

Health care workers support nurse walkout at Orlando medical center: “I feel bad for the patients and terrified for the staff”

Norisa Diaz
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In the week following the May 27 walkout of around 40 nurses at Orlando Regional Medical Center (ORMC) in downtown Orlando, Florida, nurses are sharing their views and speaking out against dangerous staffing ratios.

The nurses at ORMC launched the spontaneous walkout against inhuman workloads that threaten patient safety and led to a tragic suicide by a patient going unnoticed for hours. As news of the walkout spread online, the hospital administration has responded by denying that a walkout even took place.

A recent email to ORMC staff from Karen L. Frenier, the Senior Vice President of Human Resources & Chief Nurse Executive, began by stating, “We continue to monitor some social media chatter that began over the weekend around rumors of a nurses’ walkout at Orlando Health ORMC. Just to reiterate, that is misinformation and not true.”

Nurses were reportedly forced to sign non-disclosure forms and are unable to speak on conditions in the hospital for fear of retaliation. They have communicated through nurse advocates such as Nurse Nander, The.Nurse.Erica, and Masshole McGuido, as well as through the *World Socialist Web Site*, which is the only news publication covering the action.

They reported that the patient jumped to his death on May 16 after using a bedside table to break the window in his 8th story room. The nurses say that the Progressive Care Unit (PCU) nurses had such heavy patient loads that the discovery of the deceased patient was greatly delayed.

After the death of the patient, additional staffing was supplied to bring down the patient-to-nurse ratios during

an inspection by state officials. But nurses say the ratios returned to unbearable numbers, with some reporting 13:1 for Medical Surgical Units, 7:1 or 8:1 on PCU, 5:1 on Stepdown and 3:1 in the Intensive Care Unit (ICU).

Rejecting the claim by hospital administrators that a walkout did not take place, The.Nurse.Erica confirmed, “Out of the hundreds of messages I’ve received from nurses, there has only been one that has refuted it.”

Several current and former nurses at ORMC, as well as nurses in the surrounding region, have written to the WSWWS to confirm what happened and are speaking out against conditions at the hospitals. They have asked that their names be withheld for fear of retribution.

One nurse, who currently works at ORMC, confirmed to the WSWWS that many nurses had indeed walked out. They also confirmed the patient suicide, as well as another recent patient death that was the result of CMS violations in which a patient eloped, left the hospital and was subsequently hit by a car and killed.

A trauma nurse in the ICU at ORMC wrote, “ORMC also triples assignments in their trauma burn ICU, where other level one trauma centers in Florida don’t. To be approved to be a level one trauma center, the ratio must be 2:1 patient-to-nurse ratio. That is the guidelines used by all union hospitals in Florida that are approved to be a level one trauma center.

“Recently ICU nurses held a meeting with the CNO of the hospital and other leaders of the organization, begging in tears for help, many sharing personal stories of how the 3:1 ratios were destroying patient care, and saying that it is unsafe. Nurses were asking what would happen if they refused an assignment knowing that they physically wouldn’t be able to care for the three patients because of their acuity, and they were told only travelers can refuse an assignment. And still nurses are being tripled.”

Another nurse who worked at ORMC for many years told the WSWS how the hostile conditions forced them out. “I thought I was making things better by calling out policies that changed and were unsafe, also calling out management on their intimidation policies and unfair practices, and I was labeled a troublemaker.

“I was blacklisted from working at certain facilities, advised to keep my comments to myself, in order to preserve a calm working environment. I was advised in a way that violated my right to free speech and violated my rights to a fair workplace, which was guaranteed in action by Congress, to promote fair working conditions.

“And what they’re doing to new nurses, who know no better, is awful,” she wrote. Referring to the case of RaDonda Vaught, she added, “Especially with nurses being in a state of witch-hunt, and not being supported by their hospitals when they follow the procedures put forth by the hospitals. It’s unfair, and it’s scary. I used to feel bad for the patients. ... Now I feel bad for the patients, and terrified for the staff.”

Another Florida nurse wrote, “I was a traveling RN at Regional Medical Center Bayonet Point in Bayonet Point, Fl. This is an HCA facility that has similar ratios to ORMC. I was tripled nearly every shift in the ICU. We had no patient care techs to assist, and our charge nurse usually had a patient load as well. The PCU and MS ratios were severely unsafe.

“I brought up the issue with management, and there was nothing done. They only told us that this is how it is everywhere. Management is relying on new graduate nurses to fill the gaps, while making them believe high ratios are the new norm. I terminated my contract early out of fear for my license.”

“I work for health first in Melbourne, Florida,” **another nurse wrote**. “Our staffing is not adequate. On med surg and med tele, our ratios are anywhere from 1:6 to 1:8, PCU is almost always 1:6. I am not personally sure of ICU ratios, but I’d be willing to bet it’s 1:3. We don’t have enough sitters for 1:1, so they have been putting two patients who have a 72-hour psych hold with one sitter on a consistent basis.

“All the charge nurses almost always have a full patient assignment as well. Constantly nurses are being asked to work in areas for which they have not been properly trained.”

Another nurse in Melbourne, Florida wrote: “I’m currently working in Melbourne, FL, not far from Orlando, and our PCU ratios are also 1:6 and super unsafe. We are a cardiac PCU, so we get post op day 1-2

open heart patients. The acuity is very high, and we are all overwhelmed.

“They hired travelers, but travelers were told no OT was available even though they are short-staffed every single shift. The charge nurses take 4-6 patients every single shift!!!! This is crazy and so unsafe, not to say so so so unfair to the patients that truly need great care.”

In a video posted online, Nurse Nander reported that ORMC hospital administrators recently informed nurses via email that increased patient ratios are on the horizon, which prompted many nurses to “reply to all” and denounce even greater workloads.

“I’m writing this email to let everyone know that I’m putting my patients first,” one nurse wrote. “If I walk into a 5:1 scenario, I’m refusing the assignment and will simply go home. Then that day will be my official two weeks notice, with a stipulation that I will only work with patient ratios of 4:1 or you can simply fire me for leaving since I will always put my patients and license first. Without my license I’d have no job either way.”

The reality of what nurses and patients are facing at ORMC is only one example of the serious issues that plague the entire health care system. The fact that nurses and health care workers are terrified to speak out and afraid of retaliation is testament to the silencing of nurses more broadly.

Just three weeks ago former Tennessee nurse RaDonda Vaught was sentenced to three years of probation for a medical error that led to the death of one of her patients in 2017. Only a mass mobilization of nurses protesting against the scapegoating of health care workers for systemic problems in the hospitals, prevented her from going to jail.



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