

LAUREN PHILPOTT

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Nursing
Standard

Being a Nurse



A personal guide from
graduation to revalidation

Being a Nurse

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graduation to revalidation

This book is written in loving memory of my Grandma; my ultimate role model and inspiration for entering into the wonderful world of nursing.

Also, for Kerry. Your passion for nursing and love for your colleagues was second to none.

Being a Nurse

A personal guide from
graduation to revalidation

LAUREN PHILPOTT

Registered Children's Nurse



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CONTENTS

Me and my book	vii
-----------------------------	-----

Chapter One: First day nerves	1
--	----------

Your first days	2
Am I ready?	5
Going it alone	7
A shaky start	10
On a positive note	12
Common worries answered	13

Chapter Two: Teamwork	19
------------------------------------	-----------

The importance of teamwork	19
The nursing team	22
Finding your role within the team	24
Lone working	26
The multidisciplinary team	26
Working alongside other departments	29
Communication	31
Team building	32
Teamwork in an emergency	34

Chapter Three: Patient relationships	39
---	-----------

Therapeutic relationship	40
Building relationships	40
Boundaries	44
A positive relationship	46
Establishing a good relationship	48
What if I don't strike a relationship with a patient?	49
Social media	51

Chapter Four: Difficult situations	57
---	-----------

Emotional difficulties	57
Uncooperative patients	59
Dealing with challenging people	61
Politics	64
Disagreements with colleagues	66
Breaking bad news	68
The death of a patient	69

When mistakes are made	71
How to cope with difficult situations	74
Chapter Five: Good days and bad days	77
Good days	77
What makes our shifts good?	78
What do you think?	82
Bad days	84
Why do bad days happen?	85
How to help yourself have a good day	86
Sick patients	88
How to recover from a bad day	90
Chapter Six: Progression and confidence	95
Preceptorship period	95
Confidence	96
Study days	99
Learning 'on the job'	101
As your confidence grows	102
Caring for sick patients	106
Becoming a mentor	107
Chapter Seven: Work/life balance	113
Work/life balance	113
What is burnout?	115
How to avoid burnout	116
Hobbies	118
Leaving work at work	119
Saying no	121
Take your breaks	121
Take time to rest	122
Annual leave	124
Look after yourself	125
Supporting your colleagues through burnout	126
Chapter Eight: Revalidation, and everything in between	129
Revalidation	130
Everything in between	135
Acknowledgements	145

ME AND MY BOOK

Hi readers! Just wanted to say a few things before you start reading; I'll introduce myself and outline to you all the aims of my book and what you can expect as you read on.

My name is Lauren, and I qualified as a registered children's nurse in October 2014. I went straight into the job that I'm in now, although I did rotate to the Special Care Baby Unit (SCBU) for four months during that time. I'm now firmly back on the general children's ward, however, and despite occasional (sometimes frequent) wobbles, I really do love my job!

As well as this book, I've written several blog posts (mostly covering the things covered here) and also run a vlog. You can find this at <https://graduationtorevalidationblog.wordpress.com/>. Linked to this I also run a Twitter account **@grad2revalnurse**, so feel free to follow me or tweet about any similar experiences or feedback you might have - I'd love to connect with you!

But enough about me, I now want to tell you a little bit about this book:

When I first qualified I found it particularly difficult adjusting to life as a newly qualified nurse; I'd moved to somewhere that I'd never been, working on a ward that was very different to the one I'd trained on, and throughout my first three years I found some things quite hard to cope with. I realised that if I'd read a book that was written on a personal level about some of the most common things you can expect when you start out as a newly qualified nurse, I might not have struggled as much - there is a great comfort in knowing that someone else has felt this way too. I could never find a book like that, so I decided I would write it. I believe that if I can help at least one other newly qualified nurse to know what they can expect along the way, and maybe make it that bit easier for them, then I'll have done a good job. That's what this book is all about; it's the book I wish I'd had.

Before we start, there are a few things that I want to highlight:

- » We all know that our patients will always be our number one priority; everything we do is for them and I can't stress enough how much we all must strive to do our absolute best for our patients at all times. This book, however, is intended to help you, as a nurse, survive as

a nurse. My hope is that it will help you on a personal level to cope with the aspect of nursing that will affect you, so if at any time you think I am neglecting the patients in this book or putting too much focus on the nursing team, please remember this: my aim is to help you, so that you can in turn help your patients.

- » I can sometimes have a weird sense of humour, which will probably come across in this book, particularly in the parts that I found harder to write about. I figure that it takes a special sort of person to be a nurse, so I'm hoping you'll read it in the good humour that I am writing it in.
- » I have included a lot of personal accounts throughout the book, as I find it useful to give a lot of examples (and so you don't have to listen to me bossing you around for the whole book!). During these I have referred to some patients and their situations, but I have done so in a way that they will remain confidential; I haven't ever included any names and have given away the bare minimum in terms of their conditions, but in some cases I've had to give more of a background. In these cases I have changed certain aspects so that they won't be identifiable; for example, I might have changed their age, gender or condition.
- » I will apologise now if I come across as at all bossy or patronising - it isn't my aim, and sometimes I get very ranty if there is something I am passionate about.

Anyway, I'll stop wittering on now and let you get on with reading my book - I really hope it's helpful, and I hope you enjoy reading it as much as I've enjoyed writing it!

Lauren Philpott
May 2018

GOOD DAYS AND BAD DAYS



It's rare that we remember the really good days, unless a certain patient or event has made it memorable. My aim for this chapter is to help you (and me) remember the really wonderful things about nursing – the reasons we entered this vocation, and the reasons we stay in it.

However, when bad days happen they can really knock your confidence, so this chapter will also explore why this is, how you can avoid it and how to turn a bad day into a good one. To close the chapter I have included a section about how to help yourself recover from a bad day; this is something that I believe to be very important for every nurse – you need to look after yourself as well as your patients.

N.B. I refer to 'days' a lot here, but this of course applies to whatever different shifts we work.

Good days

Most of our days at work will be good ones and will be the reason that we love nursing so much. We nurses have an innate ability to see the good in almost every situation; there is something about it that just makes us happy, and I can't quite put my finger on what it is. There are times when

we can have the busiest of days, but still come away from work feeling extremely happy; it's a very strange feeling. I was recently reminded of something I'd posted on a certain social media site when I was in my second year of university (five years ago – how time flies!):

“I’m sure it’s not natural to walk out of an extremely busy 12½ hour shift and feel this amazingly happy! Good career choice? I DEFINITELY think so!”

It's really great to be able to look back at posts such as these and be reminded that this wonderful career has been so rewarding from the very beginning. Despite frequently having extremely busy shifts, if we know we have helped someone in some small way, then we can come away having had a great day. I think that's what nursing is all about; we help make a difference in people's lives, and that's a wonderful thing to be able to do.

“It's so common that I will reach the end of a shift and have a sudden adrenaline rush. Is this because I'm finally free? Possibly, but I think it's more to do with the fact that I've had a really great day. When I know I've done the absolute best that I can for my patients I'm always happy, but when I know I've gone above and beyond for them, I'm usually dancing out of work and high-fiving myself! These are the best days – and they are so common; I must remember this!”

What makes our shifts good?

Most days at work are good ones, even if they are busy. There are several reasons that this is the case, such as:

- » Great patients – as explained in *Chapter Three*, we have the opportunity to build up a great relationship with our patients, and we spend most of our day with them. They are usually the determining factor as to whether we have a good day or a bad one. Sometimes, this can be the patients themselves, and sometimes it's the situation involving our patients, for example:
- » Knowing that we have made a difference in the lives of our patients is a really wonderful feeling, and it's probably the one we get most often. Sometimes our patients will personally thank us

for our help and care, other times we will see a difference in them and know that we have helped.

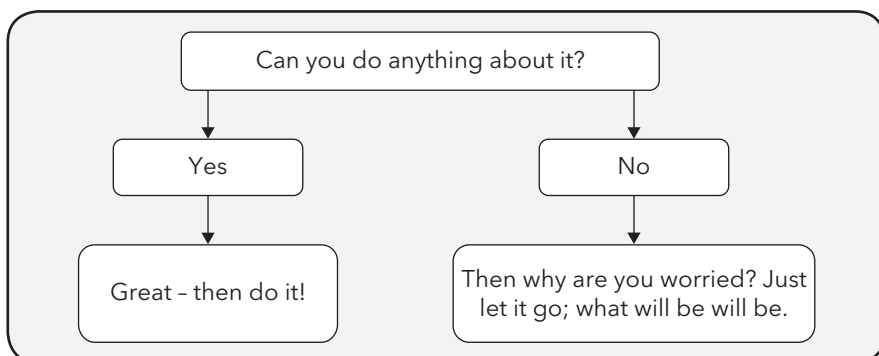
- If our patients are friendly and we can build a good relationship with them it will be extremely difficult to come away feeling that we have had a hard day. Working cooperatively alongside our patients allows everything to run smoothly and will help us to give them the best possible care. If we can have a chat or a laugh with them at the same time, that's even better! Patients like these will always impact us in a very positive way, and they really make the job worthwhile.
- Getting positive feedback from patients and relatives is a really wonderful way to help remind us what a great job we do, and it's lovely for our hard work to be noticed. This positive feedback can make a bad day 100 times better and reminds us why we are in this profession; we can make a difference.

“It's always a joy to care for families who are truly lovely people and are grateful for anything you can do for them. This can really turn a bad day into a good one, something that I was reminded of very recently. I had worked a night shift where we admitted a baby who had to be kept nil by mouth (which I'm sure you'll agree is difficult for a baby). Poor mum was completely exhausted, and we noticed that the baby was becoming very unsettled because he could smell mum's milk. I offered to put him in his pram and go for a walk to settle him to sleep, so mum could also get some rest. This worked almost instantly, and he then slept for the whole night (and importantly, so did mum). A few days later I was on a day shift and I was assigned to look after the baby again. This shift was a busy one and I found myself struggling to stay positive at times. When the baby was discharged his mum gave me a box of biscuits to say thank you because she was so grateful for my help on the previous shift. I was so touched by this and it really reminded me that although we have hard days, I really do love my job; I made a difference to my patient and his family, and they were grateful for it. That's the best feeling ever.”

- » Great staffing – any shift you’re working with a team who are just that – a team – is going to be a good one, regardless of what the ward is like at the time. I mentioned this back in *Chapter Two*, and I firmly believe that if there is a great team on (and you have the right amount of staff), you’re almost guaranteed to have a good day. Knowing that no matter what happens there’s always someone who can help is a great reassurance, and if you get those rare times where you can sit and have a laugh with your colleagues it really lifts your spirits. At the end of the shift you can party out of the doors together knowing you’ve all done an amazing job!

“There have been so many instances where we have had a really good day because of the team we’ve been working with. Even if it has been incredibly busy or there has been a heavy workload, having the help of brilliant colleagues is priceless and when we all stay positive we really lift each other up. We always joke that we are ‘The A Team’ or ‘The Dream Team’, and most days that is so true; it’s great to work with your friends!”

- » A great outlook – always believe in the power of positive thought. I’m sure you’ll recognise that I’ve said this a lot throughout this book, but I really do think it works. If you’re sceptical about this, let me expand: if you can start your shift thinking “It’s going to be a good day” and maintain this outlook, it will take a lot to stop you having a good day. It’s important to try to see the good in every situation – if you can do this, then your whole outlook will improve. Although this is difficult, I would definitely recommend that you give it a try. Have a look at the flow chart below for my own simple (but maybe too simplistic?!) way of dealing with this; then look a little lower for some real advice:



On a serious note, if I'm in a tricky situation I usually ask myself one of two questions:

1) Is there anything you can do to change what has happened/ will happen? The answer to this is usually no, so if there is nothing you can do about it, why worry? Just do what you can do, and that will be more than enough.

2) Will you still be affected by this in a year's time? A university lecturer once asked us this question, and I've always remembered it; if it won't affect you a week, a month or a year from now, then why worry about it? Worrying only makes the situation seem much worse, but if you can disregard it and move on you'll feel much better about it.

There might be some instances where these won't apply, but on the whole, most causes for worry at work will fall into one of these two categories; I've yet to come across one that doesn't. If you really feel like you're struggling to stay positive though, please do speak to your manager or someone you trust about this; don't suffer in silence.

- » When things run smoothly – the most satisfying kinds of days are those when everything goes exactly to plan: all of your observations are performed on time, your patients are lovely and extremely compliant with absolutely everything that you need to do, the doctor's round finishes promptly and the discharges are ready when you need them, all of your IVs are given perfectly with no cannulas tissing and you are up to date with your notes by the time handover rolls around. This might sound like a fairytale or the plot for the latest Disney film, but there are occasions when it does happen, and it feels really great! There have been many instances when things have gone exactly to plan, but there have also been many instances where they haven't. Although it is a wonderful feeling to be able to do absolutely everything when it is required, don't write it off if it doesn't happen:

“ There have been several occasions where nothing has happened at the right time, but everything still works out fine. This is largely due to having understanding and trusting patients/parents. I still vividly remember one parent in particular

whose child had been on our ward for almost a month and today was the day she was finally going to be discharged. The discharge letter was completed, the TTOs had been delivered and as soon as the final dose of IV antibiotic was given they would be allowed to go home. On this occasion (as it always seems to be) the child's cannula tissued as we were flushing prior to giving the dose. Typical to occasions such as this, the doctors had been called to an emergency in A&E and there was no one on the ward who could cannulate. Instead of moaning and complaining like a lot of people would have done, this mum laughed, shrugged and said 'not to worry - we were the emergency in A&E last month so let them take their time'. This outlook from a parent is exactly the sort we all need in times like this - she was happy to wait until someone was available and didn't make a fuss or try to complain about the situation. The doctors were back from the emergency within around an hour, they successfully cannulated her and the IV was given. The patient was discharged home and we haven't seen her since - that was a very good day. ”

What do you think?

I recently asked some student nurses via social media about how we know we've had a good day, and I was delighted to read so many wonderful responses. The majority of us agree that it's mostly down to our patients; if we know we have made a difference to at least one person then it has been a good day. Another common theme was being made to feel part of the nursing team, regardless of whether we are new or 'temporary'.

Those who contributed their experiences are happy for me to include them in this chapter, and I'm so pleased to be sharing them with you now:

Marie said:

"As an LD student a positive interaction makes my day. I recently worked with a man who had never spoken a word for so long it was thought that he was non-verbal. Within three shifts with him he said his first word to me. This was possibly the best moment of my training so far and I have just finished my second year."

Poppy said:

"Being able to form a relationship with my patients. I'm in theatres at the moment which means you have to build this quick and gain trust. I love making my patients smile."

Lauren said:

"When the person you're looking after is smiling and thanking you for everything you've done for them. Makes everything worthwhile and can easily turn a hectic/bad day into a really positive one."

Rachel said:

"When your patients give you feedback. I have had patients literally grab my hand as I go past and tell me they have seen I am a caring/compassionate person, which I strive to be, so I am thrilled it comes across that way to patients. Also reminds me to always be on my game, as our lovely patients often have very little to do but sit by their beds and watch the staff around them (of course depending on the ward/client group). Also, seeing patients smile! Especially those who have been understandably distressed and upset, to see them smile makes my day – and when I tell them so, they smile even more!

Being included in the team, despite only being there temporarily; you can always tell which nurses remember what it is like to be a student/new to a team, and it makes such a difference to be included.

Practically, when I achieve something I have been afraid of, e.g. handing over the entire ward to the whole team; my mentor told me from day one that would be a goal she would set for me, and I was so afraid, but having done it, I was proud of myself and really enjoyed it. Will ask to do it again on my next shift!"

Naomi said:

"The two biggest things that put a smile on my face are:

1. When I successfully undertake skills that I've struggled with in the past, no matter how small (put a Conveen on for the first

time the other day, stupidly proud of myself) and
2. The service users and their families; I love the personal interactions, the give and take of trust and vulnerability. I love when the connection finally clicks into place and you know that they value you and the care you provide. That moment is what keeps me getting up at 5am and going back every day."

Jasmine said:

"I'm currently looking after a young man who's been hospitalised for three months so far. His mental health is bad and in the three months he's been with us (I'm currently on a respiratory ward for placement) he's learnt to talk, eat, walk and gain independence again. Myself and my mentor are fighting to get him funding to get a supportive living home. Today he said how well I've developed as a nurse and how I've inspired him to become a support worker or even a nurse one day from reflecting from my work.
MY EYES WELLED UP."

I am so grateful for the comments I received regarding this, and it is really wonderful to be able to connect with other nurses and students and be reminded exactly why we are all in this job – most importantly, it's about the patients. Your comments (and don't stop them coming, I'd love to hear more about why people have had good days – have a look at the *Me and My Book* section at the beginning of the book for ways to connect with me) can really help inspire and encourage others, particularly if they are struggling to see the light at the end of the tunnel. We nurses have to stick together; we help each other celebrate the good times and console each other through the difficult times.

Bad days

Bad days are generally few and far between, but if you have a number of them in quick succession they can get on top of you, and it can sometimes feel like you're never going to get over this cycle. This is something I have struggled with a lot, and a lot of my friends who are newly qualified have too. If you can finish a shift and know you've given your patient the best care that you possibly can, then you've done a good job.

Firstly, let me reassure you that it will get better – bad days don't last forever and as you grow in confidence you will find your own ways to deal with them. I definitely had my share of days when I started where I didn't know if I was coming or going, but along the way I've learned ways to manage my workload and overcome some of these problems. Don't get me wrong, I still have bad days, but I deal with them much better now. I'll explore some of the ways I have done this a little bit later in the chapter, so sit tight.

Why do bad days happen?

The answers to this question are mostly the reverse of the previous section. There are many factors that contribute to bad days, such as a heavy patient workload or poor staffing levels or skill mix. A busy day doesn't always mean a bad day, but there is a fine line between 'busy' and 'too busy', and when that line is crossed it becomes very difficult. There are three main reasons that we might have a bad day:

- » Poor staffing levels or skill mix – when you're not fully staffed the workload instantly increases and this can put extra strain on you and your colleagues. Similarly, if the skill mix is poor your workload might increase; this will become more prominent to you as you progress in your career.
- » Heavy patient workload – having a lot of patients doesn't always equate to a busy shift if they are straightforward ones, but when there is a lot to be done or things don't go to plan, this can instantly increase your workload and might mean that you have less time to spend with them or other patients.
- » Poor expectation of your shift – as explained above, if you have a lot of bad days in quick succession, it can change the way you feel about work; if you're expecting a shift to go badly, the likelihood is that it will. Don't feel bad if you think this way; it's human nature and we are all entitled to our 'down days'. Sometimes things that are happening outside of work can impact the way we feel inside work. I will expand on this further in *Chapter Seven: Work/life balance*.

“ Looking back on the bad days I have had, there always seems to be one common thread; when 'busy' becomes 'too busy'. I'm a bit of a stress-head and if I start to lose control of

what's going on, I begin to get flustered. I find that organisation is extremely important in managing a heavy workload and I am getting better at that as time goes by (but I do still have a lot of room for improvement in this area). My main worry, however, is when it becomes unsafe; I've had too many shifts where I find myself unable to do any more than the absolute basics of what is required of me and it really scares me. What if I make a mistake? What if I miss something? What if my patient is really sick and I've been too busy to notice? These days are, of course, massively outweighed by days where I don't have this worry, but at the time it can be really scary.”

How to help yourself have a good day

- » Poor staffing or skill mix? As you progress you might find that you're helping your more junior colleagues (which of course is absolutely fine and no one would ever refuse to help) – it's a great way to help them learn and 'pass the baton' but it can mean that the extra workload makes your shift busier. I always try my absolute utmost to help other members of my team, whether they are junior or senior to me, but I do find that sometimes I need to ask them to do something in return. In *Chapter One* I wrote about this in reverse; if someone helps you with something, think about what you can do for them. When you're in the opposite situation, don't be afraid to ask them to do something for you; it will help them to gain expertise in this task, and really helps them to feel an important member of your nursing team. Teamwork is about sharing workload and that's the best way to manage a busy ward.
- » Heavy patient workload – this is something that isn't necessarily going to be easy to get around, as a heavy workload is one of the most difficult aspects of this job. I find that organisation is the key; one of my colleagues (a genius) created a 'time sheet' so that we could write down which patient needs what interventions every hour, and they have become very effective for most people – it becomes easy to keep track of your patients and ensure nothing gets missed. However, I (awkward as usual) find that on an average day I will fill this sheet in first thing, but from 10 o'clock onwards I don't take it out of my pocket. The times I do find it extremely helpful are when I have a heavier workload and therefore things need to

be done on time. There will be days where you can't get everything done that you need to, and you'll have to hand jobs over to the next shift; that's just how it goes, and that's fine.

“It can be hard to put a positive spin on a busy day; and you can very quickly feel deflated if you don't feel you've done enough for your patients; however, my outlook is: if I have done everything required of me by the end of the shift and my patients are better (or at least no worse) than when I started, I consider this to be a job well done. Of course, it's wonderful to be able to go the extra mile for our patients and on days where this is possible it's really brilliant, but when it has been busy or I have a heavy workload I've learned to be content in the knowledge that I have done all I can for my patients, and have helped them. Some days that has to be enough, but it has taken me three years to begin to realise this.”

Below is a template of the time sheet used by many of my colleagues (and myself on special occasions):

	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00
Bed 1												
Bed 2												
Bed 3												
Bed 4												
Bed 5												

» Poor expectation of the shift – I covered this to an extent in the above section regarding good days, but one more thing I would like to share with you here is this: when I first qualified I found that I was having as many bad days as good ones, but I soon realised that if I wrote down what had made my days good, I could look back over them after a bad day and remind myself that I really do love my job, so that's what I did. I find this very beneficial, not only because it allows me to look back at the list when I'm struggling, but also, finishing a shift and highlighting what was good about it helps me look for the positives in every situation. If you do this after every bad day they will quickly become good days in your mind – the power of positive thought! That is something I would always recommend people do, as we sometimes do need reminding of how amazing

our vocation can be. Another way to do this is to save comments or cards/gifts from patients. This is useful both for revalidation (see *Chapter Eight*) and to remind us of the difference that we are making every day.

Excerpts from my list of positives (I've changed the dates to protect confidentiality):

“ 12th September 2016: “Today was busy and I didn't really get a chance to stop, but I assisted a doctor with an LP [lumbar puncture] which came back negative thankfully, but also as a ‘champagne tap’ - the consultant told me this is where there are no red blood cells; a perfect LP. He shook my hand and said ‘It's all down to the holding - back in the day I'd have bought you a bottle of champagne!’ I felt weirdly proud - but unfortunately I never did get that bottle!”

8th November 2016: “We had an amazing team on today and all of my patients were such lovely people. I spent about half an hour chatting to one mum about her kids (who are hilarious! I need to meet them all!).”

1st January 2017: “Busy busy busy day today - it was hard to stay positive. My patient ended up getting retrieved (transferred to a specialist hospital in London) because he has meningococcal septicaemia. Luckily it was recognised quickly and it was more of an elective transfer than emergency, but his poor family are so stressed. As they were leaving I wished the family well and said that I hoped we would see him back with us soon. His Nan put her hand on my arm and said ‘I can see this is hard for you, but you're a wonderful nurse. Thank you.’ It took everything I had not to cry at that point, but it really showed me that I am making a difference.” ”

Sick patients

On some shifts you might have fewer, more unwell patients to care for. Some people prefer this as they can focus all of their care on one person; others prefer to have lots of different things to do rather than focus on one person in particular. There will come a time when you will be allocated to care for these patients, and if you haven't often done

this it can be scary and quite demanding. The first few times you care for these patients you might come away thinking you've had a really bad day but the more you do it, the more confident you'll become; it's good to get used to it. The next chapter will explore this more fully in terms of growing in confidence and caring for sicker patients, but for now I will focus on those times when your patient unexpectedly becomes unwell.

When our patients suddenly take a turn for the worse whilst in our care, it can become really terrifying. We can get swept up in the urgency that ensues (we alert everyone that we need to and assist in ensuring that they get the correct treatment promptly) and sometimes it doesn't fully hit us until the event has ended. It is then that we might feel awful about it; perhaps our concern is that they aren't going to get better or we worry that we didn't recognise something soon enough. This can be hard to move on from, but talking to someone with experience about this will definitely help you to feel reassured.

“The first time this happened to me was really terrifying; I was looking after a one-year-old girl who had a chest infection. I was doing her observations half hourly and they had been stable so I discussed this with the nurse in charge and we decided that they could be done hourly. I then took this opportunity to go on my break but was halfway through when the nurse in charge came in and told me that the little girl had developed severe increased work of breathing and almost had a respiratory arrest. She requested that I go up to theatres with the patient and the doctors as she needed to be intubated and transferred out. This whole event remains a complete blur to me and I was just focusing on making sure that everything the theatre staff requested was done. In total it took an hour and a half for her to be retrieved, and it was only when I returned to the ward that it really hit me: did I miss something? Was I wrong to extend the frequency of her obs? I felt really awful about this so I asked the SHO and nurse in charge what had happened and if there was anything I could have done. They took me aside and fully explained to me exactly what had happened and that there was absolutely nothing more I could have done; children are unpredictable and go downhill quickly. I felt so reassured about this after talking to them, and within a few days the patient was transferred back to us, almost completely recovered.”

If you're in this situation, the main thing to remember is that there is no shame in asking for help. If you feel like you aren't coping with your patients, speak to the nurse in charge; they might be able to help you or to reallocate so that you don't have as many patients. It's always good to have experience in caring for sicker patients, but you need to feel ready for this. You might get swept up in the situation, so when it's over it can be really helpful to talk it through with someone more senior, whether this be a nurse or doctor. They can explain exactly what happened and why it happened, and this knowledge will help you if the situation ever occurs again.

How to recover from a bad day

Recovering from a bad day is so important; you need to be able to move on from the events in order to avoid 'burning out', a concept which will be explored more deeply in *Chapter Seven*. There are many ways in which you can recover from a bad day; sometimes this will happen unexpectedly whilst you're still at work, other times it will require something specific such as making a conscious effort to relax or reflect following a hard shift. The more bad days you have, the better you will become at recovering from them, but it might take you a little time to find the best way to do this. I have learned that after a bad day a cup of tea (you might prefer a glass of wine), a bath, sometimes a little cry (because there is absolutely nothing wrong with letting it out) and an early night normally sort me out and I can *usually* wake up the next day feeling better and ready to start all over again.

“ Generally if I am having a bad day at work I expect it to remain bad until the end of my shift, but on some occasions something can happen that will magically make everything better. My favourite time this has ever happened was a few months after my revalidation when we had a baby on the ward who had been there for three months and whose parents were unable to stay with her for very long. This meant that the nursing and play team could spend time with her when she was alone (and when we got the chance) and so we got to know her very well. One day I found myself having a hard time so I went in to see how our little baby was doing. I was chatting and playing with her when all of a sudden she gave me a big smile and started to laugh. That was the first time I had ever heard her

do this, and in that second it just made everything OK. Little moments like this are so special, and I really cherish them. ”

Some days we might have to make a conscious effort to make ourselves feel better, and there are many ways in which this can be done. This aspect also applies to the previous chapter, as difficult situations and bad days can be much the same thing. The advice is as follows:

- » Relaxation – for me, this is the best way to get over a difficult day. I get home from work, run a hot bath, make a cup of tea and dig out a good book. This instantly helps to take my mind off whatever has happened and allows me to relax and prepare for an early night – particularly helpful if I’m back in work the following day.
- » Written reflection – this is an extremely useful way to deal with any bad day or emotional difficulty, and you can do this in a variety of ways. Writing things down is a very good way to get your emotions out there and help you deal with them. This will also come in handy for your revalidation – see *Chapter Eight*.
- » Talk about it – another way of reflecting (which we almost always do without giving it a second thought) is through talking. We talk to our colleagues, our families, our pets and sometimes ourselves. We speak about what happened and how it affected us, and this helps us to deal with what we are experiencing. Most (if not all) occupational health departments will offer some kind of counselling service, so if you feel you need it, have a chat with them. Whichever way you reflect on the day’s events, it’s important that you do reflect; bottling things up will only weigh you down.
- » There’s nothing wrong with a good cry – some people deal with difficult situations by bursting into tears. This can be because you feel frustrated, upset or just because you’ve become overwhelmed with the situation. There is absolutely nothing wrong with this; crying can be very therapeutic. My only advice here would be that you ensure this doesn’t interfere with your patient care, and that you try to take yourself away – patients don’t need to see their nurse getting upset.
- » Keep yourself busy – this is almost the opposite of the above point, but this is how some people cope with difficult situations. Keeping

busy will help to keep your mind off what has happened, but remember to look after yourself. This response will usually end in one of two ways; either you will get to the end of the shift and almost have forgotten about the situation, or you'll finish your shift, relax and it will hit you. Whichever way you deal with this might be fine for you, but if you're the latter kind of person it's extremely important that you don't let it affect you for too long after your shift has ended. I recently read a book by comedian Sarah Millican who gave some really great advice; she calls it 'Millican's Law' and although she is referring to her comedy, I really liked it and found it applicable to nursing. It goes like this (I'll paraphrase): if you've had a hard day, you're only allowed to feel down about it until 11am (or pm if you're on nights) the next day; by this point you should be able to put it all behind you and move on. I would personally change the time slightly to whenever you wake up the next day as being sad until 11 o'clock can be tricky if you're back in work, but I really love the principle. If you do find yourself becoming pulled down by what is happening at work, talk to someone.

- » Focus on the positive – in every difficult situation there will be a little glimmer of happiness; find it and focus on it. Think about how you made your patient smile; how you made the end of their life as peaceful as possible; how you ensured your patient received the correct dose when you questioned the prescription; how your support helped a family who have just lost a relative. Maintaining a positive outlook goes a long way towards helping you to cope with these situations, no matter how difficult.

I will leave you with a reminder that **you are an amazing nurse**. Bad days are inevitable and sometimes are more frequent than we would like, but a bad day doesn't mean a bad job. If you are struggling please talk to someone; whether this is a family member, your line manager, a fellow colleague, anyone – don't bottle it up and let it get you down. Focus on the good times and they will get you through the bad; you're doing a really great job.

TOP TIPS

- ★ We all have good days and we all have bad days. Take each shift as it comes and let them mould you into the fantastic nurse that you are.
- ★ It's really important to enjoy good days when they come - they are brilliant in reminding us why we do the job that we do, and they're so common!
- ★ Our patients are the primary reason that we have good days; knowing that we have helped someone and made a difference in their lives is the best feeling, and when we see the change that we are making, we feel like superheroes (which we are!).
- ★ Bad days might feel very frequent at times, but try not to let them get you down. This is a lot easier said than done, I know, but try to take time after each shift to look for the positives, even if there is only one. Getting into this habit can really help to change your outlook on your working life, and might just help you to recover from these bad shifts when they occur.
- ★ Always talk to someone if you are struggling with work. This doesn't have to be someone at work, it can be anyone; just don't bottle everything up because at some point you'll just go bang. Please look after yourself and remember how amazing you are!