

Helen Ballantyne



After graduating with a degree in Pharmacology in 2002, Helen qualified as a Registered Veterinary Nurse in 2005. She worked as a locum nurse nationally and internationally, gathering experience in referral medicine and surgery, charity practice, emergency nursing and exotics. Helen obtained a Post Graduate Diploma in Adult Nursing in 2013 and her current role is Clinical Nurse Specialist for Living Kidney Donation where she supports living kidney donors through the process of donation and organises kidney transplant surgeries. As part of this role, she also works a Transplant Coordinator managing the logistics of matching, retrieving and transplanting abdominal organs from deceased donors. Helen remains a Registered Veterinary Nurse and has developed a strong interest in the principles of One Health and is the Chair of the UK One Health Coordination Group.

She regularly lectures and writes about concepts and ways of working that may be shared between the professions to support clinical and professional practice. Her first textbook, *Veterinary Nursing Care Plans: Theory and Practice* was published in 2018. She has just completed her MSc in Healthcare Management and is looking for her next big project!

So, it would appear that there is nothing quite like a global pandemic to focus the minds of the great and good on the biggest group of healthcare workers in the UK, nurses.

Much has been written about the impact of working during COVID-19 on the mental health of nursing staff. ITU nurses have consistently reported a range of symptoms of PTSD, having had to manage up to four or five critically ill patients who really necessitate one on one care. Ward nurses have struggled, as difficult decisions regarding limitations on care for patients had to be made on a daily basis. Senior nurses redeployed back into clinical areas after long periods in specialist roles reported stress and anxiety as they struggled to work in unfamiliar and challenging environments.

Now there is much talk of the recovery from COVID-19, nursing staff are being encouraged to reflect and rest where they can. CPD packages on offer are focusing on inspiring and refreshing nursing teams as opposed to developing their skills and knowledge.

During the pandemic, I clapped along with my neighbours, who knew I was an ITU nurse, and so banged pots and pans in my direction. A slight raise of clapping hands and a nod towards me, told me they were thinking about me and the patients I was caring for. An elderly gentleman who stopped me in the supermarket when he realised I was a nurse and congratulated me on my hard work.

Yet, while I received a very public outpouring of support, I knew many of my veterinary nursing colleagues were receiving ongoing abuse and vitriol from clients, angry at COVID restrictions. Just like so many public facing professions during what was a time of shifting sands and unanticipated challenges, day to day precautions and rules changed. Clients ranted and raved, accusing nurses of being lazy, unorganised, difficult, or jobsworth, when all they were trying to do was care for their patients under extraordinary circumstances.

And of course that's the crux of it, the mental health of nurses takes a hit when they are not able to care for their patients in the way they feel they ought to, be they human or animal. Nurses go home feeling guilty, tired, emotionally worn down, wishing they could have done more.

COVID-19 has focused our minds on the concept of One Health and veterinary and medical professionals working more closely. While much of the talk is related to zoonosis, emerging disease, epidemiology and surveillance, I believe there is another benefit to collaboration between veterinary and medical professionals, it can allow nurses to care holistically, and potentially prevent some of those feelings of dissatisfaction that can impact on their mental health.

Day to day, patients may have problems that might be addressed through a closer working relationship between human and veterinary centred nurses. Animals are important members of the family and as such may generate issues that need taking into account with equal importance as pharmaceuticals or diagnosis.

Given my background, many of my human centred nursing colleagues come to me if there is any mention of pets. It has ranged from spending time with an elderly patient with dementia who was desperately missing his Labrador, and was soothed by a therapeutic sensory dog to patients who refused to be admitted to hospital from the community as there was no one to look after their cat.

Equally, in the veterinary nursing sector, a nurse who has a strong suspicion that a pet has suffered a non-accidental injury in a household that also holds young children may struggle to know what to do. Taking that concern home, unable to offload it, may lead to sleepless nights and ongoing anxiety. I still recall, many years ago when I was a young veterinary nursing assistant overhearing a conversation between a husband and wife, where the wife was desperately trying to convince her husband to allow her some money to pay for treatment on her beloved cat. His verbal and physical response to her request was so savage that as I recall it, it brings tears to my eyes. Even now, many years on, that lady occasionally pops into my mind and I hope she is safe.

Pet bereavement is particularly relevant and knowing that a potentially vulnerable client is going home alone after their pet is euthanased can leave a veterinary nurse wondering if there is anything they can or should do to help.

Not every human patient will come with animal related issues and not every veterinary client will need further support. Nevertheless, when they do, wouldn't it be wonderful if human centred and veterinary nurses could share resources, refer cases and care holistically? If they could, surely they are far more likely to leave work with a clear head, knowing that they have been able to manage something that was integral to the health and wellbeing of their patient.

There are many fantastic examples of co-operation between services. I recently learnt of a practice who has formed a collaboration with their local branch of the Samaritans, so they have the capacity to refer any vulnerable bereaved clients to them.

Foster carers for the pets of those people fleeing domestic violence, the upcoming concept of using veterinary social workers in practice. There are so many incredible projects, but surely its time for a much broader approach?

Can we think of one? Do we need to educate our nurses together? How can we develop a professional forum where a human centred nurse may access information about pet bereavement? Or a veterinary nurse may signpost a client to smoking cessation services with the aim of improving the quality of life of the terrier that shares the air.

While the internet is full of fantastic resources, crucially it is all about the confidence to start the conversation, remaining within a scope of practice, but perhaps thinking a little more laterally and picking up the phone or writing an email to a specialist hospital nurse, a local veterinary practice or healthcare service. To borrow a phrase recently used by the Duchess of Cambridge for an equally ambitious project, big change starts small; perhaps that email or phone call can be that small change.