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Fuelling resilience through reflective learning:

Preventing stress by managing emotions with awareness and respect

Ane Haaland,
Mwanamvua Boga,
Debbie Cohen

Kenya Medical Research Institute
wellcome trust
CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

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- For further info, please contact
- Ane.haaland@gmail.com

Resilience in health providers – what is it?

- Capacity to ***withstand/cope well with stress*** – involving behaviors, thoughts and actions that
  - ***Can be learnt by and developed by anyone***

- Involves ***connectedness*** to physical and social environment, to family, and to a sense of inner wisdom

- The ***road to resilience*** lies in
  - acknowledging and working through the emotions and effects of stress and painful events –
  - ***not*** to avoid them

Why is resilience an essential capacity for providers?

- **Providers face emotional challenges:** Constant caring, and making difficult decisions
- Relate to patients and relatives during stress and crisis
- Relating to dying patients, and death
- **Entering training:** Sincere wish to provide patient centered care
- Stress, hierarchy, expectations: Erode motivation
- **Effects:** Stress-related issues and diseases: high incidence rates

Emotional Intelligence = basis for resilience, and for objectivity

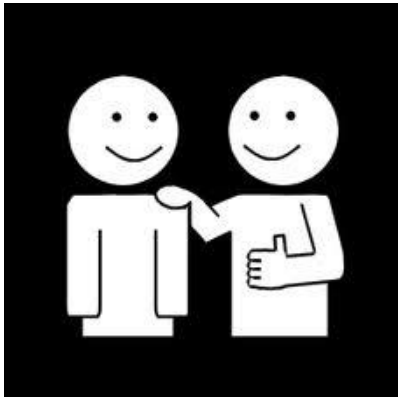
- ***Emotional insensitivity is not objectivity –***
- ***It is difficult to be objective if you haven't sorted out the emotions***

Four skills comprise EI:

1. Accurately ***perceiving*** emotions
2. Integrating emotions with ***cognition:***
3. Understanding ***emotional causes and consequences***
4. ***Managing emotions*** for personal adjustment

Studies on emotional labour*

- **Profound need:** Bridge the gap between medical and emotional aspects of care
- **Importance of emotions not acknowledged**
- **Skills not adequately taught** within health care education programmes
- Emotional labour and emotion management should be formally recognised as a key skill



*Mann (2005), Bagdasarov (2013), McQueen (2004), Smith and Gray 2000)

Patient-provider relationship:
Communication + quality of care

- **Literature shows 3 main aspects make a difference:**
  - Room to talk
  - Emotional care
  - Positive communication

Sandra van Dulmen

Geneva conference on person-centered care 2010

«Positive feelings are the fuel for resilience»

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

Key factors contributing to resilience

- ***Close relationships*** with family, friends, colleagues
- The ability to ***manage strong feelings*** and impulses (EI)
- ***A positive view of yourself****, and confidence in your strengths and abilities:
  - Seeing yourself as resilient (rather than as a victim)

How is resilience developed?

- **Foundation:** Family
- **Life:** Learning with age
- **Training**
- ***Intervention-based research: In infancy***
- **Evidence** – how to train for resilience:
  - Learned optimism (Seligman)
  - Cognitive behavior therapy (Charney)
  - Transformative education (Mezirow)

Research on Effective methods for communication training: «The gold standard»

1. **Developing professional identity and core human values**

- Longitudinal
- Experiential learning methods
- Critical reflection
- Supportive group processes

2. **Resilience: Transformative education**

- Using ***interaction in a relationship*** as a basis for the learning
- ***Emotional competence***
- ***Critical and constructive thinking*** methods to inspire learners to look deeply into practices

Communication skills and management of emotions:

Our training model: Approach, methods

Building the foundation for resilience:
The model of Health communication and management of emotions

- **Developed + tested with 250+ users, by Ane Haaland - 2006-15**

- **7 countries:** (Baltic states, Africa):
  - >80% Medical Drs and Nurses

  - **Now:** Collaboration UiO + KEMRI 2009-15: ***Trained 141 providers; 10 trainers***

Training aim:

Strengthen awareness of **effect** of own communication habits, on other person

Reflect, set new goal:

Strengthen skills to communicate w/ awareness +respect for emotions

Focus: How to step back from automatic emotional reactions

Introducing a culture of reflection in hierarchical cultures

Approach: *Trust in HP's motivation:*

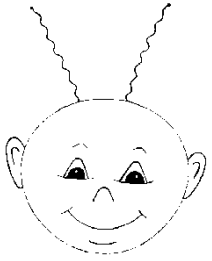
Providers want to care and communicate with respect, and build professional relationship

How strengthen self-awareness?

- *Address providers' **own** emotional needs*
- *Providers can then give freely to patients*
- *When provider gives care with respect, she will receive something back*
- *This feeds providers' own emotional needs, thus*
- ***Strengthens resilience***

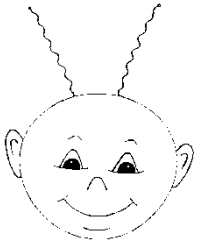
Reflective learning process – 9 months: Changing habits takes time

- **Phase 1: Self-observation and reflection (4 months' independent on the job learning)**
  - ***Awareness building:*** Weekly tasks – to **discover.** Narratives.



- **Phase 2: Workshop (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

Experiential learning workshops:
Meeting participants' needs

Trainers main tools

- Positive reinforcement and appreciation
- Interactive reflection on experiences
- Link participants examples to theory
- Exploring reasons for mistakes
- Be non-judgmental
- Encourage openness
- Model listening well, sincerely
- Awareness – strengths and weaknesses
- Demonstrations, role-plays

Methods to measure results

- **Qualitatively: Self reported**
  - Baseline + endline, observation + reflection tasks, narratives, MSC. Workshop evaluation:
  - ***Assess trends of change; thematic analysis***

- **Taped interviews with trainers**: perceptions of change

- **Overall:** External evaluation of impact of programme in Kenya June-July 2011, using in-depth interviews with 47 providers; by LVCT

After 3 months' reflective practice (*one task/week*):

Strong motivation to learn

- Saw effects of their "old" and «new» communication, on patients and colleagues
- ***Came to workshop – HUNGRY to learn!***

How does the process build Emotional Intelligence (EI)?

1. **Accurately perceiving emotions** (baseline, tasks):
   - Participants become aware of what they do well, and how it affects patients; also – of what they do to hurt patients and colleagues:
   - *"It was like it was another person behaving like that with the patient – it could not have been me! I was shocked!"*
2. **Integrating emotions with cognition**:
   - They connect emotionally, and start to see the Person
3. **Understanding emotional causes and consequences**:
   - *(..) Unless I understand my emotions well, I cannot think and feel what a patient/parent goes through at that particular moment."*

How does the process build Emotional Intelligence (EI)?

4. Managing emotions for personal adjustment:

- Learning to manage insecurity and fear:
- Realizing the ***impact*** of what they do –

- **They change from being a "victim"**
  - *"She was such a difficult patient, there was nothing I could do"*
- **to becoming an "aware communicator"**
  - *"She was feeling very scared, so I could see I needed to listen and to empathize with her; I did, and we cooperated well"*

- **They take responsibility for making the communication process in the relationship work well**.

- ***EI is a strong predictor of resilience***

After 9 months course process:
What has changed for providers?

- **Overall results**:
  - ***Improved relationship with patients and colleagues***
  - ***Strengthened confidence in work,***
  - ***Fewer conflicts, and Reduced burnout***
  - ***Providers take responsibility for improving communication (stop blame)***

Specifically, providers report that they:

- ***Give and receive*** respect
- ***Greet*** patients, and build ***trust*** with them
- Treat patients as ***persons***, ***do not judge***:
- Look for ***reasons*** for patients' actions; dialogue with them
- Increased awareness of ***effects of showing respect***, on patients ***emotions,*** and consequently on ***cooperation and care***

- **Managers confirm providers' self-assessment of change**

Results related to resilience

Provider - Self relationship: Awareness

Key changes

- **Increased awareness of effects of own communication, on others**

- ***Understand, respect and take care of their own emotions***

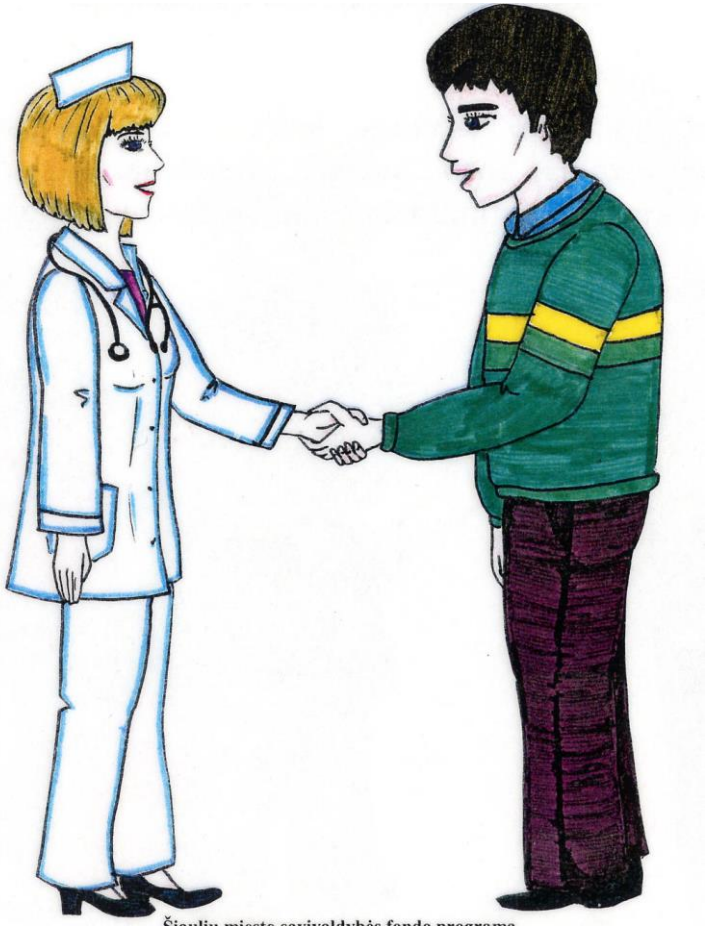
Key changes related to resilience:

Relationship: Seeing the patient as a person

- *'But now from the training…I'm able to see a client now wholesome. Like a human being, not just a patient. Because to me a client was a patient, me I'm a person, you are a patient. But now … I'm able to relate to a client like just a fellow human being, that human touch, yeah' (02S)*

”When I treat patients with respect, I stay stable”

- *“I have noticed that when I treat patients with respect they are easier to handle and are less fussy. They seem to gain trust and confidence in me (the system by extension).*
- *When I treat patients with respect, I stay stable and strong. Even when sometimes some do not appreciate, I do not feel guilty because I know I have done my best”*



Results related to resilience

«Being realistic» about **personal limitations** and **availability of time and resources**

Key change:

Realizing work is easier when communicating well;

finding time to do so

- *"Before, I believed I did not have time to explain issues to patients, but have realized we dont need that much time to talk to patients. I realized if I communicate well with patients my work is so much easy"*

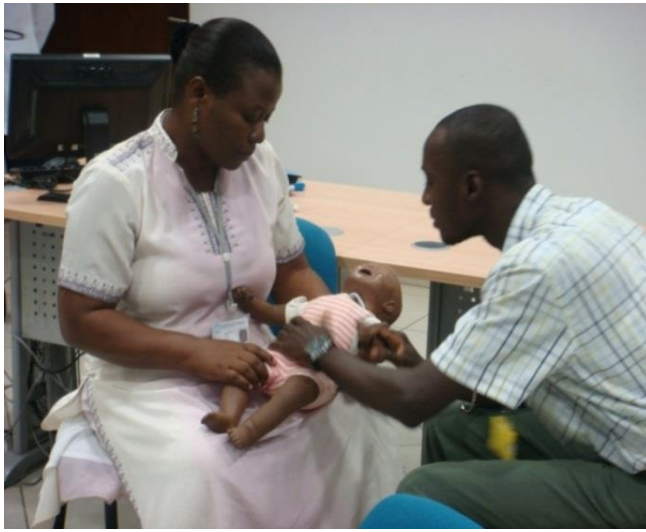
Results related to resilience

Taking responsibility for change

Key change:

- **This is a core change that needs to happen for providers to communicate well in all PCC dimensions**

- *'Thanks to this course, I have learn't 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!"*



Key change: Awareness and management of emotions

Step back from automatic use of power

- **Before:**
- **Angry patients judged,** disciplined, shamed, punished
- **Automatic judgment** of and reaction to colleagues' behavior often caused conflict
- **Supervisors' use of power** caused resentment; created gossip and strained relations
- ***Providers overwhelmed:*** take it out on those below

- **Now:**
- **Step back, respect**, finding reasons for patient's anger (fear?)
- **Step back, reflect**, discuss issue with colleague when tempers cool. Using awareness
- **Recognize emotions**, step back, ask to speak in private to find reasons. Often sparks apology
- **Recognize emotions**, step back, take care of self: **Reduce burnout**

All participants give examples of this: Taking responsibility

Key changes related to resilience - from trainers:

Cooperation with and respect for colleagues – *rather than use of power*

- *"After the course, the working conditions in hospital started to change: relations among the colleagues, employees and patients became warmer, people trust one another more, and they feel less fear.*
- *This is because we try to understand each other, to listen and to respect other people. My work efficiency significantly increased."*

Trainers' analysis of why course works well:

Reflection method and period is essential

- *«You are your own teacher, your own student. You rate yourself, you motivate yourself. The moment you realize you have made a breakthrough, it is like – WOW!»*
- *«They change because they have decided to – not because they have been told to.»*
- *Approach is empowering*

Results related to resilience:

Effects of managing emotions:

Better care, higher job satisfaction

- **Large majority describe**:
  - giving better care + more respect,
  - creating good relationships
  - Confidence
- **Many say patients are**
  - Satisfied, calmed, open up, heal early

- **Almost all say –**
- ***Higher job satisfaction***
- ***Lower burnout + conflict***

= Higher resilience?

Discussion:
How does the training affect resilience?

- Resilience outcomes not measured, BUT –

These results directly linked:

- Self-awareness
- Relationships
- Ability to recognize, understand and manage emotions (especially insecurity and fear) – their own, and patients'
- Confidence

Leading to –

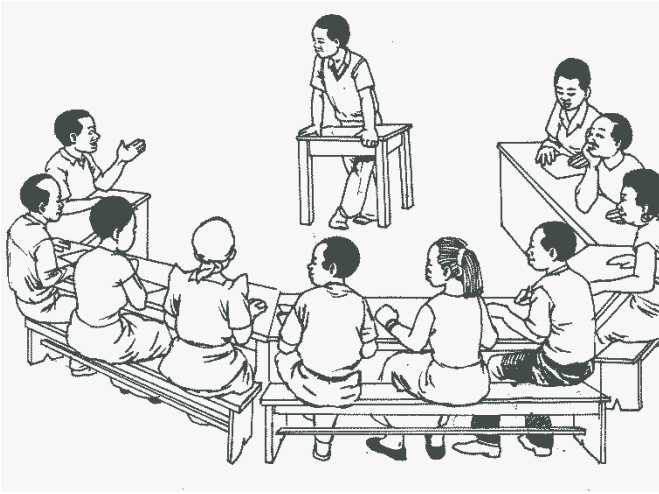
- ***Taking responsibility for the communication, rather than blaming the other person***
- ***Focusing on what works, and on positive emotions***

Further testing of how model affects resilience: Project in Cardiff

- Train a group of **trainees** working in Wales Deanery
- **Reflective learning**, + 4 workshops over 6 months
- **Changes in Resilience and Wellbeing** will be measured using a resilience scale, and the SF36 measure of wellbeing
- Planned to start **summer 2015**

Challenges

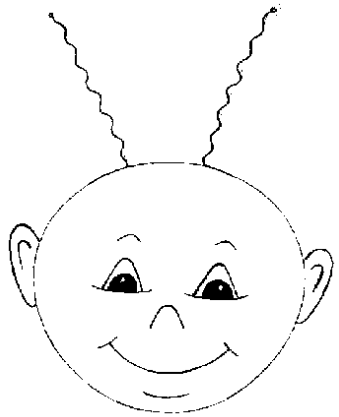
- **Power in hierarchy** = sensitive
- Talking and learning about **emotions** – *new*
- «**Emotionality**» = *negative*
- **Experience based learning** = *new*
- Cultural concept of **respect**: *upwards, hierarchically*



Limitations

- Evaluation methods:
  - **Qualitative, self reported**
  - *External evaluation found same results*
- Analysis not complete
- Not measured patient satisfaction, or outcomes

Conclusion



- **Main predictors of providers' resilience have been measured by training intervention in 7 countries:**
  - Self-awareness
  - Relationship
  - Critical reflection
  - Manage emotions constructively
  - Taking responsibility for communication, rather than blaming the other
- *An adaptation of the training model will be further tested, also using quantitative measures*

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How does the process build Emotional Intelligence (EI)?

1. **Accurately perceiving emotions** (baseline, tasks):
   - **Participants become aware of what they do well, and how it affects patients:**
   - *"When communicating I am good at listening. There was a patient whom colleagues termed as very uncooperative and she does not answer questions when asked. But when I sat and talked with her and listened what was bothering her, she opened up and gave information"*

- **Also – they become aware of what they do to hurt patients and colleagues:**
  - *"It was like it was another person behaving like that with the patient – it could not have been me! I was shocked!"*
  - *"I am not good at listening to long stories especially during admission. I get irritated so fast so I will only take what is important"*

How does the process build Emotional Intelligence (EI)?

2. Integrating emotions with cognition:

- They connect emotionally, and start to see the Person
- *"It was amazing that I could give her a lot of time just listening to her without interrupting (..). It was amazing to me how just listening could work magic".*

3. Understanding emotional causes and consequences:

- *(..) Unless I understand my emotions well, I cannot think and feel what a patient/parent goes through at that particular moment."*
- *"Lesson learnt: When you listen with open ears and heart, the other person will be keen on what you too have to say."*
- "*On my own observation, when I'm overwhelmed I find myself I do not have patience and I don't want to hear stories, which affect my clients seeing that I don't listen to her/him. This is bad."*

How does the process build Emotional Intelligence (EI)? (cont)

4. Managing emotions for personal adjustment:

- Learning to manage insecurity and fear:
- Realizing the impact of what they do makes them take responsibility for the communication in the relationship, and for the change process:

- **They change from being a "victim"**
  - *("She was such a difficult patient, there was nothing I could do")*
- **to becoming an "aware communicator"**
  - *("She was feeling very scared, so I could see I needed to listen and to empathize with her; I did, and we cooperated well")*
- **who takes responsibility for making the communication process in the relationship work well**:
- *"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!"*

- ***EI is a strong predictor of resilience***