

Guest Editorial

Have You Found Your Voice?

Annette Bourgault, PhD, RN, CNL

When incoming American Association of Critical-Care Nurses (AACN) President Lisa Riggs unveiled the 2018-2019 theme, “Our Voice Our Strength,”¹ she inspired me to dig a bit deeper to gain an understanding of what having a voice has meant to my career as a critical care nurse. I currently see myself as a nurse, leader, educator, mentor, researcher, presenter, author, editor, and friend in the health care arena, although this perspective has developed over time.

I began my critical care nursing career in my early 20s. As the oldest child in my family, I felt mature and ready to handle the responsibilities of my chosen career. Yet, when I reflect on my voice during that time in my early career, it was quite underdeveloped. I communicated with patients, families, and members of the health care team, but I did not feel empowered to communicate beyond the basic expectations in my role as a staff nurse. As I gained experience, I served as a preceptor to students and nurse orientees in the intensive care unit (ICU). I was also an active part of my critical care team, so why did I not fully recognize the power of my voice?

Author

Annette Bourgault is an assistant professor at the University of Central Florida, College of Nursing, and a nurse scientist at Orlando Health, Orlando, Florida. She recently joined Critical Care Nurse as the new Associate Editor.

Corresponding author: Annette Bourgault, PhD, RN, CNL, UCF College of Nursing, 12201 Research Parkway, Suite 300, Orlando, FL, 32826 (email: annette.bourgault@aacn.org).

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The power of my voice has become evident over time as I have heard my own voice being reflected back to me through others. I will share a few examples of how my voice as a critical care nurse has returned to me in unexpected ways and how these experiences have helped to increase my own awareness and mindfulness about how I use my voice.

As a novice critical care nurse, I was assigned to a man who had undergone a coronary artery bypass graft 2 days earlier. This man seemed terrified at the idea of moving his arms and on his third post-operative day, he burst into tears when I suggested that he assist with his morning bath. This was an opportunity for me to do some health education, be assertive, and convince him to participate in his care. His recovery was uneventful and a few days later this man was discharged home. A couple of months later, I heard someone calling out to me in a grocery store. I knew the voice did not belong to one of my friends, because he was using my other name—Nurse. The tearful, anxious person who I had met a few months earlier had caught up to me to reintroduce himself—as an able-bodied man, not a patient. He told me about the progress he had made and how embarrassed he felt about showing his emotions while he was recovering from surgery. He told me I had inspired him and given him confidence to regain his independence after surgery. That day in the grocery store, I recognized how my voice as a critical care nurse had made a difference in the life of this man and his family during a stressful time.

I also look back fondly on the opportunity to help shape the critical care careers of other nurses;

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one of these nurses was my own sister. Through my voice and sharing stories about caring for critically ill patients and families, my younger sister (a nurse in neuro intermediate care) had become interested in transferring to work in the ICU. I was thrilled when I learned that she had requested me as her preceptor for her ICU orientation. I clearly remember our first night shift together. We cared for an 18-year-old male with meningococcal meningitis who was in septic shock. He was intubated and received mechanical ventilation, vasopressors, continuous renal-replacement therapy, and more. He was the kind of patient who leaves novice ICU nurses counting the number of lines attached to the patient. This experience left my sister both nervous and excited about the challenges that lay ahead as a critical care nurse. Additionally, through my voice, I was able to encourage, teach, and inspire my sister in her early nursing career. I am proud of my sister. She is now an ICU charge nurse and uses her voice to mentor and care for others. Thankfully, the young man in my story survived his illness.

Over the years, I have also learned how to use my voice to talk about critical nursing practice to nonnurses. We all recognize that our critical care nursing stories do not fit well with dinner conversations. Between trying to protect the privacy and confidentiality of those we care for, and trying to prevent others from experiencing a negative emotional response to our stories, we tend to stay silent about our work or we befriend other clinicians who can relate to what we do. Through Susanne Gordon's work,² I learned how to articulate what it is that I do and why my role as a nurse is so meaningful. Through science, holistic care, astute assessment, and critical thinking skills, we save lives, yet we also have the privilege of developing a caring relationship with our patients and families during some of the most vulnerable periods in their lives. Gordon helped me to find my voice; she stimulated thoughtful ways for me to talk to others about what I do and how I find meaning in my role as a critical care nurse.

Two former nursing colleagues in a surgical ICU were both excellent clinicians, yet their different styles of communication often resulted in conflict and frustration. One of these nurses sought guidance on how to manage the situation, recognizing that she could only change her own actions and perceptions. I had become familiar with Vital Smarts' communication work at an AACN National

Teaching Institute conference a few years earlier. I loaned my colleague the book *Crucial Conversations*,³ and she was able to find ideas on how to modify her voice and communicate more effectively. She reported a few weeks later that she was experiencing more positive interactions with her colleague. In this example, the act of listening and hearing my colleague was probably as valuable as using my voice to encourage her. She was able to create a more positive work environment for her and her colleague by seeking to improve her skilled communication, 1 of the 6 AACN Healthy Work Environment Standards.⁴

Another nursing colleague in an Indiana ICU was excited to share a story about how our collective communication and, ultimately, her voice had a positive impact on her patient's outcome. The nurse was assigned to a young woman who had become acutely unwell and developed thrombocytopenia. I found the patient's story interesting and the timing a bit suspicious—could there be a relationship between the patient's condition and an antibiotic that she had recently started taking? A search of the literature located a similar case study of another young adult with thrombocytopenia as a result of the same antibiotic. My nursing colleague used her voice to share the case study with a physician specialist who was preparing to perform a bone marrow aspiration. Her assertive and timely communication spared her patient from a potentially painful procedure. The specialist also contacted the clinical team who had authored the case study and obtained valuable treatment information for our patient. This story shows the power of both our verbal communication and written voice and the importance of disseminating our clinical stories and outcomes.

I also hear the reflection of my voice through former students. One graduate of a Clinical Nurse Leader program was hired to become a part-time clinical instructor in my former college of nursing. This nurse shared with me that sometimes when she is dealing with a difficult situation in her clinical practice, she still hears my voice in her head, providing guidance about how to assess the situation and how to prioritize her actions. Another graduate told me that she always thinks about treating patients and their families the way that you would want yourself and your own family to be treated, a value that I helped to instill in her clinical practice. I have heard similar stories from several of my former students, which has helped me to recognize the power of my voice and actions. You never know what others will find worthwhile to incorporate

into their clinical practice. The acts of educating, mentoring, and role modeling are priceless. Our voice may be soft at times, but the words we choose are meaningful. As I continue my journey as a nurse, I recognize the power of my voice and do my best to use it with purpose.

I am increasingly aware of the power of our words and of the nonverbal cues that accompany our voice. I leave this editorial with a challenge to embrace your individual and collective voices and be mindful in your communications. Your voice may be more powerful than you know. Take some time to reflect on recent conversations with patients, families, novice colleagues, experienced colleagues, clinicians in other disciplines, support staff, students, and administrators. Reflect on what was positive about these interactions and what might be improved upon. Reflect on the impact that you have had on others and think about the potential impact your voice may have on those you have not yet met. Are you the nurse that you aspire to be? Does your voice

represent your professional self in a mindful, thoughtful, and assertive way? If you had the opportunity to send a message to your former self about how to use your voice, what would you say? [CCN](#)



Annette Bourgault, PhD, RN, CNL
Associate Editor

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