

Interview Reflection: Medical Professional

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HDFS 5013

October 1, 2022

Introduction

I was given the opportunity to interview Parker Larson, a nurse aide at my local hospital who is also a physician assistant student. As she is new to this field she provided me with a fresh perspective of what it is like to witness a loss in a medical professional career. Parker answered my questions regarding how she handles loss, how she creates work-life balance, and what she does for self-care. As Parker has had a lot of different experiences working on various different floors some key connections to our class were learning about parkers time on the labor and delivery floor where she witnessed infant loss, the surgery floor where she has witnessed medical loss, as well as how working on the med surge floor as affected her emotionally both professional and personal.

Key Takeaways

Parker shared a lot about the loss she has witnessed and endured working all over the hospital. One story that really resonated with me the most was a story when I asked her to tell me about a time she witnessed a patient facing bereavement. She told me an amazing story about a mother who gave her baby up for adoption and how the type of loss she witnessed was unlike anything she had ever seen before. She explained to me that in such a joyous moment for the adoptive parents to enter their new baby into this world it was most likely one of the hardest moments for the biological parent to hand over her baby. I loved that she used this example for the question I asked. So often in health care settings when one thinks of loss and bereavement they think of death and dying, but in reality, it can come in different forms. Like how she told me

about how working in surgery she deals with a lot of loss after someone wakes from anesthesia and something is different from before. For example, a trauma, a limb surgery, or even a routine procedure that comes with complications. From talking with Parker I was able to broaden my understanding of what grief looks like in a health care setting

After talking with Parker about what loss looks like in her day-to-day life as a nurse aide I began to ask her various questions about what she does for self-care. We have learned thus far in this course the importance of self-care and hearing Parker's stories about what she encounters daily. I was excited to hear what she had to share. Parker explained very well how she creates a work-life balance. She told me that finding a hobby or an outlet and focusing on them when times get hard is very important in learning how to leave work at work and personal life back home. She explained how going to the gym, catching a movie with some friends, or even spending quality time with her boyfriend helps her in self-care. She also expressed the importance of receiving support when experiencing loss. I think I will be able to take away Parker's tips regarding self-care as I navigate my way into a profession that is guaranteed to show a loss.

Since Parker was a nurse aide she gotta deal with many different situations. Nurse aids, as she explained, often get to do jobs that are less glamorous. But through her stories, I think she has been able to learn a lot and reflect on the situations she has encountered. Parker is very grateful for her time working as a sunrise aid to get the experience and learn the ropes of the career she is pursuing.

Application

When Parker began talking to me about the loss she has encountered working on the labor and delivery floor it reminded me of how we learned about pregnant mothers who endure loss and the maternal trauma that they face. The article *Intercepting the intergenerational cycle of maternal trauma and loss through mother-infant psychotherapy* states, “Some mothers who have recently lost a significant attachment figure may become mentally incoherent and sporadically even enter a trancelike, dissociative state. Such states of mind have been shown to predict infant attachment disorganization. Infants born close to the time of a parental loss are at a greater risk for intergenerational trauma” (Belt et al 2013). This quote is an implication of what Parker told me because while working on labor and delivery she has witnessed mothers in the dissociative state in grief after giving birth to a child with complex medical conditions, stillborn, or even experiencing birth trauma. There is a lot of trauma associated with birth in some given cases and unfortunately, this is something that is seen in the medical field. For example, Parker talked about the birth mother not wanting to hold, see, or be in the presence of her baby to avoid attachment. If the birth mother's wishes were not granted this could have created trauma as talked about in his article as unresolved trauma can be transmitted to the child (Belt et al 2013).

The next application of what we have learned in this class was an adjustment to life after medical trauma. In the article *Diversity in adjustment to a leg amputation: Case illustrations of common themes* states that symbolic loss in a medical field can represent the same psychosomatic responses of death (Rybarczyk 2004). When one loses a limb or a part of themselves whether it be from a brain injury, function of limb, or even memory loss one must learn how to cope with what has happened and adapt to life. Parker mentioned this when talking about grief. When talking

about the types of loss she mentioned that even if one patient is dealing with a death the other patient might be dealing with a traumatic event and you cannot compare the cases as you go room to room but rather give the care needed specific to each patient.

The last application is how grief can effect the care giver. Parker talked in depth about her personal and professional coping skills while facing loss in the work field. This can relate to the article by Children's Health Care as it talks about how needing to suppress the emotions and sustain the outward expression in health care can get overwhelming to employees. That health care providers must put on a brave face when they enter the room to give the best care forward (Shuch 2013). I really like how this article discussed these facts as Parker brought this up countless times. Parker talked specifically about going from one room to the next and how no matter what had happened in the room before you must suppress the emotions and not bring them to the next patient as it might effect the care given. Parker in response to this article also talked about the support needed for those in health care professionals. She stressed countless times that support is needed, although she does not go to the hospital's counseling services she knows how important they are to have available.

Conclusion

Interviewing Parker really showed me what it is like to witness loss and bereavement in the medical field. By speaking with Parker I was able to understand further about medical loss, symbolic loss, different ways loss can be exhibited in a health care center, as well how a professional might deal in these tough situations. Parker gave me countless pieces of advice regarding self care, patient care, and dealing with loss professionally and personally. Parker, as a nurse aid, was able to reflect on her losses and share kindly to me about specific situations that

gve me a new perspective on this topic. I was very thankful for this assignment to talk with a professional regarding grief and loss.

Resources

Belt, R. H., Kouvo, A., Flykt, M., Punamäki, R. L., Haltigan, J. D., Biringen, Z., & Tamminen, T. (2013). Intercepting the intergenerational cycle of maternal trauma and loss through mother-infant psychotherapy: A case study using attachment-derived methods. *Clinical child psychology and psychiatry*, 18(1), 100-120.

Rybarczyk, B., Edwards, R., & Behel, J. (2004). Diversity in adjustment to a leg amputation: Case illustrations of common themes. *Disability and Rehabilitation*, 26(14-15), 944-953.

Shuck, A. L., Shuck, B., & Reio Jr, T. G. (2013). Emotional labor and performance in the field of child life: Initial model exploration and implications for practice. *Children's Health Care*, 42(2), 168-190.