

Humanising the ‘machinery’ of care

Charlie Jones and Martin Seager outline ways in which health-care staff can be more open to spontaneity and connection, and explain why it matters

Nearly four years ago my twin boys spent the first two weeks of their lives in neonatal intensive care. We received incredibly skilled care. The beeping monitors, ward rounds and routines around infection control were constant reminders of the technical, controlled environment. But our overriding memory is of the team’s kindness, their humanity, their willingness to connect with us at such a vulnerable time. It was so heartening, as we felt part of a team all pulling together to get our boys through. I’ll remember it for the rest of my life. – Charlie Jones

Kindness is a delicate thing – as soon as you try to ‘operationalise’ it, or scale it up, something of its essence is lost. It brings to mind an image of a wild animal being brought into captivity. In an older people’s ward a terminally ill man commented that he appreciated a nurse making him a hot chocolate after she’d finished her shift. He felt that she went out of her way to be kind to him, he felt that he mattered, and he was touched – “She sort of broke the rules for me.” The well-intentioned ward manager responded to this by introducing a ‘hot chocolate round’ as part of the routine care on the ward; it became part of the ‘machinery’ of care rather than an act of spontaneous kindness.

Health care is a calling to so many people who are led by an instinctual, natural kindness. We believe that the act of caring is an invitation to engage with distress, disease and death, which in itself carries a necessary emotional cost. Caring cannot work in relieving pain and suffering unless the person being cared for can see an impact on the carer. This connection is the psychological and spiritual basis of transformation in suffering. Touching and being touched by the heart and mind of another creates the connection that enables relief and comfort. This happens from the cradle to the grave as all of us seek recognition and understanding in the responses of others. It is part of our common humanity.

Organisations can become structured to protect staff from some of the painful realities of people’s lives. For example, an emphasis on checklists of questions can bring apparent structure and certainty, rather than connecting with patients on an equal human level and responding to whatever comes up. A perceived need for staff to have a sense of detachment (often described as ‘being professional’) carries a risk of disengagement from the feelings necessary to build compassionate relationships with patients and colleagues. Part of

professionalism is an intention to ensure that individual preferences and personal connections don’t cloud the process of objective, equitable decision-making. However, this emotional detachment can be at the heart of systemic care failings.

To care, we need to feel, but feelings can sometimes invite us down unhelpful paths. Feelings without thought can mean that sometimes we react in a totally inappropriate way, without consideration for others. The solution is to bring conscious awareness to feelings so that we can be aware of the emotion before we act and consider whether this is the best way to respond to the situation. This is a skill that people can learn and develop.

At a local level, reflective practice sessions or mindfulness groups might offer protected spaces for thinking and being, and not ‘doing’ all the time – spaces where our own and others’ vulnerabilities can be acknowledged and embraced. Feelings can be combined with thoughts. Individuals and teams are increasingly encouraged to reflect on what matters to them, as a way to reconnect with core values. Our experience is that sessions like these can be useful but

FUNDAMENTAL PSYCHOLOGICAL NEEDS

As we see it, the top five universal psychological and spiritual needs of the human condition can be simplified as follows:

- To be loved
- To be heard
- To belong
- To make a difference
- To have meaning and purpose

These universal needs apply equally to all of us whether we are giving care or receiving it, and should be held in mind in the development and delivery of health care.