6. **What were possible emotions behind what happened**: What do you think triggered or angered the other person(s)? What could have been the emotions behind her/his actions? What was triggered in you, and what were emotions behind your own reactions? Any relation to feeling vulnerable?
7. **Values**: Were any values possibly triggered, in any of the people involved? Which ones?
8. **Intentions**: What do you think was the intention of the person who showed anger (or other strong emotion)? What were your own intentions behind what you said and did? Were any of these intentions conscious?

Further reflections to learn more about your own role in and contributions to conflicts:
- **Your mistake:** Think about the last time you made a mistake at work. What happened?
- **Colleagues' response:** How did colleagues (from all professions) around you respond to your mistake? Were you challenged? By whom? How?
- **Your emotions**: How did you feel when you made the mistake? How did you feel when you were challenged? Any relation to feeling vulnerable?
- **Your response:** What did you do? Did you "defend" yourself? Explain why you did what you did? Blame others/blame resources/blame the situation? Acknowledge your mistake, take responsibility? Take action (what action)? Apologize?
- **Instincts and intentions:** What instincts/values were triggered? Were your intentions conscious?

NB: This is a reflection ON Action. For this theme, it can be wise to start with reflecting on the (recent) past. You can then take these questions with you and observe IN Action what happens next time you are in a confrontation, or conflict – and observe what you actually do and say, and what are the emotions behind. This is when you really learn!

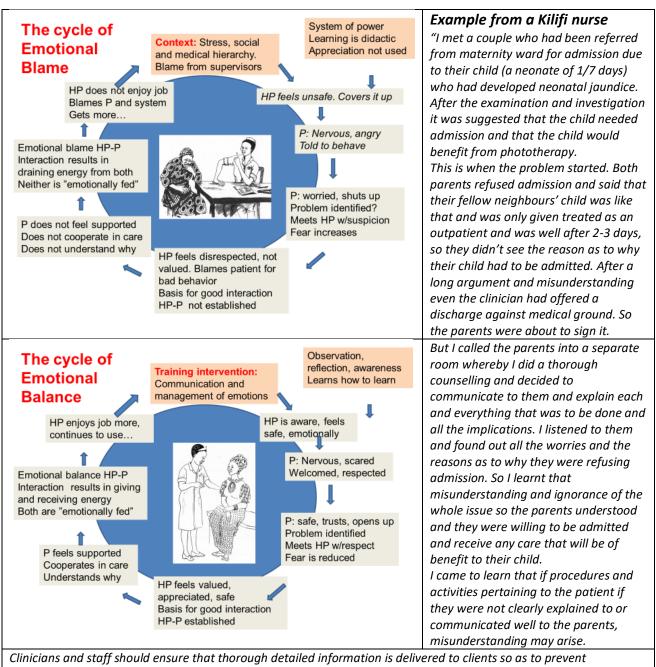**Any questions or comments? (names and addresses)**

4.7 Examples of Most Significant Change stories, and insights

Below is a visual summary of how the self-observation and reflection tasks can function, when professionals become aware of how they communicate, what is the effect of their communication, and then take responsibility to communicate in a different way.

The first part – "The cycle of emotional blame" – shows the common situation before the course, when health providers were often unaware, and tended to blame others for (communication) problems.

The second part – "The cycle of emotional balance" – shows a common effect of the process, when providers have become aware and are practicing emotional competence.

The example shows the insight a nurse had when managing a situation in the hospital – with awareness. Her conclusion sould have been the title of this course!

The cycle of Emotional Blame

Context: Stress, social and medical hierarchy. Blame from supervisors

System of power
Learning is didactic
Appreciation not used

HP does not enjoy job
Blames P and system
Gets more…

HP feels unsafe. Covers it up

Emotional blame HP-P Interaction results in draining energy from both Neither is "emotionally fed"

P: Nervous, angry Told to behave

P does not feel supported Does not cooperate in care Does not understand why

P: worried, shuts up Problem identified? Meets HP w/suspicion Fear increases

HP feels disrespected, not valued. Blames patient for bad behavior Basis for good interaction HP-P not established

The cycle of Emotional Balance

Training intervention: Communication and management of emotions

Observation, reflection, awareness Learns how to learn

HP enjoys job more, continues to use…

HP is aware, feels safe, emotionally

Emotional balance HP-P Interaction results in giving and receiving energy Both are "emotionally fed"

P: Nervous, scared Welcomed, respected

P feels supported Cooperates in care Understands why

P: safe, trusts, opens up Problem identified Meets HP w/respect Fear is reduced

HP feels valued, appreciated, safe Basis for good interaction HP-P established

Example from a Kilifi nurse

"I met a couple who had been referred from maternity ward for admission due to their child (a neonate of 1/7 days) who had developed neonatal jaundice. After the examination and investigation it was suggested that the child needed admission and that the child would benefit from phototherapy.

This is when the problem started. Both parents refused admission and said that their fellow neighbours' child was like that and was only given treated as an outpatient and was well after 2-3 days, so they didn't see the reason as to why their child had to be admitted. After a long argument and misunderstanding even the clinician had offered a discharge against medical ground. So the parents were about to sign it.

But I called the parents into a separate room whereby I did a thorough counselling and decided to communicate to them and explain each and everything that was to be done and all the implications. I listened to them and found out all the worries and the reasons as to why they were refusing admission. So I learnt that misunderstanding and ignorance of the whole issue so the parents understood and they were willing to be admitted and receive any care that will be of benefit to their child.

I came to learn that if procedures and activities pertaining to the patient if they were not clearly explained to or communicated well to the parents, misunderstanding may arise.

Clinicians and staff should ensure that thorough detailed information is delivered to clients so as to prevent misconceptions of the activities. No matter the workload. LISTEN!
NB/ even a fool has something to say, so you better listen.

In the above example, the provider is realising what is going on, and is stopping the clinician from blaming the parents for their ignorance, and letting them sign their child out, against medical advice. She decides to provide a safe space to talk, and treats them with respect and understanding – explaining the procedures, and listening to their worries. She understands their concerns, and is able to explain in a way that makes sense to the parent. The child is admitted, and the emotional balance is restored.

Another example illustrates the satisfaction health professionals can experience when they act with awareness and meet patients needs:

Recognising emotions, stepping back, and listening with patience
"A client came to me from the queue carrying a baby. I'd been called to work on Saturday because of visitors and I was not happy with the idea of working. She requested me to allow her to see the clinician first because she was feeling unwell. I almost asked her why she thought she was special and what the others were here for (as was my old habit). But because I now communicate better, I became aware of that past bad behaviour and the effect on the other person and how it would make her feel. I thought "let me listen to why she felt it was good to talk to me". I put the annoyed emotion aside, listened to her as she gave a sad story and on examination the baby was wasted with bad diarrhoea, her child so dehydrated from diarrhoea also they just couldn't wait! I took her straight to the clinician who fixed a line and started her on fluids before admission. She really thanked me for saving her daughter's life. Then I thought to myself and said to myself: "(name), good. If I hadn't listened to her and just put her off the old way she would have really suffered". In fact I apologized in my heart for the others I handled in the old style. I was overwhelmed with joy, joy that I could listen to a client amidst my annoyed mood.
Strangely this joy energized me and I found myself just getting in a warm mood and joined my colleagues to welcome the visitors." Participant, Kilfi

What we are aiming for in the training is to develop or strengthen awareness, insights and skills to turn the cycle of emotional blame to a positive and constructive one – the cycle of Emotional Balance. The provider is practicing emotional intelligence, as shown in the example.

This corresponds to the "Win-Win"-strategy described in the conflict modules (3e, and 2b), where you give, and receive understanding – and practice a collaborative approach.

5 How to analyse observation and reflection tasks and prepare for workshop

5.1 Why and how is this analysis important?

The reading and analysis of baselines and observation tasks is an important and inspiring task for the trainers.

Trainers read participants' feedback with the following purposes in mind:
- **Analyse and understand** participants' own self-assessment of communication habits at baseline, and make presentations to give feedback (modules 2b and 3a);
- **Analyse and understand** what participants have learnt during the observation and reflection period, and find good examples to feed into modules;
- **Appreciate the hard work** the participants have done, and acknowledge their learning;
- **Recognize how the reading affects them as trainers** (*e.g. they may feel empathy with participants, they are touched by some of the stories, they recognize the learning from when they were doing the same tasks themselves, they are looking forward to learning more from the group, etc*). Trainers use these reflections to establish relationship with the participants in the workshop: they share their thoughts with the group, which also communicates to the group that the trainers have read their work;
- **Discover the direct/expressed learning needs** the participants identify and **detect the unexpressed needs** – those that the providers are not aware they are having. Discuss these in the trainer group, and agree on how to approach them;