



Battling Burnout with Nurse Coaching: Stories from the ICU

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As a nurse, do you wonder, “Why am I here? This isn’t what I expected.” Do you think, “I am a nurse because I want to help; I love connecting with people, listening and being part of their healing; so why do I feel disconnected to my deepest desires?” You are not alone. We felt it too; an uncomfortable and isolating feeling. A mismatch between intentions and the chaotic environments preventing us from living the nursing life we love. There is hope in healing. We found it, and so can you. This is the story of how we – two burned-out critical care nurses living miles apart in different states – connected to share a similar healing journey to become nurse coaches. By embodying self-compassion and the framework of nurse coaching, we became reunited with our passion for nursing and ourselves as whole and unique nurses and human beings.

Intensive care, critical care, and nursing care – all care requires an incredible amount of knowledge, skill, organization, and critical thinking. We were “Super-Nurses.” We tirelessly nurtured and honored our patients and their families. Charge nurses assigned us the sickest patients, families requiring extra love, and doctors needing extra support. Give us equipment, drips, codes, and a challenge – the culture of fast-paced adrenal rush! The intensity of the ICU was what we signed up for, so why did we begin to feel distaste, become apathetic, dread going to work, and question leaving the bedside? Through this experience, we realized the real world of nursing was not what we had hoped for, and our well-being had been trampled.

After much self-reflection, and learning self-compassion and self-love, we saw that in our efforts to be “Super-Nurses,” we failed to acknowledge the minute-to-minute suffering we faced. For years, we were highly critical of ourselves (they do call it critical care), and we tolerated and ignored incivility, lateral violence, and bullying. We learned to live to survive, and to overlook ourselves. We stopped feeling because it deepened our wounds to relive the suffering. We dreaded work, lost patience for those we cared for, and became fake. We believed we had become terrible, heartless nurses. What choice did we have, but to leave all that we once loved

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and treasured? What we didn't recognize was we had become ill – just like those we cared for. In our quest to be perfect, highly effective critical care nurses, we neglected our desires, our suffering, our forgiveness, and our joy. We overlooked our successes and challenges, and ignored our deep need to give ourselves love. We had developed the disease of burnout, compassion fatigue, physical illness, and psychological distress – and we needed help.

Nurse coaching was the beginning of our return to wholeness. Integrating the art and science of nursing offered us the foundation we had been searching for since nursing school. Self-compassion through self-care were the missing pieces leading to the beginning of our transformation. The nurse coaching journey has two parallel paths:

1. coaching theories, principles, and how to be a health coach; and
2. self-reflection, self-awareness through self-care, and professional development.

Path two positively changed the way we practice as nurses and humans. Without self-care, we were not balancing the suffering and pain we endured. With self-care, we now honor ourselves by responsibly promoting our health and safety through mindfulness, self-compassion, self-awareness, healing rituals, exercise, interconnection with colleagues, and most importantly, forgiveness for ourselves.

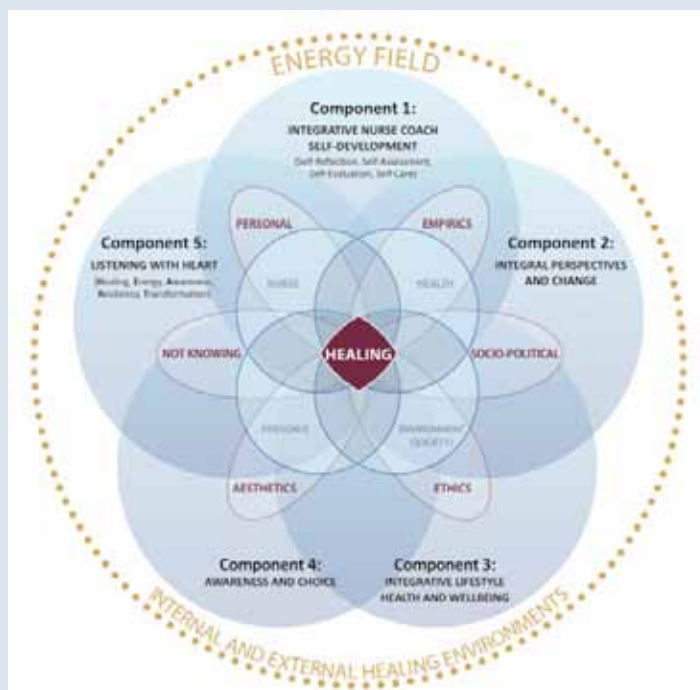
According to the 2019 National Health Care Retention and RN Staffing Report, critical care nurses averaged an 18.2

percent turnover rate last year, with \$52,100 as the average cost of turnover for a bedside nurse (NSI Nursing Solutions, 2019). This has a huge impact for organizations. Nurses understand how burnout and turnover affect health care, because we live with the nursing shortage. Many of us endure understaffing and resource scarcity on a daily basis. We want to care about each other, but we struggle with harmful behavior like incivility and bullying in all walks of our profession.

Workplace bullying, coarseness, and violence occurred for us daily. We practiced in a “culture of silence” (Vessey, Demarco, & DiFazio, 2010) because it was the only way to tolerate the rudeness, the cruelty, and intimidation. We felt moral distress at every turn (HNHN, 2017); inside us, there was a mismatch of silent ethical need – *say something and feel retaliation* or *say nothing and function*. In July 2015, the American Nurses Association (ANA) published a position statement on incivility, bullying, and workplace violence. It reinforces ANA's dedication to address and stop this harmful behavior and enhances our professional role to acknowledge and prevent it in the workplace: “A shared and sustained commitment to promote dignity and respect is necessary to prevent incivility from escalating to bullying or violence” (ANA, 2015a, p.6). Our once-silent witness to rudeness and intimidation had stifled our ability to show dignity and respect to ourselves and our colleagues. This new awareness helped us see that we are the solution. When our actions stem from deep reverence and pride for ourselves and others, we begin to rebuild. Florence

continued on page 34

Theory of Integrative Nurse Coaching (TINC) Overview



TINC is a middle range nursing theory comprised of the connection of Healing, Metaparadigm in Nursing, Patterns of Knowing in Nursing, TINC 5 Components, and Energy Field and Internal and External Environments. The TINC 5 Components are fully integrated and have equal value to help guide nurse coaching practice broadly enough to be useful in complex situations, education strategies, instrument development, research, nursing practice strategies, and healthcare policy and reform.

5 TINC Components

1. Nurse Coach Self-Development (Self-Reflection, Self-Assessment, Self-Evaluation, and Self-Care)
2. Integral Perspectives and Change
3. Integrative Lifestyle and Wellbeing
4. Awareness and Choice
5. Listening with Heart (Healing, Energy, Awareness, Resiliency, Transformation), and energy field and internal and external healing environments

(Dossey, Luck, & Schaub, 2015)

Nightingale reminds us, “Let other Nurses only ‘see’ in us what they had better do themselves, and never what they had better avoid. What we wish *them* to do, let them see us do” (as cited in Dossey, Selanders, Beck, & Attewell, 2005, p.38).

Nurse coaching provided us the guiding framework and catalyst we needed to transform our careers and re-ignite our passion for nursing. We finally allowed time for personal growth, opening to a new way to care for ourselves and our patients. As nurse coaching students, we were welcomed into a community of like-minded healers and learned how to nourish our deep need to transcend beyond suffering and to heal. We were able to confront our insecurities and fear of rejection rooted in past traumas of incivility and bullying. When nurse coaching introduced us to techniques like breathing and awareness, we moved beyond fear and our ICU egos, learning to be open and vulnerable and to speak from our hearts. This nurse coaching community listened without judgement, with the deep presence we longed for, honoring each of us as unique, wise, and complete beings. We then learned the same skills to support our colleagues and our work as highly skilled critical care nurses. Provision 5 of the American Nurses Association Code of Ethics supports this behavior. It states, “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (ANA, 2015b, p. 19). We realized we were the role models to implement the change we needed in our professional communities.

Since applying nurse coaching in our critical care and professional settings, we are more compassionate for patients, families, and colleagues, having developed internal strength through our self-care practice, and we feel less affected by our strenuous work environments. We have transformed; therefore, our culture has transformed. We approach fellow humans differently, because we no longer have to “fix them,” nor do we give them “orders” because we use the Theory of Integrative Nurse Coaching (TINC) in bedside practice (see box on p. 17). We have become more holistic in practice and embody integral perspectives and change (Component 2 of TINC): “This is a comprehensive way to organize multiple phenomenon of human experience from the individual and collective interior, and the individual and collective exterior” (Dossey & Luck, 2015, p. 12). We use motivational interviewing, appreciative inquiry, and partnership with patients and families to formulate specific goals to support their health and wellbeing, no matter where they are in their healing (McElligott, 2014) or in their life continuum.

In our self-discovery and healing, we learned that although we couldn’t change the system, we could change how we aligned with it. By incorporating nurse coaching and holistic theories like TINC into our practice as intensive care nurses, we have transformed to become healthy, whole, and resilient nurses. We connect with patients, colleagues, and ourselves in spite of disordered health care, by integrating self-care in the midst of chaos, emergency, and the unknown. Now, we are less affected by the challenges of

staffing crisis, bullying, and incivility, and are able to recognize our personal symptoms of pre-burnout to prevent it. With this awareness and skillset, we have created healthy boundaries and enjoy living and working as critical care nurses.

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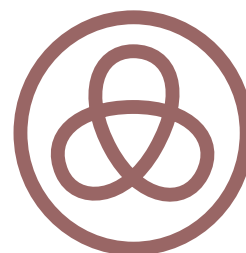
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