

LONA HAZEL SIZE 4

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My name's Lona Hanzel. I'm a cardiac physiologist.

I'll always say I'm a cardiac physiologist, it's one of those professions that not a lot of people know what it is. The patient or whoever will always go "Thank you, nurse or thank you, doctor," which, you know, I suppose it depends how clean I'm looking that day. You know what I mean - how disheveled I look. I work here at the Heath Hospital in Cardiff. I've literally done my growing up here, you know, from being a teenager, twenties, thirties, now I'm in my forties. I haven't worked anywhere else. So it's quite funny. It's like some of the students, I could be their mother you know, and I've got to keep on stopping myself sometimes "When I started...", you know, or "Back in my day...", or "What we used to do".

Like most people of my age we kind of fell into it. I didn't know what a cardiac physiologist was when I started the job. I mean, in those days we were called physiological measurement technicians. Now the PMT nurse isn't the best kind of title to have, so that's why that's changed. The majority of what I do, most of the time is, I do ultrasound scans, so that's where we look at people's hearts and we look at the structure of the heart to see the way the heart valves are working, your heart muscles working, directing the blood flow within the heart, so that can tell us a lot of information. So that's my aortic valve that you're hearing. It's not going too fast is it, that's not too bad.

So, sometimes what can happen is, I'd have dealt with something not quite nice in one room. Well, this morning, I'd been from a cardiac arrest and then I'm dealing with Mr. Whoever, who's complaining he's been waiting ten minutes. "Oh well, I've been waiting here one hour already for my test," and I'll go "Oh, but your appointment is in ten minutes' time," and they're like "Oh, well, yes, I had to get a lift, so I was here an hour early." And you're like "Oh, I'm trying my best, you know." Can't please everybody. It's, I mean, like I used to work in waitressing years ago. It's the same kind of skills. You're not going to please everybody. But you hope to. I think I'm up to about ninety nine percent maybe, you know. And I'm getting a lot, these days, of people like "You see this NHS, it's really good, I don't know what they're on about, I'd better write to the paper and just let them know." So you get a lot of that at the moment, because the NHS is going through like a negative press. I've got patients that are trying to look after me. It's kind of sweet, you know what I mean.

I couldn't imagine doing a regular nine to five. I've got a sister a year younger than me. She works in HR for a huge company. And it's quite funny, having that discussion about private and public sector. You know, like my sister, she just had a massive bonus and I'm going "Yeah, no we don't get that - yeah, in fact I didn't even get my lunch today. Yeah, and hang on, you were complaining about my pension because..?" you know, and even though her pension will be much better than mine, but we've got the similar kind of qualifications and everything, but, I mean I really enjoy what I do. And I get a good sense from what I do and I'm happy with what I do, I can't imagine doing something I wouldn't be happy doing.

Obviously, I am going to win the lottery one day, you know what I mean, you got to be in it, I buy my ticket. Maybe once a month or so, then would I come back to work if I won the lottery? I kind of think, yes, I would, but then I kind of think I'd be using up somebody's opportunities, well, because it is a fab job. I find it a fab job. I come in here early. I start half seven. I'll finish at three. So then my job is then to look after my daughter. I'll, say, leave here in a rush because you can't finish it on the dot. I mean that doesn't happen, but luckily my daughter's school's just around the corner for me to pick her up. So there's been many occasions where I've left here running to pick my daughter up

from school, where she'll be looking at me quite cross and then that cost me like ten pounds and getting her like a magazine and stuff just to appease her, just saying sorry, sorry, sorry. In the early days, when I didn't have a family, you kind of take things for granted. It didn't bother me doing pediatrics in the path lab because it's just get onto the job, but I didn't really have that connection like "Yes, the parents are upset. They're going to be upset." Whereas now, sometimes I'll find, like, I might shed a tear because I'll be thinking of my own family as well.

So it's quite interesting, because you never know how your day's going to go. So a good day for me is knowing I've helped people. I do like being thanked, that's bad, I know. I do like it when people say thank you. At the end of the day, or that people are just leaving with a smile and that for me is a good day, and sometimes you will have outcomes that have been upsetting to you, you just know that you've done the best you can and then you just move on from that and try and give the next person that you're seeing, or you're dealing with, all your time and attention.

There was a time when I wouldn't have to worry about getting a pen. Now it's like "Yeah, no, sorry we've got no pens, we've got no stationery, we've got nothing." And I used to get half an hour when it came to doing an echo. With some patients, it's quite difficult to get them into the room - They've got time to undress, as you can imagine, in winter time there's a lot of layers. But now it's shortened down to twenty minutes. So this does seem to be a lot more pressure, and it does seem to be more about figures than it does about the patient, which it should be, you know, because some patients, I'll be able to scan quick, easy, no problems, but then I'd like a little bit more time, little bit more flexibility, with some patients and not feel guilty about it, but we're constantly being reminded of our referral to treatment times on our waiting lists. So it's something that the management and the directors are always, not putting pressure on, but making us aware of these targets. Sometimes it seems like it's a constant stream and never-ending kind of conveyor belt, sometimes it seems like it's trying to get, as well, with the patients, that they don't feel like that part of this conveyor belt. I try to treat everybody as if you're like my family member and obviously I want to do the best for you. And that's where, sometimes, I can be too chatty as well. So, sometimes, I kind of had to try and see if the patient wants to chat or not. So it's a matter of gauging it just right, as well, with people. I think I do that alright. But, yeah, I haven't been told to shut up yet!

I went to Africa to scan children. I'd saved up, I was lucky enough and I took time out on my own annual leave, it was something I felt was important to do. It was hard for my family of course, I was away for a week, but then we had Tango and Skype and Whatsapp, so it wasn't too bad either. You know, like my husband could Skype in and go "Where have you put Molly's roller skates?" and it's like "Yeah, if you look in this cupboard." It was quite heartbreaking to kind of go. Because you feel like you've done a good job, but it was nice to be home as well, it's kind of appreciate and appreciate our NHS as well. It's not the same job day in, day out. You're always meeting new people and people are amazing. There's a lady who sticks in the mind, who's in the nineties, and she's on the fourth marriage, and then you will meet others that, you know, are young and they're doing so many fantastic things - that's what keeps you motivated and quite excited about the job.