

Table 3. Conceptualization and behavior change: Key themes identified from the field notes of semi-structured interviews 3 months after the workshop

Theme (Kolb's ELT)
I Abstract conceptualization
<p>1 A change in the perception of the involvement with suffering and suffering people</p> <ul style="list-style-type: none"> • <i>My psychological pressure toward suffering patients eased, making it easier to talk to and keep staying with them.</i> • <i>I no longer feel stress about silence between the patient and myself.</i> • <i>I have come to recognize “hope” and “reality” in understanding suffering.</i> • <i>Before the workshop, I was not confident about dealing with suffering people, feeling “what could I do?” because I was not a medical staff member. However, through the workshop, I learned that “suffering people feel happy to have someone who understands their suffering” and learned about “acknowledging and supporting the suffering that the other person has.”</i> • <i>I realized that it was possible for all of us to help someone stay calm without using medical expertise and without belonging to medical and nursing-care fields.</i> • <i>Until then, I was trapped in medical care and said, “I have to do something ... it’s not good if I can’t do anything ...,” but I understood what was important and I felt a little relieved. I was able to reaffirm the meaning of helping someone.</i> <p>2 Being aware of the meaning and the importance of listening</p> <ul style="list-style-type: none"> • <i>I have come to focus on listening.</i> • <i>I feel that I need to sit close and listen attentively to feel a sense of distance, and to be at ease.</i> • <i>Through the study session, I realized that it was important to just listen rather than encourage the patients.</i> • <i>Whenever I receive a consultation, I try to pay attention to “what is the best for that person.”</i> • <i>I realize that a sense of value differs from person to person and that it is very important to closely understand the other person’s feelings.</i>
II Active experimentation
<p>3 Actual use of repetition and silence when listening to someone</p> <ul style="list-style-type: none"> • <i>When communicating with patients, I try to place importance on listening rather than encouragement or explanation.</i> • <i>Listening and repetition led me to have a smooth conversation with the patient’s family.</i> • <i>I began to practice repetition and being silent, which enabled me to confidently deal with suffering people.</i> • <i>I often practice repetition in the conversation. Also, my sense of weakness to silence has eased. Sometimes the conversation ends because of silence, but I think that’s fine. I put my support to practical use as a key method to listen to someone’s feelings.</i> • <i>I practice repetition and being silent. In the past, people were often complaining about something but seemed to be at peace when talking, and some of them said “thank you.” Therefore, I think repetition and silence are very effective methods.</i> <p>4 Actively getting involved with suffering people and strengthening support by asking</p> <ul style="list-style-type: none"> • <i>I listen to and accept the other person’s words, make them understand what I have received, and try to help them verbally express more.</i> • <i>I think I’ve come to notice “people who are suffering” and “people who are suffering from trying to help” in daily life. I’ve been able to talk to them more frankly regardless of the contents of their stories.</i> <p>5 Accepting oneself as “good enough”</p> <ul style="list-style-type: none"> • <i>After many ELC workshop, I was gradually able to accept that “I am good enough.”</i> <p>6 Actual changes in relationships with people involved</p> <ul style="list-style-type: none"> • <i>Before the study session, my relationship with my daughter was unstable and strained. However, after the workshop, I could improve the relationship by understanding her feelings by listening and asking, which has helped us reconcile.</i> • <i>I was in charge of a female patient in her twenties who suffered from terminal cancer. She was always putting a brave look on her face in front of everyone. But as I listened to her story using repetition, she began to cry, “I’m afraid to die.” I saw her tears for the first time. I hugged her and cried together saying, “you have been thinking in that way.” She passed away</i>

with a wonderful smile in the end.

- I was suffering from frequent phone calls from my 90-year-old mother living alone. She said, "I have raised five children, but I don't have any of them to rely on," and "the elderly are treated as a nuisance," I said, "that's not the case." However, I continued to receive daily calls from my mother. After the workshop, when I listened to her using repetition, she cried and said, "I am feeling miserable." I repeated, "You are feeling miserable." After that, she talked about her thoughts so far. She still lives alone, but has joined the community and stopped calling me every day.*
- I listened to the story of my friend who suffered from depression, using repetition and silence. She seemed to recognize me as "a person who can understand her" and she said she was very happy to be able to speak.*