The steps to take to support nervous or anxious patients

A nurse with clear and empathetic communication skills can allay a patient’s fears about a treatment, procedure or impending consultation.

Nervousness shows itself in many ways, but however it presents in your patient, it can disrupt the therapeutic relationship. Anxious patients may be distracted, uncommunicative, possibly hostile. They may be unreceptive to offers of support. The consequences can be damaging. For example, the person may not understand what lies ahead, the consent they give may be uninformed, and the trust that sits at the heart of the nurse-patient alliance may be compromised or absent.

Certain procedures may prompt more anxiety than others. The charity Anxiety UK suggests up to 10% of the UK population may have a phobia about injections and needles. So what can you do to diminish a patient’s anxiety?

Recognising signs of anxiety

You might think anxiety manifests in a particular way because that’s how it affects you. But individual reactions differ, says senior lecturer in simulated learning and clinical skills Emily Marron, of Kingston and St George’s University, London. ‘Anxiety presents in many, forms – from outbursts of anger, raised voices or crying to uncharacteristic silence. So it’s important to recognise the behavioural changes or strategies that people are using to regulate it.’

Look for physical signs and

By Daniel Allen
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symptoms too – dry mouth, increased heart rate and shaking or trembling, for example.

Where anxiety is generated
The amygdala is the small, almond-shaped part of the brain that helps us process memories and decision-making, and generates emotional responses such as anger, fear and anxiety.

In young children, it helps them identify threat, says independent health services consultant Bob Price, author of an RCNi article on managing patients’ anxiety (see link, below, right).

‘Why is this relevant to understanding anxiety? We begin to tackle it when we understand the associations people make with events,’ he says.

While not advocating on-the-spot psychotherapy – ‘no nurse has time for that’ – Mr Price says helping the patient to see why they fear something is often a starting point.

‘Rationalism – cold fact – doesn’t work as teaching until we understand what exercises the patient’s mind.

‘The individual cannot understand rationally why they fear something unless they recount a past event or episode. So that might help you as a rationale for unpicking fears.’

Know your own responses
How do you respond to challenging circumstances? Can recognise how your emotions affect others?

‘If you have some understanding of how you function in stressful situations you can work on those skills,’ says Ms Marron. That’s a key part of the simulated learning she undertakes with nursing students.

‘We put them into those stressful situations and that enables us to say, “Your initial response was this – now think about that.”’

In a conversation, the tone set by one person is usually reflected by that of the other, she says.

‘Anger is usually met with anger. But if you can remain calm, there’s reciprocation of that tone.’

Practical interventions
Moving from theoretical to practical interventions, Ms Marron says knowledge is usually reassuring.

‘When they’re coming in for an appointment, make sure they have some information.’

And be sure to tailor it. Many hospitals and clinics now use short, animated films to explain processes, she says. One doctor she worked with drew explanatory pictures for the children he was treating.

Don’t hold back on detail. If a patient needs to get undressed before a procedure, tell them whether they can keep their underwear on, rather than leave them wondering.

‘Preparing people is key,’ Ms Marron says.

Introduce yourself
It may sound obvious, but this step is sometimes neglected, says Birmingham City University senior lecturer in mental health and learning disability nursing Kim Moore.

‘It’s amazing how often it doesn’t happen. Talk to the person, keep your voice calm, maintain eye contact.

‘Ask constantly if they’re okay. It can start out well but then you forget to check that they’re still okay and you find you’ve lost them.’

Adjust the environment
Some aspects of a clinical environment may be beyond your control but make sure the care setting is as calming as it can be, says Ms Marron.

Natural elements can help. A couple of pot plants may make a difference, so can calming scents. Music or a television in a waiting area may divert a patient’s attention.

Drinking facilities – within restrictions imposed in the pandemic – can be helpful.

If fear of the unknown is at the heart of the patient’s nervousness, step-by-step
explanation of what will follow can be reassuring. But, says Ms Moore, be sure to pitch it according to the individual. ‘You’ve got to be able to gauge the understanding of the person in front of you – and it is very variable. You have to talk to them in a way that makes them feel at ease, comfortable.’

Be honest
Explain – don’t gloss over – the likelihood of pain or discomfort, Ms Moore suggests.

‘We tend to minimise things,’ she says. ‘I’m a great believer in telling someone the worst that could happen is that you’re going to feel a sharp pain or that some people can experience difficulty.’

You’re not saying it will happen, only that it might.

And if you don’t know the answer to a question, don’t pretend you do. Instead, try to find out.

People know when they’re having the wool pulled over their eyes and it doesn’t inspire confidence,’ says Ms Moore.

Honesty, by contrast, is usually appreciated.

Coronavirus concerns
Fears of contracting coronavirus has increased many people’s anxiety about attending hospitals or surgeries.

And, with COVID-19 restrictions, patients are likely to come alone so have no one to check with later that they understood what was said.

‘They don’t have that support they would normally have,’ Ms Moore says. ‘Someone who can ask the questions they’re too befuddled to think about.’

She concedes that asking nurses to slow things down when they have little enough time anyway is ‘very tricky’.

Address parental anxiety
While adult patients may be unable to bring a family member to an appointment during the pandemic, parents can still accompany their children.

In these circumstances, keep in mind that children often pick up on parents’ behaviour says Ms Moore. ‘If the parent or responsible adult is extremely nervous, the child is going to be nervous too. People mimic those they trust.’

Does that mean the nurse should first address the parent’s unease?

‘You’ve got to take both on,’ she says. ‘If the adult is very nervous and the child is picking up on that, you want to calm the anxiety of the parent as well as that of the child.’

A 2018 University of Michigan study involving 726 parents of pre-school children found one in 25 parents had postponed a vaccine due to their child’s fear of visiting the doctor. One in five respondents said it was hard to concentrate on what the doctor or nurse was saying because their child was upset.

Distraction techniques work well with children, says Ms Marron. ‘We use a lot of that in paediatrics. They watch Peppa Pig while we do the injection.’

And while meditation techniques and guided imagery tend to be more applicable in adult care, they can help address children’s anxiety as well.

A study published in 2019 showed that guided imagery could help reduce preoperative anxiety in children as well as postoperative pain.

Practise active listening
In the end, says Ms Marron, reducing a patient’s anxiety comes down to one core nursing skill: effective communication.

‘And the biggest thing is active listening,’ she says. This is much more than ‘just listening’, she says. ‘Active listening is about listening to the content but more often it’s responding to the emotion rather than what the person has said.

‘Someone responding to your emotions starts to bring change in you because the nurse is listening to what you’re saying about those emotions.’

Active listening requires focus on the part of the nurse. Body language is important and the cues you give off should demonstrate not that you necessarily agree with the patient but that you are interested in what’s being said.

When advice isn’t needed
‘You’re giving them a voice,’ Ms Marron says. ‘And quite often as nurses we listen in order to respond – we’re already thinking about what our next response will be and then something’s missed along the way.’

The risk then is that the nurse slips into what Ms Marron calls ‘advice mode’.

‘We think we must provide a solution and there’s not always a solution. If you listen to someone’s point of view, their feelings, what’s challenging for them – with the person saying those things aloud – it can bring change.

‘Sometimes they don’t need your advice or solutions.’