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A Registered Veterinary Nurse's (RVN's) secret struggle ...: A short communication on mental health in the profession

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ABSTRACT: A social media discussion prompted an RVN to try to raise awareness on the mental health issues and struggles some Veterinary Nurses face, and how the support of management teams and fellow team members can make a difference.

After a particularly bad week as a ward nurse, I sat on the sofa with a case of compassion fatigue with my getting-a-little-wide-but-human-is-trying-hard cat on my lap, talking to a student veterinary nurse (SVN) who felt sad after losing so many patients in one week. We shared stories and it led me to ask a question on social media – *how many of you have a mental health diagnosis and what do you do to cope?*

When I embarked on this journey I was hoping for a lovely fluffy article full of hope and techniques for everyone to follow, but instead it has been an eye-opening journey.

Within 24 hours I had 121 replies with respondents ranging from SVNs to RVNs qualified more than 40 years. Respondents were nurses in referral practice, private practice, locum nurses and a few who had left the profession all together, but they were all willing to share their stories with me.

The dialogue that I reviewed made me shocked and saddened and filled with hope all at the same time.

- Shocked; that so many of us suffer in silence.

- Saddened; that management teams seem to have no idea, and in some cases, it comes across that the bottom line mattered more than the people helping to meet that bottom line.
- Saddened; at the level of ignorance – the question was asked: *“what would a nurse possibly have to be stressed about – you lot have it easy!”* I had no idea that this thought pattern still existed out there!

Statements like “I didn’t feel like I had any support from management at all” and worse “I was told I don’t belong in this job if I cry over a euthanasia ...” and the ignorant ones like “just smile”, “get over it” or “pull yourself together” were often what nurses had been told if they asked for support.

I did, however, also feel hopeful for our profession. The reason? Because the support that nurses gave each other on social media in such a short time was astounding and supportive comments flooded the thread.

The support nurses give each other in the workplace makes me proud to be an RVN – the answer “my supportive colleagues” popped up on my screen over and over and over.

Table 1: Answers nurses gave anonymously via social media

Number of nurses	Diagnoses
30	Depression
28	Anxiety
10	Insomnia
6	BPD
6	OCD
6	Social anxiety
5	Self-harming
3	Bipolar
3	High-functioning depression
3	PTSD
2	Lethargy
2	Panic attacks
2	Psychotic episodes
2	Suicidal ideation
2	Seasonal affective disorder
2	Anorexia nervosa
1	Bulimia nervosa
1	PND
1	ADHD
1	Chronic fatigue
1	Traits of Asperger's/autism
1	Alcoholism

To anyone reading this who has ever supported a nurse with a problem – even if just with a smile or a cup of tea, or a simple “are you ok?” – thank you! You are the glue that keeps us from falling apart on many occasions.

There is a problem; not just in the veterinary field, but in society; this fast-paced life we are living is damaging us all ...

The reason for this communication is that I would like to bring further attention to this problem within the veterinary nursing profession.

It became clear during my short survey that while we all know about compassion fatigue and work-related stress, it may be that some management teams simply do not understand what we are going through.

How is it that they do not realise what we do, how passionately we feel, how deeply we care and how deeply we grieve?

There are many questions and perhaps managers do realise and are just not equipped to deal with it, or simply have their own pressures and struggles within a busy practice environment. So how do we discuss this and what can we do to move forward?

It is a fine line, and all the blame cannot be on the management teams or the long hours, the short (or no) lunch breaks, sad cases or sometimes rude owners. We also have to take responsibility for our own health, be it by saying NO to that extra shift, or by having pizza with the girls or kicking a bag in the gym. I have always known that the buck stops with me ... but I am realising that doing this on my own is dangerous.

The nurses who cope well are the ones with support. The upfront ones – the ones who ask for help and do not “suffer in silence”. The ones who get a 5 min fresh air break or get to do some filing for a few hours if the day gets to be too rough. Support and understanding, from the teams on the floor and “upstairs”, is essential. However, if we don't speak up, we cannot get support. If we don't explain, no one will understand.

Then the next question that springs to mind:

*Is it the job that **makes** us this way or is it because we **are** this way that we pursued this job?*

We all know it takes a certain “type” of person to survive this kind of work. Maybe we are all more sensitive to what life and this job throws at us.

However, from the answers, it was clear it is not the job that causes this – it might worsen a state of mind if not managed properly, but the majority said that they suffered from anxiety and depression prior to becoming a nurse (some diagnosed as early as 10 years of age), with only four individuals (3.3%) saying that symptoms started after becoming a RVN/SVN. **Table 1** indicates some of the medical diagnoses received by the participants in the survey and may be indicative of the prevalence of these illnesses in the profession.

In some cases, the stressors of working made things worse, but most said the structure and purpose of that work gave them the will and courage to get up and face the day.

As I read more and more replies it became clear that the nurses who left the profession were the ones who had no support from colleagues or management. Every single nurse who replied that work made it worthwhile also said they had really supportive colleagues and management who were willing to allow changes if they hit a rough spot (for example, being allowed to do filing, cleaning or lab work for a day when the going got tough). On the surface it seems like this might easily be achieved in a large practice/hospital setting with more staff, allowing for more flexibility; yet, from the answers, it looked like the smaller the practice the more supportive the staff and bosses were, due to being a closer-knit group.

Nineteen of the 31 individuals who answered this particular question (61.3%) considered themselves introverts, and three (9.6%) said they had traits of both depending on the situation, with the remaining nine (29.1%) being extrovert. For an introvert the amount of social interaction this job requires can be challenging. So when your nurse friend sits quietly during lunch with her nose in a book, do not take offence, it has nothing to do with how we feel about you – we just want a few minutes to “time out”! One answer (paraphrased here) tugged at my heart more than most:

I suffer from depression – I love my work and cope well until there is a lot of pressure put on me by management. For example, lately we are very short-staffed and I haven't been getting lunch breaks and have been staying late for two hours every day. It is times like this that it affects me – not because of the extra work load but because of the lack of appreciation from management – I told my line manger I wasn't coping, doing the job of

three RVNs – her reply was that this is just the way it is. Yesterday I worked six hours before I could sit for five minutes and then collapsed at work. It is this environment that harms us physically and mentally. Nurses don't mind working hard, but the lack of thanks and high expectations (unrealistic) placed on RVNs is what is killing the profession.

We are a hard-working bunch; we love what we do and not much will stand in the way of us giving our utmost every day.

Here are some comments relating to how we feel about our jobs relating to our mental health:

- Work grounds me and helps to take my mind off myself – I love my job
- No one questions a diabetic so why should mental health be any different – it is a chemical imbalance in my brain that I am getting treatment for, same as any other physical illness
- When overwhelmed at work – I am allowed to have a 5 min “fresh air break” – this makes all the difference to my day
- Work prevents me from overthinking the rest of my life and gives me a purpose ... I make a difference here
- My supportive team at work keeps me going
- Work is killing me but also the only reason I get up and leave the apartment
- I wish I could just be appreciated then I might not feel like I do all this for nothing – like I'm just a cog in this huge machine that makes the bosses rich and the clients happy ... (at least the occasional client says thank you)
- I was born for this – I feel alive when I am at work. I love the structure and the calm of the theatre
- The purpose I have at work is what gets me going
- Work makes me feel like I have a purpose and a calling
- My supportive team is like family. They understand me. I do not have to explain my tears when something dies ... we all just get it
- My boss noticed ... and asked ... it inevitably saved my life. Nursing saved my life. I could never do anything else
- After severe depressive episodes I took 12 months off. This was the best decision I have ever made. I now work part time. My work life balance is right and I have reduced my meds from five types down to one. I have a new found appreciation for what is important in life – my family and my health, not the boss and his pocket

Only four nurses answered that they have left the profession. This indicates to me that the management team and colleagues should support nurses who suffer. No one is looking for a way out. We want to do this ... we just struggle sometimes.

Many nurses decided on locum work or working part time – more reason for employers not to dismiss the idea of part-time nurses.

Here are some of the things nurses said they did to cope and hopefully you might spot something that you have not tried yet.

- Fitness classes (for exercise, but also for interaction with others)
- Light to extreme exercise (many answered yoga; but there was also swimming, kickboxing, slacklining, hiking, kayaking and triathlon training)
- Hobbies (answers included piano, painting, photography, poetry and metalwork)
- Eating properly (quite a few answered “eating healthy-ish” – this proves the chocolate-fixes-everything theory. But please, if chocolate is a trigger for you, don't just eat it because it's listed here!)
- Enough sleep
- Changing your environment – be it moving out of a toxic team, or rearranging the furniture at home
- Routine (a lot of nurses answered that structure and routine helped)
- Some people need a change in routine or variation in daily activities
- Spending time with family, children and pets
- Meditation and mindfulness
- Consciously finding the beauty around you and the positive things (however small at that moment) in your every day
- Seeing friends
- Walking the dog
- Keeping busy
- Down time/time out
- Learning to recognise symptoms and acting before it gets too bad
- Realising it is okay to have a bad day and skip the ironing because you need to snuggle the cat
- Making lists
- Achievable goals – e.g. planning to do the ironing on Saturday morning ... and then doing it!
- Talking to friends/family outside work
- Talking to supportive colleagues (a popular answer)
- Being upfront with your employers

- Asking for help
- Cleaning the house
- Being outdoors
- Learn to say no
- Pace yourself
- Drink enough water
- Getting the work life balance right
- Travelling
- Keeping money earned from overtime in a separate savings account to buy something nice/holiday with – this makes one feel like you are working towards something and not just paying the bills
- Therapy
- Medication (obviously while under a physician's care, NEVER self-medicate!)
- CBT (cognitive behavioural therapy)

This short survey has created more questions than it answered, but I hope we can build on this with sound mental health research in veterinary nursing and that this short communication will help raise awareness.

There is no quick fix. To quote one lovely lady's reply, ‘we have to be kinder to ourselves in order to heal’. Seek help when you need it and remember that Vetlife and the Vetlife helpline are there to support RVNs as well as vets (0303 040 0551). Remember also the other confidential helplines such as the Samaritans (08457 909090) if you feel that things are getting on top of you – there is always someone out there that can help.

It is OK to not be OK and discussions regarding mental health should no longer be taboo in practice. I hope that management teams will strive to support their staff in all situations, just as we strive to do our best every single day.

Don't be scared to try to understand your fellow nurse – the struggles we have might seem unrealistic and silly to you, but for us it's very real. We all have our demons and have to face our dragons (Paretti, 1995). So if you see a colleague who isn't “quite right” or “not themselves” please do ask “are you ok?” or “would you like a cup of tea and a chat?” Each of us has inner battles that we need to conquer, and no one can win a war alone.

“If we understood ourselves better, we would damage ourselves less” (Baldwin, 1999).

References

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