

Nurses describe intolerable conditions in hospitals in response to suicide of emergency room nurse

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Are you a nurse? We want to hear from you: Tell us about the conditions at your hospital and what you think about this tragedy. Comments will be published anonymously.

The *World Socialist Web Site* is continuing to publish statements and messages from nurses in response to last week's tragic suicide of a nurse at Kaiser Permanente's Santa Clara Medical Center in Northern California.

The nurse shot and killed himself in a supply room in the Emergency Department where he worked. The sad and shocking event has struck a chord throughout the health care industry, and nurses everywhere are expressing that the same untenable working conditions are widespread and must be stopped in order to save their profession.

The suicide occurred only 16 miles away from a strike last week of 5,000 nurses at Stanford Health Care and Lucile Packard Children's Hospital where nurses were demanding staffing improvements, mental health services and wages to meet inflation. Nurses are furious that CRONA, the nurses union at Stanford Health Care, has worked over the weekend to end their strike and pushed through an agreement that does nothing to address the central demands over staffing.

Nurse Jamie commented, "Nurse-to-patient ratios are being stretched to completely unsafe [levels]. It is all I can do to survive a shift. I have been nursing 28 years and have never been through anything like this. The hospitals care about one thing only, and that is money. I cannot deliver the level of care that I expect my family to receive, and that is very frustrating."

Travel nurse Rose reported, "I was terminated as a travel RN by a large California hospital because I would not agree to discharge an Alzheimer's patient to a nursing home over 300 miles away. I question these kinds of

hospital discharges as it delays the ability for counties to establish a public guardian or fiduciary. Frequently these people have no one to manage their funds, and these poor patients have auto pay for bills, including low-income (likely HUD) apartments. They generally also are very low income, as they need to qualify, and are on Social Security. These funds are wasted on autopay while patients bounce around from facility to facility. How many elderly folks lacking capacity are moved away from their neighborhoods to save hospitals money?"

Noting the dangerous precedent of charging Tennessee nurse RaDonda Vaught with "criminal negligence" for a medication error, Eleanor added, "Hospitals have been using and abusing the caring nature of nurses for years. COVID just brought to the forefront how little we mean to them. And it feels like no one cares anymore. No politicians support bills that protect nurses, public opinion is just that COVID is over and we are expendable, and hospitals complain they pay us too much, we do too little, and if we make a mistake we now can go to prison. In a few years, you'll be lucky if you have a moderately experienced nurse providing critical care. Why should we take so much risk and get so little back?"

Janice, a nurse with 26 years experience, explained, "We have been chronically understaffed for decades. It's bad for patient safety, and lives are lost that no one ever hears about [in] health care. In the USA, hospitals are terrible. ... Now we are being criminally charged, convicted while the hospitals NOT providing us safe work environments skate by. Enough!"

ER nurse Shannon said, "I have been an ER Nurse for almost 10 years. What the general public does not realize is the amount of responsibility a nurse has, how often we catch errors made by physicians, residents, etc., how often we save huge medical errors from happening. Not only

that, but the sheer amount of responsibility put on a nurse is insane compared to what we are paid. Most nurses start out at less than \$30 per hour. That's only slightly more than Target pays their employees. Yet we are responsible for keeping people alive, not only by doing our job but making sure the physicians are doing theirs **CORRECTLY**.

"A physician literally spends MINUTES in a room with a patient before they order medications, tests, etc. It is our duty as nurses to make sure each and every one of those orders is appropriate and safe for each and every one of those patients. We have to know minute details about that patient, that medication, that treatment, that test, etc. The physician puts the orders in, yet each nurse must 'review' them ... meaning we need to make sure that it's an appropriate treatment for our patients, that it was ordered on the **CORRECT** patient, etc. So basically we are doing the job of the physician. Not only that, but when we witness trauma, death, abuse, etc., etc. we are expected to just carry on and keep taking care of the next patient.

"Without nurses the health care system would implode. WE deserve better staffing ratios, MUCH better pay and better mental and medical health benefits. The benefits offered to most nurses cost so much we can't afford to take care of ourselves simply due to the huge copays. I know for a fact that many nurses, including myself, are looking for a new career path.

"The health care system and all the CEOs that take every penny they can get have ruined health care. I don't even like to say I'm a nurse anymore. I used to be proud, but the health care systems have beat us down. If something doesn't change soon, this country is going to be in a very bad place with an outrageous shortage of nurses. Two nurses have committed suicide very recently. When is something going to change in this country? When is the government going to step in and realize the value of nurses and help us?"

Bay Area nurse Camille wrote, "I'm a registered nurse working in San Jose Kaiser in the telemetry unit, and we are consistently short staffed in the med surg units. Most of the telemetry staff are forced to float to the med surg units to fill in the gaps. Sometimes management doesn't notify us about floating to other units until well into our shift, when we have already started taking care of a set of patients. This causes a lot of anxiety for me because then I have to scramble to quickly complete the tasks and medications that were ordered and disrupt the patient's continuity of care.

"Patients as well as nurses pay the price of this

disruption because many medications, procedures and basic care are delayed. Many days we don't have a break nurse, and so we don't have a chance to eat, drink or even use the restroom. When we bring up the patient safety, managers don't listen and actually blame nurses for not managing their time well and tell us to 'work with what you have.' Many times we have one or zero nurse assistants to care for 20 or more patients. Patients who require turning in bed because they are bedbound need at least two people to turn, but since we don't have enough staff, many of the staff are getting injured."

Longtime nurse Gabriel wrote, "I have been a nurse since 1994. EVERY employer pushes you into mental, physical, emotional, & spiritual EXHAUSTION. I am DONE with nursing. I am EXHAUSTED. I have spent close to THIRTY years putting STRANGERS before myself and my family. Nurses have been asking for help from management for YEARS, and they don't do ANYTHING. Complete lack of support from multimillion dollar companies is not okay. They have the resources that we identified we NEED and them CHOOSING to not do anything is not acceptable."

Malcom informed the WSWs, "An ED resident in Chattanooga committed suicide in his office early fall in 2021 at a hospital where a friend works. Nothing was ever said about it."

A striking Stanford nurse told the WSWs, "There must be a major shift in the health care industry. The pandemic must be brought to an end. We nurses are at the forefront of a larger crisis. Our patients are desperate, sometimes homeless, mentally unstable; and where this nurse was in the ED things are much worse. Our patients cry because they can't afford their care. We have lost so many to COVID, not just patients but coworkers, friends and family. All the while we continue to face abuse through short staffing because the hospitals keep just barely enough staff, and we never have enough resources. It's all of this that needs to change. No amount of counseling sessions are going to resolve this."



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