

Inspirational Stories Through the Eyes of Medical Professionals, Front-line Workers, Survivors, and the Families and Friends of Those We Miss

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# RISING *with* RESILIENCE



COMPILED BY CATHY L. DAVIS WITH

**Dr. Karen Scaglione**

DNP, APRN, AGACNP-BC, ACNP-BC

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**Dr. Jessica Giddens**

## Resilience with Vision of the Future: My Story

As a nurse for thirteen years, specializing in complex medical psychiatric cases and integrative psychiatry, I've noted that our healthcare system requires a metamorphosis. Hope Advocacy can incite the change our broken healthcare system demands. Hope Advocacy sounds like a fabricated term pasted on a board to motivate nurses. *I can assure you, Hope Advocacy is a term that should inspire action in every nurse practicing today.* Hope Advocacy has been instrumental since the inception of my practice in 2013—especially during the recent pandemic. Hope, the cornerstone of resilience, is an optimistic state of mind that believes in positive outcomes. Advocacy is defined by action, and Hope Advocacy is delivering an optimistic state of mind through action.

Like most children, I didn't originally choose nursing, but dreamt of other careers; a stark contrast to the dreams of my children: "YouTuber, computer programmer, and my four-year-old daughter declares "Princess Elsa." I aspired towards STEM careers until some misogynist chemistry teacher left me feeling too stupid for science. I tried my hand in many non-STEM fields but wanted so badly to find a career where my hard work meant something! *Healthcare it was!* The career change at that moment in my life might have been the hallmark of my epic social idealist stupidity right there. Bless my social ethical idealist heart!

I chose nursing over medical school because I wanted to be a mom. I thought nursing was the better option to juggle medical goals with reduced education expenses and motherhood. By the time I was through my APRN degree, I thought owning my own business would perfectly capture the work-life balance I desired for nursing and motherhood.

I managed a master's program, doctorate program, clinicals, and working, while still managing three pregnancies, and being a mom and wife. I spent six years building my practice. Given my autism, I obsessively studied, and researched, becoming the best integrative psychiatric APRN in the area while juggling motherhood and my own business. I rotated more than 100 students a year and spoke nationally. Sometimes there wasn't enough of me to see the patients in between the onslaught of speaking engagements, key opinion leader meetings, conferences, and pharmaceutical advisory boards on multiple drug products, genomics, and disease states. There certainly wasn't enough of me at home, despite the original work-life balance goals I'd set for myself. At work, I prided myself on being different, diverging from my medically trained algorithmic care model, opting for a unique blend of pharmacogenomics, holistic and complementary medicine.

One favorite quote that I always felt resonated with my practice style is by Clara Barton: "I have an almost complete disregard of precedent and a faith in the possibility of something better. It irritates me to be told how things always have been done ... I defy the tyranny of precedent. I cannot afford the luxury of a closed mind. I go for anything new that might improve the past." Barton's quote exemplifies my spirit in nursing.

Patients gravitated toward my unorthodox approach. They came to me saying, "Jessica, you are my last hope, my plan truly is suicide if you can't help me"; most just bereft in a system failing them. They required personalized medicine an operationally inefficient system refused to provide. My healthcare algorithms were my own, avoiding cumbersome processes and ineffective care management.

Before discovering my practice, some patients spent 20-40 plus years drifting from doctor to doctor. Most were begging for more than a 5-minute consult and script. Inflammation and complex medical and neuropsychiatric conditions defined the basis of many of their symptoms rather than the stigmatizing and oppressive psychiatric labels. A barrage of misdiagnosed patients entered my practice: females with cancer accused of anorexia nervosa; women with autoimmune conditions merely labeled “psychosomatic;” patients with complex seizures labeled with “pseudo-seizures;” and autism spectrum disorder marginalized by a myriad of axis II personality disorders. I don’t believe in somatization disorders, nor do I have any love for the DSM which offers nebulous diagnoses, ignoring neuroscience-based nomenclature and the principles of physical medicine.

In 2019 and 2020, the exact time I started as the CEO of my own Holocracy nurse practitioner business, Holon Inclusive Healthcare, the next wave of stress hit with the onset of the pandemic. But my patients were solid. With an array of individualized treatments, my patients stayed out of the hospital. They were all doing great, for a while... Virus wave after virus wave. I watched the insidious deterioration as patients started getting care less than inadequate. The already broken system was crumbling into a wasteland of healthcare devastation and trauma. I too was hit with the virus. I started fighting alongside my patients to get medical attention while family watched helplessly as my health rapidly declined.

Post-traumatic stress disorder swelled in the healthcare community. Trauma-informed care, and emergency preparedness programs were not equipped to manage this crisis. There is a multitude of fancy names for professional healthcare-acquired trauma, but a spade is a spade. It’s Post Traumatic Stress Disorder. The trauma started with caregiver burnout, workplace violence, and corporate tyranny. The pandemic hammered the final nail in the coffin.

I worked with nursing organizations advocating for changes. More healthcare members came to me with personal stories of suffering. Healthcare workers dreaded admitting their struggles with a mosaic of self-destructive coping mechanisms commonly observed in PTSD victims: substance use, isolation, withdrawal, impulsivity, and aggression. Licensed professionals feared losing their licenses and livelihood. I had been treating nurses, physicians, pharmaceutical associates, and other various healthcare professionals for years. As the pandemic continued to shape the system, healthcare professionals sought me for their patients, friends, and family; they were now desperate to use their personal relationship with me for immediate care. The accessibility struggles my patients endured hit healthcare professionals, and alongside the patients they treated, practitioners suffered like soldiers on a battlefield. Notwithstanding, healthcare professionals, and especially nurses, tenaciously held hope despite the forces that tested their resolve. To be a nurse, Rawsi Williams, BSN would say, “Do what nobody else will do, a way that nobody else can do, in spite of all we go through”. The actions of a nurse and the fortitude to remain resilient in crisis exemplifies Hope Advocacy.

Hope Advocacy represents the mechanism required for grassroots movements, epic changes, and revolutions required to cure broken systems. Patients would tell me, “You are the first person I’ve seen in years that actually cares; I don’t care where you go, I’ll follow you wherever it is.” And that is true. Patients drove hours to see me or used telemedicine. During the pandemic, telemedicine was a critical component for me to help my patients. Maybe it was my autism, maybe my knack for noticing patterns, or my attraction to operational efficiency; whatever it was, healthcare technology became a key source of interest to help and protect my patients. I researched technology and eHealth apps with the same autistic fervor I used to investigate health conditions. I delivered hope while navigating a broken system, pulling patients through, even if they had no money to pay me.

Healthcare professionals generally agree they entered healthcare to help people. Interestingly, even “business-people” echo the same. But did they? The pandemic hit and the industry is called out for exactly what it’s been since the 1980s. *A Ford Factory Assembly Line.* Healthcare developed into corporatized chaos World Wars. But you know what? Not EVERYONE is out there trying to exploit patients or nurses. The vast majority just lose themselves in the dysfunctional system that is disorganized, confusing, and costly. Overworked practitioners yearn for a healthier life with more time for family, friends, and community. Instead, they navigate a perplexingly complex system, which exploits vulnerable providers and patients within.

Through my own healthcare journey, I collected a multitude of personal healthcare specialists. Patients and I joked we collected more doctors than Pokémon (nerd alert). The shared experience—specialist after specialist, and test after test—just trying to receive a diagnosis encompassing our symptoms, rather than accruing a plethora of unrelated and compartmentalized diagnoses. I could see the costs of healthcare amassing from the lack of a unifying diagnosis.

I like to subscribe to the philosophy of Occam’s Razor. The theory posits that “entities should not be multiplied unnecessarily.” In other words, the best solution or theory in medicine should be the one that encompasses all symptoms unified under a single working theory rather than a collection of unnecessary diagnoses. Occam’s Razor can be applied to most issues in healthcare from operations to systemic failures. Global healthcare trends demand the use of technology, artificial intelligence, and other computerized and automated systems to streamline convoluted system failures; possible improvements in operational efficiency, providing ethical quandaries are considered with implementation.

New systems promise a future where Occam’s Razor can be the rule, rather than the exception, in the diagnostic approach. For my patients, the theory of Occam’s Razor offered hope that their body was not a complex

labyrinth of unrelated health conditions but rather a singular diagnosis achieved through an amalgamated diagnostic lens. My diagnostic lens considered everyone, including myself. I've posted evidence-based practice articles advocating for patients and myself because everyone is a mother, brother, uncle, or someone to somebody.

In my own practice at Holon Inclusive Healthcare, I didn't make money for months. I went through three billing companies in the pandemic and an overabundance of other infrastructure and technology-related issues. I frantically explored the next best healthcare technology trying to create the most efficient healthcare operating system. I refused to let my patients down, even if it meant treating them for free. Ultimately, my personal healthcare campaign resulted in an upward journey for my own health and wellbeing, followed by financial instability, culminating in the closure of my practice, and a divorce. Yet I refused to give up on Hope Advocacy for my community, patients, and my own children. I don't consider it a complete loss, rather a moment in time where the unstable foundation should be toppled and rebuilt.

The past two years have given me insight into my own deficits where I forgot to practice what I preach. I used to tell my patients to focus on themselves, their values, maintain a healthy work-life balance, and set boundaries. Community disintegrated because we are not unified within our own self and minds, or family units, but rather on everyone and everything else. I lost myself in this world too. I've now set my sights on building a stronger foundation focusing on my family and encouraging my patients to rebuild. You can't be the best caretaker if you are not taking care of yourself and those closest to you.

Everyone can be transformational leaders and supporters of Hope Advocacy, to bring the concept of community back into healthcare while developing a less cumbersome system. Ignoring problems won't ignite change. Everyone must band together—CEOs, nurses, physicians,

pharmacists, and drug reps. Everyone has a moral and ethical responsibility to ensure our fellow humans have healthcare equality and accessibility.

Healthcare hits restart by exploring healthcare technology while focusing on personalized medicine and community. Artificial intelligence, genomics, chronic care management, personalized and integrative medicine will all form the cornerstone for global healthcare. No matter what your role is in healthcare, we are all part of a global community and patients at some point. As we build a new healthcare foundation, we can all just start by asking ourselves; is this the course of action I would want for myself, or for a family member?

If all of us do just that, I do believe we may find ourselves fixing this system that imploded with the pandemic. I believe many of us have experienced a BROKEN system during this pandemic. We will be able to foster new systems and produce a sustainable healthcare future.

And like a phoenix that rises from the ashes, we too will *Rise with Resilience!*



Dr. Jessica Giddens has a Doctorate of Nursing, is owner and CEO of Holon Inclusive Health System, is an adjunct faculty at Maryville University, and an industry leader in the mental health and neuropsychiatry fields. In addition to being a #NeuroTribe (Asπ) mom, she strives to promote education and research that decreases stigma internationally. Her experience spans medical-psychiatry integration across the lifespan.

She serves as a speaker, consultant, key opinion leader, radio talk show host, national media tour and podcast guest, clinical research author, website contributor, and advisory board member in the areas of neurobiology, neuropathology, leadership, healthcare technology, artificial intelligence integration, psychopharmacology, genomics, epigenetics, and integrative medicine.

She hopes to revolutionize healthcare and along with her passion for neuroscience, continue to inspire others to expand the horizons for psychiatric care globally. Dr. Jessica Giddens-Whelan hopes to be one of the first doctorally prepared nurse practitioners to be accepted as a member of the American College of Neuropsychopharmacology and become an even more influential leader... and marry Neuralink founder, Elon Musk.

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# IMBATTUTO

*ADJECTIVE. im·ba·TU·to: unbeaten, undefeated.*

The global health crisis has us all exhausted, lost and disconnected. We lost our connection with each other, humanity, our feelings, OUR SELVES!

In order to survive, we learned to be resilient, resourceful and compassionate...thus changing our lives forever.

Together, with each step, we are *Rising with Resilience* as one united community.



## RESILIENCE

- Allows us to adapt to change
- Strengthens our coping mechanisms
- Empowers us to become mentally strong

As we rise with resilience, we allow ourselves to see beyond the catastrophe. We harness our power that lies within and bring forth new beginnings.

No matter the darkness we may encounter, RESILIENCE is the powerful, bright light that continues to leads us forward.

**TOGETHER, WE ARE *RISING WITH RESILIENCE!***

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