Fuelling resilience through reflective learning:
Preventing stress by managing emotions with awareness and respect

Ane Haaland,
Mwanamvua Boga,
Debbie Cohen

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Restrictions, and further information

• This material is not yet published, and should not be used, or spread, beyond the conference members.

• 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)

• **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 don't 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 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!’
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
Literature

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• Branch, W.T (2015): Teaching professional and humanistic values: Suggestion for a practical and theoretical model. Patient Education and Counseling 98; 162-167
• 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
• Labhardt &al (2009): Provider-patient interaction in rural Cameroon – How it relates to the patient’s understanding of diagnosis and prescribed drugs, the patient’s concept of illness, and access to therapy. Patient Education and Counselling p 196-201
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*