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Research Interests Narrative

Bessie was starving. We see this kind of thing a lot in long-term healthcare facilities. The resident, in relatively good health, ends up missing a few meals for one reason or another, and the next thing you know, they’re gone.

As a nursing assistant, it’s my job to make sure the residents are eating, and subsequently living well. After talking to my charge nurse, I had discovered that the day shift had been giving Bessie her prescribed Ativan as usual, to help her stay calm, but now they had ordered her doses of morphine because she was becoming agitated during the day. No wonder she wasn’t eating, I thought. She could barely stay awake long enough to bring a spoon to her lips. This made me angry. The nurses, instead of working with the resident to find out what was making her agitated, chose to sedate her so that she would sit still and be quiet. They knew, I knew it, and the resident, even in her last stages of life, certainly knew it.

These nurses either didn’t care, or were too busy handing out medications and filing an endless mountain of paperwork, but nobody thought to talk to her about why she was so agitated and uncomfortable to begin with. I checked back on the resident’s charts- she was only being taken to the bathroom once during the morning shift. That’s enough to make anyone agitated, I thought. This resident never spoke up about her problems, and even at the age of ninety-seven, would never urinate in her attends, the “diaper” given to residents in her cognitive and physical state. Because she was blind and confined to a geriatric chair, she was often ignored. And because she was often asleep in her chair, she was normally moved to her room at the far end of the hall due to complaints from the administration regarding how our floor is expected to look when they give tours to potential donors or residents’ families. Out of sight, out of mind seems to be a common thought among a busy morning staff as they rush to get their other eight residents out of bed and into the dining room before eight AM. But when your job is to make sure this large, hospital-like building is truly a home for those stuck inside, that simply won’t do.

In healthcare, the “ratio” is key. This means the ratio of staff to patients, or in my case, nursing assistants to residents. At my facility, our ratio is usually between 1:8 and 1:12, depending on the day. But when staff shows up at 7, and have to get everyone up and moving by 8, this is simply not enough, and people like Bessie get left in the dust. But if we had just one, or maybe two more aides in the morning, the ratio might look more like 1:5 or 1:6. With the extra help, someone could take Bessie to the bathroom more often. And if Bessie was able to be more comfortable, she certainly wouldn’t be agitated enough to warrant both Ativan and morphine. And if she wasn’t sedated, she could eat and enjoy her last few years instead of slowly starving because she was too tired to eat. A simple staffing problem is fixed, and the life of a resident becomes one worth living.

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I always knew I wanted to work in healthcare. My earliest memories include “operating” on my biggest stuffed bear very late at night, long after I had been sent to bed. I remember my mom coming in and telling me to climb back into bed, but not before asking me about my procedure and what was wrong with my stuffed friend. Using my tiny hands and even smaller voice, I explained from behind my toy surgical mask that I was performing an appendectomy on my patient and that I would go to bed when I was done. She let me finish.

When I was three, I fell and hit my head on the living room coffee table. It didn’t hurt much, but when my mom saw the gash, she nearly fainted. I remained relaxed despite the fact that I could feel myself losing consciousness during the car ride. I arrived at the hospital and the doctor immediately went to work stitching up the gash above my right eye. The nurse came in to hold my hand because she was concerned that it might be pretty scary for me to experience this. She asked if I was doing okay, and in turn I asked her if they had a mirror so that I could watch what they were doing. She went and found one for me.

When I was eight, my parents took me to the Boston Museum of Science. The museum houses a rotating exhibit that features real cadavers, and each cadaver is displayed in such a way that visitors can view a particular organ system in full. I spent what felt like hours looking at each one and noticing the most intricate details of each one. I took note of the intricacies of the vascular system, the shapes of the bones, and the interesting placement of lymphatic tissues around the armpits and throat. It was soon time to leave, and as soon as we got into the car, I asked my mom if we could come back the following week. She drove me to Boston a week later.

As college quickly approached, I knew that nursing was right for me. But, as I quickly came to find out from the hundreds of questions from friends, family, and teachers, I was supposed to already know what I wanted to do in the field. I began to think about what kind of work environment I wanted, or what kind of patients I wanted to work with. The only thing I seemed to know for sure was that I wanted to get my Bachelor’s degree in nursing, and that wanted to take care of people- I had incorrectly assumed that was all you had to know.

I loved school, and constantly immersed myself in as many educational opportunities I could get my hands on. When I was sixteen, I was presented with the opportunity to attend St. Paul’s School, a private boarding school in Concord, New Hampshire, for a summer program known as the Advanced Studies Program (ASP). I applied and was accepted, and suddenly I found myself living with twenty-five other girls, and studying with over three hundred high school students from around the state of New Hampshire for six weeks in the summer of 2014.

I wound up being placed in a biomedical ethics course taught by a little old man from South Carolina named Dr. Latimer. I had never been interested in the ethical aspect of medicine, only the more clinical aspect of the field. But Dr. Latimer showed me just how important ethics was to providing care to people in a meaningful way. We read case studies and tried to put ourselves into the patients’ shoes, created formal debates regarding medical ethics laws and regulations in the US and how they affect patients, and attended ethics committee meetings at the local hospital to see just how tightly bound ethics and medicine were. I continued to take an interest in ethics and took an upper level bioethics course upon arriving to college. It became clear to me that patient rights and maintaining patient autonomy were of utmost importance, no matter the field in which I worked.

Someday, I’ll be a nurse. I don’t know what I’ll be doing, or who I’ll be taking care of, but I do know that anywhere I go, I will improve patient care. Someday, that might mean improving access to family planning resources in an urban area, or improving children’s health in a public school. But for now, I’m working on Bessie. In my ideal world, people like Bessie will have access to the care and attention they deserve, and in turn, will be able to live and thrive during the last years of their lives, not waste away at the convenience of someone else.