

A two-stage study on discursive resources adopted by healthcare professionals to perform interpersonal emotion regulation

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Receiving bad news, undergoing a medical procedure or long waiting for an appointment are among reasons why hospital patients commonly experience negatively-valenced emotions. With a view to securing a smooth course of care delivery, healthcare professionals (HPs) often engage in interpersonal emotion regulation (IER), that is, an attempt to alleviate such emotions in their patients (Finset & Mjaaland, 2009). Noteworthy, IER is infrequently studied with interaction-oriented approaches although adopting them has the potential to illuminate such issues within the process as miscommunication of intentions (Dixon-Gordon et al., 2015). Accordingly, the aims of this two-part study were (1) to explore what social actions are performed and how they are linguistically constructed by HPs in the IER process as well as (2) to assess the potential impact of these actions on patients.

In the first part, our data source was the medical documentary *Dyżur* (eng. *Shift*), which presents authentic cases at three emergency departments in Poland. From forty-three episodes available, we extracted forty-nine scenes in which HPs perform IER towards their patients. Using a discursive psychology (DP) approach (Edwards & Potter, 1992), we analysed the data for recurring patterns in HPs' social actions and their linguistic design. Tailored to obtained results, six written vignettes were created for the second, reflexive part, which was a reception study to determine the potential effectiveness of identified strategies. Each vignette contained contextual information about the patient and their condition as well as a fragment of an exchange between the patient and HPs. Also, three propositions of the doctor's final answer in a given exchange were provided. Sixty participants assessed all the proposed answers ($n = 18$) by elaborating on their effectiveness in an open-ended questionnaire. Collected data were subjected to a thematic analysis (Clarke & Braun, 2017), which allowed us to identify the rationale behind the participants' evaluations.

DP analysis revealed that HPs used such social actions as asserting expertise of the staff, building a sense of familiarity, minimising significance of the condition, encouraging the patient to talk and asking for emotional or behavioural suppression. To construct them, HPs adopted, inter alia, metaphors, terms of endearment and comparing constructions. Then, thematic analysis allowed for the identification of the most effective (e.g., about deploying the

patient's attention) and ineffective (e.g., about shortening distance with the patient) social actions. Additionally, the participants labelled several lexical and grammatical features as “racist”, “sexist”, “infantilising” or “too laid-back”, associating them with a decreased effectiveness of IER.

In conclusion, the importance of revisiting the effectiveness of social actions commonly adopted in IER, with an emphasis put on their linguistic construction, will be highlighted. Also, a few directions for future studies will be pointed out.

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