

Responding to strong emotions

A leaflet for healthcare staff



Making conversations easier

Responding to strong emotions

Clickable contents

Introduction

1. Initiating the conversation
2. Providing information and planning
3. Closing the conversation



Brings you back to contents



Responding to strong emotions

Introduction



During the 1970s, psychologist Paul Eckman identified six emotions that he suggested were universally experienced in all human cultures. The emotions he identified were **anger, joy, surprise, fear, sadness** and **disgust**. Each of these emotion terms stands for a family of related emotions, for example anger can vary in strength, ranging from annoyance to rage. The six emotions have universal facial and vocal expressions. Tuning into facial and vocal expressions and reflecting what other people are feeling is particularly helpful in building rapport and demonstrating empathy.



Responding to strong emotions

1. Initiating the conversation

Preparation

Starting the conversation, the aim is to make a connection, to understand concerns and to communicate in a way that establishes trust, reduces conflict and enables the person to feel understood and supported.

When?

As soon as practical

Set aside protected, adequate time for a face-to-face meeting

Where?

*Make arrangements to ensure privacy during the conversation.
Avoid barriers (desk)*



Who?

*Ask the patient who they would like to have present.
Include clinicians involved in the immediate care of the patient.*

Consider cultural background and language skills. Will a professionally trained interpreter be required?



Responding to strong emotions

1. Initiating the conversation

What?

Review the healthcare record. Consult with other members of the team. Rehearse the beginning of the meeting, what words will you use?

Find out what the patient knows and has been told already.



Communication skills

- Prepare yourself
- Prepare the environment
- Prepare your information

TIP

Reflect on your own thoughts and feelings before the conversation. Self-awareness will make your communication more effective.



Responding to strong emotions

1. Initiating the conversation

Establishing initial rapport

Warm greeting

Greet the patient with a warm 'hello'

Consider nonverbal approaches like shaking hands.

Introduce yourself (name and role)

Hello, my name is Ashraf Butt and I am the emergency department consultant

Check the patient's name and how they like to be addressed

It's Michael Egan, is it? And what do you like to be called...is it Michael or...?

Use the patient's name, particularly when demonstrating empathy

*If I understand correctly **Mike**, you are feeling angry about...and you must be worried too*

This type of reflective comment will usually lead to the patient giving more information about the situation.



Responding to strong emotions

1. Initiating the conversation

Check who is with the patient (name/relationship)

And who is with you here today?

Check if the patient consents to that person being involved in conversations about their care.

Communication skills

- Warm greeting
- Introduce yourself (name and role)
- Check the patient's name and how the patient likes to be addressed
- Use the patient's name, particularly when demonstrating empathy
- Check who is with the patient (name/relationship)

TIP

The communication skills you use at the start of the conversation will impact on your ability to make a connection and to acknowledge the person's feelings and concerns.



Responding to strong emotions

1. Initiating the conversation

Nonverbal behaviour

Facial expression

Maintain a warm facial expression



Facial expressions are a common form of nonverbal communication. Examples include smiling, crying and grimacing.

Eye contact



Make and maintain appropriate eye contact with the patient.

Our eyes convey how we feel and what we are thinking.

Open body language

How we sit, stand or walk can convey strong messages.



Sit down at eye level with the person and look attentive, interested and calm. A relaxed posture is important so the patient doesn't feel rushed.



Responding to strong emotions

1. Initiating the conversation

Pace, pitch and tone

Use appropriate pitch, slow pace and a warm tone of voice.



It is often through our pace, pitch and tone that we reveal our feelings and attitudes.

Touch

Touch can be used to show support, care and empathy.



A hand on the arm or shoulder if the patient becomes upset.

Space

Give your patient space while staying connected with them.



Responding to strong emotions

1. Initiating the conversation

Maintain focus on the patient

That's a really important point, I am just going to make a note of it now in your record...

Avoid taking notes unless essential.

Communication skills

- Facial expression
- Eye contact
- Open body language
- Pace, pitch and tone
- Touch
- Space
- Maintain focus on the patient

TIP

Emotional literacy, (the skill of identifying emotions) is very useful when communicating with people. Once the emotion is identified, we can then start to respond accordingly with empathy, reassurance or an apology depending on what the person is feeling and what events have occurred.



Responding to strong emotions

1. Initiating the conversation

Identify the reasons for the conversation

It can be helpful to begin by discuss the sequence of events leading up to this point. Observe verbal and nonverbal cues to assess the patient's emotional state. Listen without interruption.

Open questions

I can imagine that it has been a long 2 weeks for you...

What else? Tell me more about that? What is important to you right now?



Active listening

Give the person time to speak without interruption. Use verbal and nonverbal listening skills (nodding, leaning, silence, pauses, summarising and screening) to encourage them to express their emotions.



Responding to strong emotions

1. Initiating the conversation

Demonstrate empathy

*It sounds like this has been very difficult for you **Paul**. I can certainly see why this situation has made you feel... (name the emotion that you see or hear).*

Accept non-judgementally what the patient says by naming the emotion. Don't worry if you get it wrong, the patient will correct you. Disarm the intense emotion by agreement, if appropriate.

Reflective listening

So you are really angry because your father is very ill and you have been waiting in the emergency department for a few hours, have I got that right?

Summarise the points that the person has made. This helps to confirm that you have listened carefully to what they are saying and to make sure that both of you are talking about the same problem.



Responding to strong emotions

1. Initiating the conversation

Pause/Silence

This allows an opportunity to hear other issues which may be important but which have not been surfaced yet.

Summarise a shared agenda

I'd like to take a moment please to check that I've got it right...



Responding to strong emotions

1. Initiating the conversation

Ask for permission

I have the results here. Would you like me to go through them with you now?



Provide structure

Progress from one section of the conversation to the next using signposting.

Communication skills

- Open questions
- Active listening
- Demonstrate empathy
- Reflective listening
- Pause/silence
- Summarise a shared agenda
- Ask for permission
- Provide structure



Responding to strong emotions

1. Initiating the conversation

TIP

Empathy

When you demonstrate empathy (for example using G.I.V.E.), it can help patients feel cared about and listened to. This builds rapport between you and the patient – potentially diffusing their anger (or strong emotion) and creating a safe environment for patients/caregivers to talk openly.

- G** **Get** that it's emotion
- I** **Identify** the emotion
- V** **Validate** by acknowledging feelings
- E** **Explore** to better understand the emotion

Time out

If the situation is escalating, do not hesitate to put a pause in the discussion either for a short period to cool down or make an appointment to continue the discussion at a later date.

Call for help

Do not hesitate to involve people more senior than yourself who are there to assist you. Seniority in itself can be used to diffuse a situation.



Responding to strong emotions

2. Providing information and planning

Patients often say that what they want most of all is an apology and an acknowledgment of their feelings and concerns.

Provide correct amount and type of information

Apologise

I am sorry that this has happened to you...



A sincere and prompt apology, using appropriate language and tone, can help the person come to terms with the situation.



Responding to strong emotions

2. Providing information and planning

Aid patient recall and understanding

Use easy to understand language and avoid jargon

You were advised to have the test because of a family history of bowel cancer

Communicate in key points, avoiding excessive information.

Chunk and check

We are doing the test because of your family history (pause), you may never develop bowel cancer (pause)...

Pause often to give the patient time to process the information.



Responding to strong emotions

2. Providing information and planning

Provide structure (signposting)

Ok, so let's talk now about what supports we can put in place when your mum goes home...

Move from one part of the conversation to the next using signposting.

Check understanding

I have given you a lot of information Mike. To make sure that I have explained things clearly to you, can you tell me what you know about the next steps...?

This can be done by watching the patient's nonverbal responses (when they have had enough) or asking them to restate key messages in their own words.



Responding to strong emotions

2. Providing information and planning

Emphasise partnership

Is there anything else that you need to tell me so that I can help you?



Engage the person in specific ways to handle the situation.

Incorporate the patient's perspective

Demonstrate empathy

I can certainly see why this situation has made you feel so frustrated...

Acknowledging the person's emotion can be helpful. Sometimes hearing this can enable the person to recognise their emotion and start to process it.



Responding to strong emotions

2. Providing information and planning

Make the person's perspective the centre of the information-giving part of the conversation.

Shared decision-making

Share your thinking

So what we think would be best to now...? How does that sound?

Use 'we' and make suggestions. Check with the patient.



Responding to strong emotions

2. Providing information and planning

Explore options

*What do you think? Tell me about...?
What is important to you...?*

*Would you prefer to be referred to a specialist or
to follow up with me to work on this problem?*

Instead of listing treatment options, use open questions to understand the patient's goals, views and wishes.

Negotiate the plan

How do you feel about...?

Signpost your own preference and determine the patient's preference.



Responding to strong emotions

2. Providing information and planning

Check with the patient

Can I check that you are happy with the plan? What questions do you have for me now?



Ask the person to restate the information in their own words, not just repeat it, to check that the information is understood.



Responding to strong emotions

2. Providing information and planning

Communication skills

- Apologise
- Use easy to understand language and avoid jargon
- Chunk and check
- Provide structure (signposting)
- Check understanding
- Emphasise partnership
- Demonstrate empathy
- Share your thinking
- Explore options
- Negotiate the plan
- Check with the patient

TIP

Make the person's perspective the centre of the information-giving part of the conversation. This involves explicitly relating your explanation to the concerns that the person has expressed, thus demonstrating to the person that their concerns have been heard.



Responding to strong emotions

3. Closing the conversation

The aim when closing the conversation is to agree what is expected of the person, the next steps or what the person should do if there are further problems.

Forward planning

Outline next steps

*I will make arrangements for your treatment...
We will be in touch with your GP.*

Offer ongoing support (e.g. contact details) as the patient may think of questions after the conversation.

Safety netting

If you are worried about anything in the meantime you can contact...



Responding to strong emotions

3. Closing the conversation

Ensuring appropriate point of closure

Summarise the conversation (briefly)

So – you are responding well to treatment – the best thing for us to do now is to continue your treatment, keep a close eye on you and then reassess the need for surgery in the morning.

Check with the patient

Before you go, can I check that you are comfortable with next steps?... What questions do you have for me now?



It is important to agree next steps as suggesting a plan going forward can help to make sure that the person does not feel abandoned so soon after feeling strong emotions.



Responding to strong emotions

3. Closing the conversation

Thank the patient for their time

Thank you for sharing how you feel with me, it's important I know how you feel so we can work together to help you.

Close the conversation by thanking the person for their time.



Communication skills

- Outline next steps
- Safety netting
- Summarise the conversation (briefly)
- Check with the patient
- Thank the patient for their time



Responding to strong emotions

3. Closing the conversation

TIP

Dealing with conflict can be difficult and can contribute significantly to our own stress levels. It may be helpful to debrief with a colleague or take a short break before seeing your next patient.

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This Skills Card is the work of Paul Kinnersley (EACH & Cardiff University), Peter Gillen & Eva Doherty (RCSI) & Winifred Ryan (HSE) with the help and support of Jonathan Silverman, Marcy Rosenbaum and many others in EACH.

