40 DAYS OF HOPE FOR HEALTHCARE HEROES

AMY K. SORRELLS, BSN, RN

TO

FROM

DATE

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40 Days of Hope for Healthcare Heroes

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While the stories in *40 Days of Hope for Healthcare Heroes* are inspired by real-life experiences, all names, events, establishments, organizations, and locales have been changed to protect the privacy of both healthcare workers and their patients. Any resemblance to actual persons, living or dead, businesses, companies, or events is entirely coincidental.

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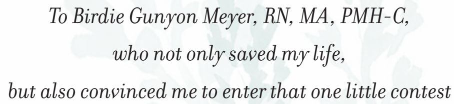


To Birdie Gunyon Meyer, RN, MA, PMH-C,
who not only saved my life,
but also convinced me to enter that one little contest

and

In loving memory of
Jimmy Wayne "Jim" Hendrich
February 2, 1950–April 8, 2018
Police officer and tireless advocate of healthcare and first responder heroes

INTRODUCTION

Dear Reader,

This is not a normal devotional. Nothing about being in healthcare now—or even before the pandemic—was really normal, after all. Our irreverent laughter veils the ache in our hearts, a sign of moral injury resulting from a stressed healthcare system. We wear watches that remind us to "breathe." Behind our masks, fear and exhaustion plague us. Face shields can't protect us from the ambivalence we feel at work when we put our patients first, and know at the same time we are risking the health of our family and friends. This devotional is an attempt to gather the most common challenges and laments, joy, laughter, and hope we face at work to re-center us to our calling.

To some, the anecdotes may seem a bit jarring—and in truth, some of them are. But as healthcare workers in the middle of the battle for patient-centered care while pressured to raise satisfaction scores, reverence is often the last thing on our minds. Out of the patients' view, we are raw. We are ineloquent. We are abrupt and elbow deep in the mania of patient lives, while trying to cope with the demands and safety of our families. Appropriate coping is often an enigma for those of us who spend the majority of our days on the front lines. And yet, if we don't find ways to take care of our hearts, we won't be able to take care of our patients. If we don't find ways to turn our faces toward the Lord in the midst of the pain of our work, we will spiral into despair, as so many of our colleagues already have.

That's what this book is about.

A couple of caveats: Most of these chapters are not my own personal

experiences. Just like the teamwork exhibited in hospitals every day, multiple healthcare workers from across the country and across varied disciplines contributed thoughts, snippets of stories, essays, and even tears. To respect patient privacy, the utmost care has been taken to change names as well as to combine and/or rearrange scenarios and patient outcomes. I also took the liberty of writing each story in first person, in order to give you intimate access to the real-life emotion of each story.

It is my prayer that by the end of this book, you as a healthcare professional will know it's okay to not be okay. We are trained to be strong and stoic, but now more than ever we need permission to admit we cannot do it all, at work or at home. It's okay to be angry and fearful about pandemics and epidemics and overtime and overload. It's okay if you don't feel God's presence, you don't see him, and you don't agree with him. It's okay to not want to go on, to feel frustrated and exhausted and spent. It's okay to talk to God about all that. He is quite big enough to handle it.

Believe it or not, the Lord covets our complaints and pleas, even as we covet our next day off.

Most of all, it is my prayer that through these words you will rediscover your purpose and calling as a healer and a hero.

God chose you, after all.

And the world needs you now more than ever.

Amy K. Sorrells

DAY 1

For you are all one in Christ Jesus.

GALATIANS 3:28

"He's out of his mind," my night-shift colleague said as she gave me a report on the patient in room 474. "He's talking nonsense. Wrist restraints and hand mitts on. He fell off a curb and fractured his left lower leg; an ambulance brought him here. But he can't tell us about, and we can't locate, any family."

The situation wasn't unusual in our big-city hospital, where drifters, drug addicts, and dementia patients brought in from nursing homes often lacked family or other support. When I entered the man's room, I expected to perform the usual assessment and to do my best to keep him clean and comfortable. But as soon as I saw him, I knew something was amiss.

Mr. Sobol beckoned me closer to his bed, reaching for me with both hands, even though they were held in place with restraints. I came closer, keeping distant enough so that if he was suffering from delusional dementia, I would be clear of the punches and pinching I'd learned the hard way to avoid. But rather than becoming more agitated as I approached, his countenance softened, if only slightly.

He spoke to me with urgency, but the sounds he made were unrecognizable.

"I'm Beth, your nurse. I'm here to help you. Do you understand?"

He repeated the same sounds, his grip on my hand tight with desperation. We both wanted to understand each other. But we couldn't.

Soon, though, I began to recognize the repeating consonants and vowels that indicated he likely was speaking another language, and not what coworkers had been calling gibberish.

Eventually, his locution slowed and the near-panic in his eyes receded. I eventually determined he was from Belarus. The hospital operator helped secure an interpreter who spoke Russian on a three-way line.

"*Privyet*, Joseph!" the translator said.

Joseph's eyes brightened instantly when he realized he had a connection, a way to communicate, a way to finally be understood.

Over the course of the next few days, we scheduled meetings with Russian-speaking interpreters and each of Joseph's physicians. We learned he had a sister in Chicago with whom he could stay once healthy enough to discharge. He had been traveling to see her on a Greyhound bus, and when he'd gotten off at the Indianapolis station to stretch his legs and use the restroom, he'd fallen. Unfamiliar with his language or accent, people at the bus station assumed he was drunk, and the misunderstanding continued from there.

Two days later, Joseph was sitting in a chair beside his bed, his leg propped on a pillow and a stool, his sister Tetiana sitting beside him, ready to take him home.

BREAKROOM BOOST

Language isn't the only barrier that keeps us from giving the best care. The more stressed we are, the more detached we become from our work, and the fewer reserves we have to dig deeper to understand our patients' point of view. But God is so much greater than our weakness and the darkness that revels in division. Compassion is greater than confusion. Encouragement is greater than exhaustion. Peace is greater than powerlessness. In Christ, we are more than conquerors of the irritability and weariness that threaten the caregiving we so want to offer.

HANDWASHING PRAYER

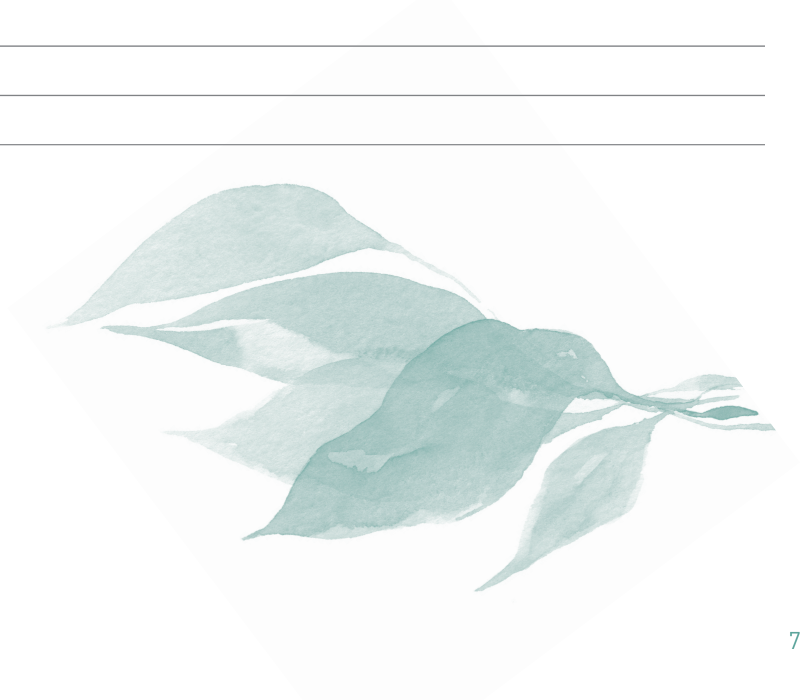
Lord, help me to listen for you and to hear with my heart when I'm tempted to dismiss things I don't understand.

VITAL SIGNS

Record today's fears, frustrations, and heartbreak:

EVIDENCE-BASED HOPE

Record things you are grateful for and where you've seen God working this week:



DAY 2

Love each other. Just as I have loved you, you should love each other.

JOHN 13:34

It was a year to remember: 1995—the year of *Braveheart*, blue M&M's, the Oklahoma City bombing, Mariah Carey, and the Atlanta Braves. It was also the summer I watched, helpless, as a young gay man died alone of AIDS at age twenty-six.

Only two years younger than he was and fresh out of nursing school, I peered into Greg's isolation room from the hall. Like many patients, Greg was alone in his room most of the day except when we came in to check his vital signs every four hours. With his hair mostly gone and his bones at harsh angles beneath the sheets, he lay on his side watching the traffic on the interstate outside his window.

I donned the yellow impermeable gown and pulled gloves on my hands, then put on the mask and face shield, all required at the time, despite the work of Ryan White and others to dispel the myths about transmission.

"How are you today, Greg?"

He did not reply, but kept staring out the window. I couldn't blame him for being depressed. Not only was he dying, but he wasn't allowed to see his partner, Brian, either.

I'd been in the room setting up his IV medications the week before, when he'd begged his parents to let Brian visit. I saw his mother wince and his father leave the room. Their decision was final, and in 1995 Greg and Brian didn't have any rights.

Since then, Greg hadn't spoken to anyone. As his primary nurse, I felt so helpless. What could I possibly do for him?

The idea came to me as I spread a new sheet and blanket over his legs. I rummaged around in the supply and linen rooms until I'd gathered everything I needed.

Back in the room, I filled a basin with soapy warm water, tossed in several washrags, and carried it to his bedside table. I gently lifted his

legs, the skin a patchwork of purple and red Kaposi's sarcoma lesions, and spread towels and impervious pads underneath them.

I pulled a stool up to the end of the bed. "Is it okay if I wash your feet?"

Greg looked away from the interstate and focused on me. The incredulity and gratitude in his eyes nearly rendered me too emotional to continue with what I'd set out to do for him. But wash his feet I did. With each washcloth, I wondered how long it had been since he had felt touch. I wondered when his parents stopped hugging him. I wondered how it felt to be a contemporary leper.

After his feet were washed, I gently massaged lotion into them, between his toes, around his ankles, and over his lower legs. By the time I finished, he had closed his eyes and fallen asleep. The hard, empty stare was replaced by a countenance relaxed and at peace.

And I knew I was not helpless after all.

BREAKROOM BOOST

As healthcare workers, we encounter the untouchable, unthinkable, and unimaginable every day. It's so hard to know how to assuage the wounds of the heart that the deftest and most daring of surgeons could never reach. When all we have to give a patient is love, we can give it. When the chasm of loneliness appears too gaping to cross, we can use love to bridge it. When we are rushed and weary, we can draw on the peace and strength that passes understanding.

HANDWASHING PRAYER

Lord, friend and healer of lepers, help me to be the love my most marginalized patient needs. There's so much anger and hatred in the world. Help me remember above all to love others, just as you have loved all the leper-like parts of me.

VITAL SIGNS

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EVIDENCE-BASED HOPE

Record things you are grateful for and where you've seen God working this week:

DAY 3

He holds all creation together.

COLOSSIANS 1:17

"I'm going to need some help in here," called Mike, the emergency department triage nurse, as he and the patient's wife guided the weak and shaky man to one of the trauma rooms.

As an emergency room physician, I was well-accustomed to assessing the urgency of a situation in seconds. In this case, the look on Mike's face was the first indication that this was not a good situation. The splats of blood trailing behind them on the floor were the second.

I was familiar with Mr. Jackson from other times he had come in for complications from his tracheostomy and rapidly progressing laryngeal cancer. That he was bleeding again, and significantly, made me catch my breath with dread.

Sarah, another nurse, hooked up the suction as we guided Mr. Jackson to the gurney. Bright red blood splattered the sides of the suction container on the wall, and quickly collected in the bottom.

Mr. Jackson's eyes darted wildly between his wife and the nurses and paused when he saw me come to his side. I felt eyes of the team members on me as they scurried to set up a second suction, sponges, and more.

"Mr. Jackson, we're going to do everything we can to take good care of you, to keep you comfortable." I did my best to assure him. I prayed he would not sense my lack of assurance and peace.

He blinked and nodded, even as I could see the suction container already almost filled with 250 cc of blood and rising rapidly.

"Mike, see who's on call for head and neck. Have Lucy call and see if we can get a transfer downtown, if they can get an OR ready," I directed. But I had a sinking feeling there would not be time for either a transfer or surgery.

Sarah, two more nurses, and a respiratory therapist worked on inserting intravenous lines, setting up a rapid blood infuser, and other resuscitative devices. The house supervisor and social worker guided the

pale and near-hysterical wife to a quiet room down the hall, away from the ghastly scene.

Within minutes, our goal of fixing the bleeding switched to keeping Mr. Jackson as comfortable as we could.

This was not going to end well.

Mr. Jackson's previous scans showed the tumor wrapped around his carotid artery, a dreadful but not unexpected end-stage neck cancer progression. The problem was, no one—neither his surgeon nor his oncologist—had prepared the patient for this. No one had prepared his wife. And not even the most stoic, seasoned team of caregivers can prepare themselves, let alone a patient, for bleeding to death.

Within the hour, Mr. Jackson succumbed. Afterwards, I spent over an hour with his wife, explaining what had happened and why we could not save him. By the time I returned to my station, I was a dozen patients behind, and I had a completely traumatized staff to lead as well.

As the next shift arrived, I gathered the team members who had worked on Mr. Jackson in an empty procedure room. As inadequate as I felt in that moment to provide encouragement, I knew if we didn't process what had happened before we went home, we could all carry it with us and it would emerge, like so many unprocessed traumas, as anger or burnout or any other countless unhealthy coping mechanisms.

"First of all, that was awful."

Two of the nurses wiped silent tears, permission finally freeing them.

"Let's talk about it."

We dialogued for over an hour, weeping together, venting about the injustice and unfairness of the situation, lamenting our inability to save him, embracing, acknowledging each other, affirming that we—each of us—had done all we could.

BREAKROOM BOOST

In this desperate situation, the medical staff did all they could, just as you have done in similar scenarios. They comforted Mr. Jackson. They comforted his wife. The work of their minds and the passion of their hearts and the touch of their hands filled this patient up even as his life blood ran dry. In this world we will have trouble and undeserved disease and death. But take heart, Jesus has overcome all this and more.

HANDWASHING PRAYER

Remind me that in times of trouble, my heart is yours, Lord. Thank you for being my help.

VITAL SIGNS

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EVIDENCE-BASED HOPE

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