

“They spout in the news ‘thank you to health care heroes’ but what thanks do we get?”

US nurses’ poll shows appalling working conditions in the pandemic

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Results from a survey on workplace safety recently conducted by the National Nurses United (NNU) have shed light on the myriad dangers US nurses face on the frontlines of the COVID-19 pandemic. These appalling conditions are a result of chronic unpreparedness and the reckless actions of hospital administrators. The results were posted on the NNU website and include the following:

- Only 24 percent of nurses think their employer is providing a safe workplace.
- 87 percent of nurses who work at hospitals reported reusing at least one piece of single-use PPE. Reusing single-use PPE is a dangerous practice that can increase exposures to nurses, other staff and to patients.
- 54 percent of nurses who work at hospitals say their employer has implemented a decontamination program to “clean” single-use PPE, such as N95 respirators, between uses. Decontamination of single-use PPE has not been proven to be safe nor effective.
- Just 23 percent of nurses reported they have been tested for COVID-19. A lack of testing jeopardizes nurses’ health and safety and their ability to protect their patients and families.
- 36 percent of nurses who work at hospitals are afraid of catching COVID-19 and 43 percent are afraid of infecting a family member.
- 27 percent of nurses who work at hospitals reported that staffing has gotten much worse recently. Short staffing is unsafe for patients and nurses. The likelihood of patient death increases by 7 percent for every additional patient in the average nurse’s workload in the hospital.

These results, together with the testimony of thousands of workers, paint a picture of a health care system that is incapable of taking basic measures to protect its workers. In private Facebook groups, interviews and through polling, nurses across the country are testifying to the dire workplace

conditions and scarcity of essential tools needed for fighting the pandemic, especially virus tests and personal protective equipment (PPE).

This shocking level of unpreparedness that was evident in the early stages of the pandemic—when trucks full of bodies idled on the streets of New York and protesting nurses were forced to wear garbage bags instead of medical gowns—has continued into mid-August, five months after the Trump administration declared a national emergency.

Asked to comment on the recent poll results, two nurses who both work at small hospitals in western Massachusetts related their own experiences, on the condition their names be changed to protect their identity. Their statements overwhelmingly confirm the NNU findings.

Speaking on PPE and testing, Maya, a nurse in her 30s with 15 years of experience, said:

“At the beginning of the pandemic, some staff had to wear trash bags as gowns and staple used masks together because they were falling apart. Now the hospital is “re-sterilizing” masks, not an approved thing at all.

“Before, you took off your mask as soon as you left the patient’s bedside, and if you needed to go back in you would put on another mask. Now suddenly it’s fine to reuse the same one for a whole week. People got sick from the ‘re-sterilized’ masks, didn’t feel well, had syncopal [fainting] episodes and were passing out. Massachusetts Nursing Association (MNA), our s*** union who claims to be all powerful, fought it so now it’s not ‘forced,’ but we’re still bullied into using them by management.

“As for testing, we attest to no symptoms every day, but there is no actual testing being done. And if we travel outside Massachusetts, we don’t fall under the same quarantine rules as others. They just want a hot body. They say as long as we’re symptom-free we are fine to work.”

Asked to expand on her opinion of the MNA, Maya said,

“They’ve been ineffective since I got there. The local people try but don’t get the backing of higher-ups in the union. So yeah, they’ve been horrible, and we pay over a grand a year in dues.

David, another nurse in his 30s working at a semi-rural hospital in western Massachusetts, spoke about how conditions deteriorated at outset of the pandemic:

“We didn’t have access to rapid testing because it initially wasn’t available anywhere. The hospital wouldn’t transfer patients from the Emergency Department (ED) to other units until results came back, except for ICU cases and those needing to be moved to another facility. So, patients were backing up in the ED, which used to back up sometimes before the pandemic if there were no beds available, but this was happening on a totally new scale.

“We still don’t have rapid testing, although the turnaround time has recently improved a lot (6-8 hours now). So there has been an uptick in falls and other predictable bad outcomes because of the buildup of patients. And the hospital’s answer is always more paperwork, which we don’t have time to fill out because we are already scrambling to care for patients. This proliferation of paperwork was already endemic but continues to increase.”

David went on to speculate that requirements for ever greater documentation are likely an attempt by the hospital to reduce its liabilities for the increased dangers patients face in a short-staffed ED. In this case, workers who were unable to document their every step could be more easily scapegoated when something goes wrong, even if the failure were due to critical short-staffing.

The dangers of low nurse-to-patient ratios are well documented as mentioned on the survey results sheet released by the NNU, which stated: “The likelihood of patient death increases by 7 percent for every additional patient in the average nurse’s workload in the hospital.” Along with layoffs and wage freezes, maintaining woefully inadequate nurse-to-patient ratios is one of the main ways that hospitals, for-profit and “non-profit” alike, seek to boost their bottom line.

Perhaps most essential to hospital balance sheets are the so-called “elective procedures,” a category defined as *any procedure* that can be scheduled beforehand. In reality, these procedures are often critical, and cover a broad range of treatments, from hip-replacements to surgical removal of cancer cells. In normal times, these operations account for a huge share of the tens-of-billions of dollars in combined profits of hospitals in the US.

Revenues resulting from the treatment of COVID-19 patients pale in comparison. As a Reuters article from March pointed out, “Hospitals administrators say high-margin services, such as orthopedic and heart procedures, can

account for up to 80 percent of revenue, while infectious disease and intensive respiratory treatments are less profitable.”

The connection between the COVID-19 pandemic, falling profits and deteriorating working conditions/job losses is something that health care workers on the front lines are acutely aware of. As Maya stated:

“Hospitals across the country are drowning in debt right now. They only make money from certain departments, and those were all shut down at the beginning of the pandemic. So now we get the cuts and the layoffs. My wages and retirement benefits are frozen for the foreseeable future, and despite all the wage and benefit freezing they did a \$6 million rebranding. So, all they care about now is elective procedures and I guarantee there will be forced overtime once they get the okay to continue.”

Maya also provided a damning account of the reckless decision-making of hospital administrators, their hostility toward workers and how these factors are helping fuel the skyrocketing rates of depression, anxiety and nervous breakdowns being experienced by hospital staff throughout the US.

“When changes are made,” she said, “admin doesn’t tell staff and then acts confused as to why none of us are following the rules. At one point, we were pulled from our jobs and redeployed to critical care units after just one four-hour class and one day to shadow. No warning. Never asked if we were okay with it. It was just, ‘If you want your job, you’ll do what we say when we say it.’

“And they laughed in our faces when we asked about hazard pay. We are being treated like pawns and our lives very clearly matter to no one. They spout in the news ‘thank you to health care heroes’ but what thanks do we get? We are all at the max of our emotional and psychological wellbeing and most of us are also on psych meds and/or on leave because of this.”

This is the state of affairs under capitalism, a system in which the lives of health care workers, like other members of the working class, are only valued to the degree they can be made to produce profits for stockholders and executives.



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