

THE EXPERIENCE OF COUNSELING IN THE EMERGENCY DEPARTMENT: SHKODRA REGIONAL HOSPITAL

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ABSTRACT

Why the medical staff needs for the psychological competence? Because every person who comes into our life is unique. Always leaves something of himself and takes away some of us. I did this question when I attended from time to time, by going and visiting the sick ward that I pushed to get closer to a world unknown to me. I have organized meetings and made some interviews to health personnel: Physicians faced by patients on a daily basis. The sick who come to the emergency room, to family members who have to manage the unpredictability of their relative and sometimes even deprived of basic tools. Nurses, which almost always have the greatest weight and work harder to manage. For others, I was able to meet with them after a run of "counseling in action" realizing the problems, the resources that are likely to be less and less able to do, of continuing education proposals, with aim to reduce job stress, improve the quality of the health service, for he / she who care and those who receive treatment.

Keywords: Counseling, job stress, health personnel, report, sick.

INTRODUCTION

To write an article about the role of counseling and psychological techniques has been for me a special experience with an unknown context: I always imagined that country urgency as experiencing with different emotions, as patients or family members, in situations of tragic, unexpected, terrifying and for this I was afraid to write. Having the desire to achieve this, I held several interviews with medical personnel who worked to emergencies.

"We are healthy carriers of needs" (Rosenberg, 2005). When we help people to come into contact with human basic needs which are often expressed as anger, aggression resentment, or hatred must be first accepted, to understand, that this behavior has nothing to do with what you do or what they say. To help man to know, to accept, to clarify, to seek the cause, by the consequence until it becomes a connection between what you do and what is good.

Who is in the emergency room? Patients are often high complexity, but brief, critical objective/subjective. Needing a short and intensive observation, usually a few hours as long as may be permitted a considered judgment on their assistance process in urgent. The majority of health care professionals believed that there is, from the people, abuse of use of a structure that should only emergency/urgency.

Patients who come to the emergency room are the ones who usually is more difficult to empathize because they go to P.S. for the many simple and complex reasons, they are turning to the emergency room for not paying visits to excessive worry, for misinformation: as told by the doctor on duty: One night while he was finishing his shift, tired and a little irritated by the many cases dealt with, he sat exhausted on a chair and saw a guy who went and met a bewildered and told him. I wanted to talk to someone and be assisted for that malaise that

could not explain but which made him feel so bad for several hours, to the point of thinking to be able to die. The doctor in the face of that woman so scared he heard that the irritation turned into empathy and looking him straight in the eyes, offered him a weary smile, she smiles, she opened his arms and how to excuse said: "It was the only light on!" "The most important thing in medicine is not so much the disease in the patient and affection, as the person suffering from the disease." (*Ippocrate - 460 a.C. - 377 a.C.*)

The hospital based emergency room must ensure, in addition to therapeutic diagnostic interventions of urgency compatible with the specialties of which and equipped, at least the first diagnostic tests, clinical and laboratory instrumental, and action required the patient has stabilized. All interior of this sector takes the existential aspect of counseling, common to all the humanistic approaches, in which the characteristic and essential to established a genuine relationship with the customer that is applied through the ability to help him find a personal sense to the experience of the disease. (*Lair, 1996*).

As Platons says is it true dialogue which cures in every context. *Do not try to heal the body without trying to heal the soul.* Dialogue is arising from the relationship therapy, is the one that cures or a man born in a relation with the other, with people, with the world, and precisely this report feeds and develops men. (*Teeteto 2011*). Given the relationship become aware that body and soul act together, something that builds and grows throughout life. When we talk about emotions like anger, sadness, gloom, we must learn to listen to the body unlike what often are trained to listen carefully.

The most common reaction to all this is to ask others to take immediate action on the specific part of the body affected by disturb, do not try to understand the complexity of our being what is happening. However it is not always aware that you care the organ without and a wareness, evil can reappear in the other forms for listening to it again as long as you is not heard (*Souzenelle, 2010*).

From reference books of Rogers, Rollo, Perls, we learned that the foundation of the relationship, not only with ourselves and others, are active listening-understanding this empathy, is the ability to accommodate the experiences of interlocutor, tune and understand the emotional and cognitive states of the patient, making sure both to verbal communication than to the nonverbal body that is perhaps even more significant. The empathic capacity presupposes the unconditional positive acceptance of the existential reality of the other and leads us to value each other for that who is, to accept her thoughts and feelings, even when these may be different from experience, values or ideas, respect to ours.

Accept each other does not mean recognizing each other the freedom to try them and express them; I accept you unconditionally for who you are, to your inner self, but not for what you do.

Very often in healthcare is not established this relationship, which Buber calls the I-thou dialogue, but rather what we calls "I-it": "I" the doctor interacts with, "it", and that the disease, through his scientific knowledge, makes an analysis of the illness, established a diagnosis and the patient comes into play only when a therapy must respect a therapy. On the contrary in I-It dialogue order established a trade relationship, and the quality of the relationship that care and help you to understand and try to solve the problem together. (*Buber, 1993*).

The first therapeutic act and the meeting between the two related subjects to deep and the object of doctor-patient report and to get an understanding not only of the disease but also dell individuality the patient, then the therapist will place the question: "Because this particular person has this symptom in this particular moment of his life and in this historical and social context?" *the doctor must learn to listen to the patient, know how to wait, as long as alone will find the answers that already has within him, not replacing but helping and handing an instrument necessary, as long as the patient can undertake his research and then get to the understanding of sense of that disease and the discomfort.*

The report become symmetrical and leads to a mutual integration creating the conditions for a correct diagnosis and consequent sharing of therapy. If the patient by virtue of the relationship with the doctor begins to heal, the doctor as many by the virtue of the relationship with the patient is confronted with the patients actually really understands that some of his knowledge are certainly confirms, but also that the experience often do not leave due on predefined patterns; It cannot ever be generalized, because every consideration taken from the context takes on another meaning, and those that are presented as truth in here, and now may appear different during the next meeting. (Stella, 2002).

The patient perceives thus researches understanding and support, not live more the solitude of the confrontation with evil, but take courage, identifies a light that motivates him to fight, to recover if they really trust.

If the dialog and the first therapy, goes on to consider that, and in the dialogue that will bring into play the two identities, doctor and patient: Is the person as a whole and authenticity that comes into the picture. *"It is very hard to help others for those who did not understand himself!" Milarepa.*

The duty of the adviser is the asistent man in search of answers true and coherent, to help the person to find the courage to work with those parts of the body, of which there are afraid or do not know and you accompany a journey conciliatory talents to like person.

The Triage Nursing function in constructive dialogue with the health workforce

The working group includes the nursing staff to triage, coordinators nursing in the emergency room and the hospital medical representatives. This is to make the initial reception, assessment of symptoms and signs made by the nurse to the patient to understand the reason of his arrival in Emergency, his health condition and then assess their priorities for action.

A good presentation is the basis of the relationship that develops between patient and counselor on human warmth, the genuineness and empathy. The patient must understand that the Nurse is really taking care of him, because he lives in a sincere way that is going through the difficult time. In addition, build objectives, it is one of the fundamental aspects of Counseling, because it stimulates active listening, empathy, goals Test Counselor skills in proposing positive strategies.

My experience alongside the nurses and from day one it showed interest in the figure of the Counselor, did not know this profession, and even this kind of relationship help, but as I presented it to him he emphasized the usefulness that they could take during working hours, they all have defined this relationship of necessary help for them and for their daily service.

Almost all health professionals I met, talk of a double stress accumulation, the personal and the person cared for, feel tired and exhausted, physically and psychically.

At the end of shift they feel they have exhausted all their energy in welcoming the heterogeneity of access that is presented to them at work, says, (Arben). *"Many patients come here to discharge all their suffering, anger, impatience, prejudice and more ..."*

They arrive as well to emotional exhaustion, and lack of empathy, triggers, in turn, prejudice and impatience towards the patient, which is interpreted as a nuisance. Immediately, however, as they realize that these feelings and the consequent reactions also realize they have moved away from their ideal work project, feeling a sense of guilt, lack of personal achievement and accumulation of stress. Despite the state of stress that have expressed I found the medical staff that I met in this department of the emergency aid Regional Hospital of Shkodra, motivated and helpful, despite the daily struggle, they always give support and care even in difficult situations.

The integration with the Personnel Department

Health A Company is a system in connection with other systems and in particular with that complex system that is the person. And 'the institution for excellence in which you work on the individual, is the "raw material" of the system, (Nursing 2005).

In our Department, she points out (Alda), and in general wherever they address the clinical problems of high complexity and therefore high risk, we have to admit that the problem is not the training, teaching methodology or integration; the problem is another.

To speak truly collaborative-integration we must be united by a basic qualities: a deep passion for this work. Only in this way it will be easier to prepare and select personnel, in order to identify nursing figures capable of associating: a high interest to the patient, to a high interest in promoting continuous quality that just in the most complicated situations give the best of their professionalism and humanity.

The Nurse: Collaboration Bridge Listening in the "here and now", without neglecting the dynamic and historical aspects of the person who has faced at that time. Also, listen to another brings into play the different parts of the two interlocutors; it enters into a relationship not only with the part of the more mature and organized personalities, but also through the most infantile parts or issues, or incomplete. meaning and sense "(Sordelli G., 1993)

One of the key aspects of counseling is that it requires a synergy with all the other operators, with the doctor in the first place, sought synergy intentionally and often exchanged with the subjection to passive enforcement of requirements. Nurse collaborates, in situations where it is specified in the subject being treated a question, you have a problem, or need to make a decision. The Nurse care the relationship with relatives, often even more difficult and important than that of the same patient. The need persists to learn to listen and listen, attitude too often foreign to which health profession is all geared on "doing", (Bert, 2006).

The skills are the set of features and technical knowledge, relational and aptitude of a subject. The competence necessarily should include the availability linked to the desire and motivation on the part of an individual to combine a set of knowledge distinguishable as:

know-how, the skills or abilities in the sense especially of working methods and procedural knowledge corresponding to the French term "savoir faire", English "know-how", learning ability and information processing, communication skills and social action, decision-making and evaluation, to leverage skills and use available resources. Enough, personal identity, social and intellectual.

Or act in accordance with different methods in different situations and includes various human activities (Cipolla, 2002).

CONCLUSIONS

In the context of the emergency room, the Counselor may support the nurses in everyday situations, support family members who accompany patients who show the most complicated situations. This helping relationship would help the nurses to devote more time and concentration to the most serious cases, by providing for the overhead of communication and emotional stress and help with more relational skills of listening and accepting patients less serious from the point of view of physiological parameters.

Certainly, the counseling must be able to be accessible to healthcare professionals, but especially in the early days where defense instruments are less effective.

During the tour it was highlighted the usefulness of seminars the medical staff to the technique of verbal and nonverbal communication, and anti-stress techniques.

Finally I would like to raise their voice on the request of the young nurse, which stresses the need for the nursing academic program the inclusion of a teaching leading to acquire support skills and helping relationship to the patient, "for be able to offer even more, in addition to the administration of tranquillizers ". Why saying with J. Luis Borges: "*Every person who comes into our life is unique. Always leaves something of himself and takes away some of us..*" "*There will be those who have taken away a lot, but there will never be those who will have left nothing.*"

This is the greatest responsibility of our lives and is clear evidence that two souls do not meet by accident. "I believe that if the counseling could enter medical equip department as ongoing support, the reading before and after the change of communication within the department would improve the lives of workers and indirectly would give a strong push to the objective above.

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