Can you hear me now?

"I know I'm not going to make it. My gut tells me- I will not make it through the night..." This is the story about a patient encounter that has challenged my beliefs and understanding of intuition, and its' impact on healthcare.

Julia's intuitive person hood

Julia was a remarkable woman in her mid to late 50s. She had advanced pulmonary disease, and was in need of a procedure that would require her to be intubated. Julia's sixth sense or intuitive feeling led her to believe that she would not survive this hospital stay. She was wrestling with her mortality, and the decision she needed to make regarding her treatment. This day, I remember vividly for most of the critical care patients were presenting with significant changes in the medical conditions. I sensed Julius need to talk, even though she had not directly communicated this to me. My nursing intuition kept tugging at me to squeeze in some unhurried, uninterrupted, quality time for her; but as the morning passed, it was more and more unlikely that the quiet time will present itself soon.

The opportunity to sit and talk with Julia presented itself late in the morning. She asked many questions regarding post procedure intubation, and what she should expect. As I explained, Julia held my hand, and questioned me further regarding Living Wills. Previously she had declined, completing her advanced directive stating "I need time to think it and weigh my options".

"I know I'm not going to make it. My gut tells me I will not make it through the night... My daughter can't accept the fact that I'm very sick and will be devastated. She isn't accepting the fact that I am very ill, and may not survive", I could feel my heart sink, as she discussed her feelings, and her belief that her death was imminent. We discussed briefly her faith, and her perspective of life and death. This vibrant, intelligent woman was a true mother, more worried about her daughter than herself. This could be the most crucial decision of her life. Would her intuition be right? Would she not make it through the night? The staff members had been eager for her to complete her advanced directive. I too, remember being hopeful that she would complete it before her scheduled procedure.

Julia decided to name her best friend as her health care proxy. She also recognized that her daughter would resent her death, if she had not pursued every intervention available. She decided she would continue the fight and except every medical and surgical intervention available to her; even though she had a strong sense that she would not survive. I was touched by her ability to take control over what she believed to be her pending demise.

Julia's procedure originally scheduled for Wednesday was moved up to this very day. I recalled her apprehension, deciding to go ahead with the procedure. As she left her room, she looked into my eyes "I don't expect to be here tomorrow. I know it's your day off, but if for some reason I am here on Thursday, please stop in and see me." I was taken back by her frankness and warmth; I had no words to respond, as she squeezed my hand.

Wednesday, I resisted my urge to call the hospital. I had sensed Julia was right and she had not made it through the night. On Thursday, I continued to resist learning her fate. It was lunchtime before I gathered my strength to go to the critical care unit to see if she was still there. The nurses told me Julia

died Wednesday morning just as she foresaw. Her daughter had been emotionally distraught and want everything done to save her mother. It was Julia 's best friend, who was able to allow her a peaceful passing.

Bedside nursing provides nurses with lessons about life, nurses are taught the importance of therapeutic conversation, and the important things of therapeutic silence. Those "teachable moments" for patients, frequently turn into "teachable moments "for nurses. Nurses, who allow patients to speak freely, often gain valuable insight into the individuals personhood.

Reflecting back, I realize the actual time spent at Julia 's bedside during our conversation was no more than 15 minutes. Julia taught me the importance of truly listening and responding to patient's needs, as she divulged her inner most fears and concerns. Julia- I will remember forever, thank you for the greatest lesson in life.

Intuition and Nursing Practice

Many nurse educators are using Patricia Benner's, *From Novice to Expert* as a framework for evaluation clinical nurses' competencies. According to Benner "the nurse expert, with an enormous background of experience, now has an intuitive grasp of each situation, and zeros in on the accurate region of the problem without wasteful considerations of a larger range of unfruitful, alternative diagnosis and solutions ". ¹ I agree that expert nurses are more clinically competent when evaluating patients for medical and surgical interventions, but I have found that there are components of intuition that have not yet been captured in literature. Nurses pride themselves in providing holistic care. I believe there more to intuition in healthcare than what has been studied. Intuition is a nonlinear way of knowing, and patient's intuition is yet to be explored. My experience as a staff nurse, have challenged me to look at the phenomena of intuition in a broader context.

As patient advocates, we have an obligation to evaluate all therapeutic interventions that effect patient outcomes. My patient-nurse encounter with Julia has challenged my beliefs regarding the role of intuition in healthcare. Our profession is beginning to identify the phenomenon of intuition, but before we can accept this as a scientific intervention, we need to acknowledge the possibility, that this is nonlinear way of knowing may have implications for nursing care.

Nursing interventions that can promote the exploration of the phenomena of intuition include:

- Practice active listening: remain open to possibilities.
- Allow time for debriefing colleagues as they discuss their lived experiences.
- Do not scorn or downplay the sharing of intuitive of experiences. If possible, provide validation for individuals who believe that intuition has somehow affected patient outcome.
- Encourage the acceptance of expression of intuition with patience, and colleagues in the work force.
- Document the intuitive nature of individuals and patience we can learn more about the phenomenon of caring and individual personhoods through these stories.