

Communication Skills: Dealing with Strong Emotions

VISN-3 Communications Skills Lab
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Thanks to Robert Arnold, MD

Emotions

- Pervade the ICU experience – for all
- Are processed faster than cognition
- Often delay or override cognition

“What was I thinking???”

Dealing With Emotions

- Attend to them – in others and in yourself
- Take your time – let cognition catch up
- Give others time – ask permission
- Express empathy - explicitly

Attend to Emotions: Yours

- Accept the emotions as normal
 - Heighten your self-awareness
 - Recognize the danger of non-recognition
- ▶ Slow down, take a breath, listen, think

Attend to Emotions: Theirs

- What is the family feeling?
- What is the physician feeling?
- What is the nurse feeling?
- Can I help modulate those feelings?

Common Emotions in the ICU

- Anger
- Fear
- Anxiety
- Sadness/Grief
- Guilt

Empathy

- Recognize the emotion
 - Emotional words or non-verbal signals
 - After bad news
 - Going around in a circle
- Don't try to solve or fix it
- Empathize – let them know you are trying to understand what they are going through

Making Empathy Explicit

N-U-R-S-E:

Naming: *“It sounds like”*

Understanding: *“It must be very hard for you...”*

Respecting: *“I am impressed that...”*

Supporting: *“I’ll be available for you...”*

Exploring: *“Tell me more about...”*

Responses to Emotions

- Avoid tendency to “escape” from emotions with facts
- More effective (and compassionate) response to emotions is empathy
 - After verbalizing empathy, ask permission to talk about facts
 - “Would it be OK for me to talk about”
 - If more emotion, stay with empathic comments

Anger

▶ Is a *secondary* emotion

- What is behind the anger?
 - Fear – Guilt - Grief

Response to Anger

- Apologize if appropriate
- Be empathic – it takes energy to be angry; anger often fades in the face of empathy
 - *“This is really frustrating; I want to help [patient] and you in every way I can”*
- Use wish statements:
 - *“I wish medicine was more powerful”*
 - Make clear you want to be on the same side
 - Yet show that wish for a good outcome is unlikely to occur

Crying

- The patient/family
 - The role of Kleenex (and a caution)
 - What to say (if anything)
- Your crying
 - What does it signify
 - When is it appropriate

(A rule of thumb from Bob Arnold: “You shouldn’t be crying harder than the family.”)

Summary

- Recognize emotion - yours and theirs
- Empathize, empathize, empathize - explicitly
- Be cautious about continuing - ask if OK to move on