

## SHINING A LIGHT ON THE INVISIBLE

RELATIONSHIPS AND THE EMOTIONAL IMPACT OF CARE

PLAY FULL SESSION



Our three speakers brought their clinical expertise, scholarship, and personal experiences to explore this topic, human relationships in healthcare.

KEYNOTE SPEAKER

*Dr Adam Burley*

Consultant Psychologist and  
Psychotherapist

KEYNOTE RESPONSE

*Dr Elizabeth Kelly*

Retired GP and Carnegie Trust  
UK Associate Fellow

KEYNOTE RESPONSE

*Professor Austyn Snowden*

Professor in Mental Health and  
Head of Nursing, Edinburgh  
Napier University

Early in the session Dr Adam Burley gave one of the most brilliantly accessible explanations of internal working models that I have heard [Click to listen](#). He invoked the cartoon characters Calvin and Hobbes to explain the idea that our earliest experiences of relationships are always part of how we relate to people in later years. We can learn to be aware of how this affects us and the people around us, but to a greater or lesser extent we carry those experiences inside us, as ‘working models’ of how we expect relationships to unfold.

## FAIRER, KINDER, GREENER

COMMUNITY NURSES BUILDING A HEALTHIER SCOTLAND

All of this has implications for the care nurses and other healthcare professionals provide, and for how people experience that care. If our early relationships were warm, responsive, and attentive then we are 'primed' for that experience to be repeated. But if our early relationships were cold, unpredictable, and destructive then we are more likely to expect that experience again. In those circumstances, when we find ourselves needing care from nurses and other healthcare professionals, it can take a long time for a caring relationship to grow. Or as Adam commented in the chat during this session, 'change travels at the speed of trust'.

[This article](#), written by Jade and Adam, shows very clearly how people who have faced trauma and fear can struggle to feel safe enough, even when we try to create what we, as health professionals, think of as therapeutic relationships. For those used to pain and disappointment, relational connections with another person can be very frightening.

In her keynote response, Dr Elizabeth Kelly reflected that healthcare professionals are people too, and that we have our own emotional and psychological needs, vulnerabilities, and experiences. Our capacity to care for ourselves and our colleagues is an important part of sustaining our capacity to provide care for the people using our services.

Drawing on a recent [report](#) published by the [Carnegie Trust UK](#), Elizabeth highlighted the central importance of kindness in healthcare, and argued that, in the words of the report, "at times of vulnerability and weakness, just the time at which most of us experience public services, our need for a kind, human and emotionally astute response is always greatest."

Understanding and investing in human relationships could help make that response more likely, and perhaps make it less likely that workers need a suit of armor to protect them from too much contact.

And yet, the report also recognizes that people who feel that too much is expected of them, with too little resource, will not find exhortations to be kind helpful. Working in healthcare, being alongside people who are in pain and distress, is emotionally demanding and workers need to feel genuinely supported in order to operate in more human and connected ways.



Unwin, J. (2018, p. 10) *Kindness, emotions and human relationships: The blindspot in public policy*. Carnegie Trust UK.

Elizabeth explained there are rational and relational lexicons that shape our understanding of, and approach to, health care. Both lexicons are necessary; neither is sufficient without the other, instead we are all encouraged to be more bi-lingual and to employ the best of each one.

In his wide-ranging keynote response, Professor Austyn Snowden reminded us there are many ways to reflect on this topic including through social research methodologies, psychological theory, and philosophy. Playing with the title of the session, Austyn challenged us to consider that it depends on who's holding the torch as to which invisible stuff gets illuminated. He suggested that chaplains are one of the few professions whose members are explicitly enabled to engage with people in whatever way seems most appropriate at the time, in contrast to other healthcare workers who are often bound by pre-defined protocols and tasks. Many comments in the chat suggested that some parish nurses, mental health nurses, and psychologists also eschew many of the limitations generated by service policies and structures, and instead work hard to prioritise walking alongside those who need care.

Austyn reflected that the session had made him think about [Hanlon et al \(2011\)](#) and their proposition of a fifth wave of public health, which is characterized by a focus on healthy cultures. [Read more in this blog](#). However, Austyn suggested we might be moving towards a sixth wave of post-truth public health, where populism creates risks for decision-making.

Snowden, A., Young, J., & Savinc, J. (2020). Meeting Psychosocial Needs to Improve Health: A Prospective Cohort Study. *BMC Cancer*, 20(528), 1–22.

<https://doi.org/10.21203/rs.2.17909/v2>

Young, J., & Snowden, A. (2019). A qualitative study on the perceived impact of using an integrated community - based supportive cancer service. *Eur J Cancer Care*, (January), 1–9.

<https://doi.org/10.1111/ecc.13001>

For a thought-provoking overview of promoting health in a post-truth world, [try this editorial](#).

Moving to the future of nursing, Austyn reminded us of the [2030 Vision](#) and its aim of ‘having in place systems of assurance that ensure consistency of standards across Scotland, without losing the essence of compassionate, personalised, rights-based care.’ Bringing us neatly back to where we began, Austyn observed that it takes tremendous skill and expertise to hold these intentions comfortably. Because, in the end, once the suit of armor goes, all that’s left is the individual standing in front of the person needing help.

It might be that we’re sometimes asking too much of our newer recruits to nursing and healthcare, and perhaps the role for our professional leaders to provide the requisite conditions for sensitive practice has never been more important.

**Question from Barbara MacFarlane, Parish Nurse:**

“Do you ever go to a café to meet patients for a bacon buttie?”

**Answer from Adam Burley, Psychologist and Psychotherapist:**

“I went for a long cycle ride with someone recently – no real difference in the amount of time we spent together, but it was so much more productive than being in a room with a closed door.”

Each of our conference sessions was closed by a resident poet, who created a poem in direct response to the session. We are very grateful to [Stuart A. Paterson](#), who penned this poem for us and has given permission for it to be included here.

## FAIRER KINDER GREENER

Never be carer who's blinder and meaner  
Be someone fairer, kinder, greener

Babies love faces  
And love black and white  
Love being in spaces  
Where all they love's right

There's no such thing as a patient  
Everything & everyone's related  
Patients are people and people patients  
Training, explaining, qualifications  
And letters after names need not add up  
To breathing breaths of health and patience  
No such thing as a baby,  
Just an us that never lives for maybe

Those who can't remember the past  
Are condemned to repeat it  
Traumatic abusive dynamics  
Need to help us help them not to meet it

Letters after names are not  
As important as what and who you are  
We ought to spell correctly  
Our alphabets of self

c - a - r - e

h - e - a - l - t - h

care  
health

Targets, accountability and processes  
Need to be fuller of care and yesses

Never be carer who's blinder and meaner  
Be someone fairer, kinder, greener

**Stuart A. Paterson**



### **A selection of comments from the audience:**

“COVID-19 has been a traumatic experience for many workers in social care as well as in health care, what are some of the key things that organisations should be doing to help staff and teams recover?”

“I love being a parish nurse - I don't have 'traditional agendas' and systems. I do have robust governance, but feel immensely liberated to be a rather old-fashioned nurse who has time to care for people as whole people.”

“Does the fact the community nurses tend to go 'to' the person help address engagement for those who have experienced trauma?”

“When stressed people present at GP surgeries and get 'struck off' for their 'unacceptable behaviour', it underlines their anxiety about attending appointments, and just creates worse problems.”

“This was a great session which totally resonated with me. Services need to adapt to differing needs, experiences, and individuals but healthcare targets do not promote or encourage this. However we can make a choice to be person-centered for ourselves and others to be fairer, kinder and greener.”

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This report was created in response to session four of the QNIS annual conference 2021.

You can access the other sessions by visiting our website:

<https://www.qnis.org.uk/conference>

FAIRER, KINDER, GREENER

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