

MODULE 5: DEMONSTRATING EMPATHY

5

SOS le Wini
Summary Talks

National Healthcare
Communication
Programme

Module 5

Contents

This document brings together the SOS Le Wini talks for Module 5: Demonstrating Empathy. It is intended as a quick reference for staff, highlighting reflections and practical approaches to building emotional vocabulary, recognising and naming feelings, being present, listening deeply, and sustaining empathy through self-awareness and boundaries.

Week 9 – Emotions and empathy: Building an emotional vocabulary
Week 10 – Emotions and empathy: Recognising and naming feelings
Week 11 – Emotions and empathy: Presence and seeing the person
Week 12 – Emotions and empathy: Listening, boundaries and self-compassion
Week 13 – Listening in healthcare: Foundations of a listening culture
Week 14 – Listening in healthcare: Depth, silence and integration
Week 36 – Emotions and empathy: Bringing it all together



Sos le Wini

Pause with Wini

WEEK 9: SUMMARY

Emotions and Empathy: Building an Emotional Vocabulary

LEARN

In healthcare, words like "fine", "grand", "stressed" and "tired" often hide more complex emotions. Affective neuroscience shows that when we name feelings more precisely – for example, "anxious and tired" or "lonely and discouraged" – the brain's regulating systems come online, and threat reactions can soften. Simple tools like emotion wheels and short word lists help us move from vague labels to accurate ones for ourselves and our patients, supporting safety, clearer thinking, and more honest, compassionate conversations.

DO

Today, choose one moment to practise more precise emotion naming. You might:

- With yourself: Once during your shift, ask, "If 'fine', 'stressed' or 'tired' weren't allowed, what 1–2 words would I use for how I feel right now?"
- With your body: Notice one sensation (tight jaw, heavy chest, restless foot) and quietly ask, "If this had a feeling word, what might it be?"
- With a patient or colleague: When you hear "fine" or "grand" and if it feels safe, gently ask, "If 'fine' didn't exist, what word would you use?" or tentatively reflect what you notice.

SAY

Use brief phrases that invite specific feelings, for example:

- With yourself: "Right now, I feel… anxious and tired." / "Today, I'm carrying… sad and determined."
- With patients or families: "If 'fine' or 'grand' weren't allowed, what word would you use for how you feel?" / "I'm noticing your foot tapping – I'm wondering if you might be feeling anxious?"
- With colleagues: "When you say 'stressed', is it more overloaded, discouraged, or something else today?"

REFLECT

At the end of the day, recall one moment where you or someone else moved beyond "fine/stressed/tired". What exact words were named, and what, if anything, shifted in mood, body, or connection? Is there one new feeling word or simple question you'd like to keep using – with yourself, with patients, or with colleagues? Over time, these small choices help create healthcare spaces where emotions are named, understood, and woven into safe, compassionate care.

Listen on Spotify
(10 mins approx.)

Listen on our App
www.nhcprogramme.ie/download

National Healthcare Communication Programme

HSE



Sos le Wini

Pause with Wini

WEEK 10: SUMMARY

Emotions and Empathy: Recognising and Naming Feelings

LEARN

Emotions show up not just in words, but in the face, the voice and the story people tell. Research on facial expressions and empathy shows that small cues – a flicker around the eyes, a change in tone, repeating part of a story – can signal fear, anger, shame, relief or hope. When we notice these cues, name them gently, and are willing to repair mis-reads, we build emotional literacy. This helps people feel seen, reduces isolation, and turns empathy into a practical, everyday skill in healthcare.

DO

Today, pick one part of emotional literacy to try in a real interaction:

- **Face:** Notice a small shift in someone's expression and, if appropriate, add a gentle check-in: "I noticed your expression changed a bit there – what was going through your mind?"
- **Voice/story:** Listen for pace, tone or repeated details and quietly ask yourself, "If their voice had one feeling word, what might it be?"
- **Gently name:** When you sense emotion, offer one tentative line: "I'm wondering if you might be feeling…?" and leave room for correction.
- **Repair:** If you realise you've misread someone, return with a brief repair: "I think I may have got it wrong earlier – can you tell me more about how you're feeling?"

SAY

Use short, curious, non-judgemental phrases, for example:

- "I noticed your expression changed when we mentioned the test – I'm wondering what's worrying you most?"
- "As you talk about this, I can hear how worn down you are feeling."
- "I'm wondering if you might be feeling anxious about how this will go – or is there another word that fits better for you?"
- "I've been thinking about our conversation –
- I might have misread things when I said you seemed to be coping. How are you really feeling about all this now?"

REFLECT

At the end of the day, recall one moment where you paid attention to a facial cue, tone of voice, story detail, or where you gently named or repaired an emotion. What did you notice, what did you say (or choose not to say), and how did the other person respond? Did anything shift in trust, honesty, or your own sense of connection? Looking ahead, is there one small habit you'd like to keep – watching the face, listening to the voice, using "I'm wondering if…", or offering a simple repair?

Listen on Spotify
(10 mins approx.)

Listen on our App
www.nhcprogramme.ie/download

National Healthcare Communication Programme

HSE



Sos le Wini

Pause with Wini



WEEK 11: SUMMARY

Emotions and Empathy: Presence and Seeing the Person

LEARN

Caring in healthcare is not only about fixing problems; it is also about presence. Empathy means seeing the person behind the label – recognising their feelings, fears and hopes, even when we cannot fully share their experience.

SAY

Use one simple, empathic phrase instead of rushing to reassure. For example:

- "That sounds really hard."
- "I can hear how much this is affecting you."
- "I can see how tough this is."

DO

Today, choose one encounter – with a patient, relative or colleague – where you will set down the urge to fix for a moment. Pause, stay present for a few breaths, and show your care through your eyes, posture and tone before you offer advice or solutions.

REFLECT

At the end of the day, take 30 seconds to recall that moment. How did it feel to pause and offer presence before fixing? Did you notice any change – however small – in the other person's response, or in your own sense of alignment with your values? Over time, these small choices can deepen trust and make caring feel more human for everyone involved.

Listen on Spotify
(10 mins approx.)

Listen on our App
www.nhcprogramme.ie/download



Sos le Wini

Pause with Wini



WEEK 12: SUMMARY

Emotions and Empathy: Listening, Boundaries and Self-Compassion

LEARN

Much of what people communicate in healthcare is unsaid – a sigh, a shrug, a fixed smile with "I'm fine." Empathy means noticing these cues, allowing some silence, reflecting back what we think we've heard, and holding back advice long enough to understand the person's world. To do this sustainably, we need a "strong back, soft front": clear boundaries and self-care, alongside an open heart.

DO

Today, choose one conversation – with a patient, resident, relative or colleague – where you will:

- Gently name a nonverbal cue ("*I notice you sighed when you said that…*"),
- OR
- Allow at least 10 seconds of silence after a difficult or emotional moment, OR
- Ask what they have already tried before offering any suggestions.

SAY

Use one simple, empathic phrase that shows you have noticed and are trying to understand. For example:

- *"You're saying you're fine, and I can also see this has been really hard. Please tell me a bit more?"*
- *"It sounds like you're really tired of having to repeat your story."*
- *"What have you already tried to do to help with this?"*

REFLECT

At the end of the day, take 30 seconds to remember that moment. What happened when you slowed down, noticed the unsaid, or held back advice for a little longer? How did it feel in your own body – easier, harder, more honest? Over time, these small shifts can make difficult conversations safer, kinder, and more effective for the people you care for – and more sustainable for you.

Listen on Spotify
(10 mins approx.)

Listen on our App
www.nhcprogramme.ie/download

National Healthcare Communication Programme

HSE



Sos le Wini

Pause with Wini

WEEK 13: SUMMARY

Listening in Healthcare: Foundations of a Listening Culture

LEARN

Listening well starts with presence. When we pause, stay curious, and give someone a little more space to speak, we are more likely to hear what matters most, rather than rushing to explain, reassure, or fix.

DO

Choose one conversation today with a patient, relative, or colleague.

- Turn towards them fully.
- Ask one open question.
- Let them speak a little longer before responding.
- Notice what seems to matter most to them.

SAY

- *"Tell me a bit about what's been going on."*
- *"What feels most important today?"*
- *"I'd like to hear this in your own words first."*

REFLECT

- What changed when I gave a little more space?
- What seemed to matter most to this person?
- What might I have missed if I had responded too quickly?

Listen on Spotify
(10 mins approx.)

Listen on our App
www.nhcprogramme.ie/download



Sos le Wini

Pause with Wini



WEEK 14: SUMMARY

Listening in Healthcare: Depth, Silence and Integration

LEARN

Good communication is not just about the message we send, but what the listener does with that message. Each person has an internal "cage" of experiences, beliefs, fears and hopes that shapes how they hear us. In difficult conversations, it helps when we:

- Stay curious about the listener's cage.
- Hold steady emotional space like a "bowl" when feelings run high.
- Allow small moments of silence so deeper truths can surface.

People listen more when they feel heard. When we first show that we've understood what matters most to them, they're usually more able to take in information and work with us on a plan.

DO

Today, choose one conversation – with a patient, relative, or colleague – where you will consciously practise one of these:

- Listener's cage: After you've explained something, gently check what has landed by asking what they are taking from what you've said.
- Being the bowl: When strong emotion appears (worry, anger, sadness), take one slower breath, keep your posture open, and stay with the feeling rather than rushing to fix it.
- Silence: After asking an important question, allow one extra breath of silence before speaking again, giving space for what they might say next.
- Keep it small and realistic – one person, one moment, one shift towards deeper listening.

SAY

Use one simple phrase to support this way of listening:

- To check the listener's cage:
- "Can I just check – what are you taking from what I've said?"
- "What's standing out most for you in what I've just explained?"
- To be the bowl for emotion:
- "I can hear how hard this is."
- "This sounds really tough."
- "It's okay, take your time."
- To allow silence:
- Ask your question, then silently count one slow breath before speaking again.

REFLECT

At the end of the day, take 30 seconds to recall that conversation and ask yourself:

- What did I notice about this person's "cage" – their history, fears or values – and how it shaped what they heard?
- What happened when I held space like a bowl, or allowed a little silence, instead of filling every gap?
- Did they seem to feel more heard? How could I tell?
- How did it feel in my own body to listen in this way?

Over time, these small, deliberate choices – being curious about the listener's cage, holding steady space, and allowing brief silences – can make hard conversations safer, kinder and more effective, while keeping you closer to your own values as a communicator.

Listen on Spotify
(10 mins approx.)

Listen on our App
www.nhcprogramme.ie/download

National Healthcare Communication Programme

HSE



Sos le Wini

Pause with Wini



WEEK 36: SUMMARY

Emotions and Empathy: Bringing it all Together

LEARN

Every healthcare conversation has an emotional story alongside the clinical one. People may carry fear, uncertainty, grief, hope or overwhelm, even when they do not say so. Empathy begins by noticing and becoming curious about what may lie beneath their words. Name possible feelings with curiosity, not certainty. Acknowledge the person's experience and leave space for them to confirm, correct or add to what you have heard. We may not be able to change the situation, but understanding can help someone feel less alone.

Notice. Name. Acknowledge. Respond.
Notice what may be present. Name it tentatively. Acknowledge the experience with warmth and respect. Respond with understanding and care.

Emotional awareness is part of clinical care: it deepens listening, builds trust and helps us notice what we bring into a conversation.

Do

Once a day, pause and ask yourself: "What might this person be feeling?" If you notice a broad label such as "stressed" or "upset", wonder what may lie beneath it: perhaps fear, uncertainty, grief, frustration or feeling overwhelmed.

Practise the sequence—**Notice → Name → Acknowledge → Respond**—in one conversation. For example, offer an empathic reflection and, where appropriate, a simple acknowledgement: "That sounds really difficult." Notice what this changes in the conversation.

SAY

- "I'm hearing a lot of uncertainty in what you're describing."
- "I wonder if this has felt overwhelming."
- "It sounds like you're carrying a lot."
- "I can see why this is important to you."
- "That sounds like a lot to take in."
- "It sounds like part of you wants to move forward, and another part feels unsure."

REFLECT

- What emotions did I notice in the patient or their supporters—and did I look beyond the presenting problem?
- Did I acknowledge what they might be feeling and leave space for them to respond?
- What emotions did I notice in myself, and how did they affect my communication?
- What difference did empathy make, and what might I try next time?

Listen on Spotify
(10 mins approx.)

Listen on our App
www.nhcprogramme.ie/download

National Healthcare Communication Programme

HSE