Communication in health and social care

Cope in such an intense emotional environment?

Ann Brechin
Christine Edwards is a senior nurse, Norman Biggs is an auxiliary nurse, and Clare Lukies' a staff nurse. They talk about the everyday stresses of their jobs, the emotional demands these stresses make on them, and the ways they've found to cope.

Clare Lukies
When it comes to a personal problem with someone else, a personality clash, then it's something I feel I can't control because, an example would be a member of staff that I work with now, who when I started here, I felt was very negative towards me, and I probably tried to be overtly nice to her, which didn't help, because I could sense this tension between us. I sat down with this person, and I said 'you know, do we have a problem? I don't want us to start on the wrong foot, I've just started here' and she said 'Well, I thought you were very hostile, and I still think you're very hostile'. Now, I felt that was very negative, I didn't feel I was being hostile, but I took that, and I said 'okay that's fair enough. I'm very sorry if you feel I'm being hostile, I'll try and change, and I'll try not to be hostile towards you'. That was never brought up again. Her attitude never changed. I changed my way behaving towards her, in which I didn't ignore her, but I didn't make any more effort. I left her to her duties, I left her, if she needed my help she could ask which she never did, and in fact we get on better now, because I just say, politeness, 'hello, goodbye'. If I need to talk to her professionally, that's fine, and I don't have a problem with her any more, and I don't think she does with me. But I think it may be a selfish way of looking at it, but I think it was her problem rather than my problem.

Jane Wyn
When you were twenty one and you realised you were in a situation perhaps, where you thought 'no this is, this is too much for me to deal with', can you recall that exactly, what it was, and how you felt?

Clare Lukies
I don't recall ever thinking this is too much for me actually. I'm more of a, 'deal with each problem at a time, and if I can't solve it then I get help, then I move onto the next one'. I'm more of a priority-setting person rather than an 'oh my god I can't cope'. So, in my mind, if I'm in a crisis situation, I will plot out what needs to be done first, deal with it, and move onto the next thing. I try to do that.

Jane Wyn
Now is this something you've learnt through experience or is it innate in your personality?

Clare Lukies
I think, I think it's just me. It's something I'm probably getting better at as I get older and more accustomed to, but I do think it's definitely me. I'm like that, not only at work but at home as well and, it's like I have this diary in my head that I sort of set up and prioritise and...

Jane Wyn
So you're a very practical person, perhaps not an emotional person in that sense?

Clare Lukies
Very emotional person too, but a practical person. I used to take things very personally when I was a student nurse and, you know, I used to get upset if someone didn't like me, or if someone called me, swore at me, a patient or something you know, they used to call you a fat cow or whatever, and I used to you know go off and thing 'oh, you know...' But now, as you

get more accustomed to it, and you learn how to deal with it, and you don't take things personally, definitely my experience as a nurse has taught me not to take things personally that's how.

Jane Wyn
And a much tougher skin I should think.

Clare Lukies
Yeah, much tougher skin. Don't think you ever get used to it, but I think you learn how to deal with it.

Jane Wyn
Now you said just then you were a very emotional person. Our idea of health care professionals is that they somehow repress their emotions, and don't get involved with patients, because they you know, first of all they might die, or they're going to go away anyway, and it's almost like, they have to sort of be really tough with themselves not to do that, almost to conserve their energy for the practical task of looking after people. Are you aware of that sort of saying ‘no, I'm not even going to think about that’, you know if you feel you might get a bit tearful about something or...?

Clare Lukies
No I've always let my emotions show, if I have emotions then I let them show. Obviously you have to control it. I think maybe one of the reasons why I became an A&E nurse, I always wanted to, may have something to do with the fact that, when you're nursing someone on a ward for such a long time, you get very attached emotionally, physically, and I think that's harder to cope with than when you've just got a patient in for a certain amount of hours, and if they die, well you don't really know them, it's very sad, but it's less of an emotional attachment than it is if you've nursed this patient, you've got to know them, you've got to know their family, that's more of an issue definitely, and I think that has been an issue to why I've wanted to be an A&E nurse.

Jane Wyn
Who was a patient then who was particularly memorable to you who you lost, when have you felt upset?

Clare Lukies
Children always, especially since I've had my own child, I find that incredibly difficult. If I see a child's mother or father, or any member of the family getting upset, then that sets me off as well, because I put myself in their shoes, and I say ‘well if this was my son how would I deal with this?’ And I suppose that's one of the situations where I do try and say, ‘stop it Clare, you're not helping the situation, think about your emotions later, let's deal with these, this family and this child and, get the child sorted’.

Jane Wyn
You mean when you feel yourself beginning to cry in front of them?

Clare Lukies
Yeah, if it's an inappropriate, what I would call an inappropriate situation, I don't think crying in front of a relative is inappropriate, but I think there are certain times and places where it is appropriate, and if you're trying to help resuscitate a child or, look after a very poorly child, then it's not an appropriate time to cry, because your role takes over, you need to be practical, you need to sort the child out, and then you can let your emotions show, but I don't think that's an appropriate time.

Jane Wyn
Do you think, though, if the child has lost the fight for life and has died, and you are with the parents, do you think in some way it would help if you cried with them, or do you think it would, you just think ‘oh god where would this end if I started crying’?

Clare Lukies

I think personally I would cry, and I don't know whether it would help or not, but I don't think would be something I could control, and I think it also depends on the child's parents, whether it would help them or not because some people don't like a show of emotion, and other people do, and it's down to the individual, and I think if I felt that my emotions were being inappropriate, then I would probably, go and get another nurse and ask them to take over from me. But a lot of the time, crying isn't a bad thing for a health professional, we're all human, everyone knows that. Okay, we might have certain skills to help but, at the end of the day we can't hide if we're upset about something, or I certainly can't, anyway!

Jane Wyn
When you were a student nurse, presumably you received training in how to break bad news to people. Can you remember that training?

Clare Lukies
Some of it yeah, we had interpersonal skills training. I remember one thing about it, is you should never say the person has passed away, you should always say the person has died, and that's always something that's stuck in my head because. 'Oh they've passed away to the shop to the shop have they?' you know, 'No. They're dead'. So now, if I do have to tell anyone, I would always say, 'I'm afraid your father, mother, whatever has died and...'

Jane Wyn
And when they're coming to the hospital maybe too late to say goodbye to the person, you see them coming towards you, you know it's your responsibility, how are you feeling at that moment?

Clare Lukies
One situation where I have had to break bad news to someone, was over the phone. I was in charge of a night shift at a London hospital, and we had a red phone, what we call an emergency coming in, and it was a thirty year old female who came in, and she was actually had had a cardiac arrest, so she wasn't breathing, her heart wasn't beating, and we worked on her, tried to resuscitate her for over an hour, and she died, we stopped it, and she was actually an Irish girl, and her family were in Ireland, and I put myself in her mother's situation. I thought 'okay, if it was me, and that was my daughter I'd want to know, I'd want to know when my daughter died'. It was two o'clock in the morning, and I rang this girl's mother, and she, I don't think she even knew that her daughter had been ill, and having to break this news to her, and I think I just said who I was, and that I worked in London, was this her daughter and, she said 'yes', and I said 'I've, I'm afraid I've got some dreadful news, she's been brought into us and she's died'.

And her mother was obviously hysterical, dreadful on the phone, and I just stayed on the phone I didn't say anything, I just said 'look I'm here, and I don't want you to go, and is there anyone else around?' and, she called her friends, and there were some other family around. and then, I made sure after a while of her calming down, I said 'okay I'm going to go now, and then I'm going to ring you back in half an hour and check that you're okay'. So I'd ring her back sort of every half an hour that night to check she was okay and, she had friends and family there. And then about two weeks later, I received a letter from her, and I've got it in my portfolio saying, 'what a dreadful thing that had happened to my daughter but, I can't thank you enough for telling me and, you know helping me through such a dreadful time' and you know, the most wonderful letter, of someone that had just lost her daughter at the age of thirty, to be able to, two weeks after her death, to be able to sit down and write me a letter of thanks, you know really made me feel special, that I'd done the right thing. Because it was a big decision, deciding whether to ring this person at home because, is that the right thing to do? Should you tell people bad news over the phone, well I just felt it was an important thing that I had to do so, that one worked out. But I don't know whether you should do that or not, really.

Jane Wyn
You just felt you were acting on your instincts at that moment?

Clare Lukies

Yeah definitely.

Jane Wyn
And how did you feel when you said ‘oh I'll call you back in you know half an hour’ when you'd broken the news. How did you feel, and what did you do with your feelings at that point?

Clare Lukies
I felt pretty responsible for her. I didn't know the girl that had died so, I didn't necessarily get upset that she'd died, I was upset because I'd upset her mother, because I had to tell her, but it, I hadn't got an attachment to the patient and, again this is just my point of view, when someone dies, I'm a very spiritual person, and I believe that, when you die and there is your body lying there, it's just your shell, your person's gone, your spirit's gone, there is nothing there, and you can see that about someone.

Jane Wyn
Can you think of any experiences where you've felt energised by a situation, where you think ‘yeah that was really great’?

Clare Lukies
There are a lot of good things that happen on a daily basis, that give you that little bit of a boost that keep you going, and you think ‘oh yeah I know why I'm doing this’, you know. Just like our junior sister that's on at the moment is off sick at the moment, so our sister has got loads and loads of extra work to do at the moment, so I just went to her last week and I said ‘look, if there's anything I can do, give me some jobs and I'll help you out as best as I can’, and it's good for my managerial experience, and it helps her out so. She gave me a job to do, and I got that done yesterday and, sent it all off, and did all that and that made me feel good, you know that I'd actually helped her, and she said ‘thank you very much’ and, the fact that I can help her out, and make someone else happy, that's a good thing as well.

Jane Wyn
So you think you'll stay in nursing, because of these sorts of things?

Clare Lukies
Oh, I was born to be a nurse I'm afraid. I was... from the moment I could speak I wanted to be a nurse, god knows why, but yeah, that was it!

Jane Wyn
You played it as a little girl did you?

Clare Lukies
Yeah, I had no choice, this was my vocation in life, for some reason, I was born to be a nurse and here I am, old Florence!

Ann Brechin
Norman Biggs is a full time auxiliary nurse, who also works part time as a combat medical technician with the territorial army. He adapts his nursing style according to the patient.

Norman Biggs
The biggest thing I noticed when coming to work for the Health Service was, of course a lot more of your patients are older, getting on in the years, or very young children. With the army, you're dealing with fit people, young soldiers a lot of the time, and that is the main difference. There's a lot more older people, you've got to be a lot more sensitive, with the NHS You can't be so, I suppose we're a bit abrupt with, in the army, we tend to be a bit abrupt, it's just part of the training, part of the drills. Obviously with patients in the health service, they expect you to sound more, you're caring in both capacities obvious but, you need to, I think you need to sound a bit more caring with older people or younger people, it's just the way you express yourself.

Interviewer
If there is such a thing as a typical day here, how would you describe it?

Norman Biggs
Well obviously it works in shifts, if we come in on an early shift, when we start work in the morning, we have our briefings, if there's any patients that have come in overnight, we need to know what they've come in with, and where they're going to be going to, who they're going to be seen by, and you could have anybody, a range of people coming through the door from casualties, to emergency admission patients, obviously cardiac and chronically ill people.

Interviewer
Can you talk about the most difficult, or the things that you fear the most coming in the door?

Norman Biggs
The most difficult thing I fear is children, again I think that's natural with anybody. I've got two children myself, whether you've got children or you haven't got children, I think, if they come and they're seriously injured, and that there is a chance that they're going to die, obviously, they're young, and they haven't had a life experience, like an adult would have had so, you feel like they're cutting their life short. But, as I say that affects you a lot more than adults.

Unidentified Woman
A sort of sadness.

Norman Biggs
…and a sadness, I think that's the same with anybody yeah, yeah.

Interviewer
I imagine you must experience a range of feelings about people, from somebody who comes in twenty times to, somebody who's really sick.

Norman Biggs
Yeah, the feelings are different obviously, you've got to give everybody the same care, and you need to try and treat everybody, unjudgementally, you need to treat them all the same. The vast majority of your patients on weekends, are drunks, students, I don't like to say it, but they are, that's just, that's just life. A lot of the time they just need reassurance and sending home. But, of course you get the aggressive side, you get a lot of patients who are aggressive, they may not intend to be aggressive, but it's the nature of the work again. They're here, they want something, whether it be pain relief, or whether it be reassurance, and that can cause a lot of aggression. And you need to take that on board, obviously you need to, you need to protect yourself and keep at arm's length from the patient. Try and talk to them, if they don't want to talk leave them alone, but make sure you stay at a distance and don't leave them with another patient in the next cubicle.

Unidentified Woman
Right.

Norman Biggs
…and a lot of the time, if the patient can see that there's not just nurses and doctors there, and there's somebody else there, maybe a couple of porters or the police are there, that'll sort of restrain them from doing anything but, you're going to get the odd instance where somebody kicks off and, you've just got to stay out of reach basically, and defend yourself, but you can't manhandle the patient.

While I'm here, I just get on with my job and do what I need to do, and hopefully do it to the best of my ability, but obviously on leaving work and going home, then there's always the question if something happens, if the patient dies for instance, there's always the question could you have done more while you were here, and that obviously stays in your mind, and you tend to take that home with you.

Interviewer
So what kind of support do you get, or how do you cope with feelings?

Norman Biggs
We get a lot of support from our seniors. Sister Edwards, she's very good because she's done, she had a lot of experience, we get a lot of support from our seniors, and there is also counselling support available if we need it.

Interviewer
What helps you, if you're really troubled by something that's gone on in work?

Norman Biggs
Usually, especially if it's a resuss patient, and the patient happens to die, we do get a lot of support from the seniors and the doctors. A simple thank you a lot of the time goes a long way, a thank you to say, nothing else could be done, you did everything you could, and that helps a lot.

Interviewer
I would like to go further in to this issue you raised about the difference in the kinds of patients who come in, your work with the army people, and here with older people and children coming in, requires more sensitivity. What does that look like, when you're actually dealing with the patient?

Norman Biggs
You don't talk down to the patient, but there's some older people that need looking after, that need you to constantly tell them what's going on, and what you're going to do. Don't just go ahead doing things without sort of explaining things to them. Explain the procedure what you're going to do with the patient. Make them feel at home, if they can have a drink, give them a drink, if they're able to have a drink. Make them feel as if it's an extension of their home, sort of thing and you're just looking after them, because obviously there's a lot of procedures which patients are very scared of, especially young children and older people.

Difference being with the army, they're younger chaps, and a lot of them expect you not to be a caring nurse, they expect you to be a medic to get them sorted out so they can do the job to the best of their ability. They don't want to be in the medical centre. If you spoke down to them, if you were all nicey-nicey to a soldier for instance, it wouldn't go down too well at all, because they'd tell you to your face, they'd do all sorts, you know they'd swear at you, they'd be abusive. I know this from experience, so you've got to treat them how they expect to be treated!

Interviewer
And that would be...?

Norman Biggs
It's hard to explain. You need to be aggressive, I suppose it's to be aggressive with them, yeah, because otherwise they're just not going to sit there and let you treat them.

Interviewer
The aggressiveness gives you credibility, in a sense.

Norman Biggs
Yeah the army is all based on a series of drills, whether you're in the medical core or you're an inventory soldier, everything is done. You do your procedures, you know you don't talk nicely, ‘how has your day been?’ or whatever, you know you don't talk to them like that. You may get a soldier in that say sprained his ankle quite badly and, a typical conversation would be, the squaddie coming saying, just pump me up with ‘brufren and strap me up I want to get straight back out again. Because they obviously want to get part, back in the competition, to win the competition, they're very competitive. But of course our concern is the injury, so it's difficult. You need to be abrupt with them and say, if you feel you cannot let them back out of that ambulance and into the competition you need to tell them.

A lot of the time they'll be emotional. I've seen grown men crying, because we haven't let them back. Consequently, soldiers are reluctant to say when they're injured, so you tend to

get more serious injuries, especially with paratroopers and things like that, because they just carry on, they'll carry on with a broken ankle. At that point then you feel guilty, because obviously it means a lot to them, and you can tell it means a lot to them, and you're the one that's preventing them from doing this competition, something that they may have trained for a year for, and if there's any way you can let them carry on pending their injury, you obviously would but, of course it's guilt is the main thing then.

It is the same when you get casualties into casualty, you know there's a lot of people, they don't want time off work, they want to get back to work and, a lot of the time you know the doctor will write out their notes and say that this patient is not to go back to work, give them five days off, maybe they're self-employed, they'll lose money, they need to go back to work. You need to sort of explain things, although the doctor has already explained them, but I think they look to nurses to sort of explain things more.

You can't lie to the patient that's the first thing, you can't lie. If they ask you a direct question and you've got the authority to answer that question, you tell them the truth as best as best you can, but you need to do it in a reassuring way. You've got to give the patients reassurance, that's the first thing about nursing or first aid, reassure the patient, because obviously you make them feel at ease, and you do need to be a good actor, actress, yeah, you need to because, you can't show your emotions and your anxieties to the patient. You need to put on a brave face, so to speak, in front of the patient, no matter what is happening. With experience, you can see if a patient is seriously ill or not, and what the outcome is going to be. A lot of the time you know, ninety percent of the time you know what's going to happen, but of course you need to keep them emotions within yourself, because you don't want to upset the patient in any way, and of course the other thing is the relatives are usually close by as well, and you don't want to show them your emotions. You need to keep them locked away, so to speak.

Interviewer
Where do they go?

Norman Biggs
Well, they tend to sit inside until after the shift has finished, and you take them home with your and that's, I think that's the same for everybody. I don't think anybody doesn't take their work home with them. I'm quite lucky, my wife is a staff nurse, and she works in theatre, so she's been doing that for nine years, so I'm quite lucky. But for other people, especially people that live alone, I mean if you're a nurse and you live alone, you're going home to nothing, you know it's, I think that could be quite hard.

Interviewer
So you might go home and say, ‘Okay, this person was in resuscitation through three to four hours and they died’, and what would you say to her?

Norman Biggs
I don't show my emotions, I don't cry anything like that but, obviously, she would be able to see that I was upset from the reaction on my face, or the way I was talking, and she would know how sensitively then to speak to me. If she needed to you know, some of the time I like to sort of, you know be by myself to start off with, and then maybe mention it, bring it up later on, and obviously if it's somebody that she knows, I wouldn't, I'd be a lot more sensitive in the way I approached her about it. Yeah.

Interviewer
If you were to make some recommendations about feelings in the workplace, feelings in health care, how to cope, how to handle things, what advice would you give?

Norman Biggs
The main thing is the old saying, don't bottle up the feelings, let the feelings out, speak to people, talk to people, because talking is a good healer in itself. Talk to your seniors, if you're still not completely happy, talk to your, to people equal to you, the same grade as you, people that have been through it before. You know talk to your partners obviously, family, friends

anything just, to get some reassurance, but obviously not to bottle up feelings, to let your feelings out, let your emotions out as best you can.

Interviewer
I'm sort of looking back on the differences in the roles, and the style that you have to take on, in the two different jobs that you're actually in at the moment. Do you have a preference?

Norman Biggs
I think my preference at the moment is heading towards the nursing side, and the caring side. I've done the army bit, I've done the macho bit and, it's time now for the caring side.

Ann Brechin
Christine Edwards is a senior sister, with over twenty years nursing experience. Her career includes leading a trauma centre in Saudi Arabia during the Gulf War.

Christine Edwards
I got a call from the charge nurse at the time that day, to say that there was a bomb that had gone off with two hundred victims inside a building, and we didn't know the details at the time, and I think how you control your emotion at the time, that you have to take a deep breath because all of your staff would look to you for direction, and look for your reaction and would react accordingly. Fifteen nurses on duty, everybody's looking at you, the ancillary staff are waiting to see what the leader is going to do, so you have to control your emotions. You know the initial thought is, ‘oh my goodness’, but you're able to deal with it. But I think the other aspect was the nature of the explosion. If it's something natural like a gas explosion in a building well, there's not really you can do, you can't do too much to control that. But this was a deliberate terrorist bomb attack against western people of your own kind. Then again there was another wave of emotion that had to be suppressed at that time, so that you can get on and do the job.

Ann Brechin
We asked Christine to describe the most satisfying aspects of being in charge of a ward.

Christine Edwards
I think to be able to mould and shape your environment, to maintain standards, to insist on the best, to strive for the best. It's quite frustrating sometimes, because you, your support system is not necessarily in place, i.e. from the financial side, from the organisational side, from the hierarchy. A&E nursing is very unique, and unless you have a certain kind of personality, then it's very difficult to understand that lateral thinking role that we all must have in order to perform.

Ann Brechin
What does Christine find especially frustrating?

Christine Edwards
I tend to become a perfectionist when it comes to standards, and insist on the best equipment, the best drugs and the best care. The right number of staff, that's not always available, you know the budget constraints, but the way I look at it that, quality health care does cost money, and we can justify every penny that we do spend, because it does maintain standards of care.

Ann Brechin
And what does Christine do when she feels she might lose control?

Christine Edwards
I think I'm a great actress, I think I could have an Oscar! And you have to, if you're not able to control your emotion, as the leader of the department then, you're in the wrong job. Whatever mood that you are in, your team will follow you in that mood for the day, and regardless whether it's me that's in charge for the day or other staff members, and I also share that with them. Make sure that you leave your emotions at the door when you walk in, and pick them up on the way out.

I've inherited that from my father, where, always as a child you controlled your emotions and, certainly in this position, my family are close, my husband is very good, I can, vent to him, he's doesn't necessarily, he's not medical so he doesn't necessarily understand what I'm talking about, but he's a great listener. Because you tend to not share that emotion with your staff, you tend to lock it up and take it home with you. And, I certainly can, working in Saudi Arabia there was a great support system of other ex-pat people that you worked with. Over there, your friends became your family very quickly, and a very, very strong support.

Ann Brechin
Christine manages to maintain an emotional distance from events and people during the working day.

Christine Edwards
There's a detachment from your team, there's the professional relationship, and certainly you do stay detached from your patient, you know the involvement and the emotion, and they're two very different things, and culturally here, having come back to Wales, once you communicate in Welsh with your patients for example, immediately, there seems to be more of an involvement, and the expectation is there as well from the patients because you are of the same culture, they seem to expect you to be more involved, rather than emotionally involved, just involved.

Think I can recall a situation where, you're talking about detachment. She was in a respiratory arrest, she was not breathing, and she was blue, and she was having seizures. I managed her airway, so you're very close to the face, and we successfully resuscitated her. I'd spoken to her by her first name, because we always try to make contact with your patient even though they're unconscious if they're having a cardiac arrest. What's the first name, just so you can have some kind of contact. Whether that's a release for us to keep us focused and controlled I don't know, but I know people who've had near death experience, say they can hear exactly what's going on around them, even though they can't necessarily move. So I'd called her by her first name, I'd been right at the face, I was so focused on the Airway Breathing Circulation which is what is drummed into us in a resuss situation, that I totally did not recognise who she was.

Ann Brechin
How does Christine recover from such an experience?

Christine Edwards
I think I'm probably, you know I'll encourage staff to debrief, talk about their experience, share it with a friend. I've worked in the United States and, I've worked with a lot of American staff while I was in Saudi Arabia, who are quite willing to lay their emotions on the table for all to see, and in a way I think that's a great system, because it's off their chest. But I'm very guilty of not doing that myself. I do have a diversion at home, I have an eighty acre sheep farm, and I find that very rewarding, and a place of sanctuary for me, and it's very private and, I don't entertain work colleagues at home. I live an hour away, which is also quite handy for the detachment because, if I have that sanctuary, then I can come back and I can function.

Ann Brechin
Could it actually help the patients if Christine expressed her emotions in front of them?

Christine Edwards
I don't think so, I think they look for support, they look for that rock in the crisis moment that they have, either it might be their own personal bad news, or a family's bad news, so they must have a professional rock that they can turn to.

Ann Brechin
Finally, how does Christine recharge her batteries, after a long and demanding day?

Christine Edwards

I love to go home, every time I shut my gate at the bottom of the lane, I look back and say yes, it's worth driving a whole hour. Working in Saudi Arabia was certainly much more rewarding when it came to finances. I think I had the best job in the world there, when it came to management challenge, leadership challenge, trauma experience. But you can't sustain that pace of work until you're sixty. So coming back to Wales, I had to rethink the whole of that. But every time I drive home, and I shut that gate, and I look back at the hills of Wales, and then, that immediately releases my emotions.