

Exhausted but Smiling



“What’s your name?”

“Mary.”

“Do you like it here?”

“Yes, I do.”

“What are you doing here?”

“I’m here to help you.”

The conversation continued in a similar fashion of repetitive questions, and could have been mistaken for that of a small child, except it was in the quavering voice of the elderly, whose shuffling feet walked corridors or whose arthritic hands gripped wheelchairs to move from place to place.

To them, I must’ve appeared like the fountain of youth, which, in most situations would be a compliment, but not necessarily when in charge of meds and people with a range of moods and abilities. Yet, here I was, ‘trained and certified,’ according to company protocol and

my newly earned CNA certificate. I took a few deep breaths. I inhaled a medicinal scent-- a combination of BenGay, Vicks VapoRub, and a good whiff of disinfectant to mask a hint of urine in the air. The smells definitely would not bring joy.

I walked past the dining hall, and peered in to see mostly white-haired hunchbacks, hovered over plates, concentrating to bring food from plate to palate by balancing it on silverware, hoping it wouldn't land on their laps. It took considerable energy and focus, as the clink of silverware, the most prominent sound in the room, could attest. Where were their voices? Their conversation? I wondered. Perhaps, I thought, they've nothing to say. They weren't living enough to have anything to tell. Many couldn't hear the stories, even if there were some; most couldn't remember the stories they had lived. A perpetual state of confusion.

My first day was very hard; I lacked confidence in most of the tasks at hand, like passing meds, toileting, dressing, and bathing them; I was so nervous to be working with this population. They either seemed frail, forgetful or frustrated. Most of them were challenging, a few downright difficult.

One of them was 'Robert,' a man big in stature, white hair; long, lanky arms and only one leg; a proud veteran who often lay helpless in the small confines of a twin bed with guardrails, a prison of sorts. A tough spot for a man who saw the world, and army-crawled through places much tighter than this. The combination of his physical handicap, inability to articulate, and an often silly attitude, made his care plan arduous and backbreaking. It began with me having to use my foot on a foot pump to lift the head of his twin bed, and then struggling to bathe him, and finally to push his long arms and clenched fists into the sleeves of a shirt without buttons, which he was forbidden to wear for fear of biting or twisting them off. Then in transferring to a wheelchair, I had to make sure that his shirt had no rumples against his back.

Though he was often hard to read and understand, he had essentially created his own language which only people who had worked with him for a while could interpret. Even without words, though, he gave himself away every time with his sneaky smile. I always understood it, or rather, knew something was coming when he smiled. It started out with raised eyebrows, traveled down his face to a knowing look in his eyes, followed by one side of his mouth quivering, as if playing tag with his cheek, and finally would give way to a full, toothless grin, provided his false choppers were once again misplaced – another silly trick. Whenever I approached his room, I reminded myself that he was a veteran, and then I walked in, and treated him like the man he had been, not the goofy, speechless man trapped in a twin bed with only a window to the world he once fought in. It made all the difference in how we bonded, as in time, he perked up when he saw me and actually cooperated with me better than most of the other CNA's assigned to him. It put a skip in my step, even though the care was strenuous and exhausting.

A month or so before I left for school, Robert got an infection in his foot and had many antibiotic meds on top of his usual twenty or so to take. Robert hated meds. Giving him meds seemed to provoke his quirky, emergent smile, always making me second guess what it meant, especially during med pass time.

One afternoon, I gave Robert all of his meds and stayed in the room for fifteen minutes or so, just to be sure that he swallowed them. An hour or so later, my work phone rang; the head nurse was calling me. She told me to answer the page in Robert's room and tell her what was going on. Sweating profusely, as I ran down the hall, I turned into the room and eight eyes met mine; those of Robert's four family members. I locked eyes with Robert, who had spit up each pill I had earlier thought he had swallowed. I was mortified. He laughed so hard when he saw

me, and I would have laughed with him, if it wasn't for his family standing there, and the importance of his medications. 'Meet the family,' I thought, as I felt the urge to laugh again, but I kept it to a grin, trying to mask my anxiety. As the pills decorated his blue shirt like confetti, I inched my way past the concerned onlookers. I spent a long time apologizing, as I cleaned him up, and called the head nurse back. She said to go back in once the family left and give him a half round of his antibiotic meds again, and so I did, but this time I took ice cream with me. Robert never got to take pudding or ice cream with his meds, but he got to eat it at dinner, so I was going with it. Robert took all of his meds with the ice cream. I gave him two cups of water, got him ready for bed, and left the room again. I decided to stay into the overnight shift to make sure that he slept through the first couple hours and kept his meds down. The feeling of relief every time I checked and saw him sleeping was overwhelming. I felt like a mother checking in on her sick child, hoping to see them peacefully asleep.

I clocked out, and walked into the dark night, thinking how it mirrored the way I had to find my way in the dark when I first took the job at the nursing home. I got in the car and just sat behind the wheel before even starting the engine, exhausted, but smiling. It seemed at first like two opposite emotions. Maybe that's how Robert felt after I had helped him complete his care plan. Exhausted but happy. Driving home in silence after the night of chaos, I felt a longing, yet my heart was full. I missed the residents already, and found my mind wondering about whether I should go back for the rest of the night shift. It was at that moment that I knew I was to be meant to be a nurse. A feeling of joy came over me, exhausted as I was, knowing I had discovered my passion.

In my last week or so before leaving for college, I came into work and the head nurse went through roll call of how each resident was doing, and the names of people who have

recently passed away. As she read down the list, Robert's name was read. It hung in the air for me, and my mind hit 'pause,' blocking out the remainder of the list of recently deceased residents. My mind drifted. I first saw his quirky smile in my mind, then I was filled with peace, not for myself, but peace for him, because I witnessed how hard life was for him and I imagined it no longer was that way. Robert, once again, gave me joy; this time, that he could finally rest.

It felt heavy working there for the rest of the summer. I kept thinking about Robert's goofy smile. I knew that Robert was looking down on me, and each time I passed his old room I smiled, thinking of him thinking of me. Robert was one of many residents that have forever changed my life. CNA work at nursing homes is the most vulnerable care you can give to another person. When I put on my scrubs, I automatically gain the trust of people who can no longer even remember their own family members' names. It has been an honor to serve these people and I will never forget what they have taught me, above all else, joy, in particular, a joy that comes amid pure exhaustion and ends with a contented smile, sometimes one that starts with raised eyebrows and seems a little quirky.