




## Editorial

### Let It Go

Theresa Fay-Hillier, DrPH, MSN, PMHCNS-B

© Fay-Hillier, 2024  This is an Open Access article distributed under the terms of the Creative Commons-Attribution-Noncommercial-Share Alike License 4.0 International (<http://creativecommons.org/licenses/by-nc-sa/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly attributed, not used for commercial purposes, and, if transformed, the resulting work is redistributed under the same or similar license to this one.

Corresponding author: Theresa Fay-Hillier  
[tmf28@drexel.edu](mailto:tmf28@drexel.edu)

Affiliations: Drexel University, College of Nursing and Health Professions

---

### Let It Go

How often do we find it challenging to let things go? In our profession we encounter human tragedies and stories that can weigh us down and slowly seep into our personal and private lives. One day, in trying to find an unfiltered perspective on what it means to let it go, I decided to ask my 5-year-old grandson if he ever heard about “letting it go”? He immediately responded that it was a song that Elsa sings in the Disney movie *Frozen*<sup>TM</sup> (Buck & Lee, 2013). I then asked him what he thought the song meant. Although he said that he did not really know, he did say that he knew that it made Elsa happy when she sang it. He then went on to say, “When Elsa is lonely, she sings to feel better.” In the end that conversation, through the lens of childhood innocence, I think my grandson provided me with the result of what it means to let it go; specifically, it should help us move to a level of attainment of “feeling better” when we may be feeling “lonely” in the chaos of the world around us. This then led me to the next necessary “adult” step of how do we start the process of getting to the point where we can let things go and ultimately be successful in enjoying both our personal and professional lives?

I began to think about how we can take a cue from the airline industry during times of crisis – specifically, it is essential that forensic nurses begin to learn the importance of placing that oxygen on themselves first before trying to help others. As noted by Davis et al., (2021) between 2007 to 2018, nurses were 18 percent more likely to die from suicide than the general population. Although there may be many factors that result in the higher rate of suicide among nurses, I am struck with the fact that, simply by the nature of our profession in connecting with our patients, and not taking time to process unusual, emotionally draining events, there is such a significant increased risk toward consuming our inner strength and pervasively seeping into our personal life.

Oddly, most nursing programs do not include a specificity of education on the specific emotional tolls that can result from the daily encounters with patients who disclose traumatic life

events. Nurses are at risk for developing compassion fatigue, secondary traumatic stress, and/or vicarious trauma (Isobel & Thomas, 2022; Peacock, 2023; Wolotira, 2023). The differences between these conditions were discussed in an article I co-authored with Andrea Sebastian in the spring journal (Sebastian & Fay-Hillier, 2024). Nurses who are aware of the risks and informed of protective factors are provided with an opportunity to minimize or prevent the mental toll that exposure to human tragedies can have on our lives (National Academies of Sciences, Engineering, and Medicine, 2021). It is dangerous for nurses to assume that the potential negative consequences are just part of our profession (Melnik et al., 2020). Why is it so hard for some nurses to learn and do things that make us feel better both emotionally and physically? I believe part of the issue is that most of our education has been to focus on the risk factors when making assessments and perhaps nurses do the same for themselves.

As we begin to infuse looking at protective factors in our assessments as an inherent portion of our practice, it is the perfect time to take care of ourselves. We recognize that recent research validates the positive impact supporting and promoting protective factors have on our care, which can improve overall outcomes that ultimately can improve the quality of life (Machtinger et al., 2024). Nursing education, our professional organizations, and places of employment should include opportunities to both support and build on our wellbeing. An article in this issue is directly related to SANE nurses' wellbeing and burnout, which supports the importance of the development and implementation of wellbeing strategies that enhance health and decrease the risk for burnout. We are comfortable supporting our patients asking for our help, but many nurses are uncomfortable seeking help, with the results potentially leading to death.

Factors of a supportive environment include being aware of the symptoms of potential negative consequences from exposures to trauma and violence while providing appropriate referrals to promote health and recovery (Children's Hospital of Philadelphia, 2021; Peacock, 2023; Peters, 2018). Coming full circle to my grandson's key element of letting it go is it should make us feel better. What makes us feel better should include being healthy and doing so on a consistent basis. It includes finding what works best for you. Although mindfulness, yoga, pilates, massages, reading mindless novels, working out, or long walks could be part of a healthy decompression for some, others may find other means to help promote their health; the key, however, is that it must become a professional (and personal) lifestyle approach if it is going to be effective (Bhattarai et al., 2024). It cannot be the first thing we drop when the day is busy; specifically, taking care of ourselves should not be the thing we find ourselves saying that we had to Let It Go.

Nursing is a helping profession, but we must remember, just like the oxygen masks when they fall from the cabin above, if we stop breathing and become unconscious before we can put the masks on others, we will have to let them go... So, take care of yourself. You deserve it.

## References

- Bhattarai, M., Clements, P. T., & Downing, N. R. (2024). Mindfulness-based self-care for forensic nurses: A professional lifestyle approach. *Journal of Forensic Nursing*, 20(2), 138–147. <https://doi.org/10.1097/JFN.0000000000000456>
- Buck, C., & Lee, J. (2013). *Frozen* [Film]. Walt Disney Pictures; Walt Disney Animation Studios.

## EDITORIAL

- Children's Hospital of Philadelphia. (2021). Pediatric medical traumatic stress. <https://www.healthcaretoolbox.org/self-care-for-provider>
- Davis, M., Cher, B., Friese, C.R., & Bynum, J.P.W. (2021). Association of US nurse and physician occupation with risk of suicide. *JAMA Psychiatry*, 78(6), 651-658. doi:10.1001/jamapsychiatry.2021.0154
- Isobel, S., & Thomas, M. (2022). Vicarious trauma and nursing: An integrative review. *International Journal of Mental Health Nursing*, 31(2), 247–259. <https://doi.org/10.1111/inm.12953>
- Lee, K. A., & Friese, C. R. (2021). Deaths by suicide among nurses: A rapid response call. *Journal of Psychosocial Nursing and Mental Health Services*, 59(8), 3–4. <https://doi.org/10.3928/02793695-20210625-01>
- Machtinger, E. L., Lieberman, A. F., Bethell, C. D., & Lightfoot, M. (2024). Primary care as a protective factor: A vision to transform health care delivery and overcome disparities in health. *The Permanente Journal*, 28(1), 193–197. <https://doi.org/10.7812/TPP/23.109>
- Melnyk, B. M., Kelly, S. A., Stephens, J., Dhakal, K., McGovern, C., Tucker, S., Hoying, J., McRae, K., Ault, S., Spurlock, E., & Bird, S. B. (2020). Interventions to improve mental health, well-being, physical health, and lifestyle behaviors in physicians and nurses: A systematic review. *American Journal of Health Promotion: AJHP*, 34(8), 929–941. <https://doi.org/10.1177/0890117120920451>
- National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030, Flaubert, J. L., Le Menestrel, S., Williams, D. R., & Wakefield, M. K. (Eds.). (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. National Academies Press (US).
- Peacock A. (2023). Compassion satisfaction, compassion fatigue, and vicarious trauma. *Nursing Management*, 54(1), 14–22. <https://doi.org/10.1097/01.NUMA.0000905000.95966.96>
- Peters E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum*, 53(4), 466–480. <https://doi.org/10.1111/nuf.12274>
- Sebastian, A., & Fay-Hillier, T. (2024). Through the shadows: Exploring domestic child torture. *Journal of the Academy of Forensic Nursing*, 2 (1), 12-22. DOI: <https://doi.org/10.29173/jafn719>
- Wolotira E. A. (2023). Trauma, compassion fatigue, and burnout in nurses: The nurse leader's response. *Nurse Leader*, 21(2), 202–206. <https://doi.org/10.1016/j.mnl.2022.04.009>