

A photograph of a hospital emergency department hallway. The scene is dimly lit with a strong red glow from laser lines projected across the ceiling and floor. In the background, a sign reads "Emergency". Several medical professionals in scrubs and masks are walking through the hallway. A gurney is visible on the left side. The overall atmosphere is urgent and clinical.

THIRTY YEARS IN THE RED ZONE

Life Lessons from a Level 1 Trauma Center

ER Nurse Memoir

by

Genevieve Quevido-Inocencio, BSN, RN

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DEDICATION

To my parents, who taught me discipline and faith.

To my husband, who understood the weight of the work.

To my daughter, who forgave the missed moments.

And to every nurse who has ever driven through the dark, wild weather, and missed important holidays to celebrate with their loved ones because they must be at work to help strangers.

This is for you.

AUTHOR'S NOTE

This memoir comes from my thirty years working in emergency nursing, mostly at Lincoln Medical and Mental Health Center in the Bronx, New York. Every story is based on real events, but I have changed some details to protect patient privacy and follow HIPAA rules. In some cases, I created composite characters to help share bigger themes while still respecting the dignity of my patients.

The opinions expressed in this book are my own and do not represent the views of any hospital, healthcare system, or institution.

This book is not a manual. It is my testimony.

EPIGRAPH

"The character of the nurse is as important as the knowledge she possesses."

— Carolyn Jarvis

INTRODUCTION: THE 6 AM DRIVE

Whenever I'm scheduled to work, I would leave the house between six and six-thirty in the morning.

Even after thirty years, I learned to respect the streets of the Bronx. The highways never changed. I always gave myself extra time—not because I was slow, but because the city could be unpredictable.

There might be a fender-bender on the Bruckner, a double-parked truck on 149th, or a siren screaming past. I adjusted, I planned, and I showed up anyway.

That's nursing.

That was my life for so many years.

For thirty years, my mornings started this way. I would turn the key, check the rearview mirror, pull out of my driveway in Westchester County, and head south into the chaos.

For thirty years, I arrived at Lincoln Medical and Mental Health Center, one of New York City's busiest Level 1 trauma centers, and walked through the sliding doors into the emergency room.

Each day, I checked in with the head nurse to find out where I would be stationed: triage, medical ER, surgical ER, critical care, trauma room, resuscitation, or the holding area.

Every twelve-hour shift could bring anything: a gunshot wound, a mother in labor, a child who swallowed something he shouldn't have, an overdose, a person in cuffs, a car crash, a heart attack, a lie, or even a miracle.

I saw all of these and more.

Somewhere along the way, I stopped being the frightened girl from a small town in the Philippines who thought America would look like the movies. The Bronx changed me. I became tougher and wiser. I learned to spot a made-up story from across the room, calm

a panicked family member, hold a dying patient's hand while working with a doctor, guide a tech, and reassure a nervous nursing student—all at once.

I truly became a nurse.

Not just in name, but in every part of me.

When I retired, I felt something I had not let myself feel in decades: ***freedom***. I was free from the daily routine, from policies that sometimes helped and sometimes made things harder, from workplace drama that drained me more than any shift, and from seeing people suffer in ways I could ease but never completely fix.

But freedom also brought something I did not expect.

Silence.

In that silence, I began to remember.

Not the cases I tried to forget, the ones that stayed with me and made me talk with my husband during meals. Not just to talk about what I had seen, but the *lessons*. The moments that taught me how to show compassion without getting too attached.

The small, hard-won victories that went unnoticed because we were already moving on to the next patient.

The immigrant nurse who thanked me in Tagalog because she was overwhelmed and I was able to help her.

There was the young doctor who listened when I spoke up about a medication error, and another who did not.

The patient who survived two codes and learned from my colleagues in the floor that he left the hospital three weeks later. And the one who did not survive, but whose daughter held my hand and whispered, "Thank you for being kind."

This book is not just a collection of highlights.

It is not a set of heroic stories meant to make emergency nursing look glamorous. It isn't. It's hard. It's exhausting. It will challenge your body, your mind, your relationships, and your faith.

Some days I came home so tired I couldn't talk. Some days I wondered if I was making any difference. Some days I felt invisible, unappreciated, and underpaid.

But I kept going.

I'm writing this for you: the nursing student lying awake at 2 AM, wondering if you made the right choice; the new grad nurse crying in the bathroom after a tough shift; the experienced nurse thinking about quitting because the system feels broken; the

immigrant nurse who feels out of place; and the aspiring nurse who wonders if you have what it takes. I want you to know the truth.

Nursing is not easy.

But it's worth it.

This book is my story. It's my way of reaching back to the version of myself who once stood in a dorm room in Davao City, Philippines, both scared and excited, wondering what the future would bring. It's for every nurse who has doubted themselves, every patient who trusted us with their most vulnerable moments, and anyone who has ever wondered what really happens behind emergency room doors.

I'm not a hero.

I'm a nurse who showed up, learned, failed at times, and grew.

If my story can help you find your way, then every early morning drive, every missed holiday, every moment of fear, grief, and excitement.

It was all worth it.

Let me take you back to where it started.

To a small town in the Philippines, where a teacher's daughter played the banduria, a local stringed instrument, in church, never knowing that one day she would be holding the hand of a gunshot victim in the Bronx.

To the unlikely, ordinary, extraordinary journey of a nurse.

My journey.

Part I – The Roots

CHAPTER 1

THE TEACHER'S DAUGHTER

"We are not what we know but what we are willing to learn."

— Mary Catherine Bateson

I was expected to behave.

That's what happens when both your parents teach at the same school you attend. When your father is the assistant principal and your mother teaches chemistry, there is no hiding. No blending into the crowd. No slipping through unnoticed.

Everyone knows your name.

I was the oldest of five siblings, which meant I carried the weight of example. What I did, my younger brothers and sisters would follow. What I failed at, they would witness. My parents did not have to say it out loud—I felt it in every glance, every expectation, every quiet nod of approval or flicker of disappointment.

Our town was small. The kind of place where everyone knew everyone, where church on Sunday was not optional, where your reputation was built slowly and could be destroyed in a single careless moment. My father was a member of the Knights of Columbus. My mother belonged to the Daughters of Mary Immaculate and the Catholic Women's League. Faith wasn't just something we practiced, it was woven into the fabric of our daily lives.

I learned early that duty and love were not opposites.

They were the same thing, expressed differently.

My mother wanted me to follow in her footsteps. She never said it directly, but I knew. She'd watch me study, correct my posture at the dinner table, remind me that education was the path to a better life. She was strict. Exacting. She believed in discipline, in structure, in doing things the right way.

My father was different.

Quieter. More open. He encouraged me to dream, as long as I stayed consistent with good grades. He didn't push me toward one path or another, he simply asked me to be excellent at whatever I chose.

I didn't know what I wanted.

But I knew I wanted to make them proud.

Music was my escape. My joy. I joined the Rondalla group at church, learning to play the banduria—a traditional stringed instrument with a bright, unmistakable sound.

There was something about the way the notes came together, each instrument playing its part, creating harmony. I loved the discipline of practice, the way my fingers learned the strings, the way the music filled the church during Mass.

It was the first time I felt like I was contributing something beautiful to the world.

Not because I had to.

Because I wanted to.

School was rigorous. My parents' presence meant I could not afford to be mediocre. I studied hard, participated in class, kept my head down. I was not rebellious. I was not wild. I was the dependable one. The responsible one.

The one who did what was expected.

But inside, I was restless.

I did not know what I was restless *for*—just that there was something beyond the borders of our small town, something waiting for me that I could not yet name.

I watched neighbors and friends whose relatives had gone abroad. They sent money home. Built bigger houses. Wore nicer clothes. Their families spoke of them with pride, with a kind of reverence reserved for those who had "made it."

I did not know then that I would become one of them.

I did not know that the girl playing banduria in a small-town church would one day stand in a trauma bay in the Bronx, her hands steady, her voice calm, as she helped save a life.

But the seeds were planted.

In the discipline my mother demanded.

In the encouragement my father offered.

In the harmony I learned from music—that every part matters, that timing is everything, that sometimes you lead and sometimes you follow, but you always, always show up.

I was the teacher's daughter.

And I was learning lessons I would not understand for years.

CHAPTER 2

A COINCIDENTAL CALLING

"We do not choose our destiny. But we do choose how we meet it."

— Unknown

I did not choose nursing. I felt that Nursing chose me.

At least, not in the way people imagine—some dramatic moment of clarity, a burning passion, a childhood dream. It wasn't like that.

It was a teacher. A colleague of my mother's. A conversation I barely remember.

I was in high school, still uncertain about what I wanted to do with my life.

My mother had made her preference clear: she wanted me to follow her into teaching. It was stable. Respectable. A profession that commanded respect in our community.

But something in me hesitated.

I could not articulate why. I just knew that when I imagined myself standing in front of a classroom, repeating lessons year after year, something inside me went quiet.

Not in a peaceful way.

In a suffocating way.

One afternoon, a nursing school—San Pedro College in Davao City—came to our school to conduct an entrance exam prep session. My section was chosen first. We were told to participate. It wasn't exactly optional.

I took the test.

I did not think much of it.

But the teacher—the one who had suggested that I consider nursing—pulled me aside afterward. She told me I had potential. That nursing was a good field. That it offered opportunities, especially abroad.

That word: *abroad*.

It shimmered.

In the Philippines, nursing was not just a profession. It was a passport. A way out. A chance to earn money that could change your family's life. I knew people—neighbors, friends of friends—whose relatives had gone to the Middle East, to the United States, to Canada. They sent remittances home. Built houses. Paid for their siblings' education.

They had *made it*.

I did not have any relatives in nursing. No one in my immediate family had taken that path. But I started to think: *What if?*

When I told my mother, her reaction was immediate.

"It's too expensive."

Not *no*. Not *I forbid it*. Just: *It's too expensive*.

Which meant: *I'm worried. I'm scared we can't afford it. I'm not sure this is the right choice*.

My father's response was different.

"Follow your dreams," he said. "As long as you keep your grades up."

That was it. No lecture. No pressure. Just permission.

And somehow, that permission was enough.

I applied. I was accepted.

And just like that, my life turned in a direction I hadn't planned.

Looking back, I wonder how much of life is like that. Not grand decisions made with certainty, but small moments—a teacher's suggestion, a test you did not think mattered, a father's quiet encouragement—that shift everything.

I did not feel called to nursing.

I felt *nudged*.

And I was curious enough to follow.

CHAPTER 3

FIFTY KILOMETERS FROM HOME

"Freedom is not the absence of commitments, but the ability to choose—and commit myself to—what is best for me."

— Paulo Coelho

Davao City was fifty kilometers from home.

An hour by public transportation. Close enough to return on weekends. Far enough to feel like a different world.

I was eighteen years old, and for the first time in my life, I was stepping outside the watchful eyes of my parents.

A neighbor—someone I'd grown up with, gone to school with—was also enrolling at San Pedro College. Her family had rented an apartment and hired a household helper. She invited me to join her.

I said yes.

It felt like an adventure. Living with a friend. Having a helper to cook and clean. Studying in a city that felt bigger, louder, more alive than the quiet town I'd known my whole life.

But the apartment wasn't close to campus. I had to take public transportation every day, jeepneys packed with people, the smell of exhaust and street food, the noise of vendors and traffic. It was exciting at first. Then exhausting.

After a few months, I made a decision.

I moved into a dorm closer to school.

It was smaller. More cramped. But it was *mine*.

For the first time, I was truly independent.

No parents checking my homework. No younger siblings needing attention. No one monitoring my comings and goings.

It was thrilling.

And terrifying.

Nursing school was harder than I expected. Not just the academics—though those were rigorous—but the *reality* of it. The clinical rotations. The hospital affiliations. The first time I touched a real patient, not a mannequin.

The first time I saw blood.

The first time I watched someone die.

We rotated through different departments: medical wards, surgical units, pediatrics, obstetrics, community health. Each rotation was a short apprenticeship, a crash course in what nursing actually *was* beyond the textbooks.

I remember the exhaustion. The long hours. The fear of making a mistake.

But I also remember the camaraderie. The late-night study sessions with classmates who became friends. The laughter that broke through the stress. The shared understanding that we were all in this together, all trying to figure out how to be competent, compassionate, professional.

I went home on weekends when I could.

My mother would cook my favorite meals. My father would ask about my studies. My siblings would crowd around, asking questions about the city, about school, about what it was like to be "on my own."

And every Sunday evening, I'd pack my bag and take the jeepney back to Davao.

Back to the dorm. Back to the books. Back to the hospital wards where I was learning, slowly, what it meant to care for someone in their most vulnerable moments.

I was homesick sometimes.

But I was also becoming someone new.

Someone who could manage her own time. Make her own decisions. Navigate a city. Handle responsibility.

I didn't know it then, but those years in Davao were preparing me for something much bigger.

For a move that would take me not fifty kilometers from home, but eight thousand miles.

For a life in a city that would make Davao look small.

For a career that would test every ounce of independence, resilience, and courage I was building in that little dorm room.

I was learning to be away from home.

And one day, I would be very, very far away.

PART II: CROSSING OCEANS

CHAPTER 4

THE OFFER

"Courage is not the absence of fear, but the triumph over it."

— Nelson Mandela

The opportunity came quietly.

There was no big announcement or clear path. Just a recruiter, a contract, and a question:

Do you want to work in the United States?

I was young and had just started working as a nurse. With little experience, I was still figuring out what kind of nurse I wanted to become.

But I knew one thing: in the Philippines, working abroad was not just a career move. It was *'the'* career move.

It was the dream of many.

The recruiter worked for St. Barnabas Hospital in the Bronx, New York. They needed nurses. The offer was simple: come to the U.S. and start working as a Registered Nurse with a Permit, which is a temporary work permit while waiting to take the NY State Professional Nurse licensing exam. If we passed the exam and got our license, our visa would become a regular working visa. If we failed, we would lose our jobs.

I did not know anything about the Bronx.

I didn't know anyone in New York, at least not until I found out about my older cousin, whom I hadn't seen in years.

But I knew this was the chance people waited years for.

So, I said yes.

My family had mixed feelings. They were proud, but also afraid. My mother was worried, while my father encouraged me. My siblings saw me as both incredibly brave and a little reckless.

I was the first in my family to leave the country for work.

The first to take this kind of leap.

Saying goodbye was harder than I expected.

I packed everything I owned into two suitcases. At the airport, I hugged my parents and promised to call, to write, and to send money home.

Then I got on a plane and flew to a country I had only seen in movies.

My expectations of New York, based on the movies I've watched, were of high-rise skyscrapers, Wall Street, and the Fashion District.

I wasn't totally wrong. However, I learned it was located elsewhere. Not the Bronx. I was a bit disappointed, but hey, at last, I'm in America.

CHAPTER 5

THIS IS NOT THE MOVIES

"The reality of the other person is not in what he reveals to you, but in what he cannot reveal to you."

— Kahlil Gibran

The Bronx wasn't the America I expected.

In the movies, America looked clean and shiny, with wide streets, friendly neighbors, and opportunities everywhere.

The Bronx was loud and crowded. It was gritty in a way that felt both intimidating and alive.

I arrived in the middle of winter. The cold bit through my jacket, which had been warm enough in the Philippines but was nowhere near enough here.

I had never experienced a cold like that before. The kind that makes your fingers ache and seeps into your bones.

Everything felt new.

Rent, food, transportation—I needed to make some adjustments.

I wasn't fully aware of what the cost of living in New York would be like. Compared to the Philippines, I was about to experience a big difference.

Back in the Philippines, I didn't have many budgeting challenges because my parents supported me financially, even after I started earning a salary. Because it wasn't enough to afford a decent-sized apartment. But this time, I was on my own, so I had to make every dollar count.

I sent money home to my family, just as I had promised. My employer provided my first three months of accommodation. I never learned how to cook, not even simple meals, while I was in the Philippines. That really worried my mom.

Luckily, my apartment is almost adjacent to the hospital where I work, so no commute is necessary. I was sharing the dorm room with an older friend I met in the recruitment agency. She's older than me, mature, and a seasoned nurse who already worked in Saudi Arabia. She was another blessing to me. Perhaps an answered prayer of my mom.

She acted as my big sister. Guided me in many ways. She cooked too. The dorm where we stayed had a common kitchen for newly recruited nurses. There are occasions when she

cooks a Filipino dish. It made my early months in NY easier and comforting. But I was homesick. Especially for Filipino food.

The food in the US tasted different. I guess I hadn't gotten used to the flavors yet. I missed the tastes of home—the sinigang, the adobo, the rice with every meal. Here, everything seemed bland or overly processed.

At that time, there were no Filipino grocery stores or restaurants nearby. The only chance to enjoy Filipino meals was when our recruiter came by and drove us to Queens. We always looked forward to those trips.

But the hardest adjustment wasn't the cold, the cost, or the food.

It was the *responsibility*.

For the first time, I was completely on my own. No family nearby. No safety net. If I failed, there was no one to catch me.

I had to pass the New York nursing licensure exam. That was part of the contract. If I didn't pass, I couldn't continue working with the temporary work permit. And if I couldn't work, I couldn't stay.

The pressure was immense.

I studied every day. I took practice tests. I reviewed material I thought I'd already mastered. I was terrified of failing. Terrified of disappointing my family. Terrified of having to go home and admit that I couldn't make it.

St. Barnabas Hospital became my anchor. It was a medical-surgical floor—not emergency, not critical care, just steady, routine patient care. I learned the rhythms of American nursing.

The documentation. The policies. The way doctors and nurses communicated, which was different from the Philippines.

I learned to navigate a system that was more advanced technologically but also more bureaucratic.

I learned to work with patients who spoke languages I didn't understand, who came from cultures I didn't know, who sometimes looked at me—a young Filipina nurse with an accent—and questioned whether I was competent.

I learned to prove myself.

Every. Single. Day.

And then, one afternoon, I got the letter.

I had passed the exam.

I was a licensed Registered Nurse in the State of New York.

I sat in my small apartment, holding that piece of paper, and I cried.

Not because it was easy.

Because it was hard.

And I had done it anyway.

CHAPTER 6

PASSING THE TEST

"A license is not just permission to practice. It is a promise." — Unknown

The day I received my nursing license, everything changed.

Not externally. I still live in the same small apartment. Still took the same subway. Still sent money home.

But internally, something shifted.

I was no longer just a nursing graduate trying to find her footing in a foreign country.

I was a *professional*.

That license meant something. It meant I had met the standards. That proved my knowledge, my competence, my readiness to care for patients in one of the most demanding healthcare systems in the world.

It also meant I was accountable.

Every decision I made, every medication I administered, every assessment I documented was all on me now. My license was my livelihood. My future. My proof that I belonged here.

And it could be taken away.

I felt the weight of that responsibility in a way I hadn't before. In nursing school, there had always been an instructor nearby. Someone to double-check. Someone to catch mistakes.

Now, it was just me.

I became meticulous. I double-checked everything. I asked questions when I wasn't sure. I stayed late to finish charting. I reviewed protocols obsessively.

I was terrified of making a mistake that could hurt a patient.

Or cost me my license.

But I was also proud.

I have done what I came here to do.

I passed the test.

And now, the real work could begin.

PART III: THE EMERGENCY ROOM

CHAPTER 7

NYC Health + Hospitals/LINCOLN

"That some achieve great success, is proof to all that others can achieve it as well."

— Abraham Lincoln

The opportunity came through a colleague.

Lincoln Medical and Mental Health Center—one of New York City's Health and Hospitals Corporation facilities—was hiring for the emergency department.

I'd been working on the medical-surgical floor at St. Barnabas for a while. It was stable. Predictable. Safe.

But something in me was restless.

I wanted something different. Something faster. Something that would challenge me in new ways.

The ER felt like that.

I applied. I interviewed. I was offered the position.

And I took it.

Walking into Lincoln's emergency department for the first time was like stepping into a different world.

The noise hit me first. Monitors beeping. Radios crackling. Voices overlapping, doctors calling out orders, nurses coordinating care, patients crying or shouting or pleading.

The pace was relentless. There was no downtime. No quiet moments to catch your breath. As soon as one patient was stabilized and moved, another arrived.

Gunshot wounds. Stabbings. Car accidents. Overdoses. Heart attacks. Strokes. Asthma attacks. Diabetic emergencies.

Everything.

All at once.

It was nothing like the TV show *ER* I used to watch in the Philippines. That show was dramatic, yes, but also sanitized. Scripted. Neat.

This was raw.

But I loved it.

I loved the variety. The unpredictability. The fact that I never knew what would come through those doors next.

I loved that I got to see different patients every shift. On the medical floor, I'd care for the same patients for days, sometimes weeks. Here, I might spend an hour with someone, stabilize them, and never see them again.

It was intense.

But it was also exhilarating.

And I wasn't alone.

Many of my colleagues were Filipino. We spoke Tagalog in the break room. Shared food from home. Understood each other's struggles—the homesickness, the pressure to send money back, the challenge of navigating a system that wasn't built for us.

There was a camaraderie in the ER that I hadn't felt before.

We were a team. We had to be. There was no room for ego or hesitation. When a trauma came in, everyone moved. Everyone knew their role.

And slowly, I learned mine.

I learned to anticipate. To prioritize. To stay calm when everything around me was chaos.

I learned that emergency nursing wasn't just about technical skills.

It was about presence. Communication. Trust.

It was about being the steady voice in the storm.

And I was ready to become that.

CHAPTER 8

ROTATION AND RHYTHM

"Routine is not a prison, but the way to freedom from time." — May Sarton

Every shift began the same way.

I'd arrive at Lincoln around 6:45 AM, give myself fifteen minutes to change into scrubs, grab a coffee if there was time, and head to the nurses' station.

The head nurse would have the assignments ready.

Triage. Medical ER. Surgical ER. Critical Care Unit. Trauma Room. Medical Resuscitation. Holding Area.

We rotated daily. No one stayed in the same spot for long. It kept us sharp. Kept us versatile.

Some nurses hated the constant rotation. They wanted consistency, predictability.

I didn't mind it.

In fact, I liked it.

Every area had its own rhythm, its own challenges.

Triage was the front line. You assessed every patient who walked through the door. You decided who needed immediate attention and who could wait. You had to be fast, accurate, and thick-skinned. People didn't like being told they had to wait. They didn't understand that the chest pain took priority over the sprained ankle.

You learned to explain. To reassure. To hold boundaries. You learn to read expressions. Learn warning signs of violence and simple tantrums.

Medical ER was where the "stable" patients went. Stable is a relative term. They weren't coding, but they were sick. Pneumonia. Cellulitis. Uncontrolled diabetes. Chronic conditions flaring up.

You managed multiple patients at once. You coordinated with doctors, labs, radiology. You kept things moving. You juggle task, you learn to be fluid and flexible but stayed firm on priorities.

Surgical ER handled trauma that wasn't immediately life-threatening. Lacerations. Fractures. Abscesses. Burns.

You cleaned wounds. Assisted with sutures. Splinted broken bones. Helped dislocations back in place. Administered pain meds and tetanus shots.

Critical Care was for patients too unstable to go upstairs but not critical enough for the trauma bay. Sepsis. Respiratory failure. Acute MI.

You monitored closely. Titrated drips. Watched for changes. Anticipated deterioration.

Trauma Room was where the worst cases came. GSWs. Stabbings. Major MVAs. Multi-system injuries.

You moved fast. No hesitation. The trauma team worked like a machine—everyone had a role, everyone executed.

Your job was to support. To anticipate. To hand the surgeon the instrument before they asked. To start the second IV while someone else intubated. To keep the family updated when there was time.

Medical Resuscitation was for codes. Cardiac arrests. Respiratory arrests. Patients circling the drain.

You did CPR. You pushed meds. You shocked. You documented every second.

And sometimes, you called it.

Holding Area was where patients waited for beds upstairs. They were admitted but stuck in the ER because the hospital was full.

You kept them comfortable. Monitored. Safe.

It wasn't glamorous. But it mattered.

Every area mattered.

And over time, I learned to move between them seamlessly.

I learned the rhythm of the ER.

The way morning started slow and built to chaos by mid-afternoon.

I learned to organize my time. To prioritize without overthinking. To trust my instincts.

And I learned that in the ER, you never stop moving.

Because the moment you do, someone else is coming through the door.

CHAPTER 9

GUNSHOTS, STABBINGS, AND GRACE

"Trauma is personal. It does not disappear if it is not validated." — Danielle Bernock

The first gunshot wound I saw, I froze.

Not for long. Maybe two seconds. But in the ER, two seconds is an eternity.

The patient was young. Maybe nineteen. He'd been shot in the abdomen. His shirt was soaked with blood. His eyes were wide, terrified.

The trauma team moved around him like a choreographed dance. Someone cut off his clothes. Someone else started an IV. The doctor barked orders. A nurse documented every intervention.

And I stood there, holding a bag of saline, trying to remember how to breathe.

Then someone snapped at me—"Move!"—and I did.

I hung the bag. I grabbed supplies. I fell into the rhythm.

And afterward, when the patient was stabilized and wheeled to the OR, everything moved on.

Just because one trauma case left doesn't mean it's break time.

Nah, another case, more action.

More often, we don't have time to process the drama until our shift ends.

Over time, I saw more. So many more.

Gunshot wounds became routine. Stabbings too. Motor vehicle accidents. Falls from heights. Burns.

The Bronx was a tough place. Violence was part of the landscape.

And we were the ones who picked up the pieces.

Some cases stayed with me.

The teenager who came in with a stab wound to the chest and didn't make it. His mother's scream when we told her. The way she collapsed in the hallway.

The man who'd been shot in a drive-by. He survived, but he'd never walk again. I watched him process that news in real time. The disbelief. The anger. The grief.

The woman who'd been in a car accident with her two kids. The kids were fine. She wasn't. We worked on her for an hour. We couldn't save her.

I learned to hold space for grief without drowning in it.

I learned to be present without being consumed.

But I also learned something else.

Not every patient in the ER was a trauma case.

Some were just *dramatic*.

The "frequent flyers"—people who came in multiple times a week for minor complaints. Who demanded to be seen immediately. Who threatened to sue if they didn't get pain meds.

They were exhausting in a different way.

Because they took time and energy away from the people who were actually dying.

I learned to manage them. To set boundaries. To stay professional even when I wanted to scream.

And I learned to recognize the difference between someone in genuine distress and someone playing games.

I developed what I call a *sixth sense*.

The ability to walk into a room and know, within seconds, whether the patient was telling the truth.

Whether the chest pain was real or a ploy for admission.

Whether the fall actually happened or was staged for attention.

It wasn't about being cynical.

It was about being efficient.

Because in the ER, time is life.

And I couldn't afford to waste it.

CHAPTER 10

THE SIXTH SENSE

"Intuition is seeing with the soul." — Dean Koontz

You can't teach intuition.

You can teach assessment skills. Pharmacology. Protocols.

But the ability to *sense* what's really happening, that comes from experience.

From seeing the same patterns over and over until your brain starts recognizing them before you consciously realize it.

I learned to read facial expressions and body language. Tone of voice. I learn to read between the lines of unspoken words. Eye contact. Manipulations.

I learned that someone in real pain doesn't usually scream. They go quiet. They curl inward. They can't focus on anything else.

Someone faking pain often performs it. Loudly. Dramatically.

I learned that the patient who says, "I'm fine, I'm fine," while clutching their chest and sweating is the one you need to worry about.

The one demanding to be seen immediately for a hangnail? Less so.

I learned to listen.

Not just to what patients said, but to what they *didn't* say.

The pauses. The hesitations. The way their story changed slightly each time they told it.

I learned to trust my gut.

If something felt off, it usually was.

And I learned that the best nurses aren't the ones with the most technical skills.

They're the ones who can *communicate*.

Who can explain a procedure in a way that calms a terrified patient.

Who can de-escalate an angry family member.

Who can advocate for a patient when a doctor isn't listening.

Tone of voice matters. A lot.

You can say the exact same words in two different tones and get completely different reactions.

I learned to speak calmly. Firmly. Respectfully.

Even when I was exhausted. Even when I was frustrated. Even when the patient was being difficult.

Because how I spoke affected outcomes.

A patient who trusts you will tell you the truth. Will follow instructions. Will let you help them.

A patient who feels judged or dismissed will shut down. Will lie. Will leave against medical advice.

I also learned to see situations from the patient's perspective.

Yes, this was my hundredth shift this month.

But it was their *first time* in an ER. Their first time being terrified. Their first time wondering if they were going to die.

That perspective shift changed everything.

It made me more patient. More compassionate.

It reminded me that behind every case number, every chart, every bed assignment—

There was a person.

And that person deserved to be seen.

PART IV: THE COST OF CARING

CHAPTER 11

WHAT YOU TAKE HOME

"The wound is the place where the Light enters you."

— Rumi

There were days I couldn't stop thinking about a patient.

Days I'd drive home in silence, replaying the shift in my head.

Did I miss something?

Could I have done more?

What if I'd spoken up sooner?

The cases that haunted me weren't always the ones you'd expect.

Sometimes it was the dramatic traumas—the ones where we fought hard and lost.

But more often, it was the quiet ones.

The elderly man who came in alone, confused, with no family to call.

The young mother who overdosed while her kids were in the next room.

The teenager who'd been beaten by someone who was supposed to love him.

Those were the ones that followed me home.

I learned, over time, that I couldn't carry every patient with me.

If I did, I'd break.

I had to find a way to care deeply without being destroyed by it.

It's a balance that's hard to describe.

You have to stay emotionally present enough to be compassionate.

But distant enough to protect yourself.

Too far in either direction, and you fail.

Too detached, and you become cold. Robotic. The kind of nurse patients complain about.

Too attached, and you burn out. You take every loss personally. You can't function.

I learned to compartmentalize.

Not in a cold way. In a *survival* way.

At work, I was fully present. I gave everything I had.

But when I walked out those doors, I left it behind.

Often, I don't talk about work at home unless I needed to process something specific.

Luckily, I have a partner who shares similar experience and environment. My spouse is also an ER nurse.

I didn't want to bring the trauma into my living room nor discuss the ER bleed during dinner time. However, there are times when exchanging notes with my partner and an opportunity of educating our daughter with real-life experience is inevitable.

It wasn't always easy.

There were nights I came home and my husband could tell something was wrong.

We'd sit at the dinner table, and I'd tell him about the case. About the patient who didn't make it. About the family who fell apart in front of me.

And he'd listen.

Because he understood.

He'd been there too.

And then we'd move on.

We'd talk about our daughter. About bills. About weekend plans.

We'd return to normal life.

Because we had to.

Because if we didn't, the ER would consume us.

I also learned to recognize the signs of burnout in myself.
The irritability. The exhaustion that sleep didn't fix. The cynicism creeping in.
When I felt those things, I took a step back.
I took a day off. I went for a walk. Go shopping. I reminded myself why I started.
I gave myself permission to be human.
To feel. To grieve. To rest.
Because nursing isn't just about caring for others.
It's about caring for yourself too.

CHAPTER 12

THE ONES WE COULDN'T SAVE

"Grief is the price we pay for love."
— Queen Elizabeth II

Not every patient makes it.

You know that going in. Intellectually, you understand that death is part of the job.

But understanding it and *experiencing* it are two different things.

The first time we lost a patient, it felt like we failed.

We'd done everything right. Followed every protocol. Worked as a team.

But it wasn't enough.

The patient coded. We ran the code. We pushed meds, shocked, did compressions.

And then the doctor called it.

Time of death: 14:32.

I stood there, staring at the body, and I felt... empty.

Someone cleaned up. Someone called the family. Someone documented.

And I moved on to the next patient.

Because that's what you do.

But later, in the quiet moments, I thought about that person.

About the life they'd lived. The people who loved them. The fact that they'd woken up that morning not knowing it would be their last day.

Over time, I learned that my role wasn't always to save.

Sometimes, it was just to *be there*.

To hold a hand. To speak gently. To make sure someone didn't die alone.

There was a man—elderly, end-stage heart failure—who came in unresponsive. No family with him. No emergency contacts in his wallet.

We intubated him. Started pressors. Did everything we could.

But he wasn't going to make it.

I tried to suppress my emotions. I learned to desensitize. Sometimes I felt some guilt.

It wasn't immoral, but I can't help to question my feelings. My spirituality.

That matters to me.

There were other cases. So many others.

There's never a day that EMS crew aren't busy responding to calls and bringing trauma cases back-to-back because our ER cannot divert those calls. No matter how understaffed and exhausted our team is, we must accept every ambulance that rolls into our bay.

Some are serious trauma; others may just be a simple case of food poisoning. Believe it or not, nothing annoys us more when we ran into someone who came in via ambulance for toothache.

Moving to another case of a teenager who overdosed. We got him back once. Twice. The third time, we couldn't.

Each loss left a mark.

Not a scar. A mark.

A reminder that life is fragile. That we do our best, but we're not gods.

That sometimes, all we can offer is presence. Compassion. Dignity.

And that has to be enough.

Because it's all we have.

CHAPTER 13

THE PRICE OF A PAYCHECK

"Wealth consists not in having great possessions, but in having few wants."

— Epictetus

There were nurses who worked constantly.

Double shifts. Overtime. Extra per diem gigs on their days off.

They made good money. Really good money.

But they were exhausted. Burned out. Irritable.

Their relationships suffered. Their health suffered.

They were chasing a paycheck, and it was costing them everything else.

I understood the temptation.

Nursing *can* be lucrative, especially in New York. Especially if you're willing to work nights, weekends, holidays, overtime.

You can make upwards six figures if you hustle hard enough.

But at what cost?

I watched colleagues burn out. I watched marriages fall apart. I watched nurses who were so tired they made mistakes—mistakes that could have cost a patient their life.

I made a choice early on.

I would work my shifts. I would work them well. But I wouldn't sacrifice my life for a bigger paycheck.

I worked day shifts all those years. I rarely took overtime unless it was absolutely necessary.

I went home. I spent time with my family. I rested.

Some people thought I wasn't ambitious. That I wasn't maximizing my earning potential.

But I didn't care.

Because I saw what happened to the ones who did.

They made more money, yes.

But they were miserable.

And their kids barely knew them.

Nursing is a calling. A dedication.

It's not a get-rich-quick scheme.

If you go into it for the money, you'll burn out fast.

You have to go into it because you *care*. Because you want to make a difference. Because you believe in the work. Something I learned from experience. Luckily, money was not the motivation I chose nursing career. Nursing chose me. Not to become wealthy but to teach real-life lessons that I can share.

The money is important. Of course it is. We all have bills to pay.

But it can't be the only reason.

Because the work is too hard. The hours are too long. The emotional toll is too high.

If money is your only motivation, you won't last.

I've seen it happen too many times.

So I chose balance.

I chose to be present at work and present at home.

I chose to be a good nurse *and* a good mother, wife, daughter.

It wasn't always easy.

But it was the right choice.

And I have no regrets.

PART V: IDENTITIES

CHAPTER 14

BEING FILIPINA IN THE BRONX

"I am not what happened to me. I am what I choose to become." — Carl Jung

Being a Filipina nurse in New York came with assumptions.

Some patients saw my face, heard my accent, and immediately trusted me. Filipinos have a reputation in nursing—hardworking, compassionate, competent.

That reputation opened doors.

But it also created pressure.

I had to live up to it. Every shift. Every patient.

I couldn't afford to be mediocre.

Because if I failed, it wasn't just *me* failing. It was a reflection on every Filipino nurse who came before me and every one who would come after.

That's the weight of representation.

And then there were the patients who didn't trust me.

Who looked at me and saw "foreign." Who asked for a "real" nurse. Who spoke slowly and loudly, assuming I didn't understand English.

I understood English just fine.

But I also understood that their prejudice wasn't really about me.

It was about fear. About unfamiliarity. About a world that was changing faster than they could adjust to.

So I didn't take it personally.

I stayed professional. I did my job. I proved my competence through my actions, not my words.

And most of the time, by the end of the shift, those same patients were thanking me.

Because good nursing transcends language. Transcends culture.

It's about presence. Skill. Compassion.

And I had all three.

Being an immigrant also shaped how I saw my patients.

I understood what it was like to be far from home. To navigate a system that wasn't built for you. To feel like an outsider.

So when I cared for other immigrants—patients who spoke broken English, who were scared, who didn't understand what was happening—I saw myself.

And I made sure they felt seen.

I spoke slowly. I explained things clearly. I found translators when I needed to.

I treated them with the dignity I wished every immigrant received.

My culture also gave me something else: humility.

I was raised to respect authority. To work hard without complaining. To serve without expecting recognition.

Those values served me well in nursing.

I didn't need to be the star. I didn't need credit.

I just needed to do the work.

And I did.

For thirty years.

CHAPTER 15

MOTHER AND NURSE

"You can't pour from an empty cup."

— Unknown

Being a mother and a nurse meant living in constant tension.

Between duty to my patients and duty to my family.

Between showing up for strangers and showing up for my daughter.

Between the ER and home.

I worked day shifts, which helped. I was usually home by evening. I didn't miss bedtime stories or school events the way night-shift nurses did.

But there were still sacrifices.

Maternity leave ended too soon. I went back to work when my daughter was still so small, still needing me in ways that broke my heart to leave.

But I had to work. We needed the income. And I'd worked too hard to get my license, to build my career, to just walk away.

So I went back.

And I felt guilty. Every single day.

Guilt when I was at work, thinking about my daughter.

Guilt when I was at home, thinking about the patients I'd left behind.

It's a guilt that never fully goes away.

There was a time—years later—when my daughter had an accident. She needed surgery. Rehab. Months of recovery.

I took time off to be with her.

And it was the right choice.

But even then, part of me felt torn.

Because I knew my colleagues were covering for me. I knew patients were being cared for by someone else.

And I felt like I was failing both worlds.

My husband understood. He was an ER nurse too. We'd sit at the dinner table and debrief our shifts. We'd vent. We'd process. We'd support each other.

That helped.

But it didn't erase the tension.

I worked weekends. Holidays. Days when other families were together, celebrating.

My daughter grew up understanding that Mom's job was important. That people needed me.

She never complained.

But I wonder, sometimes, what she remembers.

Does she remember the times I was there? Or the times I wasn't?

If I could go back, would I do anything differently?

Maybe.

Maybe I would have pursued career advancement. Gone back to school. Moved into leadership.

But at the time, I didn't have the energy.

I was too busy surviving. Too busy balancing. Too busy trying to be enough for everyone.

And now, in retirement, I have the freedom I didn't have then.

The freedom to rest. To reflect. To be present without the constant pull of obligation.

It's a gift.

But it came at a cost.

CHAPTER 16

HOLIDAYS IN SCRUBS

"Service is the rent we pay for being."

— Marian Wright Edelman

Nurses don't get holidays off.

Not really.

Christmas. Thanksgiving. New Year's. Easter.

The ER doesn't close.

People still get sick. Still get hurt. Still need care.

So we work.

I worked more holidays than I can count.

I missed family holiday meal, parties. Missed watching my daughter open presents on Christmas morning. Missed the countdown to midnight on New Year's Eve.

It's part of the job.

You know that going in.

But knowing it doesn't make it easier.

There were years when I'd wake up early on Christmas, spend an hour with my family, then drive to the Bronx for a twelve-hour shift.

I'd come home exhausted, and sometimes too tired to even enjoy a meal with my family.

The food would be put away. The decorations would be up. The day would be over.

And I'd missed it.

But I also saw the other side.

I saw the patients who came in on holidays. The ones who had no family. No one waiting for them at home.

For them, the ER was the only place they had.

And I was glad to be there.

I was glad they didn't have to be alone.

There's a strange camaraderie among healthcare workers on holidays.

We're all there together. All missing our families. All doing the work because it has to be done.

We'd bring food. Share meals in the break room. Wish each other Merry Christmas between traumas.

It wasn't the same as being home.

But it was something.

And over time, I made peace with it.

I accepted that this was the life I'd chosen.

That nursing meant sacrifice.

But it also meant purpose.
And for me, that was enough.

PART VI: EVOLUTION

CHAPTER 17

THREE DECADES OF CHANGE

"The only constant in life is change."
— Heraclitus

When I started in the ER, we charted on paper.
We wrote everything by hand. Vital signs. Medications. Assessments.
If you made a mistake, you crossed it out, initialed it, and kept going.
Now, everything is electronic.
EMRs. Digital charting. Barcoded medications.
It's more efficient in some ways. Safer, theoretically.
But it also means nurses spend more time staring at screens than looking at patients.
Technology changed everything.
We have better monitors. Better imaging. Better medications.
We can do things now that would have been impossible thirty years ago.
But we've also lost something.
We've lost the art of observation. Of using your hands, your eyes, your instincts.
Young nurses rely on the machines. They trust the numbers more than they trust themselves.
And when the machines fail—or when the patient doesn't fit the algorithm—they panic.
Policies changed too.

More regulations. More documentation. More hoops to jump through.

Some of it was necessary. Patient safety. Accountability.

But some of it felt like bureaucracy for the sake of bureaucracy.

And it made the job harder.

Leadership changed.

When I started, most nurse managers had spent years at the bedside. They understood the work. They'd lived it.

Now, too many new nurses jump straight into leadership roles.

They get their degree, work clinically for a year or two, then move into administration.

They don't have the depth of experience. They don't understand the trenches.

And it shows.

They make policies that sound good on paper but don't work in practice.

They prioritize metrics over people.

They create a culture of competition instead of collaboration.

And it's toxic.

Nursing used to feel like a calling. A community.

Now, too often, it feels like a business.

I watched that shift happen over thirty years.

And it broke my heart.

But I also watched nurses adapt. Innovate. Fight for their patients despite the obstacles.

I watched the profession grow. Evolve. Become more respected, more autonomous.

I watched Filipino nurses, immigrant nurses, nurses of color—people like me—claim space in a field that hadn't always welcomed us.

And that gave me hope.

Because nursing is resilient.

It bends. It changes. But it doesn't break.

And as long as there are nurses who care more about patients than paychecks—

The profession will survive.

CHAPTER 18

OLD SCHOOL VS. NEW TECH

"Respect your elders. They graduated school without Google." — Unknown

There's a tension in nursing right now.

Between the old guard and the new generation.

Between experience and innovation.

Between "this is how we've always done it" and "there's a better way."

Both sides have a point.

But both sides also have blind spots.

I've seen young nurses dismiss senior nurses as outdated. Out of touch. Resistant to change.

They assume that because we didn't grow up with electronic charting or smart pumps, we don't understand modern nursing.

But they're wrong.

We understand it just fine.

We *built* it.

Every protocol they follow, every safety measure they take for granted—it exists because nurses before them fought for it.

Because we made mistakes, learned from them, and demanded better systems.

The technology they rely on? It was designed based on feedback from bedside nurses. From people like me.

So when a young nurse rolls their eyes at my "old school" methods, I want to remind them: You're standing on our shoulders.

But I also recognize that I have things to learn from them.

They're faster with the computers. More comfortable with new systems. More willing to question outdated practices.

They bring fresh perspectives. New energy.

And nursing needs that.

The problem isn't generational difference.

It's arrogance.

On both sides.

When a senior nurse refuses to adapt, insists that their way is the only way, they become a barrier.

When a new nurse dismisses experience, assumes they know better after six months on the job, they become dangerous.

The best nurses—regardless of age—are *teachable*.

They're willing to learn. To listen. To admit when they don't know something.

They respect experience without being bound by it.
They embrace innovation without abandoning wisdom.
That's the balance we need.
And it's the balance I tried to model throughout my career.
I learned new systems. I adapted to new technology.
But I also held onto the core principles that never change:
Compassion. Integrity. Presence.
Those don't require a computer.
They require a heart.

CHAPTER 19

SPEAKING UP

"In the end, we will remember not the words of our enemies, but the silence of our friends."

— Martin Luther King Jr.

There were times I saw things that were wrong.
Colleagues cutting corners. Violating policies. Making choices that put patients at risk.
And I had to decide: Do I speak up? Or do I stay quiet?
It's not an easy decision.

Because speaking up has consequences.

You might be labeled a troublemaker. A snitch. Someone who doesn't understand "how things work."

You might face retaliation. Hostility. Isolation.

But staying quiet has consequences too.

A patient could be harmed. A mistake could be repeated. A dangerous pattern could continue.

So I learned to choose my battles.

I learned to assess the situation. To consider the person involved. To determine whether speaking up would actually make a difference.

If I saw a colleague I trusted making a mistake, I'd pull them aside privately. I'd approach it as a conversation, not an accusation.

"Hey, I noticed you did X. I'm not sure that's protocol. Can we double-check?"

Most of the time, they'd appreciate it. They'd correct the error. We'd move on.

But if I saw someone repeatedly violating policies, ignoring safety measures, putting patients at risk—and they didn't respond to gentle correction—I escalated.

I reported it.

Not because I wanted to get anyone in trouble.

Because I had a responsibility.

To my patients. To my license. To the profession.

There were also times I had to speak up to doctors.

When an order didn't make sense. When a medication dose was wrong. When a patient was deteriorating and no one was listening.

That was harder.

Because there's still a hierarchy in healthcare. And nurses—especially immigrant nurses—aren't always taken seriously.

But I learned to be firm. Respectful, but firm.

"I'm concerned about this patient. Here's what I'm seeing. I think we need to reassess."

Most doctors listened. The good ones valued nursing input.

But there were a few who didn't.

And in those cases, I went up the chain. I documented. I advocated.
Because my job wasn't to make the doctor happy.
It was to keep the patient safe.
There were nights I drove home replaying a situation in my head.
Wondering if I'd done enough. If I'd spoken up soon enough. If I could have prevented something.
Those "what ifs" haunted me.
But I also knew I'd done my best.
I'd followed my moral compass.
I'd lived by the principle my parents taught me:
Do not do unto others what you don't want others to do unto you.
And that had to be enough.

PART VII: THE FINISH LINE

CHAPTER 20

FREEDOM

"Retirement is not the end of the road. It is the beginning of the open highway."
— Unknown

The day I retired, I felt lighter.
Not because I was relieved to be done.
But because I'd made it.

Thirty years. Thousands of shifts. Countless patients.

I'd reached the finish line.

And I'd done it with my license intact. My integrity intact. My passion for nursing still alive, even if I was ready to step away.

Retirement felt like freedom.

Freedom from the 6 AM alarm. From the commute through the Bronx. From the relentless pace of the ER.

Freedom from the policies and regulations that sometimes helped and sometimes just got in the way.

Freedom from the workplace drama. The difficult colleagues. The toxic competitiveness.

Freedom from watching people suffer. From holding the hands of the dying. From carrying grief that wasn't mine but felt like it anyway.

I didn't have to do it anymore.

And that was a gift.

But retirement also brought something unexpected.

Silence.

For thirty years, my life had been defined by noise. Beeping monitors. Shouting voices. Ringing phones.

Now, it was quiet.

And in that quiet, I started to reflect.

On what I'd learned. On what I'd given. On what the work had cost me and what it had given me in return.

I thought about the patients I'd saved. And the ones I couldn't.

I thought about the colleagues who became friends. And the ones who made the job harder.

I thought about the immigrant girl who arrived in New York with two suitcases and a dream.

And the woman she became.

I'm proud of her.

I'm proud of me.

I don't miss the ER.

Not the way I thought I might.

I miss the action sometimes. The adrenaline. The sense of purpose that comes from knowing you're needed.

But I don't miss the exhaustion. The stress. The emotional toll.

What I want now is different.

I want to help the next generation.

I want to share what I've learned. To mentor. To guide.

I want young nurses to know that it's possible to have a long, fulfilling career in nursing without burning out.

That it's possible to care deeply without being destroyed.

That it's possible to be an immigrant, a woman, a mother—and still be an excellent nurse.

I want them to know that the work is hard.

But it's worth it.

And that's why I'm writing this.

Not to glorify my career.

But to pass the torch.

To say: I did this. And you can too.

CHAPTER 20

"BEHIND THE CURTAIN"

"The most important thing in illness is never to lose heart." — Nikolai Lenin

My last three years in the ER were different.

I wasn't at the bedside anymore. Not in the way I had been for twenty-seven years.

I became an Emergency Department Accountable Care Manager.

It doesn't sound as dramatic as "trauma nurse" or "ER nurse." It doesn't have the same ring to it.

But it opened my eyes in ways bedside nursing never could.

As part of this role, I also obtained a certification in the Patient Review Instrument—PRI—which is used to facilitate patient placement when patients are discharged from the hospital.

My job was to ensure that patients in the ER who needed to stay in the hospital met the criteria for admission under CMS Guidelines.

Not just clinical need—though that was part of it—but *criteria*.

Medical necessity. Documentation standards. Compliance.

I became the bridge between clinical care and the business of healthcare.

And I saw things I hadn't seen before.

The Business of Healing

When I was a bedside nurse, my focus was singular: care for the patient in front of me.

Assess. Intervene. Document. Move to the next.

I didn't think much about *why* certain patients got admitted and others didn't.

I didn't think about reimbursements. Denials. Length of stay metrics.

I just did the work.

But as an Accountable Care Manager, I had to think about all of it.

I reviewed cases. I looked at diagnoses. I checked against CMS criteria.

I worked with doctors to ensure their documentation supported the level of care the patient needed.

Sometimes, that meant guiding them.

I make corrective statements ...

"This patient needs to be admitted, but the way you've documented it won't meet CMS criteria."

... and ask questions.

Can you clarify the severity?

Add more detail about why they can't be managed as outpatient?"

It wasn't about manipulating the system.

My objective was to ensure that patients received the necessary care, despite systemic barriers that frequently complicated this process.

I also worked closely with social workers.

Discharge planning. Placement in rehab facilities or nursing homes. Coordinating home care services.

My PRI certification gave me the ability to assess what level of care a patient needed after discharge and facilitate their placement appropriately.

As Care Manager, I saw the reality behind the process.

How funding worked. How some patients had resources and others had nothing.

How insurance companies denied claims for reasons that had little to do with medical necessity and everything to do with cost.

I saw the gaps.

The patients who fell through the cracks because they didn't qualify for this program or that benefit.

The families who were drowning, trying to navigate a system that was designed to help beneficiaries—but with a mechanism that over-protects itself.

Growing Old in America

The patients who stayed with me most during those three years weren't the traumas.

They were the disabled, the elderly.

The seniors who came in alone. Confused. Frail.

Who had conditions that couldn't be "fixed" but needed to be *managed*.

Who needed help at home but couldn't afford it.

Who had family members overwhelmed by the responsibility of caregiving.

The system is supposed to help them.

Medicare. Medicaid. Social services.

But the reality is far messier than the promise.

I saw how the system could be abused. People gaming it to get services they didn't need.

But more often, I saw how the system *failed* people who genuinely needed help.

The paperwork was overwhelming. The eligibility requirements were confusing. The approval process took too long.

And in the meantime, people suffered.

I met families who were desperate. Who begged for help. Who didn't know where to turn.

I met families facing an impossible choice: keep working to earn a paycheck, or give it up to take care of their loved ones to keep them comfortable in their own space.

It shouldn't be an either-or decision.

But for so many families, it is.

I met seniors who were discharged from the hospital with instructions they couldn't follow, home care services that they don't qualify and cannot afford, and no one at home to help them.

I met patients who came back to the ER again and again—not because they wanted to, but because they had no other option.

It broke my heart.

Because I understood, in a way I hadn't before, that healthcare isn't just about treating illness.

It's about *supporting life*.

And for seniors, that support is often missing.

This situation is hard for families. It's devastating for the people who fall through the cracks.

And it's only getting worse.

We Saw This Coming

Twenty years ago, my husband and I had a conversation.

We were both working in healthcare—in the ER, he also took per diem job as a visiting nurse in home care. We were seeing the trends. The aging population. The lack of infrastructure to support them.

The baby boomer generation was getting older.

And the system wasn't ready.

We predicted this crisis.

Not because we were brilliant or clairvoyant.

But because we were paying attention.

We saw the seniors struggling then, and we knew there would be millions more in the decades to come.

We saw families breaking under the weight of caregiving responsibilities.

We saw the gaps in the system widening, not closing.

And we thought: *Someone needs to do something about this.*

Now, we're seeing it happen in real time.

The senior crisis we predicted is here.

And we want to be part of the solution.

A New Mission

My husband, who once worked as a per diem visiting nurse and even got involved in policy design for a private homecare agency, has seen the same things I have.

The gaps. The struggles. The system's failures.

We talk about it often.

About how we've spent decades in healthcare, learning how it works—and how it doesn't.

About how we have knowledge that could help people navigate this complicated system.

About how we don't want to provide bedside care anymore, but we still want to serve.

So we're building something.

A way to use our experience to help seniors get the care they need at home.

To guide families who are overwhelmed and don't know where to start.

To help loved ones make informed decisions—so they don't have to choose between a paycheck and their parent's comfort.

To advocate for people who can't advocate for themselves.

It's not about making money.

It's about purpose.

It's about using what we've learned—the clinical knowledge, the system knowledge, the hard-earned wisdom—to make a difference in a crisis we saw coming two decades ago.

Because we're not just observers anymore.

We're participants.

We're part of the generation that will need this help soon.

And we want to build the support system we hope will be there for us when our time comes.

What I Learned Behind the Curtain

Those three years taught me things I hadn't learned in twenty-seven years at the bedside.

I learned that healthcare is a *business*.

That hospitals are under immense pressure to balance quality care with financial sustainability.

That insurance companies and government guidelines hold enormous power over what care gets delivered and what doesn't.

I learned that documentation matters. That words on a chart can determine whether a patient gets admitted or sent home. Whether they get services or get denied.

I learned that social determinants of health—housing, food security, family support—are often more important than medical interventions.

I learned that the system is broken in ways that can't be fixed by individual nurses or doctors.

But I also learned that individual nurses and doctors can still make a difference.

We're not here to panic—we're here to prepare. We advocate, keep careful records, and help people understand the crisis and the resources available—so they can stay safe and ready for what's coming.

We speak up for those who can't speak up for themselves.

Because waiting until the crisis hits is too late. We're choosing to anticipate problems early and build solutions while there's still time.

This is the work my husband and I are choosing to focus on now.

Preparing for What's Next

When I finally retired, I didn't just walk away from nursing.

I walked toward something new.

A new chapter where I could use everything I'd learned—at the bedside, in the trauma bay, behind the curtain—to help people in a different way.

My husband and I are building something.

Not a business, exactly. More like a *mission*.

To help seniors navigate the system. To guide families through impossible decisions. To make aging in America a little less lonely, a little less confusing, a little more dignified.

We don't have all the answers.

But we have experience. We have foresight. We have compassion. We have the will to serve.

And we have the advantage of having seen this coming.

Twenty years ago, we recognized the inevitable baby boomer crisis.

Now, we want to be part of the solution.

Because healthcare isn't just about hospitals and emergencies.

It's about the everyday. The chronic. The gradual decline that comes with age.

It's about helping people stay in their homes as long as possible.

It's about giving families real options—not impossible choices.

It's about quality of life, not just length of life.

And that's where I want to focus now.

Not in the red zone.

But in the quiet spaces where people need help just as desperately—

They just need it differently.

And we saw them coming.

CHAPTER 21

WHAT I WANT YOU TO KNOW

"A good nurse is a good human being with professional skills." — Unknown

If you're a new nurse, overwhelmed and wondering if you made the right choice—
You did.

But it's going to be hard.

Harder than you think.

You're going to make mistakes. You're going to doubt yourself. You're going to have shifts
where you cry in the bathroom.

That's normal.

It doesn't mean you're not cut out for this.

It means you're human.

Here's what I wish someone had told me:

Learn to manage your emotions.

You can't care for others if you're falling apart. Find healthy ways to process stress. Talk
to someone. Journal. Exercise. Pray.

Don't bottle it up.

Learn to manage your time.

Prioritize. Delegate. Ask for help when you need it.

You can't do everything. And that's okay.

Be teachable.

You don't know everything. You won't know everything.

Listen to senior nurses. Ask questions. Admit when you're unsure.

Confidence is good. Arrogance is dangerous.

Don't take things personally.

Patients will yell at you. Families will blame you. Colleagues will criticize you.

Most of the time, it's not about you.

It's about fear. Stress. Exhaustion.

Let it go.

Set boundaries.

Don't work every overtime shift. Don't sacrifice your health, your relationships, your life for a paycheck.

Nursing is a marathon, not a sprint.

Pace yourself.

Speak up when something doesn't feel right.

Your license is your future. Your patient's safety is your responsibility.

If you see something wrong, say something.

Even if it's uncomfortable.

Remember why you started.

On the hard days—and there will be many—remind yourself why you chose this.

Because you wanted to help. To heal. To make a difference.

You are.

Even when it doesn't feel like it.

If you're still deciding whether to become a nurse—

Here's the truth:

Nursing is not easy.

It's physically demanding. Emotionally exhausting. Often thankless.

You'll work weekends. Holidays. Nights.

You'll see things you can't unsee.

You'll carry stories you can't forget.

But you'll also experience moments of profound meaning.

You'll hold a newborn seconds after birth.

You'll help someone take their last breath with dignity.
You'll be the calm voice in someone's worst moment.
You'll save lives.
Not every day. Not every shift.
But enough.
Enough to matter.
Nursing is a calling.
If you feel it—if you can't imagine doing anything else—then do it.
But go in with your eyes open.
Know what you're signing up for.
And know that it will change you.
For the better.

If you're an immigrant nurse, just starting in a new country—
I see you.
I know how hard it is.
The language barriers. The cultural differences. The homesickness.
The pressure to succeed. To send money home. To prove you belong.
Here's what I want you to know:

You do belong.

Your accent doesn't make you less competent.
Your background doesn't make you less valuable.
You bring perspectives and skills that this country needs.

Learn the culture. Adapt. Assimilate.

But don't lose yourself in the process.
Your heritage is a strength, not a weakness.

Stay humble.

But also stay confident.

You earned your license. You have skills. You deserve respect.

Watch your finances.

It's easy to overspend when you finally have money.

Budget. Save. Don't try to keep up with everyone else.

Find your community.

Connect with other immigrant nurses. They understand what you're going through.

You don't have to do this alone.

Be patient with yourself.

It takes time to adjust. To feel comfortable. To find your rhythm.

Give yourself grace.

You're doing something incredibly brave.

And you're going to make it.

CONCLUSION

LETTER TO A FUTURE NURSE

Dear Future Nurse,

You don't know me.

But I know you.

I know you're scared. Excited. Uncertain.

I know you're wondering if you have what it takes.

You do.

I know because I was you once.

A young woman with a dream and no clear path. Someone who stumbled into nursing more than chose it. Someone who had no idea what lay ahead.

And I made it.

Not because I was special. Not because I was the smartest or the most talented.

But because I showed up.

Every day. Every shift.

Even when I was tired. Even when I doubted myself. Even when it was hard.

I showed up.

And that's what nursing requires.

Not perfection. Not heroism.

Just consistency. Compassion. Commitment.

You're going to have days when you question everything.

Days when you wonder if you made the right choice.

Days when you feel invisible, undervalued, overwhelmed.

On those days, I want you to remember something:

You matter.

The work you do matters.

The patients you care for—they'll forget your name. They won't remember the details.

But they'll remember how you made them feel.

Safe. Seen. Cared for.

And that's everything.

Nursing will change you.

It will make you tougher. Wiser. More empathetic.

It will teach you things about life and death that most people never learn.

It will break your heart and put it back together, over and over again.

And if you let it, it will make you better.

Not just as a nurse.

As a person.

So here's my advice:

Stay curious. Never stop learning.

Stay humble. You don't know everything, and that's okay.

Stay compassionate. Even when it's hard. Especially when it's hard.

Stay professional. Your license is your livelihood. Protect it.

Stay balanced. Take care of yourself so you can take care of others.

And most importantly:

Stay true to why you started.

Because on the days when everything else falls away—when the policies and the politics and the paperwork feel overwhelming—

That's what will keep you going.

The knowledge that you're making a difference.

One patient at a time.

One shift at a time.

One moment at a time.

I spent thirty years in the red zone.

Thirty years in the chaos. The noise. The intensity.

And I wouldn't trade it for anything.

Because I got to be part of something bigger than myself.

I got to serve. To heal. To witness the full spectrum of human experience.

And now, I'm passing the torch to you.

Take it.

Carry it forward.

And know that you're not alone.

There's a whole community of nurses—past, present, and future—walking this path with you.

We're cheering you on.

We believe in you.

And we're proud of you.

Welcome to nursing.

It's going to be the hardest thing you've ever done.

And the most rewarding.

I promise.

With respect and hope,

Genevieve Quevido-Inocencio, BSN, RN

Retired Emergency Nurse

Westchester County, New York

ACKNOWLEDGMENTS

This book would not exist without the patients who trusted me with their care, the colleagues who taught me, challenged me, and stood beside me in the trenches, and the family who supported me through thirty years of early mornings and late nights.

To my parents: Thank you for teaching me discipline, faith, and the value of service.

To my husband: Thank you for understanding the weight of this work and for being my partner in every sense of the word.

To my daughter: Thank you for your patience, your resilience, and your grace. I hope I made you proud.

To every nurse who has ever felt unseen, undervalued, or overwhelmed: You are not alone. Your work matters. You matter.

And to the next generation of nurses: The profession is in good hands.

ABOUT THE AUTHOR

Genevieve Quevido-Inocencio, BSN, RN is a retired emergency nurse with over thirty years of experience in critical care and trauma nursing. Born and raised in the Philippines, she immigrated to the United States in her twenties and spent the majority of her career at Lincoln Medical and Mental Health Center in the Bronx, New York—one of the busiest Level 1 trauma centers in the country.

Genevieve is passionate about mentoring the next generation of nurses and advocating for immigrant healthcare workers. She lives in Westchester County, New York, with her husband, who is also a retired ER nurse.

This is her first book.

RESOURCES FOR NURSES

For New and Aspiring Nurses:

- American Nurses Association (ANA): www.nursingworld.org
- National Student Nurses' Association (NSNA): www.nsna.org
- Emergency Nurses Association (ENA): www.ena.org

For Immigrant Nurses:

- Commission on Graduates of Foreign Nursing Schools (CGFNS): www.cgfns.org

- Philippine Nurses Association of America (PNAA): www.mypnaa.org

For Mental Health and Burnout Prevention:

- The American Nurses Foundation Wellness Initiative
- Headspace for Healthcare Workers (free meditation app)
- National Suicide Prevention Lifeline: 1-800-273-8255

Recommended Reading:

- *The Shift* by Theresa Brown
- *Critical Care* by Theresa Brown
- *Intensive Care* by Echo Heron
- *Compassion Fatigue* by Françoise Mathieu

END OF MANUSCRIPT
