

Nevada nurses refuse to clock-in due to understaffing

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Are you a nurse? *Fill out the form at the end of the article and tell us about the conditions you face. All submissions will be kept anonymous.*

On August 28, 2022, nurses at Henderson Hospital in Nevada refused to clock-in after being confronted with dangerous understaffing. Nurses arrived for their scheduled shift to discover that there were only three nurses, each assigned eight patients, scheduled on a unit that requires at least five to six nurses.

One nurse, whose identity has been protected, told local KNSV Las Vegas News that more than twenty nurses from multiple units stood their ground and refused to clock-in until the nurse manager, chief nurse officer and director showed up and agreed to take patients.

The action by nurses at Henderson Hospital is indicative of the growing opposition among nurses and health care workers to the unsafe conditions and exhausting workloads which exist in hospitals across the US and internationally. Increasing number of strikes are breaking out as health care workers fight back against the subordination of human life to corporate profit.

Former Henderson hospital ICU nurse, Diana, spoke with the *World Socialist Web Site* and confirmed the recent event at the Nevada hospital. Diana, who worked at Henderson hospital for two years before quitting three years ago, discussed the staffing issues, working conditions, and the recent show of opposition by nurses at Henderson hospital.

“I did hear that the entire night shift refused to clock in at Henderson hospital because they didn’t have the staffing. From what I understand it is true that management came into work. I have a friend that still works there.”

Explaining how understaffing affects patient care,

Diana said, “It in itself is extremely difficult. A good nurse, on a good day with five patients, she can manage it and handle it, and it’s fine.

With COVID and the patients getting sicker and sicker, it gets much harder. And then if they don’t have any support staff, CNA’s (certified nursing assistants), unit secretaries, charge nurses. They don’t have charge nurses; their CNAs were also spread very thin when I was there. You add in eight patients on one shift. That’s insane.

“And then there are rumors flying around about them covering up falls because the short staffing makes patients have to get up by themselves. Nobody’s there to help them, and they fall. The administration then tries to say it wasn’t really a fall because they want to maintain their Leapfrog status, an A-rating for safety.”

Diana then described some of the short-cuts taken by the hospital administration which have greatly worsened working conditions at the hospital. In one case, she explained that administration has been shortening orientation for recent graduates from nursing school.

“They’re cutting their new grad orientation short, which is a big no no. You don’t pull someone off orientation that’s not ready to take patients. They pretty much snagged new grads right out of the market. For the most part, all of the experienced nurses that I know have left.”

Research demonstrates that lower nurse-to-patient ratios are associated with lower mortality, shorter length of stay (LOS), fewer falls with injuries and pressure ulcers, greater nurse job satisfaction, less burnout and greater nurse retention. Despite this research, hospital CEOs and administration continue to seek to lower costs at the expense of workers and patients.

As was demonstrated in the conviction of RaDonda Vaught, health care workers are scapegoated for the chronic understaffing and the “system failures” that exist in hospitals throughout the country. The medical system, under the grip of giant hospital chains, insurance companies, pharmaceutical and medical equipment companies, health care workers are continually pushed to do more with less. These conditions, greatly exacerbated by the COVID-19 pandemic, have led to a mass exodus of health care workers from the profession.

In response to a question about how COVID-19 has added additional stress on nurses, Diana said, “Some are just leaving the field completely. COVID was extremely hard on a lot of nurses. A lot of nurses now have PTSD. When I was working COVID for two years it was nothing to see six to eight deaths a day. You could start the day with two patients and then by one o’clock they’re both gone. I will say I had a co-worker commit suicide. I had another one die of COVID.

“I took travel contracts for COVID. In one hospital that I traveled to in Southern California, every day I was on what they call “death row,” where there was nothing else we could do, we just had to wait. I know my experience is not unique.

“I worked with a lot of travelers who worked in Texas when they were getting absolutely obliterated by COVID. And they said that the amount of death was just too much to take, and they planned to retire from nursing ... And it’s not just the patients dying, it was the abuse that was thrown at us and during COVID.”

The failure to appropriately staff hospitals and prioritize the safety of patients is a massive social crime, not just against nurses but against all of society. Everyone will need a hospital bed at some point or another. Who will care for loved ones, neighbors or the next generation when conditions are made so unbearable that no one enters this profession?

Diana then describes how understaffing, short-cuts in training, and nurses leaving the bedside directly affects patient care and especially impacts the working class, elderly and poor of Henderson, Nevada.

Diana explained that there are six hospitals in the valley, but Henderson is the worst. She noted that a hospital in the east side, an underserved area, closed down so working class people and the elderly probably don’t have great access to health care in that area.

The brave action of Henderson nurses shows that health care workers are ready to fight. Nurses understand that understaffing and short-cuts in training can lead to patient deaths, but in order for nurses to carry forward their fight they must unite with other nurses across the US and internationally. There is growing opposition, with increasing numbers of strikes breaking out across the US and internationally.

On August 15, over 2,000 mental health care workers at Kaiser Permanente facilities in California began an open-ended strike over chronic understaffing, low wages, and to demand that Kaiser comply with state law that guarantees patients timely access to mental health care.

In Michigan, nurses at Michigan Medicine voted by 96 percent to go on strike against the fifth largest hospital system in the state. A strike of over 700 nursing home workers across fourteen nursing homes began in Pennsylvania last Friday with workers citing poor pay and lack of basic supplies and equipment. In Sri Lanka, health workers walked out on strike on June 29 and 30 in protest against the lack of fuel and their inability to get to work.

The WSWs encourages nurses everywhere to send in your statements of support for nurses at Henderson Hospital, filling out the form at the bottom of this article. The WSWs appeals to Henderson nurses and all nurses who want to fight back to contact the WSWs today and sign up to help build a rank-and-file committee in your facility.



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