



Becoming Less Fantastic

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To survive as a professional working in the healthcare context, I have decided to adopt a possible heresy: It is okay to be a little bit less fantastic.

I know that some people cannot make sense of that sentence. Some naturally and effortlessly ooze fantasticalness and wonderment and high achievement and cannot turn it off. But for the rest of us, it is easy to feel like we need to keep striving to be the “best of the best” all the time in every aspect of our lives. And the pressure of these expectations, both internal and external, is taking its toll.

Most of us came into healthcare to be fantastic, to be at the head of our class, and to push the various envelopes of innovation. Most of us also have the internal motivation to be generally good and healthy people who hope to be excellent parents or spouses or friends or siblings. I see you marathon runners and bike riders out there. I see you folks juggling three and five grants at a time. I see those of you who go to three grocery stores so you can have a perfectly nutritionally balanced meal for your family. We did not show up to be “good enough.”

Here in late 2022, part of our current challenge is that we cannot do things exactly as we would normally want to do them. We know the right staffing ratios, we know the preferred parenting techniques, we know how we would be the ideal nurse or doctor or administrator or researcher or chaplain if the circumstances allowed. It is easy for any of us to get drawn into the idea that the only way to do something is at its highest, most excellent, exactly right, most fantastic level and anything short of that is failure. However, circumstances have changed and they are not ideal.

There is a good chance we have all bought into a mythological image of what it would mean to excel at our particular job or life role. We have idolized an idea of what we think a fantastic nurse, physician, spouse, parent, manager, friend, child, or neighbor should be. And, when we cannot ever fully attain that image—because it

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does not actually exist outside of our own imagination—we deepen the feelings of failure and insufficiency because we did not attain the impossible.

And then, when we do have a little success and start to get the hang of what we are doing, for some reason we begin convincing ourselves that we are not REALLY doing that well and that if we tried a little harder, we could actually reach the level of being the fantastic image we were attempting to realize.

From a personal perspective, a complication that arises is the way my own spirituality and sense of “calling” to this work intersects with the job I have and the responsibilities I have to myself and the rest of my life. This calling might be explicitly religious or spiritual, or it might be something you feel you were meant to do. I know this is not unique to the role of hospital chaplain or even people of faith. I have had countless conversations with non-religious people who feel “called” to their work or feel that they are fulfilling an important duty. The mechanism is not as important as how we enact it. If we damage ourselves in the name of a calling or a duty to serve, we limit the scope and longevity of our service.

We all contain characteristics that can amplify the internal push to keep trying to give more and do more and be more. Using myself as an example, in the role of hospital chaplain it is easy for me to buy into the image that I need to support one more patient, comfort one more family, or check in with one more staff colleague before I go home. Realistically, the hospital is an unquenchable well of spiritual and emotional need, and it is easy to feel like I am responsible for meeting all those needs myself. It is also easy for me to feel as if I have failed if someone’s needs go unmet.

I suspect I am not alone in some version of this internal dialogue: “Maybe I should go in a couple of hours early and buy coffee for that unit who has had a rough week; Maybe I could stay late to meet with that patient’s son who is flying in tonight; Maybe I could learn Spanish (or Korean or Farsi) in my spare time so I can better serve our patients.” All of these are wonderful interventions and would add up to being a quite fantastic chaplain. But at what cost?

Because of our desire to be the best, there is always another mountain to climb. And rather than acknowledging that we are in fact a successful mountain climber, we judge ourselves because we have not climbed all of the mountains.

I want to be clear of what I am saying because there is a good chance that as you read this there are people from the “Strive For Excellence Enforcement Team” on their way to my office to take my credentials.

I am not saying that you should do a sub-standard job. I’m not saying that you should intentionally feed your family bad food. However, I am wondering if there is an opportunity for all of us to revise the expectations we have for ourselves just a little bit. Even if it is a temporary revision. In order to be a great version of myself that is sustainable and attainable, I have to find ways to keep track of what I am doing, how I am feeling, what resources I currently have available, and my current definition of fantastic.

One of the ways I have integrated this fantasticness reduction plan is by substituting some of my agenda items that involve others with ones where I am the only attendee. For example, I prioritize reserving time and making the space to reflect on

the parts of my work life that have impacted me. I pause to consider why some of the stories I am involved in stick with me.

When a patient care story repeatedly comes to mind, whether it is a good or a bad memory, I try to be curious about why it has stuck with me. Working in healthcare, we all have our own versions of dramatic and memorable stories, and I like to reflect on those that hang around with me because there was some valuable point of connection—either a connection with me or something I witnessed where the story connected with the greater world.

I find so much value in intentionally processing the impact of these important stories. Especially in the healthcare context, it is easy to sidestep the emotional, psychological, or spiritual content of a significant moment that might be encountered. There is always the next patient, the next procedure, the next meeting, the next grant application, the next pre-approval submission, the next budget justification, etc. These important work responsibilities are compounded with the expectations and responsibilities from the rest of our lives—the next student loan payment, the next family member suffering an addiction, the next potential job change, or the next volunteer soccer coaching position.

Even though the hamster wheel of tasks can be exhausting, most of the time it is easier to move on to the next agenda item and the next to-do list task than it is to spend intentional time reflecting on the wholistic impact of a particular patient, interaction, or outcome.

In my own experience, pushing forward and onward is not always a successful solution. I sometimes want to believe that the emotion will dissipate on its own and leave no residue. I want to act as if the deep spiritual, religious, or moral dissonance will somehow just make sense on its own without any work on my part. In my career so far, this approach is not one I can count on.

This personal reflective practice helps me to keep some attention focused on my total health. It helps me consider the things in my life (family, friends, colleagues, spiritual practice, community, etc.) that support and sustain me. Another benefit is this practice also helps me notice the ways those things sometimes cause me to feel disconnected from the realities of life I am currently facing.

Most of us have an activity or two we gravitate toward periodically that help us process all that we live through. Just as we all have some system of belief we use to frame how we see the world, consciously or not, we all have some sort of reflective practices we use to process the experiences we encounter. For some, it is intentionally scheduled like a worship service in a faith community or a session with a therapist. For others there are regular opportunities to reflect with colleagues, friends, partners, or family members built into the regular rhythm of life. My encouragement is that you work toward making these reflective practices intentional. Build them into your schedule just as you would your own exercise routine, grocery shopping, haircuts, and oil changes.

Some of it also requires a realignment of what fantastic looks like. It does not always equal awards and full schedules and large budgets and the adoration of your family and peers. I am coming to believe more and more that the real mark of fantastic is feeling healthy and balanced.

There is nothing inherently wrong with any of those aspirations, but my hope is that we can all make space to grade ourselves on a curve for a while. Sometimes working towards the ideal is aspirational and helps us to become better, and sometimes constantly falling short of the ideal only serves to remind us how we're not measuring up to an impossible standard.

And so, as you consider what metric you are going to use to evaluate your own fantasticness and then start the self-scoring process, I invite you to be as generous to yourself as you can. Whether it is coming from a place of professional advancement or personal life pressures, consider this: What would it be like if you started from a place of connection and sufficiency rather than from a place of insufficiency and falling short?

As the pressures we all are facing refuse to back down, I hope you can be okay not perfectly fulfilling every role you have. I hope you can see there is value in doing things as well as possible, given the current circumstances. I hope you can allow yourself the space to be a little bit less fantastic.