

The importance of showing courage in delivering effective health care

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‘Courage is the most important of all the virtues because without courage you can’t practise any other virtue consistently.’

Maya Angelou, poet, author and civil rights activist (1928-2014)

Having the courage to speak out when compassion is not being shown or when patient safety or care are put at risk is crucial if we are to consign the failings of the past to history. This is just as important for healthcare assistants as it is for any health and care professional.

I encourage all health and care staff to have the confidence and courage to take the lead by working together in partnership across organisational boundaries and always doing the best for those we care for. By drawing close to those we serve, as providers or commissioners, and working with patients, carers, the public and communities, we will help to secure the best possible care—now and for future generations.

Jane Cummings

Applying courage to everyday care

Case study from Jenny Clarke

As an NHS Care Maker, I would like to talk about one of the 6Cs—courage.

We hear phrases such as ‘That must have taken some guts!’ and ‘Wow – what a courageous act’. But how exactly does courage apply to healthcare professionals?

Visualise your working day and consider how you approach challenges or difficult situations within your place of work. Do you feel an air of acceptance to comply because you are working for the institution,



A reflection from Jane Cummings: always do the best for those we care for.

rather than the patient/family/service user?

How we approach others and also how we react to them can identify a ‘courageous’ nature. Anger should not be met by anger, as this is like holding a lit match to a matchbox.

If a certain situation is happening, compassion and safety should always be foremost in our thoughts.

Ask, is your response kind? Or, is the person in any danger? It is worthwhile to contemplate the long-term effects of failing to challenge poor care. Poor or substandard care may continue because no-one has ever challenged the process, but it is always wise to consider the detrimental effects on the service user.

Reflection by the service user might not happen until a few weeks later and the impact could be immense on that person’s mental health and wellbeing.

I recall one occasion in my nursing career when I was caring for a patient in severe pain. Although a more senior member of staff wanted the patient to be moved to a suitable bed right away, I stuck with my duty of care as a priority and suggested that until analgesia was effective we would not try to move the patient—making him both feel safe and trusting in the team around him.

I did not openly criticise the senior person at any time, as I always see that collaboration is crucial and that patients should not see disharmony, but I did feel it took some courage to make such an intervention. Once the patient was pain-free, we helped to transfer him to the appropriate bed.

It is wise to hold the thought that ‘we are only human’, but in effect our humanity is instrumental in helping us

to differentiate right from wrong. On the other hand, it is always easy to look back on incidents and ask, 'How did that happen?' We must not bask in the unpredictable light of complacency, but each day have the courage to question our own selves by asking:

- Are my actions kind?
- Are my actions evidence-based?
- Would I accept this care for myself or for others that I love?

And we must also hold this thought: 'I am accountable for my inactions.'

Imagine yourself as a newly qualified healthcare worker in your first role. What would give you courage? Would you learn best practice by sticking with the same preceptor, or would you observe and gain a sense of right and wrong by reflecting each day and researching care yourself?

Is courage visible or audible? Can we teach courage and do we see it in our daily lives? Is courage something we only associate with heroes, daredevils, mountaineers and extreme sportspeople, but not healthcare workers?

If you overheard colleagues talking about another member of staff in a cruel manner, would you be able to speak out for that colleague—or would you join in? If you discovered that the person being talked about was you, how would you truly feel?

The question for me is: how can we raise the profile of courage as an intrinsic and crucial part of the 6Cs? Do all healthcare workers talk as openly about courage as they do the rest of the 6Cs? Is courage embedded into the curriculum?

I believe that love and compassion strengthen one's courage. Maya Angelou's quote highlights the fact that first and foremost courage is the core of all our virtues and we must hold onto it.

I firmly believe that courage can be taught and that this teaching knows no hierarchy—a breastfeeding counsellor might teach a student midwife more about courage during one observed consultation with a woman who is breast feeding her newborn than she has seen in all her first year of training. It is possible to be quietly courageous—or, a roar might be needed.

Remember to use systems to back up your courage: supervision, incident reporting, reflection and record keeping will all help you on your courage journey; also, refer to the new Nursing and Midwifery Council (NMC) Code.

Box 1. Sometimes we need to have the courage to say no

Many of us will have been put in situations when we know that what is being asked is outside our job boundaries. We probably have even done it. I have, because it's been easier than saying no. As I have continued in my career, I have come to realise that saying No, if we feel that we have not been trained or what has been asked is not within our job boundaries, is the right thing to do.

It is a thin line sometimes, but sometimes we need to have the courage to say no, not to be awkward or difficult, but because sometimes it's in the patients interest, however experienced we are.

John Evans, HCA Member, BJHCA Board

Box 2. Courage in action

Example 1: 'How are you?'

On being told by a patient that she was being mistreated in her care home, I listened to her and asked relevant questions. Once the picture was clear that she was being mistreated, I reported the findings to my manager, upon which the lady was put under safeguarding.

The home was investigated and the patient was found a quality care home. As the patient had no family or visitors, she was never able to voice her concerns until someone had the time to ask her, 'How are you?'—to which I will never forget the response. This has made me realise the importance of an open, friendly introduction to gain trust and confidential information from a patient.

Example 2: tackling a consultant

I was working on a ward where a good majority of staff were afraid of a consultant because of their attitude and unique way of communicating with the nursing team. I had heard a lot about this person and wanted to try and make a difference. Indeed I also noted that the consultant's approach was somewhat abrasive and sharp. I asked to speak with him and politely mentioned how I had received his comments and did he realise that people thought he was being rude and sharp? We had a long discussion about how he hadn't realised people were feeling this way and it really helped him to adjust his approach. This was a difficult discussion to have, but I'm glad I had the courage to bring this matter up.

Example 3: protecting a service user

While working within a community team, a service user's behaviour had changed and I noticed how they were often without food, toiletries and correct fitting clothes. After discussion with my manager and the service user, a safeguarding referral was made and steps were taken to provide support, after a family member had been identified as using the service user's money for their own purposes.

Source: NHS Employers <http://tinyurl.com/orpazzk> (accessed 15 May 2015)

It is crucial that we discuss, display and teach courage, in order that future generations of health carers embrace it as part their role and more importantly so that the people we care for can continue to receive and expect high-quality care. Jenny writes a blog at <http://jennythem.wordpress.com>

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We are looking to create honest conversations throughout the NHS, and give staff courage for this by changing the mindset that constructive feedback is 'unkind'—rather, it is about caring for our colleagues and wanting them to grow positively

Source: NHS Leadership Academy, <http://tinyurl.com/kfmh6m8>



Jenny Clarke: each day we must have the courage to question our own selves.

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Saying, ‘I am sorry, but I can’t do that’ takes courage and is not a sign of weakness

Menna Lloyd Jones, Consultant Editor, *BJHCA*

According to the *Collins Concise Dictionary* (McLeod and Hanks, 1987), ‘Courage is the power or quality of dealing with or facing danger, fear, pain etc.’ I think that Ian Peate (Peate, 2015) summed up courage very well in his recent article. I liked his concluding thoughts, when he says that at the ‘end of the day you should be able to put your hand on your heart and say that what you have done was in the best interest of the patient’ (Peate, 2015).

However, it is also important to remember that what you have done best can sometimes be to have done nothing. For example, there may be times when you will be asked to do something you are not competent to do, something that you have not been taught or shown how to do. We all know that we are busy and sometimes are asked to do something that others should do, but do not have the time to do it. You know that you are not competent to do what has been asked of you, but feel if you don’t do it, it will not be done. Although in this case your intentions would be good, undertaking a task that you are not competent to do could cause more harm than good and could extend the length of stay for the patient, or even worse. Saying, ‘I am sorry, but I can’t do that’ takes courage and is not a sign of weakness. Always be honest about your ability; if you have been shown how to do something, but still don’t feel confident, then say so. As Peate (2015) says, do the right thing—and believe me, that does take courage at times. **BJHCA**

References

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- Peate I (2015) Without courage, the other Cs will crumble. *British Journal of Healthcare Assistants* 9(5): 218



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Menna Lloyd Jones: do the right thing—and believe me, that does take courage at times.

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