A FREE GUIDE FOR NURSES AND HEALTHCARE WORKERS

What the Vigilance Costs You After the Shift Ends

The scanning kept your patients alive. Nobody told you how to turn it off.

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BEFORE YOU START

Please read this first

This guide is education and reflection. It is not therapy, it is not diagnosis, and it is not medical treatment. It is also not clinical supervision or occupational health advice. If you are working with a therapist or a physician, this work can walk beside that care. It does not replace it.

I am a registered nurse and a certified trauma recovery coach. Fifteen years in healthcare and five in nursing, three as a nursing assistant in the emergency room and two as a registered nurse in cardiology and oncology critical care. I have also been the patient, on a psychiatric unit, which is a particular way to learn that the skills keeping you employed and the skills keeping you alive are not always the same skills.

IF YOU ARE IN CRISIS RIGHT NOW

You deserve immediate support, and it is available. In the United States: call or text **988** for the Suicide and Crisis Lifeline, or text **HOME** to **741741** for the Crisis Text Line, or call the SAMHSA National Helpline on **1-800-662-4357**. If you are in immediate danger, call 911.

Those lines are staffed by people whose entire job is that conversation. This guide is not, and it can wait.

IS THIS SAFE FOR ME

The practices here are gentle by design and they are not right for everyone. If attending to your own body reliably makes things worse, work through this alongside a licensed professional rather than alone, and use the outside-in alternatives on page seven instead.

What is happening in you

You are in the supermarket on a Tuesday, off duty, buying nothing important, and a woman two aisles over drops a jar.

You are moving before you have decided to.

By the time you understand that nothing has happened, that a jar broke and a stranger is embarrassed and there is no emergency here at all, your heart is already up, your hands are already free of the trolley, and you have already located the exits. Then you stand there in the crisps aisle, faintly ridiculous, waiting for your body to receive the news.

Or it is the phantom pager. Or it is a certain alarm tone in a television advert that puts you somewhere you did not agree to go. Or it is the way you scan a restaurant for the person most likely to have a cardiac event, without deciding to, every single time.

Or it is smaller than that, and quieter. It is that you cannot fully rest on your days off. It is that sleep gives you back some of it but not all of it. It is that three days into a stretch of leave you finally start to feel like a person, roughly twelve hours before you have to go back.

None of that is a personality. It is a nervous system, and it is doing precisely what it was trained to do.

THE TRAINING

Your body has a threat-detection system that predates language and operates far below the level of thought. When it detects something that might matter, the sympathetic branch fires: heart rate rises, blood shifts toward the large muscles, the pupils widen, digestion pauses because digestion is not a priority in an emergency.

This is superb machinery. It is why you can function inside a code. It is a large part of why you are good at this job.

The design assumption is that it runs, resolves, and stands down. Threat, response, resolution, recovery. That last stage is not optional in the original design, it is where the repair happens, and it is the stage the modern hospital does not provide.

Because your day is not one threat. It is forty small ones, arriving at unpredictable intervals, with no resolution offered between them. Each one lifts you. Nothing brings you down. And the unpredictability itself is a stressor, because a system that cannot forecast when the next demand is coming solves the problem by staying ready for all of them.

So it stays up. Not dramatically, not in a way that shows on a monitor, just up. And then it goes home with you.

Allostatic load

Bruce McEwen gave this a name, and it is the single most useful idea in this guide.

Allostasis is the process of maintaining stability through change, which is what your body is doing all shift: adjusting, mobilising, adapting. It is healthy. It is what bodies are for.

Allostatic load is the cumulative cost of doing that too often, for too long, without adequate recovery. Not the cost of any single event, but the wear left by a system that has been mobilising for years and standing down insufficiently.

The word wear matters, because it explains something that puzzles people. You are not tired because of last Tuesday. You are tired because of all the Tuesdays before it, and that is why a holiday helps but does not fix it, and why you can have a genuinely easy shift and still come home hollow. The debt is not from today.

SOME NUMBERS, SO YOU KNOW YOU ARE NOT UNUSUAL

46%

of health workers reported feeling burned out often or very often in 2022, up from 32% four years earlier.

CDC Vital Signs, MMWR, 2023

About 40%

of nurses intend to leave the workforce or retire within five years, and when those leaving are asked why, the most common answer is not retirement and it is not money. It is stress and burnout.

NCSBN National Nursing Workforce Study, 2024

WHAT THESE FIGURES DO AND DO NOT SHOW

Most of this data was gathered at the peak of the pandemic and rates have moderated since, the differences between studies are substantial, and screening instruments are not diagnoses. It was worse, it is somewhat better, and somewhat better is still a crisis.

I put these here for one reason only. When something is happening to roughly half the people standing next to you, it is not a defect of character. Whatever else is true, you are not the weak one in a strong profession. You are inside a phenomenon.

THE PRACTICE

The physiological sigh

Where: anywhere, including in front of people. **How long:** sixty seconds. **Visible to others:** it looks like a sigh, because it is one.

Two inhales through the nose, the second one short and stacked on top of the first, as though topping up a breath you had already taken. Then one long, slow exhale through the mouth, until you are properly empty.

That is one round. Do three.

This is the fastest reliable down-regulation available to a human being with no equipment, and the reason it works has to do with the mechanics of the lungs and the length of the exhale, but you do not need the mechanism to use it. What you need is to notice, honestly, whether anything is different sixty seconds later.

Do not do it perfectly. You will find, if you watch yourself, that you already do a version of this spontaneously when something resolves: the involuntary double-breath and long sigh after the patient stabilises. Your body already knows this one. We are just going to use it on purpose.

> **WHY SIXTY SECONDS AND NOT THIRTY MINUTES**
>
> Somatic work usually assumes a mat and thirty quiet minutes. You have a supply closet and ninety seconds, so everything here takes under two minutes, works in scrubs, needs no privacy, and looks like nothing at all.

ON SHIFT

Three you can use tomorrow

The between-rooms reset

The doorway you are leaving through · four seconds · invisible

One long exhale at the door, on the way out. The purpose is specific, which is that it stops the last room from walking into the next one. You will not manage it every time, and managing it half the time is a completely different shift.

The supply closet minute

Any room with a door and no people · sixty seconds

Feet flat, pressed down until you feel the floor push back. Then unclench three places, in this order, because these are the three that hold without being asked: the jaw, the shoulders, and the pelvic floor. Then two long exhales, and back out. You went in for something anyway.

The discharge ritual

The last handwash, the door, the car · ninety seconds

Report is over and your body has not been told. At the last handwash, one sentence: I am finished for today. At the exterior door, one long exhale. In the car before the engine, hands on the wheel, three breaths, and three things said out loud: what I am leaving here, what I am taking with me, and what needs somewhere to go later. That last one is an appointment, and it is the part everyone skips.

THE OTHER DIRECTION

If you are flooded right now

If reading about your own nervous system has switched it on rather than settled it, that is a completely ordinary response and it means the material is landing in the body rather than the head.

Do not do any of the practices on the previous page. A body that is already overwhelmed does not need to be asked to notice more. Go outside-in instead.

- Cold water on the face.
- Push hard against a wall for ten seconds.
- Walk fast to the end of the corridor and back.
- Put both feet on the floor and press down, then name four things you can see, out loud.

Notice that the room you are in is not a hospital and that nothing here needs you right now.

> **BUILD YOUR KIT ON A GOOD DAY**
>
> Nobody chooses tools mid-wave. Pick the two from that list you would actually reach for, and decide now, while you are steady, which one is for the corridor and which one is for the car.

This guide is not going anywhere. It has no schedule and it does not care how long you take.

THE TURN

At the bedside

Now turn it around, because this is the move the whole book keeps making.

The patient in room six is described in handoff as difficult. She is hypervigilant about her medications, she has questioned three separate decisions, she was awake most of the night, and she is short with everyone who comes in.

Everything you have just read about yourself applies to her, doubled.

She is in an unfamiliar place, without her clothes, without control over her own body, being touched by strangers, woken every four hours, surrounded by alarms whose meanings she cannot read but which she knows are about mortality. Her threat detection is doing exactly what yours does in the supermarket, except that hers has nowhere to go and no shift that ends.

So when she asks what that medication is for, again, that is a nervous system attempting to establish predictability in an environment that offers none. It is not a challenge to your competence, and if you can hear it as regulation-seeking rather than as challenge, your response changes and so does hers.

> **THE WHOLE THING IN ONE SENTENCE**
>
> What looks like a character flaw is frequently a nervous system doing exactly what it was trained to do, until it is given new evidence. That is as true of the woman in room six as it is of you in the crisps aisle.

ON THE PAGE

Four questions, no score

There is nothing to total up at the end of these and no result to interpret. Write the actual scene rather than the general version, because the general version is the one you have already told yourself.

1. Where does yours show up off duty.

2. What does your body do first, before you have thought anything.

3. How many days off does it take before you feel like a person, and what changes when you get there.

4. What have you assumed was your personality that might turn out to be your physiology.

WHERE TO GO NEXT

You are allowed to be the one who gets support

Most nurses will read something like this, recognise every line of it, and then go back on shift, because taking it any further feels like one more thing to manage on top of everything else.

- **The Monthly Gathering** asks almost nothing of you. It is free, it is once a month online, and listening with your camera off is a real way of being there. carriepdavidson.com/gathering
- **A discovery call** is a free half hour and there is nothing to prepare, if you would rather talk about your own situation specifically. carriepdavidson.com/discovery-call
- **Both Sides of the Bed**, the full workbook this guide comes from, arrives in spring 2027. Eleven chapters organised around the shift. carriepdavidson.com/both-sides-of-the-bed

CRISIS RESOURCES

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A REMINDER ABOUT WHAT THIS IS

Trauma recovery coaching and education, from a registered nurse and certified trauma recovery coach. Not therapy, not diagnosis, not medical treatment, and not a substitute for care from a licensed professional.

You are not broken. You are patterned. And patterns can change.