COMMUNICATION

Sorry seems to be the hardest word

Apologising to patients and their families when things go wrong is part of compassionate care – but you have to get it right

One well, an apology can be healing; on the one side there is accountability and on the other there may be forgiveness. Being able to make a sincere, empathetic apology to a patient or their family is an important part of compassionate care.

Apologising when things go wrong should be straightforward but, in reality, it is complex and fraught with difficulties.

The London Fire Brigade’s response to the Grenfell Tower fire has prompted a great deal of critical comment, not just because of mistakes that may have been made on the night of the disaster, but because of statements made since by the service’s chief. Despite apologising, she has been accused of a lack of compassion.

Finding the right tone

Nursing and Midwifery Council (NMC) chief executive Andrea Sutcliffe, who joined the regulator in 2018, has been praised for setting a new, more compassionate tone. In October, Ms Sutcliffe admitted unequivocally the organisation’s failures following the deaths of mothers and babies at University Hospitals of Morecambe Bay NHS Foundation Trust between 2004 and 2013. ‘Our actions made an awful situation much worse and I am very sorry,’ she said.

There are several golden rules to making an apology, which include being prompt, honest, clear and factual, telling what happened – what is known and what is not yet known – and using the terms ‘I am sorry’ or ‘I apologise’. This is the same whether in person, on the phone or in writing.

There should be no dissembling and no words that qualify the apology, such as ‘if you feel’. Indeed, the word ‘if’ is best avoided because it suggests the person is somehow wrong and that the apology is not real.

But while the words are important, they have to be meant, not just said. Thinking about the person who has experienced the harm or problem, however small, and listening to their story, helps you to be sensitive to their needs.

Fear of legal consequences

Some nurses worry that saying sorry implies fault or blame, and that this might be a problem if legal proceedings follow. That should not be a concern. Apologising honestly is part of dealing with the immediate human side of the problem and is not an acceptance of legal liability.

‘Organisations should maintain a culture where giving an apology is the right thing to do, ‘from board to ward’”

People do not always respond well to an apology and there can be anger, verbal outbursts, tears or a search for someone to blame. They may be in a devastating situation; if they have lost a family member, nothing can undo what has occurred. Only future events can be prevented and we can begin to do this by engaging the person, if they wish, and letting them know what is being done. Staff involved may also be upset, worried and fear blame. Admitting your own error is difficult, and it can help to have someone else there with you, or to ask someone else to do it. Senior managers will often take on this responsibility. When things go wrong it should not be left entirely to front-line clinical nurses to say sorry.

Feeling supported

A good manager can apologise and support staff, giving them the chance to express their views – and perhaps their sadness – while also conducting a debrief and ensuring they receive help.

Organisations should have a culture where giving an apology is the right thing to do, ‘from board to ward’, including the chair and chief executive.

While apologies are often thought of in the context of staff giving an apology to a patient or family, there are situations where we may owe an apology to a colleague. The same principles apply. And sometimes patients apologise to staff, and this should generally be accepted with forgiveness and kindness.