
The art of observation

For it may safely be said, not that the habit of ready and correct observation will by itself make us useful nurses, but that without it we shall be useless with all our devotion.

Florence Nightingale

*Notes on Nursing: What it is and what it is not* (1860), 160

It’s almost the end of a typical case management day, one more referral to see. The room is hot and stuffy and my mind wanders to the challenges of the motorway traffic ahead. My last referral arrives—a gentleman in his early 30s originally from sub-Saharan Africa, one of many migrant workers in this work environment. He works on the production line in the factory; it’s a mix of physical and repetitive work requiring the ability to be able to pack boxes and then hand-ball them onto pallets at the end of the line. He works a three shift pattern and I see from the referral form that he favours working nights and regularly volunteers to work overtime. I launch into the usual occupational health introductory speech but he looks down at the table in front of us and declines to take off his woolly hat and coat. He has recently been in hospital for 5 days and has had sporadic absence for infections, a fit note states he has had a viral infection. He reports he does not know what is wrong with him but tells me he feels very well now; it sounds a well-rehearsed impassive speech from a gaunt looking face. He looks up and I see fear in his eyes, he looks away and I put the referral form to one side. We chat about his time in the UK and slowly he uncrosses his arms, he tells me he supports family in the UK and an extended family back in Africa. I get the picture—he needs his job and ill health is not on his personal agenda. There is an elephant in the room; we both know it needs to be discussed. When I mention the virus he lowers his eyes, then looks out the window and stays silent for a long few moments. I share the silence with him. He then makes eye contact and I sense he is not ready to discuss it. I ask if I can contact his specialist for further information, he looks relieved and we discuss the next steps. He takes off his hat and I slowly feel the rapport building between us, we finish the consultation and he offers to shake my hand. I will be seeing him again. I drive home and reflect on my day, thankful that my last referral wasn’t a telephone assessment.

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