This community has one goal:

**Restore humanity to healthcare.**

Come back often as we build this network of caregivers and expand our resources to foster personal well being and return joy to nurses, physicians and other health care professionals.
resources

for empowering a life of meaning, purpose and wellness as a nurse, physician or other caregiver.

Latest articles, news stories, academic studies, best practices, human interest on addressing burnout and increasing joy.
## Our Question:

What ideas do you have for improving the experience of your patients and families in Mission's emergency departments, patient wards and clinics? What changes would you make to lower your stress level and restore joy in your work as a healer?

### Create Idea
This community compassion space was created for anonymously sharing your experiences, emotions and challenges with peers who are searching to empower their lives with purpose and meaning, trying to restore resiliency and find joy in their caregiving practice.
One day, I was behind schedule and I went in to see a patient of mine who happened to be a psychiatrist. I just felt exhausted and overwhelmed but I went through the motions and conducted my exam and started to exit the room. This patient asked me to stop for a second and to sit down. He wanted to talk to me. He told me that even though he was my patient, that he in his physician role was worried about me.

He later wrote to me about our interaction on that day. “On a visit with you one time, I noticed that you looked tired, and I just assumed you had been on call. The next time I saw you about 6 weeks later you looked ghastly. Your color was gone, dark circles surrounded your eyes. You were emotionally numb, distant, could not muster up a smile, and appeared drained. You looked gaunt and depleted. Your voice lacked its usual animated intonation. You were hunched over, looked beaten down and bedraggled, and had a distant, preoccupied look in your eyes. As a physician I was concerned about not just your emotional, but also your physical health. Burnout was a physical exam diagnosis. As you finished our session and headed toward the door, I asked you to stop and come back to ask what I could do to help you. It is then that you confided in me what was going on.”

This interaction was my wake up call. My wife had recognized I was in trouble and tried to get me to act for years. I intuitively, as many of us do, sensed I was in trouble. But…I was a doctor and what do we do? Well tragically many of us “Play through the pain.” We go on living lives of quiet desperation. This interaction with my patient, a psychiatrist, a colleague, a friend was the first step in my eventual recovery from burnout.
A patient is not a “task” to me.
Nurse Jackie

I was just talking with some other nurses about how we always feel our managers imply we aren’t using our time well when we spend time talking with patients. Sometimes patients really need for someone they trust, who knows their situation, to be with them, and listen, when they’re feeling sad or afraid. I find it so rewarding to do that, but then when I do my manager gives me the sense that I’m slacking and inefficient.

This reaction from my manager makes me so sad. We’re supposed to pay attention to patients for the “patient satisfaction” scores, but the emotional help they need from us nurses doesn’t fit into any of the patient satisfaction categories so it’s seen as not counting or not important. But I’ve had patients tell me that it made such a difference when I, or another nurse, took the time to really listen to them—something they feel the physicians never do. I want my manager to acknowledge that good patient care often requires more than clicking boxes on the electronic record so that we can say all our tasks are done. A patient is not a “task” to me, but more and more it feels like that’s what they are turning into.