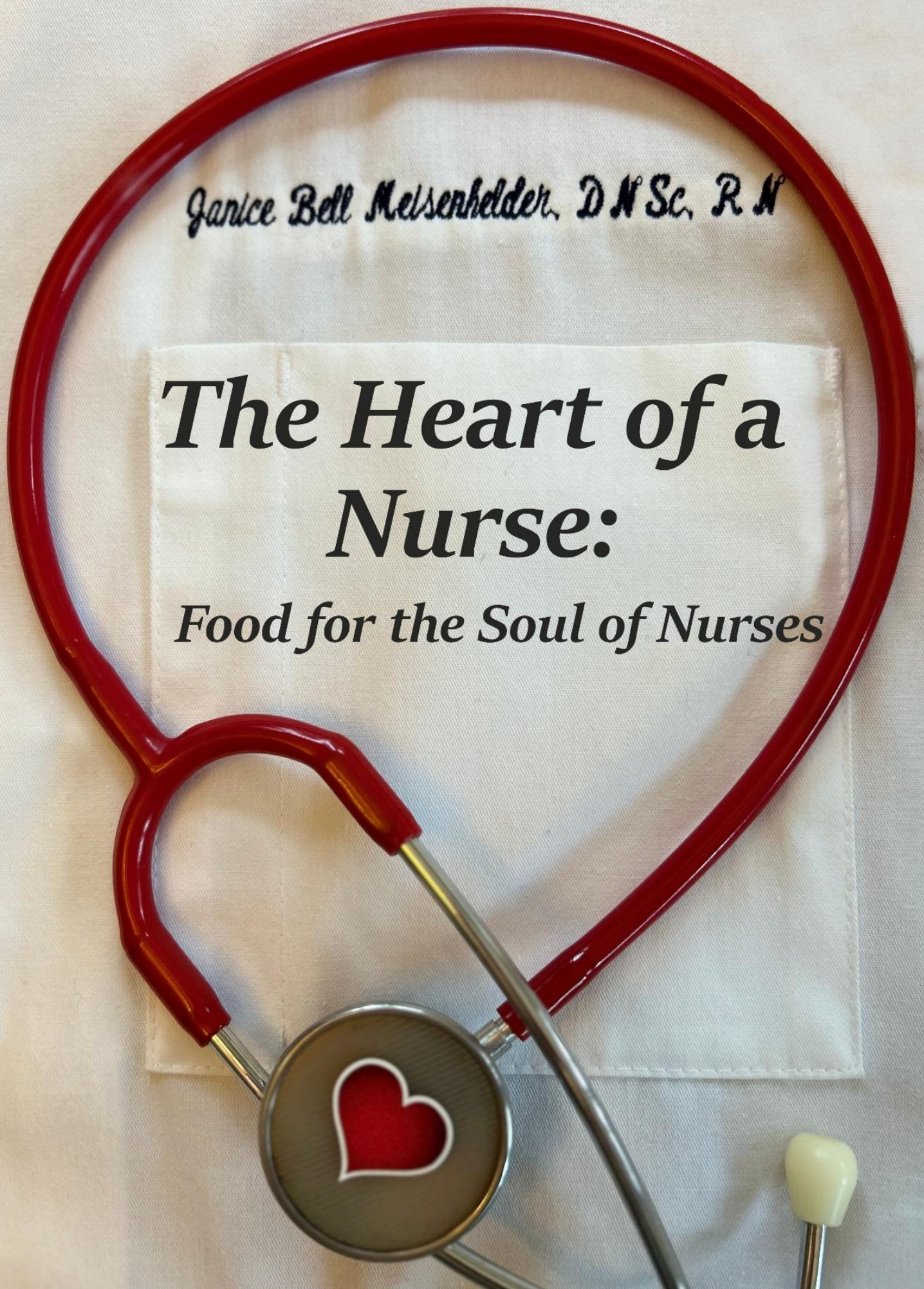


Janice Bell Meisenhelder, D.N.Sc., R.N.

The Heart of a Nurse:

Food for the Soul of Nurses





The Heart of a Nurse: Food for the Soul of Nurses.

Janice Bell Meisenhelder, DNSc, RN, CNE

Short essays speaking to the emotional needs of student nurses,
practicing nurses, and nurse leaders:
life wisdom that reaches beyond the textbook.

Preface

This book represents: the most important content that I have ever taught: a collection of emails sent to students at all levels over several decades. I started writing these messages to teach beginning students about their own emotional needs as nurses and ways to meet these needs. I found that mature, practicing nurses also needed soul food as I moved into post-professional and graduate education. Lastly, nurse educators and nurse leaders need encouragement to build the emotional strength of their students or staff, as well as caring for their own well-being.

Since these messages make the best impact in small doses, I encourage nurse educators and leaders to copy and paste individual entries into an email to your students or staff. Alternatively, copy and share the entire free book to whomever may benefit from reading the material. The content is not limited to nurses, although geared to that audience. I offer it as a gift to all.

Dr. Janice Bell Meisenhelder

About the Author

Janice Bell Meisenhelder holds a research Doctor of Nursing Science degree from Boston University. Her clinical nursing practice was at Massachusetts General Hospital in medical-surgical, intensive care, and oncology. She has served on the faculty of Northeastern University, the MGH Institute of Health Professions, and most recently a Professor of Nursing at Emmanuel College in Boston, Massachusetts, teaching at both the RN-BSN and Graduate level nursing courses. Dr. Meisenhelder has published multiple articles in professional and scholarly journals, including topics on coping as well as clinical guidelines for working with bereaved parents. Her latest book offers comfort and coping suggestions for grieving mothers: [*Surviving the Unthinkable: The Loss of a Child*](#).



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Chapter 1: Growing the Heart of a Nurse

Essays for Student Nurses

Textbooks will prepare you well for all the physical and emotional needs of your patients, but not necessarily your emotional needs. These short essays were designed to support students with the emotional and spiritual stress of addressing demands of acute and suffering patients. Just as patients need support, so do you.

Although I recommend you begin with this chapter, the second chapter for practicing nurses will also be applicable to you, both now and in the future.

Keep growing the lovingkindness of your heart!

The Beauty of Your Music

Every year, students come into a nursing program and share their insecurities. Younger students often feel inferior to their older, accomplished, experienced classmates. Those older, accomplished students worry about aging brains, adjusting to academic pressures, and mastering technology, seeing the younger students as having advantages over them. Students with some clinical experience seem intimidating to those with none. Everyone is uncomfortable, albeit excited, about being thrown into a hectic program where everything is new. By definition, students are incapable of feeling accomplished as they learn. For those used to being masters in their field, this uncertainty is especially disconcerting. Whenever you do something for the first time, you always wonder, “Did I do that right?” – even if your efforts were flawless. For those of you who are perfectionists, such uncertainty can be especially stressful. Yet, your faculty know you are all learning, and everyone makes mistakes! Students are almost always more critical of themselves than faculty would be.

I want each of you to think of yourself as having your own unique melody, born deep inside you. No one else has your melody—just you. And when you share it with others, you give them something very precious. Each person’s melody is a gift to them and to those with whom it is shared. Thus, you each bring your own gifts, and comparing yourself to others is a disservice to your own special talents. It’s like an oboe wishing to be a tuba, or a bass fiddle wanting to be a violin. Both the shrill high notes and the deep tones are necessary to make a symphony. And that is the secret to our melodies. They are amplified as we join together. So, please, try to avoid comparing yourself to anyone else in the class. Rather, look for others who complement you and ways you can support others, each with your own special skills and gifts. Together, you make great music.

Keep Humming!

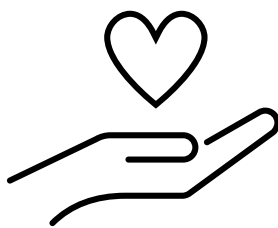
The Power of Your Smile

I was recovering from an emergency appendectomy. It was the middle of the night, and I put on my call light for pain medicine. The person who answered was a tall man, who did not smile at me, but looked very solemn as he came to my bedside to turn off the light. I wondered if he was angry with me and felt very vulnerable laying there in bed in pain. Thus, I was struck with the critical importance of a smile.

Think about it. The minute you see a friend or family member, you smile. Campuses where students smile as they hold doors open for each other feel warm and welcoming. Nurses who smile at patients, or speak in soothing, caring tones provide essential therapeutic support. Your warmth and caring are as powerful as any medicine you administer in creating a healing environment.

Some people come from families where smiles are abundant. Others come from environments where a smile invites an unwelcome response, so smiles do not come spontaneously. But in a hospital and in a classroom, I encourage you to smile at each other because this is a safe environment, and smiles are expected. Greet each other by name. Practice your caring approach on each other as you would do for your patients and families. In all my years of teaching, I have seen that the behaviors shown in class are the same seen in clinical. It's up to you to create an environment of warmth and welcoming, a community of caring surrounding you. Your lives and those of your patients will be enriched by taking the extra step of caring for the person next to you, in the hospital, in this class, and in every setting.

Keep up those smiles!



Priority: Self-Care

“Nursing is all about self-care” (Sharon Sullivan, MSN, CCRN, CNE). We are caring, altruistic people who choose to enter a demanding profession because we want to make a difference in people’s lives. And we do! We make an enormous difference. However, the critical first step is to take care of ourselves.

I live by the motto given during those inflight airline instructions: in case of emergency... put your own oxygen mask on first before helping the person next to you. Such instructions defy our natural impulse to jump in and help the vulnerable, but we must keep ourselves viable to be of any help to others. Self-care means saying “no” to avoid being over-extended, something I have a terribly difficult time doing. Self-care means taking time for those health habits we tell others to do, even if that means we get less done from our to-do list. Self-care means taking time to rest, laugh, sleep, and sometimes just be still to listen to our own thoughts, feelings, or meditations and prayers.

As you strengthen your heart of a nurse, remember to plan self-care, schedule time in your day for you! Trust me: your patients, family and significant people in your life will be better cared for in the long run, as you care first for yourself.

You are too precious to ignore! Keep taking care of yourself.



Your Infinite Value

Several years ago, a student came to me in tears because she was earning a B in my class. She explained that she had always been an A student, all through High School and College. To earn a B in graduate school was completely unacceptable. Since all the evaluations were multiple choice tests, she accepted complete responsibility for her grades. She was not angry, but rather distressed. She pleaded for strategies for increasing her grade. I did counsel her on how to earn an A on these exams, but that did not speak to her root problem at all. She was making the mistake we all tend to make: allowing some arbitrary evaluation of us to impact, or worse dictate, our self-esteem.

Exams or papers or any academic evaluation is a tiny piece of your life-effort in a miniscule speck of all the sum of your talent and skill. No human being can appreciate all that you are and all that you can be, never mind reflecting that worth back to you in any manner.

Any grade you may receive has absolutely and utterly NO reflection or connection whatsoever to your worth and value. You are of infinite worth, a masterpiece, a one-of-a-kind treasure. No number, no value can begin to communicate the full spectrum of all who you are! Each one of you holds a wide span of talent and beauty, like a rainbow. And each of you shine in different ways, as you are created to do. Some of you have brilliant yellows, others amazing oranges, or blazing reds, or vibrant blues, but all of you shine in your own way. Any course only examines one small slice of your rainbow. Courses may be looking at a tiny shade of green, and some people have stronger greens than others. But those with strong greens will lack the same brilliant yellows or blues that others have. You each have your own strength. So, a C in green just means you add dazzle to the world in another color in your rainbow. Never forget you are an entire spectrum of talent that faculty are not even capable of beginning to appreciate. Never let any grade define you. You are all so much more than any number or letter can begin to explain.

You are priceless. So, please, never allow a number to determine your self-worth. No number on any paycheck, or birth certificate, or a lab slip, or scale holds any indication of your value. You are priceless simply because of who you are: created in the image of the Divine.

Keep Shining.

The Power of Affirmation

One of the most powerful interventions you have is your affirmation. The best way to make anyone's day is to offer them sincere, specific positive feedback.

The transformation to lives and relationships of a few sincere affirmations can be remarkable. I have so many stories of how a few positive words have touched people deeply. A huge part of nursing is the use of therapeutic self. Identifying those situations that present themselves to give approval and reinforcement to another is a high-level skill, which cannot be overdone, and an essential ingredient to nursing practice and leadership. I encourage you to practice this skill daily in your own lives, so that you will bring that talent and habit into the clinical setting for your patients, families, and co-workers. But don't stop there. Please make positive reinforcement a habit at home, with family and friends, as well as the workplace. You will experience huge dividends for sending such positive energy into the world and making it a better place! Here are some important points to incorporate into this critical leadership skill:

Guidelines:

1) Always be sincere. Never flatter. Only reinforce by saying something you mean with all your heart. Positive feedback must be absolutely genuine, or it will destroy any trust in the relationship. The more someone's behavior is irritating you, the more important it is to find something that you truly appreciate about them to praise, even if it's just the color of their nail polish! There is always something positive about everyone; we just need to look for it.

2) Be specific. This takes time, effort, and thought, but nurses are a very talented group of people and extremely capable of rising to this goal. "Good job" is not nearly as helpful as "I appreciated the way you organized and communicated so effectively." Another nurse once complimented me on making eye contact when communicating. I remember this comment made decades ago, because it was specific, positive feedback, which is a rare and precious gift.

Whenever anyone is in psychological pain, distress, grief, anxiety, or even anger, a positive reflection can be a huge healing force to lessen their suffering. Consider this one of your most important nursing skills, and use it liberally in all relationships, both professional and personal. Positive affirmation is "Miracle-Gro" fertilizer for the soul.

Recommendations:

1) Make a point of giving specific positive feedback to someone in your personal life each day this week. It may be in the form of a 'thank you for all you've done' to a family member, or a casual appreciation to a colleague or friend.

2) Since giving to others requires that you have emotional energy to give, ask for positive feedback when you are feeling empty. The people close to you sometimes need help knowing how to help and support. If no one is around, take care of yourself. Get sleep, read comics, take a walk outside. Stay focused on what gives your life meaning and count your blessings. Focusing on the positive in your life will help any day be better.

Look for the blessings.

Giving Hope

Hope sustains life. People can't live without hope. A husband of a cancer patient once described with distress the blunt frankness of the physicians in delivering his wife's prognosis: "They take your hope away!" Granted, health care professionals need to be honest and direct with patients about their disease and chances of survival. Patients and families deserve the truth regarding prognosis and the chance to make the necessary arrangements and say good-byes that can only happen with such honesty. Yet, patients need hope to survive each day. So here is our dilemma: How do we nurture hope in the midst of a terminal disease?

The best experts are those who have walked this path themselves. I have learned from cancer patients that as long as someone is breathing, they are living, not dying. They are living this moment, and they need to make the most of it and hope for the next moment. As one brave young woman, [Melissa](#), explained, "I need good things to look forward to." It doesn't really matter if they get to do all the "good things" planned. Having something to look forward to makes today hopeful.

So how can nurses offer hope? Like midwives giving birth, we pull from the patients' their meaning and purpose for their lives and build on those values. Depending on the patients' mobility and condition, what would they enjoy doing? Suggest possibilities they may not have thought of: a massage, a day trip, or their favorite ice cream. Who do they want to see? Who would they like to visit with or talk to on the phone? What's their favorite movie or book? Encourage patients to focus on the positive in this day, and the hope of tomorrow.

For the terminally ill, the threat and fear of death can rob patients of any ability to enjoy life once the end appears near. Ask them specifically what they fear. Often people fear pain or discomfort, which are easily alleviated with medication. Such reassurance can give patients enormous peace. Encourage them to explore their beliefs in an afterlife, offering books such as "Crossing Over," or resources from their own faith perspective. Hope in life in another dimension makes all the difference for a great many people. A terminal illness may provide the stimulus for the patient to grow in their spiritual awareness. Even if you as a nurse feel uncomfortable with spiritual conversation, offer the visit of clergy, or offer a listening and accepting ear. By giving the gift of your full attention and kind understanding, you give comfort to this moment and hope for more comfort to come.

You give hope by the power of your therapeutic presence! Stay hopeful.

Finding Peace

One of the hard emotions to manage as a caring health care professional is the feeling of helplessness. You might be in primary care watching a diabetic continue to gain weight and smoke. You might be an oncology nurse struggling to find the right combination of medication to alleviate pain from bone metastases, knowing that the side effects of such drugs are so distressing to your patient who is already close to death. You might be an ICU Nurse in code, knowing that despite everything possible being done for this patient, they are dying.

Death is the ultimate lack of control, and health care providers will go to ultimate lengths to overcome death, especially with young patients. When our best attempts fail, we need to have a way of finding peace. This is something that I cannot teach you, for finding peace is an individual journey that only you can walk. The best I can do for you is to share my own methods for finding peace during helplessness. I believe that life and death is not in human control. That's not to say that we don't often delay the inevitable and truly do save people's lives. Of course we save lives! But I have seen the most perfect resuscitation performance result in immediate death, and as well as a most flawed team rescue result in success. My way of coming to terms with a patient's tragic outcome is to see life and death in the hands of a Higher Power. Trusting Someone bigger than myself not only allows me to accept the outcome, but also relieves me of the burden of blame over circumstances which in fact I have no control. It gives me the strength to keep helping others rather than being crushed by the awful feeling of failure.

I encourage you to find your own framework for accepting tragic outcomes. And I encourage you to share your perspective at appropriate times, especially with your physician colleagues. We, in nursing, are taught to ultimately care, not always cure. Medical education sometimes neglects addressing the paralyzing feelings of helplessness in the face of a patient's death. Following a patient's death, caregivers need reassurance that they did everything possible and performed well. Even when your patient dies, you can continue to be a healing force by your reassurance, kindness, understanding, and affirmation to both co-workers and the grieving family. There is always an opportunity to care.

And when you find yourself faced with suffering for which you have no physical aide, remember that your very presence, your caring, your validation of their pain and reinforcement of their worth is "doing something," something very precious and powerful, even though you cannot see.

Wishing you peace.



Snowflakes

Snowflakes are unique.¹ Each little bit of frozen water forms this individual, symmetrical beauty. Think about it. Thousands or millions of snowflakes drop down during a snowfall, all together making countless unique, lovely formations, each one with its own beauty. How truer of each of you! Each of you is formed in a unique way with your own charisma, your own strengths. You are not created to look like anyone else or have the talents of anyone else, because that would detract from your own distinctive splendor. You were made with your own formation, shape, and detail that makes you special, no duplicates! You have a singular role to play on this earth, a matchless set of talents to bring to your patients, your friends, and your family. No one else can bring the same joy in exactly the same way as you. There is no measure to your magnificence or worth. There are no comparing snowflakes. They are all beautiful in their own exclusive way: some round, some pointed, all different, all stunning. Each of you is striking in your own very special way: all different and all stunning!

As you enter your workspace, remember you are unique. No number can measure all of your exquisiteness, all of your detail. No human can even capture or appreciate it all! You have too many facets, too many intricate molecules fixed together in your own inimitable, elaborate, and miraculous way. You sparkle in different angles, and at different times. You are not meant to be anyone but you-created with your own exceptional talents for a special purpose. Resist the common human urge to compare yourself to others, which always does you a great disservice. Instead, I hope you celebrate all the special splendor that makes up you. You have unique light to bring to the world.

Sparkle Strong!!



¹ Thangham, C.V. (2008-12-07). ["No two snowflakes are alike"](http://www.digitaljournal.com/article/263168). Digital Journal.. Retrieved from <http://www.digitaljournal.com/article/263168>

Compassion

I once knew a patient who had much of his throat removed to treat laryngeal cancer. He was left with a permanent tracheotomy, a hole in his neck through which he breathed. He continued smoking cigarettes through his trach. Needless to say, nurses would shake their heads in disgust at his inability to overcome an addiction that had threatened his life and left him deformed. How do you think he felt smoking those cigarettes? Do you think he knew what the nurses were thinking who passed by and glanced at him? I wonder if nurses who had or were smokers were more compassionate. I know of students in my previous classes who did not dare admit to their smoking habit. Are we more understanding to each other?

We in health care so easily judge patients without even realizing we are doing it. We pass judgment on people who do not take their medications, or who live sedentary lifestyles, or who are less than optimal parents. We pass judgment on patients who are obese or those with eating disorders, often without any knowledge or sensitivity to the complex factors that put those people in those circumstances. We are most compassionate with patients who remind us of our loved ones or ourselves.

So, as you take care of patients this semester, try to think of your patient as being a potential family member. What would you want the caregiver of your family member to think and do? Try to remember that 90% of communication is non-verbal, and negative attitudes are conveyed, even unintentionally. The essence of compassion is putting yourself in that person's shoes: "There but for the grace of God, go I." (John Bradford, circa 1510–1555).

Keep your heart soft and your words kind.



End of Life Caring

We acclimate to levels of secondary trauma without even realizing it. Nurses often witness suffering and death as part of their normal practice. Rarely do we receive acknowledgment of the toll these experiences can take on our psyche.

Watching someone die is traumatic, even if you do not know the person. One's mortality becomes real at a different level once one has confronted death experientially. There is a primal response of fear and horror for which our culture has no means of expressing or acknowledging. Culturally, we ignore and deny death, sealing it away in funeral homes and places that we usually avoid. Thus, we are often unprepared for the first encounter with death and without support after the trauma. Even in health care settings, support from other clinicians may be absent. Thus, the first-time student nurses witness a death, there may be no one who immediately comforts them or confirms their own horror, but rather they may find themselves surrounded by folks going on as usual. Whatever reaction you have to death at any point in your career is normal. Do whatever you need to do to take care of yourself. Seek and find comfort if none is immediately available.

Whether witnessing death or some other traumatic event in your life, the therapeutic response is the same: acknowledge your feelings and find a healthy way to express them, such as crying, talking to a trusted person, journaling, or some other expression. In our hectic, busy lifestyles, we do not allow space for processing feelings. In fact, busyness can be an unhealthy way of avoiding negative feelings. But like crying children, our grief, pain, anger, or guilt will only keep coming back until we embrace the feelings, express and resolve them. Give yourself space and time of rest and reflection and trust your instincts for what you need to do to heal. Healing is very individual. Your inner voice will guide you.

Despite our cultural attempts to deny the inevitable, death is part of life, a fact that is far more obvious to those of us in health care. Thus, the healthy response is to face it head on. We need to come to terms with and attempt to answer the existential questions inherent in our mortality, which is the same spiritual journey one takes to witness suffering. Each individual's journey is unique.

My previous nursing students were amazed that a nurse would choose to deal with people dying every day. How can a nurse have a career in palliative care or hospice work? I see this area of nursing as similar to a midwife. The unborn child only knows the comfort of the womb: warm, soft, peacefully quiet, with soothing tones of a heartbeat. Out of this ideal environment, the child is traumatically thrust into a cold, bright, harsh world. But people on the outside are waiting and cheering, knowing the end of womb life is the beginning of real life. Perhaps such is the case with death. Perhaps the hospice nurse gives birth to the immortal life, and witnesses a person crossing over into a new, bright spiritual and eternal world, leaving behind the shell of mortality no longer worthy of that person's soul. Hospice nurses are filled with stories of people seeing and talking with deceased loved ones in the weeks, days, hours prior to death. There are

many ways to explain such spiritual phenomena, which, by definition, is outside the realm of science.² How we choose to explain these mysteries is also our individual choice.

This conceptual framework of seeing death as entry into another life provides hope for both those who are close to death and those who are left behind. But such hope, although hugely helpful, does not diminish the pain and sorrow of missing someone you love. Grief is real, powerful, and sometimes all-encompassing regardless of one's world perspective or spiritual beliefs. One of the unhealthy interactions entails people of faith expecting those in grief to feel less sorrow or pain because their loved ones are in "heaven". Such comments are simply another cultural expression of the inability of the speaker to confront the realities of suffering and are rarely helpful.

Therapeutic responses to grief are universal: 1) acknowledge the person's feelings as legitimate, expected, and normal; 2) encourage the person to express their grief such as crying, talking, and acts of remembrance; 3) assist the person to lower their expectations of themselves for as long as they are missing that person; 4) provide sincere positive feedback. The person in grief needs time and space to just think, remember, heal, and mourn, as well as reassurance of their worth and value. Such needs will last months and years, depending on the relationship with the deceased. Recent research illustrates that, contrary to cultural myths of "moving on", people who lose very close relationships actually do better if they incorporate their loved one into their daily life. Rather than forgetting, mourners who engage in acts of remembrance experience less depression and anxiety, even many years later. Contrary to Freudian thinking, the current research suggests there is no expected end point to healthy grieving. If someone is functioning, i.e. making appropriate decisions and successful in daily life activities, they are coping well with loss.³ A free resource for people in grief is available as a download to anyone: [Thoughts about Grief](#).

How do nurses maintain their optimism working with end-of-life patients or those suffering? I highly recommend embracing a lifestyle of gratitude. I suggest that the lists of blessings be an on-going, conscious process of writing down every little positive aspect of each day. A growing body of research illustrates that keeping a gratitude journal enhances sleep and increases satisfaction with one's life.⁴ Try it.

² Traditional scientific method is based on the philosophy of Empiricism. We speak to empirical data, meaning phenomena that can be measured in some way. Anything that cannot be measured or captured in mathematical terms is not empirical, and by definition, outside the realm of science. Thus, that which cannot be measured or sensed by the five senses is not empirical, and therefore, outside of science. Thus, the limitations of science, which are rarely acknowledged in general society, render traditional science incapable of perceiving the Divine.

³ Meisenhelder, J.B. (2017). *Surviving the unthinkable: The loss of a child*. MBM Publishers.

⁴ Allen, S. (2018). *The science of gratitude*. Greater Good Science Center at U.C. Berkley. https://ggsc.berkeley.edu/images/uploads/GGSC-JTF_White_Paper-Gratitude-FINAL.pdf



Vulnerability

The year of the H1N1 epidemic, which was pre-COVID, one student nurse was terrified of being exposed to this flu. The urgent news broadcasts had made him very aware of his vulnerability going into the clinical setting. I appreciated his feelings and identified with his concerns. However, I had no solution for this student, because to give is to make oneself vulnerable. As nurses, we see what devastation illness has on patients and families, making us even more aware of our vulnerability as human beings. Plus, nurses experience additional threats, such as Ebola outbreaks or tragic shootings. Although we need to ensure that all reasonable cautions are being diligently taken by ourselves and our institutions, there will always be the possibility of the unexpected that might sometime hit us. Once all safety initiatives are in place, we are left with a choice: to live in fear or to live to give. What makes a firefighter rush into a burning building to save a life? They focus on the other's well-being, not their own. If we focus on the threat, we can be paralyzed by fear. By focusing on our patients, we make each day full of goodness, purpose, and healing. Of course, we need to be alert to potential danger and insist on safety precautions, but we then need to move on and focus on our patients and our purpose. We remain effective by turning our attention to our reason for becoming nurses and looking at the power of touching lives in intimate ways that we do so automatically each day. We are healers, and that makes us powerful in a whole other sphere: power in every word, every touch, and every smile.

Sending you peace.



Universal Comfort

We receive wonderful satisfaction when we see the positive results of people healing and thriving under our guidance and attention in our nursing care. The hardest part of nursing is when we helplessly watch people in pain and suffering and there is little we can do. Sometimes, patients live with extreme difficulties and disabilities despite our best efforts, and families grieve in the deepest sorry. In some situations, we will not be able to offer anything to “fix it”. It is in those moments that our patients and their families need us the most. There are three powerful interventions that will always ease suffering. Even if we do not see the impact immediately, these interventions will help. I have learned them in my work with bereaved mothers, and there is no distress felt more deeply than that of a mother who has lost a child.

Number one: normalize the person’s feelings. Whatever distress the person is experiencing is valid and real. Our feelings are the most important part of who we are, so accepting another’s reaction is paramount to accepting them as a person. Take this a step further. You want to not only accept their feelings, but you also want to assure the person that their feelings are normal. Anyone in distress or pain unconsciously evaluates their reaction and self-criticizes their own distress. “If I’m upset or miserable, there must be something wrong with me.” Lower self-esteem in grief is common. The person needs validation that whatever they are feeling is not only understandable, but it is to be expected in such a situation. My friend and colleague, Sharon Sullivan, was moving one of her patients from an Intensive Care Unit to the step-down unit. As they entered the elevator, this patient, who was a health care professional, made a comment about how “foggy” he felt. He was used to functioning at such a high level, he expected his brain to work at the same capacity even as he just emerged from a life-threatening situation. Sharon responded: “Everyone feels that way.” The patient, obviously greatly relieved, thanked Sharon over and over again for making him feel so much better. Sharon had normalized his feelings, and in doing so, affirmed his coping as being appropriate. Four words that immediately alleviated much of this patient’s distress by changing his self-perception. Number one is reassuring the person that their reaction is normal.

Number two: help the person lower their self-expectations. Just as the patient mentioned above expected all his mental facilities to be top notch as he’s being discharged from an intensive care unit, so do most people expect far too much of themselves in a crisis situation. People often need the nurse to give them permission to cut back on unnecessary obligations in order to take time to regroup

and recover. Just as broken legs need to be immobilized to heal, emotional wounds need our time and energy to process and rebuild, usually much longer than anyone cares to admit. Give people permission to let go of unrealistic self-expectations and allow themselves the time and space to just rest and heal.

The third universal intervention for anyone in any kind of suffering is the most powerful and possibly the most important: give the person sincere, genuine, positive feedback. I mentioned this powerful intervention in a nursing class a few years ago, and one of the students asked, "But you don't want to feed into negative behavior, do you?" This student missed the sincere, genuine part about positive feedback. Never say anything unless you mean it with all your heart. Only give affirmation that you feel down to your core. People can always tell when you are insincere, and saying something you don't really mean will destroy trust in every relationship. Trust takes time to build but is destroyed in a second. Sometimes, finding the sincere positive thing to say is a real challenge. There will be patients or co-workers or even family members who at times, seem to exhibit nothing but negative behavior. Our minds are geared to see the negative first. We can walk into a spotless room, and we will miss the shine on the floor or the glistening of the counter, but the one smudge on the otherwise clear window will leap out at us like a red flag. The weaknesses of others are often just as obvious to us. Sometimes you have to work at finding the aspects of the person that you truly appreciate and reinforce those no matter how small. Several years ago, a friend was working in a department store, when an angry customer came up to her and starting bitterly complaining. This customer was wearing a striking nail polish, which caught my friend's fancy, and she interjected, "I love your nail polish!" This customer had an immediate complete personality change. The customer's face lit up with delight and suddenly her issues vanished. My friend was not being manipulative. She was just being spontaneous and honest. A compliment of nail polish made this woman's day. I believe every person walks around hungry inside to hear words of affirmation from those around them. None of us receives enough positive feedback, but people in emotional or physical pain need it the most. Generously lavish specific, genuine, sincere compliments about any and every small detail that you may notice with your patients, co-workers, family, and friends. Such words provide a powerful, invisible healing balm for every broken body and heart.

Cure sometimes, but comfort and affirm always.

Olympian Efforts

As nursing students, you work incredibly hard, meeting deadlines for papers and projects on top of all your other responsibilities. A nursing program demands Olympian efforts. Just like a top athlete, you, too, are pushing hard to meet your goals. You, too, have made and are making sacrifices, sometimes huge sacrifices, financially, emotionally, and socially, just to be here and survive. You, too, are daily putting in long hours building your knowledge strength and honing your skills. For most of you, this program requires the admirable perseverance, determination, and unwavering commitment of an athlete in training for the Olympics.

Unlike the Olympics, all your efforts are not for one shining moment, but rather a lifetime of satisfaction as a professional nurse. Unlike the Olympics, your skills keep getting better and the effort becomes easier, but the rewards become richer and richer. You are in training to add cognitive and leadership strength to the already critical ways you touch lives every day. And, unlike the Olympics, your place on the podium is waiting for you, with your medal in the form of a college degree. Everyone who crosses the finish line is a winner!

So, as you struggle through the torment of papers and projects, remember the goal. Remember that the pain will pass, but all of the knowledge and skill you have worked so hard to obtain will remain and equip you for a lifetime of touching lives and leadership. Remember that you are only competing with yourself. No one on the podium cares if you passed with an A or C. Remember that your goal will allow you to make an important impact in the lives of countless patients and families. In my opinion, becoming a nurse is so much more worthy a goal. -

Stay strong.



Empathy

Empathy is one of the most core and central concepts in nursing, most basic to establishing a therapeutic relationship. Empathy is responding to the other in a way that communicates the nurse has understood both the content and the feelings that the person is experiencing, an essential, critical, vital element to our healing capacity. How does one grow a bigger heart, or enlarge our capacity for empathy? I recommend four practices for you to follow that will be helpful in your career as a healer.

First is connectedness: you need to be connected with others in fulfilling relationships. We are social animals, and we all need each other. We need to feel understood as much as we need to understand. In order for you to have something to bring to your clients, you need first to fill your emotional reserve by receiving affection and affirmation. This does not have to be in any particular context. Our culture often depicts the ultimate relationship as romantic, but satisfying connectedness is possible in any kind of relationship. The idea is to have others to talk to, share with, and feel valued.

A psychologist came to an oncology unit to help the nurses deal with some of the heartache they were experiencing through their patients. His advice was to get a “significant other.” And if you did not have a significant other, get a dog! Man’s best friend! The point is to find affection in any form that works for you. We all need to be connected, reinforced, valued, and loved.

The second practice I recommend is forgiveness. Forgiveness is a cleansing of one’s own heart from poisons that may otherwise destroy it. When we hold grudges, we hurt ourselves the most. Forgiveness can be exceedingly difficult to do. When someone has hurt you without reason or cause, you are angry and have every right to be so. Anger is the normal human reaction to pain, which is fine. But try not to stay there. Try to move to seeing that the person who hurt you is also in pain, even though it might be invisible. You are wise to distance yourself from destructive people, and take whatever action is needed to protect yourself in the future. Forgiveness does not imply forgetting or continuing to be vulnerable. However, once you have dealt with any future threat, let go of any lingering resentment which only hurts you. If you are too angry to forgive, too hurt to let it go, make a decision to want to forgive. That is the place to start. And make the decision again and again. After a while, you might find you are no longer angry. The forgiveness did indeed come.

The third practice to enlarge your nursing heart is gratitude. There is a joy that comes from focusing on what is good in our lives and right with the world that fortifies us against the storms and pain. Gratitude is the medicine of the soul and the food of the heart, that nourishes our positive perspective and strengthens our smile. Nursing can be the best profession to help develop gratitude. I once heard a neurological ICU nurse say, “Hey, I can move all my limbs, I’m coherent and oriented, I’ve got all my senses. I’ve got nothing to complain about!” I have heard a community health nurse say how grateful she is to be able to buy food for her children and clothes for them without ever worrying. The contrast of our high level of functioning and wellbeing to that of our patients certainly gives us reason to be thankful. Practice focusing on all the positive in your life.

My recommendations are to practice being connected to others, practice forgiveness, and practice gratitude. But this is still another thing I recommend: making peace with life’s pain. Pain and suffering is as much a part of life as joy and laughter - that’s why nurses are so important. We know how to comfort others who are in pain and sorrow. But when confronted with your own losses, make peace with the pain. Do not fight it. Accept pain as part of life and allow the hurt to change you. Such losses and heartache in our lives most dramatically enlarge our capacity to give to others and experience empathy.

Keep your heart growing.



Chapter 2: Sustaining the Heart of a Nurse

Essays for Practicing Nurses

These essays were written for nurses who were practicing in clinical positions. Many of these nurses had extensive experience and a great deal of wisdom from their own practice. Although their clinical skills were exemplary, these nurses deserve to be applauded for their crucial caring role that they play every day. These essays are especially focused on highlighting the importance of the nursing role, as well as comforting nurses during times of distress.

Although the previous section for student nurses speaks to learners or those new in practice, the reader is encouraged to at least skim Chapter 1 of this book for pertinent support. The emotions encountered by neophyte nurses are the same that most experienced clinicians encounter as well. Please share these essays with your colleagues, friends, and family. In addition to sharing the entire manuscript, this free book can also be used in pieces as needed, copied, and pasted into an email or text, and sent to those who may benefit from these words. Thank you for sharing the heart of a nurse.

Your Talent

Nurses are remarkably gifted people. As nurses, you possess immense knowledge in your area of practice, a wealth of information compiled through study and experience, a treasure of healing understanding. You assess, identify, and intervene on the gamut of needs from physical care to working with social services. You read the non-verbal cues often without even realizing the remarkable sensitivity of your observations. You evaluate the family, the home situation, the daily progress of your patients with insight and wisdom. Since you use all of your talent and skill so continuously, you may well take your tremendous capacity for granted. Perhaps only your patients can truly see the tremendous importance of your work. Maybe only those vulnerable and in need possess the necessary perspective to appreciate the critical difference of your care, your decisions, your diligence, your kindness, and your words. If you have ever been a patient, you gain a different view of the importance of good nursing care. The next time you walk into work, remember all the talent you bring and how critical your application of that knowledge and skill in caring means to every person whom you meet. You bring the priceless gift of the heart of a nurse.



Finding the words

A comment from a new Nurse Educator triggered my awareness of the need to find the right words. She recounted that she searched for the best vocabulary to give written positive feedback to her students. I have long emphasized the importance of focusing on the positive in others and reflecting those thoughts back to them. Now I appreciate the need to develop better terminology to do so.

Do I have more words readily available in my head for criticism than for compliments? Maybe, but I can develop more elaborate and sophisticated skills for affirming the specific talent of others. I just need to pay attention to how I communicate.

To patients, I can reinforce them for persistence in trying to move, determination to be independent, and the amazing grace to display gratitude in the midst of pain when they say “thank you” for handing them the glass of water. Patients show patience when they wait for us, courage to face another procedure, and wisdom to accept the inevitable disability. We see this almost every day. We greatly augment our therapeutic presence and impact when we reflect such noble characteristics back to our patients with verbal, specific affirmation.

To my co-workers, I can appreciate a well-organized report, a detailed care plan, and an insightful assessment. I can verbalize every time I notice a kind action or compassionate act to patients and families. Yes, that is our job! But we all have emotional tanks that get drained. Why not put some fuel into another nurse’s tank? If you notice something positive, share it. Everyone needs more positive feedback than they ever receive.

We live in a culture of criticism, not compliments. Saying a positive thought about another person may feel awkward and uncomfortable, because so few people do so. I walked into a store last week with a friend, and approached a young woman behind the counter whose appearance struck me. “You are stunningly beautiful,” I told her, after the initial greeting and with a matter-of-fact tone. Her face lit up. “Thanks, you made my day.” Although I often hesitate at first, after I take the chance to share my sincere positive thoughts, I am always glad I did. Add to your list of remarkable interventions, making someone else’s day.

Bringing Calm in Chaos

Many years ago, I stood at the crash cart in the middle of resuscitation. A patient had collapsed in a bathroom, creating one of those awful situations where a team of people were madly working on him on the floor. Someone shouted, "I've got a pulse!!" Instead of barking an anxious order, the lead person responded calmly, "Good, let's discharge him." A soft, nervous chuckle rippled through the group, and I felt myself feeling calmer. Everyone seemed less tense, quieter, and more in control. I reflected later at that joke in the middle of a resuscitation. Had a family or visitor witnessed the comment, they might have been appalled. But everyone knew that lead professional wanted the patient to survive as desperately as we all did. The discharge remark displayed the lead person's control over his own emotions, not any disrespect for the severity of the situation. Such a display of quick wit provided a sense of command to the entire team, helping us all to function more effectively. No one can control the outcome of a resuscitation. Life and death are not in our hands. We do ourselves and our patients a huge disservice when we begin to think we can control life itself, or the behavior of others. The only person we can really control is ourselves. That lead professional communicated a calm by injecting humor, and that composure effectively rippled through the team helping all of us to work more effectively.

Nurses walk into chaos every day: hysterical families, disoriented and agitated patients, and sudden medical emergencies. If we think we can control these situations, we do ourselves harm. We can only control ourselves, keeping our composure and doing what a skilled, knowledgeable, mere mortal can do to ease the situation. Our primary goal needs to be our own inner peace, bringing this calm to a sometimes-uncontrollable situation. My only suggestion for accomplishing this difficult feat is to remember you are not God. You did not cause the chaos and often you cannot contain it. Instead, bring your healing, composed self to do some good and make a dent in the bedlam, and that is your second goal. Aim for calm in the midst of chaos, accepting that uncontrolled turmoil is sometimes inevitable and unavoidable, in spite of our best therapeutic efforts. Sometimes, keeping yourself at peace is the best anyone can do, and the most any nurse can offer.

Sending you Peace.

Your Significance

"Never confuse prominence with significance."⁵ Our culture glorifies prominent people: the winning football team, the glamorous movie stars, the most successful billionaires, and sometimes even popular politicians. Think about who has made the greatest impact on your life? Who has taught you the most important lessons, loved you deeply, steered you in the right direction, or put your well-being ahead of their own? Who gave you a smile this week, made you feel good about yourself, or helped you out with a problem? Those people have been the most significant people to you, not the rich and famous.

We tend to assume that prominent people have the most impact in this world, but I doubt that is true. We all have the chance to be hugely significant every day in every interaction. As nurses, we hold a key position of significance by creating an emotionally, spiritually, relationally, as well as physically safe environment for our patients and colleagues. Our very use of therapeutic presence creates such critical encompassing safety. Most of us convey such kindness without even knowing it, just by being patient centered. The sad part is that few of us see our every interaction as significant, healing, therapeutic, and so very important. Few nurses are ever told more than "thank you" with words or a box of candy. So we must remind ourselves never to confuse prominence with significance. The home care nurse, the school nurse, the acute care nurse each send continually important messages of care all day long, even though only the patient can truly understand the huge impact of that care. So remember your caring is critically important. Your sensitivity, insight, and wisdom render a true gift to the people who receive your care. Hopefully, you can begin to see how enormously significant your expertise and compassion is to those to whom you give.

Blessings on your day.



⁵ Warren, R. (2015, January 25). You've got to be connected. Podcast retrieved from <https://pastorrick.com/listen-online/youve-got-to-get-connected-part-1/>

The Priceless Gift

One of the greatest gifts we can give another person is our full attention: our undivided focus during which we really listen to their needs. In our world of constant noise and endless wireless stimulation, pausing to concentrate on the felt needs of another human being is not only a challenge, but an exquisite treasure. You provide such gold when you look into the eyes of a patient or family member, really hearing the meaning behind the words- or even better- feeling them. Nurses give this attention countless times a day, without even noticing or thinking. We call it therapeutic use of self, one of our hallowed comfort skills, often so well developed that we practice it like breathing. No wonder we end our shift exhausted, for such full attention, such self-less loss into the needs of others is emotionally and cognitively draining. But please know, Dear Nurses, that no matter what other treatment, intervention, or comfort you may provide, your full attention to the needs of your patients, co-workers, staff, friends, or family, is a priceless gift. Give it freely and feel the deep satisfaction of the riches you have to offer this world.



Silent comfort

In the face of “extreme devastation”, a young nurse brought “pure comfort” to a 21-year-old grieving son. This son recounted the tsunami of emotions he felt at the time of his father’s death. The family was gathered around the ICU bed. When he looked up and saw the tears in the nurse’s eyes, he felt deep gratitude toward her. Eleven years later, he told me this story of the impact moment that will never leave him: the feelings of “safety and comfort” provided by that nurse’s tears. He could not remember one word, for her deep, therapeutic intervention at the time of crisis for this family came not in sound but feeling. He told me over a decade later of his gratitude to that nurse who was “willing and open to experience my pain.” He appreciated that she chose to enter into his sorrow and be vulnerable to cry, taking the toll of grief on herself in order to provide him and his family with unspoken comfort.

So, my dear nurses, you do not need to have the right words, for you already have the right heart. Please continue to have the courage to walk with patients and families in their pain, even though it hurts. Please never forget that probably hundreds of people remember you as “that nurse”, that special person who touched their hearts at the most critical moment, even though you may not have realized it. You only hear back from a tiny fraction of people whom you impact, but never doubt the power of your unspoken comfort that radiates from a caring heart.

Facing Fearful Families

They come to us for comfort: families who are terrified of losing their loved one. They want us to give them hope, or even better, reassurance that all will be well. Sometimes, we can actually provide such optimism, but more often we cannot. We do not have a crystal ball, nor control of health and well-being. We can only do what a mere mortal can do, regardless of our years of experience in nursing practice. So, what do we say to fearful families with silent cries for help?

**We affirm their feelings. Their worries are valid, especially in an unpredictable situation, where patients may have long intensive care stays experiencing a roller coaster trajectory. The family's concern shows their love, and we can reinforce them for having that commitment to this family member. Families need all the reinforcements we can find to give, including taking care of themselves amid this crisis.*

**We give them honest information, which is likely to include: "no one can predict this." We honor them by trusting them with the truth as we know it. We also build their trust in us by our honesty.*

We point to the positives, especially their love for this family member. Tell them what they **can do: call on the phone or talk at the bedside, let their loved one hear their voice, even if the patient is in a coma. Teach families to talk, sing, pray, and touch their loved one, even when unconscious. We never know what a seemingly unconscious person may hear, physically or spiritually.*

**We point them to their spiritual source of strength. When humans reach the end of their resources, the choice is either to despair or to turn to Someone greater. If they have any tradition or inclination towards a Higher Power, now is the time to maximize that resource. If they are searching and in need of spiritual comfort but do not know where to turn, suggest they just sit in the chapel and talk to whatever Presence they feel there. Offer to call the hospital Chaplain, who provide wonderful listening presence and open minds to our patients and families.*

As nurses, we cannot control the outcome of our patient's condition, but we can provide comfort to both the patient and the family, which is itself a powerful source of healing.

Your Healing Power

As nurses, you are healers. You hold an amazing treasury of knowledge of pathophysiology, pharmacology, signs and symptoms, human responses to disease and disability and a vast array of interventions in your cognitive bank, all of which you apply daily as a matter of routine. You assess patients' physical, emotional, and cognitive abilities as automatically as you breathe. You constantly use your advanced psychomotor skills in harmony with complex instruments and sophisticated electronic systems, while simultaneously touching your patients with tenderness and professional skill. Most of all, you meet patients at their most vulnerable and most devastating moments and wrap them in the security of dignity and kindness with your attention, attitude, touch and caring— the most powerful healing of all! You are nurses! You are healers!



Seasons of Our Lives

A dear friend was lamenting her own limitations in helping others. This young mother and nurse expected herself to be able to give the same level of comfort and care to others outside her family as she did prior to becoming a mom. As helpers and healers, we want to address the needs we see: all of them. We sometimes feel worse about ourselves when we see needs that we cannot meet because of time constraints and other commitments.

So here is the message: no human can meet all the needs, all the time. We are created to do the specific jobs that we were designed to do, and to do them in specific seasons. During the demanding years of child rearing, all else becomes secondary, for your children only have one set of parents. When loved ones reach the end of their lives, all else stops temporarily as we keep witness to their crossing over and honor their life. When we find ourselves empty nesters, we dust off our favorite hobbies, renew old friendships, and resume our career goals. Just as we need to avoid comparing ourselves to others, we also need to avoid comparing what was possible in one stage of life with a different stage. We live our lives in seasons, giving first to our loved ones, and then to others as our limited time and energy permits. Focus on all the good you are doing today, see your impact in the small places of life, and be thankful. You are where you are meant to be.

Your Therapeutic Presence

I loved teaching my class on therapeutic use of self to brand new nursing students. I could see them absorb the images of being present with patients emotionally, as well as physically. I reassured them of their healing power, even when there was nothing more that could be medically done for their patients: the power of therapeutic presence.

As practicing nurses, we still need to hear that reassurance, perhaps even more than ever. As the pressures of tasks, documentation, and technology bring rising demands on our attention, such ideals are easily buried in such chaos. The heart of every nurse cries out for time to spend providing a healing touch and comforting words, but often those cries are obliterated by the alarms of IV pumps or ringing of a phone. Remember that your kind touch, your understanding look, and your encouraging smiles continue to be powerful therapy, even if given in only a few seconds. Remember the power you hold in your body language of caring and your insight into coping. Remember that the angrier the patient or family or co-worker, the more desperately they need your therapeutic presence, because “hurt people hurt people”⁶. People who lash out at you are the ones who need your kindness the most, for they are the people struggling to feel good about themselves. Of course, we need to set limits and boundaries to protect ourselves from abuse, but also look for opportunities to offer reinforcement and affirmation which is the restorative balm for a crushed self-concept. And take care of yourself, so that you may continue to spread the magic of your therapeutic presence.



⁶ Quote widely used, but first attributed to Charles Eads in a Amarillo, Texas newspaper.
Source: Quote Investigator; <https://quoteinvestigator.com/2019/09/15/hurt/>

Nursing Wisdom

Nurses are educated to be perfect in what they do. But there's a problem with that: no one is perfect. Human beings are incapable of perfection. Constant flawlessness is not humanly possible. I confess that I have been in nursing education for many years, so I am one of those people who have been perpetuating this issue. I have been making students feel like they are supposed to be perfect, because we all are afraid of making a mistake. We don't ever want to unintentionally hurt a vulnerable patient with our error, which is a valid fear.

What happens when we do, eventually, make the inevitable mistake? We have a terrible time forgiving ourselves. We feel devastated. We feel like we are failures. We have let down ourselves, our colleagues and superiors, the patients and families who entrusted us with their care, and everyone else who depends on us. Making an error in nursing delivers a huge blow to our self-esteem.

What's the answer to this? First, we need to stop striving for perfection, and start striving for excellence and wisdom. We can be excellent, even if we are not perfect, and have the wisdom to forgive ourselves when we make mistakes. When we forgive ourselves, we free ourselves up to continue to do excellent work, rather than being weighed down by guilt and failure, feelings of self-degradation. We can take credit for having the courage to own up to our mistakes and take the necessary action to correct our errors, which is another sign of excellence.

So, I encourage you to strive for wisdom. Be wise enough to be patient with yourself. Be wise enough to forgive yourself when you make mistakes. If you have difficulty with self-forgiveness, use your resources: a trustworthy co-worker, a kind superior, a close loving family member, or a faithful Creator. Whatever your world view and social network provide, allow others to help you forgive yourself and regain your sense of worth and wholeness. Let's all remember we are human beings. If we are doing excellent work, our absolute best effort is as much as anyone can achieve. Excellence in nursing teamed with wisdom might just be more powerful than perfection.

Have a great day!

Your Focus

Focus on the positive in your life, and you will feel more positive. Focus on the negative, and you will find yourself drained, perhaps irritable, and certainly unhappy. We are surrounded by a world that feeds us a negative focus. The news media is filled with problems, big problems that can easily overwhelm us. Our profession teaches us to make “problem lists,” and the focus of our work is identifying problems and intervening therapeutically, all of which is extremely good and critically important.

Like a scale, our mind requires a balance of input. To balance out the negative environment, the problems inherent in our work and our world, we need to develop the habit of focusing on the good delights and blessings in our lives. You are a highly educated and talented professional. You are working in one of the most meaningful ways any human being can work. You have the opportunity to touch lives in helpful ways at critical times every day in your nursing role. When you are not working as a nurse, you have the chance to replenish and restore. Your home is filled with objects that provide you with either comfort or meaning. Focus on the positive: right now you are reading with your eyes, have access to the internet, and are probably physically comfortable. Be glad for all the small things in your life that are good, true, beautiful, and positive: things, opportunities, relationships, and experiences. Focusing on the positive details requires conscious intention and effort but pays off in huge dividends. Think about building a positive perspective in your day, such as listing ten little things in your life on your way to work or discussing what good thing happened during your day at dinner. The more you discover the positive elements in your life, the more joy you will find seeping into your day.

Wishing you joy!



Giving Fatigue

Did you ever think, “I give to so many people. Can’t someone give back to me?” Those of us in helping professions are givers. That’s why we chose to do what we do. When others show appreciation and gratitude for our efforts, our emotional tanks get fueled, encouraging us to give more. When we run into places where our efforts seem to be met with resistance or indifference, we often feel discouraged. Nurses are sometimes taken for granted, not just by patients, but also by co-workers, colleagues, and family members. Being a giver in life is tough, because one can easily fall into the trap of expecting others to respond in the same way as you would do, with gratitude.

So here are two suggestions for keeping from falling into resentment, discouragement, and withdrawal:

1) View the people around you as broken and limited. If they had the same capacity as you, they would be giving in the same way you do! You have huge knowledge, skill, insight, and ability to assess emotional, intellectual, and physical needs of others and respond almost automatically in a way that most people cannot do. You are a healer. Your capacity to give speaks volumes about your gifts and talents, which most people do not have. When others disappoint you in their response to you, assume they are limited, too self-absorbed by their own inner brokenness to see your magnificence and let it go.

2) Take care of yourself! When we look to others to meet our needs, we are likely to be disappointed. Feed your soul with a meaningful focus. Take time to rest, play, laugh, and have fun! Be sensitive to when your own emotional tank is getting low, and spend time with people who love you, play with your pets, or do something good for you. As healers, helpers, and nurses, you are precious resources for humanity, regardless of whether anyone appreciates your giving. So smile, keep giving, and know that you are doing the eternal work of loving kindness. ~



Recover and Restore

In our professional life, we have social norms that enable us to perform expertly in the toughest of situations, such as the death of a patient. We can focus on the grieving family and offer deep compassion while simultaneously attending to the physical needs of the deceased as well as the documentation needed, all with amazing skill, focus, competence, and composure. Although such norms equip us best to serve, they also mask the impact of death on our own psyche. When teaching beginning students, I discovered the critical need to reassure them that death is shocking and horrifying, even if you have had no previous contact with the deceased. Students encountering death for the first time would experience intense feelings but be surrounded by professionals who seemed completely unruffled or upset by the loss. I needed to reassure these beginners that their feelings were normal, and so are yours. When one of your patients dies, you are likely impacted, even unconsciously. Death reminds us of our own mortality, and grieving families remind us of our own potential losses. Your compassion toward others is the evidence of the depth of your emotions, and your ability to hide your own needs to minister to others is the most noble of acts. We must bury our own needs in order to attend to our patients and families in those moments, but once off-duty, we need to attend to ourselves. No matter how experienced a nurse or how expert a clinician is, your reactions to the loss of a patient are also normal, natural, and important. So, you need to take time and space to recover and restore your own equilibrium.

I offer two suggestions for such restoration. First, give yourself time to physically rest and emotionally restore: sleep, connect with loved ones, relax, and play. Just experience the goodness and humor in life. Trust your instincts for what you need to do to heal. Healing is very individual. Your inner voice will guide you.

Second, consider re-framing your concept of death. The unborn child only knows the comfort of the womb: warm, soft, peacefully, quiet, with soothing tones of a heartbeat. Out of this ideal environment, the child is traumatically thrust into a cold, bright, harsh world. But people on the outside are cheering and waiting, knowing the end of womb life is the beginning of real life. Perhaps such is the case with death. Perhaps at the end of physical life, the nurse watches birth to the immortal life, and witnesses a person crossing over into a new, bright spiritual and eternal world, leaving behind the shell of mortality no longer worthy of them. Hospice nurses are filled with stories of people seeing and talking with deceased loved one's in the weeks, days, hours prior to death. There are many ways to explain such spiritual phenomena, which, by definition, are outside the realm of science. How we choose to explain these mysteries is also our individual choice.

How do nurses maintain their optimism working with end-of-life patients or those suffering? I highly recommend embracing a lifestyle of gratitude. Consider starting an ongoing list of little positive aspects of each day. A growing body of research illustrates that keeping a gratitude journal enhances sleep and increases satisfaction with one's life.⁷ Try it.

⁷ Allen, S. (2018). *The science of gratitude*. Greater Good Science Center at U.C. Berkley. https://ggsc.berkeley.edu/images/uploads/GGSC-JTF_White_Paper-Gratitude-FINAL.pdf

Chapter 3: Sharing the Heart of a Nurse

Essays for Nurse Educators and Leaders

All of the chapters of this book are for Nurse Educators and Leaders in all settings, because all of the short essays in the first two chapters are meant to be shared by nurse leaders/educators with their students and staff. The thoughts in this section pertain particularly to education and leadership positions.

Part 1: Teaching with Heart speaks to helpful tips on giving any presentation. These thoughts are probably helpful to nurse leaders in any setting, since presenting content or speaking at workshops or meetings are common among most leaders.

Part 2: Grading with Heart entails the struggles that teachers often feel with assigning grades. This content applies to all teachers and evaluators.

Part 3: Leading with Heart offers a few thoughts about filling a leadership role. These thoughts apply equally to nurse educators as well as all leadership positions.

I hope the essays here inspire you to continue to share the heart of a nurse.



Part 1: Teaching with Heart

Socializing Students

When I first started sending these emails now published in this book, I was very insecure. They make me vulnerable. I was sending them to 100 young students, so you know some of the students must have been thinking unkind thoughts, although no one admitted it. I called these emails "Growing the Heart of a Nurse" and spoke to topics in the first section such as Helplessness and End of Life, trying to meet my students' emotional needs as they encountered suffering for the first time. At the end of the first semester of sending these, I asked for feedback. One student recounted how her cousin had just learned that their young child had cancer. Because of one of my recent emails (Universal Comfort), this student felt capable of knowing how to respond therapeutically to this family in crisis. So, I concluded that if one student is better equipped to help others in this world, then these emails are valuable.

Once, after sending an email on "hope", one student responded to say that the email came at a critical time. She had just spoken to her mother on the phone, who was visiting a dying friend in the hospital the next day and was nervous about what to say. The student forwarded my email to her mom, who ended up having a great visit by following my guidance.

I recently received some positive feedback from my "Snowflake" email. As educators, we talk at great length about our student's cognitive needs but helping them to grow the Heart of a Nurse is equally important. Feel free to share the contents of this book with anyone you wish. When you find yourself with learners, think about their emotional needs and find your way to meet them. We teach caring by showing caring.

Also, always take good care of yourself.

First Impressions

A few years ago, I received a lovely message from a student whom I had about 10 years earlier. He described in detail my behavior in the very first class. About 80 students were buzzing on the first day of the program, all eager and excited to start this Direct Entry Program full-time. As I entered the room, the hum of voices died down, and most of the eyes watched me as I walked over to the shades and pulled them up, allowing the water view to be seen. I turned to the class and said, “The nurse controls the environment.” In this note, this student commented on how I quoted Florence Nightingale in that moment, and how he still thinks of me when he pulls up a shade. (In truth, I had an office without windows at the time, so I always pulled up shades to see sunlight! The comment was only a casual, spontaneous one).

His message struck me with the power of first impressions on new students. The first words and actions you have in class make a huge difference and can set the tone for the whole semester. I have had classes in which I greatly enjoyed all the students, although other faculty complained about them. I suspect I had brought out their best behavior with how I introduced the class. So here are my tips for any presentation or class.

1) Arrive very early. Set up your power point or whatever else you need, then circulate. Approach students and chat, trying to learn their names. This is very important whether giving a one-time workshop or a year-long course. For new speakers, this is a standard way of lowering your anxiety. You will feel like you already have friends in the audience after chatting with a few folks, and you will!

2) Make your first words to the audience positive feedback. Students almost always quiet down respectfully for the first class, which immediately gave me specific, positive behavior to reinforce and thank them for: “What wonderful, respectful people to so quickly give me your attention!” You are reinforcing respectful behavior, which is extremely important. I would reflect back any positive comments I heard from folks who ran their orientation the previous day. If you are giving a staff-education talk, you can comment on the quality of care, or the honor of being in that place to speak. Start with a positive comment about your class/audience whenever possible, but make sure you are sincere.

3) *Admit any flaws, as needed, if you are teaching the whole semester. I tend to mispronounce words, which is honestly something I inherited from my Dad. I would occasionally get criticism at the end of the year evaluations, until I learned to tell students this in my introduction. Once I acknowledged my weaknesses, all criticism melted. I never had any student mention it again. More importantly, I set the expectation that no one is perfect! By admitting my imperfection, I allowed students to be imperfect, too. This immediately lowered the anxiety in the student body, although I had not intended to do this. Allowing students to make learning mistakes is hugely important to their being able to learn. Obviously, we have standards in clinical, but students still need reassurance that they can ask questions and not be chastised.*

4) *Help students connect with each other. If you have a new class, having a “friend” in class greatly lowers anxiety. I discovered that having each person in the room tell their name and some story/fact about them helped these connections. This also helped me learn their names. For large classes, another strategy is to have them tell the person next to them one thing they are worried/anxious about starting this course/program. Knowing that others feel the same feelings is a huge relief to learners and connects them at a deeper level.*

As you use your nursing skills to zero in on your student or audience’s emotional needs, you will present content that speaks to the hearts and souls of your listeners.



Our Dignity

When I was teaching in a direct entry master’s program, I had very sophisticated, older students coming from other careers. One year, a student wrote in the course evaluations that I should avoid using the term “guys” when addressing students. This person said it detracted from my dignity as a professor. I had used the term to show camaraderie and warmth to the students, but I think the feedback was wise and helpful. I have avoided using this term ever since. Listening to feedback is one of the best ways to grow and fine-tune one’s performance. When you keep listening, you keep growing.

Classroom Friends

This week, I was reminded again of an important point: striving to create friendships in the classroom. For students in traditional programs, these happen easily in clinical groups. But in graduate school or commuter programs, students may enter a classroom and know no one, which is intimidating and frightening. At one point in my career, all of my classes were commuter classes, and none were in specific cohorts, thus building relationships in class becomes very important. With online classes or programs, this becomes more important and requires great intention.

Here are some strategies:

1) Always come to class early and try to connect with a few students, even in large classes or speaking engagements. You will feel more at ease after having created a few "friends" of your own in class. You can also help a group connect with each other, if this is a class of strangers.

2) Arrange chairs next to each other or in tables, and make students sit in groups of easy and comfortable conversation distance.

3) Create an activity early in the class time that requires interaction such as having students get to know each other in pairs and then introduce each other to the class. Include a fun fact, which makes everyone relax, as well as helps you remember students. In a class of 100 commuting students, we would have each one give their name and then say something about their name, such as origin or choice of first name. There would be some humorous moments that helped everyone relax as well as remember some names. I also often pair in teaching, such as teams for games or "think-pair-share" to foster interaction. All of these strategies are tips to keep in mind when having a class of new or even partially new students.

4) Teaching online requires having students work in small groups to create friendships. Discussion boards are helpful but foster the most meaningful interaction when the topic asks for personal experience or feelings, rather than a scholarly response. Encourage collaboration with whatever tools your learning management system allows. Open discussion boards for student-to-student questions are also helpful. Online students also benefit from sharing phone numbers if they feel comfortable. Talking to someone directly is always preferred to communicating by messages in making personal connections. I always try to have a phone or zoom meeting with individual students, if I am able to do so. Or offer zoom office hours for questions, even in an asynchronous online class.

**Teaching is all about relationships: both yours and theirs with each other.*

Transparency

When I was a new educator, I felt I had to have all the answers and be the expert in the class: the perfect role model. Through the years of teaching, I've found my flaws can be helpful to students, as stated above. I have also learned that humility is a great asset. I have made some embarrassing mistakes over the years and found others to be very kind when I apologize profusely and ask forgiveness. People will forgive you for almost anything, if 1) you are honest and 2) you are kind! Students need a kind professor far more than they need a perfect one, which just intimidates and is impossible for any of us to do. I also admit to students that tests are imperfect evaluations that only capture a moment in time, but they are best method of evaluations we have at this point. Being honest and admitting imperfections is a teaching strategy I stumbled upon, but an important one. Always be quick to admit you are not perfect. You will save yourself a great deal of hurtful criticism and help to endear yourself to students and colleagues for being real.



Entitlement

I have taught in very expensive schools of nursing, where students paid a great deal of money for their education and had a lot at stake. Occasionally, I would detect an attitude of entitlement to the clinical area. Students would assume that the high tuition gave them the right to practice on patients. I learned to be clear from before the start of their first clinical that students must earn the right to touch another human being. No one can buy the right into that sacred space. Students earn the trust of their faculty by being fully prepared for clinical as well as class, by showing respect for all people, by being courteous and kind at all times to everyone, and by demonstrating their own self-awareness of their limitations and humility to get help appropriately in the clinical setting. Students must demonstrate their appropriate appreciation for the sacred honor of touching another human being, as well as their trustworthiness to be therapeutic at all times. As I think back on this, I might have been wise to include such language in the syllabus or other clinical handouts. We teach values simultaneously with the knowledge and skills, all of which are essential. We help students to grow the heart of a nurse.

Called by Name

When I was teaching a class of 100 Direct Entry Nursing (older) students in their first nursing courses, I was bothered by a trend in the seating. I noticed that all the black students sat together in the back of the room. Granted, the men pretty much all sat together in the back of the room, as well, but they radiated confidence and comfort, whereas the black students tended to be quiet. Students in general gravitated to people who were like them: women with children sat together, older students sat together, or those who previously graduated from the same college. So, sitting together was not as much a concern to me as being in the back of the room. I just wanted to make sure that was their choice.

Once I had established a rapport with these students, I approached them after class as they were seated, and asked why they always sat in back. One of them replied, "Can we speak to you in private?" I arranged for a small conference room on another day. They explained to me that unless they got to school very early, the seats in the front were taken. Once those patterns became established, it was awkward to try to move around the classroom. When I asked what I could do to make them feel a valued part of the class, they said: "Place diversity students in groups with other students. Spread us around in the clinical groups." They told me they wanted to be more integrated. But most importantly, one woman said: "Call us by name." Saying hello to students by name was a critical part of making each student feel valued, regardless of ethnicity, gender, or age. Fortunately, I had a photo directory which I studied weekly to know the names of these 100 students.

I just heard back from one alumni of my graduate education program in which I taught advanced teaching methods. She just finished her first semester teaching. She received high praise in her anonymous student evaluations for making students feel welcomed and valued. She told me she focused on greeting them by name and finding the strengths in each one of them.

Never forget the power of calling a person by name.

Laughter Lowers Anxiety

One year when teaching my 80+ fall newcomers, our second exam fell on Halloween. This class of mostly 20-somethings asked if they could get an extra point if everyone dressed up. (I gave challenging NCLEX-type exams in this clinical course). I agreed, if more than 1/2 the students dressed up. If you don't have enough buy-in, the people dressing up feel foolish, so I wanted to encourage a large number to participate. They swung into high-gear, and we enjoyed the laughter of very creative costumes prior to starting the exam. My teaching partner and I saw how it lowered anxiety and gave them something fun to focus on, which we believed helped them perform better on the test. We continued this practice for the rest of our tenure and started the tradition of taking class photos before the exam. We also began having students dress up as a Nursing Diagnosis for the first exam, which was only three weeks into the semester. The nursing diagnoses costumes equally met the objective of creating laughter and lowering anxiety. We stepped up the enthusiasm with votes for the best costume and prize awards, which worked well in this competitive group. Eventually, this practice expanded to include holiday costumes for the last exam.

This costume exercise helped to create a culture and bonding in large class, although not our intent, proved very positive for class coherency. I tried to carry this practice into MSN teaching courses with much older students and smaller classes, but with absolutely no success. My older students had no interest in anything so playful. The lessons here: 1) caring about students emotions is equally a part of their learning as their cognition; 2) each class and setting has its' own unique characteristics, so teaching strategies evolve over courses and learning populations; 3) when you add fun, you enhance learning; 4) listen to your students for cues on how to help them in their learning. My best teaching strategies have all come from my students, who are my best teachers.



The Classroom as a Lab

When I had a class of 84 students, the Director came to me three weeks into school to tell me that one student had failed CORI, the State system for tracking criminal records, which would prevent any individual from becoming a RN. I named the student, and, although she could not confirm the identity for privacy reasons, she appeared stunned by my accuracy. The Director was devastated to have to tell the student that she could not be a nurse and was feeling awful. I assured the Director that this student was mean and hostile. I had already spoken to this student privately to try to talk her out of nursing, but she was determined and capable to make it through the program. The Director seemed to have a new appreciation for the need to dismiss the student, free from guilt.

The moral of the story is that the behavior you see in the classroom is the same behavior you will see in clinical! I would tell my entire class that when a clinical instructor reports misbehavior, I can usually name the student because I see the same behavior in class.

Thus, the classroom is a laboratory for civility and caring! Just as the nursing lab is the place to practice dressing changes, the classroom is the place to practice therapeutic presence to others. When students walk into class, they should be challenged to role model the same caring behaviors toward each other that they expect to use in a patient's room. Challenge them openly to do just that and give them positive feedback when they show caring behaviors, such as setting up Facebook pages to share information, or organizing class socials that make everyone included. Students can no longer walk into class and think only of themselves, because they are now student nurses. Caring starts at home with the classroom as their first lab for interpersonal skills. Set up your labs well to support the best of caring.



The Condemned Banana

I remember being with a table of preschoolers at my daughter's day care during lunch. One of the children had a banana packed in his lunch, a perfectly beautiful, ripe banana. He emphatically declared he didn't want it and gave it to the Teacher. The teacher asked if anyone else wanted it, but no. Once the banana had been cast aside by one child, the rest of the children were reluctant to show it any favor. I bet there would have been several hands raised for that banana if the teacher had presented it as a treat, rather than the toddler as a reject. The negative voices intimidate the positive ones, who then remain silent. Unfortunately, this phenomenon is not limited to toddlers.

One angry voice is enough to poison the group. The anger says nothing about the target and everything about its source. One troubled soul can then either sway the rest, or more likely, make others afraid to voice any opposing views for fear the hostility will be fired in their direction. So it happens that every teacher will sometimes be the condemned banana.

Survival depends on hanging on to your delight in yourself. Read those notes from previous classes telling you how wonderful you are! Focus on whatever good things are in your life and remember that "this, too, shall pass."

I had one class in Spring that wrote me miserable end-of-semester evaluations. These were the same folks who said I walked on water in December. Somehow between December and April, I had become incompetent and unworthy of my position. After I had some distance from it, I reflected on what went wrong. One student comment gave me a clue: I had made one negative comment in the beginning of the semester. – One mistake! I had chastised the class for relying on take-home pathophysiology exams rather than learning the material and attributed their difficulty in my current class as due to the failure to master content from the fall. Regardless of how accurate I may have been, I made them feel badly about themselves. This was a very valuable lesson.

I now start the year with positive feedback to the class as soon as possible. I pull out every positive aspect I can find, especially in those first few weeks. It sets the tone for the entire rest of the semester. I now make myself a good banana before anyone has the chance to condemn me!

Students are like baby birds with their mouths open, hungry for reinforcement. They are insecure, threatened, worried about “making it”, and need every positive vibe they can get, just as we all do. When I envision their insecurities regardless of how confident they pretend to be, I do a better job of reinforcing and reassuring.

So, perhaps you have a class with several troubled souls who will go through life complaining. But I assure you, there will be many students in that class who will be grateful for all you gave them. It is never the highly vocal students or those who are in your office every week who show appreciation. Rather, it’s the students who never say anything in the back row who send notes or drop off gifts at the end of the term.

Thankfully, you get a new semester with a new class to wash away the negative experience of a previous semester. Hang on to your delight in yourself! Know that you have been chosen for your roles because of your excellence, and you are highly respected among your peers. Or as one student told me after my first year in teaching when one student verbally attacked me in the front of the class, don’t let the negative voices get you down.



Your Music

Each of you is a highly creative person with a different, individual approach to teaching. You need to develop your own style, not anyone else’s. When you create a class or presentation, focus on the learner’s needs. Think about the needs of the group, based on your own needs and what you know of your audience. Think in terms of what will be helpful. Have fun and remember that each of us bring different aspects and perspectives into our teaching which enriches our students. Present content as you conceptualize the material speaking from your experience and knowledge, with your own unique charm.

Remember: 1000 teachers, 1000 ways to teach. (Chinese proverb).

You each have your own song, and your own style of teaching. Most importantly, just be yourself!

Scholarship: Know the Expectations

In my first years of teaching, I was a lowly Instructor at Boston University School of Nursing, a prestigious program in New England at the time. Over a hundred nursing faculty taught across three programs, but all of the Instructors were teaching in the BSN, not graduate programs, doing clinical and classroom teaching. During the nursing full-faculty meetings, the Instructors sat in the back of the amphitheater, while the tenured, senior, graduate faculty sat in the front. I listened to the Interim Dean, Ann Wolbert Burgess, D.N.Sc., APRN, FAAN, give advice: “Every faculty member should be working on three articles at any point in time: One in review, one actively being written, and one in their mind as the next article to write.” At that time, Ann Burgess had published 8 books and dozens of articles, so she had walked the talk. I always suspected the senior faculty might have inwardly scoffed at such remarks. But I took them to heart and did my best to follow that advice during my most active academic years. This practice served me well, allowing me to choose places to work and advance through the professorial ranks.

When you teach in a four-year college/university level, scholarship is a priority. Excellence in teaching is assumed, but scholarship is the determining factor to keeping your position and reaching promotions. All salary is based on professorial rank, and sabbaticals are usually only provided for tenured (senior) faculty.

Many of you will not need this information. Teaching in a two-year program requires mainly teaching, with a lower demand on scholarship and is full of personal rewards working with students. Part time Adjunct positions usually have no such scholarship demands in any program. Affirming and investing in students or staff at any level and in any setting offers rich and satisfying rewards. Keep sharing the heart of the nurse wherever you go.



Planning Your Time

When I was in my first teaching position at a major university, I watched so many young faculty work endlessly creating teaching excellence and doing huge amounts of work in committees that greatly advanced the curriculum and mission of the school. After 6 years of such dedicated service, they were often given their walking papers with a “thank you.”

In many academic settings, faculty have 6 years to establish themselves as worthy of tenure. Tenure is very difficult to achieve and is dependent on research and publication. The doctoral degree is your entrance ticket into the process, but only what you do after your doctorate counts towards tenure, although this may include multiple publications from your dissertation. The pressure to publish is almost hidden until faculty are under review. Chairs demand committee work, students demand teaching and feedback, and no one demands scholarship until the annual review. Every year faculty submit an annual report in which they document their scholarship, both completed and in process works. I always smiled when my friends would say, “Oh, you have the summer off!” Summer was the only time I had to complete the expected research and publications, other than a rare sabbatical.

Bottom line: teaching is endless. You can prepare for weeks for one class, and some people do! But few people can have a life outside of teaching, pour top excellence into their classes, and establish a “national reputation” of publications as expected to keep their jobs. At the two universities I have worked at, excellence in teaching was expected and scholarship was necessary for staying in a faculty position, even if you were not tenured. My words of wisdom are to figure out your own priorities and make decisions accordingly. I enjoyed the challenge of research and the gratification of publishing and was able to do so at a pace that put my family first. There are many ways to teach in various academic as well as clinical settings, and investing in learners is always rewarding in every setting.



Part 2: Grading with Heart

Common Issues with Grading

Here are common issues that faculty debate when grading written assignments. The following are questions asked by graduate students in a class on teaching methods in nursing:

**How do you grade appropriately yet thoughtfully even following a rubric? Everyone is so different; their styles are so diverse in writing and presenting.*

**How do you not compare one to the other two on that particular evening? Or to the previous paper that you have just read? It seems a natural thing to do as a bar is set so to speak. And how can you decide that one style or method is A worthy, and one is B worthy?*

**As much as we would like; not every presentation or paper is an A. I do always appreciate comments and corrections on papers and presentations as there is always room for improvement each day, each paper, each presentation.*

My response to these questions: Yes, we all compare student work to each other, which is the only way we know what is reasonable to expect from this group of learners. Yes, individual styles are different, but all can be equally good. The bottom line is that grading is subjective, even with rubrics, which is why I love multiple choice questions!

But there is a bigger picture, and here's a story.

I was filling in for a Clinical Instructor who had to leave work early. I ran the post-clinical conference in which the students did their formal oral case presentations, so I was grading these presentations instead of the Clinical Instructor. One student used client web sources rather than professional sources for references and simply had a less sophisticated presentation. However, she described fabulous tender-loving care with this particular patient. I graded her presentation 82, which turned out to be the lowest grade out of any of the 100 students and 17 instructors! (Faculty used this assignment to boost the low grades from all the short-answer exams). I assumed this student would hate me for giving her the lowest grade. She actually was in another section of this academic course, so I was not her faculty of record. In other words, she was not in my class, and I

had no contact with her other than this one time. When I gave her the grade of 82, I did explain how she could have made the presentation better, but I also poured out praise for the exemplar job she did of meeting this patient's emotional needs, because she was clearly excellent with therapeutic presence.

Weeks later, I received an email from her. In it she recounted another clinical event in meeting patients' needs and her thoughts about her clinical day. I was stunned because I had assumed I was on her blacklist. I responded with more well-deserved praise for her therapeutic skills. Over a year later, I was the keynote speaker at her pinning ceremony. She made a point of introducing me to her family as an important faculty in her education.

The lesson for me was that the number grade did not matter. It was how I made her feel. I praised her for her strengths, even though the rubric did not include interpersonal skills for the assignment. I recalled this experience as I gave out grades for my undergraduate student's presentation. Although some students got lower B's, I made a point of writing a comment on the bottom about how brave they were to speak in front of class, or how poised and professional they sounded.

If students argue with any feedback that you offer, simply explain that you only see one tiny piece of their behavior in a very limited time and setting. If no one else has ever given them such feedback, such negative thoughts may simply be an isolated event or even distorted perception. If, however, others have given them similar thoughts, then perhaps they should think about the feedback. By giving them the power to take or leave your recommendations, you lower the impact on their self-concept. However, don't change your grade, because you have given your best opinion, and you have the qualifications and responsibility to do so.

More importantly than the number grade is making students feel valued and special for their unique strengths and attributes. Role model sincere caring. Search for the positive in your students and reflect it back. Grades are poor, flawed estimates of student work. Remind students that the grading system is very imperfect, and teachers have limited contact which means limited capability of appreciating all their talent.

Helping the Struggling Student

Surely, all educators encounter struggling and anxious students. Here are some thoughts to keep in mind.

- 1) Focus on organization and learning skills. FIRST, do they know how to plan time in their week for studying? Many students who fail have no idea how to plan ahead or organize. Teach them to schedule time for study. Second, do they know how to use meta-cognition skills? Flash cards, review techniques, exercises that come with the textbook, and practice multiple choice questions are far more effective than re-reading a textbook. Teach them basic study techniques.*
- 2) Anxiety blocks learning. Teaching stress-reduction techniques is critical. Ask the student to deep breath to slow count of 5, and repeat 4 more times before you begin to work with them. Teach students to start an exam with such techniques and repeat the minute they begin to mentally block. Slow deep breathing physiologically relaxes you. Other techniques are massaging one's hand or temples, which may help in an exam.*
- 3) Your ability as an educator to support the student emotionally is truly more important than what the student learns. Learning requires a level of self-efficacy which is built upon positive self-esteem. No matter how much the student is struggling or incompetent, find their positive attributes and reflect those attributes back to the student. Reinforce them for the strengths they have, even while they may be failing at the learning at hand. Preserving self-esteem gives them the emotional fuel to press on, even if that means a change in career.*
- 4) Perhaps the most important lesson I've learned in teaching is to listen to my students! My best teaching strategies have come from student suggestions, because students know best what they need. When I first started teaching in a graduate program, students clamored for a Study Guide for the exams. I stubbornly thought: "No, this is graduate school!" By the second year, I gave them a study guide. It was more significant as a way to calm them down than even the study information.*
- 5) Most important: Remember that this student's learning problem is not a reflection of you or your excellence in teaching. You can be an outstanding teacher, but not all people are created equal when it comes to cognitive or emotional capacity.*

Helpful Feedback

I just listened to a speaker who made the point that criticism never helped anyone. Negative feedback only serves to discourage. Rather, people need encouragement to grow and blossom.

These thoughts made me reflect on how I grade papers. I always try to make sure my first comment is positive, even if it's only a "good job with a perfect title page." However, it is very difficult and unfair to the student to give exclusively positive feedback on a paper, and then grade it B or C, or even A-. Granted, rubrics help, because you can highlight or circle the box, making it clear the level of the writing. However, rubrics also limit the grader to giving certain points, and make it more difficult to give extra points for exceptional parts of the assignment that might not be reflected on the rubric. Plus, individual, specific feedback is far more helpful.

This made me consider the difference between criticism and recommendations or suggestions for improvement. Criticism focusses on what the student did wrong. Recommendations focus on the goal: how to grow and advance in skill and knowledge. I often pose questions to indicate the content missing in a paper. My goal is to be more deliberate in making recommendations, helpful questions, and learning prescriptions, while highlighting the existing strengths. Any idiot can criticize, but it takes a bright person to make specific, genuine, positive feedback. I now add helpful recommendations for growth, in addition to pointing out all the positive aspects in the assignment.



Helpful Priorities

One more story about grades. I routinely sent my "rainbow" message to all students usually before the first exam, and then reminded them of all their colors as I posted the grades! (See "Your Infinite Value", p. 10). Although I was teaching a sectioned course and only had half the students formally in my class, I took the license to send my "rainbow" message to both sections, mine as well as the other faculty. I wanted to help all students "grow the heart of a nurse. So both sections heard the rainbow message about grades. The following year I was the keynote at their pinning ceremony. One student from the other section, who was not in my class, came up to me after the ceremony with her mother, and started to tell me that she was a diabetic. All her life, she had been defined by her blood sugars. Through tears, she told me that my one email had changed her whole way of thinking about herself. She no longer evaluated her worth on her success with lab values. "No number can measure your worth & value", my words in that email, had meant so much more than grades to her! She wanted to thank me for sending out that email, because it helped her so much.

*The lesson for you: you must always tell your students that they must **never let any number define them**. Their worth is immeasurable, and their value is priceless--- as is yours!*

"People will forget what you said, and people will forget what you did, but people will never forget how you made them feel." Bonne Jean Wasmund.



Part 3: Leading with Heart

Your Influence

No matter what kind of position of influence you may hold, three aspects remain true.⁸

First, your position is a gift, not a right, and you are responsible for using that influence for the benefit of those who you lead or impact. Instructors do not have students; they have responsibility to students just as nurses have responsibility to their patients.

Second, we are accountable for our actions, both to the people we lead and to those who gave us the position. As nurses, we embrace accountability and take it seriously in our patient care. But we are also accountable as parents leading families, instructors teaching students, chairs leading committees, Administrators managing units, or any time we assume influence over others. What is best for the people given to us is always what is best overall.

Lastly, leadership is temporary. All positions of influence will end at some point. Positions are finite because we are finite. When we lead with the end in mind, we become more aware of the opportunity of each day, as well as the responsibility to use our time well. We need to always lead with the end in mind: what do we want our legacy to be?

Give your best for the well-being of those under and around you, and you will build a legacy to be admired.



⁸ Stanley, A. (2020, July 19). Leading through: 3 essentials for navigating uncertainty, Part 1. Northpoint Community Church. Retrieved from: <https://northpoint.org/messages/leading-through/heaven-rules>

Setting Boundaries

Both students and staff will sometimes test limits. Occasional inappropriate behavior or mistakes happen. When you address unwanted behavior in staff or students, always address the behavior, not the intentions. Document very specific actions as if you are describing a scene in a play. A common excuse from the guilty will be “I didn’t mean to do it.” Please remember that people who cheat often lie. Intention is not an entity that we can evaluate. If you change your response based on whether or not you think someone “intended” to do wrong, you are claiming to read their mind. In order to be a consistent manager or educator, you need to evaluate only behavior, not intentions.

You are the empire. You are not responsible for someone else’s behavior, but only to call the plays as you see them. Always be firm and kind. Trust your instincts. Give sincere praise where you can, even when disciplining staff or students. The more you have incorporated specific positive feedback into your everyday leadership/teaching style, the more you will have social capital to pull from during difficult situations. Although pointing out transgressions is uncomfortable, you do the individual a great service by calling them to act according to professional standards and helping them address whatever limitations may keep them from doing so. In the end, discipline is a kind action, because such direct, honest feedback helps the person to grow.



Setting the Bar

When teaching a large online RN-BSN class one semester, I was tempted to cut back on feedback on their papers, which is so intensely time consuming. Alas, I could not give less than my best to these students. I ended up writing comments next to all the papers on almost every page, in addition to the comments in the rubric. I always try to give as much affirmation as well as guidance on how to improve. The payoff for my copious feedback came with the second set of papers from this class. By grading the first set strictly, I raised the bar and they all improved, some of them greatly. We can be tempted to be kind and give people a pass, either students or staff, rather than hold them to high standards. However, we do them a great disservice in failing to call them to be all that they can be and holding them to the ideal. Always set the bar high. Call people to grow into being the best they can be. You will be cultivating a legacy of excellence and leading your students/staff into a higher domain.

Your Presentation

I visited a church and spoke to one of the women working there, probably in her late 70's, or possibly much older. Although the culture of this large church was for very casual, come-as-you-are dress, this lady wore a business attire suitable for a board meeting, complete with high heels. As I approached her for help, she accurately evaluated me and my situation in seconds and immediately met my needs. Her mind was quick as lightening, her disposition warm but purposeful, and her abilities clearly exceptional. I found out that she held two jobs, one in this church and another working remotely with a start-up company. I failed to discover anything more about this intriguing role model for aging, but I later heard others in another small group mention her name. People started commenting with admiration on her consistent dress of tailored sophistication, which stood out in this setting. Their comments struck me as a lesson I need to heed. No matter what setting, others notice how we present ourselves. In my master's program, an organizational development professional taught us to "present ourselves proudly." She described a feel-good-about-myself, I-have-something-to-offer positive attitude, not arrogance. We present ourselves positively with our physical appearance, eye-contact, smile, body language, and voice tone. Such warm and confident behavior commands respect. In our current casual culture, these points are important to remember, especially for leaders. We need to take the extra effort to present ourselves positively and confidently at all times in dress, speech and non-verbal communication. Maybe someday a small group will be speaking with admiration about you!



Your Power

The best type of power is the power to positively enhance another's self-concept. People in leadership positions automatically hold great power to make such an impact. A compliment from a peer feels great, but when coming from a higher-up, feels really wonderful! This is the most important and the most constructive influence anyone can have. Providing specific positive feedback is free. It's simple, but it's not easy. Affirming people takes getting the focus off oneself and on to others. Such powerful influence requires identifying what we take for granted and putting it into the headlights of recognition: the particular aspects of a job well done. Such influence based on your leadership position is temporary because we are finite. We have a limited opportunity to exercise the power given to us in leadership positions. Use your influence well and create the legacy of positively impacting those around you.

True Leadership

One nurse recently shared with me an interaction that struck me as being significant. Sharon Sullivan provides direct patient care in an ICU of a major medical center, where each nurse joins the daily medical rounds on the unit for their respective patients. She was impressed by how well one junior resident summarized an exceedingly complex medical history for the team, and she spontaneously complimented him as he concluded. The rest of the team was silent. I believe they really did not know what to say, since compliments among physicians are rare. Sharon had broken social norms with her spontaneous positive feedback. She showed courage and confidence by speaking her thoughts, although she had no intention of role modeling such positive leadership. Sharon was simply being herself, someone who has embraced the practice of sharing positive thoughts of others whenever they run through her mind. In the process of following her own instincts, she illustrated one of the most important aspects of leadership: building the self-concept and confidence of others. True leaders display such characteristics of integrity, sincerity, and generosity to share positive feedback to everyone from the cleaning staff to the chief nurse officer. May we all cultivate such a focus to be a positive leader in whatever situation or role we may fulfill.



End Notes: Life-Giving Practices

I encourage you to intentionally continue life-giving practices: gratitude, forgiveness, and specific affirmation. Gratitude for the small details of our lives builds happiness into every day. Forgiveness of self and others keeps our hearts from becoming bitter and resentful, which hinders any healer. Affirming the gifts and talents of others enriches not only their lives, but also our own. As healers, teachers, and leaders, all nurses deserve to grow a healthy heart full of lovingkindness, for out of our hearts comes our power and joy.

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