

# Effective Communication: Reframing our Perception of Emotions

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## Reflection

The past four days have enlightened me as far as being able to communicate effectively. We've always been told that communication is key, particularly as a HCP where we must constantly interact with patients. That being said, we are not given any specific examples or actionable methods with which we can try to implement this "effective communication". Through the past four sessions, I feel I have been exposed to a great deal of practical information which I can actively use to develop my communication skills.

What I found particularly useful was the introduction of the concept of emotional work. The idea of HCW being emotional workers really resonated with me as I had my own questions about burnout and being overly attached to our patients. This section showed me that we must find a balance between "feeling with" and "feeling for" the patient. We can empathize with the patient without necessarily having to experience the emotions with them. I plan to use this concept in my future clinical practice by finding this balance to provide the best possible individualized care without subjecting myself to the emotional fatigue and burnout.

In the fourth session, one specific technique I took interest in was the idea of professional curiosity. At times it can be hard to navigate through a difficult situation with a patient when as a HCW you have limited information and can only divulge so much about the patient of interest. To gather the necessary information to address the patient's or patient family's concern, I can implement this professional curiosity concept. Rather pestering with invasive questions, I can use the information they give me to ask them questions which will in turn allow them to open up. Questions such as "You say you've had a difficult time. Can you tell me more about

that?". It allows them to share on their own terms, knowing that their feelings are validated and accepted. And although you may not have all the answers to their questions, this allows you at the very least explore their concerns.

When the SPs were given the platform to share their thoughts and feelings, we were able to see the source of their aggression and frustration. And often, their behaviour was merely a by-product of their stressful environment - having to deal with the declining health of a loved one. When the SPs were able to share their story, they expressed feeling valued and understood. Letting them talk and express themselves was more valuable than having specific answers to each of their questions. This created a connection between the HCP and the family member, allowing for a more honest, less emotionally charged conversation.

We must understand that most times, the aggression and frustration expressed by a patient or a patient's family are not personal attacks on us. By knowing this, we can avoid being defensive and resentful towards them. By maintaining a calm tone and demeanor, we can allow their emotions to settle and get to the root of their concerns.