Shelter in Place

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When I turned 35 years old and could no longer avoid the fact that, unless I did something big in my life, not only were things not going to get better but could and were already getting much worse, I enrolled as an adult learner in community college. I didn't have any idea what I wanted to take and I didn't have a high school diploma, so I hoped maybe, at best, to get accepted for a secretary course or something. After I wrote a placement essay and did some other high-school equivalency tests, though, a woman from the registrar's office phoned me and asked if I'd come in to talk with a student advisor. I went to see the advisor: had I ever thought of becoming a nurse? With the help of a third woman, this one a weary but patient financial aid officer, four months later I was in a basic anatomy class for new nursing students.

After the first semester, the regular registered nurse (RN) and the practical nurse (RPN) streams split. I wanted to go on to become an RN and knew by then that I had what it would take to do it, too, but my husband had one of his reasonable dangerous afternoons during which he figured out several times what the hourly wage for RPNs multiplied by forty hours would work out to every week. His calculations confirmed that my new value to him wouldn't be significantly extended by the RN diploma. So he did in his straightforward way what John Dos Passos, in the preface to *Occasions and Protests*, says all responsible adults do, which is to decide which buds need to be pinched off – only Dos Passos meant buds of one's own making, of course, not of other people's, which is a considerably more permanent kind of cautery. But okay. With even a little bit of school, I'd begun to feel like I could stand up straight in the world. I kept that to myself, though.

At graduation, I won an award. The ceremony was the first time my children had seen me at a public event that had nothing to do with them. Within a week I was hired at the hospital, on H2, a general medical-surgical floor. When I got my first pay cheque, I realized I could shop at the Giant Tiger discount store ("for you for less!") because it was close, not because it was necessary. I brought home five Sarah Lee frozen cakes that night and that's what the kids and I had for our celebration dinner. The evening news talked about working Canadians

and for the first time I was in that category – at the lowest end, to be sure, but I was there. If there'd been two of me, we would have almost made a regular middle-class household.

Acute care was good work and if I didn't feel it was my passion, as the Oprahists keep telling women their jobs ought to be, it certainly paid the bills and made me proud of myself. I was surprised and a bit ashamed, then, to find myself getting bored after only a little while. Hospitals nurture routine as a safety check against the malevolent willfulness of human bodies. If you're used to doing the same things at the same time every shift – vitals, check; catheter output, check; dressing change, check – you should notice the unexpected. As a practical nurse, however, the restricted scope of practice that described my role didn't allow me to do much more than report my observations to my RN partner. In Ontario, practical nurses were still not very far removed from the nurse's aide model, and some of the older RNs didn't think we could do anything but empty bedpans and make beds. So, while I could pick up as many shifts as I wanted in wards hit by C. difficile outbreaks, sweating under infection control gowns and being up to my elbows in unimaginable quantities of bloody diarrhea didn't feel at all like the application of the care planning model set out by the great American nursing theorist Sister Callista Roy, which I'd come across in the college library.

There were other surprises, too. All the hospital television shows I'd ever seen made it seem like doctors and nurses were in conversation all the time, when in my experience the separations were distinct and non-negotiable. Doctors visited our floor like Joves muttering among their hinds, mostly oblivious to us except as extensions of their decisions. I found compensation for this class division in another thing the college teachers hadn't told us: that being a nurse is being part of a female guildcraft circle. It was a female circle not just because it was composed mostly of women but also because it revolved on two axes: first, around the theoretical values most often attributed to good mothers – selflessness, patience, service; and second, around the lived experiences that are the outcome of a social belief in those mythic values – most of the circle's members were overburdened with home responsibilities and under-recognized both there and in their work lives. Most importantly for the lives inside the circle, the profession at that time was still shaped in essential ways by an unofficial mentoring model in which experience and intuition formed the foundation of the guild's knowledge and guided its practices.

Secure, close, not always friendly or even pleasant, it was a community with the tensile strength of wire. To the public, it shows only its Nightingale side – nurses are deeply invested in preserving their public historical image – but on the other side of the desk the masks come off. Few people, after all, are capable of professionalism for twelve hours straight.

Long shifts fasten people together. Out of those hours I gained new friends, people to go to the Wing Qing Tuesday buffet with, baby showers to shop for, holiday plans and Sandals cruise deals to hear about, people to dislike and roll my eyes over, divorce collection envelopes to donate money to. I could give my kids book-order money for school and buy them cheaply made but expensive sneakers; I found my fragile youngest child in my uniform top pretending to write in a chart about her hamster. I was a nurse, and that's always a collective noun. I was in my late thirties, and a new life was suddenly breaking over me in twelve-hour shifts. Many people talk about the institution as a site of depersonalization, but for me nursing became my portal of entry to autonomy.

For me, then, my membership in a (semi-)free association was the gateway to my individuality. But there's always a rule, and the rule was this: in the circle, you hold your end. When someone spends her days off at the casino and her breaks scratching tickets, you hold it. When someone loses it with a yappy teenage daughter and goes from screaming to slapping to a fractured ulna and a story to the ED doctor about a backyard trampoline, you hold it. When the med record shows for the third time on a week's shift run two Ativan refusals ("wastage, patient refused" in neat tiny handwriting) you hold it. You hold it and you hold on; you don't go to those panoptical egrets in Human Resources. Because the circle's only as good as you are, and before long you'll see that it's working for you, too. When my husband, indefatigably circular in his logic as only the very stoned can be, called the desk every hour on pay day, it locked in place around me, immoveable, impassive, impenetrable.

The circle was red-tent succor and it raised in me a belief in the power of groups of women who understood themselves to be basically alike because they worked together and took from that work to the rest of their lives sources of individual identity and group strength. Years later I would learn a word, "reification," that would make me question the ways and means of those identifications and the tenuous foundations upon which that strength rested. But while the circle was around me I felt only its security.

I didn't know then that the circle was already dissolving under the pressure of a health-care system driven into the ground by financial problems and by attempts at solutions that would get rid of the informal guild tradition forever. In its place was emerging a version of nursing professionalization that was the function of a strangling desire for measurable outcomes and which, though it advocates patient-centredness, actually alienated nurses from the people who depended most on them.

That discovery was some time away for me. At that moment, I was on the bottom of the seniority list, and I was frustrated by my restricted scope of practice. Luckily, the demographics of our town were in my favour. Most of H2's patients were elderly; many of them wound up there, whether they knew it or not, as the first stop on a path that would see them placed in long-term care.

I watched how this worked for a few months; I had liked my student clinical rotation in the local nursing homes. I sent off another set of applications, and in under a week I was hired again.

My new job was at a just-opened long-term care facility located in the heart of a rural village north of our city. The region's lakes and woods made it popular with summer cottagers, but many of the locals were struggling after downsizing at several factories had left their major wage-earners with fewer hours or out of work altogether. Given the setting and the times, the addition of a state-of-the art care facility had made local headlines, and the building's construction had attracted many sightseers. In fact, in both theory and practice, the home was innovative, reflecting some of the newest theories in contemporary geriatric care.

Next to the reception area, a shared outdoor courtyard formed the hub of the building. From it radiated, in geometric petals, four home units of 25 rooms each. All four of these wings eventually looped back to the hub; the idea was that wandering residents could walk freely around the whole building without getting lost. Each unit was named after local parks or waterways and had its own nursing station as well as its own dining room, medication cart, and supply room. In the hub, there was also a hair salon, a private party room, an open-access kitchenette outfitted with a toaster, kettle, and a fridge so that residents could fix their own snacks or hot drinks, an activities room with a television and a kitchen equipped for more serious cooking activities, and an enclosed smoking room with heavy flame-proof aprons hanging from hooks. Sliding patio doors lined all sides of the central courtyard and the smaller gardens in the centre of some of the individual units' wings; although they didn't open more than a crack for safety reasons, in the summer the doors let in fresh breezes and they made the halls and dining rooms bright even in the winter. Courtesy of the local animal shelter, for a few months there was even an amiable obese cat.

Because it was provincially funded, the facility fell under the purview of the Ministry of Long-Term Care, so one of its essential obligations was to meet the Ministry's standards. Central to this mandate, the Resident Bill of Rights hung in the reception hall near the Director of Care's office and set out what residents and their families could expect, in terms of both the standard of care and the delivery of that care. Also because of its provincial designation, the facility was committed to accepting residents whose care needs were substantial.

I liked it from the start. Once my probationary period was over, I became the regular relief for a full-time RPN, so there was a sense of stability and security to my schedule. I enjoyed working with the same team of Personal Support Workers (PSWs) and getting to know the residents and their families. Each RPN was assigned two wings, or fifty rooms, and worked with two pairs of PSWs, one pair per wing. The med cart was my primary job responsibility, but when I

was done giving medications to fifty people two or three times in eight hours, I could do wound-care assessments and treatments, update care plans, process orders or review the narrative notes in charts and leave requests for the doctor. Our house doctor was a grave, conscientious man who talked to the staff seriously about what we thought should be done. The complex needs of our patients demanded my attention not just to their physical conditions but also to their psychological, social, and spiritual needs. I found the mental exercise and the intellectual discipline enormously satisfying. I became more secretive at home.

The burden of physical labor – and it was a heavy one – fell on the PSWs, most of whom were middle-aged women from the village and the nearby countryside. I made a point of helping when I could, and I was proud of the good relationships I thought I had with them, but there is no escaping the fact that the work they did was exhausting labor much harder than mine. The tasks they were expected to perform in pairs in a single shift would have challenged twice as many workers half their age. For example, two day-shift PSWs were expected to have 25 people washed, dressed, and in the dining room by 8:00 every morning, when their shifts began at only 7:00 and when at least twelve of those people could, to varying degrees, be what we called in the care plans "resistant to care," a euphemism that could mean anything from dead-weight stiffening to pinching, spitting, slapping, or kicking. If a resident didn't attend a meal, it was my duty to find out about it and write the reasons the PSWs gave in the chart and tape them for the RN report. Another major discouragement to leaving recalcitrant residents in their rooms for a meal was the requirement that at least one PSW then feed the person in the room, which left her partner alone in a dining room to serve and help clear every course as well as to feed perhaps five or six people at risk from various problems related to dysphagia.

Not surprisingly, I saw that the PSWs often felt about us, the RPNs, the same way we felt about the RNs in the hospital. I tried to let them know I appreciated the work they did, but I knew they were skeptical. I didn't blame them for suspecting insincerity. We worked together and relied on each other too much for me not to know how unfair it was and how often they got hurt on a shift. Unlike the hospital, all the staff in the home got to know each other, and well. In the hospital, we almost never talked to the housekeepers or lab technicians who worked on the floors with us, let alone the kitchen staff who would every day bring and remove the meal trays. But in the home, you took your breaks with everyone else. Not infrequently, many of the staff who worked there were friends or even relatives outside of work, too. So the circle in the home took on a different quality, one that was more intimate in some ways but also more diffuse and unpredictable because it included people from different work categories. There were also those definite and widespread ties to the local community outside the home, which didn't apply at the hospital. My husband had grown up in the village and was well known to many of the staff members'

husbands and therefore to the staff members as well. As Alice Munro knew, when I was offered rural Ontario kindness I was also obligated, on occasion, to welcome reminders of my shame.

On days when I wanted to avoid the staff breakroom, I would eat my lunch in the medication supply room and then wander the halls looking at the display boxes mounted outside each of the residents' rooms. It was a way for me to get to know who these people were and what they had been like in their "before" lives. When I was behind the med cart, I had so little time to do anything but make sure I was getting the right med into the right person that it made me ashamed of my rudeness. The residents who'd been there for some time knew that I didn't have time to talk beyond the briefest courtesies, and so they wouldn't bother many times to do anything but open their mouths automatically. For this and other reasons they reminded me, fancifully, of birds, bright-eyed but mostly silent during my med passes. In my imagination, I began to see them as different species: Jean was a crow, watchful and ingenious; Beth was a chickadee, cheerful and busy; Jim was a jay, ready to pinch or squawk. Suzanne and her cousin Mrs. Norbert were sensible agreeable hens, always together, fussing over each other's families and busy about the hallways, their walker baskets filled with snacks and Kleenex and festooned with the grandkids' beaded lanyards. Callie was an ostrich: large, fast, and dangerously able to grab ponytails and yank hair out or kick hard on her way by. Ted was a disparaging aloof swan.

As the months passed, of course, I got to know people outside of the medication cart routine, and with some I formed connections that were a great deal deeper. It is not an exaggeration to say that I loved many of them then as much as I love my children or my current husband. I carry them with me, even though it's been years since I let my registration lapse.

Jenny's husband died at 45, leaving her with a 50-acre dairy operation and three boys. Work and prudence had been her life's watchwords. As the scourge of her dementia burned away at her, she would name us by what she knew: I was Pill or Walk; the PSWs could be Bath or Sleep, Snack or Kiss. Sometimes we were Bad or Cow. As can be the case, her dementia touched many things but left other elements of her personality intact. Before the dayshift arrived, she'd already be washing down the counter in the kitchenette with a dry rag. By the time I went looking for her after morning report, she'd have finished that job and moved on to wheeling herself into other residents' rooms, exhorting them in her way to get up and get ready for school: "Bus!" When she saw me, though, she'd leave that to wheel herself along behind me as I pushed my med cart – did it remind her of a tractor or a wheelbarrow? She'd wait patiently outside each room while I checked and poured or counted and recorded. When I turned the cart's lock and made to push again, she'd nod calmly at me as if to say: "Yes, that one's done right, now on to the next." At the end of the pass, I held the med-re-

cord book for her to look at, and would be rewarded by another nod: "Yes, all good here; let's go."

Like me, on a bad day she could be comforted by kittens – though the actual cat had been rehomed after an unfortunate hilarious incident involving its litter box, we kept a supply of fakes and Jenny and I enjoyed them together. Jenny loved pictures of kittens, her stuffed kitty, and talk about kittens. It made me happy to think of this tough woman running her farm by herself, raising three strapping rowdy boys, taking no nonsense from anyone, and stopping to pick up and cuddle each of the barn kittens as her dignified middle son, now in charge of the farm, told me she'd done every working morning of her "before" life.

Sometimes, when I was done looking at my lunchtime display boxes and still had interminable break minutes left, I would find Jenny. She'd pat my arm, gentle as a mother, and for a second I thought I could feel both our minds uncloud. Her sharp eyes looked right into mine. I knew she was suddenly fully present and not just present but present *with me*. For a split second, she knew all about it, all about me, and she was sympathetic. Maybe it was projection on my part. I can imagine an argument that would charge that I'd let my own need impose itself on another helpless human being, and that doing so diminished her right to be herself. I don't know. To me it felt like Jenny and I were there together, even just for a second.

Norma, on the other hand, had once owned a movie theatre with her husband and had been a ballroom dance teacher. Whereas Jenny's display case was stuffed full of family bric-a-brac, and her daughters-in-law regularly edited and re-stuffed it for her, Norma's display box held nothing but a single old photo of her in a tweed pencil skirt, two fat dachshunds in her lap, hair pulled back, modish black-framed glasses framed by dramatically plucked brows. Even in black and white, you could see she'd been wearing plum lipstick. Norma had had a stroke and was silent and contractured, her hands curled into sparrow's claws. Her supply of clothes was basic and ugly: she had no daughters-in-law to fuss and choose. Every time I looked at her, I saw the vivid plum-coloured woman in the photograph, laughing back at the photographer. I still don't know why, but I found her, like Jenny, inexplicably restful to be around. When I had desk work to do, it became my habit to bring Norma with me and park her chair beside mine. Once every month or so, her husband would come and find her sitting with me and he'd take her back to her room to visit. Norma was slight and could still bear her weight with help, so it was easy for him to put her back to bed by himself when he was done visiting. When we saw him leave we'd go in and wash her. Pull her pants back up.

Sometimes I thought she was looking at me, and other times the PSWs would say she'd whispered something to them, but we could never tell for sure. As her conditioned worsened and it became clear that she was actively dying, I wanted to be with her as much as I could. On evening shifts when the last med

pass was finished, I would go to her room and check on her; if I felt she was awake I'd talk to her. I needed someone to talk to. I'd registered for classes at the university and was being upset every week by new ideas. It seemed like Norma would understand how life can crouch at you one minute and in the next unveil possibilities you'd never imagined. I felt both more helpless and more powerful with every passing month, caught in the synapse between an unspooling past and a violently gathering future. The storms were rolling across my mind. The plum woman in the photograph raised her eyebrows at me and laughed.

I was taking a poetry survey course and had begun to whisper some of the verses to myself while I was caught up in the rhythm of my med-cart work. I liked knowing the lines, turning them over and over till they were smooth – for every poem I memorized I promised myself I could get rid of for good one of the stones I habitually carried in my pockets. One stone at a time, I was growing lighter.

One evening near the end, I was with Norma and trying to remember the last line of a poem the professor had read to us that week. I struggled out loud, went back to the beginning: "A loaf of bread, a jug of wine / A loaf of bread, a jug of wine" – loaves and jugs. Nothing. It was time to go and tape the last report for the night shift. A new charge nurse, who had worked on quality assurance with the Ministry and who had never heard of circles she didn't want to smash, had a rule in which unscheduled time with residents in their rooms could get staff written up. I said goodnight to Norma and turned out her light.

In the darkness I heard it. I heard her.

And thou, singing beside me in the wilderness.

For a long time after I quit, I'd have this dream. I was hurrying through the home's halls looking for something, I don't know what, while a clever alert thing loped up on me, got closer behind me, was slipping along the wall only one corner away now. In the next instant I'd find myself back at the hub. The door to the garden was wide open: a million bright birds were floating, hanging in the trembling singing air. It was open for me, too. I could go in to that circle. All was well. I went through. Between Jenny and Norma, I'd sit and we'd listen.

Norma, I hear you.

Author's note: Some readers may wonder about the ending of this work of creative non-fiction. While it is true that I left this job shortly after the events described at the end, I left only because I was offered a position with more hours in another long-term care facility. Like many nurses, my dependence on the profession outweighed my unhappiness about specific circumstances. Even though more than ten years has passed since I gave up my registration, those tensions remain, though mitigated somewhat by the passage of time and by the significance I now know nursing had in my life.

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