How I manage ... distress & the emotional aspects of patient care

With Charlotte Copeland
Let's start with you:

- Your patient in emotional distress:

- What do you do?
The ‘YOU’ affect:

- What is your reaction to a distressed patient?
  - Personal and professional responses

- Are your reactions constant? (Influencers & their effects)

- Innate vs conscious (mindful) responses
Who comes first?

- Patient vs You
  - Who’s needs are most important?

- What does taking care of a patient’s emotional needs mean to you?

- Which of your needs must be met, in order to meet those of your patient?

Maslow’s hierarchy of needs

- E.g. Hospitalisation, Neglect, Shunning, Ostracism, (Not feeling heard), Can lead to: Loneliness, Social anxiety, Depression
Getting practical:

- A distressed patient means that person is in **PAIN**
  - Physical
  - Emotional
  - Psychological
  - Spiritual

- Managing their distress & emotional needs means
  - Reducing pain
  - Helping them feel their emotional needs are met

- Why managing your patients emotional needs? (What the advantage)

- What are the benefits to your patient and to you?
My approach to getting practical:

- **RULE NUMBER 1**: Validate their experience
  - Accept & Acknowledge
  - By Listening & Empathising

- **RULE NUMBER 2**: Manage your boundaries
  - Boundaries
    - Resonance
    - Needs
  - Respect vs Rescue
    - Their values & beliefs are OK
    - Their perspective on life is OK
      - life/death/God/meaning
    - Their inner conflict is OK
    - Let your patient discover their own answers*
My approach to getting practical:

- **RULE NUMBER 3**: Get involved, what is going on for your patient?
  - Understanding the natural emotional cycle associated with loss and change

- **RULE NUMBER 4**: Taking care of you is a WIN-WIN for you and your patients.
  - Not taking responsibility for looking after your own needs means all the other rules can become near impossible.
Adapting to change: (AKA: Stages of grief)

- Frustration
- Anxiety
- Irritation
- Embarrassment
- Shame
- Calmness
- Explore options
- Put new plans in place
- Begin to focus ahead, not behind
- Feel more secure
- Meaning
- Self-esteem returns
- Avoidance
- Confusion
- Fear
- Numbness
- Blame
- Frustration
- Anxiety
- Irritation
- Embarrassment
- Shame
- Reaching to others
- Desire to tell one's story
- Struggle to find meaning for what has happened
- Bargaining with God
- Overwhelm
- Lack of happiness
- Helplessness
- Overwhelm
- Lack of happiness
- Helplessness
Summary

- Meet your patients emotional needs by:
  - Validating their experience
  - Managing boundaries
  - Gaining an understanding of your patient’s reality (Change, loss & fear)
  - Taking responsibility for you, so your patient can come first in those moments they have your attention
    - Acknowledging and managing of your own needs

KISS (Keep it Simple & Safe)
Being ‘in the moment’ with someone and validating their experience can be one of the most personally rewarding things we can do, both for our patients and ourselves. If nothing else – start here!