

Night Shift as a Healthcare “Hero”

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I hear my alarm sounding and turn, still half asleep, towards my nightstand to silence the ringing. A flash of panic crosses over me when I look at the clock and see that it is 4:30 PM; surely I haven't slept away a whole day of class. Quickly, I remember that I'm not at Vanderbilt anymore; I'm in my rural hometown, and I'm just waking up because it's time for work. A dying sun illuminates my bedroom when I open the blinds, nearing its final moments of the day. I grab my backpack, waiting ready with scrubs, trauma shears, and a couple of masks exhausted from their use over several twelve-hour shifts. Heading to the kitchen, I carefully maintain my distance from my parents, ensuring anything that I've brought home from the night before stays with me. I eat quickly, trying to stomach enough food to give me the energy to last until midnight, and I grab my nametag on the way out the door: “EMERGENCY TECHNICIAN,” it reads, a drastically different title from “undergraduate student.”

As I drive along the empty roads to the hospital, I wonder what my night in the emergency room will hold for me. Will there be more trauma patients, like the toddler who broke their skull after jumping off of a couch while loosely monitored by an overwhelmed and exhausted mother of five? Or will there be more critical COVID-19 patients, who are brought in and given oxygen through masks in the futile hope that we won't have to intubate them? I push the images of previous nights' suffering out of my head and drive on, following the red signs towards the yellow tents and flashing lights. My workplace now resembles a war zone, and a part of me feels like a soldier heading into battle. I take a deep breath, my last one without a mask for hours, and head inside.

Greeting the staff member relocated to the employee entrance, I silently pray that I will pass the temperature check and be allowed to continue into the facility. Luckily, it's only 98.4° tonight, so I can once again bury the fear of becoming sick myself until the next shift. The male locker room is quiet, and I change into my light blue scrubs, store various pieces of equipment in my several cargo pockets, and head out through the “Staff Only” door into the emergency room. I've moved from the Vanderbilt world of thinking, planning, and discussing into the world of action and intensity—there simply isn't enough time for intellectual discourse anymore.

I'm not in the military and I've never seen active combat, but I feel confident that my work in the ER has a few parallels. My coworkers and I often aren't warm and comforting to our patients, but don't get me wrong; it's not that we don't care about them. Rather, we're constantly triaging in our heads: What disease or injury could this patient have that would kill them the fastest? Which of my patients is likely to die first if I don't help them immediately? Where am I needed the most? I try to fulfill requests for cups of water and warm blankets, but I'm often interrupted by more urgent demands. I've grown used to the small drops of sweat on my forehead as I rush from one crisis to the next, and my skin has hardened against the frustrated words of patients

who think I'd forgotten about them while, really, I was hustling to save someone else's life. The department is my warzone and I spend my nights hurrying from one battle to the next.

My evening begins like any normal shift as I scurry from one room to the next performing EKGs, splinting broken bones, rechecking vital signs, and yes, whenever possible, distributing snacks and blankets. While no less chaotic, the ER is quieter tonight; with no visitors allowed to accompany patients during their stay, there is no idle chatter coming from the 27 rooms in the department. Instead, I hear chiming monitors, buzzing phones, and an occasional radio transmission from an incoming ambulance. None of my patients tonight have presented with COVID-19 symptoms: just the usual chest pain, low blood sugar, and fainting complaints that normally come through our doors. For a moment, I almost forget about the pandemic, until the breath under my mask once again fogs up my glasses, and I recall why I'm wearing it in the first place. My next patient, however, reminds me all too well of the reality outside.

I could tell before walking into the room why this 20-year-old girl had come to the emergency department tonight; the smell of burning hair made it all too obvious. After seeing the extent of her burns from a gas spill that got too close to a nearby spark, I hit the button on the wall to activate our trauma protocol, getting immediate physician attention and fast-tracking the patient for an inevitable transfer to another hospital with a burn center. As my phone alarm sounds, screaming that a trauma code has been activated, the girl sobs hysterically, but I'm not sure if it is the pain from her third degree burns or the fear of not having her parents allowed with her. Regardless, I do my best to comfort her. I hold my phone so that she can speak to her mom while we wait for the transfer crew to arrive, and slowly the morphine begins to kick in and her tears slow. Unfortunately, there is no medication for me to take away the pain in the pit of my stomach for sending a young girl to a trauma center a hundred miles away without her parents. The world outside is focused on the big picture of the pandemic: how many people got sick today? How many will die tomorrow? I don't have the luxury of seeing numbers. I see faces, and this girl's is one that I won't forget anytime soon.

With the screams of my previous patient plaguing my mind, I uneasily finish my shift with the calm that typically follows the storm after 2 AM. People generally aren't awake at this hour, so my team gets a nice reprieve for the end of our twelve-hour shift. I hand off the few patients I have to the incoming tech replacing me at 6, and head back to the locker room. I put my mask back into the brown paper bag labeled with my name to be used again the following evening, relieving my sore ears of the straps I have worn for the past twelve hours. I change my clothes, head to my car, and drive home in the peaceful sunrise, a stark contrast to the harsh artificial light that illuminated my chaotic shift. As I pull out of the parking lot, I see a sign that a local business had placed in support of the hospital: "Heroes Work Here," it announced.

I sneak into the house quietly to avoid waking my parents so early in the morning, and I head straight for the shower. I turn the handle all the way to hot and let the steam relieve the tension I've held in my shoulders all throughout the previous night. I think back to the sign I saw, and

instead of smiling in gratitude, I stare off in melancholy. Why would anyone think I'm a hero? I wasn't a hero to the patient whom I didn't bring a blanket to while rushing into a resuscitation. I wasn't a hero to the girl who was transferred to a burn center because I kept her parents away as she screamed and begged for them to accompany her. I wasn't a hero to my family because, despite my best efforts to disinfect, I've brought my contaminated clothes and equipment back into their home. To whom, then, have I been a hero? Although I tried my best to serve and to act for the "greater good," whatever that even means, I struggle to see the good that I've done in face of the pain of the night. That question will have to wait until another day, however, because the clock is ticking before my next shift begins, and I force the thought out of my brain in a desperate search for sleep.