Dreading your next shift

Dreading going to work as a nurse often arrives before the thought. Your heart is already on the unit. The story about why shows up afterward, to give the heart a reason.

When the dread wakes you at 3 a.m., say 'there it is,' then one breath: in for four, hold for seven, out for eight.

If you are already in the parking lot and it is loud, run the breath with the engine off and your hand on the badge. One cycle, then go in. Decide nothing about the job today.

It is 3 a.m. The shift starts in the morning, or you are trying to sleep before a night, and the ceiling has become the board. You are assigning patients you do not have yet to a version of yourself that is already failing them.

You drive, and the dread sits beside you like a coworker who will not make small talk. The music is on. You are not in the car. You are in room 12, and room 12 has not happened.

You stand in the locker room longer than the shoes require. The badge is in your hand. Your stomach is doing a job your mind will later call "being prepared." Prepared would be a glass of water. This is a surge.

You think about calling out, and then you think about the text the call-out will cause, and then you are in trouble in two directions before you have put your shoes on. The dread has hired a second dread to guard the door.

A day off does not always clear it. Sunday, or whatever day your week uses as a hinge, gets eaten from the back. The last hours are not yours. They are the hallway, arriving early.

If you have lain awake running a day that had not started, and called it responsibility, this is for you. It was the alarm, early for its shift, convinced that if it hurt enough in the dark, the morning would be safer.

Where does Kathy find ten seconds?

Kathy is 61, night ED charge. The way of coping her alarm reaches for is Knight: fight. She does not come to be soothed. On the second Tuesday the facilitator starts to describe a tool for the moment the alarm takes the wheel, and Kathy laughs the short hard laugh.

"I don't have ten seconds."

She means it. Two radios, the bed board, a phone that does not stop, a medic at her elbow with a patient she does not have a room for, a husband yelling about the wait. A tool that requires a chapel will not survive her desk. She says so, with respect.

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The facilitator does not argue her out of the desk. She asks a different question. No ten seconds at the desk. Believed. Is there anywhere in a shift that Kathy does have ten? Not a clever ten. A real one.

The answer, when it comes, is the gel. Kathy's hands already go there, palm over palm, between the fingers, dozens of times a night. The count fits inside a motion the job already requires. In for four while the palms work. Hold while she does between the fingers. Out for eight on the thumbs and the wrists. She does not stop rubbing. Nobody at the desk knows she is doing anything but what policy already asked. She counts. Nineteen seconds. She had them. She had been spending them on nothing.

She names it, and the name stays on the board in bad handwriting. Foam in, breathe out.

That is the whole scandal of the tool. It does not ask the charge nurse to become a different animal. It asks her to use a ten she already had, on purpose, once.

What is the 3 a.m. alarm doing?

The alarm fires before the thought. That is the mechanic the book is willing to say in plain words. The body gets the current first. The story rushes in to explain the current, and the story is usually a prediction. You will miss something. You will be the weak one. The assignment will be the one that ends you. The prediction feels like information because your heart is already behaving as if it were true.

It is not information. It is the alarm doing its job on a memory of danger, or on a building that has been dangerous in the ordinary way, short and loud and too full. The alarm cannot tell a live threat from a Tuesday. So it sends the current early, in the dark, where you cannot badge in and spend it on a real task. You lie there and call the current a thought. The thought is the caption. The current came first.

The line, said once, in the room, is this. The alarm isn't broken. It's doing its job. It thinks you are in danger, and it has sent the current through to get you moving. You do not fight that sentence into a mood. You use it as a label. There it is. The alarm. Not a prophecy.

If this is keeping you from sleeping or eating, or it is not easing, talk to your EAP or a clinician. If it has gone darker than that, or you are having thoughts of not wanting to be here, call or text 988 in the US, any hour.

Which two moves do you need at 3 a.m.?

The tool is six steps on a card. The facilitator calls them scaffolding. The chapter puts two moves in the body, and those two are the ones you need at 3 a.m.

Catch it. About ten seconds. Not ten seconds of doing nothing in a code. Ten seconds of knowing the alarm has gone off. Stephanie's fingers on her wrist. A foot already on the gas. A throat gone tight. Kathy's laugh. Pam out of the chair before she chose to be. You do not fight the current. You say, plainly, there it is.

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One breath, with a count. In through the nose for four. Hold for seven. Out through the mouth for eight, slow, the way you fog a mirror. Once. If the alarm is still loud after that, do it twice more. Start to finish, with the catch, it is about a minute. The long exhale is the piece of the wiring you can reach by hand. You cannot order your heart to stand down. You can slow an exhale on purpose, and the rest of the circuit gets a message that nobody is dying in the room you are in, which at 3 a.m. is a bedroom.

One cycle is the start. Three is the ceiling, for when the first one does not drop the volume. Three is not the default, and it is not a contest. If you turn it into a contest you will be doing the alarm's paperwork with better posture.

For the day you want the whole card:

Breathe.

Recognize (name the pattern in three words or fewer: "This is Fawn.").

Evidence (what is factually true right now?).

Accept (the alarm fired; it is not in charge).

Kindness (which circle is this voice pointing at?).

Return (one action, the next one).

Pam learns the count on a Tuesday, sitting down, feeling foolish. The hold is longer than she expects. Her shoulders drop on the way out, which is how she finds out how high they were. She does not expect to need it. She tells the room she is fine. At 2 a.m. on Friday she is in her kitchen. Her mother is at the stove, all four knobs turned, nothing lit, calling for the nurse. Pam turns the knobs off, one, two, three, four. Then she bends for the lid, fast and twisted, the way she teaches aides not to bend, and her back puts her down. Her legs are already gathering to get up, because someone is calling for the nurse, and her legs do not check whether the nurse can stand.

There it is, she thinks, and feels silly, and thinks it anyway. She makes the legs stop. In for four. The floor smells like the cleaner she uses on Sundays. Hold for seven, which is a long time with that back. Out for eight. The alarm is still loud. She does it twice more. On the third exhale her hands stop shaking. She is 53 years old on the linoleum, and she is not dying, and neither is anyone else in the house. She gets as far as sitting. She tells her mother to sit. She holds her mother's ankle, which is the only part she can reach, and they sit. It is the first break she has taken all week.

The story is not a promise that your back will unseize, or that a breath replaces a lift. Pam still has to get them both to bed. The breath did one job. It put a gap between the alarm and the next move, long enough that the next move was not a second injury.

Worth lives in Circle 1. Nowhere else.

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What is the dread not asking you to decide?

A lot of 3 a.m. dread tries to force a life decision before sunrise. Quit. Transfer. Call out. Become the nurse who does not feel this. Those questions are real, and they are not this tool. The tool is for the surge, so you do not make the large decision with your heart already at a sprint. The sort between the building and the part that is yours has its own page, Burned out on bedside nursing. Do that sort in daylight, after you have eaten. Do not do it on the kitchen floor at 2 a.m. The floor is for the breath.

Circle 3 is the assignment you do not control, the short staffing, the culture of dread that a unit can teach a new grad in a month. You are not weak for catching it. The building has been loud.

The breath does not make an unsafe assignment safe. If the dread is telling you the floor is short, the floor may be short. Use the ten seconds so you can say the true sentence to the person who can move the assignment, or so you can get home without a second injury. Circle 3 stays Circle 3 after you breathe. That is the point of naming it.

Circle 2 is the schedule you can sometimes influence, the charge who will hear a true sentence, the day off you protect with a no. Influence, not a guarantee.

Circle 1 is the catch and the breath, and the decision not to text a resignation to yourself at 3 a.m. The worth is in the ten seconds you spend knowing what the current is.

What do you do the next time it wakes you?

Find the ten you already have. Not a new ritual with a cushion. Gel, a red light, the walk from the locker to the desk, the minute the coffee pours. Kathy's ten was hiding in a motion she was already doing. Yours is too. If you cannot name it, you are looking for a chapel. Look for a motion.

Run one cycle, then judge. There it is. In for four, hold for seven, out for eight. If the alarm is still loud, two more, and then you stop counting as a way to stay awake. One minute, not a practice that becomes the thing you dread. At 3 a.m., after the breath, the question is small. Is there a real action, or is there a caption? If there is no action, the lights stay off. The caption can wait for the parking lot.

Do not decide your career in the surge. Write the dread in one line if you need to get it out of the loop, and leave the line for daylight. The daylight page for "is this the job or is this me" is the bedside one linked above. The daylight page for the replay after a shift you already survived is Post-shift anxiety. This page is only the ten seconds, and the breath, and Kathy finding she had them.

The opening scene, before any of them know the count, is on the nurses page. The book is the night Kathy counts the breath inside the gel at her desk and names it foam in, breathe out.

Be first to know when *Leave the Shift at the Door* is out

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More reasons

- Post-shift anxiety
- How to decompress after a 12-hour shift
- Saying no to extra shifts
- Made a mistake at work
- Burned out on bedside nursing
- The patient you still carry

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Tonight's move

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The person still in the car after the badge has beeped. Send this page. They can read it without an account.

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