

Strengthening skills to communicate with emotional competence and respect for patients and colleagues

A Continuing Professional Development (CPD) Training Program for health providers.

Executive summary

This training process aims to strengthen providers' skills to communicate with emotional competence, combining self-learning over time with skills training in workshops.

Through reflective practice, the training builds self-awareness and challenges attitudes and values: Participants observe and reflect systematically on how they communicate with patients and colleagues. A recent inclusion of lived patients experiences of care has strengthened these aspects. Participants experience that treating people with respect and openness helps develop good relationships and patient care, and positively affects their own wellbeing and job satisfaction.

The training is built on the iCARE-Haaland model which has been developed in collaboration with doctors and nurses and successfully implemented in 9 different cultures. Training is conducted in four phases over 6-9 months, with two periods of on-the-job self-learning and two skills training workshops using experiential learning methods.

Crucial features are for participants to discover their own automatic emotional reactions to common challenges at work, frequently becoming surprised or shocked at the (often negative) responses: *"Did I really cause this?"* Connecting to their inner motivation to deliver good care, they take responsibility for how they communicate and manage emotions, and consciously decide to change. Such changes that come "from within" are more sustainable than changes being encouraged by trainers who simply tell them how to behave to deliver good patient care.

Participants experience the training as relevant and effective, as exercises, role-plays and examples are taken directly from their own working reality and from patients' experiences. This invites them to engage both cognitively and emotionally with the learning. Common results are for providers to experience a "freeing of the mind" and a natural willingness to focus on positive issues at work, rather than being stuck on negative thinking and conflicts.

The form of the training also means that planning and implementation is demanding for trainers and organizers, and requires considerable engagement, dedication, and time. Trainers need to be trained over time to change their mode of teaching from top-down/lecture based where the trainer is in focus, to a facilitative experiential method where focus is on participants' learning and on building reflective capacities and confidence in using new skills.

Background

Health communication is the interpersonal ability to engage in healthcare encounters with clients and colleagues in a critical, reflective, and constructive way, in individual or team settings (**Suzanne Kurtz et al. 2016**). Practising good communication in health care settings has been shown to create safer work environments, build mutual respect, trust and understanding within teams, and to lessen patient distress and vulnerability to anxiety and depression (**Kourkouta and Papathanasiou 2014**). It has also been shown to increase patients' satisfaction, strengthen patient centered care, enhance providers' confidence and job satisfaction, and help prevent staff burnout (**Kourkouta and Papathanasiou 2014**).

Major deficiencies in communication encounters have been reported in health settings in Africa and globally (**Campling 2015, Larson, Leslie et al. 2017**). Disrespectful care has been attributed to providers working under very stressful environments, with multiple resource shortages, heavy workloads, and inadequate supportive supervision (**Abuya, Warren et al. 2015**). These circumstances can emotionally overwhelm providers leading to burnout (**Dubale, Friedman et al. 2019**), affecting their ability to relate well with patients and colleagues. An analysis of disrespectful care in the UK concluded that a lack of understanding and management of emotions is a major issue and should be given much more attention in health care training programs. (**Campling 2015**). Literature reviews on emotional labour, the skill involved in the caring role, in recognizing the emotions of others and in managing our own in health care encounters highlights the importance of ensuring emotional labour is recognized and valued, ensuring support and supervision is in place to enable staff cope with the varied emotional demands of their work. (**Riley and Weiss 2016**)

Communication and emotional competence as key skills for health care providers are given inadequate attention in the medical and nursing curricula (**Wikström 2011**). Often these skills are taught theoretically without linkage to practice and provided as short-term interventions (**Mata Á, de Azevedo et al. 2021**) that do not adequately engage with providers' daily challenges. In particular, there is often no focus on how providers can manage their own and patients' emotions in these challenging environments. Effective communication skills training for health professionals need to include four teaching methods: (1) experiential learning of skills, (2) critical reflection, (3) a supportive group process, and (4) a sufficiently longitudinal curriculum according to (**Branch 2015**) who describes a model that has evolved over the last 30 years from a combination of research and teaching experience.

We present a communication skills training approach, the iCARE-Haaland (Intelligent Communication, Awareness and Action, Reflection, Emotions) model that aims to strengthen providers' skills to communicate professionally and manage their own and patients' emotions in the workplace.

The iCARE- Haaland model:

The [iCARE-Haaland model](#) was developed and implemented by Ane Haaland in collaboration with physicians and nurses in nine countries over the last 16 years, including Kenya. The original model was built to address TB and HIV, but in Kenya Ane Haaland worked with Mwanamvua Boga to broaden the contents to also cover other health care challenges. Since 2009 in Kenya, the model has been implemented with more than 300 health providers and research staff in Kilifi, Pwani University, Machakos hospital, Kerugoya hospital and with two groups of providers through the Medical Research Council (MRC) in The Gambia.

The training has been adopted to Sub- County health managers in Kilifi (**Nzinga, Boga et al. 2021**) and new-born care nurse managers across 12 County hospitals aiming at strengthening relational leadership among health manager and improve patient care (**Musitia, Boga et al.**) Currently the training is being implemented at Kenyatta National Hospital and Pumwani maternity new-born unit staff under the Clinical Information Network (CIN) research activities. The model, its development and all associated tools as well as interviews with trainers and participants are available on The Global Health Network website <https://connect.tghn.org/resources-and-training/training/icare-haaland-model/>

Training approaches

The iCARE-Haaland model is a process training over 6 -9 months with special emphasis on using reflective practice to support self-awareness and build personal and professional relationships using participatory and experiential learning principles. The approach to the raining is based on systematic action research with participants in nine countries and on research evidence to teaching effective communication skills to health professionals as described by (**Branch 2015**). The training process is divided into 4 phases, including periods of guided on-the-job self-observation and reflection on providers' own communication habits and effects of these on patients and colleagues, and two face to face skills training workshops (5+3 days) using experiential learning methods and being customized to group's needs.

Figure: 1 Overview of the course process and modules covered

Training Phase	Training activities	Duration/Platform	Aims
Phase 1: Discovery phase	<ol style="list-style-type: none"> 1. Planning meeting with participants to understand daily work communication challenges and needs 2. Self-observation “<i>in action</i>” and reflection “<i>on action</i>” to discover, using guided weekly tasks, on a set of specific aspects of communication and emotions. Monthly 1-hour meetings to discuss learning; distribute new tasks <p>a) Baseline questionnaire: Assessing and reflecting on own strengths and challenges (will be compared with answers in endline questionnaire, after the training, to assess changes because of the training)</p> <p>b) Reflective assignments pack 1: Basic communication skills</p> <p>i) Week 1: Listening: How well do you listen to your patients, colleagues, others? What are effects of your listening habits, on the other(s)?</p> <p>ii) Week 2: Asking questions: How do you ask questions and discuss when dealing with patients, colleagues, and others?</p> <p>iii) Week 3: Interaction habits: When discussing with patients and colleagues, what do you do to hinder or inspire good communication?</p>	<p>½ day physical or virtual</p> <p><i>On the job/ during regular work hours</i></p> <p>4weeks</p>	<p>To assess participants learning needs and introduce the course process</p> <p>To assess individual strengths and challenges in communication and define learning needs to inform workshop contents. Also, to use as an evaluation tool to compare trends of change at the end of the training.</p> <p>Develop participants’ self-awareness about their own communication behaviours and the effects when dealing with patients and colleagues and start a change process.</p>

	<p>c) Reflective assignments pack 2: Handling emotions</p> <p>i) Observing your own emotions, and those of patients and colleagues, and their effects on how you communicate; and reflecting on strategies you use to recognize and manage emotions</p> <p>d) Reflective assignment Pack 3: Patient-centred care; recognizing and allaying patients' anxiety, and communicating about research</p> <p><i>NB/ Participants share written feedback from their reflections which are central to building workshop contents to create relevance</i></p>	<p>4 weeks</p> <p>4weeks</p>	
Phase 2: Basic workshop	<p><u>Overview of Modules: Basic Workshop</u> Interactive reflection – Experiential learning methods, including results from observation and reflection as basis for teaching theory and skills</p> <p>Module1: Introduction of course and participants: Overview of main concepts underlying the training, w/examples</p> <p>Module 2: Communication and learning</p> <p>a) How do adults learn? Introduction to learning theory; why and how to use it with patients.</p> <p>b) Building the gold standard communication strategy in patient care: Basic Communication theory, skills, and practice</p> <p>Module 3: Understanding and handling emotions</p> <p>a) Communicating with awareness to develop emotional intelligence: Effects of safety, anger, and insecurity on how we communicate</p>	Face to face 5 days' workshop	Skills training, with feedback. Linking participants' own observations to several theories, as well as using patients lived experiences of care to inform learning.

	<p>b) How do we change attitudes and behaviour? And – why doesn't the patient do what I tell him? Attitude and Behaviours Change theory in theory and practice</p> <p>c) Communicating and managing emotions to recognize, handle and prevent stress.</p> <p>d) Dealing with conflict to maintain dignity and respect. Understanding automatic reaction patterns - taking a step back.</p> <p>Module 4: The function of research in clinical care</p> <p>a) Communicating about research: How is a research project developed and how do you explain need for research to a patient.</p> <p>Module 5: Building and using communication strategies</p> <p>a) Using communication skills to educate patients</p> <p>b) Strategies for effective information and communication: Refining the “Aware Communication Provider”</p>		
Phase3: skills into practice phase	<p>Skills into practice: Informed reflection <i>in and on action</i>. Continue self-observation + reflection during daily routine work, using specific tasks to practice skills, deepen + confirm learning</p> <p>a) Assignment pack 4: Strengthening communication with colleagues.</p> <p>b) Reflective assignment pack 5: Communication with supervisors; taking care of patients' emotional safety.</p> <p>c) Endlines questionnaire – to assess change</p>	<p><i>On the job/ during regular work hours</i></p> <p>4 weeks</p> <p>4weeks</p>	<p>Practice new skills in their own working environment; discuss with colleagues; become a role model. Strengthen confidence to practice new skills</p> <p>The endline questionnaire is used to assess participants trends of change – self reported changes /challenges from the learning process to inform the follow up</p>

			workshop and inform the course evaluation.
Phase 4: Follow up workshop	<p><u>Overview of Modules: Follow up Workshop</u> Interactive and informed reflection. Further training based on results from observations, to summarize and anchor learning to daily challenges faced by participants.</p> <p>Module 1: Introduction and feedback a) Gold Standard communication Strategies with patients and colleagues. Introduction, and review of main skills. b) The big Changes: Feedback from endlines and observation tasks: Confirmation of growth, challenges we still have.</p> <p>Module 2: Understanding and dealing with strong emotions a) The many phases of anger: Recognize, acknowledge, and handle with respect. b) Dealing constructively with conflict: From confronting – to step back, and dialogue c) Using power with awareness d) Recognizing bullies in the medical profession: Taking action to confront and prevent bullying. e) We can't always Cure, but we can always Care: Dealing with death and dying f) Conscious use of communication strategies, with respect for emotions: Personal and impersonal language, and its effects g) Why do providers burn out? What can we do? Managing emotions to prevent and handle burnout</p>	3 days	Deepen understanding of issues, especially on handling “difficult” emotions. Confirm and appreciate learning; strengthen confidence; empowerment

	Module 3: Building and practicing communication strategies at work a) Working confidently in a research environment: Understanding and communicating about the difference between research and treatment b) Strategies for effective information and communication: Completing the “Aware and Emotionally Intelligent Communication”		
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Figure 2: Overview of the key elements of the course

- **Voluntary** participation.
- Guiding users to **discover** their learning needs, through systematic self-observation “in action” and reflection on-action, over time.
- **Addressing these felt needs** in the training workshops.
- **Providing a realistic time frame** – that is, allowing space for self-determined change to emerge based on inner motivation.
- Using a methodology that **respects the learners** and starts where they are – in their practical day-to-day work and with their present cultural and professional attitudes, skills, and behaviours.
- **Building on what works and learning from each other.** The focus is on identifying what they do and what others do that leads to good outcomes, analysing why it works, and learning from each other, including through interactive reflections.
- **Learning to see emotions as a natural and positive part of communication and professional relationships**, to be expected but also managed, both the providers’ own emotions, and those they encounter in patients and colleagues.
- Acknowledging, valuing and building on their experiences, and **empowering** them to take **responsibility for their own learning**.
- Guiding them to become aware of and further develop their **own authentic communication style** – which feels natural and will therefore be sustainable.
- **Encouraging continuing interactive reflection** with colleagues who experience the same kinds of challenges, thus creating such **common goals** within the training group as: Improving patient-centred care and strengthening self-awareness.
- **Those who train as trainers learn to role-model respect, kindness, compassion and care**, with curiosity and the skills to explore reasons leading to problems – without judging the person(s) involved.
- Providing a **safe learning environment**, where failing is common, expected, and – is seen as creating situations to learn from rather than as a fault to be judged.

Figure 3: Participants reflections about the course

- *“I have become more aware of my emotions when I communicate e.g there was a day I was working alone in NBU and had 3 admissions and had a new mother who required instructions in the care of her babies. Previously I would just have dismissed them with one line or hurriedly gone over the instructions. By being aware of my emotions I calmly explained that I was dealing with some very ill babies but will take my time with her as soon as am done with the emergencies”*
- *“[Now] I am not just focusing on the sickness... [I] am looking at that mother wholesomely, because rather than the sickness that the mother is having, she is a complete mother. She is just like me, she has everything, so now am able to analyze other faculties her social status, mental status.” **Nurse B, Reflection***
- *“Me my most jaw breaker [learning] or what has helped me most, it is that I am now very patient. I used to be a really impatient person... I would want to do my tasks very fast; I do my perfection, I finish... [Now] I have learnt, I have all the patience specially to listen to the mothers. I'd say it has improved my relationship with my colleagues because of specifically the stepping back and awareness”. **Nurse C, Reflection***
- *‘I would wish my team all learned about communication and managing emotions even if its on job training. It would make a world of positive changes.’’ (**Reflective task, Nurse manager facility 6**)*

Figure 4: Decision points- Why participants decide to change

The course approach makes learning something the participants want to do, because:

- **The methods they learn work better than the old ones.** *They discover this through observations and reflection, and then by sharing challenges and insights in workshops.*
- **Improvement is achievable.** *They have seen that it is possible to e.g., decide to listen better, with awareness, and get instant results.*
- **It is empowering.** *The method is theirs, they “learn how to learn”, and can continue learning after the course process.*
- **They are in charge of learning** – *there is no external evaluator who judges them: It is an internally driven, though guided, process. They have the power to change – or not.*
- **It feels good to do good work** – *when they are appreciated by patients for good empathic care, they receive energy back. This “feeds” their energy base and can prevent burnout.*
- **They can avoid conflict:** *With the skills to recognise and manage emotions, they will often prevent conflict by communicating with awareness and competence (rather than being carried away by automatic emotional reactions).*
- **Better job satisfaction** – *all of the above contribute to feeling better at work, and they also use the skills to improve communication at home with family and friends*

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