Self-Care for New and Student Nurses

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she/her

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he/him

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In a profession marked by burnout, high attrition rates, empathy fatigue, and moral distress, self-care is simply imperative.

As a nursing student, you're taught to face a variety of challenges while caring for your patients. Even though studies show—and you're often taught—that caring for yourself is vital to your health and career success, your personal well-being is often the last thing you consider in your hectic student or new-nurse life.

Self-Care for New and Student Nurses presents techniques to prepare you for stressors present now and those to come. No matter where you are in your nursing career, this book offers you multiple ways to prioritize your own mental, physical, and emotional health. Authors Dorrie K. Fontaine, Tim Cunningham, and Natalie May have enlisted a group of strong contributors, whose valuable tips and exercises will guide you to:

- Spot the stressors that lead to burnout
- Prioritize sleep, exercise, and nutrition
- Build your own toolkit of self-care practices
- Develop a resilient mindset
- Establish boundaries

"The authors provide a 360-degree view of self-care for student nurses that is also highly relevant and engaging for nursing faculty and clinical preceptors. A guide that readers can turn to repeatedly for renewed insights and inspiration."

–Teri Pipe, PhD, RN
Arizona State University Chief Well-Being Officer
Founding Director, ASU Center for Mindfulness, Compassion, and Resilience
Dean Emerita and Professor
Edson College of Nursing and Health Innovation
Arizona State University

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Dorrie K. Fontaine, PhD, RN, FAAN

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About the Authors

Dorrie K. Fontaine, PhD, RN, FAAN, is the Dean Emerita at the University of Virginia (UVA) School of Nursing, where she served as dean for 11 years until 2019. A champion of creating healthy work environments in clinical and academic settings, she is a past president of the American Association of Critical-Care Nurses (AACN). In 2009 she created the Compassionate Care Initiative at UVA, which has grown to be a guiding force in transforming the culture of the school with a focus on fostering human flourishing and resilience for students, faculty, and staff. A noted author of critical-care texts, a leadership book, and multiple papers and presentations on creating healthy work environments through compassionate care, Fontaine credits a retreat at Upaya Zen Center, Santa Fe in Spring 2009 with the Abbot Roshi Joan Halifax for setting her on the path of mindfulness, meditation, and a renewed focus on self-care. She attended Villanova University and the University of Maryland, and she received her PhD from The Catholic University of America. Her four-decade career of teaching and academic leadership includes the University of Maryland, Georgetown University, and the University of California, San Francisco (UCSF). Fontaine lives in Washington, D.C. and the Blue Ridge Mountains of Virginia with her husband Barry.

Tim Cunningham, DrPH, MSN, RN, FAAN, began his professional career as a performing artist and clown. As a clown, he worked for two organizations that changed his life. The first, The Big Apple Circus, employed him to perform as a clown doctor at Boston Children's Hospital, Yale New Haven Children's Hospital, and Hasbro Children's Hospital. Concurrently, he volunteered for Clowns Without Borders (CWB) performing in various refugee camps, war zones, and other global zones of crisis. He later served as Executive Director of CWB. It was in pediatric hospitals and refugee camps where he witnessed and began to learn about the true meaning of resilience and self-care. This performance work inspired him to pursue a career in nursing, and he completed a second-degree nursing program at the University of Virginia. Cunningham became an emergency trauma nurse and worked clinically in Charlottesville, Virginia, Washington, D.C., and New York City. It was during his time in New York City that he completed his doctoral degree in public health at the Mailman School of Public Health, Columbia University. Cunningham

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is the former Director of the Compassionate Care Initiative at the University of Virginia, where he had the opportunity to work closely with Drs. Fontaine and May as this book came to fruition. He currently lives in Atlanta, Georgia, and serves as the Vice President of Practice and Innovation at Emory Healthcare, where he also holds a joint appointment as an Adjunct Assistant Professor at the Nell Hodgson Woodruff School of Nursing at Emory University. Cunningham began his academic journey receiving his BA in English from the College of William and Mary in 2000. For self-care, he is an avid runner and wanna-be gardener. He also loves any chance he can get to swim in the ocean or meditate as the sun rises.

Natalie May, PhD, recently transitioned to the University of Virginia (UVA) School of Nursing after 30 years as Associate Professor of Research in the Division of General Medicine in the UVA School of Medicine. She is a founding member of the UVA Center for Appreciative Practice. Certified as an Appreciative Inquiry facilitator and lead author of *Appreciative Inquiry in Healthcare*, she enjoys developing appreciative inquiry projects and teaching appreciative practice workshops at her home institution and beyond. May is an experienced qualitative researcher, and she has extensive grant writing, program and curriculum development, and program evaluation experience. Her current research projects include the Mattering in Medicine study and the Medical Subspecialties HOME Team Program for high utilizer patients. She was also an investigator for the Wisdom in Medicine Project: Mapping the Path Through Adversity to Wisdom, a study funded by the John Templeton Foundation. She is coauthor of *Choosing Wisdom: The Path Through Adversity* and coproducer of a PBS film, *Choosing Wisdom*. She has codeveloped and implemented an innovative curriculum for medical students, The Phronesis Project, designed to foster wisdom in young physicians, and has implemented a similar program, Wisdom in Nursing, in the UVA School of Nursing. May earned a BA in economics and urban studies from Wellesley College, an MA in creative writing from Boston University, and her PhD in educational research from the University of Virginia Curry School of Education. She lives in Richmond, Virginia, with her husband Jim. Her most consistent and effective self-care practices are modern quilting and walking near water, especially the James River and the ocean at the Outer Banks, North Carolina.

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Foreword

You've decided to be a nurse. Perhaps you're pursuing your life's dream or an intentional career change. As you start your chosen career, you'll find there are some aspects of nursing that you won't fully appreciate until you have lived the experience. This begins as a student when you comprehend the immense responsibility you have for another human being's welfare and witness their cheerful moments as well as their pain, suffering, and grief. You accept the challenges as a learner who must build self-confidence, think critically, learn to trust instincts, act decisively, be able to work under pressure, and somehow power through long hours meeting multiple demands on your time.

Nurses are welcomed into a person's most intimate moments in life—when sick and vulnerable, when celebrating new life or restoration of quality of life, or when recovering from the brink of death. The work that nurses and other healthcare clinicians do across the continuum of joy to heartache is emotional labor, and it affects their well-being.

Nursing is stressful. Of the more than 10,000 nurses who responded to the American Nurses Association's Healthy Nurse, Healthy Nation Health Risk Appraisal in 2016, 82% said they are at a "significant level of risk for workplace stress," which is twice the average for the public (ANA, 2017). The survey also assesses work environment, physical activity, nutrition, quality of life, and safety—all important aspects of being a healthy nurse. Stress compels our body to respond to changes in its normal balanced state, leading to either manageable stress or negative and overwhelming distress. Stress activates our central nervous system to warn us in response to a threat. The body moves from an initial state of alarm to one of resistance, and then it tries to adapt to the stressor. If our bodies cannot adapt and our resources become depleted, we reach a state of collapse. Emotional exhaustion then gives way to emotional depletion, depersonalization, and depression—all drivers of burnout.

In 2019, the World Health Organization (Woo et al., 2020) elaborated on the occupational phenomenon of burnout, describing its three dimensions as "feelings

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of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy." Nurses gave voice to the term "burnout" decades ago. More recently, burnout has been associated with compassion fatigue, stress injury, moral distress and moral injury, perceptions of powerlessness, and dissatisfaction with the work environment, which transcend the excessive emotional and spiritual demands placed on nurses.

A systematic review of 113 studies with more than 45,000 nurse subjects across 49 countries revealed that burnout affects greater than 11% of the global nurse workforce, with the highest prevalence among critical care nurses (Woo et al., 2020). Numerous other country-level studies report burnout rates of 30% to 45%. Although many nurses may escape large doses of sustained periods of stress, one glaring exception is the intense situations of caring for COVID-19 patients and the deleterious effects on mental health for those clinicians who for weeks faced their own mortality, confronted unprecedented rates of death, served as surrogate family to dying patients, and endured daily moral adversity. The emotional and physical exhaustion rarely seen outside time-limited disasters or in conflict zones laid bare the consequences associated with intense human caring, social isolation, and inability to fulfill one's duty to care. Additionally, nurses and other clinicians were treated as pariahs and potential COVID spreaders rather than as self-sacrificing professionals who risked their own safety and that of their families to care for COVID patients. No amount of personal courage alone could resist the unprecedented stress and emotional turmoil felt across the front lines in such a crisis.

Nurses are not new to adversity in the workplace. Some comes with the territory—feeling vulnerable when there's a bad outcome despite all best efforts when someone dies, or when an ethical dilemma causes moral distress. Discrimination on the basis of gender, gender identity, race, religion, and ethnicity has, for years, presented challenges for nurses to be treated with respect. They have had to overcome harassment and stereotyping to be seen as well-educated and intelligent clinicians serving the public regardless of circumstances. These conditions call for self-care as survival.

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The National Academy of Medicine (NAM) acknowledged the growing epidemic of burnout among health professionals, students, and trainees and took the lead to reverse the trends in clinician burnout through its Action Collaborative on Clinician Well-Being and Resilience. The Collaborative recognized that promoting clinician well-being is essential for safe, high-quality patient care and posited that the absence of well-being could lead to dire consequences such as increased medical errors and clinician suicide. NAM also conducted an influential consensus study that recommended systems approaches to improving clinical work and learning environments as well as imperatives for preventing burnout and promoting professional well-being.

You may be wondering how to deal with all this and create a personal force field that protects against burnout. Practice self-compassion and be kind to yourself? Boost your resilience? Be an activist for a supportive work environment? Sounds like a lot of work! First consider this advice I've given to many nurses throughout my career: No one else will ever look out for your personal welfare as well as you will look out for yourself. No matter the issue, we need to be good to ourselves. This derives from the ANA *Code of Ethics for Nurses with Interpretive Statements* (American Nurses Association, 2015) that states, "The nurse owes the same duties to self as others, including the responsibility to promote health and safety…" By nature, we care for others—family, friends, and strangers. We learn to care for patients and are just now learning the importance of caring for ourselves.

The good news is that you are not alone. Your organization's leaders have a shared responsibility to provide a supportive workplace with everything from appropriate staffing; a safe, satisfying, and inclusive environment; a sense of community; brave spaces that are free from discrimination, violence, harassment, and bullying; and a variety of opportunities to enhance resilience. It shouldn't be a solo journey.

This book's editors have decades of experience crafting positive environments that focus on the well-being of nurses as students and clinicians. With a commitment to excellent patient care and quality education, Dean Emeritus Dorrie Fontaine founded the Compassionate Care Initiative at the University of Virginia School of Nursing. She has decades of experience building healthy work

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environments in clinical and academic settings with a focus on human flourishing. Research professor Natalie May has helped countless clinicians and students develop resilience using appreciative practices. Her work has explored the role of adversity in fostering wisdom, particularly when clinicians experience a harmful error. Tim Cunningham is a clinical nurse leader with a doctorate in public health. Now a vice president for nursing professional practice and innovation, he uses his prior work with Clowns Without Borders to bring humanistic compassion into everyday clinical work. Their messages of self-care and resilience instill a focus on positive and restorative practices for daily living, one they believe is essential and achievable for all.

In the pages that follow, these and other experts will answer your questions, guide you, and help you prepare for the exciting work to come. The editors have created a scholarly yet practical guide that demonstrates the importance of self-care in addressing the current state of stress and burnout in nursing. In twenty-three chapters written by nurses, researchers, teachers, and other frontline healthcare workers, they have crafted a must-read book for every nursing student and early career clinician who aspires to not only provide excellent and compassionate patient care, but have a meaningful, purposeful life. The writers present both the realities of the workplace as well as concrete steps to develop your own personal resilience, or your "force field." Throughout the book, self-care and resilience research is enriched by compelling stories and vignettes, shared generously by working nurses. I cannot think of anything more valuable than reading the wisdom of these clinicians—nurses who have succeeded in establishing self-care practices amid busy clinical work, many during times of crisis and upheaval.

This book adds to the self-care literature in many ways, not in a superficial manner, but by delving deeply into both the art and the science of what works. The experts highlighted in this book explore self-care and resilience from many perspectives, often in fresh, new ways. Topics include appreciative practices, developing your resilience skills, narrative and contemplative practices such as T'ai Chi, and caring for your physical as well as mental health. There is particular attention given to nurses and student nurses who face an additional layer of stress and threat to their well-being: our LGBTQIA+, underrepresented, and international nurses. The authors address the challenges new graduates face as they transition to practice, and once in

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a clinical setting, the skills they will need to maintain their compassion and vitality. This book has unique value because it does not ignore the role that institutions, work environments, and the broader culture play in the well-being of our nurses.

Finally, this work goes further than many others, recognizing that new nurses can, and should, see themselves as advocates for their patients and as formal and informal leaders within their work environments. As I think about the future of healthcare, I appreciate that they have acknowledged the importance of empowering you, our future nurse leaders.

As you turn the pages of this book, you will see that the authors care deeply for you, the reader, and your well-being. Their compassion and wisdom are revealed throughout. Please take that to heart and know that there is an entire nursing profession in your cheering section, wishing you great success and happiness.

–Pamela F Cipriano
Dean and Sadie Heath Cabaniss Professor, University of Virginia School of Nursing
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Introduction

"I have met myself and I am going to care for her fiercely."
–Glennon Doyle

Self-care. Well-being. Resilience. Happiness. Self-compassion.

These are among today's self-help buzzwords. There are countless books, articles, and podcasts on these topics, and many of them are essential resources for anyone seeking solid footing in the world today. Self-care remains an imperative for nurses and other healthcare professionals as burnout, high attrition rates, emotional fatigue, and moral distress loom large over us. The people who so compassionately care for others are in dire need of care themselves.

This book, we hope, will be valuable specifically to the student nurse and early career nurse. No matter where you are in your nursing trajectory, we hope that keeping your mind and body safe and strong is a high priority for you. We hope that is why you picked up this book. You understand that the knowledge and skills you learn in school are important, but they are not all it takes to be an extraordinary nurse. You understand that your work will be challenging and that caring for yourself will help you care for others.

Self-care practices are important because we need you.

We need all the gifts that you bring to the nursing profession. Your future patients need you. Your future colleagues need you. We need you to become the best nurse you can possibly be so that you can support other young nurses as they, too, enter this profession. Nursing will afford you daily interactions that will change the lives of your patients, strengthen the resolve of your colleagues, and ripple beyond your immediate circle to surprising places. The gifts that you bring are beyond measure.

Imagine for a moment a patient who is a young mother. Perhaps she is facing her health challenges while trying to be strong for her children and partner. The kindness, wisdom, and support that you bring to your interactions with her will have a

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downstream impact on her children and family. Even her children's children. Think about yourself or your nursing school peers who, when asked why they wanted to become a nurse, tell a story about growing up and seeing a nurse who cared for them or a loved one during a health crisis. So many nurses are nurses because they experienced the compassion of someone like you when they were in need. These nurses' compassion may have started you on your own journey to nursing, even though they may never know the impact they had on you. That is one of the superpowers of nursing: the impact you have on others. *You will matter* in ways big and small, in ways that the universe may never even be able to reveal to you.

But here is the hard, honest truth: While you have chosen one of the most noble professions, you have also chosen one of the most difficult. In your career, you will face challenges big and small, whether it is a problematic coworker, the death of a favorite patient, or a global pandemic. You will have bad days or weeks when you ask yourself why you didn't choose a less demanding path in life. You will experience exhaustion, frustration, and grief. You will balance not only your nursing responsibilities, but your commitments to your family and community. But as you question your life choices and wonder how you can take one more step forward, that voice inside you will whisper, "You are a nurse."

Our goal in writing this book is that you never have to betray that voice. No matter what comes your way, you will have the strength, skills, and resilience to keep moving forward. But let us be clear: We do not want you to move forward at the expense of yourself or your well-being. We want you to move forward with wisdom and clarity of purpose by using every resource you can muster. We hope that what is contained in this book will become a valuable resource throughout the early years of your career, and even beyond.

We welcome you on this journey, and we hope you welcome the opportunity to explore the concept of self-care, what it means, what works best for you, and how it can help you flourish in good times and help you grow in difficult ones. We are especially grateful and humbled that we can do it with you.

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Self-Care May Not Be What You Think

What comes to mind when you hear the words "self-care"? Does the idea of caring for yourself sound selfish? Do you think of a good night's sleep, a meal that includes a vegetable, or a workout at the gym? Is self-care something you'll do later, when you're in the throes of a stressful nursing job?

Let's examine these common assumptions about self-care.

The concept of self-care has all too often been considered selfish care. As a profession, nurses are recognized for their empathy, compassion, and—to a fault—giving so much of themselves to their patients that many suffer exhaustion, moral distress, and burnout. Some people even call this *pathological altruism*—caring so much for others that you, yourself become mentally or physically ill (Halifax, 2018; Oakley et al., 2011). These mental afflictions are all too real in the nursing profession. Early career nurses are especially vulnerable. Thirty-three percent of new registered nurses look for a new job within the first year of practice (Lucian Leape Institute, 2013), and they generally aren't leaving because the job wasn't satisfying or rewarding. Studies show that feeling burned out leads to concurrent feelings of depression and a desire to leave the profession (Rudman & Gustavsson, 2011). Not surprisingly, nurse burnout results in lower job performance and quality of patient care (Dall'Ora et al., 2020). In this same review study (Dall'Ora et al., 2020), the authors found that higher nurse burnout is linked to worse patient safety and increased errors and adverse events. A national study linked nurses' physical and mental health to medical errors; nurses who were mentally and physically healthy were less likely to make medical errors than nurses with worse health (Melnyk et al., 2018). Nurses are also more likely than the general population to die by suicide (Davidson et al., 2020). We believe it is an easy argument to make: Self-care is far from selfish. Healthy nurses, both physically and mentally, lead to healthier patients.

Let us underscore the importance of self-care as we move on to nurses' physical health. Ironically, nurses do a terrific job of teaching their patients about self-care, but they don't do as well regarding their own health (Ross et al., 2017). Registered nurses have poorer lifestyle behaviors, a higher prevalence of depression, and poorer health than physicians and the general population (Blake & Chambers,

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2012; Priano et al., 2018). Further, nurses who work night and evening shifts have increased all-cause mortality as well as increased mortality from cardiovascular disease, diabetes, Alzheimer's disease, and dementia (Jørgensen et al., 2017; Vetter et al., 2016).

Your physical health is vitally important. Period. Your overall strength and resilience will depend on the strength and resilience of your body. We will explore some aspects of physical health in this book—namely, sleep, exercise, and nutrition—but our primary focus will be on your mind and your thinking. Our reasoning is this: Many excellent resources exist to keep you healthy and strong. There is little we can add to that body of work. However, there is no comprehensive resource specifically addressing the self-care needs of the student and early-career nurse. Your work as a nurse will be as challenging as it is important, and we hope that after reading this book, you will fully grasp the potential power of your mind to keep you safe, resilient, and well.

Another assumption about self-care is that it's something you can simply wait to do once you're a practicing nurse. This notion has arisen alongside the increase in well-being, stress management, and resilience programs that are offered in many health systems today. The 12-week Stress Management and Resilience Training (SMART) program is a well-studied worksite program to help healthcare workers make choices that foster well-being (Berkland et al., 2017). Many of the activities included in the SMART program (and others) reflect some that are included in this book because they have demonstrated effectiveness, and the activities are easily accessible to almost everyone. Some of these activities include gratitude, mindfulness, narrative reflection, spirituality, and more.

We hope to convince you that waiting until you're in the middle of a crisis is too late, that *there is no better time to begin a self-care practice than right now*. Begin to strengthen your resilience and well-being muscles now while you are a student. Start today to notice how your mind and body feel at any given moment. Notice how things change at the introduction of a stressor. Once you have noticed these shifts in your well-being, only then can you begin to intentionally explore the best practices that work *for you* to help you regain solid footing. It will take practice, but we are excited to imagine you with a well-honed self-care practice that will

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kick into high gear when you are facing the challenges of nursing. Think of this time as your runway, and imagine yourself soaring in flight, into your nursing career. A plane cannot take off without a runway, and a healthy nurse needs the time and reflection required to develop a self-care practice to prepare for liftoff.

There is one more assumption, or misconception, that we need to address. Unfortunately, the concept of self-care has been tainted by healthcare systems abuses themselves. Research consistently demonstrates that an unhealthy work environment is strongly linked to burnout and nurse dissatisfaction (Aiken et al., 2012; Casalicchio et al., 2017; Dall'Ora et al., 2020). Organizations that offer mindfulness classes but don't address staffing shortages or equipment failures cannot be let off the hook. Self-care as it has often been presented, as a workshop or a pamphlet, is not a panacea for the well-being of our nurses, physicians, and others who care for patients (Cunningham, 2020). We have been pleased to see calls for systemic approaches to clinician well-being in recent years (National Academies of Sciences, Engineering, and Medicine, 2019).

We hope, of course, that you will come to see yourself as part of the solution, and you will contribute to much-needed changes in our society and health systems. We hope that you will use your voice and your experience to advocate for yourself and others when you see systemic injustice at any level. But the burden is not all on you. Much of what you will read in this text stems from the work of psychologists and positive psychology researchers, and we caution you (and ourselves) "not to be complicit in the move to interiorize well-being" (Prilleltensky, 2020). As Davis (2015, pp. 5–6) wrote in his book *The Happiness Industry*, "The risk is that this science ends up blaming—and medicating—individuals for their own misery and ignores the context that has contributed to it." Davis's words can be applied to any organization or method that says, "You, not we, are responsible for your own well-being."

To begin, we would like to push back on these all too common assumptions. Instead, we propose that:

- Self-care is not selfish.
- Nurses don't flourish simply by fostering the well-being of others.

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- Self-care is about the mind as much as it is about the body.
- Self-care is a lifelong *practice*, and it is best to practice on the safety of the runway, rather than in mid-air.
- Individual self-care practices do not let organizations off the hook.

What Is Self-Care?

A standard definition of self-care is elusive in part because of the breadth of the topic and the individual nature of self-care practices. As you will see in this book, one size definitely does not fit all. Practices that have been taught in nursing schools include but are not limited to feng shui; T'ai Chi and other martial arts; music, art and pet therapy; Reiki and healing touch; drum circles; aromatherapy; mindfulness and guided meditation; hypnotherapy; and yoga (Blum, 2014). Nursing researchers Pam Ashcraft and Susan Gatto (2018, p. 140) offer that self-care "can be described as deliberate decisions made and actions taken by individuals to address their own health and well-being." We appreciate their emphasis on "deliberate decisions" and the recognition that we are all empowered to manage our behaviors and resulting health and well-being. This is an excellent starting point.

The idea of our own empowerment resonates with us, as well as several other authors in this book. Self-care generates the energy and wisdom that you will draw upon when the going gets rough. Self-care is a collection of personally and culturally appropriate practices that provide nurses with skills to be with their stress, to experience growth during difficult times, and to provide compassionate care always. Self-care takes time, effort, and reflection. Self-care is a conscious decision to be aware of your thoughts and feelings and to be curious about them. Self-care is gentle and self-compassionate. It follows then that self-care is not judgmental or harsh. It's not a failed diet or New Year's resolution—we should never feel guilt or shame for struggling periodically or even frequently.

We have found that the diversity of self-care definitions mirrors the diversity of our nursing workforce—there are countless meaningful and critical self-care practices. We would be remiss to say there is only one definition that is "right," that there

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is only one correct way to do self-care. Use this book and every resource at your disposal to find the practices that resonate with you, that make your heart leap a bit and cause you to think, "Yes, that sounds like a good fit for me." Your self-care practice should complement—even enhance—who you are and what you're already doing. Your self-care practice will evolve as you grow and as your life circumstances change. With this book and workbook, we hope you'll find what fits for you now and that you will store away ideas for future use. Exploration and practice are the guiding principles of this text.

Self-care is *not* a magical elixir. It alone will not fix the problems that create stress in your life as a student or new nurse; however, a self-care practice can help you develop the necessary tools to find creative solutions to problems, to enjoy and rely on the camaraderie of your team, and ultimately to flourish in a meaningful and exciting career.

Your self-care journey will take effort on your part, and this book aspires to guide you along the way.

How to Use This Book: Explore, Practice, Reflect, and Journal

There is no better opportunity to explore and develop self-care practices than during your years as a student nurse. There is growing recognition that new graduate nurses will benefit from developing self-care practices and the ability to be resilient when facing new stressors (Ashcraft & Gatto, 2018). Nurse training programs are recognizing the value of teaching self-care skills to their students (Bartlett et al., 2016). This book shares many authors' wisdom about self-care and how it can be accessible to all nursing students, new graduates, and early career nurses. Together, we present complex ideas and illustrate them with practical exercises in the accompanying workbook. As a student nurse, you will have the opportunity to explore an array of self-care techniques and to choose those that fit you best. Our instructor's guide offers ideas, resources, and curriculum suggestions. We challenge you, as individuals and members of the most trusted professional community, to explore, practice, and imagine the power of a lifelong practice of self-care.

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Throughout this book, we will underscore our belief that self-care practices are just that—*practices*—that must be learned and used consistently and in multiple settings to prepare the new nurse for the clinical stressors to come. Just as we wouldn't expect you to run a marathon with no training, we have seen tremendous value in "training" nurses for self-care before they even reach the starting line, or their first weeks or months of their nursing practice. When you read in this book about a practice that resonates with you, try it out. Do it consistently for a period of time. Reflect on its impact on your well-being. Make adjustments. Repeat. Our hope is that when you finish reading this book, you will have several tools in your self-care tool kit that will have become second nature to you. When your patient misses her fourth appointment, your manager schedules you on nights (even though you've been requesting days), or you simply feel like you are spinning 20 plates at a time, you will remember, "I am a nurse. I've got this."

We have organized the book into five sections. In Section I, "Fundamentals," we provide an overview of why self-care is so important in nursing, what we mean by resilience, and concrete practices to get you started. In Section II, "The Mind of a Nurse," we explore practices that address the needs of underrepresented nursing students, LGBTQIA+ students, international students, as well as narrative and mindfulness practices. Section II also includes an important chapter about the risks of "one-sided" resilience training; as we discussed earlier, a healthy work environment is critical to nurses' health and well-being.

In Section III, "The Body and Spirit of a Nurse," we explore the physical and spiritual needs of the resilient nurse. We talk more about strengths-based resilience, and we introduce our work bringing T'ai Chi practice to nurses and student nurses. We include a chapter on your physical well-being, with a focus on sleep, exercise, and nutrition.

Section IV, "The Transition to Nursing Practice," was designed to help you navigate that anxiety-provoking period between finishing your studies and beginning your practice. Will you be prepared? What is the role of a mentor? How do you choose a healthy work environment? We even include a chapter about humanitarian aid nursing as a possibility you might want to explore. We hope this section helps you navigate this exciting, if fraught, period.

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The final section, "The Heart of a Nurse," focuses on your early years of nursing. No matter where you land professionally, you will not be working alone. Section V hopes to spark ideas about ways to navigate the interpersonal, interprofessional, and organizational issues you may face.

Each chapter includes sidebars, often including vignettes, that further illustrate the chapter topic. We have also included several stand-alone essays, written by nurses from many backgrounds at various points in their careers. We find these voices of practicing nurses compelling, shining light on self-care practices in the "real world."

This book has an accompanying workbook, providing the opportunity for you to explore the ideas within the book, to practice some of the ideas presented here, and to reflect upon the "fit" for you as a student and nurse.

We strived to present a wide array of self-care concepts, but you will probably notice that there are common threads that weave throughout the chapters, and we call this "synergy." But you may also notice some redundancy. If you see a topic or idea multiple times, please assume that it is something we think is very important. As Jon Kabat-Zinn (2010) said, "There are a million doors into the same room." We want you to try opening as many doors, or to try as many practices, as time will allow.

We hope that this book opens your mind to the value of self-care and its power to change the way you work, interact with others, and respond to adversity. This is such an exciting time. You are "meeting yourself" during these years of training and preparation for your nursing practice. You are a nurse. Our wish for you: Care for yourself fiercely.

Let's begin.

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23

Showing Up With Grit and Grace: How to Lead Under Pressure as a Nurse Clinician and Leader

Elizabeth A. (Lili) Powell
pronouns: She/Her

Throughout her career, Elizabeth A. (Lili) Powell has been fascinated by the ways human beings make meaning, influence others, and accomplish worthy goals together. Resilience, communication, and leadership thread through her academic travels—from rhetorical and performance studies to business education and now to nursing, focusing on compassionate care. To replenish her own grit and grace, Lili meditates and runs, reads and writes, practices and teaches yoga, and ponders the curiosities of life with others.

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“You gotta have a servant’s heart to be a good nurse; and you’ve got to be able to see the world as having the potential to be better than it really is to lead forward and up.”

—Megan Tribble

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Learning the ropes. Cutting your teeth. Paying your dues. Earning your stripes.

Embedded in these idioms are truths about the experience. Let's face it. Traveling the path from a student nurse into a fully minted professional marks an arduous and significant transition. Although each skill is different, the experiences of learning, nursing, and leading have at least one thing in common: performing well under pressure.

As you have read in this book, self-care can take many forms, and by now you understand self-care isn't all bubble baths and chocolates. In this chapter, self-care takes the form of cultivating two inner resources that are especially well suited to showing up and leading well—grit and grace.

In all fairness, you won't learn these skills in an instant, for they are truly a lifetime's work. But today you can get started, or start again. In this chapter, you will learn how to:

- Envision leading with grit and grace
- Understand the challenges of managing yourself while leading under pressure
- Picture the inner and outer dimensions of showing up
- Learn from Manny's leading mindfully story
- Try specific practices that grow grit and grace

What Are Grit and Grace?

You may have heard expressions like "she exemplifies grit and grace" or "he leads with grace under pressure." But what are grit and grace, and where do they come from? And what difference do they make for showing up?

Leadership coach Cari Coats sees a leader's capacity for grit and grace as essential. Citing Merriam-Webster, she explains that "grit can be defined as 'firmness of mind or spirit; unyielding courage in the face of hardship or danger.' The definitions of

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grace include ease of bearing and 'disposition to or an act or instance of kindness, courtesy, or clemency'" (Coats, 2019, para. 3). She also asserts that the synthesis of grit and grace sets leaders—especially women leaders—apart. Coats acknowledges that like leadership presence, leading with grit and grace is enigmatic, but we know it when we see it.

> It's the [leader] who commands the room simply with her presence. She's poised under pressure and able to handle strong-willed people in an authoritative, yet respectful way. She's confident, self-aware and very comfortable in her own skin. Her strength of character and humility drive her actions. She's a woman who knows who she is and is able to exercise authority with the appropriate warmth and empathy (Coats, 2019, para. 9).

For budding nurse clinicians and leaders, the good news is that both grit and grace can be cultivated through practice. For example, as you read in Chapter 2, grit involves working passionately and consistently over time toward a long-term goal (Duckworth, 2016). Though grit may be associated with grand accomplishments, it can also come from small everyday actions that help you feel a greater sense of agency, determination, and vitality (Hanson, 2018). Think of grit as both the practice and the result of renewing your passion and perseverance.

For example, suppose you hit a stumbling block on a project at school or work. You feel stuck and want to relieve your frustration. At that point you have a choice: 1) pull out your phone and check social media and get sidetracked for the rest of the day or 2) take a deep breath or a brief walk and then try a different approach to overcoming the obstacle. The latter is more likely to build grit because it builds your ability to delay instant gratification, take constructive action, stick with your focus and goal, and actually figure things out (Clear, 2018). Over time, practicing grit tends to bring a greater sense of happiness and well-being (Duckworth, 2016).

Spiritual and contemplative teachers have long maintained that grace may be cultivated through prayer and meditation. In psychology, grace has been studied under other terms such as kindness, giving, generosity, altruism, and compassion, all of which imply an expression of care. Caring, of course, is central to nurses' calling

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to comfort patients; however, nursing and positive organizational studies scholars find that expressions of care also benefit leadership and organizations in work settings (Watson, 2006; Worline and Dutton, 2017). In the context of leading under pressure, kindness is a capacity that needs to be replenished to prevent or skillfully manage fatigue and burnout (Fontaine et al., 2018). Compassion with self-awareness and equanimity also prevents one's ego from taking over and turning into "toxic altruism" (Halifax, 2018).

Imagine grace then as grounded altruism, or care with calm and composure. While you may adopt a formal practice such as prayer or meditation, grace can also be practiced in small everyday ways. One of my favorites is to approach small daily courtesies as an opportunity. For example, adopting an attitude of goodwill while holding the door for a mom struggling with a stroller or striking up a genuine conversation with a cashier about her cat earrings can transform an otherwise empty gesture or transaction into a real human connection that brightens someone else's day, and mine too. Note that a practice like this takes no additional time. It only requires a different conscious mindset and an openness to receive a momentary gift of humanity.

Grit and grace become even more powerful when combined. Though they sound paradoxical, gritty grace and graceful grit have a certain feel. For instance, a colleague who works as a palliative care liaison refers to the "fierce compassion" needed in his work. He calls on the strength of his commitment to grace to continue to treat a patient as a human being and not the machines attached to them, and he calls on grit with compassion to help families and patients make difficult decisions such as withdrawing life support (J. Bartels, personal communication, 2017).

Grit helps you shift from fog into focus and determination. Grace helps you shift from overwhelm into calm and care. Combined and cultivated through mindful practices, grit and grace can grow in you over time so you can use them at a moment's notice. The result is surfing the highs and lows of performing well under pressure. By doing this inner work, you can then translate your gains into helping your team grow their grit and grace too, as you'll see in a story later in this chapter.

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The Challenges of Managing Yourself While Leading Under Pressure

Crises bring leadership moments into high relief. During the COVID-19 pandemic of 2020, nurses and other healthcare workers responded under daunting conditions. Amplified by extreme risks to caregivers' own physical, emotional, mental, and spiritual health, nurses showed up to do the seemingly impossible."The Wounds Are Still Fresh," a short video documentary published through *The New York Times,* vividly illustrated the toll on clinicians (Hapangama et al., 2020), while commentaries such as "Stigma Compounds the Consequences of Clinician Burnout During COVID-19" drew national attention to the sometimes deadly hazards of burnout (Feist et al., 2020).

You may have worked during this outbreak, or like many others marveled at those who did. Perhaps nurses' grit and grace during this crisis inspired you to go to nursing school.

Given the stressors of working as a nurse, it helps to remember that your own body plays an important role. Remember that the body's stress response throws your sympathetic nervous system into high gear before you can even name what is happening. Your primal brain becomes flooded with neurotransmitters as your blood rushes adrenaline throughout your body to fight, flee, or freeze. You may understand intellectually that while this primitive survival response is natural and adaptive, your role as a nurse demands that you don't give into it completely. Instead, you need as much of your prefrontal cortex and executive function as you can get, plus muscle memory and physical dexterity to move into compassionate action (Bergland, 2013; Haglund et al., 2007; Singer & Klimecki, 2014).

When you need to perform with great skill, an unregulated survival response or "prefrontal takeover" could harm your ability to perform (Bergland, 2013; Hougaard & Carter, 2018). So, it stands to reason that freaking out won't serve you, your team, or your patients particularly well. What may be less apparent, however, is that while you perform, you are also leading, because others are consciously and unconsciously picking up on your cues. Whether or not you and others are aware

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of it, how you show up in the moment leads others through the power of *your* example.

Knowing all this helps to make some sense of why fight, flee, and freeze feel like such involuntary responses. However, managing your stress response in the moment is not an *intellectual* problem to be solved. It's an *experiential* one to be managed.

Self-Care During the COVID-19 Crisis

What does leading under pressure look like? A new nurse manager working during the COVID-19 crisis described how she used self-care to regulate the way she showed up:

> Each day as I enter the hospital, I take a deep breath, not knowing what I'm going to encounter during that workday. It's a feeling that brings initial trepidation, but through mindfulness I've channeled that energy into grit and determination. It's easy to get caught up in the frenzy and become unfocused in the chaos, but one thing I've learned is to take the day [one] hour at a time. When I feel overwhelmed, I remind myself why I went into the profession. I wanted to make a difference, help others, and provide purpose (Cathcart, 2020, p. 20).

Notice that she makes a series of inner moves. She feels and recognizes her initial physiological response. As a ritual, she takes a deep breath to calm her nervous system. But she doesn't stop there. She uses *mindfulness*—that is, paying attention with an attitude of open curiosity and goodwill—to channel her energy into grit and determination so she can act skillfully when she goes into work. She also manages her own attention, shifting from awareness of the frenzy and chaos to one hour at a time. This perceptual shift makes her experience more manageable. She stays attentive to her feelings of overwhelm as they arise but remembers her values and purpose to steady herself so she can move forward effectively with grace, or grounded compassion, for herself, her team, and their patients.

This nurse manager understands a paradoxical truth: Caring for herself in this pressure-filled moment simultaneously serves others and the mission to alleviate suffering. In her example, we see that self-care is not an escape from stress, but rather is a means to move through stress skillfully and respond more effectively. Her wisdom rests on a foundation that recognizes the essential interdependent and dynamic relationship between inner experience and outer behavior.

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Leading Mindfully: A Model for Showing Up

Would-be and newer leaders often focus on acting the part, but that is only half of the showing up equation. Think about how you read your own leaders. Like most, you watch their behavior for deeper clues (and often reassurances) of what they really know, believe, or feel. In other words, you want to gauge the leader's *ethos*, or your perception of their trustworthiness (Aristotle, 1926). When a leader's inner experience and outer behavior appear to be in sync, we think of them as "credible" or "authentic" and open ourselves to their influence (Halpern & Lubar, 2004). So the work of showing up needs to be understood as more than skin deep.

For example, issues arise when inner experience and outer behavior appear out of sync. From the leader's point of view, suppose you had to give a big speech. You may fear public speaking. Or you may not believe in the message you have to give. Either way, think how hard you would have to work to appear confident or believable on the outside. And even if you managed to mask your real feelings, you might feel like (and risk looking like) a big phony. From the audience's point of view, suppose you were watching a leader give that speech and detect that something doesn't seem quite right. Perhaps the anxious delivery does not match the speaker's words. Or the leader's past actions don't seem consistent with what he or she is saying now. As a result, you doubt the leader's credibility or authenticity.

In these ways and more, the interplay between the inner and outer dimensions of showing up represents a learning priority for bringing the two into harmony. To visualize the dynamic connection between a leader's inner experience and outer behavior, Figure 23.1 depicts an infinity loop that links the two.

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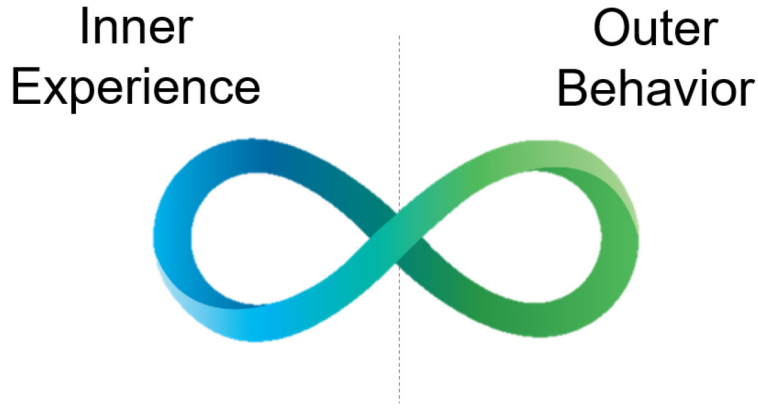

FIGURE 23.1 Foundation of leading mindfully.
Note: Inner experience and outer behavior are mutually connected and dynamic throughout a given moment.

This diagram forms a basis for what my colleague, Jeremy Hunter, and I call "Leading Mindfully" (Powell & Hunter, 2020). We use the active verb "leading" to highlight leadership as an active practice. We use "mindfully" to refer to the qualities of mind and action developed through traditional mindfulness, as well as other contemplative and active practices. (To learn more about the variety of contemplative practices, see the Center for Contemplative Mind in Society: http://www.contemplativemind.org/.)

As we explain in our article for "Leader to Leader":

> With this approach, leaders learn to improve their ability to inquire into themselves and manage their inner experience so that they can act and interact more effectively in the world. They can move from a simple awareness of inner experience and outer behavior while leading to practicing "inner moves" and "outer moves" that result in better choices and better results. . . . Skillful action then becomes a basis for skillful interaction and coordinated action [with a team] toward a common goal, which of course is what leadership is really all about. (Powell & Hunter, 2020, p. 54, 57)

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In sum, your ability to lead mindfully begins with adopting mindful practices first for yourself. With experience, qualities that mindful practices encourage—improved awareness, focus, open curiosity, goodwill, and compassion—begin to translate into better choices, words, and actions that reflect these qualities. Through your example, these qualities can influence the work culture of your team. In time, you may also improve your team's collective attention and shared ability to work together with such mindful qualities. For the long term, the intention is to inspire your team to apply awareness, focus, open curiosity, and compassion to pursue worthy goals at work and in the world (Hougaard & Carter, 2018, Powell & Hunter, 2020; Sutcliffe et al., 2016).

Manny's Leading Mindfully Story

One day during an interprofessional course I teach called "Leading with Presence in Healthcare," a student's comment brought the issues of performing well under pressure and leading mindfully alive. Though he was able to learn eventually how to manage the inner and outer experience of leading mindfully, he needed first to understand how to deal with his work stress. The student, who for confidentiality I'll call "Manny," was a graduate nursing student who also worked fulltime in a critical care unit. When I asked students what caused their own work stress, Manny said in a monotone, "My every day is my patient's worst-ever day."

When I asked Manny what he meant, he explained that for his patients and their families, the experience of staying in an ICU was among the worst-ever days of their lifetimes. But for Manny, helping people in their situation was his everyday reality. In many ways, the pressures of his job were taking a toll on him. Unfortunately, Manny felt so burnt out after only two years on the job that he was considering whether he wanted to leave nursing altogether.

If anyone needed to learn how to manage his stress so he could perform well under pressure, it was Manny. In a sense, he was applying too much grit without enough grace. Part of the trouble was that he expected himself to perform every day like a sports car that never runs out of gas. And yet, of course, that's not humanly possible. Manny knew this *intellectually*, but he did not yet believe it *emotionally*.

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So he kept up this belief and the work and life habits that went with it, in spite of evidence to the contrary.

No matter their profession, most people have a story they live by that shapes their attitude and behavior toward work (Scott, 2019). In Manny's case, this story ran deep. As the son of immigrants from Guatemala to the United States, his parents and he had bought heavily into the American Dream. He also gained deep personal fulfillment from being a nurse. With a tendency toward perfectionism, encouragement from his upbringing, and, as it turns out, norms in his workplace, Manny believed "the harder you work, the better you will perform." This work ethic bled over into his attitude about nursing: "The more I care and sacrifice for others, the better nurse I will be." Taken to an extreme, Manny was treating his body, emotions, mind, and spirit like a perpetually running machine.

But the human body is not a perpetual machine. Even a person who wants to train for a marathon learns this. The standard advice for marathon training goes something like this: Work up to running a few miles three to four times a week. Every seven to 10 days, go for a long run. Increase your distance slowly over time. Mix in speed work, intervals, and tempo runs to increase cardio capacity. Work in adequate rest and recovery to prevent physical injury and mental burnout (Winn, 2018). Contrary to the way many professionals actually work, elite athletes understand that alternating exertion and recovery are essential to their ability to perform at high levels over time (Groppel, 1999). Otherwise, they run the risk of sidelining themselves due to injury.

Minding the Illusion-Reality Gap

To illustrate the gap between popular belief and physiological reality, look at Figure 23.2. This graph shows how levels of performance quality vary with levels of arousal, psychologists' term for energy or stress (Gino, 2016). Manny's belief or *perpetual machine mindset* is represented by the straight line—"The harder I work, the better I'll perform." But the actual relationship between performance and arousal is represented by the bell-shaped line. This line, known as the

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Yerkes-Dodson curve, means that performance is optimal at moderate levels of arousal. Not enough arousal, and performance suffers. Too much arousal, and performance suffers. The goal then is to experience some stress to improve performance, but not too much (Gino, 2016). People who understand this relationship tend to have a mindset that is reminiscent of Stoic philosophy's adage, "All things in moderation."

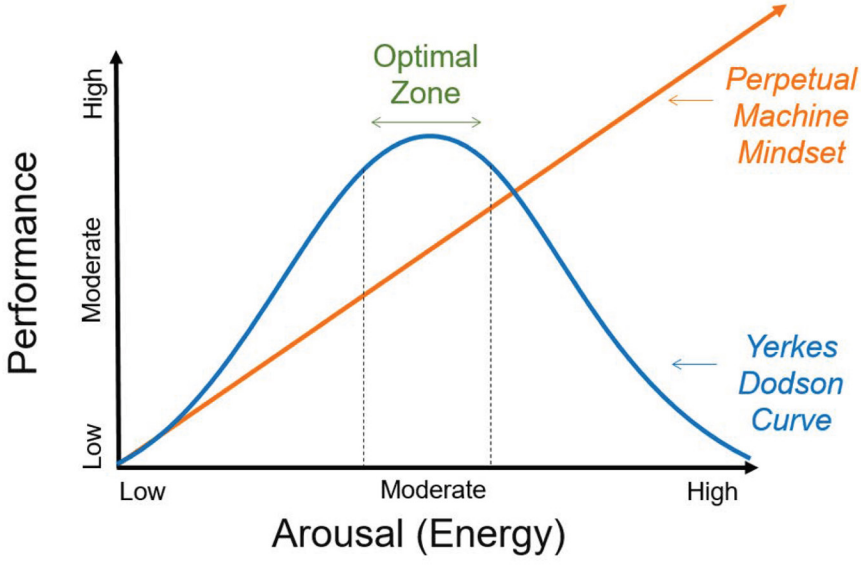

FIGURE 23.2 Perpetual machine mindset vs. Yerkes-Dodson curve.
Note: Optimal performance is actually produced at moderate levels of arousal or energy.

Take a moment to internalize Figure 23.2 by interpreting it in terms of a kind of pressured performance familiar to students—taking a test. If you go into a test with a perpetual machine mindset (straight line), you may think you can work nonstop overnight for your morning test under the belief that you will perform very well.

Reading the bell curve from left to right tells a different story. If you go into a test with low energy because you feel apathetic or fatigued (or worse, burnt out), you

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probably won't perform so well. Most likely, you'd be in a mental fog and have a hard time concentrating, making a decision, or moving into action. But when you go into a test feeling rested, prepared, and at a moderate level of arousal (optimal zone between dotted lines), you tend to perform better because your mind, body, and abilities are more in sync. The moderate arousal helps you feel more focused and able to respond decisively in the moment.

That said, you don't want to be so wound up that you tip over into anxiety and overwhelm (or worse, panic). In this case, you feel too scattered, everything seems equally important so it's hard to make a decision, you move into hyper-multitasking, or start to freeze and draw a blank. As this happens, your performance also suffers.

Now here's the kicker:

If you bought into the perpetual machine mindset and what you get is overwhelm and indecision, now there's a huge gap between your expectations and your actual ability to perform. With this realization, your energy plummets as you feel disappointed, angry, guilty, or ashamed. This is the situation that Manny found himself in. His unrealistic expectations of himself—fed by his deep-seated hard-work beliefs, his identity as a compassionate caregiver, and his workplace's culture—set him up for great disappointment.

Mapping Energy and Resilience

Now remember that Manny said *every day* was his patient's worst day.

It is one thing to have a bad day. It's another when there are only bad days, day in and day out. So, Manny's challenge is not about how to take a single test or deal with a bad day. Instead, he needs to learn how to manage his energy, work performance, and work environment on an ongoing basis (Schwartz & McCarthy, 2007). In other words, he needs to learn about resilience.

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To help Manny begin to envision a new plan, I asked him to do an exercise I call "Resilience Mapping." The exercise begins with "neuroeducation," meaning a brief tutorial in how the body's autonomic nervous system (ANS) works and how fluctuations between sympathetic and parasympathetic responses are ideally balanced within a "resilient zone" (Leitch, 2017). (You can read more about resilience in Chapter 4.) Figure 23.3 depicts an "all things in moderation approach" in which an ideal sine wave fluctuates between an upper range of hyper-arousal and a lower range of hypo-arousal.

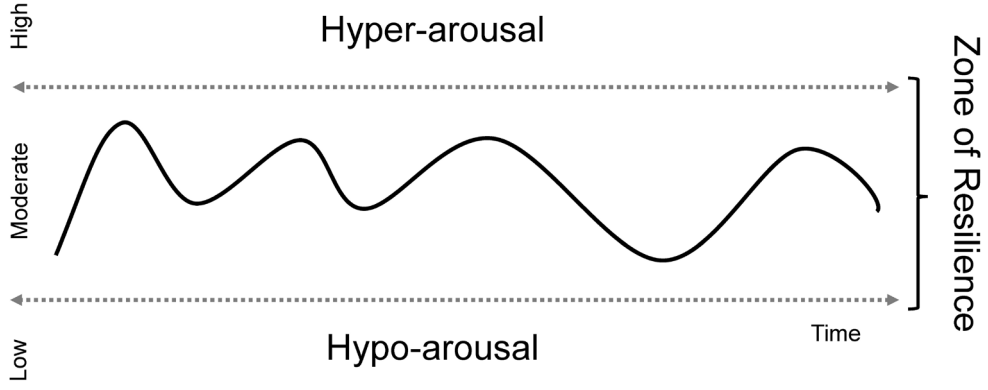

FIGURE 23.3 Resilient zone.
Note: Moderate effort and recovery over time leads to resilience.

In this diagram, when the line goes up, it represents the "charge" of sympathetic nervous system activating the ANS. When the line goes down, it represents the "release" of the parasympathetic nervous system calming the ANS. Above a healthy range of charging, hyper-arousal becomes less healthy, ranging from hyperactivity and hypervigilance to anxiety, rage, and pain. Below a healthy range of calming, hypo-arousal ranges from fatigue or depression to numbness and exhaustion (Leitch, 2017). Suffice it to say that the farther off of the middle level of arousal one travels, especially for extended periods of time without adequate recovery, the greater the risk for stress injury and illness such as clinical anxiety or depression (Kueter, 2020).

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Resilience Mapping begins with the resilient zone chart like the one in Figure 23.3, except without a wavy line. I ask students to draw a line that maps their energy levels on the blank chart. The period of time can range from a work shift, a day, a week, a month, or a year. Figure 23.4 depicts the Resilience Map that Manny drew to represent his energy levels as they fluctuated throughout a typical workday.

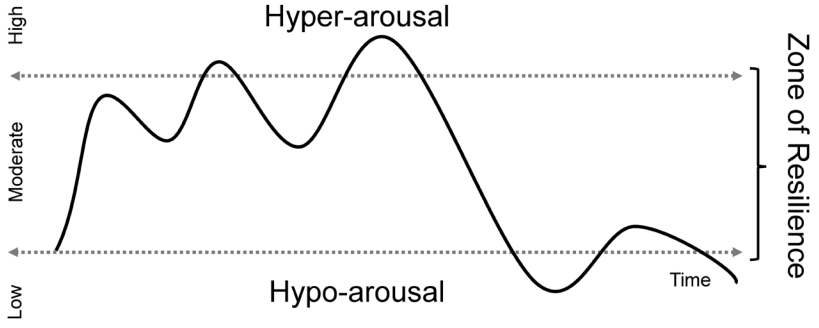

FIGURE 23.4 Manny's initial Resilience Map.
Note: Manny wakes up tired, goes through waves of hyper-arousal at work, and then crashes into hypo-arousal when he gets home.

Then I asked Manny to narrate his experience for me. He explained:

> I usually wake up still feeling exhausted. I drag myself out of bed, make a big thermos of coffee, and go straight to work. I get there just in time to start my 7:00 a.m. shift. As the night shift gives me the rundown on each patient, I'm getting anxious. I start picturing all the things that could go wrong that day. After she leaves, I go in and assess each patient for myself. I clean up the small supply cart in each room. I get so irritated by all the empty wrappers! Arranging everything makes me feel a little better though. Then I put on my roller skates and zoom in and out of rooms all day. Nobody takes lunch. Nobody pees. We just keep motoring through. I start

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> to drag late morning but have more coffee to keep me going. Then a patient might get in trouble early afternoon. My heart wants to jump out of my throat. It is all hands on deck. People on the unit pull together when something bad happens, but we are so short-staffed that I'm usually on my own. Except for our manager, who's always ready to chew us out for doing something wrong. She's old-school and always tells us to "suck it up." After we get things under control, I start to crash. I start feeling like I'm going through the motions. I'm watching the clock, just waiting for the next hand-off. I don't clean up the carts. They're never straight for me! I just want to get the hell out of there. When I get home, I eat some leftovers while I watch the news. I live by myself, so I binge-watch some TV, drink a few beers, until about 12:30 a.m. I get up at 6:00 a.m. and do it all over again for the next two to three days depending on my schedule that week. I swear I'm doing the best I can, but life feels pretty empty and I feel like I'm slipping. Something's gotta give, or I'm just going to quit.

Manny's narrative shows signs of being caught in a classic fight-flight-freeze survival mode, which in modern times might take these forms:

- **Fight**—Suppressing resentment; getting caught in a blame game directed at the situation, other people, or oneself; exploding in anger
- **Flight**—Avoiding conflict; numbing out in the evening with beer and TV; quitting a relationship or job
- **Freezing**—Feeling paralyzed; plunging into despair and burnout; hoping for a miracle

It was clear that Manny's unmanaged stress response and an unhealthy work environment had begun to take a toll on his quality of life. Without a change in this situation, his risk levels were bound to rise. The risks could range from Manny's health and well-being, to the quality and effectiveness of his team, to costs for his

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manager and the hospital if he makes a mistake or leaves, and regrettably to the safety of patients. (See Chapter 17 for a discussion of healthy work environments.)

Manny could have waited for outside forces to initiate change at work. Change could be triggered by poor patient outcomes or family complaints, changes in hospital policy and staff, or his manager or team members noticing his distress and taking steps to alleviate it. But after talking it over in class, Manny decided he didn't want to wait for these things. He wanted to take positive actions himself. He decided to lead from where he was today with two resilience practices in his pocket—grit and grace. As Manny discovered, grit and grace would not only help him improve his own resilience, but prepare him to use graceful grit to lead a change in his unit.

Starting With Small, Strong Steps for Self-Care

The Resilience Map exercise was itself a kind of mindful or contemplative practice. It helped Manny reflect, put things in perspective, and come to a decision. Though unsettling, accepting the challenges as real was essential to his decision to make a change.

Beginning to care for himself differently was a good place to start. Manny's self-care would require self-leadership because it involved motivating himself and making intentional choices about the things that were important to him. By starting with self-care, he not only gained the direct benefits of the care, he also exercised grit and grace at a beginning level. Once he felt more confident in his ability to call on grit and grace, he could apply them to the resilience challenges on his unit.

I encouraged Manny to start small. For starters, Manny thought he could improve his personal resilience by changing his sleep habits. So he chose to work toward getting eight hours of uninterrupted sleep a night.

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Manny quickly realized, however, that this goal was going to be like going on a diet to lose a few pounds. He would need to make a number of small, strong changes over time to make a difference. Taking lessons from formal grit and grace practices that he'd learned in class (see the sidebar "Arrive-Breathe-Connect" later in the chapter), Manny applied them to small choices throughout the day that would affect his sleep.

It was summer and Manny lived close to the hospital, so he decided he would start walking to work, mainly to get some sunlight so he would sleep better at night. Manny used his walks to and from work as a kind of mindful practice. Some days he didn't feel like walking, but then calling on grit with its focus and determination, he remembered his intention to improve his resilience and walked anyway. While he walked, he intentionally noticed pleasant things and how they made him feel. This See-Hear-Feel exercise practiced on the go served as a way of growing grace with its qualities of calm and care. The trees, the fresh air, kids playing, and flowers blooming were a pleasant counterpoint to the cold technical environment of his critical care unit.

Gradually, Manny also made other changes to improve his sleep. After he ate, he skipped TV and beer and either called a friend or took a hot shower. After that, he didn't do any screens. Instead, he got in bed with a novel, followed by lights out around 10:00 p.m. With each of these changes, he did the inner work. With grit, he encouraged himself to stick to his plan, and with grace, he fell into the pleasant and more wholesome way he was beginning to feel.

Importantly, Manny had to learn to value progress and avoid striving for perfection. Manny wrestled with a loud inner critic, which he learned to counter with a more trustworthy inner coach. Some days, especially rainy ones, he'd "give in" and take the bus home. But instead of criticizing himself, he offered himself grace, also known as self-compassion. Allowing himself more give and take was an important part of his self-care too.

Taking on these self-care practices, Manny started to feel like he was better able to regulate his energy throughout the day. But he also was strengthening his abilities

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to call on grit and grace when making a change. In this way, self-care was teaching him inner work skills that would help him to show up and lead mindfully on his unit.

Practicing Grit and Grace

Recall that being in hyper- or hypo-arousal feels very much like being off balance. It's important to honor what you feel ready for as you attempt to move back into the resilient zone. If you are struggling with high degrees of hyper- or hypo-arousal, work initially to feel more grounded or centered. (See Chapter 4 for a discussion and specific practices.) When you feel steady enough to begin moving into mindful action, then you'll be ready to work more effectively with grit and grace.

As a yoga practitioner and teacher, I've experienced and taught that yoga trains you for embodying mindfulness in action. Drawing on traditional principles of hatha yoga, you can use yoga to train your attention on physical sensations, emotions, mind states, and spirit while you are moving. For many, this produces a more balanced and purposeful state of mind, not only while practicing yoga, but also off the mat. Learning to make inner and outer moves that adjust your steadiness and manage your energy in the moment can then be transferred to a host of everyday activities, including nursing and leading. In the yoga tradition, life force, *prana*, is a kind of inner work that can be subdivided into five energies or "winds"—*prana, apana, samana, udana,* and *vyana* (Anderson, 2013). *Drishti,* or yogic gaze, is used for focusing attention on a spot, but also refers to "a vision, a point of view, or intelligence and wisdom" (Life, 2017, para. 6). Here, I'm suggesting that working with grit and grace is analogous to working with the *prana vayus* and *drishti*.

A cousin of mindful leadership, *embodied leadership* is emerging as another mind-body approach to leading (Palmer & Crawford, 2013). Embodiment practitioners develop ways of holding their own bodies to generate a particular attitude, belief, or intention in themselves that shines into the way they lead. Grit and grace practices develop the inner poise and outer stance to lead mindfully. You can also develop skills for channeling these qualities into your verbal and nonverbal communication, helping you interact and respond more mindfully. Diverse leadership

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practitioners emphasize the embodied power of posture to shape mental attitude to convey a commanding presence. For example, the Army imparts the value of military bearing, physical training, confidence, and resilience as part of the presence and image of a professional (Department of the Army, 2012). Amy Cuddy's work on leadership presence emphasizes "power poses" for shaping inner attitudes and conveying confidence (Cuddy, 2012, 2015; Cuddy et al., 2013). Monica Sharma's work on transformational leadership emphasizes "standing in your full power" and embodying values (Sharma, 2017). Joan Halifax encourages combining strength and compassion with a "strong back, soft front" (Halifax, 2018).

In the beginning, practice grit and grace solo or with an experienced teacher. As you gain confidence, you can incorporate these inner moves into everyday situations. Starting with low-stakes situations is best. Then you can graduate to higher stakes situations, such as having a difficult conversation or acting decisively yet compassionately during a defining moment (Powell, 2016, 2020a-c; Powell & Hunter, 2020).

It's in this spirit that I designed a very portable practice that I call "Arrive-Breathe-Connect." Here's a brief introduction to the essential inner moves that you can practice on your own.

Arrive-Breathe-Connect

- **Arrive:** Take a moment to fully arrive in the present moment. Arrange your body in an alert yet relaxed position. Physically and mentally turn away from distraction. Turn off any sense of being on autopilot. Temporarily, disconnect from what you were just doing and from whatever's coming up next. Let go of your remembering mind and your planning mind. Simply bring your full awareness to the unfolding of the present moment. Right here, right now.
- **Breathe:** Now shift your attention to your breath. Rest in the awareness of your body breathing. Notice the quality and sensations of breathing. Watch the breath as the body inhales and exhales. If desired, breathe more deeply and fully on each inhalation and exhalation. You may count to four as you inhale and then four again as you exhale. You may also count each successive round of breath, especially if this helps to steady your mind. If distracting thoughts come up as you do this, simply let them go, like a cloud passing in the sky.

continues

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continued

- **Connect:** If continuing to focus simply on your breathing feels right, stay connected to the sensations of breathing. If you are ready to move on to feeling more grounded, connect to the sensations of the body with solid surfaces—your feet on the floor, your bum in your seat, or your hands on your legs or on a table. From this grounded place, you may move on to connect to grit and grace.
    - ***To feel into Grit***—Connect to the part of your body that you associate with feeling focused, powerful, and determined. Perhaps it's the sensation of your feet, standing your ground. Perhaps it's the sensation of length and strength in your back. Perhaps it's the sensation of your head and jaw, sitting with dignity at the top of your spine.
    - ***To feel into Grace***—Connect to the part of your body that you associate with feeling calm, human, and caring. Perhaps it's the sensation of your breastbone, keeping an open heart. Perhaps it's your palms facing upward, as if to offer a hand in need. Perhaps it's your arms, ready to embrace and comfort.

Akin to learning to ride a bike, at first it may take a good deal of dedicated attention to learn Arrive-Breathe-Connect. Eventually with practice, it begins to feel more like second nature. In time, you'll imprint the moves into your mind and body's muscle memory, so you can call on them at a moment's notice. You may also begin to associate the sensations you feel with deeply held beliefs, such as your values or sense of purpose.

Be open to nuance and trust your experience. For example, it's enough initially to focus on just feeling grounded, especially if you have been feeling overwhelmed. Or you may find that practicing grit motivates and energizes you more than grace, or vice versa. All this is okay. It may be worth comparing notes with a friend, or talking with someone you trust about the small and large things you are observing and experiencing. The objective is to keep practicing and remain open to what you learn along the way.

Beyond this formal practice, you may start noticing grit and grace coming up in other respects. Grit may come from showing up to do your practice, even when

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you feel distracted or unmotivated. Grace may come by shifting your attention away from your judging mind and toward a sense of open curiosity, acceptance, goodwill, or compassion, whether directed toward yourself, other people, or a challenging situation. In time, you may be able to channel grit and grace simultaneously and blend them dynamically as a situation unfolds.

Shifting From Self-Care Into Leading Mindfully

After making self-care changes in his personal life, Manny started importing his grit and grace practices into his work life. At first, he watched to notice when and how grit and grace ebbed and flowed naturally throughout the workday. He noticed that he spent most of his day putting forward grit, so much so that his ability to call on grace was suffering.

As a small, intentional grace practice, he focused on his annoyance and resentment about the wrappers on the cart. Instead of rehearsing mental recriminations toward his colleagues, he reframed his actions as a way of caring for overstretched caregivers on the previous shift. When he saw things that way, cleaning up the wrappers transformed from a daily gripe to a daily kindness that made him feel good. He was surprised when the same outer behaviors (cleaning up the wrappers) started to feel differently on the inside just by changing his mindset about them. He realized his judging mind had created most of his suffering. Now he felt freer to focus on what mattered more.

Manny's inner work helped him understand that he was not the only one on his unit who overworked the grit side of resilience and under-exercised the grace side. To him, the perfect example of this was the team's habit of skipping lunch.

When he revisited his initial Resilience Map, Manny recognized that loading up on coffee and skipping lunch put him at a real deficit in the afternoons. (And all that afternoon coffee was probably also affecting his sleep.) He guessed the same was probably true for his coworkers.

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The issue on Manny's unit wasn't a policy one. Manny's hospital allowed lunch breaks, but everyone worked right through them anyway. Manny read some articles about this. One cited "abundant evidence that correlates shift work, overtime, and long hours with errors, emotional disturbances, and occupational injury" (Witkoski & Dickson, 2010, p. 490). Skipping breaks was so commonplace in healthcare that the state of Washington had even passed a law referred to as the "breaks bill" or "nursing staffing" legislation that led to new requirements for uninterrupted meal and rest breaks for nurses, technicians, and technologists (McDonald, 2019).

Applying Grit and Grace to the Real Issue

Manny realized that the real issue on his unit was a collective habit that had become an unconscious and unspoken norm. No one took lunch because no one took lunch. People on the unit seemed to be buying into a perpetual machine mindset—"the more I sacrifice, the better nurse I am." But in actuality, this practice, fueled by an over-abundance of grit, was not only causing harm for themselves, but possibly their patients. To question their habit of skipping lunch felt taboo and an affront to their shared beliefs, so no one dared.

As before, Manny quickly realized that taking lunch would require many small, strong steps. But unlike before, he could not just take these steps independently. If Manny wanted to take lunch, he would need to interact mindfully by negotiating and collaborating with his coworkers, including his nurse manager.

As a very junior nurse, Manny's work culture sent the message that he was supposed to "stay in his lane," meaning he needed to know his place and just do his job. He didn't have a title or any kind of formal authority. While this was true, he wasn't powerless. He could still lead from where he was.

First, Manny had to acknowledge the power he did have, which was credibility and the power to lead by example. Manny was a very skilled nurse, proving early on that he had the clinical chops to do the job. And for all the misgivings that he had had about work and colleagues, he'd been careful not to act out on them at work.

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So, he had a good base of trust and credibility to build from.

Manny started summoning grit and grace in conversations with his coworkers. He used grit to get up the nerve to ask a more experienced nurse who had worked elsewhere whether she had ever worked in a critical care unit that took breaks. Instead of getting all up in arms on the issues, Manny listened with grace to her descriptions of how nurses on her previous unit covered for each other. After a few conversations like this, Manny started wondering aloud whether the nurses on their unit might start doing the same thing.

One day Manny went out on a limb. With grit, he made a gracious offer to the experienced nurse when she was having a really tough day. "What if I cover you, so you can take lunch?" he said. She hesitated at first. Manny said it was really okay, they could just try it as a quiet experiment first. Though this felt awkward for both of them, they tried it. His colleague was so appreciative. Then one day the experienced nurse offered to cover for Manny so he could take a break. He used it to eat his lunch outside and get more sunlight.

In time, Manny and the experienced nurse felt more confident about talking about their experiment with others on the unit. The biggest concern was with the old-school nurse manager. By sharing their story with a few trusted colleagues, Manny and the experienced nurse gained a few allies. Together they started building their case to take to their nurse manager.

Influencing With Grit and Grace

How they made their case would be important for gaining the nurse manager's acceptance. Going in with a list of angry demands was sure to fall flat. Instead, they had to put aside their resentment and imagine the challenges she faced. With empathy and compassion, they realized she was acting so hard-core because her boss was holding her to high standards to ensure patient safety and reduce staff turnover. Realizing this made them feel more forgiving. But it also helped them understand how they could influence her.

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To make a long story short, Manny, the experienced nurse, and a few others approached the nurse manager. They told her they had come up with an idea they thought would improve patient safety and staff turnover, which got her attention immediately. For grit, they presented research they had gathered on how occupational health and patient safety correlated with taking uninterrupted breaks during 12-hour shifts. They shared a method of staggering lunch breaks with coverage that they thought they could manage on a pilot basis. They bolstered their pitch by referencing the AACN standards for creating a healthy work environment, which included "skilled communication" and "true collaboration," explaining that they felt this project was helping them to gain these skills among them (American Association of Critical-Care Nurses, 2005). For grace, they said they recognized the nurse manager's own pressures and offered to include covering her lunch breaks in their plans too. Lastly, they invited her to raise her concerns so they could work through them as a team.

It took a few conversations to discuss their discomforts and worries about the pilot and to debug the plan. Eventually, they gave it a try for a month. Although there were a few hiccups, they learned from them and kept improving. In the end, they decided together to make the new norm stick.

In Real Practice

The Young-Brice and Dreifuerst study (2020) explores the concept of grit to examine one way that Black students "succeed in predominantly White prelicensure nursing programs" (p. 46). In this secondary analysis of qualitative interview data, the authors identified persistence, the unwillingness to give up on goals, and persevering through challenges as factors critical in predicting academic success in nursing school. Grit factors included a commitment and determination to help others and to succeed in the face of adversity. Students also recognized that nursing programs are challenging for *everyone*, and that short-term failures do not determine long-term success. Faculty can foster grit in students by creating challenging but supportive environments and by helping students develop a "growth mindset."

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Closing Thoughts

As long-time leader Ken Chenault is fond of saying, "The role of a leader is to define reality and give hope" (Wharton, 2013, para. 18). The ability to do these things, however, cannot spring from a distracted mind or a dry reservoir of energy. They require the focus and determination of grit to see things as they really are and the care and calm of grace to inspire optimism. And they require doing all this under pressure. Just as Manny did, trust that taking time for self-care in the form of practicing grit and grace will not only benefit you, but also people around you, whether patients and colleagues, or perhaps loved ones and your community too. May the ideas in this chapter help you grow your own grit and grace so you can do worthy things in your world.

Key Points

- No matter exactly where you are in your nursing education and career, now is a great time to grow your capacity for grit and grace.
- Grit helps you focus and take decisive action. Grace helps you care and act with grounded compassion. Blended, grit and grace are a powerful combination for living, learning, nursing, and leading.
- Leading mindfully means managing your inner experience and your outer behavior, which mindful practices can help you do.
- Taking care of your own resilience first offers lessons in grit and grace that you can leverage to lead mindfully.
- You can grow grit and grace through formal practices and in everyday life. Start today to improve conditions for you, other caregivers, and your patients.

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