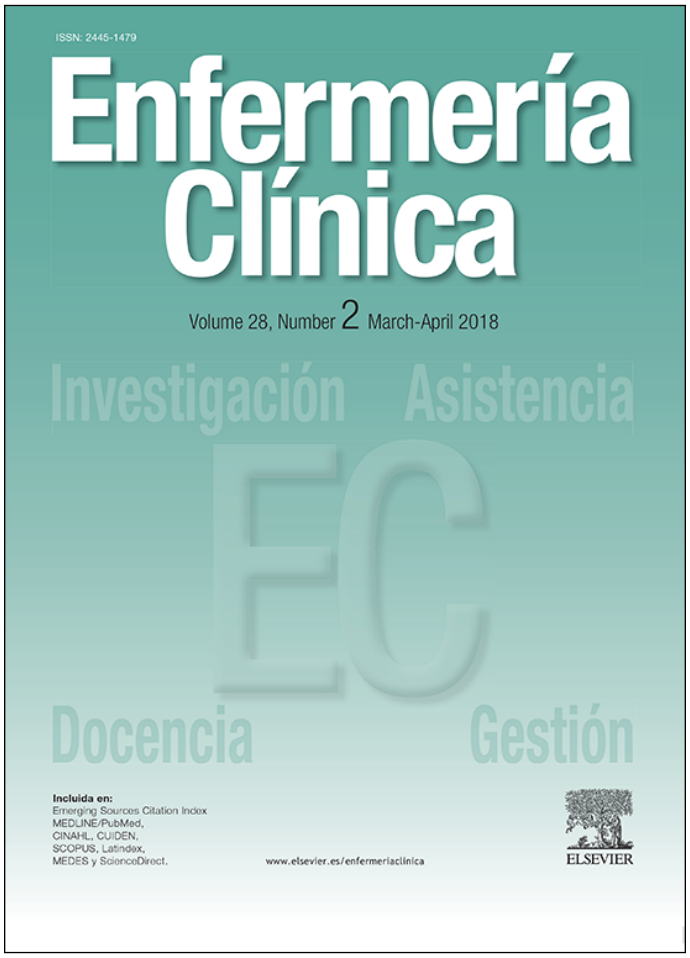

some sort of SIM since although the preliminary option would be complete self-reports,[1] when this is not feasible this may be a resource to consider.[2–4]

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University teaching in how to manage emotions and establish a therapeutic bond with the patient☆

Enseñando en la universidad a gestionar las emociones y a establecer el vínculo terapéutico con el paciente

Dear Editor,

Illness implies, to a greater or lesser extent, a reduction in the physical, psychological and social well-being of the patient, which in turn also affects their environment and the people who directly form a part of it. All of these aspects require appropriate treatment for the patient, whilst today's healthcare professionals are faced with new challenges and changes in health service availability. The satisfaction of patient needs stands out in all of its dimensions, and in particular in the area of emotional and psycho-social aspects with the aim being to achieve as high a level as possible of well-being.

To do this, there are certain factors to highlight, such as the importance of interactions between the health professional and the patient. The possible influence of the relationship between the health professional and the patient has been broadly recognised, and its effect, among other elements, on the behaviour of the patients, their physical and psychological well-being, adherence to treatment, their attitudes, motivations, trust, commitment and quality of life.

In general, feeling dissatisfied with treatment received by a health professional is a crucial factor in the decision to change professionals or initiate legal actions against them. Relationships must therefore be improved between the healthcare professionals and their patients.

The type of relationship established will depend on patient characteristics and the type of clinical situation, although current emphasis is on respect and mutual participation of the health professional and the patient in taking healthcare decisions and where the patient plays a major and self-determining role. The health professional is therefore facing new and more complex needs and realities.

Analysis has been made of the many elements regarded as important in the interaction or communication between the patient and the professional, regardless of whether this be the surgeon, physician, nurse, occupational therapist, psychologist, speech therapist, physiotherapist, odontologist, etc. Firstly, the communicative skills of the professional are highlighted.[1] Communication should be informative, directive and warmhearted. In human communication it is impossible not to influence, and impossible not to communicate, although many messages are not overt. The professional easily admits that they have an influence on the patient and that they use that influence as well as their ability to manipulate to achieve that the patient orders their reality and may overcome their problems. For this reason, the patient should receive more and better information,[1] which should be clear, complete, personalised and individualised information so that they feel welcome and cared for, responding to their possible doubts, concerns and fears, generating an ambiance of trust where they may understand everything relating to the problem and express their emotional state. However, the exploration of patient expectations, concerns, realities and emotions are not taken into consideration as regular behaviour between health professionals interacting with the patient[1] despite the fact that in the literature taking into account the viewpoint of the patient and attending to their psychological and social needs is reported as essential.

Secondly, another very highly studied factor in the relationship between health professional and patient is empathy. Empathy is a complex and multidimensional

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concept constituted by moral, cognitive, emotional and behavioural concepts.[2] It is usually defined as the capacity to understand patient emotions and their viewpoints and experiences, including 3 basic components (cognitive, comprehension and communication).[2] In general, the highest levels of empathy have mainly been associated with the female gender and in university studies related to humanities, health and social studies. For this reason empathy is considered as one of the basic emotional skills in health professional learnings of the 21st century[2] for providing effective help and good quality health and social care.

Developing the feeling of empathy in university students who are taking medical studies may be a complicated task but has become both a need and concern for educational institutions. They believe that it should be specifically approached with training activities throughout the university curriculum of future health professionals.[2]

A third aspect to highlight within the interaction between the health profession and the patient is everything that has to do with emotions. Specifically, the identification, knowledge, expression and management of our emotions and those of the person in front of us, our patient.[3–5] Training may be given for the identification and expression of emotions, both our own and those of others, so that an emotion is recognised the moment it appears, and this becomes the keystone of emotional management.[3] To become aware of our emotions requires being attentive to internal states and our reactions in their different modes (thoughts, physiological response, behaviour patterns) related to stimuli that provoke them.[4] Emotional comprehension is aided or inhibited by our attitude and evaluation of the emotion involved. It helps to maintain a neutral attitude, without judging or rejecting what we feel, and the conscious perception of any emotion is inhibited if we consider it embarrassing or negative.[4]

It is therefore essential to be aware of emotions. There are different theories regarding emotions, from the classic 6 basic emotions: fear, rage, disgust, surprise, sadness and joy up to the inclusion of guilt as number 7 and even more recently the proposal of 10 basic emotions with the incorporation of curiosity, admiration and security.[4] This awareness, per se, is a first step towards better management of our emotions. Appropriate emotional management is directly related to psychosocial health, better self-care and personal satisfaction since the more we learn to live through the best emotion for each moment of our life, the better we adapt to it.[4,5]

The key is therefore to try to manage both our own emotions as if what we are managing is the emotional response of someone else, obtaining an appropriate emotional response for each situation of stimulus we are experiencing.[4,5]

However, health professionals state they are subject to high emotional wear and tear[3] and emotional overload, the presence of mental and psychological disorders and higher professional burnout,[3] etc. In the words of Zapf,[3] one can speak of ''emotional work'' as an important aspect within today's work stresses in a health environment. This phenomenon consists in the effort made on attempting to synchronise three variables: the impacting event occurring in the employment situation, the emotional expression expected by the organisation and the actual emotional experience.

We are therefore faced with a new horizon in learning, management and regulation of our emotional state which has to be the basis of our professional relations[3] with patients[3] and relatives. This is a passionate challenge to communicate in a different way to change things from the emotional viewpoint and improve the quality of healthcare.

It appears that the health professional has to possess a set of intrapersonal skills and/or resources to improve their relationship with their patient and prevent professional burnout. We thus recommend the development of self-care health practices,[3] prevention programmes, recreational activities with colleagues, training in strategies and coping skills, etc. However, many of these proposals should be taught during the educational period of future health professionals, as a major goal in academic university education.[2,3]

Consequently and given the importance of establishing more satisfactory professional relations between the health care worker and the patient through the establishment of a therapeutic bond, training was given through a theoretical and practical workshop to university students of occupational therapy, speech therapy and nursing of the University of Castilla-La Mancha.

Academic development of training action

The development of this training workshop was intended as a tool to help students gain professional and personal knowledge of the emotional universe and connect in order to increase emotional flexibility and satisfaction in life.

The experience entitled ''learning to manage emotions to establish a therapeutic bond'' was completed by the Faculty of Occupational Therapy, Speech Therapy and Nursing of the University of Castilla-La Mancha, during the month of February 2016 on Friday and Saturday mornings.

The aims of the workshop were to:

- Train the students in knowledge and recognition of basic emotions.
- Learn to manage emotions to obtain an emotion which is adapted to their reality.
- Improve the ability of students to gain a more satisfactory therapeutic bond with the patient.

The workshop was aimed at students of the Faculty of Occupational Therapy, Speech Therapy and Nursing, in addition to any healthcare professional who wished to participate in the workshop. A total of 77 students signed up for it.

On Friday morning there were 2 theoretical conferences entitled ''Basic emotions. Pleasurable and unpleasurable'' and ''the therapeutic bond with the patient''.

In the afternoon, workshops were predominantly practical with ''toolbox for learning to manage your emotions'' and ''toolbox for building a therapeutic bond with the patient''. Participants were divided into a total of 12 workgroups formed by 6–7 members each. They were given a piece of paper with tasks and questions which they had to resolve in their respective groups. The groups divided up into different university spaces to work quietly. After one

hour the groups had to go back into the classroom to discuss and talk about the experience they had had, express doubts or ask questions when they had come up with difficulties or problems. The Friday workshop was then regarded as complete.

On Saturday there was a roundtable: ''professional experiences. Different professional outlooks on connecting with the patient'' where two psychologists, one occupational therapist, one speech therapist and a nurse talked about their experience regarding communication in their daily practice with patients. A useful and enriching question time for those attending and the professionals was then conducted. Among the most significant questions were: how can we manage our emotions with a patient who does not cooperate and/or is aggressive? What strategies do they use to establish a therapeutic bond with patients and their family members? Are different strategies used to establish therapeutic communication with children and teenagers? When treatment does not lead to optimum and desirable results how is this communicated to the patient?

Finally, the students thanked the professionals and teachers for organising the day and requested there be future session on the said theme and subjects related to it, such as the management of difficult patients, how to go about giving bad news, etc. They also said this type of initiative had been highly useful, both on a personal level and for their professional future.

Conclusions

Educational training like this, aimed at a subject matter which is generally not taught during healthcare degree courses is a highly useful, helpful and enriching education, on a personal and professional level for the students of the Faculty of Occupational Therapy, Speech Therapy and Nursing. It is essential to firstly gain some awareness of one's own emotions in order to find out about those of other people. Better self-cognition occurs which leads to better communication with the patient and the ability for us to become excellent professionals.

As suggested by scientific evidence,[2,3] and due to the absence of educational experiences such as the one put forward in this article, it is necessary to train future healthcare professionals at university in matters relating to emotions, communication, empathy, and affectionate bonds with the patient, etc., and other themes of special interest, given the muticausal, sometimes hostile setting in which health professionals find themselves. Working in such an environment requires the use of specific personal, emotional and social skills so that the professional may resolve the different circumstances arising in an appropriate and satisfactory manner.

This academic action is not free from limitations. The most important and obvious refers to the lack of analysis of both quantitative and qualitative results which would have allowed us to get a more detailed account of the students' experience. This means that our conclusions are limited to aspects such as satisfaction and are therefore not general. Also, the training was basic and tentative with regards to its planned objective, and there was therefore not much opportunity for students to interiorise and reflect on the information.

Nevertheless, despite these limitations we should underline that in general the degree of satisfaction with the theoretical-practical workshop from participants was high, and it was classified as of great interest, effective and necessary. The students requested repetition of the workshop theme in subsequent sessions. Finally, they expressed their gratitude for the opportunity to participate and as some of the attendees literally said *''we came here with something else in mind and we are leaving with a totally different idea because there is no logic, only feeling''*.

It is therefore recommended that other similar academic proposals to that put forward here should be put into practice and also assessed so that the level of awareness and interiorisation the participants go away with after this training becomes known. We believe it is an interesting and passionate path where the university should be the provider of this education throughout the curriculum or through specialised university courses. We may then train the best future healthcare professionals in emotional and psychosocial areas for the best level possible of well-being between future professionals but mainly between patents and also obtain an improvement in quality care. Our priority should be to achieve the best version of us, both personally and professionally.

Conflict of interests

The authors have no conflict of interests to declare.

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