

Silent Suffering

By Susan Fisher Brown, RN

In 2004 I noticed that staff in the emergency department (ED) was saturated with emotional distress. Time after time critical incident events were ripping the stamina and cohesion of our ED family apart. Nothing seemed to diffuse the distress most of us experienced. Not our sessions at the bar after work, not the yelling at the first defenseless patient we came in contact with, not calling out for our next shift, and certainly not the meds that we may have turned to hoping to alleviate some of the intense pain or emotional suffering we thought we alone were experiencing. You see, *suffering in silence* is what many health care staff believe is their only option after a difficult shift or critical event. I have heard many refer to critical events as *just being part of the job* or that the event was *just another day at work*. Many are lead to believe that emotional distress or suffering in silence is, in fact, part of the job. I for one believe that this type of attitude is unacceptable and enables self-destruction.

Allow me share with you a critical event that changed my life, the event that led me to critical incident stress management (CISM). Two young drowning victims were brought into our emergency department. They decided to go for a swim because their family would be moving from their present place of residence one that did not have a pool. The two young girls did not know how to swim, but decided to attempt it just the same. Needless-to-say, they did not succeed. After pronouncing the two young girls in our department, I could not believe the distress in my heart. I couldn't breathe. I couldn't think straight. I couldn't imagine that what I thought would be a wonderful job could take such a turn of defeat and failure. I found myself smoking alone (we were allowed to smoke on campus back then) contemplating my choice to be a nurse. How unfair God was to allow such tragedy to happen to 2 young ladies.

After the pronouncement, an angel of God came into our department to assist our staff through this horrible event. Dr. John Jamieson (Team MH and Clergy Specialist) explained that what we were experiencing was normal, and that no one could imagine how hard this event must have been for us. I can tell you that on that day, this man gave me back my breath. He gave me back my desire to continue what Christ had intended, my career as an Emergency Department (ED) Nurse. Unbeknownst to me, he was trained in CISM. Fifteen years after being confronted

with that event, I can still vividly recall the bodies lying on the stretchers, the family that gathered in the parking lot to pray, the clothes their mother was wearing, and the smell of the smoke coming from my cigarette. The memories do not go away, but the emotion that immobilized me that day did.

After that event, many others occurred, until one day in 2004 my friend and colleague, Maureen Kane, and I decided to stop the silent suffering in our department. We became trained in CISM and began, out of survival, assisting our own ED family with their critical incident stress (CIS). Because of our training we recognized that a Mental Health professional should be present, but for now, we had to do something to help stop the destruction that seemed to be taking over our environment. With the assistance of Dr. John Jamieson, we assisted in a few interventions here and there but came across more barriers than we did solutions. Many coworkers kept telling us they did not want or need CISM in our department. We were often sternly reminded that nursing and CISM did not mesh. Regardless of majority opinion, we chose to care. We knew that our ED family was hurting and that many other multi-disciplinary staff might have been as well. We also believed that even if we assisted only one co-worker through an event that had the potential to cause emotional distress, it was worth it.

We pushed and pushed to get our message out to the entire organization. Then finally, in 2007, I applied to the American Nurses Credentialing Center (ANCC, 2012) Magnet Conference in Atlanta, Georgia. I wanted nurses to know that they did not have to suffer alone any longer and that there was a process that could change the culture in which we worked. After speaking to 1000 men and women over 2 consecutive days, I met numerous individuals that shared our experience with CIS. They opened their hearts and shared some intense events that had occurred 20+ years ago but were still ever-so-alive in their memories. Participants shared tears and told me they wished they had CISM when they were going through their critical events. Accompanying me on this life changing experience was Robyn Begley, CNO, for AtlantiCare Regional Medical Center (ARMC, 2011), the organization for which I worked.

After witnessing the affect CISM had on so many around us at that conference, Mrs. Begley, CNO decided to allow us to take this process hospital wide. In 2008, ARMC financed our journey to become approved instructors through the International Critical Incident Stress Foundation (ICISF, Inc.) so that we could educate and properly train ARMC staff.

In 2009 Maureen Kane, RN and I had the honor to speak at the ANCC Magnet Conference in Louisville, Kentucky. Not only did our presentation have the same effect as the 2007 conference, but in addition, this venue would allow us the opportunity and privilege to help other health care organizations as well; allow me to expound. Some attendees invited Maureen and I to their perspective organizations to educate their staff and assist them with building their own CISM Teams.

Our intervention numbers have just kept growing each year, proving that what we so passionately believe is, in fact, true: CISM is needed within our nursing culture. Once validation for emotional distress is accomplished and staff gain awareness that they are experiencing is normal, they are able return to work feeling healthier and more resilient (Mitchell 2006). Adaptive functioning is enabled and their *trunk of junk* is less full. Staff gain confidence, feel a valued part of the team, and do not feel judged by their co-workers (Scott, Hirschinger & Cox, 2008). In our department, the CISM process has increased group cohesion and teamwork. After an intervention, staff verbalized they were less likely to do the following: (a) callout for their next shift, (b) resign, and (c) use drugs or alcohol to alleviate the pain. The culture becomes less judgmental because there is understanding and validation gained through the process, resulting in a sense of belonging.

Our journey continues as our team has more and more opportunities to help hundreds of people in our area. Since our inception in 2004, our interventions have increased over 140%.; in 2004 we had 1 intervention and in 2011 we had 140. This data proves that when you truly believe in something and you know the process will change someone's life, you need to place everything on the line and go for it! Lives will never be the same.

Maureen and I are two nurses who truly believe in the CISM process. We are honored to have had the opportunity to educate and train, and then assist with team building for the following healthcare organizations: Atlanticare Regional Medical Center in New Jersey, University of Pittsburgh Medical Center Shadyside in Pennsylvania, Shore Memorial Hospital in New Jersey, Baptist Healthcare System in Kentucky, and Anne Arundel Medical Center in Maryland (AAMC). We are dedicated and determined to change the culture of healthcare into one that provides emotional support for every staff member within its hallowed halls. Everyone matters! No one should suffer in silence when there is a process that has the potential to help so

many heal and move past their critical event(s). In order for us to continue caring for our patients we must first care for ourselves. Knowing that one is not alone when suffering through the pain associated with a critical event is priceless. Critical Incident Stress Management assists those who suffer in silence. It is an honor for us to witness the healing and empowerment this process allows for so many.

If I may end quoting John Bunyan (passed on to me by someone I respect immensely, Dr. George Everly).....*"You haven't lived today until you have done something for someone who can never repay you"*. Enough said!!

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