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Beyond a Clean Room: How Deborah White-Davis Helps Shape Patient Care

In the Emergency Department at UNC Health Nash, rooms rarely stay empty for long.

Between patients, Environmental Services team members move through the department cleaning and disinfecting surfaces, replacing supplies and preparing each space for whoever comes through the door next. The work is constant, especially in one of the hospital's busiest settings, and it requires close attention to the environment around them.

For Deborah White-Davis, Environmental Services (EVS) Technician, that attention has always extended to the people around her—and to recognizing when the right care is needed.

During a routine shift in early 2026, White-Davis entered an Emergency Department treatment room at a critical moment. As she greeted the patient, something about his response told her that he wasn't feeling well.

"I asked him, 'Are you okay?'" White-Davis recalled. "He said, 'I don't think so. My chest is hurting.' I asked him, 'Do you think you're having a heart attack?' He said, 'Maybe.'"

White-Davis immediately notified the nursing staff, who quickly responded and assessed the patient. EKG results showed he was experiencing a heart attack.

Within approximately three minutes of White-Davis recognizing that something was wrong, the patient was being prepared for the cardiac catheterization lab, where he could receive the treatment he needed.

For Markese Leathers, White-Davis' supervisor of 11 years, the circumstances were remarkable, but her above and beyond response was not surprising to many.

"I was surprised, but then again, I wasn't surprised," Leathers said. "Once I found out who it was, I said, 'That's just who she is.'"

White-Davis has spent 28 years at UNC Health Nash, making her the organization's longest-tenured EVS technician. Leathers has supervised her for 11 of those years, watching her build a reputation for dependability, compassion and an instinct to help before someone has to ask.

When she sees a patient or visitor who appears confused, she stops. When her own

assignments are complete, she looks for someone who may need another set of hands. Instead of deciding that something falls outside her area, Leathers said White-Davis will either take care of it herself or make sure it reaches someone who can.

"I was just glad I was there," she said. "It could be one of my family members lying in that room."

Michelle McNeil, an EVS Supervisor who has worked alongside White-Davis for nearly five years, says that mindset is evident in the way White-Davis approaches even the most routine parts of the job.

She describes White-Davis as thoughtful, methodical and patient-centered, particularly in the high-traffic areas of the Emergency Department where priorities can shift quickly.

"If you need her, she's there," McNeil said. "She's always willing to help. Before she moves on, she always says, 'If you need anything, let me know.'"

That spirit of service helps White-Davis thrive in a role that is critical to the patient experience.

EVS is responsible for cleaning and sanitizing spaces throughout the hospital, helping reduce the spread of germs and preparing rooms so clinical care can safely take place. But the work also places EVS team members alongside patients, families, nurses and physicians throughout the day—often during vulnerable or stressful circumstances.

"We all play a huge part in healthcare," McNeil said.

Sometimes that contribution is measured by the cleanliness of a room. Other times, it is found in a conversation, a listening ear or an extra set of hands when another member of the care team needs help.

Joyce Hinton sees that every day. Hinton has spent 11 years at UNC Health Nash and works alongside White-Davis as one of the Emergency Department's two dedicated EVS technicians. Like her coworker, she has found exactly where she wants to be.

"It's not just about sanitizing and cleaning the room," Hinton said. "It's about the patients. If they need something the nurses aren't around to get, I can help with that

too—whether it's a blanket, a cup of water or something else they're allowed to have."

One patient encounter has stayed with her. A seriously ill woman was receiving care in the Emergency Department accompanied by her young son. Hinton noticed the child lying on the bare floor beside his mother's bed.

She found him a recliner, brought over warm blankets and made him a more comfortable place to rest. Realizing he was going to be there for a while, she also made sure he had a meal, something to drink, and plenty of snacks to follow.

His mother thanked her. "She knew he was being taken care of while the nurses were taking care of her," Hinton said.

Moments like this show how EVS can make a meaningful difference for patients and families. They also show why the role extends far beyond maintaining a clean environment.

"Making someone smile is just a part of my job," White-Davis said. "Even if I don't have business in that room—sometimes just walking in, acknowledging them, and talking with them is enough."

When asked to describe White-Davis, Hinton points to the same quality Leathers has seen for years: she shows up.

"She's a team player," Hinton said. "She's always here. She'll even come in on holidays when she's off to help me."

White-Davis laughed when she heard the compliment.

Her own assessment of Hinton was considerably shorter, but just as heartfelt.

"I like working with Joyce because she makes me laugh."

It is the kind of exchange that reveals something about both women—and about a department whose contribution to patient care is often carried out quietly.

For Leathers, that is one reason White-Davis' story is worth telling. EVS demands attentiveness, dependability and empathy, and White-Davis demonstrates all three—whether she is completing an assignment, helping a coworker or noticing that a patient seems off.

Her encounter in early 2026 may have brought unusual attention to those qualities, but they did not create them.

They were already there. White-Davis does not walk into every room expecting to encounter an emergency. But she does walk in expecting to encounter a person.

"The first thing I always do is speak to the patient," she said. "I simply look at them and ask, 'How are you doing?'"

Sometimes the answer leads to a laugh or a few minutes of conversation about where someone is from or what they enjoy. Sometimes it simply helps take a patient's mind off why they are in the hospital.

"A lot of people come in here expecting the worst," she said. "It only takes a second to change somebody's outlook."

For White-Davis, creating that experience does not require a clinical title.

It requires paying attention to the person in front of her.

"I just like people," she said. "It's the people who bring me back to Nash every single day."

"A lot of people come in here expecting the worst.

It only takes a second to change somebody's outlook."

- Deborah White-Davis
EVS Technician



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