Tear is the symbol of having abundant emotions.

It is also the product when we try to relieve our sorrow.

In the career of nursing, care workers inevitably witness countless scenes of death and sorrow, with people crying around them all the time.

Can Nurses Cry?

Angels Wiping off Their Own Tears

Shu-Chuan Chang    Director, Department of Nursing, Hualien Tzu Chi Hospital
Can Nurses Cry?
Facing burdensome work and complicated social relationships, how do nurses take care of their stress and emotions?

Exploring the act of “crying” in the profession of nursing, this article talks about how scholars and clinical experience see this phenomenon. The article also conducted a small scale survey, which offers the experience of surveyed nurses on how they trespass their own melancholy and still carry out their professional performance.

We always hear about writers describe tears as “pearls rolling down the face.” If this roll of pearls comes from the eyes of the patients, they will attract lots of care and sympathy. If, however, the tears drop from a nurse’s eyes, it will bring out many negative comments and thoughts, such as s/he being “not professional,” “emotional,” “influencing the quality service,” and even “putting too much redundant feelings toward the patients.” Such attitude comes from the original teaching at the nursing school when students are taught not to shed tears in front of patients and their

In patients’ mind, nurses are supporters to their emotions, they would open their heart to nurses; so nurses under professional trainings shall still keep a heart of softness to comfort the sick.
relatives because it will affect their professional nursing performance.

In the eyes of patients, nurses are seemed as someone whose shoulders can be leaned on to cry. Usually, when suicide patients, who committed suicide due to stress, are sent to hospital, nurses naturally become their closest friends to talk about their feelings. But when a nurse experience great stress, who can offer him/her a shoulder to lean on?

In order to understand the “crying experience” of the nursing staffs, I used “Nurse and Cry” as the keyword and conducted a thorough search in many country’s database. Although I found much information regarding how nurses comfort, listen and assist a crying patient, only few talks about a nurse crying at his/her job.

Smile and Cry – the Method of Depressurization

In the everyday work of nurses, nurses will encounter many situations that will make them cry, such as getting hurt and death. The idea of “Anti-cry” has different points of views and values in different cultures and societies. Nurses might try not to cry, but then feel very uncomfortable afterwards. They might even feel troubled or ill when they realize they cannot control their crying emotions. In these years, nursing professions have been guided to offer service with people being their central attention, not the illness itself. As a result, the issue of expressing one’s emotions has been less prohibited. Nursing professions, however, are still expected to have well control and maintenance over their emotions.

The traditional nursing education further requires nurses to maintain a strict and simple patient-nurse relationship. They are asked not to cry in front of the patients. The fact is that nurses are normal people like us, and when they commit themselves to taking care of patients, they will inevitably feel attached. When facing various situations, such as death, birth, embarrassment, insults etc, nurses might lose their control over emotions due to long-term relationship or unexpected touching.

Some nurses use humor to handle their stress. If not, they turn to crying. Crying is one of the best ways to relieve stress and negative feelings. Crying also offers a great outlet when people try to deal with countless emotions.

Lost in the Sorrow Brought by the Patient’s Family

Some say hospital is not a healthy environment. For example, nurses might face get exposed to contagious diseases and be infected. They might even accidentally get hurt with patients’
needles. Furthermore, the psychological conditions of patients usually create sad and fluctuating atmosphere, placing the nurses in an unpleasant environment for a long period of time. There are also many kinds of situations. Some patients might get delirious and harm their nurses. Relatives might also feel helpless or discontent about the medical service; thus, they start blaming the nursing staffs with terrible comments. In fact, when patients and their family face the moment of life and death, the mental condition of the nurses is hard to be separated from the entire situation. As a result, it is true that nurses work in an environment that is hostile to their physical and psychological health.

Seeing others’ sufferings, nurses feel sympathetic. This is exactly what Buddhism calls “Great Compassion as One’s Own Body.” When they see patients suffer and cannot do anything to relieve their pain; when they don’t know how to confront the patients; when they see the relatives cry for their deceased ones; when they see their co-workers get hurt by delirious or drunk patients; every nurse would feel as it’s happening to him/herself. When facing hostile blame from the patient’s family, they would burst out tears as well.

When a nurse bears high expectation from him/herself, wishing to provide better service but fail to do so, s/he will face conflict within. There are many instances to be mentioned. One might get so busy that s/he cannot handle all the problems at the same time. One might get so busy that s/he loses quality time to provide good service. One might miss an important step during the treatment procedure. One might encounter complicated emergency situations which require more professional care that is beyond his/her ability. As a result, s/he will have to seek help from senior co-workers or even physicians. But when help arrives, one usually gets complained for making too many calls.

If a nurse treats all patients with the same compassionate heart, as s/he feels sympathetic for the patients, his/her emotions will surely be attached to them. Traditional education at nursing school teaches the students not to express their emotions, especially to cry in front of the relatives. In order to press such natural emotions, a nurse usually has to avoid being in contact with sad atmosphere. Consequently, they would convey cold, indifferent attitude as a way to protect themselves. Research suggests that if a nurse shows his/her true emotions to the patients in appropriate situations and provide professional and calm medical service, it will be seemed as a meaningful spiritual support and shows that s/he is more dependable and reliable.
Beside the physical environment and the mental condition of the patients, speaking of inter-personal skills, nurses are definitely the centre of the entire medical service. They accompany the patients 24 hours, managing their everyday life and giving basic treatments. Communications between the doctors and the family are handled by the care workers. Nurses play a very important between the two parties. They are also the medium among the physicians, the technicians, and the administration staffs.

When care workers face pressure from such a complicated environment, if s/he doesn’t have the adequate experience, ability or time to handle the job directly, great pressure and criticisms arise. When a doctor faces the situation which one decision determines if the patient dies or lives, his/her tremendously unstable emotion will first affect the nurses around him/her. Moreover, when certain medicines or test results don’t come out on time, a nurse would usually feel anxious and easily create conflicts with members of other departments. When such conflicts occur, tears often become the product due to stress, especially from the young staffs.

When encountering all kinds of situations described above, concerned about the environments they are in, most nurses usually hide in the changing room and cry. When facing live or die situations, however, nurses often cannot control their emotions: weeping, trying to be calm and accompanying the family at the same time.

Reasons to Cry are Many. Quality Service is the Prerequisite.

There are many instances where nurses have to finish their work while crying. For example, when drunken relatives stir troubles in emergency or when drunken patients hit the nurse during the diagnosis stage, most nurses continue their job while letting their tears drop at the same time.
When the patient whom a nurse takes care of for a long time passes away, because the nurses has already felt attached to this patient, s/he sees the patient as his/her own family. As a result, s/he would cry but still assist the relatives finish the remaining care and provide quality service to other patients as well.

Sometimes when patients get into conflict with the doctors, although a nurse becomes influenced, s/he still has to continue the work. However, one usually feels humiliated after work. She/he would end up crying hard, adjusting his/her mindset to the right attitude to face the next day work.

Young, inexperienced nursing staffs often fail to perform 100% at work and receive blames from the supervisor. Despite feeling sad, care service cannot be interrupted. Quality service needs to be maintained.

Not only young nurses cry, senior nursing staffs cry as well. A supervisor is in charge of all patients’ health in his/her unit. S/he has to be devoted to teach and guide his/her subordinates. When a nurse provides incomplete service, the supervisor would worry about the patients’ conditions first. If such nurse keeps giving unsatisfied service or showing unprofessional attitude, senior staffs often cry to relieve the stress and disappointment.

As a result, no matter which level of nursing service one’s in, mental adjustments are extremely vital. A nurse has to adjust his/her mindset, seeing one’s working environment be positive and happy.

Survey on Nurses Cry at Work

This article performed a survey on the possible situations where nurses would burst out tears, trying to find out if “it is legitimate for nurses to cry.” The questionnaire asks if anyone has every cried at his/her work. It was delivered through emails, to all the nursing staffs of every branch of Tzu Chi Hospital: Hualien, Dalin, Xindian, Yuli and Kuanshan. We provided 16 situations for them to check and left one open answer question. 290 people replied. Only 3 had no crying experience.

One Thought of Compassion. Not Able to Bear Witnessing Suffering.

Most nurses cry when they clean up and dress up the patient’s corpse along with the relatives (143 people). Next situation is when they know the patient is a goner but the relatives are still kneeling down, praying the doctors to save their loved one (128 people). Some cry when the relatives share their experience taking care of the patient (109 people). When the patient
has passed away, nurses would cry as they share memories about the patient with the family members (97 people). However, 69 people expressed that when patients turn well, and the entire family come to express appreciation, they would cry because of joy. Sometimes, nurses feel the courage and the strength patients bear, and then cry due to sympathy. Some patient requires self-care. When such patients are not willing to listen to the instructions, nurses will feel anxious within and start to cry helplessly.

The Cause of Tears Come from the Care for the Patients

Tears are caused due to the complicated working environment. Most people experience such situation because they have problem reaching consensus regarding how to take care of the patients and eventually get into quarrels with their colleagues (114 people). Other 81 people have seen other colleagues being humiliated or blamed, and then burst out tears.
because they felt angry toward such treatment. 109 people cried because their carelessness was blamed severely by their superiors. Disappointment by other colleagues also made 81 nursing seniors cry. 66 people cried because they were blamed in front of the patients. Some colleagues cried because they were afraid they didn’t have enough time to finish their work. There are few extreme cases. For example, some surgeons would throw tools or equipments or anamnesis in front of everyone at anger. This action would scare some nurses and make them cry.

There are other occasions where nurses are bond together as if they are within one family. They would cry because they feel touched and greatly supported within the group. Therefore, we can see that unity, harmony, mutual love and unconditional help are the 4 vital elements of our medical team.

Finally, despite the category or level of nursing position one’s in, crying is an inevitable experience to go through. One would cry due to sorrow, humiliation, self-blaming, not willing to let go, being touched, and even due to joy. Appropriate relieve of emotions not only pulls nurses and patients closer, but it also makes people understand more about the inner world of the white angels.

What makes these white angels more moving is that they never forget their duty, which is the basic Buddhist principle: “I always hear the sufferings and offer help the first.” They always place patients before themselves. Thus, although, nurses do cry, they will always try to gain control over their emotions, not to break down in front of the patients and fulfill their duties diligently.

And as nurses face such burdensome work and pressure, what strength keeps them going in the field of nursing? There is a deeper meaning value underneath, and this is what we need to explore more in the near future.

Reference
Dear Colleagues in Nursing,

This email is sent from Tzu Chi Nursing Monthly, surveying for its next cover story. Please reply the answers directly to Zhang Shujuan. Thank you!

I have been a nurse for more than 20 years. I've shed tears numerous times and seen others cry as well. Thinking back, I came up with the following situations that caused me to cry. Have you every cried at your work? Please mark the situations that have made you cry.

☐ 1. Taking care the patient's corpse and dress up the body along with the relatives.
☐ 2. When the family talks about their experience taking care of the hospice patients.
☐ 3. Getting waken up in the middle of the night to take care of patients but later complained by doctors.
☐ 4. The shots I have prepared well on the table were taken by the interns and shot the wrong patients.
☐ 5. As the patient turns better and I receive appreciation from the patient and his/her family.
☐ 6. As my patient is sent to operation room and I am told s/he is transferred to ICU afterwards due to worsening.
☐ 7. When I try to convince the patient to follow doctor's instruction and s/he would listen to me.
☐ 8. When I know the patient is a goner, but still see his/her family kneeling down, begging vigorously us to save their loved one.
☐ 9. After the patient passes away, I start to share his/her stories with the family.
☐ 10. When I see my other colleagues being insulted, and I feel the same anger.
☐ 11. When I put expectation onto my colleagues and they disappoint me.
☐ 12. When doctors throw Ambu Bags and other operation tools in front of me.
☐ 13. I have difficulty moving a heavy patient. When I seek assistance from doctor, I get refused and even laughed at.
☐ 14. When I don't perform perfectly and get blamed from my superior.
☐ 15. When I get blamed right in front of the patients.
☐ 16. When I get into conflict with my colleagues fighting for patient's rights.
☐ 17. Others (please elaborate):

Please name your branch:

☐ Dalin Branch
☐ Xindian Branch
☐ Hualien Headquarter
☐ Yuli Branch
☐ Kuanshan Branch