

# BECOMING

*Lori Mulvihill*

*"Nurses have a longstanding tradition of eating their young," reflects a veteran Ob-gyn nurse, remembering the inexperienced student she once was, as well as the tough love that made her a better nurse.*

The hospital feels larger than life. Oppressive. Or maybe it's my anxiety that's large and oppressive. The stiff, white fabric of my new uniform has been washed but never worn. It crinkles when I walk. The stethoscope around my neck is only a prop. I don't know much about using it. STUDENT, my name badge announces. It might as well say IMPOSTER. I feel like I'm at my elementary school's Halloween parade except for the lack of candy and joviality. A party atmosphere this is not.

I peer tentatively into the dimly lit room, ready to play my part, or rather, to *find* my part. Her slight frame makes the hospital bed look huge. Her wide, deep brown eyes—not vacant, exactly, but not totally present either—make her bruised face look small. Her skin is mottled with bruises, her gray hair unkempt. Her inner-city Detroit home was broken into, and she was beaten so badly by the intruders that she had cardiac contusions; her heart was bruised. Not broken, but bruised. My heart feels a bit bruised, too. Our anxious eyes meet. She allows me to help her to the bathroom, brush her hair, and change her linens. It's the extent of my patient care knowledge. It feels awkward to touch a person this way: intimate, yet detached.

No small part of me wants to run screaming from the building. I can't do this. What am I thinking, getting this close to the suffering of others? I can't fix it. What do they want from me? I'm just a naïve young mother from a college town in Colorado. My baby is in day care, and being away from her feels like missing a limb. Biochemistry, organic chemistry, and microbiology

seem easy compared to observing the pain of strangers. But I'm stubborn. I do not run. I will go back the next day. And the day after that.

My belly doesn't fit easily under the desk. I've made it through graduation, and this is the next hurdle: nursing boards. A Rite of passage. the *registered* in RN. My hands feel shaky, partly a result of my sitting for the exam, partly a result of the terbutaline I'm taking to prevent preterm labor. The amber bottle of pills sits on the corner of my desk. After hesitantly allowing me to leave the house at all, my midwife gave me specific instructions for self-dosing as needed to prevent contractions. She has forbidden stress in my life lest this impatient, growing child come too soon. Terbutaline effectively controls labor only if the patient's pulse is above one hundred, so it isn't so fabulous for stress reduction. Nonetheless, I hope it comes up as a test question.

Half of the test questions read like gibberish. Maybe Tolkien wrote the exam—in Elvish. My first degree was in liberal arts, but I never did love Tolkien. I should have finished *The Hobbit* after all. Who doesn't finish *The Hobbit*? This is some twist of karma. I will fail my boards, fail my baby, fail my life. I haven't studied much because of the ban on stress.

I remind myself that it won't matter, ten years from now, if I fail my boards the first time. The well-being of this child will matter. I take a deep breath, hunker down, and fill in the dots with my number two pencil. For two days I do this. During break, my former classmates and I congregate, somehow finding each other in the swarming mass of hopeful nursing school graduates: we the survivors of Wayne State University and Henry Ford Hospital. Most of us predict our own doom. "What did you say for the one on digoxin? I thought maybe it was all of the above, but I couldn't decide if it really caused purple hair to grow out your ears. It doesn't? No horns either? Damn."

Turns out I pass. My name badge says RN. The baby is fine. I have a license and a son. I'm still working on stress-free living.

The blinds are closed. The room is as dark as it can be in the midafternoon of a sunny Colorado day. The blue sky and sunshine are almost mocking, the atmosphere outside so incongruous with the atmosphere of the room.

Dappled sunlight reflects off the hospital bed frame. No one occupies the bed. The family is huddled in the corner: Mom, Dad, and their baby girl. The shoulders of the parents are hunched, heavy and laden, their eyes red and puffy. The mother cradles her first child, a baby she's had nine months of pregnancy to fall in love with. The cap on the baby's head hides the defect. She was born with anencephaly; her forebrain and cerebrum—the parts of her brain responsible for motor and sensory coordination and conscious thinking—did not develop. Most of her skull is missing. She has a rudimentary brain stem, the oldest part of the brain, the part responsible for breathing and reflexes. It's not enough to keep her alive for long. She will die within hours. Her face is peaceful; the rest of her tiny body is perfect.

This is my first newborn loss. It will not be my last. *It's not right that your birthday should also be your death day*, I think. I feel powerless. I'm filled with uncertainty, and I ask my charge nurse for suggestions. She shrugs a shoulder, not dismissively but resignedly. The answer is that there is no answer. I'll have to find my way. I don't know whether to leave them alone or stay with them. I feel like a blind man in an unfamiliar room, feeling my way through as best I can. It is, after all, not about me. I tell them to let me know what they need; it seems hollow. I check back periodically to let them know I'm available. Over the next couple hours, the baby's breathing becomes more labored. I tend to the mother's physical needs, making sure she's stable. She gave birth just a few hours ago. We talk about how the baby is doing. We talk about how beautiful she is. I protect their privacy at their request. They want their brief time as a family to themselves. The last time I see the baby before she dies, she nuzzles into her mother's breast, rooting, looking for food. It's a reflex in newborns, a key element of our survival as a species, one part of a primal relationship—the baby needs nourishment, and the mother needs to nourish. Tears well up in the mother's eyes again, and she tenderly strokes her baby's cheek. Dad leans across and kisses his daughter. I put a hand on each of their backs as my eyes well up, too. Is it OK for a nurse to cry with a patient? I again leave them alone with their grief. I don't want to intrude.

Not long afterward, the father nods to me from the doorway. He wipes his eyes with the back of his hand. When the doctor pronounces the baby's death, I go to take her. The doctor says they're ready, but I can't imagine that anyone could be ready to let go of a child. She's in her father's arms as he says good-bye to her. I hug her mother. We hold each other briefly, and we all cry. It's not a moment I'd have chosen, but it's a moment that has chosen me. I am present for a sacred moment—present physically and emotionally. It's the best I can do. It is neither heroic nor glamorous. I am a witness to overwhelming love and loss. I am, in some strange way, both honored and humbled.

I go home and hug my children. I squat down to their level, sitting on my heels as I often do. My bright, beautiful girl wraps her spindly arms around my neck, the tendrils of her hair tickling my nose. My toddling, smiling boy jumps on my back with the enthusiasm of a baseball player sliding into home plate. He wraps his arms around my neck. I am sandwiched between two miracles and overwhelmed with gratitude. I think they don't notice my tears. I hold them and want to never let go. They both plant wet, sticky, post-popsicle kisses on my cheeks. Cherry and grape. I love them so much it aches.

I need new kitchen chairs. The old ones have been beaten into submission by a kindergartner and a third grader. It's a simple enough task, and I have a few minutes before I have to pick the kids up from school. The shop is filled with refinished antique furniture, unaffordable on a nurse's wages, and unfinished new furniture that I can maybe manage. I'm greeted at the door by the fumes of wood stain and varnish. I browse for a few moments before I see him coming my way; Mr. Taylor has emerged from the back of the shop. My guilty hope was that he would not be in today, but I've been here before and I know the risk. He's elderly, lonely, and a talker. He asks what I'm looking for. I tell him, and he shows me some oak, mission-style antiques that I can nary afford. Then it starts.

"I got these on one of my last trips to the East Coast with my wife. Found 'em at an estate sale. They'd been in a barn for heaven only knows how long."

"Beautiful," I say as I sneak a furtive glance at my watch. The bell rings in ten minutes. It'll take me six minutes to get to the school. T minus four and counting.

"I don't travel anymore. It isn't the same without her. We had such fun on those trips. Auctions, estate sales . . . kept at it till the trailer was full, then came home. Our boys would man the store. Course they're busy with their own families now. Lucky to have grandkids, I am."

I've heard this story before, but I smile. "Sounds like a great life. Those grandkids are lucky to have you, too," I say. T minus three.

"The boys still help out, but the travel's not the same without my Millie. That's why I started carrying this unfinished furniture, ya see. Good quality but no travel. Just order it up from the catalog."

"I wish I'd met her," I say. T minus two.

"Say . . . you been in here before . . . haven't you? You're a nurse up there at the hospital, aren't you? My Millie was in that oncology ward in her last days. Those nurses were the best. Don't know what we woulda done without 'em."

Ah, the beauty and the curse of this small Colorado town. No anonymity. I smile and nod in response. T minus one.

"I was just up to the hospital myself," he tells me. "Didn't see you though . . ."

He wouldn't have. Although our town is relatively small, our hospital is not. It's a regional medical center. Also, I'm an Ob-gyn/nursery nurse. Unless he was pregnant, just had a baby, or weighed fewer than ten pounds himself, the odds of his seeing me were slim.

"Problems with my ticker," he continued.

That explains it—not pregnant. T minus zero. I've got to extricate myself from this conversation before my kids' school calls Social Services to report child abandonment.

"I'm sorry to hear that. You look well," I say. "Thanks for your help today," I add quickly before he has a chance to start in again. "I'll have to come back another time. I have to go get my kids."

"You go right on ahead. See you another time then!"

I head out the door. "Wait! Just one more thing!" I've started my exit too late already. I'm officially late. "I want you to know that nurses are God's angels on Earth. You remember that," he says.

"I will. Thank you for saying so. You take care, Mr. Taylor." I say.

I do a mental eye roll and scoff at his idealism as I rush to the car. An angel I am not. What I am is a busy working mother who has too many balls in the air and doesn't juggle especially well. Sometimes I feel as if I'm juggling swords. Or torches. Maybe flaming swords. At home, I sometimes yell at my kids, and I get impatient with my patients at work. Maybe my halo was knocked from my head by the flaming swords. It's more of an ankle bracelet, really. I'm sure it will look lovely with my support hose and the orthopedic nurses' shoes that are surely in my future. Anyway, a halo at work would only get in the way. The constant polishing to prevent tarnishing, the adjusting to make the tilt just so, the grabbing to prevent it from inadvertently falling on a baby. And the wings? I can't even imagine the maintenance. I don't spend more than five minutes on my hair. Who has time for wings?

But this is the life I have chosen. My work is meaningful, and it gives me time for my kids. I find them playing on the school playground, nonplussed. Turns out they are less affected than their mother by their temporary abandonment.

Mr. Taylor dies before I get back to his shop. I will miss him. I hope he had a good nurse in his last days.

Nurses have a longstanding tradition of eating their young. It starts in nursing school with a handful of militant nursing instructors. After school is over, it continues in the workplace.

Betty has been a nurse forever. Since before electricity, I'm pretty sure. She probably keeps leeches in her pocket for bloodletting. It could be my blood next.

"There are no washcloths in this bassinet drawer," she says.

"Sorry—I didn't get to it," I say.

"Someone's got to do it," she tells me. I feel like an errant schoolgirl, though I'm a few years out of school.

Phyllis, another leech-toting, Dark Ages nurse, comes around the corner. "Some of your patients don't have full water pitchers at their bedsides—do you know how important it is to them to have water?"

*Seriously?* I think, not foolish enough to say it. I've spent the last twelve hours multitasking: I took care of moms and babies, postop gynecological

patients, and sick, pregnant women; I took vital signs, drew labs, read lab results, gave medications, admitted new patients, taught people how to care for their babies, helped with breastfeeding, discharged patients, put overwhelmed new mothers back together, monitored pregnant women and their unborn babies, talked to doctors (not all of whom qualify for congeniality awards, believe me), gave injections, hung IVs, answered call lights, and did paperwork—an endless, roiling sea of fucking paperwork. I ate a Snickers bar on the fly for lunch and haven't peed in eight hours. Last week, I saved a life. Two, actually. A pregnant woman was having a placental abruption—her placenta was pulling away from the wall of her uterus, depriving her baby of oxygen and causing her to bleed, potentially to death. I caught it, and a C-section was performed in time to save them both. What about that? Doesn't that count for anything? Washcloths and water pitchers? Who the hell cares? What I say aloud is, "It was really, really busy. I didn't even eat lunch."

"When is it *not* really busy?" asks Phyllis. "And how much good are you if you haven't eaten?"

*Cannibalism is ugly*, I think. I want to cry, but I don't.

On my drive home, after I've felt sorry for myself and licked my wounds (quite possibly induced by the leeches), I realize that they're right. It's nearly always busy and almost never about being a hero. It's about the mundane, the day to day. People need water and washcloths. It's work. Someone's got to do it, and leaving it for the next nurse is bad manners. I'm the only one who's likely to feel sorry that I haven't taken care of myself. Nurses need to eat and pee. This is a tough crowd. I am learning accountability: to my patients, to myself, and to my fellow nurses.

Betty and Phyllis become not only my mentors but my friends. I grow to love them, leeches and all.

I wear many hats at work, and I'm able to fill several roles in our women's and children's department. I'm flexible and don't mind it; it keeps things interesting. Today, I'm the transitional-care nurse. I'm catching babies. After they are born, they are my responsibility while they transition to life outside

the womb. Most do well. The miracle happens without much intervention from me, but even after years of experience, I continue to feel apprehensive at the moment of delivery. Childbirth is messy and full of blood, other bodily fluids, and interesting odors. Babies all look lousy at delivery. Varying shades of blue are the most typical. Many are feisty and holler immediately, announcing their arrival with gusto. They pop their little lungs open and turn pink. Others enter the world and take a moment. They're in no hurry to breathe. Sometimes they need a little help, a reminder, maybe a little oxygen. Some need a lot of help. I've rushed more than one to the neonatal intensive care unit in my career. Most of the time, though, it's routine. I keep a close eye on vital signs for the first couple of hours; being born is a lot of work, and they could still turn on me. I give them routine newborn medications, help them eat, bathe them, and answer their parents' questions. Sometimes, lots of questions.

Today, I'm outnumbered six to one. Six babies in two hours and one baby nurse: me. My feet hurt from running between rooms and my back aches from leaning over babies. My hair feels like it might ignite momentarily from the heat of the radiant warmers, which help newborns to regulate their body temperatures but don't do a thing for menopausal nurses. I'm glad I don't use hairspray since an accelerant would surely cause combustion. That would be a lot of additional paperwork. I'm sure of it.

"You have such a happy job! You're so lucky!" says the grandmother of the baby born not more than ten minutes ago. I force my face into a smile, hoping it doesn't look like a grimace. This is not the first time I've heard this or something similar. I have, in fact, heard it ad nauseum for years. It makes me irritable. What she means, and I know this because I'm a mind reader, is that we do nothing but sit around all day, cuddling babies. She has no idea. The days of babies lined up in the nursery with a matronly nurse to watch over them are gone. They were gone before I started in this business, and I've been at it a while.

Don't misunderstand—it is happy most of the time. I love nothing more than to see first-time parents fall in love with their babies, the lights in their eyes when they come to love someone more than they ever thought possible. But we see it all. I've seen babies taken from their mothers by Social Services before

they left the hospital; I've seen babies that maybe should have been taken. I've seen armed guards who kept watch over mothers who would return to jail. I've seen babies born as the result of rape and incest. I've seen babies withdraw from drugs because their mothers were addicts. And teen moms. Lots and lots of teen moms. I've held more than one crying baby while thinking, *Yeah, I'd cry, too, if I was going home with them.* I would try to banish the thought. I would try not to judge. Sometimes I did, but it wasn't my place.

The redeeming thing, the thing that gives me hope, is the love they all feel for their babies. Every one of them. They are occasionally incapable of caring for their children, but they love them nonetheless. It's both redeeming and tragic. Loving them is not always enough. If it were, it would be easy. Instead, it's messy. Life starts that way and continues that way. It doesn't proceed according to an obvious or understandable trajectory. It is messy and unpredictable, miraculous and wondrous. I am lucky. It's not always a happy job, but I am lucky.

Every day I go to work, I don my communication badge. It is not, as the name might suggest, something I earned in Girl Scouts after learning to speak in complex sentences with polysyllabic words. It's a little black device, about the size of a book of matches, that hangs from a lanyard around my neck. I can speak to my coworkers through this magic black box, which functions like a hands-free cell phone, only less reliably. It's better than nothing, especially after our move from an eighteen-bed floor to a shiny new one with thirty-two beds. When I started this job, we averaged a hundred births a month. That number has now doubled. Our new floor is a hundred yards long. A linoleum football field. We needed the space, and we need our little black boxes to communicate within it. I am the charge nurse on nearly every day I work. The role isn't new for me, but it has morphed into a job that is more managerial and less focused on patient care. Life in our new digs is a bit more complicated owing to the increased size and volume. It has become a sort of amalgamation of air traffic control, firefighting, and cat herding, with a den mother who doubles as a drill sergeant thrown in. I have a love-hate relationship with being the charge nurse. I also have a love-hate relationship with the little black box.

"Can you take a call from Sally Euler?" it asks me.

"Yes," I say.

"I'm sorry. I don't understand," says the black box.

"Yeess," I say. It is not sorry.

Sally asks which room I'd like to give to the next incoming patient and which nurse I'd like to give her to. We have only one room available, at the moment, so that's an easy decision. Jill will be her nurse. Jill will not be happy about it. She's already too busy.

"Call Jill Parker," I tell the box. I need to tell her she'll be getting a new patient.

"Did you say 'Michael Rodriguez'?" the box asks.

Michael Rodriguez? Wha? Not even close. "No," I say.

"OK. Let's try again," it says. The box cares not at all about my consternation.

Eventually, through the miracle of technology, I speak to Jill. She is, indeed, not happy, but I'm growing used to it. Someone is usually unhappy with me these days. It's the curse of the charge nurse. Some days I care, some I don't. At any rate, it gives me a chance to work on my people-pleasing and codependency issues. (If you ever meet a nurse who says she doesn't have people-pleasing and codependency issues, she's lying.)

"Can you talk to Marlene Nelson?" asks the box.

"Yes."

"Hey, Lori—where's the Doppler? I can't find it."

I don't know where it is, and I suspect she could find it as easily as I can, but I look anyway.

"Can you talk to Vicki Bridger?" The box again.

"Yes."

"Hi, Lori. It's Vicki." I know. The box keeps me well informed. "If anyone gets to leave early today, I'd like to. Just so you know."

Good Lord, it's not even eight o'clock. We still have eleven hours of this shift left. Go home early—yeah, right. Not happening in *this* lifetime. The grumbling in my head is loud.

"Can you talk to Gwen Chandler?" The box is relentless.

"Yeah, OK!" I say.

"I'm sorry. I don't understand," says the box. No shades of gray. Yes or no. The box will not have it any other way. It's good that the lanyard

from which the godforsaken black box hangs has a breakaway clasp, or I might hang myself from it.

I am already irritable when one of my young charges walks into the nurses' station where I stand arguing with the box. Her hair hangs to the middle of her back. She has a pierced nose and tongue. Back in the day, we all pulled our hair back if it was longer than shoulder length. Jewelry was not allowed. Oh God, did I really just think, *back in the day?* I did. Damn. My young colleague reports to me that she's done something, well, stupid. Not life threateningly so but potentially harmful. When I confront her about her judgment and explain to her why I would have made a different decision, she replies with several justifications for her actions, none of which makes a bit of sense. I try another approach, telling her that I did not learn what I know about this particular situation in nursing school. I learned it from twenty years of nursing. I learned it from other nurses. We all learn from each other, and none of us knows everything. No harm came of her mistake, making this is a great learning opportunity.

Then I see it. The look. I know this look. It's the same one my daughter got when she became a teenager. The look that coincided, by her estimation, with the drop of my IQ into the single digits. The look that coincided, by my estimation, with the Pod People's replacement of my real daughter with someone who only looked like her. *That* look. I make a mental note to talk to hospital security about letting the Pod People in. The look is certainly not one of contrition, or humility, or receptiveness. It scares me. I want to send this young nurse to her room. Instead, I send her back to her patient's room to fix her mistake. I tell her to put her hair back and lose the jewelry while she's at it.

I sometimes fear that I've become that old, cranky, curmudgeonly nurse. I remember glass IV bottles and starched white uniforms. It makes me feel old and slightly weary. Some days, I have a hard time recalling how I felt when I was a beginner in this profession. I can recall the memories cognitively, but recalling them emotionally is more difficult. Some of the young nurses are overconfident, some overwhelmed. I relate more to the overwhelmed, but I get impatient and short-tempered even with them. At least I'm not a yeller, and I hope I'm not belittling. When I lament my

lack of patience and my irascibility, I remember that I was raised by the likes of Betty and Phyllis, which is a little like being raised by wolves. I'm grateful to those women, and I turned out OK.

Some people say nursing is a calling. I never saw a burning bush or heard God's booming voice from on high. If I had, I might have attributed it to my recreational activities with pharmaceuticals back when I was getting my first degree in arts and humanities, which I suppose ultimately led me to nursing school. While I don't regret having gotten a degree that prepared me to be an aesthetic, well-read, and critically thinking human, job offers, other than those that involved phrases like *Do you want fries with that?* were not forthcoming. I had a baby girl, and I needed a way to make a reasonable living. That, and I wanted to save the world. Nursing seemed to be as good a way as any.

I had a nursing professor who used to espouse her disdain for the hearts that adorned nursing paraphernalia. The bags that said things like "Nurses have ♥," or the T-shirts that said "I ♥ a nurse." She said we needed to get rid of the damn hearts and put brains in their places. "We are not handmaidens for doctors or just pillow fluffers for patients." Her point was well-taken. In the beginning I resented that nursing was so stereotypically female. Touchy-feely, warm and fuzzy, suffocating in its wholesomeness. And I landed in Ob-gyn; it doesn't get much more touchy-feely than that. But each time I've ventured too far from that sphere, it has sucked me back in. I've surrendered. It seems to be where I belong, where I'm supposed to be. I have learned to celebrate that my profession is a nurturing one, to celebrate what I both bring and take from it as a nurse, a woman, a mother, a professional. I bring my brain and my heart. I've become a nurse almost in spite of myself. It's been a process, a journey. It has become part of who I am, whether I like it or not. Most days, I like it.

As it turns out, I haven't saved the world. I've had a hand in saving some lives and have, I hope, made small differences in the lives of many. Occasionally, patients express their gratitude. Some send us cards, some leave us chocolate. But external validation, the adoration and accolades of others, can't sufficiently make my job feel worth it. My job is worth it

because I go home, on most days, with the feeling that I've at least broken even—I've put back at least as much as I've withdrawn from the karmic bank. It's a blessing in my life that I've been given the opportunity to be useful in my corner of the world. Today, that's enough for me.

**LORI MULVIHILL** *lives, writes, and works as an RN in Colorado, whose Rocky Mountains and blue skies she enjoys with her husband and their pack of dogs. She has raised two wonderfully human, creative children and is now pursuing her writing as they pursue adulthood.*