I am reporting to the COVID-19 unit for my 12-hour nursing shift. Stretched to the limit, there are simply not enough nurses right now. I cannot complain. The COVID-19 unit is severely understaffed due to a variety of reasons. Some are ill. Some are weary. Some quite honestly are unwilling to throw themselves into the eye of a pandemic.

On this night of nursing, I suddenly discover I am responsible for 14 patients diagnosed with COVID-19, several of whom are very confused. Some are dying. One muddled gentleman is yelling, constantly, and has fallen several times this week. Our staff members are bone tired and doing their best.

After applying all protective gear—N95, surgical mask, eye protection, gown, boots—I see my first patient. But soon after “gowning,” I discover my patient’s blood sugar is dangerously low, and all that protective gear must come off, as quickly as humanly possible. I sanitize. Then I go in search of orange juice, a more challenging quest than anticipated. Amidst this pandemic, health care facilities have been forced to create emergency-built isolation COVID-19 wards, often with only enough space for closet-sized kitchens. So, I end up calling for orange juice to be placed in the breezeway—where I can retrieve it when the foyer is safely uninhabited—and grab a cup of apple juice and Lorna Doone cookies.

I can hear another patient yelling.

After robing all the required personal protective equipment—sweating under my masks and gowns, heart racing, mind ticking—I deliver apple juice and cookies for my first patient, a woman who helpfully shares that she dislikes apple juice and would have preferred Oreos. Nonetheless, she downs everything while

I proceed with the rest of her cares. By the time I leave her, her blood sugar is stable.

Disrobe. Sanitize. Complete charting.

Next, gown up and head for the patient who has been yelling. He is urinating into the trash can, which is unlined. I clean him up, calm him down, put his oxygen back on. I try to answer his repetitive questions kindly and calmly. I turn on the TV. I give him his call light. I clean up the room. I disrobe and sanitize. His yelling ensues immediately upon my departure.

On to the next room. This patient is relatively easy: alert and oriented, able to take medications whole, feeling little pain. I perform his cares and administer his medications under layers of protection. He wants to talk. He is lonely. I chat with him for a few minutes, but sadly the clock is ticking, and I have 12 patients yet to go. I politely interrupt and tell him I have work to do. I feel like a jerk.


Deep breaths, I am finally ready for my third patient (out of 14). But wait, my very first patient is calling, and she would like her blood sugar checked again. Robe. Check sugar. Stable. But this dear woman would still appreciate that Oreo I did not bring her last time. Disrobe. Walk down two hallways to get cookies, and return with cookies, making sure I adhere to all guidelines for personal protective equipment.

The Arnold P. Gold Foundation holds an annual essay contest to encourage medical and nursing students to reflect on their experiences and engage in narrative writing. The contest began in 1999 open to medical students and expanded in 2018 to include nursing students. Students are asked to respond to a specific prompt in 1,000-word essay.

For the 2021 contest, students were asked to use the following quote as inspiration to reflect on humanism in health care during the past difficult year using their experiences or observations, as an individual or as a team (doctors, nurses, therapists, etc.)

“We’ll observe how the burdens braided by humankind Are also the moments that make us humans kind; Let each morning find us courageous, brought closer; Heeding the light before the fight is over. When this ends, we’ll smile sweetly, finally seeing In testing times, we became the best of beings.”

—Excerpt from “The Miracle of Morning,” by Amanda Gorman

More than 270 essays were submitted. A distinguished panel of judges, including esteemed health care professionals and notable authors, reviewed the submissions. Three winning essays from medical students and three winning essays from nursing students were selected, along with 9 honorable mentions. The winning essays will be published in consecutive issues of Academic Medicine and the Journal of Professional Nursing in the fall/winter of 2021.

The contest is named for Hope Babette Tang-Goodwin, MD, who was an assistant professor of pediatrics. Her approach to medicine combined a boundless enthusiasm for her work, intellectual rigor, and deep compassion for her patients. She was an exemplar of humanism in medicine.

The Arnold P. Gold Foundation is a nonprofit organization that champions humanism in health care, defined as compassionate, collaborative, and scientifically excellent care. This Gold standard of care embraces all and targets barriers to such care. The Gold Foundation empowers experts, learners, and leaders to together create systems and cultures that support humanistic care for all.
Back to third patient.

My anxiety is rising. I am a seasoned bedside nurse who absolutely adores her patients. I am in my last year of graduate school aspiring to be a nurse practitioner. I am a single mom to 2 daughters. I am a strong woman. I do not cry at work. But I feel the tears coming. I cannot do this.

I approach my third patient with blurry eyes, read the electronic Medication Administration Record and prepare medications and treatments. This man is alert and oriented. He, too, takes his medications whole. I robe. Enter his room. He is pleasant. He is stable. I ask if he needs anything more, hoping silently that he does not. I have 11 patients left for bedtime medications and am already 3 hours into my shift. Unfortunately, he is out of ice water—and could I please bring a soda, any kind of soda is fine, but a Coke would be preferred.

I disrobe. I am on a simple mission for ice water and a soda, but I feel a breakdown coming on. Again, I am not sure that I can do this. For the first time in my decades-long nursing career I actually contemplate walking out on beloved patients.

But I do not walk out. Instead, I walk down 2 hallways to the makeshift closet/kitchen, open our tiny refrigerator and pray for a soda to appear. It is a miracle: There is one Coke left. It is Diet Coke, but it is cold, and it is a soda. I make a mental note to remember to call and get the soda restocked. I retrieve the ice water, collect the can of soda and return to the patient's room. After putting on all my protective gear, I enter the room and offer his refreshments.

The dear man sighs, takes a sip, looks up at me and says, “You are a blessing.”

I pause, just for a moment, and somewhere—way underneath all my masks—I smile.

I disrobe. Sanitize. Chart. And take a deep breath.

I can do this.

On to patient 4.

Editor's Note: The patients' names and other details have been changed to protect patient privacy.

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