

“It’s been too long that hospital administrators have put profit above patient care”

Nurses speak out on needless patient deaths due to short-staffing at US hospitals

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Across the United States, staffing shortages among nurses and health care workers worsened by the COVID-19 pandemic continue to weigh on crumbling health care systems, jeopardizing patients and pushing whatever staff remains out of the profession.

Recent figures from McKinsey & Company predict that shortages of up to 450,000 registered nurses are expected within the next three years in the US.

The COVID-19 pandemic has turned hospitals into centers of death, not only for patients but for health care workers who have died at much higher rates than other professions and have had to endure continued moral injury, severe levels of post-traumatic stress disorder (PTSD), depression, substance abuse and suicide.

Over 20 million people have perished throughout the world from coronavirus. The death toll in the US, already undercounted, is becoming increasingly difficult to track as the ruling class has announced a sharp decline in its reporting of COVID-19 from daily to weekly records. While virtually all mitigation measures have been dropped, the reality is that an average of over 400 Americans are officially dying of COVID-19 every day, and the numbers are expected to skyrocket with surges in fall and winter.

This unsustainable situation is intersecting with the upcoming “twindemic” of a new deadly COVID-19 surge paired with a surge in flu cases. This combination of respiratory illnesses overburdening health care systems is already a reality, with many pediatric hospitals in the US filling to capacity.

Even prior to the pandemic, health care workers and patients have suffered under increasingly higher patient-to-nurse ratios, which demonstrates how the capitalist system prioritizes profits over patient outcomes. As a result, understaffing is leading to preventable tragic outcomes for patients.

Nurses are increasingly turning to social media to share their stories. One nurse expressed her deep anger over what she called a “needless patient death” at her hospital in a Reddit thread, where she explained that a 40-year-old patient with a

wife and two children died a preventable death due to criminal understaffing.

The nurse explained the situation at the hospital where nurses each care for seven patients at once, all while a tele-nurse (virtual and not on site) is monitoring vitals for 40 patients at the same time with no charge nurse on duty. The patient had a temporary pacemaker, and no one had the time to fill out the proper forms informing the tele-nurse.

The floor nurse assigned to this patient was in an isolation area without a phone. The tele-nurse was trying to contact the nurse when it was noticed that the patient was in a fatal heart rhythm. Ultimately, the patient ended up more or less unsupervised with a temporary pacemaker, a dangerous situation, and went into a preventable, terminal state.

One tele-nurse monitoring 40 patients is a criminal act of negligence by the hospital’s administration, as is having a floor nurse in charge of seven patients. But this did not prevent the hospital from placing blame on the floor nurse for the patient’s death.

The post was met with many nurses expressing their anger at the systematic understaffing across the country in the health care industry, with one commenter stating, “As a former med/surg oncology nurse who would have 8 patients at a time ... no teley/cardiac nurse should have 7 patients!!! Dear Gawd! I’m afraid to get sick right now and have to end up in a hospital. I’m trying to tell people how bad it is, but they don’t get it.”

Another comment by a nurse read, “It is management’s responsibility and job to provide the resources necessary for safe patient care. The conditions you describe are criminal and blame will be laid directly on the feet of the folks who enabled such unsafe conditions to exist. Let them try to blame the direct caregivers. They will not be happy with the results.”

The problem of understaffing and poor ratios resulting in preventable tragedies was a reality far before the COVID-19 pandemic but has since been exacerbated.

The WSWS spoke to Claire, an ER travel nurse, who

commented on the Reddit post and explained how the death of a young patient due to short staffing still haunts her nearly a decade after the fact. The tragedy took place at a hospital in Reno, Nevada, where her healthy 18-year-old patient passed away due to a pulmonary embolism after a long fight to resuscitate him. This took place in an understaffed hospital that was filling up with other patients who needed immediate attention. She described the night as “hell.”

Claire told the WSWS, “It’s been too long that hospital administrators have put profit above patient care, and consequently it’s tragic outcomes like 18-year-old healthy young men dying because there are not nurses being staffed to assist when the shit hits the fan.” She said the experience of the COVID-19 pandemic exponentially increased the number of nights similar to this one, and it was a “wartime” emergency environment that was incredibly grim and intense.

Patient care, outcomes and potentially lives are all at risk due to the subjugation of social needs to profit. Ample research has consistently proven that proper ratios and staffing save lives.

An observational study in Illinois showed that when “Patient-to-nurse staffing ratios on medical-surgical units ranged from 4.2 to 7.6 ... After adjusting for hospital and patient characteristics, the odds of 30-day mortality for each patient increased by 16 percent for each additional patient in the average nurse’s workload.” It also noted, “If study hospitals staffed at a 4:1 ratio during the 1-year study period, more than 1,595 deaths would have been avoided and hospitals would have collectively saved over \$117 million.”

While the Biden administration proclaims the pandemic is over, health care systems across the country and world are dangerously straining under the burden of COVID-19 and staff shortages. Emergency rooms are beginning to close, all while the short staffing of health care workers is resulting in poorer patient care overall and an untold number of preventable deaths.

On Monday, Georgia’s Piedmont Atlanta Hospital began diverting all ambulances away from the facility as severe overcrowding in its emergency room required it to close its doors. There was no space to accept new patients who need psychiatric or emergency care or critically ill ICU patients.

Numerous other hospitals in the region are experiencing an influx of patients as a result of the closure of the for-profit Wellstar Atlanta Medical Center, which is closing its doors supposedly due to financial hardship. Whatever the cause for the closure, the fact that it happened points to the irrationality of the capitalist system. The fact that a major urban hospital that serves over 2 million people in the region could close as society faces the impending “twindemic” is a social crime.

The crisis is not limited to the US, with emergency rooms across Canada shutting their doors in recent weeks due to short staffing. This provoked Dr. Paul Parks, president of the emergency medicine section of the Alberta Medical Association in Canada, to say, “It is really a disaster mode

because the definition of disaster in medicine is that the demand outstrips the ability to supply the care. ... That’s what’s happening every day in our hospitals across the country.” In Ontario, Canada’s most populous province, 16 emergency departments closed due to nurse shortages, according to Ontario Health.

Nurses and health care workers are angry and ready to fight for their interests, with a strike by mental health workers in Northern California at Kaiser Permanente pushing into its 10th week, and 6,200 health care workers at Kaleida Health in Buffalo, New York, voting by 96 percent to strike for their demands. Another 6,000 health care workers at Michigan Medicine had a rotten contract imposed on them, despite the union membership’s overwhelming demand to go on strike for safe staffing. A powerful three-day strike by 15,000 health care workers in Minnesota took place last month.

In all of these struggles, health care workers have nearly identical demands revolving around staffing, which is directly tied to patient outcomes and working conditions that must be transformed to halt the mass exodus of nurses from the field.

However, the critical roadblocks that must be overcome are the corporatist trade unions, tied to the ruling class and Democratic Party, who are loyal to the CEOs and health care giants. The unions—from the California Nurses Association, to the NUHW, the Communications Workers of America, Service Employees International Union and the Michigan Nurses Association—are working to divide the working class, impose concession contracts and starve out strikes to prevent what should be a larger fight for improved patient ratios, outcomes and working conditions.

The McKinsey & Company report noted that to fill the gap of up to 450,000 nurses that will be needed by 2025, “[T]he United States would need to more than double the number of new graduates entering and staying in the nursing workforce every year for the next three years straight.”



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