

**Webinar to introduce the iCARE-Haaland Model November 10th 2023**

# ***Communicating with emotional competence: Making a difference to patients, colleagues and your own wellbeing***



**Connecting work  
experiences to  
emotional  
learning**



**Ane Haaland**

**Mwanamvua Boga**

**KEMRI | Wellcome Trust**



# Why learn emotional intelligence skills?

- *Evidence: EI skills make better and more productive professionals and leaders;*
- *Enable them to take care of their wellbeing*

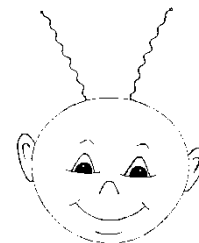
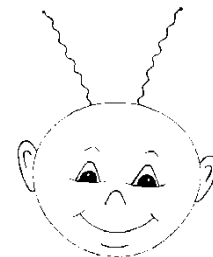


## *Part 5:*

**Additional resource slides  
Links to emotional intelligence  
resources**

# Reflective learning process – 6-9 months: Overview of training phases

- Phase 1: Self-observation and reflection (4 months' independent on job learning)
  - **Awareness building:** Weekly tasks – to discover.
- **Phase 2: Basic Workshop (3-5 days)**
  - Links observations to theory and practice, using experience-based learning and **reflective practice**
- **Phase 3: Skills into practice (3 months)**
  - Observation and **informed reflection** in daily routine work, to strengthen self-awareness
- **Phase 4: Follow-up workshop (3 days)**
  - Summarizes and anchors learning to daily challenges



# Background, methods, how and why the model «works»: Part A

- **The model:**
- <https://connect.tghn.org/training/icare-haaland-model/>
- **The Resources (Parts A – E):**
- <https://connect.tghn.org/training/icare-haaland-model/guide-icare-haaland-model-resources/>
- **Part A – “The manual”**
- <https://connect.tghn.org/training/icare-haaland-model/icareresources/part/>

*[Link to webinar January 26<sup>th</sup> 2021: HCPs' covid experiences, and use of iCARE-Haaland model](https://www.youtube.com/watch?v=hrcohm71hcQ&feature=youtu.be)*

<https://www.youtube.com/watch?v=hrcohm71hcQ&feature=youtu.be>

## ***Phase 1 – Part B – The Discovery phase:***

# **Systematic self-observation and reflection: independent on the job learning to start the change process**

- **Self-observation “in action”** and reflection to discover, using guided weekly tasks
- **Set of specific aspects** of communication and emotions
- **Monthly meetings** to discuss learning, answer questions; distribute new tasks
- **Aim:** Strengthen participants’ self-awareness about their own communication behaviors and -
- **Effects** of their behavior when relating to patients and colleagues, and
- **Effects** on their own wellbeing.
- **Insights!** This is my problem, my responsibility
- **Start** change process – with inner motivation
- **Direct link:**
- <https://connect.tghn.org/training/icare-haaland-model/icareresources/part-b/>
- **Tasks: What makes you irritated and angry:**
- [https://media.tghn.org/media-library/2023/07/Part\\_B-4.4.pdf](https://media.tghn.org/media-library/2023/07/Part_B-4.4.pdf)

# Example: How well do you listen?

- **Task 1: Observe how well you listen to others 10-17/5**

Pay attention to how you use the most important communication skill: *Listening*.

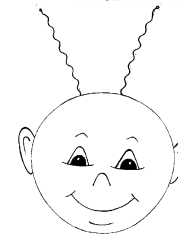
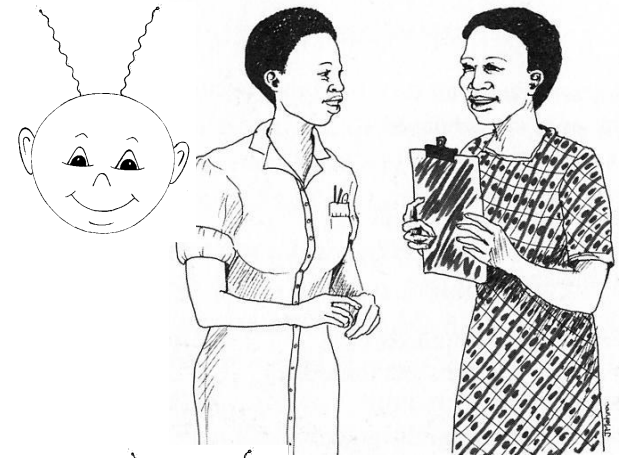
When you talk with another person, do you –

- **Listen politely** until the other person has finished, and then respond?
- **Listen impatiently**, and formulate your response after the first half sentence – because you “know” what he/she will say, and interrupt when you think “you got it”? (*“listen with your mouth full of your own words”*)
- **Listen attentively** with the conscious intention to understand the other person’s point of view and ask questions to find out more what the other person is thinking? And only then – offer your own ideas? (*Do you also appreciate verbally and/or non-verbally what the other person is saying, without necessarily agreeing with him/her?*)
- **Listen with “ears, eyes and heart”**, also trying to understand the emotions behind the words?
- **Respond (automatically)** to his/her statements with your own opinions?

Look at what influences how you listen (*relaxed? Stressed? Feeling sad?*) What happens to the other? Which emotions seem to be inspired by how you listen – on both sides (yours, and the other’s)?

# Part B - Reflection in Action – the tasks: Systematic, guided, sequential

- Participants build skills systematically, by
- **Observing and reflecting on one skill at a time, over a week**
- **Discover** personal patterns;
- **Develop** personal evidence on how they communicate and manage emotions





## *Phase 2 - Part C: Basic workshop:*

# Learning skills through lectures and interactive reflection

- **Basis:** Examples of their own experiences from the workplace,
- **Linked to theory** and common learning

### **Modules on:**

- Communication skills
- How adults learn
- Changing behavior: How
- Stress, conflict, anger, strategies, education, research

- **Access:**

- <https://connect.tghn.org/training/icare-haaland-model/icarerresources/part-c/>
- **Each module has its own link** – e.g module on communicating with EC:
- [https://media.tghn.org/media-library/2023/01/Module\\_3b\\_Communicating\\_with\\_emotional\\_competence\\_161022.pdf](https://media.tghn.org/media-library/2023/01/Module_3b_Communicating_with_emotional_competence_161022.pdf)

# Some themes of modules: Wales

- 1. The foundation for good communication:**  
Listening, Resilience and Emotional Intelligence
- 2. Emotions affect communication:** *How, why, and what to do?*  
**Vulnerability:** a positive force to build Resilience
- 3. Communicating with awareness and emotional intelligence in the hierarchy.**  
*Recognizing and managing Vulnerability, to build Resilience*
- 4. Communicating with awareness and emotional intelligence: Enough to build resilience?**
- 5. Criticism and Conflict:** Finding reasons behind, and Managing with Emotional Intelligence
- 6. Summing up:** *Demonstrating awareness and EI competence: Sharing insights and strategies*

*From module 3b:*

# What is Emotional Intelligence/Competence?

## 1. Recognize emotions

(yours; others')



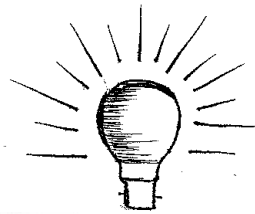
## 2. Think; STOP - step back

(from automatic reactions)



## 3. Analyze – WHY?

Reasons behind; consequences



## 4. Act – with awareness and understanding



## *Phase 3 – Part D – Skills into practice*

# Experiencing the joy of using new methods, seeing that they work

- **Further Reflection In Action**, now with new tools:
- **Informed Reflection** – they «know what they are doing»

### **Examples – packs of tasks:**

- 5: Strengthening communication with colleagues (4 tasks) [[pdf](#)]
- Communicating with supervisors; taking care of safety, and of emotions (4 tasks) [[pdf](#)]
- 7: Summing up – handling challenges related to emotions [[pdf](#)]

- **Access:**
- <https://connect.tghn.org/training/icare-haaland-model/icareresources/part-d/>

- **Each set of tasks is available for self-study:**
- [https://media.tghn.org/media-library/2023/10/pack\\_5.pdf](https://media.tghn.org/media-library/2023/10/pack_5.pdf)

## **Example:**

# Reflecting - planning to use EC

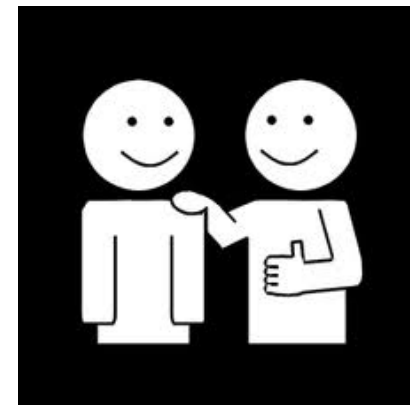
- *“**Situation:** A co-worker, who doesn’t do his job properly, which affects my own work. And his way of talking around it to make it sound like he actually did something when in reality he clearly didn’t put much effort in the work at all. He doesn’t show much passion for the work.*
- ***My Reaction:** Annoyance, mistrust towards the co-worker, talking with others if they have the same impression. (“**Label:** Incompetence/laziness)*

## **Better way to handle it:**

1. *Remember that I’m only accountable for myself*
2. *Telling him honestly how I feel about things without insulting him and only stating facts, trying to understand **why** he acts the way he does and trying to find out how I might help making things better*
3. *Cautiously giving him another chance to proof himself”*

# The stages of reflective learning

- **Discovery (Phase 1):** Observe In Action, to find out what you need to learn (=how your communication and emotions affect others): **OUCH!!!**
- **Interactive (Phase 2+4):** Communicating own discoveries, finding others have same challenges. **Relief!**
- **Informed (Phase 3):** Knowing (*cognitively and emotionally*) what you need to change; using EI skills to implement new skills.
- **It works!**



# Apparent effects of working with Reflection In Action, over time

- a) **Participants reflect on what they do well**, and start developing awareness
- b) **Participants become aware of how they hurt others.** This is not what they want to do
- c) **They feel the patient's pain:** they empathize, connect emotionally, and see the Person
- d) **They discover the effect of emotions on communication,** and feel a need to change
- e) **They take responsibility for the communication** in the relationship, rather than blame the other for “bad communication”

# ***Effects of working with Reflection In Action, over time (2)***

- f) They consciously look for and find **the reasons behind the problems**
- g) The discoveries and reflections lead to **an inner motivation to change**
- h) They change from **passive to active learners**
- i) **Learn to recognise + stop automatic reactions**, step back, and communicate with respect
- j) **They feel guilty for mistakes**, but are not being shamed for who they are
- k) **The tasks can lead to change** of attitudes and behaviour
- *From: Part A – Background – page 129: 6.4.1 Becoming aware: The discovery process*
- [https://media.tghn.org/medialibrary/2023/07/Manual-6\\_Methods-Reflective\\_and\\_experiential\\_learning\\_in\\_structured\\_supportive\\_processes\\_over\\_time.pdf](https://media.tghn.org/medialibrary/2023/07/Manual-6_Methods-Reflective_and_experiential_learning_in_structured_supportive_processes_over_time.pdf)



# Summary of why the tasks are so central to the model

- **The tasks are central to the model, because –**
  - the process of observing your actions and reflecting on what you see (and feel), makes the provider aware of the power of her/his communication and of how it works.
  - You can facilitate a good relationship, or make the other person feel insecure and close down. When they experience this, repeatedly, and reflect on it – most of them decide to change.

## ***Phase 4 – Part E – Follow-up workshop:***

# **Learning to work with challenging emotions**

- ***Has many modules to deepen the learning about handling emotions:***
  - Anger
  - Burnout
  - Conflict
  - Using power consciously
  - Bullying
  - Research
  - Strategies
- **Access:**
  - <https://connect.tghn.org/training/icare-haaland-model/icareresources/part-e/>
  - **Example:** Module on Death and Dying:
    - «We can't always cure, but we can always care»
  - [https://media.tghn.org/media-library/2023/07/Module\\_7\\_or\\_2e\\_We\\_cant\\_always\\_cure\\_but\\_can\\_always\\_care\\_300623.pdf](https://media.tghn.org/media-library/2023/07/Module_7_or_2e_We_cant_always_cure_but_can_always_care_300623.pdf)

# **Links+ to resources on Emotional Competence**

# Article on strengthening respectful communication

- Musitia P, Boga M, Oluoch D et al.
- Strengthening respectful communication with patients and colleagues in neonatal units — developing and evaluating a communication and emotional competence training for nurse managers in Kenya [version 1; peer review: awaiting peer review].
- Wellcome Open Res 2022, 7:223  
(<https://doi.org/10.12688/wellcomeopenres.18006.1>)

# Useful links on emotions and EI

- Link to Emotional Intelligence article
- [http://m.huffpost.com/us/entry/us\\_5952b6b8e4b0c85b96c65d4e](http://m.huffpost.com/us/entry/us_5952b6b8e4b0c85b96c65d4e)
- **Interesting Ted Talks:**
- [https://www.ted.com/talks/brene\\_brown\\_on\\_vulnerability?language=nb](https://www.ted.com/talks/brene_brown_on_vulnerability?language=nb) and  
[https://www.ted.com/talks/brene\\_brown\\_listening\\_to\\_shame?language=nb](https://www.ted.com/talks/brene_brown_listening_to_shame?language=nb)
- <https://www.youtube.com/watch?v=ISbsGGK8vvl>  
Susan David
- <http://heartsinhealthcare.com/doctors-dont-cry/>

## *Valuing kindness:*

# A revision of focus – BMJ editorial

- **Intro:** «Cultivation of kindness is a valuable part of the business of health care
- *When we reflect on the past decade, it feels as if we have made a big mistake in healthcare. We have allowed the dominant narrative to be around money, taking the focus, energy, and leadership away from our core purpose of delivering the best care possible.» (.....)*
- **Conclusion:**
- *«There is a global workforce crisis in healthcare»*
- <https://www.bmj.com/content/367/bmj.l6099> (2019)

# Emotional intelligence as a moderator in the stress-burnout relationship: a questionnaire study on nurses (2012)

- **Conclusions:**
- Higher EI is significantly related with lower stress and burnout in a sample of South African nurses. The moderator effect of EI in the stress-burnout relationship suggests that enhanced EI may help diminish burnout development when chronic stress is experienced.
- DOI: [10.1111/j.1365-2702.2012.04171.x](https://doi.org/10.1111/j.1365-2702.2012.04171.x)



# Relationship between communication skills and emotional intelligence among nurses

- **Findings:** (...) There was a significant relationship between total EI score and total communication skills score (  $r = 0.775$ ,  $P < 0.01$ ) and a *strong significant relationship between the four dimensions of EI and the total score of communication skills.*
- **Conclusion:** Since EI and its dimensions have a positive effect on nurses' communication skills hospital managers can enhance EI by organising training sessions and promoting communication skills and provide the ground for continuous improvement of hospital services. (Iran, 2019)
- DOI: [10.7748/nm.2019.e1820](https://doi.org/10.7748/nm.2019.e1820)



# Review article: Resilience in nurses

- Why do some nurses thrive, despite a hostile, abusive or unrewarding working environment?

## Resilient nurses -

- Build positive and nurturing relationships
- Maintain positivity
- Develop emotional insights
- Achieve life balance and spirituality
- Become more reflective



# The moderating effect of emotional competence on job satisfaction and organisational commitment of healthcare professionals (BMC, 2021)

- **Conclusions:**
- Based on the findings of this study emotional competence of healthcare professionals is important for increasing job satisfaction and commitment to the job. Especially for healthcare professionals whose job satisfaction is low, a high level of emotional competence enables them to maintain a high level of organisational commitment
- DOI: [10.1186/s12913-021-07234-1](https://doi.org/10.1186/s12913-021-07234-1)

# Systematic review of burnout among healthcare providers in sub-Saharan Africa (BMC Public Health 2019)

- **Background:** Burnout is characterized by physical and emotional exhaustion from long-term exposure to emotionally demanding work. Burnout affects interpersonal skills, job performance, career satisfaction, and psychological health. However, little is known about the burden of burnout among healthcare providers in sub-Saharan Africa
- **Results:** (...) **The highest levels of burnout were reported among nurses**, although all healthcare providers showed high burnout. Burnout among healthcare providers is associated with their work environments, interpersonal and professional conflicts, emotional distress, and low social support
- **Conclusions:** (...) Health infrastructure improvements will eventually be essential, though difficult to achieve, in under-resourced settings. Programs aimed at raising awareness and coping with burnout symptoms through stress management and resilience enhancement trainings are also needed

# Literature

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- Pollack, K. (2015): Learning what is in the "secret sauce" of MI that is essential for teaching busy clinicians. Editorial, *Patient Education and Counseling* 98; 399-400
- Schneider, T, Lyons, J and Khazon, S (2013): Emotional intelligence and resilience. *Patient Education and Counseling* 55; 909-914

# Literature, cont.

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**«Positive feelings are  
the fuel for resilience»**



***BUT: Genuine positive emotions are only possible if you learn to acknowledge and go through negative emotions***

# Further examples to reflect on insights



# Have you discovered.....



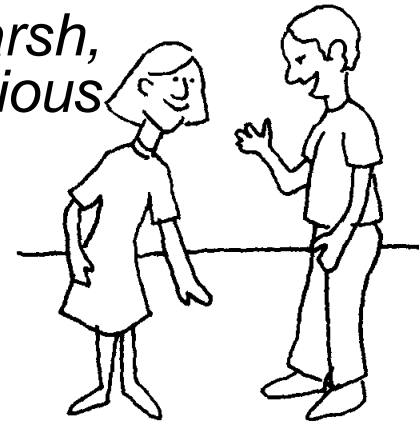
*“I have realized that I am a poor listener and I don’t pay attention to instructions. Sometimes I interrupt when one is talking with my own opinion. I have been harsh, rude and most people told me that I am always serious and thus they fear me.*

**Health Care Worker, Kilifi**



# Insight after observation-in-action

- *“I used to think that listening is a passive activity, but I was wrong because it is **active and it means participating and caring** by me for the listener. I learnt that I am responsible of attempting to grasp **emotions often veiled behind the spoken word**. In active listening, I have learnt that I simply **lay aside my personal feelings** in order to understand/assist the client in her conversation”*
- *“Have realized that I am a poor listener and I don't pay attention to instructions. Sometimes I interrupt when one is talking, with my own opinion. I have been harsh, rude and most people told me that I am always serious and thus they fear me.”*



# Acting more consciously

- *“I am more able to recognize the tension among the team members and act accordingly”*



- *“I am making a conscious effort to be more aware of how I feel when I start to get busy and making a mental note to stop, take a step back and separate that from dealing with the individual patient”*
  - *Trainee doctors, Wales*

# Perception of usefulness/outcome of the training, Cardiff

- Improved wellbeing
- Not leaving medicine



# Ex: Young professionals get no emotional support. What are possible consequences?

- **Faced with:**
  - Hard work, critically ill, death;
  - Colleagues who criticize harshly; bullying
  - No appreciation
- **How she often feels:**
  - Insecure
  - Afraid of making mistakes
  - Scared to ask
- **How she often acts:**
  - Swallows criticisms, protects herself, becomes «hard»
  - Takes it out on patients – treats them as she is being treated by those role-models above her:  
*with no respect*



# Taking responsibility for change – not blaming others

## Key change:

- This is a core change that needs to happen for providers to communicate well with patients and colleagues



*“Thanks to this course, I have learnt a lot and have broken the barriers that are hindering me to communicate effectively. I have realized that I am the problem when it comes to communication. I have decided to have a change and that change is me!”*

*HCW Kilifi*

# From «Intelligent Kindness 2011» analysing the Mid-Staffordshire report

THE MID STAFFORDSHIRE  
NHS FOUNDATION TRUST  
PUBLIC INQUIRY  
Chaired by Robert Francis QC

Report of  
the Mid Staffordshire  
NHS Foundation Trust  
Public Inquiry  
Executive summary

In making the case for strengthening the practice of kindness to patients Ballatt and Campling conclude that a **lack of understanding and management of emotions** is a major issue in the current situation and should be given much more attention.

# Reasons for poor communication

=

- Workload; working in context of illness and death

## Lack of training and mentorship:

- Culture of poor communication seen as **self-perpetuating**: New providers acquire poor communication habits from senior colleagues

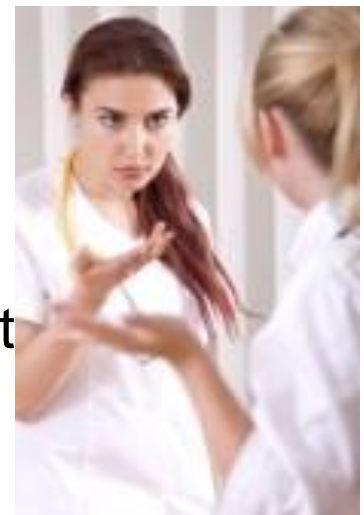


## Generates feelings of

- uncertainty/**lack of confidence**/low morale
- helplessness, irritation, anger, fear, **exhaustion**

## This leads to

- high level of stress, and **emotional outbursts**
- **continuing patterns of negative interactions** with patients and other staff
- **Low ability to practice empathy**



# Challenges in rolling out such training – for students and CME

- **The quest for a Quick Fix:** Training takes time
- **Lack of trainer skills** – experiential learning
- **Lack of tradition** – reflective learning
- **(Medical) Attitudes to emotions**, especially vulnerability
- **Lack of research tools** to measure results on self-awareness and EI





**To smile does not mean absence of  
sorrow, or stress, or conflicts, or  
burnout**



**It means  
the ability  
to deal with it  
constructively**