

COMMUNICATION CHALLENGES

Déjà vu: How I remember to listen

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The daughter needed me to stop being a nurse long enough to hear what she was saying.

THE CHALLENGE

The comment was said for the third time before I finally heard her. Not that I didn't hear her the first two times, we just had so much else to focus on. We were planning for her mother's discharge to hospice when the daughter said, "I'm having a déjà vu moment. A total flashback to when we were making arrangements for my dad to come home on hospice. Right before he had his stroke." There was still a lot of planning to do, plans for her mother, logistics, and concerns. Not really the time to discuss a déjà vu moment. That was the first time she mentioned it. I remember thinking she was out of touch. By not listening, I was the one who was out of touch. But I didn't figure that out right then. It was important to get back to making plans. I paused and then said, "So, the rep from the hospice company will meet with you this afternoon." Now

the daughter was the one who paused, nodding at me with an understanding I hadn't yet reached. "Okay, sure." We went over a few more details before concluding our meeting. "I will check back with you after the hospice meeting," I told her.

I mentioned it to the social worker. "The patient's daughter said something about déjà vu and how it felt so similar to when they made plans to put her dad on hospice." The social worker told me she would check into it. That satisfied me. I didn't think I was being heartless, just prudent. I was afraid the daughter was the kind of person to string things out with long stories unrelated to the tasks at hand. I didn't have time for that. I wasn't passing off the task to the social worker; I'd brought in the expert so I could move on to the next thing. But when I went back to ask the daughter how the hospice informational visit had gone she launched right back in. "This is so weird. I am totally having these flashbacks to when my dad was sick." I might have even rolled my eyes. In that moment I made a choice. For the sake of efficiency I ignored what she said.

Later, the social worker told me they'd had a conversation and that the daughter was feeling overwhelmed by the similarity between making arrangements for her mother and when she made them for her father. Again I was satisfied. Her needs were being met. No more detours; the road ahead was clear. When she said it the third time, I realized the daughter was disappointed in me. From a nursing standpoint I had done everything right. The patient was physically comfortable. Emotionally she was ready to go home on hospice. The chaplain had visited her. She had had a final meeting with her medical

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Discussion questions

1. What were some of your oh-no moments? What did you learn from them?
2. Do you have a strategy/technique for active listening?

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oncologist and decided against further treatment. Yet the daughter had said once again how disturbed she was by the feelings that were stirred up and how odd the sense of déjà vu was. She looked at me expectantly. Something was missing. I was missing it. She wanted me to listen to what was going on with her. She needed me to stop being a nurse long enough to hear what she was saying. Instead of an “Ah-ha!” moment it was more of an “Oh-no.” Oh no, I didn’t listen. I had failed to read the cues she sent me and she and I both knew it. Because I was afraid of a detour, I ended up creating a road block. It was an oh-no moment because I wanted to run away and hide. I fumbled with what I said next, something along the lines of, “I’m sorry this has been so difficult.” I wish I could say I made amends and connected with the daughter. But that would be a lie. I missed an opportunity.

DISCUSSION

Recently I attended a conference about end of life, palliative care, and spirituality. Not surprisingly, one thing that was mentioned again and again was the importance of active listening. Listening is more than not talking while the other person does; that is the passive form of listening, the not-talking part. But effective listening is not about not talking. When I allow the other person to say what they need to say, yet all the while

my mind is speaking to me, reminding me of the time, that I am hungry, or as in this case, that the daughter was getting off track, then I am not really listening. While the daughter was telling me she was having a sense of déjà vu, my brain was asking me why she kept going back in time when we had so much to do moving forward. By doing that, I missed the cues embedded in what she was saying. I was focused on tasks more than I was on the daughter. All she really wanted was to know that this strange feeling of déjà vu was normal. She wanted her feelings to be validated, not ignored. She wanted me to be a daughter instead of a nurse, just for a few minutes.

William Faulkner said, “The past is never dead. It’s not even past.” It was easier for me to do the nursing tasks and forget what it was like to be the daughter of a dying parent. When my father went on hospice I remember the surreal feeling I had, how different it was than anything I had experienced before, an out-of-body feeling that this must be happening to someone else. I knew what was happening to my father from a nursing standpoint. But I didn’t really understand what was happening to me. Neither did this daughter.

Now, I am the one that has déjà vu moments. Or at least I try to. When a family member says something that seems out of context, I stop and ask myself what else they might be saying. I try to make that my own déjà vu moment, to bring me back to the place that slows me down and tries to uncover what else they might be saying. I have to be careful that I am not so focused on the possibility of a detour that I block my own road. I have to try to do more than stop talking. I have to let the past seep into the present. Sometimes, the best nursing comes when I allow myself to not be a nurse. ■



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