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Beyond platitudes: A nurse's journey of self-reflection and vulnerability

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Abstract

The efforts taking place in healthcare organizations and communities globally should represent what is best in humanity, perhaps even more so in this unprecedented time of COVID-19. This short personal narrative is the acknowledgement that “best” needs to start with “me” and my story of self-reflection and journey of vulnerability.

Keywords

Human experience, meaningful interactions, vulnerable, self-reflection

Introduction

In a time of crisis, fallible people and man-made systems are going to be found lacking as we all struggle to “*make it up as we go*,” “*stay safe*” and employ countless platitudes as a way to boost morale which rapidly lose meaning as they are repeated too often. As we sustain a focus on human experience in the face of COVID-19 while addressing critical physical and emotional needs, I reflect on how I showed up in the midst of this all. How did I contribute to meaningful interactions, to meaningful narratives? Which platitudes mattered, which platitudes had meaning, and which platitudes would stay the test of time? And what will I remember about myself in response to my changing role as a nurse in the pandemic?

The Story of My Experience

As predicted, COVID-19 crossed global boundaries and arrived at our doorsteps. Swift evaluation and discernment of care priorities, human and material resources, current roles and responsibilities and organization needs were at the forefront of healthcare leaders' decision making. I quickly volunteered and found myself in a re-assigned role thinking “*we will get through this*.”

I was needed to join the team of nurses that was answering the “COVID-19 Telephone Hotline” established at our hospital. This hotline was the central intake of inquiries for three community hospitals, the local public health region and all hospital employees.

As the voice at one end of the COVID-19 Telephone Hotline, I reflect on the countless conversations I was part of as I listened to personal stories, detailed histories, assessing and determining who met testing criteria, I was indeed humbled. These thoughts have stayed with me and I pen them here.

I quickly realized how equally vulnerable we all were when it came to the defenselessness of this novel virus. Calls came from the Uber driver to the airline pilot, hospital housekeeping staff to surgeons, from the worried well to the exposed lab technician. We truly were “*all in this together*.”

As we faced information overload, often contradictory or inconsistent information, and what felt like changing directives by the hour, my priority was to ensure I had the most recent guideline and criteria by which evaluation for testing was the current edict. But beyond the clinical attention there was more of a human attention that resonated with me – “*human beings caring for human beings!*”

In all honesty, my human attention was lacking. Initially I was quick to think and say when discussing with the team... “can you believe they asked...”, “can you believe they think...”, “can you believe they want...” in response to what sounded like irrational questions, fear based demands and lack of understanding after answering the same questions repeatedly. “*This too shall pass*” was no solace!

However, it quickly became evident to me that my loved ones were asking similar questions, sensing the same uncertainties and living like the world was on the edge of impending catastrophe, and I was taking those calls after my workday. “*Stay strong*” rang hollow!

I needed a new approach. I needed to table judgment, criticism, lack of sensitivity and imagine what this new world was like for the callers at the other end of the phone. It was then that I could be a better voice on the COVID-19 Telephone Hotline. Given the voice of patience, care and reassurance, fear was minimized, and calm was often possible. Being aware that “*when people are stressed and upset, they want to know that you care before they care what you know*”¹ was a platitude that rang true!

Reflections and Recommendations

For me, this was an opportunity to reflect on the critical skill of self-awareness. Today I am more mindful to deliberate on what I say, what I do and how I act in relation to my hospital's pledge of "*Exemplary Patient Experiences, Always.*" How do I show up? Is there meaning to the platitudes I rotely recite or hear?

Application of individual leaning from cultivating self-awareness is what I would like to see incorporated into programs beyond the COVID-19 crisis. This crisis brought to the forefront the need for renewed resources on mental health and well-being that has included many very helpful topics such as peer support, resilience, self-compassion and understanding emotions as helpful messengers, to name just a few.

I experienced a serious inner journey to my own vulnerability nudged by the need to step into a re-assigned role. I imagine this is a common experience for many healthcare providers in their individual circumstances. So, as we look beyond platitudes and clichés, what are the words - the truths - that will last and still have meaning? This will likely be very personal.

For me, history and science tell me that this exceptional stressful time we are going through will pass. Flex roles and workforce changes are inevitable, but a truth that will always stay with me is that "*people will forget what you said, people will forget what you did, but people will never forget how you made them feel.*"²

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