Behind the mental health crisis in nursing: Testimonial from a Californian travel nurse

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Last week's tragic suicide of a nurse at a Kaiser hospital in Santa Clara, California, has highlighted the heavy emotional burdens which have been placed on health care workers for more than two years of the COVID-19 pandemic. The growing mental health crisis among overworked and traumatized healthcare workers is reflected in the mass exodus of nurses from the profession.

Olivia, a California intensive care unit (ICU) travel nurse whose name has been changed to protect her identity, has spent the past two years of the pandemic in some of the most over-stressed locations across the state.

"I've seen pictures of me from a long time ago. I'm happy," she said. "That person is no more.

"We've been under a lot of stress. I can't think straight. I have post-traumatic stress disorder (PTSD). I have anxiety. I can barely leave my house. I have an 8-year-old I have to care for."

Olivia described how Personal Protective Equipment (PPE) was rationed at the beginning of the pandemic, "They [hospitals] locked the N95 masks. They would only give you one."

"In the beginning, nurses were the only ones going into the COVID rooms with an iPad so the doctor can talk to them….They tried to tell us not to wear N95s at the beginning. They told us to wear bandanas. Some nurses had to wear the same N95 for a month working with COVID patients. They wouldn't even let us bring our own equipment. I said, 'Now people are dropping dead around me and you can't give me an N95. If you don't want to give me a mask, I'm going home. Our entire career, we were told to only wear an N95 once. You had a TB patient, you put it on once.'

"I felt like they were trying to kill us. We're disposable. We don't matter, we're garbage. Nurses in Oakland had to use garbage bags for isolation gowns. They had to work on their own staff who died of COVID. I never got COVID and I'm very thankful for that. People around me got it and got sick."

'It's not my job to die. You send firemen with oxygen and their gear. You send us nothing. It's like you gave me a rock and a stick and sent me into war and expected me to be quiet.'

Olivia explained the effects of COVID-19 on patients. "I got one girl who was 22 years old. Came in by ambulance. Gasping for air. An older girl came in for a UTI, had no shortness of breath and seemed fine. She didn't know she had COVID.

"The girl who was gasping for air and has positive COVID, her lungs looked great. The older girl, her lungs were completely covered in COVID. This is how it moved all the time. People would be fine and the next day they would come back and in 24 hours they would be dying, on 16 drips and bleeding out.

"During COVID, I didn't save one person in that first year and a half. Not one person left the ICU. At one point it was like a morgue where everyone was intubated."

These conditions are extremely difficult, even for seasoned nurses. Hospitals asked nurses from other specialties to take them on with little preparation, she said. "They brought a bunch of telemetry nurses to the ICU . They said they were going to train them. In a few days they had full-blown COVID patients. I told them that these were heavy COVID patients and I told them they needed to say no. It's your license. If something happens, trust and believe that they're going to come after you and nobody else.'

Indeed, Olivia's warnings have been proven in the case of RaDonda Vaught, a Tennessee nurse who was

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criminally convicted for a medication error that she reported through proper channels. “They throw them under the bus to save their own ass. They don’t support her or find out where the break in the system is. There are thousands of medical errors. They’re just not reported. She could have not reported it at all, and no one would even know about it.

“Nurses are under a tremendous amount of stress and a lot of them can’t handle that stress. Obviously, nurses are bringing a gun to work and killing themselves,' referencing the recent on-the-job suicide of a nurse at Kaiser in Santa Clara.

She noted that “So many nurses have died in the past two years. For my first 20 years, I have not known any nurses who have died.”

Olivia mentioned a nurse she knew who forgot to put on her N95 mask, and ran in to perform CPR on a COVID patient. Tragically, the nurse caught COVID-19 and died seven days later. A 2021 study from the United Kingdom found that in 2020, nurses died of COVID-19 at roughly twice the rate of the general population.

In addition to the loss of health care workers from the pandemic, Olivia noted that many have died by their own hands. “A nurse at another facility went outside and saw one of the CNAs [certified nursing assistants] jumped off the garage building because she couldn’t deal with COVID anymore. And the nurse then had to work on her. That pretty much screwed her up and she had to get out of nursing.

“A fellow nurse mentioned that another nurse had recently jumped off a building on a shift at a different site. And a couple months ago, an ICU travel nurse that left in the middle of their shift said, ‘I’ve got to get something from my car’ and killed themself. You don’t hear any of this on the news. I didn’t hear about this, which happened two hours from me, on the news. Nobody cares.”

Even before the pandemic began, female nurses in the United States were at more than twice the risk of suicide compared to the general female population, with male nurses also experiencing elevated risk.

These same pressures weigh on so many health care workers, including Olivia. “I’ve been suicidal, especially in the middle of COVID and many months after. I’ve never felt so mentally unstable. I scared myself. I didn’t want to be here anymore. I’m losing it. All for what, for my job? Which I’ve done for 22 years? For what? For the corporations and society to turn our backs on us and tell us to suck it up? I’m trying to get counseling. They say there's free counseling, but where?”

“How do you expect me to pay $500 a month as a single mom with two kids just to get mental health care? I can’t do it. I used to love my career. I don’t even want to work anymore. I have anxiety the day before work. Management doesn’t care about us. No one even came to me saying ‘are you OK, are you alright?’ We should have free health care for what the hell we’re going through.

“You’re going to spend how many billions for Ukraine but you can’t give us one billion for PPE?” she asked. “In the middle of COVID when Black Lives Matter was doing a peaceful protest, I’m watching the peaceful protest and the SWAT team was there and they had $80,000 worth of gear on. Meanwhile I’m home from my nightmare shift covered in COVID with one N95 on. I’m in war and they are watching a peaceful protest. It makes *no sense*. Where’s our gear?

“We need more support. We need more mental health care. We need debriefing. We need counseling. We need staff. We need CNAs. We need more nurses. We need our breaks. Don’t interrupt us during our breaks. Don’t make us feel guilty for taking our breaks. Stop writing nurses up. We are not the problem. The system is the problem.”

Olivia was adamant that the nursing unions have done nothing to improve the situation nurses face. “The unions are useless. I had a problem with Kaiser trying to accuse me of something I didn’t do. I went to my union rep and he said to me ‘If they want to get rid of me, they will.’ So I left, I quit.

“I want to get out of nursing but I only have 10 years left until I can retire. And now a nurse comes to work and kills himself. Now I’m afraid a coworker’s going to come to work and kill me. It’s not safe anymore. It’s just not.”

Olivia was enthusiastic about the call by the Stanford Nurses Rank-and-File Strike Committee for a statewide strike of nurses. “God, that would be awesome. That would be amazing…No matter where you go, it’s the same. I don’t care if it’s Stanford. It’s about the higher-ups making money. Underneath it all, it’s all the same BS…We have to come together as one and stand up.”

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