CHANGE THE CHANNEL OF A NEGATIVE ATTITUDE, AND PROMOTE EMPLOYEE AND PATIENT SATISFACTION

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A 2-year-old had been brought to the emergency department with a gunshot wound to the head. Later, I noticed S.B., one of the nurses who had triaged the child, sitting alone, staring at a computer screen, her hand trembling on the mouse. I approached and gently said, “That was absolutely awful.” Regardless of how experienced you are in the emergency department, nothing can describe the horror or mute screams of parents begging us all to save their baby. I imagined S.B. saw her own baby on that stretcher. She has 3 young boys at home. I began to hear anxiety, fear, and emotional pain in her muffled sobs. Not knowing what to say next, I sat quietly as my coworker cried for the child’s parents. She lamented, “Can you imagine what they must be going through?” I listened, stayed present, and remained silent, allowing S.B. to process her feelings. After a few minutes, she looked at me and said, “Thank you for taking me off the ledge.”

Anxiety, fear, and pain are emotions that not only resonate with patients but are also experienced by ED staff. Caregivers in this highly charged setting work in a system that is wrought with a multitude of daunting challenges.1 The stress that abounds with every EMS arrival, every ambulatory walk-in, every family member seeking answers and resolution—not to mention the pressure to receive high patient satisfaction scores—creates negative emotions. When pressured by time constraints, the stress is amplified, and the negative emotions can turn into negative attitudes. ED nurses have to think clearly, make on-the-spot decisions, and act quickly. It is unfortunate that some nurses feel powerless and believe there is no time for self-care. These nurses will ensure patients empty their bladders, while they hold theirs; they feed their patients, while they forego meal breaks. They believe there is no time to spend any listening or talking through emotions compassionately with others. They become angry and resentful and blame the system. The inability to control time and volume, as well as self-care, can result in apathetic behavior.2 Over time, the overwhelming stress creates burnout and leaves nurses dissatisfied with having become nurses in the first place.

Today I choose to love and nurture myself because what I feel inside, radiates outside.

These words describe the elusive notion of “presence” that is often disregarded within the hurried, chaotic environment of the emergency department. Florence Nightingale believed that the focus of nursing care was the creation of an environment in which natural healing could take place, putting patients in the best condition for nature to act upon them. She indicated that to achieve this healing, a focus on the patient’s emotional, interpersonal, and spiritual needs must take place.3 Being present is sharing a moment together and relating to another in a way that reflects “collaboration with, rather than doing to” the patient.4 Oddly enough, it is these same needs that are required for nurses to be fully present with their patients.

Nurses must attend to their own physical, emotional, and spiritual needs to be effective instruments of healing. The nurse can and should empower the “self” to be accountable for making self-care happen. Instead of sacrificing their own well-being, nurses can ask colleagues to watch their patients while they go to the bathroom or energize themselves with something to eat. The American Holistic Nurses Association’s Scope and Standards of Nursing Practice emphasizes “practices of self-care, intentionality, presence, mindfulness, and therapeutic use of self as pivotal for facilitation of healing and patterning of wellness in others.”5 One way that nurses can strive to achieve harmony/balance in
their own lives is by learning how to incorporate therapeutic presence and integrative relaxation techniques into their daily routines and nursing practice.

The following case study describes how being present in the healing process and using an integrative technique can improve both patient satisfaction as well as the nurse's experience.

Immediately upon reading the triage nurse's assessment on a newly arrived patient, I felt annoyance. H.G. was a 56-year-old man who had been evaluated at an urgent care center earlier in the day for a sore throat and prescribed antibiotics. His wife brought him to the emergency department at midnight because he was unable to swallow his medication. When I entered the patient's room with the physician, H.G. was being very uncooperative. I continued to feel my patience evaporate as repeated attempts to examine his throat failed. He would not open his mouth and kept pulling away. His wife was excessive in her cheers of encouragement in an effort to persuade him to open his mouth. I could feel my own anxiety escalating, as my thoughts were wandering to the other patients entrusted in my care and my nursing tasks that needed to be completed. Finally, my own awareness prompted some introspection. Why was I so irritated by this situation? Clearly, this behavior is not normal for a 56-year-old man. What did I really know about this person? My negative attitude was not allowing me to be present with H.G. I allowed my heart-centered compassion to change the channel of my judgmental, negative attitude and to focus instead on being present with this patient. Try an integrated relaxation technique, I told myself.

After a brief explanation and demonstration, I taught and performed a relaxation technique called Cortices on H.G. Cortices is a simple integrative technique often used to reduce the effects of fear, anxiety, and pain by helping the body process and organize emotions in a more relaxed state. It is one of the protocols of the BodyTalk System that consists of tapping the head and sternum, while holding the head on areas that represent the cerebellum brain stem and four lobes of the brain. Within minutes, my patient became calm, and so did I. My own frustration melted away as I watched his countenance change and felt his tense shoulders relax and release. He let out a sigh and stated, "I am ready." He proceeded to open his mouth for the examination. We were even able to collect a throat culture sample. Later, H.G. confided that he has a hyperactive gag reflex, and no one has ever been able to do a throat examination on him. I was in awe: My presence for my patient and the integrative relaxation technique worked.

The outcome was even more profound. A few days later, H.G. called to speak to the hospital's Manager of the Patient Experience and told her how impressed he was with the care I had given him. She was curious to find out what I had done to make his experience so favorable. I told her, "I had reminded myself to be present for my patient exclusively. I had also used a relaxation technique that had not only improved his experience but mine as well." In amazement, she asked if I would teach this technique to other nurses at the hospital.

It is important to note that the health care environment, including the emergency department, is influenced by a complex interaction of both internal (each person's bio-psycho-social-spiritual dimensions) and external (therapeutic milieu, culture, community) factors. These unique processes are in constant relationship with each other. Each is influenced by the other and, in turn, influences the system as a whole. The lack of "being present" with patients, families, and coworkers can also influence a nurse's own stress responses such as annoyance, sadness, grief, and often anger. Working side by side in a highly charged ED environment exposes us to the innermost workings of others and ourselves. Authenticity and presence of mind are key components. Situations that challenge us as nurses, and as humans, require introspection and intentionality. 3 If we pay attention, if we remain in the moment, we not only experience the benefits of improved patient satisfaction but also the fulfillment that comes from being an instrument of healing.

REFERENCES


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