterile nurse'.*

The awareness of the need to change affected their work strongly, and in the period between the basic workshop and the follow-up workshop, the participants experienced a number of situations

where they related differently to patients, with respect and with a clear intention to create a more equal partnership. "Real equality" is not realistic, given the educational and status differences: The providers will remain privileged, compared to the majority of their patients. However, when providers become more aware of these inequalities, and how they can affect communication and quality of care, they can take steps to reduce them. They can decide to act with more humility – with awareness and intent to create a basis for open and constructive communication.

Some examples from participants' reflections on what happens when they treat patients with awareness and respect:

- *"When I treat patient with respect, they also respect me, and it builds their confidence to me hence good working environment."*
- *"There have been changes, I have seen in my case the many people I have interacted with respect they have been able to open up. And when I'm also treated with respect, I feel good*.

The awareness of how they relate to power and respect started developing in the first period of observation and reflection tasks (Phase 1) before the basic workshop, when they saw how their own emotions and use of power affected how they communicated with the patients. In the basic workshop, they learnt the skill to recognize and step back from automatic reactions to emotions (*e.g. when feeling hurt – stepping back instead of covering it up by judging the other person, and using power*). In the observation period after the workshop, "Skills into Action", Phase 3, participants got repeated confirmation of how their new skills to build relationship and partnership with the patients helped to develop trust and establish good cooperation. Most of the participants shared stories of how they were shedding their old habit of using power to judge and "punish" the patients, or "keep them in their place", and replacing it with communicating with emotional competence.

This module deals with use of power in general in the health professions, potential reasons for using power, and the effects power (ab)use can have on the other person. Methods to become aware, and to handle power differently, are discussed and practiced: The aim is to strengthen participants' recognition of emotions that are present when they are about to use power automatically, and rather take a step back, act consciously, and handle the situation and person with respect.
In the next module (2d), bullying as a special function of power abuse is discussed: The aim is to develop skills to recognize when participants are being the victims of bullying, and take a step back from emotions and automatic reactions to these. Participants learn skills to act with awareness and confidence to stop the person who is bullying them. These two modules are closely connected.

Clear power roles: Important in many medical functions – but can become a bad habit:
In the medical hierarchy, power is an important tool to regulate and manage work roles and tasks. In some situations, the patient's life depends on this – e.g. in the operation theatre, where clear roles are crucial for efficient work. There are many situations in providers' daily lives where the institutionalized power roles are needed for a smooth functioning of the work. Whenever an emergency occurs, it is essential that all staff know exactly what to do.

However, power can also be used inappropriately, and medical practice is full of such examples: physicians not listening to nurses' opinion because the physician "knows best"; senior nurses criticizing junior nurses in front of colleagues, or in front of patients; managers putting unreasonable demands on providers – requiring them to work too much overtime and thus endangering patient safety and staff wellbeing; providers punishing or ridiculing patients for not following their advice; nurses spreading bad rumors about other staff, etc. Inappropriate use of power can prevent the providers from building professional relationships and trust with the patients and each other, can prevent constructive management of emotions and prevent the provider from being able to practice good communication skills. Ultimately, it can be destructive to providers' own health and wellbeing.

The effects of (ab)using power are many: failure to build skills, and the loss of confidence and job satisfaction among (younger) staff. The ability to think critically is lost, and so are often skills to use appreciation, empathy and compassion, which are crucial to providing good patient centred care. When the provider is (mis)using power – rather than aiming to teach and EMpower, the patient does not learn, and is not encouraged or motivated to take her own action. She can become passive, she will comply – rather than adhere. The patient feels her needs and preferences are not recognized or valued, and she feels not being respected as person. She is not receiving patient centred care.

The training helps participants gain perspectives and insights on their power practices:

- *"I have learnt that shouting does not help, and instead it instils fear in the other person and hence makes the patient avoid sharing very vital information which can help me be able to manage the patient better."*

Having and using power automatically can become a (bad) habit, both in the work position and at home – providers are often accused of "behaving like a doctor, or matron, at home" by their spouses.

What are reasons providers (mis)use power?
Why is this done, by professionals whose role it is to care for others? Why do some of them put patients down and make them feel miserable?

Power is sometimes used consciously, with the intent to put the other person in her/his place, to maintain or strengthen hierarchy. The person using power this way often feels in need of affirming his or her position, and of putting a stop to any attempt to create a more "equal" structure, or a more friendly communication.

Power is also often used unconsciously or automatically, when a person feels threatened (but does not know/is not aware of his/her own emotions/fear) and covers it up by using power over the other person – to keep him down, and make herself look bigger. ***Fear and vulnerability are often the triggers for using power. The person loses the awareness, and the ability to be present. Gaining perspective on this helps build motivation to change:***

- *"Surely anger can be automatic as defensive mechanism, but I've been made to understand that it can be controlled. At times I could become mad with everything that upsets me, but now I have realized my negative impact on the other party hence leading to not achieving/ gaining any better solution to a problem."*

National, ethnic and/or religious culture often gives strong (usually unwritten) rules and norms for use of power, favoring age, and favoring men. It is useful to further explore and discuss these in the course, and reflect on how these cultures – in addition to the medical culture – influence how providers use power in their workplace. For a provider to negotiate well in this "landscape" requires good skills to recognize and step back from emotions, and then communicate with awareness.

Who are the providers who misuse power?
Managers and supervisors are often accused of misusing power with their juniors, to achieve their goals, keep the juniors "in their place", and keep the hierarchy intact. Some examples from our participants, responding to the question of what challenges they face with supervisors:

- *"Supervisor using his position to undermine me i.e. asking me to do things which are not necessary (telling me to do things for him which he can do for himself). I comply especially if there are people around but later at a private place let him know that I dislike his behavior."*

AIM: Using power with awareness, to set boundaries

When supervisors are aware of ***how to use power constructively***, and have skills to do so, they can set necessary boundaries without putting people down, and maintain a good working atmosphere:

- *"I had to solve my nurses' rota crisis. I have two of my nurses on a distant learning course who had requested the rota nurse to let them work on night duty for three weeks without a break. I called them to my office and used power with awareness. I told them I will not allow such a thing to happen, they need to take off and rest or else they risk getting burnout as they are not machines. This will not be good for their own well-being and for the patient care. A fatigued mind is a useless mind.*
- *I could see the fatigue from one of them as she has already lost her critical thinking skills, and her colleagues are complaining that she gets irritated when asked questions. I put my foot down and asked them to apply for their leave days – firmly, but friendly – with awareness.*
- *They saw the point, agreed with my assessment, and accepted they will use a bit longer time to complete the course. They did not want their ambitions to hurt their patients.*
- *Then, what happened later was - the following week the ward was extremely busy with very sick patients, and my colleague asked them what they felt about working for 12 nights as they had requested. They said for sure it could not be possible. She asked them "did you now see what the nurse in charge meant when she said you cannot work for 12 nights?" And they said oooh we can see!"*

In this module, we will focus on developing awareness, knowledge and skills which enables providers to recognize the urge or instinct to use power when faced with certain challenges. We work on skills to recognize emotions and step back from automatic reactions to the challenges, manage emotions competently, and - use power with awareness.

There are 5 sections in this module. An overview:

1. **Introduce the topic, establish relevance, set objectives:** Inquire and confirm that use of power in the workplace is an issue affecting providers, and that the purpose of the work in this module is to create awareness about the difference between automatic and conscious use of power, with awareness and emotional competence, and to build skills to use this knowledge in their work place (slides 1-5)
2. **Exploring and reflecting on conscious use of power, with awareness and emotional competence, and effects on patient/parent cooperation and patient care:**
   A demonstration of how a grandmother of a premature baby was branded "difficult" and "uncooperative" by the nursing staff introduces the discussion. She is handled constructively by the nurse manager, who used power consciously by practicing awareness and emotional competence and focusing on a common goal – to heal the baby. Participants reflect on effects of using power, and relate it to their own work (slides 6-11)
3. **Exploring how providers use power automatically, and reasons why they do so:** The effect of using power automatically with the grandmother comes out and is reflected upon when participants are invited to demonstrate the situation shown above, in "the common way" power is used by many providers. When sharing their own examples of using power, participants will explore reasons they often use power automatically when handling patients, what they do to show power (verbally, and non-verbally), and what is often behind their automatic use of power. The link between showing power and protecting their vulnerability is discussed (slides 12-14)
4. **Which power role do you use?** Understand the two different power roles that providers use when dealing with patients (automatic, or conscious choice), how power functions and how it affects provider-patient relationship and potentially, quality of care, as well as providers'

own wellbeing. This understanding aims to enable providers to make a conscious choice on the use of power in patients care. (slides 15-24)

5. **Skills to deal with power/Summing up**: Emphasize that behind the (need to) use power is often vulnerability; we use power to protect our vulnerability – often unconsciously/without knowing this is what we do. This discussion can be linked to the one on anger - that behind anger is often fear. This understanding can enable participants to recognize the role of emotions in automatic use of power, and hence the need to use key strategies: recognize emotions, step back, and look for the reasons behind the emotions. When faced with the automatic use of power – either by becoming aware that we are doing it ourselves, or by being the victim/target of power (ab)use – we learn to recognize, step back and focus on a common goal. Automatic use of power can cause pain and harm and can contribute to causing incorrect diagnosis and treatment. Awareness of how power functions can help enable us to choose how to use it consciously – with the intention of getting the job done (slides 25-28)

Time needed: 2-3 hours

Preparation: Demonstration: The nurse manager

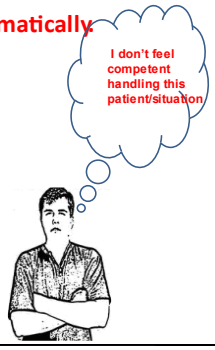
Materials needed: Flipcharts, marker pens, tape. Handout – common ways of (mis)using power

Facilitator/co-facilitator roles: The main trainer doing this presentation needs to have a clear understanding of and relationship to her/his own power, and to using it with others.

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

Using Power with awareness and emotional competence  **From automatic to conscious use of power** Follow-up course Mwanamvua Boga Ane Haaland	**Introduce the session in your own words, e.g:** In this session we are going to look at how we use power with our patients and colleagues and what effect automatic use of power can have on patient care and safety, and on collaboration with colleagues. We will also learn skills to use power more consciously, using emotional competence. **Ask**: Do we use power in our work place? **Get** responses, (about 2) for affirmation ("Yes, we do!") – and proceed to the group work
Group discussion: **Why do we use power?** **Share examples:** • *Have you ever been in a situation where you used power on juniors, colleagues or patients at work?* ➢ What were reasons you used power? ➢ How did you feel? ➢ Has there been any situation where someone has used power on you? 	**Let them share examples** of how and why they used power over juniors or patients at work. **Let them start exploring reasons** they used power. **Let them also explore** if they have been in a situation where power was used on or against them. **Get** a few points in plenary – briefly, as this exercise is repeated a bit later. **The purpose** of this discussion is for participants to start connecting with their own experiences of using power, and be able to link new learning also to these situations.
Skills: The space to step back • *«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.»* • Viktor Frankl, professor in psychiatry, and holocaust survivor • ***What is the link to emotional competence ?*** • ***What is the link to using power, with awareness ?***	**Read out the quote –** and comment briefly on the aim of this session: **To be able to recognize the emotions, the "stimulus"** in a situation where you or someone else uses power, and be able to take a step back before you respond (or continue using power). **To be able to practice this skill** gives us freedom, good collaboration, and – it prevents conflict. **Conclude** that these skills are central in emotional competence – the aim is to learn to handle power with awareness and EC.
Learning objectives 1. To strengthen **awareness** on how power is used **automatically:** – Different ways/methods of showing power to patients and colleagues – Reasons (conscious and subconscious) for using power – Effect (also emotional) on the person using power – Effect (also emotional) on the person on whom power is being used 2. To strengthen **awareness** on how power can be used **consciously:** – Defining clear objectives for what you intend to achieve – Defining strategies for how to use power consciously to achieve objectives – Using reflection methods to assess if and how power was used consciously, and assess effect on the other person(s), including effect on emotions 3. To strengthen **skills** to use power **consciously**: – Recognize emotions, take a step back and choose appropriate action – Manage emotions and communicate well, using power consciously	**Read** out the objectives, with emphasis on the 3 main objectives. **Pause** for a moment for participants to read for themselves the sub-objectives.

How do we use power in our work? **The Story of a grandmother** 	**Demonstration by trainers**: The nurse manager and the grandmother caretaker to a premature baby **See** instruction for the demo at the end of the slides
Assessing how provider used power: **Appropriate? Emotions? Effect?** **Discuss in groups:** ➢ What did the provider do to show power, and why? ➢ How do you think the provider felt? ➢ What were the consequences of her action? ➢ What would you have done in this situation as a nurse, and why? 	**Exercise 1: Assessing how provider used power** After the demo, let participants discuss the questions on the slide, in groups **Get** feedback on one question at a time, from several groups. Co-facilitator to take notes on flip chart. **Main points (see slide below, and instructions):** Important to agree that the manager used power with awareness, to achieve a common goal She felt ok using her power, as it was necessary – she wanted to achieve cooperation from the grandmother, for her staff to treat the baby well
Discussion points **How the provider felt** ➢ Anger/hurt – grand mother not appreciating **What the provider wanted to achieve** ➢ To establish credibility, same power position as the grandmother ➢ Get the grand mother to listen, understand and cooperate **What enabled the provider to use the power in this way?** ➢ Recognized own emotions – stepped back to set them aside ➢ Establish and focus on common goal – the child to get well	**Summarize** the discussion points using this slide, and referring to the points raised by participants, above
Using power automatically? **Discuss in groups:** ➢ How would automatic use of power look like in the grandmothers story? ➢ *Please come and show it* ➢ What was the effect of automatic use of power on the grandmother? 	**Exercise 2: Using power automatically?** **Ask:** how would automatic use of power look like? **Let** them discuss in their groups. Ask volunteers to come and play the demo to the plenary. After the demo let them discuss the last point with reference to the demo. **Main points:** Provider focuses on him/herself, without awareness The effect on grandmother: she felt disrespected, put down, hurt. She probably won't cooperate **See** instructions at end of slides **An example from the course:** Participants related so well to the use of power on patients, and the return demo on automatic use of power on the grandmother was hilarious *The HP gave the grandma a real dose of "venom", and to sum it up she told her 'there is nothing you can do to me, and at the end of the month I will get my pay!" There was a lot of laughter in the room.*

Why do we use power (*automatically*), and what happens to us? **In groups:** Share examples of how you have used power with patients and colleagues. ➢ What are reasons you used power? ➢ What did you do to show power automatically? ➢ How did you feel? ➢ What do you think was behind your need to use power? 	**Exercise 3: Why do we use power automatically?** **Ask** them to briefly re-visit the experiences they shared at the beginning (slide 2), and reflect on learning and insights they now have, after the demonstration and exercises. **Let** them discuss the questions in relation to their experiences. Ask a couple of participants to share their insights and learning. **See** instructions at end of slides
Discussion points ➢ **Reasons we use power automatically:** • Set her/himself above the other • Undermine, punish • Protect oneself from vulnerability ➢ **How do we feel?** • Strong • In charge ➢ **What is behind the power?** • Insecurity • Feeling hurt/disrespected 	**Summarize** the discussion with points on this slide Refer to the points in the experiences shared. **Example:** you can e.g. say "from sister Jane's story, we can see she used power because she wanted to punish the patient by making him see that she is in charge" *Always look for opportunities within the stories to affirm to the discussion points.*
Some background: **Use and abuse of power; reactions** • **Appropriate use of power:** Good leadership means – leaders know when and how to use power, with awareness and emotional competence, and when necessary • **Inappropriate use:** – When someone feels personal values, ideas, status, power or authority is threatened; – Person reacts automatically (Often subconsciously – does not «know why») • **Aim:** (*often subconscious– to quieten/control the challenge)* • **Feelings:** feel «small», guilty, ashamed, vulnerable, frustrated, «bad», incompetent • **Your (common) reaction (automatic):** – Cover up (protect yourself) by e.g. anger, irritation, arrogance, withdrawal, «shutting down» .. Other??	**Now, give them some knowledge background.** **Explain the difference** between conscious/appropriate use of power, and automatic/inappropriate use. **Link** this to examples they have given. **Emphasize** that inappropriate/automatic use of power can have many negative effects. **Emphasize** that when a person uses power automatically, there is usually a reason behind – often the reason is vulnerability/hurt feelings/ fear that the person is not aware of. **Ask** for brief questions, or confirmation
Common ways of (mis)using power ***(also known as «domination techniques»)*** • **Criticizing** you in front of others; • **Criticizing** you regardless of what you do («can do nothing right») • **Ignoring** you, making you seem «invisible», not listening to you • **Making fun** of you by using sarcasm, irony, or directly commenting on what you have done • **Showing disrepect**, verbally or non-verbally • **Keep back info**, keep you «in the dark» 	**Review** some main ways people misuse power, and again link to their examples, where possible.

Common ways of (mis)using power (2)

- **Inducing guilt and shame** – putting the blame on you for hurting others/make them feel bad
- **Steal your work** or ideas, presenting them as his own
- **Use of language** – terminology, technical language
- **Body language** – e.g. show disapproval
- **Put people up against each other**
- **Accuse others** of using power inappropriately
- **Using compliments** to manipulate you to do something

Continue to review different ways of misusing power.

Ask: Do you recognize these? Which ones do managers around you use?

Give handout to take home and think – what do you use yourself. Encourage them to discuss with each other, and put power use on the agenda – to strengthen awareness

Let us put you in the power role..

- **You are**
  - A senior colleague to a junior colleague, where the junior has made a mistake or

  - A doctor/health provider to a patient who comes in with a child who is very sick (*and looks like he should have been brought in earlier…*)

  - **Which choices do you have, re your role towards the other person?**
  - ***NB in the following discussions, we use the first scenario – senior with junior colleague***

In pairs, let them choose a situation where they have power, and let them discuss briefly.

Ask them to relate their situation to the questions in the following slides.

How do you practice your power role:

Automatic, or conscious?

- *When junior colleague comes in, senior is in charge*
- *How do you use your power?*

1. Using your power automatically?
- **You: Adult/expert**
- **Junior/Colleague: «Child/ignorant»**

OR –

2. Focusing consciously on a common goal
- **You: Adult/communicator**
- **Junior/Colleague: Adult/partner**

Explain the points in the slide, and use the pictures to illustrate your statements with gestures
E.g: "when you use power **automatically** you put yourself at an expert level, and treat the other person as child, and ignorant.

When you use power **consciously**, with awareness, you treat the other person as an adult, and can therefore much easier focus on a common goal, and collaborate to reach it

Ask: Do you recognize these roles?
Which one would you choose, and why?

Alternative 1: Automatic use of power usually causes Automatic reactions

- **Why does this happen?**
- *Reflect on action, effect and conclusion*

1. **Senior's ACTION**: She shouts at junior: ***You made a mistake!***
- **(Automatic) effect on junior**: Hurt? Scared? Angry?
- **Automatic conclusion**: «She is bad». «She wants to put me down»
- *Junior interprets senior's action automatically, because she is hurt:*
- *She **assumes** senior nurse has the intention to hurt you*

- *Could there be an alternative interpretation?*
- *And then an alternative way to respond to her shouting?*

Discuss through the effects of alternative 1

Let us look at the effects of the alternatives: What could they be?
You may ask those who shared their experiences what effect their use of power had, on the patient/colleague(s).

Additional points: No empathy; no empowerment for the colleague/patient; no learning

Ask: Do you recognize this role?

Reflections on choice 1

- **Senior: Adult/expert Junior/C: «Child /ignorant»**
- ***What senior does: Puts junior "in her place"***

- **Focus:** Senior's need to **show power**, punish
- **Effect** on senior: **Feels powerful** *(?covering what?)*
- **Effect** on junior's emotions and behavior: feels judged; resentful, hurt. Covers it up by anger– shouting back
- **Effect on outcome** of the interaction? A conflict, where both are unaware of their emotions (vulnerability), and act automatically
- *The junior will not learn about her mistake, will not improve*
- *The senior will not understand reasons for junior's mistake, and cannot guide her to learn and improve.*
- ***The «shouting match» destroys cooperation and trust***

Reflect together on some reasons the senior nurse treats the junior this way, and the effects of this behavior, on both parts.

Read the quote and ask them if they recognize this kind of reaction to (mis)use of power?

Participants' example

- *" One of the relatives came and said to me, please come and see my patient. I went very fast to see what was happening. When I reached there, I found the patient was vomiting. I went to inform the Clinical Officer, then I returned to the patient's bedside with the C.O.*
- *On reaching there, the C.O asked the patient: "What is wrong?" The patient said "Abdomen!" The C.O asked the patient "What's wrong with your abdomen! Even me I have an abdomen!"*

- *The patient could not answer him but rather she kept quiet."*

Read out the example

Ask – how would you have reacted? Why did the CO react this way?

But Now: Junior has been to the communication course, and uses EC

Senior's ACTION: Shouts: You made mistake!

- **Effect on junior:** Hurt.
- ***BUT: Recognizes senior's and her own emotions***

- ***She steps back, asks qs and analyzes reasons:***
  - Did senior nurse want to put me down?
  - Or was she overwhelmed/had a bad day/could not cope/was not aware…….
- **New conclusion:**
  - «Senior nurse (probably) had no intention to hurt me»

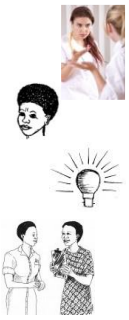
- *Junior nurse does NOT step into the «victim role»*
- *She is **free to act constructively**, and asks senior if they can talk a bit later (when tempers are down)*
- *Junior uses emotional competence to respond to misuse of power*

You have sent the junior to a good course where she has learnt to practice emotional competence. She can now respond consciously to senior's (mis)use of power.
Go through the slide, and ask participants to discuss briefly:
Is it possible to act like this?

Conclude: We are often wrong when we assign bad, conscious intentions to the other person, and believe the person wants to put us down.
Very often, the other person also reacts automatically, from his/her own fear.

This can become an ***"emotional mess",*** which you all now – with awareness in your toolbox – are equipped to sort out (or prevent)!
However – remember – there are some people who

	are not interested to cooperate, despite being met with awareness and respect. All you can do is – try your very best, and leave those who have their own (often hidden) agenda.
Alternative 2: Senior nurse uses power with emotional competence  • **2. Senior's ACTION**: Feels anger, recognizes it, steps back consciously from an automatic reaction (to blame the junior) • She sees the junior is afraid, and looks exhausted. She asks: • **What happened? Why?** (*in a neutral voice, communicating intention to listen to reasons, and understand)* • **Effect on junior:** Surprised, but grateful. Explains, opens up about difficult circumstances, and why she made a mistake. • **Senior acknowledges, but does not judge.** She asks junior what she can do to avoid making such mistakes in the future. • **Junior feels respected,** she takes responsibility for her action, and is free to reflect, ask and learn. • **The collaboration is strengthened,** junior feels she has support from senior. This motivates her to work hard, and to continue to learn – with awareness, building emotional competence. 	**Now, the senior has been to the course.** **Discuss** through the effects of alternative 2, where the senior steps back from automatic use of power, and acts with awareness and EC. Reflect together on how seniors and supervisors can learn to act with EC, and what kinds of effects this would have on their workplace, and on providers' wellness. **Refer also** to the grandmother demo on how the nurse manager used power to get the grandma to cooperate, and reflect together.
Effects of making conscious choice • **Senior: Adult/communicator Junior: Adult/partner**  • ***What you do:Establish respectful communication base*** • **Focus**: The goal – understanding and responding to junior's problem – without judging her for the mistake • **Effect** on senior nurse: Professional pride, retain energy • **Effect** on junior's emotions and behavior: **feels safe**, opens up, explains the circumstances, asks questions freely • **Effect on outcome** of interaction: identify junior's problems; cooperation, trust, learning, motivation to change? • The junior will remember, and is empowered 	**Sum up insights and learning from these two roles.**
Example: **Response to automatic use of power?** • *"Supervisor using his position to undermine me i.e. asking me to do things which are not necessary (telling me to do things for him which he can do for himself)"* • *"I comply especially if there are people around but later at a private place let him know that I dislike his behavior"* ***Provider's new response when faced with automatic use of power:*** • ***Used her awareness:*** • *Recognized her emotions –* • *Stepped back* • *Discussed later* 	**Use the examples** to emphasize the importance of practicing EC, and the effects this can have on their work and on their wellness
Skills: The space to step back • *«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.»* • Viktor Frankl, professor in psychiatry, and holocaust survivor • ***What is the link to emotional competence ?*** • ***What is the link to using power, with awareness ?***	**Continue to sum up – by reminding them about the "space" –** That their work is to continue to strengthen their skills to recognize emotions and step back, to create that magic space that opens up for growth and freedom.

Emotional Competence made simple 1. **Recognize** emotions (yours; others') 2. **Think** 3. (Stop!) **Analyze** – WHY? 4. **Act** – with awareness and understanding 	**Remind** them briefly that these are the four skills we need to practice, again and again, to be able to practice EC- with confidence
Participant's example • *''I feel I have become even morelenient, I respect people's opinions more, I try understand their perspective, I take a step back but with time I've had to demand respect. With the recent clinical officers' strike, the interns had been commanded by the medical superintendent office to cover weekends and had refused and were resilient. I tried taking a step back but they were not even trying to compromise on their situation. I had to lay it out straight the consequences to them for them to try and assist in the coverage during weekends as required.''*	**Read out the example**
Summary: Handling your power with emotional competence • Behind the use of power: often **vulnerability** • We may use power to **protect the vulnerability** – often **unconsciously** • **Automatic use of power** can cause hurt, harm and incorrect diagnosis and treatment • It also **demotivates**, and prevents action • **Awareness of how power functions** enables us to choose how to use it **consciously** – with intention to get the job done • **Skills to use power well include**: ***Recognize and acknowledge the emotions, take a step back, analyze reasons and focus on the common goal***  	**Read** through the slide, and give participant a minute to reflect over the points **Ask** them if they have any comments on what they have learnt on the use of power. **Have a break,** or an energizer (showing some power use, and laughing at it together??) Then move to the next module on Bullying

Exercises, role-play and demonstration

Demonstration 1: How do we use power in our work?

The story of a grandmother and a conscious nurse manager

Purpose: To strengthen awareness of and knowledge about how power can be used consciously and constructively to develop trust and a professional relationship, and of the emotional competence skills needed to do so: acting with awareness, stepping back from own emotional reactions, focusing on a common goal and communicating clearly and non-judgmentally. Furthermore, to strengthen motivation to use this strategy/set of skills, by reflecting on the outcome of using it when dealing with patients and colleagues.

Background on the roles

1. The nurse manager, Amina

You are the nurse manager for the pediatric ward with 7 years' experience in nursing management. The ward admits children from 1 day old to 12 years, and it is usually very busy with critically ill children requiring a wide range of nursing care. You have both bedside and management roles. You have been through the communication and emotional competence training process and are now practicing the skills in your work.

This morning you reported on duty and found the nurses complaining about the grandmother to baby Victoria: The grandmother is very difficult, she is a "know-it-all" and uncooperative, and they are fed up with her. You are allocated to nurse baby Victoria as well as take care of administrative duties.

Baby Victoria was born prematurely and has been in the ward for a week. Her condition has improved since admission, she is now off oxygen and was started on nasogastric tube feeding. When it was just about time to feed the baby, you received a phone call requiring you to step out of the ward to attend an urgent meeting. You hand over the patients to your colleague.

After the meeting you come back to the ward and meet baby Victoria's grandmother. You ask the grandmother if the baby has been fed. The grandmother answers in a rude manner: "*You have just been all over the place, I don't know what you have been doing since morning, this baby has not been fed, she is starving, it is your responsibility to feed the baby. Why are you asking me if the baby has been fed, that's your work!"*

You decide to confront the grandmother consciously, using awareness. You ask her, "*Do you know whom you are talking to? I am the nurse manager and I don't like how you are talking to me. We are here to take care of your granddaughter and not to starve her. Do you remember how this baby was when she came here? The baby was so sick and we have been doing our best to see her improve. Now your granddaughter is doing well, it's important that we work together to see her improve and go home. I had gone for a meeting and left my colleague to feed the baby but it seems she got busy. Now I will teach you how to feed the baby just like the rest of the mothers are doing. When it's time to feed and we are busy you can go ahead and feed the baby. Is that ok?"*
The grandmother said sorry, and you fed the baby, and taught the grandma how to feed.

2. The Grandmother

You are the grandmother to baby Victoria who was born prematurely to your daughter. Baby Victoria is your first granddaughter and you are worried about her being born preterm. She has been very sick and had to get oxygen, was being nursed in the incubator and had not been fed for 3 days. Yesterday the doctor said she can be started on feed, and stop the oxygen. The baby has been doing well since she was started being fed and you know the doctors do their best for baby Victoria to get better. This morning the nurse who has been taking care of Victoria delayed feeding her. You are concerned that the baby is starving, and you will not tolerate it but confront the nurse about it. You are used to being respected in your own family and community, and expect the nurses to treat you with respect as well. You have felt that some of the young ones see you as a nuisance, rather than recognizing your status and rights.
You are also scared that Victoria will not make it.
When the nurse manager comes, your frustration boils over.

Exercise 1:
Assessing how provider used power (consciously), and the effect

Purpose: To strengthen awareness and knowledge of how a provider can use power consciously and constructively, with awareness of its effect, with the intention of enhancing patient cooperation by establishing a common goal: To cure baby Victoria. Furthermore, to identify the skills needed for the provider to use power consciously, by stepping back from their own emotional reactions, focusing on a common goal and communicating clearly and non-judgmentally.

Procedure:

1. Trainers demonstrate nurse Amina's confrontation with the grandmother (see roles, above)
2. Ask participants to discuss the questions on the slide, in their groups
3. Get feedback, on one question at a time

Main points:

a) Communication skills used in demo by the nurse manager

- Recognized her own and grandmother's emotions, did not react automatically, but stepped back
- Used her power with awareness, respecting the grandmother
- Communicated clearly, with the intention of solving a problem (rather than with the intention of punishing and blaming, or "putting her in her place")
- Was non-judgmental
- Focused on a common goal (the baby to get better)
- Established a common level of authority/same position as the grandmother, by asserting her role in the medical team – as a leader: Grandmothers are respected in our community and they carry a lot of influence in the homes. The nurse manager also put herself at the same level as the grandmother, to enable her to realize she is dealing with someone of the same level of authority as herself – although in a different setting, and with a different age.

b) This was appropriate use of power -

- with the intention of solving a problem – not with the intention of punishing or placing blame

c) The provider felt good –

- because she was showing respect to the grandmother, as well as to herself and her role

d) The provider wanted to achieve –

- good, respectful cooperation with the grandmother – for her and the nursing team to be able to treat baby Victoria in the best possible manner, for her to get well.

Exercise 2: Using power automatically

Purpose: To strengthen awareness of participants' own habits of and attitudes toward using power automatically when dealing with patients and relatives, through sharing experiences from their work. Furthermore, to strengthen awareness of the effects of the automatic use of power on the patient, and on the quality of care patients then receive. Finally, to strengthen awareness and knowledge of reasons why they may use power when dealing with patients

Procedure:

1. Ask participants: How would automatic use of power look, if Amina acted automatically to the grandmother? Ask them to discuss, and to share experiences on how they have used power when dealing with patients and colleagues. Allow them 10 minutes to discuss.
2. Ask for feedback from the group; get 1-2 people to share their experiences. Facilitate the discussion looking at one question at a time.

3. Ask volunteers to come and demonstrate the “automatic power” to the plenary (and let them laugh at themselves!)
4. After the demo, ask for feedback on the last point on the slide, and discuss.

Main points:

- The effect on the grandmother: she felt disrespected, put down, hurt. She probably won’t cooperate, and this can affect the baby negatively. It also increases the workload on the nurses: If the grandmother cooperated and fed the baby, their work would be easier.
- When we use power automatically to protect our vulnerability, we may feel safer on a superficial level, but deep down we are struggling with issues that we don’t know to handle, and are sometimes not even aware of.
- Automatic use of power makes patients/relatives fearful, they feel unsafe, they hold back information, and this can lead to the provider not getting enough information to inform clinical care decisions.
- It also prevents development of trust and a professional relationship that leads to good cooperation between patient and provider, and to good patient care.
- Furthermore, it means patients may not learn what they need to learn to continue the treatment at home.

Handout

Common ways of misusing power'

(also known as "Domination techniques")

- **Criticizing** you in front of others;
- **Criticizing** you regardless of what you do («can do nothing right»)
- **Ignoring** you, making you seem «invisible», not listening to you
- **Making fun** of you by using sarcasm, irony, or directly commenting on what you have done
- **Showing disrepect**, verbally or non-verbally
- **Keep back info**, keep you «in the dark»
- **Inducing guilt and shame** – putting the blame on you for hurting others/make them feel bad
- **Steal your work** or ideas, presenting them as his own
- **Use of language** – terminology, technical language
- **Body language** – e.g. show disapproval
- **Put people up against each other**
- **Accuse others** of using power inappropriately
- **Using compliments** to manipulate you to do something

You can respond to use of power by fear, and be a victim…

… or by learning EC and respond with awareness – strengthening cooperation and partnership