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Lessons Taught By Others

Gillian Gattenby
gilliangattenby@yahoo.com

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BIS 437 Project

Murray State University

Fall 2021

Introduction

The making of the piece you are about to read is deeply personal to me. It took time and love to develop the bonds being placed on display on paper. With it also comes the experience that was learned from these encounters. Each person referred to is unique and provided a lesson to me for my life.

I have very limited professional writing experience and had only written in journals before deciding to take some writing-based English classes in the spring and fall of 2021. My time writing in class brought a lot of insight on how to fine-tune my writing, but it also developed my understanding of how I wanted to write. I want the reader to be immersed in the story, giving so much detail that the reader can feel that they are there. I want to give my writing as much realism as possible, allowing the reader to understand the characters more.

My goal in this piece is to provide the reader with the lessons I learned through my medical experience. Giving them a part of my love for the field and why I will always hold onto these memories close to my heart.

Testing, Testing...

When I made the mental decision to go into healthcare, it was one taken with a lot of serious thought. I was always told by my mom and her healthcare professional friends that healthcare was not for the faint of heart. However, about one week into my sophomore year of college, I determined that my heart belonged to the field of healthcare. So I made the drastic choice and decided to apply to nursing schools. I was never great at school academically, just average for sure. So getting accepted into a school proved to be challenging. I was denied from Murray State's nursing program so I applied to other colleges. I was offered a spot for an entrance exam at a college near my hometown in Louisville. I was thrilled to be given a chance but also terrified to take an entrance exam, as that would determine if I would be officially accepted into their school and potentially which program I could be placed in.

For weeks leading up to the entrance exam, I poured my heart and soul into studying for this exam. I never before had this drive to succeed as much as I did at that point in my life. Halfway into my sophomore year, I found myself driving to Louisville to take my exam. Excitement filled my very being but I was still oozing with anxiety. My dream to go into nursing school depended on my ability to pass that exam. I was about an hour early, since my anxiety brought me to the school, fearing a sudden traffic jam would occur. It did not and so I waited with others who had the same anxiety. All of us were wide-eyed and confined to each other's company, trying to pass the time before the life-changing test. I found myself having coffee with a woman named Sherri, who stated she was taking the test for the fourth time in two years today. She was a full-time Certified Nursing Assistant or CNA at Norton's, which is a well-known hospital in the area, and that she just passed the fifteen-year mark as a CNA. I panicked instantly.

If a CNA of 15 years was struggling to pass, how was I, a young 19-year-old girl who just decided a month ago to go to nursing school, going to pass this test? I am not normally a sweaty, nervous person, but I started to sweat buckets. I soaked through my shirt and was thankful I had a jacket to hide the armpit and back stains.

When we entered the testing room, a feeling of dread overcame me. I wondered how I could be good enough or if I made the wrong decision if this wasn't truly meant for me. Sweat was dripping from my brow as I sat down at the designated computer. My advisor/testing proctor came over and offered me a napkin and a few words of encouragement. Minutes later we were instructed to begin and with shaking hands I hit the "Begin" button on the computer. We were given four hours to take the exam. It was a total of 120 questions that varied between English, Mathematics, Science, and Grammar. Much like the ACT I had taken in high school four times and always got a low score in. I don't remember much of it other than feeling like I was destined for failure. Within two hours and fifteen minutes I had finished the last question and was reviewing any questions that I wrote to double-check at the end. At the three-hour mark, I had checked and rechecked all of my questions and answers. I nervously held my mouse over the "Submit" button on my screen.

For another forty-five minutes, I stared at the ever-looming "Submit" button. I just could not bring myself to click it. I feared instant failure. That my new dream would come to a sliding stop before it even had a chance to truly become my dream. When my proctor announced that there were 15 minutes remaining, I started to sweat even more -- if that was even possible -- and started to feel a wave of nausea overcome me. Feeling my intestines tie themselves in a knot, I had to hit the terrifying "Submit" button in fear that if I stayed any longer, I would empty my stomach right there in front of my proctor and potentially future instructor. The fear of

embarrassing myself overpowered my fear of failure. Quickly after submitting my exam I gathered my things and vacated the testing room, where I found the nearest bathroom and proceeded to empty my stomach over the porcelain throne. For about 30 minutes after heaving, I stood there shaking, unable to fully grasp what I had done the past four hours. Collecting myself, I finally stepped out of the stall and splashed my face with the cold faucet water. I took off my sweatshirt as I was boiling, my face flushed red from sweating for so long. My once baby blue t-shirt looked navy from being soaked from my sweat. Luckily, I had a spare shirt in my bag as my mom had pestered me to bring one as a precaution. At that moment, I found relief and quickly changed my shirt to a black plain t-shirt. I brushed out my hair as I had pulled chunks out of my ponytail during the exam as a nervous tic. I put my hair back up into a high bun to get the hair off my neck, keeping me cool for now, and hopefully cool me off for future anxiety. I touched up my makeup as it had smeared from the sweat and from me touching my face to wipe off the sweat. After all that was done, I received a text from my advisor to head to the meeting room where I would be given my results.

Not wanting to keep her waiting, I rushed to the meeting room. She offered me a glass of ice water as well as some pastries from the nearby bakery. I could not read her. I tried to see if her body language would give away my test results but she was great at hiding that from me. She simply greeted me, closed the door, and then sat back down, offering me a donut for she assumed I should be hungry after the exam. I politely took a donut, but from the sudden pain in my stomach, I knew I couldn't eat it just yet or else it would come up instantly. Instead, I gratefully sipped on the ice-cold water. The chilled water cured my sweating and cooled my body down enough to stop sweating. We shared small talk at first before she decided to open my results.

When she smiled widely at me I was filled with euphoria. I don't remember anything she said because all I heard was "Congratulations, you passed the Entrance Exam."

When I started nursing school in the summer, I also got a part-time job at the assisted living home near my parent's house. I figured a job in the health field would help me apply what I was learning in nursing school. My advisor recommended this as well and was happy to hear I had gotten the job. When I first started, I was super excited because I finally would be helping to care for people. I was eager to begin, though I had little training before being thrown into the job and expected to remember every rule and procedure. While I knew I wasn't ready to tend to a whole wing of residents myself, I had to quickly be ready because I had residents who needed me. So while I was left in essentially the deep end of the pool with no floaty, barely keeping my head above water, I was determined to be the very best caregiver I could be.

Mary

After two weeks of somewhat adequate training, I was released on my own and expected to excel. As a nursing student who loves to care for others, a nursing home job seemed perfect. The training was pretty straightforward as I had learned similar methods from school. However, when I was given the clipboard and a hall of people on my own, I couldn't help but stress. I wanted to do a good job as the residents lived here, I am but a mere visitor. However, I was new and every new caregiver makes mistakes every so often. To avoid mistakes, I started to keep notes and tips on how particular people liked to be treated or what they liked to do: Earl never woke up in time for breakfast, but never disturb him until he calls or else he'll be grumpy all day. Or how Leslie had to be the first one down for breakfast because she loved to socialize and talk with everyone who entered the dining hall. If you didn't get her down early she would also be upset and would be a constant thorn in that caregiver's side.

There were always tasks to finish, and often I found myself overwhelmed with the responsibility of caring for thirty people for eight to sixteen hours a day. Being anything less than perfect was not acceptable for me. Still, I knew mistakes happened and I would learn from them. Nothing could prepare me, though, for my first shower shift. All my coworkers kept throwing jokes my way about how badly my first shower shift would go. Regardless, I was determined to not make a fool of myself.

I clocked in rather quickly when I arrived for my first shower shift. I was eager to have time to see who I was assigned to assist with showering for that night. If I could see who needs a shower I could read notes on how certain people preferred their shower. I could feel my heart racing and couldn't help but think how I needed to be respectful tonight as I was invading a rather private time of their day. Once I got to the office, I greeted the caregivers working. Maddie

and Kaitlyn were the nicest caregivers I had met thus far. They tried to guide me on how to do things properly, so for that, I am grateful they were the ones working and not some of the other grumpier caregivers.

Carefully I grabbed the clipboard from the wall and inspected the list of individuals I would assist in the shower for that night. I read through the names carefully, making mental notes on each person, trying to remember each one's personality. I saw one name that I didn't expect to see. My finger hovered it: "Mary." Clearly, she was added to the list after it had already been printed, as her name was the only one on the paper that was written in pencil.

In an instant I had my small pocketbook out, flipping through the pages, trying to find my notes about Mary. My notes informed me that she had been living in the nursing home for a few years now. Never once has she given the staff any trouble. She always said, "please" or "thank you", and she was the most patient resident there.

Mary always insisted on dressing herself or at the very least choosing her outfits. Even though she was in a wheelchair, she still wanted to look presentable. She always chose a light-colored shirt with a cardigan, dress pants, and a matching pair of shoes plus accessories. She never wore dark colors as she preferred to present herself in a manner that brought about warmth and friendliness to her personality. She also refused to wear black as she hated the idea of the color representing the mourning of her late husband. While she spoke often about missing him, she also spoke about how he was no longer in pain and for that, she was grateful.

Mary, while nice, was very reserved. She never spoke loudly, nor did she ever cause a scene. She was always quick to diffuse arguments and was often the peacekeeper for other residents. She enjoyed her time alone by a window or sitting outside with a book. She had come to terms with her frail body and understood that caregivers were there to help. However, that

didn't mean she liked her privacy being invaded. She only let down her defenses to a particular few. In that respect, she was by far a resident who preferred her privacy to be respected as much as possible.

The tasks to care for Mary that night would involve assisting her in getting in and out of the shower, helping her wash her hair and body, and then getting her dressed for bed. In my notes, though, I read about how particular Mary was about her showers. I spent about ten minutes reading through those details. In the end, I had an idea of what she would want help doing. Mary's caregivers normally only helped with the shower portion. She would only allow the caregivers she trusted most to help her with other nightly tasks. All caregivers saw it as an honor to be able to help Mary as if it was like the VIP section of the bar. Only a few people are allowed access to the personal life of Mary.

Being granted the privilege to help Mary on my first night on a shower shift was nerve wracking for me. My anxiety was definitely through the roof as I worked through the showers. Most of the individuals were super nice and helped me by telling me what they liked from a caregiver during a shower. Then the time came for me to head to Mary's room. I had been sweating from just the building anxiousness I had. Out of all the showers I had for the night, Mary's was the one I was determined to do perfectly. She was just one of those people that you couldn't help but try your best around. She was kind and polite -- a breath of fresh air compared to the mostly grumpy voices I heard all day at work. I hurried up the stairs, turned left at the top, and walked down the hallway that opened up to a small sitting room and small kitchen. On the wall next to the door was a nameplate: "Mary." I held my breath as I knocked on the door and walked in.

Life was never how it used to be. Since the passing of my husband, I had never been the same. Everything around me grew dull, just slightly grayer. Nothing really excited me like it used to before the death of Albert.

Every time I looked into the mirror, I was reminded of how frail I was becoming. My younger self would laugh if she saw the state I was in now, forever bound to a wheelchair as my legs no longer have the strength to carry me. New wrinkles appear every day, and no amount of product will stop it. The makeup I used to wear no longer looked good, as my eyeshadow and eyeliner were just covered by my drooping eyes. Foundation was never smooth as the wrinkles on my face made it look crusty. The age spots never seemed to stop appearing; the freckles I adored so much from my youth also became dull and now looked more like the age spots. Would my younger self even recognize me now? The once widely independent woman now bound to live a life dependent upon others?

A knock caught my attention; another night where my dignity would be washed down the drain. With the arrival of the new caregiver, I gave a sigh. Hopefully, she will scrub me gently.

Walking into her bedroom, I greeted Mary, and we exchanged some friendly conversation as I started to wheel her into the bathroom. I wheeled her in front of the sink as she had instructed me she liked to wash her face as the shower warmed up. So I let her wash her face independently as I went to turn the shower on. Luckily there was a sharpie line of the nozzle to

show where she preferred the water temperature to be at. While the water warmed, I closed the shower curtain then walked back over to the door leading into her bedroom and grabbed her night gown from the dresser right outside the door along with some fluffy socks that she had placed on her nightstand. When I walked back into the bathroom, I made sure to close the door to trap the heat inside to keep Mary warm. I folded her clothes on the little wood table she had next to her closet and proceeded to grab a towel from her closet as well as two wash clothes: one for her body and one for her private areas.

Once I noticed Mary was done washing her face, I wheeled her close to the toilet to help her undress. We talked about her day and how she was pleased with the dinner that was prepared that night. She asked about me and what I wanted to do with my life. I was quick to guide her into the shower to keep her from getting cold. Once on the shower bench, I informed her that if she needed assistance to call my name, but until then that I would be standing outside the shower. I knew that she preferred more privacy and only wanted help into and out of the shower.

I could sense her smiling, little kid who'd given the freedom to do something for themselves for the first time. She thanked me and took a nice long shower. When she called me back in, I let her have her robe to cover herself before I pulled back to the curtain to assist her out of the shower.

Just having her preferences acknowledged and respected changed Mary's mood instantly. She started to thank me for allowing her that bit of privacy and explained how she was an extremely modest woman. That she hated shower days that weren't with Dayshea, my coworker who she adored, because she felt as though her privacy was violated by everyone else.

She explained to me the despair she felt about growing older and how people perceived her frail body as an excuse to take away her freedom of just simply showering alone. She thought

it was extremely invasive to shower with the curtain open and having some strange person watching her as she sat exposed on her shower bench, and how rough people were when they scrubbed her body when they felt she wasn't washing herself fast enough. When she was younger, she had loved taking very long showers, as she found it the most relaxing part of her day, but since being placed on the shower list, she felt like the only thing that brought her peace was taken from her. This conversation with her opened my eyes to this whole situation. In training, they taught me nothing about the human emotional side of someone receiving a bath by someone else. I never realized how demoralizing it could be to someone to be bathed by a stranger they hardly knew.

After getting her all dressed for bed, Mary allowed me to blow dry her hair, a task rarely allowed to be done by a caregiver. She taught me with a patient hand and heart how to properly place hair curlers and what products to use her in her fragile hair. She even allowed me to pick out her outfit for the next day, which everyone, even myself as a newbie, knew was a huge honor and showed that she truly liked you as a caregiver.

I picked out a cute little ensemble. I knew her favorite colors to wear were light pink and gold. So I grabbed a cute cream top with a pink floral sweater, a cream-colored pair of pants, and her favorite pair of dark tan loafers that had pink flowers on them. Then I grabbed some jewelry to go with it: a necklace, some rings, a bracelet, and of course some super glittery gold and pink earrings.

I presented my choices to her at the end, and she teared up a bit because I picked out the same outfit she wore on the last date night she had with her late husband. Her eyes swelled with her tears but never did one drop. She told me to pull out the picture album from her nightstand

and to sit next to her in bed, then proceeded to flip through the album and talk about how she met her husband and the life they built together.

She then ended with saying her late husband had picked out that exact outfit, including the accessories, for what would be their last date together before he passed away. She cried to me and said that he must have guided my hands to pick all of that to send her the message that he is waiting for her on the other side. As I tucked her into bed, she informed me that I was welcomed into her room at any time. She told me to never change, to always remain human at heart, and that I would become one of the best nurses on Earth.

At the end of the night, I had a very successful first shower shift. I might have stayed two hours longer than what I was scheduled for, but I left with each resident happy, and I gained some wonderful teachers like Mary, who taught me my first ever lesson in healthcare: Never forget that the people you are helping are still human beings. That they have the same feelings as everyone else, and that being old doesn't forfeit their rights to want certain things like decency and privacy. And, some pretty jewelry and a favorite outfit can go a long way toward making a patient feel taken care of. That first lesson I still carry with me to this day.

Margaret

Her name was Margaret, and only Dayshea could call her Maggie, as Dayshea was her favorite caregiver. She was known to be very temperamental and rather mean to the caregivers. It was normal for the caregivers who woke her up in the morning to have shoes thrown at them. She was first on my list for my second shower shift, and I was definitely nervous to even approach her room, as she'd already thrown a shoe at me for walking in her room when I responded to her page, instead of waiting for her to answer the door.

Even though I still had my cheat sheet of how she preferred her showers, I was intimidated by her six-foot frame and incredible aim. I hoped that she had forgotten about the earlier incident. I informed her I was to help her get in and out of the shower that night, and in return, she gave me a lot of attitude and stated she would only shower for Dayshea. I apologized and informed her that Dayshea was not scheduled to work this night but that she had left me a very detailed note on how she liked her showers. After reading it to her, Mrs. Margaret was willing to shower but stated she would be very vocal if I did anything incorrectly. I agreed and jokingly told her I would grab a shoe that she could throw at me whenever I did something bad. That brought a smile to her frowning lips. She gave the smallest of laughs and told me that I was a fast learner.

I prepared her shower to Dayshea's specifications and anything that Mrs. Margaret herself added to the list. I brought out two towels because she wanted to be extra dry and didn't like using just one because it would become too cold and wet to completely dry her off. I set them by the little space heater to warm them for her, so she could wrap herself in a warm towel after her shower. I placed the foam mat onto the shower bench because she didn't like how hard

the bench was and hated how it made her bottom sore from sitting on it. I placed two washcloths on the shower rail for her to use to wash her face and her privates and grabbed a third to hand to her to keep the soap and water out of her eyes as I washed her hair. Then I grabbed her tea from the stove, poured her a glass, added two sugar cubes in it, then placed it in the bathroom for her to sip while I dried and curled her hair. I placed her nightgown by the heater as well and turned on the shower so it would be warm enough by her standards.

The last preparation before getting her into the bathroom was to turn on my speaker and play good old Elvis. Once she heard Elvis's voice, she started to sing the song and danced her way to the bathroom with her walker. We danced in the bathroom for a little bit. She laughed at how I danced to Elvis and explained how to properly dance to that particular Elvis song.

When I tried to follow her instructions she just laughed even louder, stating that it needed work but it would do. We danced and sang to a few songs before she decided to get into the shower. I don't even think she noticed that she left her throwing shoe on her bed. We had a great time together, and I managed to complete her shower without a shoe being thrown at my face.

As I tucked her into bed and followed her nighttime routine to her specifications, she thanked me for the fun night and said I was a very sweet caregiver; that she hadn't laughed and enjoyed herself in such a long time, so she was extremely grateful for my willingness to have fun with her; and that "fun is hard to come by in this depressing place."

I ended up talking to her about my life because she asked about it. I told her that I was learning how to be the best nurse I could be for the future and would take any lessons that I am taught and apply them to my character as a nurse. I then asked her if she were to teach me a lesson, what would it be? She laughed and told me to sit next to her, which I did, and she placed her arm around me.

She pointed to a picture on the corner of her nightstand. She asked me to describe the picture of the two people in the frame. I saw a young woman laughing as a young man made a funny face. Both had whip cream or icing on their faces and were dressed like it was a wedding. The woman wore an elegant dress with a sweetheart neckline, lace with fancy white beads layered overtop of the silky-looking dress. The young man was dressed in a nice-looking suit of expensive material. The cake was elaborate, five-tiered, and white. Two simple but elegant cake toppers stood tall at the top of it. A piece of the cake had clearly been cut but the piece was no longer there. However, despite the majesty of the outfits and the cake itself, my eyes were drawn to the contagious smile, and I felt like I could hear the laughter from the still image.

I smiled as I looked at the smiling and laughing faces still unsure of the people who were in it. I looked at her and distinctly remembered answering her question, “In that picture, I can clearly see a newlywed couple in beautiful outfits. The woman looks beautiful in that dress and her husband is very handsome. However, when I see that picture, I don’t see the money that it took to buy those material things. I see a couple who are clearly meant to be. Two people who were laughing together as something funny just occurred. I’m assuming they just smeared each other’s faces in the first slice of cake, though. I can feel their joy, almost hear their laughter, and I can clearly see the fun they have when they are together. When I see that picture, I see the love that they have for each other and how they find joy and humor when they are together. That’s what I see when I look at that picture.” I didn’t know if I answered the question correctly until she reached over and grabbed the two cake toppers that were hidden behind the picture. She placed them into my hands.

Her response remains in my heart to this day. She told me, “My dear child, you answered that question correctly. You are the first to do so, and as such I will give you my lesson in life

and how to be the best nurse possible. The key to life is finding joy in the everyday. Find a reason to dance spontaneously. Sing your heart out to the song that you like. Live each day with a heart full of love and joy and then you will be the best nurse at your hospital if not in the country. Never let the dark days take away your joy. Dance like you did with me; do not let others put you down on your horrid dance moves. Fill your soul with this joy of life, and you will have accomplished what many do not ever find while they are alive.” I then learned that she was the young woman in the picture and that the young man was her first and only husband.

She explained how he died young and unexpectedly, but that she learned not to be sad as he lived life to the fullest, always carrying joy in his heart until the day he died. She instructed me to live my life that way, and if I did, I would go far in life. That was the second lesson in healthcare I learned and still follow to this day. Live life with joy and never be afraid to laugh or be true to yourself.

Clarice

The next person who shaped my medical and personal life was a woman named Clarice. Once I got super confident in the assisted living side of my workplace, I was put on the memory care rotation. It was a twelve room wing that was locked to keep the residents inside the building as they all had some sort of memory issues like Alzheimer's or dementia, and it was common for them to try and walk out of the building, so locks had to be in place to keep them from escaping. For me, going over to that side felt like a huge step at that time, since you have to go through specialized training on how to properly help people with these particular memory problems.

We were instructed on different strategies and approaches to certain situations that could arise with someone with memory issues, including confusion, irritation, moodiness, grumpiness, and overall just not there mentally. Some tricks we were taught were to "step in their world," which meant that if a resident asked what time the daycare in Chicago opened, we were to play along and state that the daycare would open at 9:00am, and that they should rest up before the children would arrive. Being able to keep the resident calm and not as confused would lead to a good day and less aggravation all around.

Clarice was a resident in the memory care unit. She was significantly younger than all the others but far more impacted by the disease than those who were twenty years her senior. She was near the end stage of her memory loss. She essentially reverted back to childlike mannerisms, due to no fault of her own, as the disease progressed further than typically seen, due to her developing the disease at a younger age than most.

She was not normally a grumpy resident to look after, but she definitely required caregivers to pay extra attention to her. She needed extra help eating meals as she would forget

how to use utensils or how to properly eat food. If no one assisted her, she would just play with her food and never eat a single bite. Unlike Mary or Margaret, Clarice indirectly taught me a valuable lesson. She challenged me in a way like all others hadn't. I was challenged to properly care for her like all my other residents. Most caregivers would write her off due to her behavior; they would say things to her that they wouldn't normally say around others because they knew she wouldn't remember. My morals were tested as my co-workers would joke and taunt me and press me to write her off just as they did.

That thought never sat well in my stomach -- it just seemed wrong for me to treat her like a child. Ultimately, I stuck true to my gut and decided the best way to interact with her was to treat her like any other resident, just with a little extra bit of bribery with candy. With a lot of patience, I was able to figure out that she could be bribed to shower or to go to dinner or an activity. With time, I perfected my way of interacting with her.

It was during my time with her that my workplace decided I was going to be scheduled full-time hours as a part-time worker. I would be placed on the third shift schedule right after working the second shift. Then I would attend class after getting out of work, only to have to go back to work for another second/third shift. My patience wore thin as I was overworked and tired of juggling over sixty hours of work plus going to nursing school full time. I was starting to become worn and ragged, and it was showing in my work. I became more snippy and less patient.

It wasn't until I was working with Clarice, trying to get her into the shower, that I realized my tiredness. She was having a bad day -- yelling, screaming, and even physically hitting me because she didn't want to get into the shower. She was screaming that she was a "good girl" and that she didn't need a shower. I lost my cool at that moment and snapped.

For the first time in my time working there, I yelled back at a resident. The moment I stopped yelling, I was left with my mouth wide open in shock. I could see my words had an effect on Clarice as she became uncharacteristically quiet, sat down on the shower bench, and cried. At that moment I learned my third lesson: patience.

I took a moment to gather myself and think of a way to make the situation better. Somehow I found bubbles in her bathroom and started blowing them in her direction. She loved bubbles, and they brought her out of a bad mood. I am unsure how I did not remember that trick before losing my cool, but the bubbles worked. Clarice instantly stopped crying and gasped in awe as the bubbles floated around her. I was able to turn the situation around and give her a shower without any more issues. Once I had put her to bed, I walked out of her room and cried.

I was extremely upset with myself for losing my temper on a resident and vowed to never let that happen again. I learned that in the field of healthcare, I would have to be the most patient person there could ever be. From that moment on, I worked to become significantly more patient than I was before.

Elizabeth

The first client I picked up was a woman named Elizabeth or Izzy. She was living with her son and daughter-in-law while she recovered from a recent stroke and beating cancer. I was excited to meet her and assist her on her road to recovery.

On my first day with her, I received a crash course of her daily routine from her daughter-in-law who had taken up the role of primary caregiver. I kept a very detailed notebook to make sure I did everything her daughter-in-law wanted me to do. The in-home nurse visited Izzy at least twice a day, and her presence was refreshing. We got to know one another, and she instantly became a mentor. She taught me to properly take vital signs and some other basic practices of nursing. Izzy was generous enough to allow me to learn from her.

Her physical and speech therapist came once a day, and he also swept me under his wing. He taught me how to safely maneuver a client from a chair/couch to a wheelchair or from bed to a wheelchair, as well as how to safely transfer a client into a car. He taught me about body mechanics and how to lift someone who was bigger than me. Everything he taught me I would use later on my path in healthcare. Both Izzy's nurse and therapist taught me so much every day and would even help me study for upcoming tests; even Izzy would help me study by going over my flashcards with me.

Izzy and I became insanely close. I was the only caregiver that came to her house. Her family made sure the scheduled shifts worked with my school schedule, and if it didn't, they would change the shift times so that I could be there with Izzy. Eventually, I was able to help Izzy complete some of her physical therapy by myself without the help of her therapist.

He began to assign us “homework” so the two of us could start to work on regaining Izzy’s strength. He trusted me enough to complete these exercises, and I never abused that trust. Like clockwork every day, Izzy and I went for a short walk around the kitchen, then did some sitting leg exercises. She was progressing nicely and her nurse and therapist were optimistic about her recovery time. All of them agreed that she would be up and walking on her own in four months time maximum.

About a month later, I was busy getting Izzy ready in the morning. We were about to go for our morning walk around the house. I placed her armband on (to reduce fluid buildup from her many conditions), and while I was sliding the band up her arm I noticed a small red mark on her forearm. It wasn’t very big, about the size of a nickel. Still, something did not sit well in my gut after seeing that. After the normal morning exercises, I sat her down to eat her well-deserved breakfast while we waited for the home nurse to arrive.

When her nurse arrived, I gave her the night-before and morning report just like she had taught me. I remember clearly her asking if I saw any unusual changes to Izzy’s health, and I described the spot on Izzy’s forearm. I distinctly remember the instant concern on the nurse’s face. She instructed me to show her immediately. The urgency in her voice spooked me, but I followed her instructions. The nurse remained calm in front of Izzy, but she called the daughter-in-law down from her upstairs living room and told her and me both that Izzy should be scheduled to see her oncologist as soon as possible.

That same day, the daughter-in-law scheduled an appointment with Izzy’s oncologist. In a matter of hours, I assisted Izzy in and out of the car as we took her to her appointment. The daughter-in-law was nervous and asked if I could attend the appointment with her to help her understand the doctor’s terminology and ask any questions that she might not think of during the

time. In that doctor's appointment, I learned how to advocate for my patient, since Izzy hated the doctor's office and refused to state that anything was wrong with her. The doctor was incredible and allowed me to voice my concerns which I had memorized how to properly word from the in-home nurse.

He was patient and kind and coached me through some of the thoughts that I had trouble communicating. He took one look at the spot on Izzy's arm and ordered for her to get a full-body scan. As she was being wheeled out to the scan, he shook my hand and congratulated my awareness of my client, stating that I potentially caught a medical issue and that the scan would prove if it was nothing but just a spot or something more.

Two hours later, the results of the scan were sent to the oncologist. He was wonderful and asked if I wanted to step into the scan room to be shown how to properly read the scans. Not even now would I turn down that wonderful opportunity to learn from a licensed professional. He allowed me to use up thirty minutes of his time to teach me what was being shown in her scans and how to analyze them correctly.

Unfortunately, the spot had turned out to be more than nothing. The full-body scan revealed that her lymphoma had returned, which is cancer that stems from the lymph nodes in the body. It is one of the most fast-spreading cancers due to its location in the lymph nodes. He determined from the scans that this cancer had originated from the lymph nodes in her left armpit and had quickly spread to other organs including her skin. The small spot on her arm had been the only indicator of the return of her cancer. Sadly though, cancer had spread much too quickly this time for any intervention. He gave us all the devastating news and gave the daughter-in-law many resources to consult for any questions about comfort care for the future.

He gave the terminal diagnosis and stated she had at best one year left in her life, potentially less depending on how fast the cancer would spread. The daughter-in-law took Izzy to the car where her son was waiting. I remained in the hospital to collect any and all paperwork I could get my hands on, and I was allowed to ask the nurse as many questions as I could possibly think of at that time.

Time from that moment on was precious. Every single one of us remained hopeful. She had beaten cancer once before, and she was stronger now, so maybe she could do it again. But as the months grew colder and the beginning of winter approached, Izzy's condition quickly turned for the worse.

It was during my Anatomy and Physiology lab that I received a call from her daughter-in-law. I remember causing a fuss with my professor, but it settled quickly when I stated it was a client from work and that I needed to answer my phone. He was gracious enough to let me step out of the lab to pick up my phone.

I can still feel how deeply my heart dropped when I picked up the phone. The fear of hearing that Izzy had passed still shakes me when I think about that day. I could hear sadness from the daughter-in-law. I asked her if Izzy was okay and what was going on, as there was a commotion happening in the background. She responded very simply, and I'll never forget her words. She said, "Izzy has gotten a lot worse since yesterday. We called hospice and they said it will probably happen today. When can you be here?"

Normally if a client asked me to come early on a school day, I would politely decline and explain that I would be there as soon as I got out of my designated class time. However, Izzy was my first client with ElderCare. I had grown extremely close to not only her but her family as

well. I had learned so much from just simply being there with them. It wasn't even a question at that moment of when I would leave. I told her I'd be there in thirty minutes.

My professor at the time, while not happy with me leaving the lab early by an hour, was understanding of the situation I was in. He gave me one pass to leave early and told me it would never happen again. I could never thank him enough for that little bit of kindness. I must have broken the land speed record driving to Izzy's house. While driving there, I was on the phone the whole time as I had to call all of my bosses to inform them of the situation unfolding. I was given permission to clock in two hours early and was given no time to clock out, so I could leave whenever I deemed it appropriate.

When I arrived at her house, I was met with roughly ten cars packed into the little driveway, so I parked in the grass in the front of her house. I was greeted by the son and daughter-in-law who were clearly distraught.. Their eyes were red and puffy from crying. I feared that Izzy was no longer with us, and that I had not been fast enough to say goodbye.

I was quickly ushered inside and was instantly thrown into a brand new situation. The end-stage of life, which, ironically, we had just discussed in my Anatomy and Physiology lecture the day before. I was able to pull from that knowledge to guide me as the family waited for the hospice nurse to arrive.

I was charged with caring for and watching Izzy while her son and daughter-in-law made too many calls to keep track of. New people I had never met kept pouring through the front door to greet the son and daughter-in-law. They all gave me space to work with Izzy until the nurse arrived. I, myself, remember feeling helpless in that situation. At that moment I had received no formal training on how to properly handle the end-of-life process. There was no guidebook to

follow, no cheat sheet for me to utilize. I just had my gut and my prior knowledge of how to be the best caregiver I could possibly be.

I did have one resource and that was my scheduler for ElderCare. I called her many times while we all awaited the nurse to arrive from the hospice house. She was able to provide the smallest guide for me to follow, but she was also not as experienced in that stage of life. So for the most part I was alone with just my own knowledge. For the first time, I was the sole provider of care and the person people looked to for help. I spent a good amount of time by Izzy's side, reading up in my textbook the chapter that discussed the end-stage of life to find anything that would help.

When I wasn't by Izzy's side in her room, I was consoling the family. In a matter of an hour, almost the entire extended family was in the son's house. Many brought food or drinks to keep people fed during this process. I spent time with the daughter-in-law and son as I had developed a very good working relationship with them. I explained that I was very inexperienced in this part of life, and I wanted to be honest with them rather than lie about my knowledge. I informed them I had a few ideas that would potentially help as we all passed time waiting for the nurse, so I pulled a few strings on my end and got a hold of a few nurses from nursing facilities I saw other clients at. They were able to better instruct me than my textbook did at the time.

I received a thirty-minute crash course from a nurse named Jordan whom I had befriended a few weeks prior. She had spent a few years as a hospice nurse before she decided to move to long-term care. She definitely was my saving grace. I learned many techniques all at once, and I will never forget any of them. I was able to hold my own caring for Izzy by myself as the wait for the hospice nurse grew longer with every hour.

When the nurse finally arrived, I threw a lot of information at her all at once. It wasn't until she asked who I was in relation to the patient that I realized I had forgotten one of the first rules of giving a report to another healthcare professional: I simply forgot to state who I was.

Once I calmed myself down, I explained exactly who I was, I finished giving my report on everything that had occurred and what I had done in response to Izzy's changing condition. When I look back on that day, I cringe knowing that I information-overloaded the poor nurse. I brought her over to the son and daughter-in-law. They exchanged pleasantries and then the daughter-in-law told the nurse something that I was shocked to hear.

She told the nurse, "This is our in-home caregiver, she has been tending to Izzy like a nurse while we waited for you. She receives any and all information first and she will be allowed any and all information you have. In our eyes, she is our primary nurse." When she said that I felt a huge wave of honor. The nurse instantly took me everywhere she went and taught me everything that she was doing. We discussed everything under the sun and she educated me on how to go through the process of end-of-life care: essentially a crash course in how to properly care for actively dying patients.

I stayed By Izzy's side for almost 18 hours with no break to leave and get food. The family brought food for me to eat. My only concern during that whole time was caring for any needs that arose as Izzy's condition decreased.

The hospice nurse started out a little gruff and tough, a bit hesitant to fully open up to my presence. However, I'd like to believe as she witnessed how committed I was to Izzy's comfort that she began to open up a little bit more. She started to teach me the tricks she had learned over the years. For example: how to get a patient into the recovery position, which was a position a health care worker would position a patient who developed the death rattle, a buildup of

mucus/saliva in the chest/throat that can no longer be coughed up by the increasingly unresponsive patient. To place a patient in this particular position requires a steady but firm hand to turn the patient onto either of the patient's sides. The leg not underneath the patient is brought forward so the foot rests on the back of the knee of the other leg, with the knee bent at almost a 90-degree angle. The top arm is then placed next to the patient's head, placing their hand underneath their head to add a little bit of support, which was a suggestion but not a requirement.

The nurse then gave me her first tip of the night. She suggested maneuvering the bed into a slight Trendelenburg position, which is where the bed is arranged so that the patient's head is closer to the ground and their feet are raised towards the air. She stated while it isn't necessary, she has seen it helps.

Under the watchful eye of the licensed professional, I placed Izzy in the recovery position, then moved the bed. I received a lot more hands-on training that night. I learned how to orally dispense pain medicine, how to crush up pills and turn them into a liquid medication while the nurse waited for the liquid version of the medication to arrive. The nurse allowed me to learn how to administer the oral medication to a patient that was unresponsive or unwilling to follow any sort of commands. I was taught how rubbing the top of the gums before inserting the syringe of medicine would stimulate the patient to open their mouth up enough to quickly insert the liquid medication or just small amounts of water.

I was also shown how to change a client who was at the end-of-life stage and how to treat them with the utmost respect during their final hours or days on Earth. The nurse taught me how to speak to the patient and informed me that even though the patient might not be responsive, hearing is the last sense a person loses, so when around a hospice patient, one should always

Speak to them like they were not in such a fragile stage, to still treat them as a human and show kindness.

One of the last things I was taught by the hospice nurse was how to console the family members. She explained in extreme detail what words should or should not be used. Examples of this were, “Izzy is still with us, though it could be anytime; when exactly it’ll happen is up to Izzy” instead of, “She’s going to pass any moment now.” She told how to prioritize certain people to go in and say their goodbyes, and how and when to offer a shoulder to lean on and when to step away to allow a family to grieve among themselves.

While we as healthcare workers may feel a deep connection to the patient, we are not related to them, and it is not our time to grieve the loss. Rather it is our job to assist until the very end, even offering a helping hand to any family members who need extra hands to hold or someone to vent to. She instructed me that if I cannot hold my emotions in during this time that I should excuse myself as quickly as possible and not attempt that again until I felt positive that personal emotions will not come out; that this part of the job is the hardest because healthcare professionals have to remain just that: healthcare professionals. She told me that our time to grieve is after we clock out of the shift, whether it be in the car on the way home, in your own home, or just anywhere but at the client’s home.

Around 2 o’clock in the morning, the hospice nurse was ready to clock out of her shift. She stated that she would stay until 7 o’clock in the morning when the next hospice nurse would arrive, but she felt comfortable leaving Izzy and her family in my very much new baby hands. It took her awhile to convince my nervous self that I could make it the next few hours without her watchful eye. Eventually, I had to hug the hospice nurse goodbye and thank her for everything

she taught me that night. I remember watching nervously as her car headlights disappeared over the hill, and the huge crush of responsibility I felt on my shoulders.

I allowed myself a few minutes to gather myself once the nurse was officially out of sight and no longer watching my every move. Now Izzy's complete and total care was placed into my lap with only a few hours of crash course instruction. The feeling of it not seeming real filled my brain as I tried to remain the professional I was instructed to be. The rest of the night/morning, I remember using any/all of my knowledge to the best of my ability to properly care for not only Izzy but her family as well.

I allowed them to cry to me, talk about the past with Izzy, and what they had hoped she would see before passing. I offered small great-grandchildren a spot to rest their heads in my lap as they fought the sleep monster. I put together different types of finger food for the family members to munch on once they felt they could eat. I cared for Izzy as the situation arose. Every hour I gave her oral pain medication and small amounts of water, placed her in the recovery position, and checked to see if she needed to be cleaned up from passing any sort of fluids.

That night I was able to live out the profession I was hoping for in my future even though I was still in school. When the second hospice nurse arrived in the morning, I instructed to head home to eat and sleep for a few hours. If I wanted to return in the afternoon, I was welcomed to.

I gave Izzy a hug and squeezed her hand goodbye before the family escorted me out the door, gave me hugs, and offered their thanks. Many teared up as I was leaving as they wished I could stay longer. The daughter-in-law met me next to my car. Her face held the smallest of grins, something that must have been hard for her to do in such a dark time in her life. The hug she gave me was one of the warmest hugs I had ever received, and I felt consumed by her love when she hugged me. She said she would call if anything were to happen while I was gone. I

thanked them for allowing me to help Izzy during the final stage of her life. After one final hug, I hesitantly sat in the car, waiting to be called back inside, hoping for something to keep me there with Izzy until the end. However, no one spoke up, and they all waved as my car passed the front of the house.

I didn't cry once I was gone. No, I kept the emotions in. I wanted to keep it together in case I was called back to Izzy's house. I don't remember falling asleep, but I woke up to the alarm I had set for 2 o'clock in the afternoon. I threw on work clothes, ready to head off to see Izzy, grateful for the possibility to see her once last time. Then phone went off, and the caller ID was my boss, which was uncommon. My heart sank.

When I picked up the phone, I could not tell you what she told me word for word. The only words I can remember are, "... she passed away 10 minutes ago..." I don't remember much after that sentence. The world kind of went into slow motion.

She was gone and I had not been there with her. All my emotions rushed to the surface. I crumbled to the ground, rivers of tears poured from my eyes. My mom placed her arms around me, though I don't remember that happening. Izzy was the first client I ever lost in my healthcare career, and it hit me hard. Until that point, I never believed the phrase, "You'll never forget/recover from your first [death]". I never believed it... until I lost Izzy.

Izzy was the first person to have taught me the healthcare aspect of nursing. While I had learned some lessons from previous residents, I learned a lot more in knowledge volume with Izzy. I also developed a much deeper connection with Izzy compared to any other resident/client I had ever had before. She taught me everything from how to help a patient regain strength or mobility, how to become comfortable dealing with varying strengths of clients, tools, and strategies to motivate individuals, and even how to personally connect to my clients. Not only

that but she taught me how to properly handle and care for patients when they are in the end-of-life stage of life.

My time with Izzy taught me a lot, and I consider her and all of the people who worked with her my first teachers in the life of healthcare. I absorbed an abundance of knowledge just by being her caregiver. I was allowed to act as a professional caregiver while also being given the opportunity by other professionals to learn from them.

While I am still deeply affected by the passing of Izzy, I learned how to handle grief and was able to continue working with other clients after her death because of the overabundance of love I carried for Izzy and her family. Being able to connect with more clients allowed me to learn more about the profession I was choosing to be in.

Her death, instead of blowing out my flame of passion for working in healthcare, allowed that passion to grow. That is what I learned from Izzy. I will forever be grateful for everything she exposed me to during my relatively short time with her.

Doc

After Izzy, I was assigned to care for a client in a nursing home who was completely bedbound and was severely demented. He was recommended by my scheduler who had cared for him in years past when his wife was alive and when he was fully mobile. After the passing of his wife, his own health declined to the point where he could no longer leave his bed and his dementia rapidly progressed. He would be my first official total care client with ElderCare. I never counted Izzy as a true total care client as I didn't originally see her when she was deemed total care. Doc, on the other hand, I knew would be a total care client before I even took him on.

This was a huge milestone in my job with ElderCare, as being allowed to take total care of clients was specifically reserved for caregivers who were experienced and skilled enough to handle it. Being given the opportunity to step up to the challenges of total care brought a sense of confidence to my work. I could ask for more competitive wages and even bargain for high pay due to the fact I was considered more valuable to my company. I remember entering his facility for the first time and feeling underwhelmed by the staff that ran the floors. My first few shifts with Doc tested my ability to be the quality caregiver I would eventually become.

Doc himself was a relatively easy total care client. It was deemed that he required very little attention, as long as he was fed a meal and cleaned up after, the company was content. However, Doc was a pretty large man even when he laid in bed. For a smaller caregiver like myself, I would need the assistance of another CNA to help change him. The first shifts I had to search high and low for the CNA assigned to his wing. It would have been easier to just give up and let the CNA's change him after my shift ended. However, that was not the lesson I was taught to follow in my previous experiences. So I never gave up until I pulled a CNA from the

nursing staff to assist in changing his briefs. I was met with mild hostility at first, but as I started to become a regular sight to the staff they slowly began to open up to me.

My newfound skill to advocate for my clients gained me respect from some of the nursing staff. They revealed to me that most of Doc's caregivers did not ever change him, so they had assumed I would be lazy like them. Also due to past caregivers, they expected me to make them do everything that they were there to do. They would make the nursing staff feed him, even though our company was there to make sure the nursing staff didn't have to feed him all his meals. Nor did the caregivers assist in changing his briefs. One CNA confided in me early on that most of the caregivers before me would simply sit in a corner of his room and ignore him for the whole shift.

Once I learned why the nursing staff was so cold to people from my company, I began to understand. I explained to that CNA that when I am working that will not be the case. I would fulfill my obligations as his caregiver, but I would need help whenever it came to changing the briefs. The CNA looked relieved, and word spread quickly around the nursing staff that I was a good caregiver. It was only a few shifts later that I was able to talk to most of the nursing staff without feeling the underlying mistrust in their voices. The nursing staff and I became a pretty great machine when it came to tending to Doc. Eventually, I grew more comfortable taking on new tasks to ease the load that the nursing staff had and talking with the nurses on shift and the CNA's. I received a lot of great lessons from them, as well as built some work friendships.

Doc was the client I hadn't asked for, but he was definitely the client I needed. He would never be able to remember who I was, nor have a full conversation about current events, or even be able to communicate how he was feeling. He was just a person who mostly sat quietly in bed or if he was in a good mood he'd sing songs that hadn't yet been erased from his memory. I

started to learn how to interact with him in ways I never thought possible with someone in his condition. I learned how he was feeling simply based on how he would greet me at the beginning of my shift.

If he told me, “Ooooh, I got a beautiful thing with me today” or “Aren’t you a sweet girl,” I knew that he was in a great mood. If I came in and he was singing a random song, I knew that he felt lonely and wanted someone to interact with him. If he didn’t say anything or he pretended to be sleeping, I learned that was him letting me know that he was tired and might potentially be a little grumpy. Or if he was yelling at the “people” in the room (when there wasn’t anyone there), I knew he was having a bad day and he would need an extra soft voice/hand to get him back in a good mood.

He never knew what was going on, but despite his condition most days he would wake up in a great mood. He seemed to enjoy my company when I read my nursing textbooks for him. Or, if I played old recorded lectures of himself giving a presentation on some of his scientific discoveries, he would instantly be put into a good mood. I learned through my many hours of being with him that he was a world renowned surgeon and that many people attended any sort of medical presentation he gave.

After learning a little about his history, I used it as one of my ways to get him talking and keeping him mentally active. I asked him about his favorite procedure he ever performed as the lead surgeon. His answer was always different, which led me to believe he loved every single surgery. I put together that he traveled a lot as a surgeon and was able to get him talking about the places he had visited. Most of the time when he talked, it was jumbled up and didn’t make much sense at first. However, the longer I was around Doc longer, the better able I was to understand his broken speech pattern.

As the months passed, Doc became one of my regular clients. Other caregivers left their ongoing shifts with him, and I picked them up. I just could never get enough of him. I also developed a great working relationship with most of the staff at his facility -- to the point where every time I came to see Doc, I was offered a position to work for them. I always declined because Doc was the only person I ever wanted to see.

The nursing staff taught me a lot about how a nursing home like theirs runs -- the good, the bad, and even the ugly of anything and everything. The nurses eventually allowed me to observe them prepare clients' medications, and they even began to quiz me on the medications. There was never really a bad day when I was going to see Doc. Soon my own family started to refer to him as "my man". I would be walking out the door to head to work and mom would always say, "Say hello to your man for me!" Even though my classmates heard me talking about him, they never knew personal details, since HIPAA was very important for me to follow. They would ask how my "cute man" was today or asked if I had just been with "my man" that morning if I was dressed in my work uniform.

Doc became my whole working world. I worked just about every shift I could. I became protective of his care when I was not there. I reported my fellow caregivers from my company when I found out they did not do their job correctly. While I knew he would never vocalize his gratitude and or recognize the love I had for him, in my mind, no one could care for him better than I could.

I found myself researching any issues Doc had and trying to fix them to the best of my ability. I found out his hospice CNA, who was supposed to be giving him bed baths three times a week, was skipping days not thinking anyone would notice. I did, though, and I brought down the fury of an angry caregiver. I was given permission by my company to contact the hospice

company and complain about the many bath days they had missed. I got many CNAs in a lot of trouble as I was never afraid to call their company to inform them when their employee did not show up at the designated time.

I also managed to get the manager of that hospice company to email me the way in which their CNAs are supposed to properly bathe a client. When CNAs did not properly bathe him, in the hope that I was too ignorant to notice, I would call their manager and inform them of the lack of quality care they provided. After four different CNAs, the company finally sent over one of their most experienced and seasoned CNAs to pass my high standards. The last CNA they sent ended up being exactly what their company promised. At first, she and I had a bit of a standoff as I had gained a bad reputation in her company. I had trust issues about the quality of care that the company produced. So for almost a month, if she was late to the designated bath time, I would extend my shift until the CNA from the hospice company arrived to give her a wait until after his bath to clock out of my shift.

After about a month, the new CNA was the first to break the standoff and asked if I was actually as mean as the rumors suggested. She asked this when another facility CNA and nurse were in the room with us, and the two of them broke out into laughter. They asked the hospice CNA if she was serious with the question and when she nodded hesitantly they laughed more. They stated between their laughing fits that I was not actually mean, but I didn't tolerate laziness or poor quality care when it came to Doc.

I even giggled a bit as I was drying Doc after his bath. I apologized to her for not confronting her about it sooner, but I was observing the quality of care she was providing to Doc. I was his full-time caregiver, and I took his health and cleanliness very seriously, as I was trying to fix certain health issues with him like his dry skin and the pressure sores on his feet. I

explained to her the type of CNAs that came before her and how unprofessional they were and how they provided poor quality of care towards Doc. She was definitely embarrassed, and she apologized for judging me just based on the words of others.

We had a good discussion about my plan of care goals with Doc. I showed her all the specific lotions and creams I bought personally to help with the different types of skin issues he was having. If she felt like she could complete the whole bath, including the tasks I added, I agreed not to hover over her. I would know if she failed to follow the tasks, as his skin was very temperamental, and one day without the use of all the products would be enough for me to tell the difference.

I told her if she didn't think she could handle it all, I would stay until she got there and complete the extra tasks. She agreed and said it was very considerate of me to be so vigilant about him. She would complete the extra tasks, and if she couldn't, she would inform the floor CNA, who agreed to do it if I wasn't there. From that day forward, my plan of care for Doc was in full swing.

In about a month the extra steps paid off. He no longer had dry skin anywhere on his body. His skin no longer looked bruised or super wrinkly. The skin on his feet no longer peeled off in large chunks. The best part was that all of the pressure sores on his heels/toes were completely healed, and there were no signs of any new ones forming. His face was always clean-shaven and his nails were always filed to a decent length and rounded out, so he had no more random cuts along his arms or face from scratching himself. His teeth/breath became ten times better. Overall, he just looked a whole lot healthier.

His daughter visited one day during my shift time and she hugged me, thanking me for all the effort I had put into his health. I had gone above and beyond any other caregiver in the past.

She asked why I was so attentive to many minor needs and honestly, at the time, I assumed I did it for him because it was the right thing to do. However, as I thought about it, I smiled and told her, “My great-grandfather is in total care in a nursing home. I guess I heard how badly he was being treated there and decided to treat Doc exactly how I would want my great-grandfather to be treated. It’s just the right thing to do and that’s why you hired caregivers. So that he will have someone caring for him when you cannot be here.”

She was forever grateful for everything I had done for Doc. She called my boss and informed her of all of my deeds. My boss then called me to say I would be getting a two-dollar raise and that if I ever wanted a certain client I would have seniority over other caregivers. I was taken aback; I never went the extra mile just because I expected some sort of reward. I did it because that’s just what my caregiving style was.

When Covid hit, everything pretty much stopped. Everyone was wearing extreme amounts of PPE, including caregivers from outside companies such as ElderCare. Doc’s facility closed its doors to all outside personnel, including independent care companies like ElderCare. So for two weeks, I had to hope that Doc would remain healthy and safe, trusting that the staff there was taking all the precautions to not spread Covid to their residents and staff. After two weeks, Doc’s wing was opened up to select independent companies like ElderCare. I remember asking my boss how soon I could go see Doc. I would have to wait twenty-four hours, but I was approved to work a double shift with him the next day. I had no thoughts about how I could potentially be risking my health and safety by going back to work because all I wanted to do was go and check on my Doc.

The next day I arrived at the facility, ready to take the necessary precautions to keep Doc safe and myself safe. In the designated “PPE Zone” I was equipped with what seemed like so

many unnecessary layers. I was to wear three masks, 1 N95 and 2 surgical. I was to wear two different types of gowns, two pairs of gloves, shoe covers, and a face shield.

It was uncomfortable and understandably hot, but that didn't matter as I was allowed to check on Doc. This was my daily routine for another two weeks before his entire wing tested negative for Covid. After testing negative myself, I was permitted to go into his room with just an N95 mask. It was a great day. He was singing a lovely tune and just had a bubbly personality that night. However, with two hours remaining in my shift, one of the nurses rushed in, a whole bundle of PPE gathered in her arms.

She practically yanked my body out of his room and began to put all the PPE on me before I had any time to even blink. She was panicked and clearly scared. I had to calm her down before she informed me of the news. Doc's second Covid test they took that morning had come back positive, and he was being placed in immediate isolation. I was told to leave the premises instantly and self-quarantine until another test could be conducted on Doc to verify the diagnosis.

For two days, I sat alone in my parent's basement in complete and total isolation. I was able to continue my studies due to Zoom but still, I was anxious to hear from work about Doc's secondary results. Sadly, on the third day, I received a call from my boss who confirmed that Doc indeed contracted Covid-19, and that I would have to either continue to self-quarantine or go get a test and have a test completed every three days after. Without a doubt, I scheduled an appointment and took my first Covid-19 test. It came back negative luckily, as I had truly been exposed to Covid-19 while I was caring for Doc. Three days later another test, negative, another three days also negative. After completing a nasal swab test every three days for two weeks I was permitted to go back to work. However, my days with Doc would be no more until he no longer had Covid-19 and when his facility would open back up for outside caregivers.

The day I was abruptly taken from his room due to his positive test result was the last time I would ever see Doc. I kept in touch with the nursing staff who informed me that he survived Covid and had very few symptoms. However, at that time the facility still was not allowing any outside personnel. Not long after that, I decided to drop out of nursing school due to not being able to pass the classes I was taking. I made a plan to finish my degree even if it wasn't going to end with becoming a nurse.

Within three weeks, I had completely changed my life and moved back to Murray, Kentucky, where I would finish up a regular bachelor's degree in roughly a year. It was not the ideal situation, but in the end, I wanted to finish a degree. My heart and thoughts never left Doc. I was in constant communication with my old bosses and the nursing staff at his facility. The second week of being back in Murray, I received a message stating that his health had suddenly and rapidly declined. There was not a single moment in my spare time that I wasn't on the phone with some sort of nursing staff at his facility. I wanted updates and tried to care for him when I physically could not. I FaceTimed him as often as the staff would allow me. Though I knew he didn't remember who I was, that never bothered me. I was struggling to let go of him, and I think he knew it.

During the fourth week of being in Murray, I received a phone call at 7:47 pm, I remember that exact time to this day, from my boss. She didn't have to tell me what happened because I could tell from her voice that she had been crying. She then informed me that Doc had passed away not even an hour prior to the phone call. That he had gone peacefully, with his daughter holding his hand. I knew death had been knocking on his door for over two years. I knew that his diagnosis was terminal and that he should not have lived for as long as he did. Given all of that, it still left like he was ripped away from me so suddenly.

I don't remember much of that night as I mourned for him alone, roughly 300 miles away. I had classes and work to attend to, so I couldn't speed off to his visitation or funeral. I was not ready to let go but I had to. For over a week I mourned and felt nothing but sorrow and regret. I blamed myself, believing that he wouldn't have died if I had been there with him. It was nothing but wishful thinking, but I couldn't help myself. Doc had become my one sole person in the field of healthcare that I felt the most connected to. Yes, I saw other clients, but I would never hold them as close to my heart as I will him.

It was not until a month after his passing that I finally learned my last lesson of healthcare. Doc was my final lesson to learn for the time being. It is hard to put into words everything I learned from him. He taught me the art of compassion towards someone who might never be able to truly appreciate it or express gratitude towards it. He taught me to always put my patient's well-being above my own discomfort or distaste towards something. That nothing is a stupid question, since asking a question allows you to better understand a situation, which I learned from trying to figure out how to care for a total care patient. I learned that becoming attached to a patient can be a good thing, but there's a fine line not to cross. A line between being a caregiver and acting like a family member. I crossed that thin line with Doc. I had become so involved in his case that I had to be the most informed individual about his health... when it should have been his daughter. I invested myself too much into his case, to the point where I could no longer stop and listen to other medical advice because I thought my knowledge was superior. That my plan of care was the best for him. I struggled to let go of him because of my inability to take a step back. To just be a caregiver and nothing more. He taught me probably the most important lesson in that manner.

Now as I reflect back on my time with Doc, I don't regret all of it -- just the very end of his life. I know for a fact that if I had been there by his bedside while he met death, it would have destroyed me. I know that I probably would have never gone back to healthcare if I had been there as he took his final breath. That was how attached to him I had become. His passing after I had left saved my passion for healthcare. It saved my drive and motivation to be a healthcare worker. While I wish I had more time with Doc, I know that he is in a pain-free place, surrounded by his loved ones. I miss him more than anything, but I know that the circle of life must continue. Everything must ultimately come to an end. He taught me that lesson, even if he didn't actually teach me that himself.

Patricia

The last resident at the nursing home that I had the pleasure to interact with is Patricia. She was new to the facility, and I was placed in charge of making her comfortable along with making sure she had a smooth transition to her new “home”. Patricia was completely wheelchair bound and had a lot of issues that should have disqualified her for being placed into an assisted living nursing home. A nursing home equipped with certified nurses is where she should’ve gone considering her medical conditions.

She had a severe case of osteoporosis along with a lot of intensial issues. She constantly needed more attention than any of the other residents, and unfortunately she was not given the care she needed. Her legs ended up building a lot of fluid in them, which caused them to swell and turn red. Her caregivers did not know how to properly prevent it. Also her constant sitting started to cause pressure sores that would become worse in time if not properly cared for.

After caring for Patricia for a few weeks, I was assigned for a period to a different wing than hers. When I was finally re-assigned her wing, I was constantly being called into her room to assist her with something. She had explosive diarrhea due to her stomach issues, and I was giving her medication to stop that everytime I came into her room. She needed help getting to the bathroom as her room was not set up to handle a person who was wheelchair bound. So the spaces were small, which made moving her around difficult.

During my many hours of interacting with her, I built a bond with her. She had a lot of trust issues since moving in. First, a lot of caregivers were rough with her during transfers or they dropped her, which baffled me, because she weighed roughly one hundred and thirty pounds. Most of the other residents that needed transfers weighed over two hundred pounds. Even I, being less than a hundred pounds, had never dropped a resident during transfers. She also

never liked how the other residents treated her or talked to her. She complained to me that she was constantly belittled due to her inability to stand very long or even walk short distances. That they were never encouraging or supportive of her. So she found my presence to be a relief as I took the extra time to make sure she was doing okay and to just be someone she could talk to.

Soon she became my sole responsibility as she denied any other caregivers and always waited for me to assist her. So we spent a good amount of time together when I was working. I helped her with her physical therapy and conducted some research to find tricks to better assist her. She became depressed about her condition, so I became her moral support. She appreciated my willingness to bring positivity to her life.

While I spent a good amount of time with her, I was unable to always be her caregiver every day of the week. When away from her, the neglect she received from detached caregivers made her conditions progress, and not in a good way.

When I arrived for one shift, I received word that Patricia had a nurse come to see her and that her legs were wrapped to help the fluid build up decrease. Our facility states we are not allowed to do anything that requires typical first aid because we were not trained to handle it. So we could not unwrap her wraps to clean or check on it. A week went by without her nurse returning to check on her wraps or even her pressure sore on her butt.

Eventually, I became concerned enough to check her bed sore and was horrified to find that the wound had started to eat away at the muscle and was clearly infected as green pus oozed from the open wound. Without wasting any time, I cleaned her up as best I could without causing pain. Then I rushed to the director of the facility and told her about Patricia's condition.

Sadly I was just laughed at as the director informed me that nothing is an infection until it reaches the bone. I stood in her office in shock and she told me to leave. I stood stunned for a

good long while before I told my manager and she just shrugged her shoulders and told me nothing can be done as the director made up her mind.

I called the anonymous line to have the state come and do an investigation. They came to tour the facility twice but never reported anything. I was becoming frustrated and kept documenting that Patricia's wounds were getting worse. Her legs started to smell as the wraps had been there for over a week. I called her nurse and she said I could take them off as she wouldn't be able to see Patricia for another few weeks due to her schedule being packed.

When I went to remove the wraps her skin had started to die and as I removed it the skin stuck to the wrap came with it. Underneath it all was bright pink skin, like it was either raw or growing new skin to replace the layer that had died. Her legs had spots where the infection cut deeper into the leg and the smell told me the infection had been festering for a long while.

After cleaning up her legs I decided to take a look at her bed sore and to my horror the bed sore had progressed so far that I could start to see the tailbone, it was exposed and clearly irritated and infected. Once I saw that I had to get someone else to look at her wounds the way I was. So I called my manager to have a look. The manager was completely disgusted by the physical condition Patricia was in, and she called the director immediately to have something done. Finally an ambulance was allowed to come and take Patricia to the hospital. Her face was red and puffy from crying as she was so embarrassed and upset by the situation, though it was the neglect of the caregivers that allowed her to reach such a state.

I was put under the microscope, and thankfully due to my detailed charting I was not charged or fired for neglect. However, the facility was inspected for malpractice. I would not be charged as Patricia advocated for me. I could no longer take working a facility that would rather focus more on the money aspect and completely ignore the residents under their care. A few

weeks passed before a coworker texted me informing me that Patricia had passed away from the infection spreading to her blood. The facility was informed and no one seemed to care until the family filed a lawsuit against them. The family won the case and to my knowledge got a decent amount of money from the facility.

Patricia's lesson was more indirect to the others. Her lesson was how to advocate for a patient of mine as well as to follow my gut and fight for it. I know now that I should have fought harder for Patricia and because I didn't, she died. The truth is painful, and the truth was that I was not the best caregiver for Patricia. In the weeks to come I spent time learning how to be a great caregiver so that something like Patricia would never happen again.

Conclusion

The lessons that I have learned through my time in this field really opened my eyes. The ability to care for someone else emotionally and physically puts life into a different perspective. While it had its challenges, the job was rewarding, and I never regretted my choice in going into that profession.

However, while I may not be pursuing a nursing degree any longer, my love and respect for that field has never faltered. It just wasn't in the cards right now for me to continue. This allowed me to pursue another passion of mine: writing. When I allowed myself to advance in another love of mine, I was able to find comfort in it. Writing has been a way for me to process my past and to find hope for the future. I am able to record the present so that I can look back on it with fresh eyes. Being able to share my experiences is my goal for writing.

I hope this piece allows you to feel what I felt during those times and to understand the lessons that I learned during that time.