

Stephen Calabria: [00:00:00] From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's, director of Podcasting.

On this episode, we welcome Godsfavour Guillet, MSPHE, DSN, RN, CPXP, who is a nurse administrator here at the Mount Sinai Hospital. She has specialized in gynecological oncological nursing, and recently served as Director of Patient Experience and now works in nursing administration, all at the Mount Sinai Health System.

Godsfavour Guillet's passion for creating mutual support led her to spearhead the Peer Support Program, an eight-week pilot designed to help nurses process grief, reduce burnout, and build strength through connection.

On this episode, we discuss the realities of nursing that the public rarely sees, the resilience strategies that nurses employ, and how resilience is more than just toughing it out. We're honored to have Godsfavour Guillet on the show.

[00:01:00]

Godsfavour Guillet, welcome to Road to Resilience.

Godsfavour Guillet: Thank you, Stephen.

Stephen Calabria: Can you tell us a little bit about what you do here at Mount Sinai?

Godsfavour Guillet: I am a nurse administrator in the nursing department. I am responsible for supporting care on the off shifts. That would be working with physicians and nurses and assistive staff and all other departments.

Stephen Calabria: So tell us about your journey into nursing and what led you to take on a leadership role as a clinical nurse manager.

Godsfavour Guillet: I am a proud proud nurse of 32 years. As a child, I always wanted to go to medical school. However, I decided to become a math teacher. I went to Brooklyn College, and as life takes its turns, I remember holding my infant son in my [00:02:00] hands and looking at him and saying, how do I create the life I want you to have?

And the next fall my two best friends and I decided to go to nursing school. As a young nurse, I was really engaged in care and always interested in how things

work. There were many things that I didn't appreciate the way they worked, and I decided I wanted to be that push to make change.

Stephen Calabria: What are the areas that you specialize in?

Godsfavour Guillet: I would say oncology and med surg as a base. Working as a nurse over the years, I have done geriatrics, respiratory care. I have worked in home care. I have been a nurse educator. I have worked in outpatient [00:03:00] in mother, baby, and apheresis, and I'm probably forgetting some.

Stephen Calabria: So nursing, particularly in palliative care, can be emotionally draining. How did your own experiences shape your interest in workplace resilience?

Godsfavour Guillet: I believe that one, we are stronger than we think. Also, we can only prioritize patients when we care for those that care for patients. And I believe work should be uplifting. And creating a culture that's uplifting means that you are supporting your teams.

I started my career with the geriatric population and they are an entire portrait of resilience. I've had personal tragedies in my family, with my 33-year-old sister passing, [00:04:00] and so I found that I have a capacity for bouncing back, for being able to absorb the pain that happens in intense situations.

And being able to support others and in palliative care explicitly, I felt honored to be there for patients and their families at such a crucial time of life. PCU talks about having a good end and I felt blessed to be able to support that.

Stephen Calabria: It was in part your less than ideal experiences that could give you the empathy to do that?

Godsfavour Guillet: Yes, and I'll say that life is just life and we give it the color. So these experiences throughout my life, maybe as I'm going through them, I'm not so excited about it, but I find [00:05:00] god has always prepared me for what is to come, and when I'm looking back, I am seeing, okay, we got through that. What's next?

Stephen Calabria: How do you define resilience, especially as it relates to nursing?

Godsfavour Guillet: I look at the letters RN as resilient and noble. Nurses have to demonstrate integrity, courage, respect, and kindness. Nurses are resilient because of their ability to support others through their crisis.

Stephen Calabria: Based on what you've observed, what are the biggest challenges nurses face in maintaining their emotional and psychological wellbeing over time?

Godsfavour Guillet: Unhealed trauma eats away at anyone's soul. [00:06:00] Sometimes it leads to apathy or anger, a hardening. Not addressing those wounds, not having those traumas addressed leaves a large hole.

I also think that there needs to be support, institutional support, community support, where traumas are addressed, where the social connections are strengthened, are utilized to create that community where love is felt, appreciated, generated.

There's a quote that I love for Mother Teresa and I found it before I even became a nurse and I carry it with me everywhere. And the quote says, I have found the paradox that if you love until it hurts, there can be no more hurt, only love. [00:07:00] And that speaks to me.

Stephen Calabria: What would you say are some of the coping mechanisms or habits you've observed that listeners could apply to their own lives?

Godsfavour Guillet: One of the greatest coping mechanisms is laughter. Applying humor, taking a step back and realizing this is difficult, but I can get through it.

Remembering that you've gotten through it before. Channeling what you did before. Mindfulness. Just pause, take a moment, take a breath. Just think to yourself, one, what will I do in this moment?

Two, I have to get through this moment, deciding that it's a have to as opposed to, [00:08:00] oh, maybe I can't do this.

Stephen Calabria: Now you recently spearheaded the peer support program here at Mount Sinai, piloting it with the palliative care nursing team. Could you tell us about it?

Godsfavour Guillet: What a great program. From the inception to delivering the program, planning the program, I felt an enormous amount of pride.

And Mount Sinai did a survey of the frontline workers in March and April of 2020, and the results were that 39% of us had symptoms of depression, anxiety, and PTSD.

We were facing enormous stressors, including poor staffing, the uncertainties of COVID and how it would be impacted, limitations on resources, [00:09:00] and as well as all of the other life stressors that we had in our own personal lives.

Every day we came in, we saw suffering. We saw grief and we saw death. It was overwhelming. We were unable to cope. We felt burnt out. We did not know when the end would be.

End of COVID, or end of us, Jonathan DePierro and I sat together well before we sat together, nursing leadership spoke with me to say, we want to create a program. Do you think you would like to participate in that? I jumped at the chance. Love that.

Always wanna find a way to make my team better, stronger, faster. And I was able to meet over the [00:10:00] course of about six to seven months with Dr. Jonathan DePierro. We collaborated using the inspiration of the Battle Buddy Program from the Armed Forces.

What I loved about our collaboration is we had so much respect for each other's. Experience knowledgeability, and we just pulled it together. We looked at how a nurse might actually agree to utilize this program.

I came with the biases and the way nurses think our nursing process, our critical thinking, and he brought the aspects of the program, the data, and together we fine tuned the program.

We came up with a structure and figured out how to implement it. Once it was approved, [00:11:00] we decided to do a pilot program utilizing the nurse practitioners in the palliative care department.

I was responsible for them and we put together a group of eight individuals, so there were four pairs. We showed them the program, we gave them the tools, and we decided that over eight weeks they would implement the program.

We checked in mid and at the end of the program.

Stephen Calabria: One of the most common things that palliative care nurses have to deal with is grief and loss, often on a daily basis. How did the program address those kinds of emotional burdens?

Godsfavour Guillet: It supported the tools that they have already. Palliative care nurses have a quiet presence [00:12:00] that, it's like a comforting pillow for patients in their families, and it allowed them to express.

Their feelings outside of the patient realm so that they could regenerate, refocus, and strengthen themselves.

Stephen Calabria: What kind of feedback did you receive from the participants?

Godsfavour Guillet: It's funny, a few of them said we were fine. We're still fine. And then there were others that reported an increase in resilience.

They, some found that they hadn't realized how much they needed to have a specific time to just stop and expressed their feelings or even think about their feelings and then have someone to express them to in a spirit of [00:13:00] non-judgment.

And in a spirit of collegiality, knowing that person was experiencing the very same feelings that they were feeling.

Stephen Calabria: Were there any moments that stood out for you when you realized the program was making a real difference?

Godsfavour Guillet: I like to watch people's behaviors. I saw people that in the past, their emotion would get the better of them. I saw them pause and be able to manage themselves better. I saw, I witnessed. Looks between people, looks of

looks that I felt expressed camaraderie and appreciation and gratefulness, [00:14:00] and I heard how I. The team members spoke to each other and thanked each other for sharing their valuable time for the check-ins and listening to them as they talked about their feelings.

Stephen Calabria: While the program was designed for palliative care nurses, peer support models are increasingly being adopted in other industries. What aspects of the program do you think could be applied effectively to other high stress professions?

Godsfavour Guillet: Transparency can create trust. And, anywhere you work, any environment, trust allows you to function better.

So, the transparency of the program, of being able to express her feelings freely, the ability to have the presence of a supportive person and not having a fear of judgment. I think anyone can incorporate that, or [00:15:00] anyone can build a culture that has that.

Stephen Calabria: If someone wanted to replicate this program in their own institution, what advice would you offer to ensure its success?

Godsfavour Guillet: I would say get the data. You have to know what you're working with. Do listening sessions. Talk to your teams, find out what their concerns are, what's plaguing them. Create the program, run a pilot, and then bring that data to the share the stakeholders as a means to support the creation of your program.

Stephen Calabria: What do most people not know about nursing that you wish they did?

Nursing is an act of love. It is difficult, challenging, exciting, rewarding, fun, stinky, if I may say, [00:16:00]

Godsfavour Guillet: Oh yeah? Do tell.

Stephen Calabria: We're human and we have things that happen with our body, and even though I'm being a little playful. In nursing, we look at the entire individual. It is holistic. We care for you, head to toe, inside and out, and we love it.

Godsfavour Guillet: What are lessons that you think most people can take from observing nurses or at least the best nurses that you've seen?

We can take lessons of generosity, of empathy, and of gratitude. We may not know an individual, a human when we first meet them, but our intention is [00:17:00] to know. Treat and care for that person, whoever they are.

Stephen Calabria: Nursing is often described as a calling. Do you think that's still true today?

Godsfavour Guillet: Absolutely.

Stephen Calabria: How do nurses stay connected to that, then? That sense of purpose in more challenging times?

Godsfavour Guillet: Mindfulness and gratitude. Looking at the moment. As though you were meant to be in that moment. I'm meant to be in this moment, at this time for this person. Understanding our power to heal, our power to comfort, our power, to correct, to teach, to lead.

It's a calling because it's something you have to love. There cannot be another reason [00:18:00] for you to become a nurse. It cannot be financial it. It must be because you love it.

Stephen Calabria: How has the nursing profession changed since you started, particularly in terms of the emotional support nurses are given or not given?

Godsfavour Guillet: Nursing is learning to create stronger supports for our nurses and not rely on the internal strength that we have.

There's so many programs in institutions, such as the Center for Stress and resilience and personal growth, mindfulness, the yoga programs, the therapy programs, spiritual care, the eyecare programs, pet therapy.

There are many programs that institutions, especially Mount Sinai has created to support nurses and as a [00:19:00] whole, understanding the level of stress that nurses are under, the constant pressure, the need to manage emotions while caring for others is highlighted more and care is being given to support nurses.

Stephen Calabria: One thing that nursing has in common with other professions is burnout. What are some signs that a nurse or any professional might be nearing that point?

Godsfavour Guillet: Burnout can be displayed as being quick to anger. You can be displayed as indifference. Apathy, not listening, not doing, and we have to first seek to understand what is happening with a person that's experiencing burnout and then supporting them [00:20:00] to overcome that.

Death and dying is what we come into contact with on a daily basis in some areas.

Every area can have death, but some more than others, such as palliative care or an oncology unit. What we have to remind ourselves as nurses every day is that even if Stephen is my 50th patient of the day.

This is Stephen's first whatever diagnosis and the empathy that I have to show to Stephen has to make him feel seen and heard. That is a huge task. It's where mindfulness comes in.

When I'm about to enter Stephen's [00:21:00] room or when I'm about to stop and talk to Stephen, I have to pause and remember, he's not that diagnosis.

He is Stephen and in the rush and red tape and politicalness of healthcare, the work mounts and the support sometimes is lacking for a nurse to be able to keep empathy in the forefront as opposed to, oh my goodness, I have 10 more meds to give.

I have to do that treatment. I have to return the phone call. I have to go to rounds. The task can just multiply and push away the necessary feelings of humanity, of humanness.

As Director of Patient Experience last year, I [00:22:00] supported leaders to be able to express those sentiments to their teams and to the patients that they cared for.

Data that we received, Press Ganey data, unit data, told us what particular patients on any particular unit was looking for and creating strategies to provide that. And one of the things that patients wanna see is communication. They wanna be communicated with.

And so your team, your nurses, were able to communicate with you and demonstrate empathy. The other thing, and something that I have pushed my entire leadership career is that the family is the patient. It's all connected.

Stephen Calabria: If he's feeling pain, I'm feeling pain.

Godsfavour Guillet: Absolutely.

Stephen Calabria: If he's [00:23:00] happy, I'm happy. If he's exhausted, I'm probably exhausted too.

Godsfavour Guillet: Yes. I always role model to my teams that you are pulling the family in, that demonstrates respect for the patient, respect for the family, your understanding of social connection, and it makes them trust you.

And that trust goes a long way. You see how people, the family interacts with each other, what support is given, and also families tell you the truth. When the

patient is doing something good and bad, the family will tell and you are then able to give better care.

There is a time factor, but as you get to know your patient. You may be able to tell. Some patients are really good about covering things up, [00:24:00] and it's not until the family comes in that you get the real story.

So, it's so important to talk to that family member and ask them questions. Sometimes you have patients that will tell you, I don't want my family member present, or I don't want them to answer questions, and I.

While we're respectful of that, it's important to pull the family in as much as possible.

Stephen Calabria: What should family members and even patients know about best practices in dealing with nurses?

Godsfavour Guillet: Best practices would be, have the information ready. Have the medication list, the doctor's names, treatments, procedures, the history of the patient so we can understand what's been going on.

Also have questions. We like questions, and I say that with a grain of salt [00:25:00] because sometimes we are busy and.

We have to remember that getting the answers to those questions allows us to take better care of the patient and to be open with the nurse. Lastly, to be respectful of the nurse. Someone is caring for you or your family member, have some respect for them.

Stephen Calabria: Are there rituals, routines, or even relationships that help nurses decompress after difficult shifts?

Godsfavour Guillet: On many of my units, we huddled at the beginning of the shift. We huddled at the middle of the shift as well. In the palliative care, we had a coffee chat program that was run by the chaplain and the social worker.

We had those moments where we would go into the locker room and just, it could be a screaming moment. It [00:26:00] could be a laughing moment. It could be one full of expletives, but we took our moments.

I often would invite people into my office when I saw that something was cooking, and I would say, have a moment. This is a safe place to have your moment so that they could get through that moment.

Stephen Calabria: So everyone needs their moments.

Godsfavour Guillet: Everyone needs their moment. It's warranted, it's necessary. We're like any other jar that gets filled to the top and needs release.

Stephen Calabria: What happens to a team's dynamic when someone is struggling emotionally? How do teams step in and support each other through that?

Godsfavour Guillet: Watching a team member struggle creates an impact. A strong team encircles that person and gives them support. Support could be a hug. Support could be, do you [00:27:00] need me to take care of that patient for you?

Support could be, oh, I went and got your meds. Support could be that you're answering their call light. Support could be bringing them a piece of cake or a donut.

What it means is that individual is seen and heard and valued, and the team wants to express that and support them to get over whatever is troubling them.

So much like any other profession, peer connection is a big part of nursing. Absolutely.

Stephen Calabria: Do nurses rely on one another in ways that people outside the profession might not realize?

Godsfavour Guillet: I believe so, yes. They speak with each other. They have connections outside of work. They confer with each other for guidance. They [00:28:00] support each other when things aren't going well to say, Hey, what's going on there?

They hold each other accountable. They share family moments. They share. Outside activities.

Stephen Calabria: What advice would you give to someone just starting out in nursing about how to build resilience from the beginning of their career?

Godsfavour Guillet: I would tell a new nurse to have a support system. To learn about themselves. Who am I? What is it that? What are my boundaries? What impacts me? What do I wanna impact?

I would tell them, find a support person. That could be a buddy, a mentor. They could be inside of the hospital, outside or whatever their work situation is, if they, whatever that support is.

It could be their faith, it could be a sport, [00:29:00] it could be their family. I encourage them to utilize that support and then. As I myself, have learned from our newer generations have balance.

You can't work all day, you can't play all day. You can work and play and to take that balance into consideration, I often would tell when I would tell my staff, take a break. I would say we need a moment away.

You need a break to come back refreshed. Not to look at our faces, but just focus on something else.

Stephen Calabria: And you can usually tell when a person needs that time.

Godsfavour Guillet: Yes, yes. One of my superpowers is to pay attention. Pay attention to my team, and I could look down the hall. And say, Hmm, something's going on there.

And really just clue [00:30:00] into another person's feelings and then act on it. Okay. Maybe I can take this cart for you and you can get a drink of water.

Stephen Calabria: What do you do, or what do you recommend for nurses who feel like they're at a breaking point?

Godsfavour Guillet: To take a break, to just stop, to acknowledge that, to determine what's creating that distress and figure out how do I address that? How do I make that stop, depending on what it is, of course.

Stephen Calabria: Last question. What are some of the most common misconceptions about nursing, particularly ones that are put out in popular media, perhaps that diverge from the true experience?

Godsfavour Guillet: I mean, in my time we were Nurse [00:31:00] Ratchet, um, so I can speak to it from that perspective.

Stephen Calabria: You don't strike me as much of a Nurse ratchet. I'll be honest.

Godsfavour Guillet: I'm not. I, but I know some. What is a common misnomer? While nurses are powerful, we don't have the ability to control everything on our own. We're a part of a team and we are critical thinkers.

However, it takes a team to really support patients in the way that they need, and often patients think that if I tell the nurse that's the end of it, everything is gonna get taken care of.

And often there are other systems at play that are needed to come together to support a patient's needs.

Stephen Calabria: That's it for my questions. Was there anything else you wanted to [00:32:00] say?

Godsfavour Guillet: I am grateful to be a nurse. It was bigger than I thought it would be when I started, or it has been bigger than I thought it would be. I'm proud to be a nurse.

All of the challenges, all of the hard work has been beneficial. I've learned, I've grown, and most importantly, I have touched others.

Stephen Calabria: Godsfavour Guillet, thank you so much for joining us on Road to Resilience.

Godsfavour Guillet: Thank you for having me On Road to Resilience.

Stephen Calabria: Thanks again to Godsfavour Guillet for her time and expertise. That's all for this episode of Road to Resilience. If you enjoyed it, please rate review and subscribe to our podcast on your favorite podcast platform.

Want to get in touch with the show or suggest an idea for a future episode? Email us at podcasts@mountsinai.org.

Road to Resilience is a production of the Mount Sinai Health [00:33:00] System. It's produced by me, Stephen Calabria, and our executive producer Lucia Lee. From all of us here at Mount Sinai, thanks for listening and we'll catch you next time.