

Terminated nurse at Children’s Hospital in New Orleans exposes disastrous workplace conditions

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An anonymous nurse at Children’s Hospital in New Orleans posted an exposure of the hospital’s unsafe working conditions on social media last month. Barely 24 hours after making the original post, which received over 100 comments, the nurse made a second post reporting that they had been “terminated effective immediately.”

The original post said that workers have “tried for months to address” the issue of patient surgical safety “with upper management, and today they made it clear it’s their way or the highway.” Before going into the details of the meeting with management, the nurse outlined 10 of “the current issues at hand.”

They include:

- “The surgery department currently has 60% open FULL TIME RN POSITIONS.”
- “Nurses work 5 scheduled days, and guaranteed to be brought in for Saturday call add-on cases for minimum 4 hours.”
- “Between Jan 2022 and Sept 2022, we’re looking at 8 experienced nurses either leaving permanently or going on leave, and there are only 3 new grads starting end of the summer.”
- “Experienced nurses with 2+ years experience are getting ready to leave or travel, there are some instances where nurses in orientation were placed with people who were only 2-3 months out of their 3-month long orientation.”

The nurse added, “To give you an idea of how bad staffing is, we had a day where we were scrambling to find staffing because we only had 8 available nurses to start 11 scheduled rooms [and] 1 trauma coverage.”

Topping the list of “Children’s safety concerns” published in the nurse’s second post is “Improper Staffing.” Other concerns included in that post include:

- “20 (21-1 board runner) current staff to run up to 12 operating rooms during the day, possibly up to 4 at night

when calling in surgical director. In Sept[ember], it will be approximately 13 nurses to cover 12 rooms.”

- “Members assigned to call are being overworked. 40+ [hour] work week during the week due to staying for surgeries that run past 7pm. Callbacks for emergent cases. If it’s your assigned weekend, guaranteed minimum 4 hour stay due to scheduled add ons. Some members on call are running 17-18 hour days.”

• “Even 6/8 [June 8], a transplant coordinator, former pacu [postanesthesia care unit] nurse, was pulled to circulate a OMFS [oral and maxillofacial surgery] case when she had no current, recent, formal training to do so.”

Multiple issues with “Improper training,” such as “Trainee nurses were tasked to circulate their own rooms as early as 2 months into orientation.”

The nurse states that during a meeting with management on the morning of the original post, “we were berated for wanting more staff ... for patient safety even though we already received ... a 15k retention compensation over 3 payments.” The administrator “kept mentioning how we’re receiving this 15k retention bonus and how we should be grateful when really we were meeting to see what we can do to get a plan for safe staffing.”

In response to this economic coercion to keep workers silent, the nurse defiantly wrote, “while it is appreciated, it is not enough to pull the wool over our eyes regarding the current severity of staffing in surgery and how it affects patient safety.”

Several health care workers familiar with the situation at Children’s corroborated the nurse’s revelations.

Another nurse told the *World Socialist Web Site* that they “agree completely with everything stated. When I started [at Children’s], I noticed issues right away. The OR [operating room] nurses were being asked to recover patients in PACU upon transferring them from the OR because PACU was short-staffed.

“One of our senior leaders came to a morning meeting and

explained to us that the hospital was short-staffed, and that we needed to do our part. The leader stated that if we felt it was unsafe then we could go to Ochsner (our competing hospital). The leader told us that if someone had anything to say to ‘say something, say something’ in a *very* unprofessional and bullying manner.”

Among other problems they encountered at Children’s, the nurse said, included “leaving a business professional with no clinical background in the charge nurse position, with many rooms running instead of holding a case to do the right and safe thing and having a nurse charge (God forbid they lose a dime), lack of transparency with staff and other departments (surgeons, anesthesia).”

Another worker at the hospital told the WSWS that staffing “has impacted all units of the hospital, as it has impacted seemingly every unit in every hospital across the globe.” One of the ways this has found expression at Children’s is that “it has become common for patients to be ‘boarded’ in the ED [emergency department] due to lack of staffing on the appropriate floors. Patients who come in to the ED and need to be admitted to the hospital cannot be admitted to the appropriate unit because there are not enough nurses to manage more admits.

“Many ED nurses have now taken on roles similar to that of med-surge nurses, which is not their discipline or specialty.”

The worker said that pulling nurses from one unit of the hospital to another is common practice. A “nurse who is floated to a different unit often has difficulty with their patient assignments because they are not accustomed to caring for that patient population. The nurses I have worked beside who are floating on an ICU unit that they are not accustomed to have always been highly stressed throughout the shift. This stress is shared among other nurses on the floor who have to help the floated nurse care for the patient.”

“Nurses are taken advantage of every time they show up to work because management will not find a suitable solution to staffing issues,” the worker continued. “At the end of the week, it doesn’t matter that the nurse may have accrued X amount of hours in overtime. Nurses need time away from the hospital. They are people and they are exhausted. The responsibility of patients’ well-being does not fall solely on the nurse. It falls on everyone from administration to tech.”

In her second post, the terminated nurse said, “Nurses are burned out from working 6 days a week due to call and seeing short staffing every day. Nurses with burnout are twice as likely to have thoughts of suicide, and excess workload and burnout can compromise patient safety care and lead to adverse events (Agency of Healthcare Research and Quality 2021).”

Health care workers ~~similave~~ have described understaffing and overwork all over the country. One nurse recently sent a letter to the WSWS illustrating abysmal registered nursing-to-patient ratios at a HCA Healthcare-run facility in Blacksburg, Virginia.

Children’s Hospital is one of six hospital systems within the New Orleans-based Louisiana Children’s Medical Center (LCMC), a non-profit health care network that extends across Louisiana and the Gulf Coast region. According to tax documents filed with the IRS in 2019, LCMC CEO Gregory Feirn’s compensation totaled more than \$1.5 million. Other board trustees for Children’s along with top management took home between \$290,000 and \$900,000, figures which have certainly increased since that year.

In stark contrast to these astronomical payouts, one worker at Children’s told the WSWS that “the starting pay rate for nurses at LCMC facilities (Children’s) is \$28 per hour with benefits. Without benefits, the hourly pay rate is somewhere in the \$30s. For the amount of work that nurses do and the caliber of work that a nurse’s job entails, whether they are new nurses or not, \$28 an hour in a state where gas is \$5 per gallon and a loaf of bread is \$5 is shameful.”

The impact of the ongoing pandemic on supply chains, due to the refusal by the world’s governments to carry out basic public health measures to eliminate the virus, is the basic cause of the spiraling cost of living. Even though the corporate press and both parties are treating the pandemic as essentially over, the virus continues to spread rapidly across the country, and a sixth wave is underway in Louisiana. So far, official estimates place child infections and deaths in the US at over 13.6 million and over 1,600, respectively. More than 200,000 children in the US alone have lost a parent or caregiver.

“There are so many problems with our health care system that are beyond anyone’s control. One is that we treat it too much like a business (of course it is, but patient care should ALWAYS be first),” one hospital worker told the WSWS. “We pay people the minimum amount feasible and expect them to wear 100 hats. We say we want staff to have work-life balance, but then we don’t relieve them at the end of their shifts and ask them to pick up overtime left and right. I think what the pandemic did was highlight these issues and bring nurses and other providers to say, ‘we have had enough.’”



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