

“Somebody with some clout do something about this damn nursing system before we are all dead by suicide!”

## Nurses respond to Ohio nurse suicide, blaming her abuser: The American healthcare system

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The tragic death by suicide of 28-year old emergency department nurse from Dayton, Ohio, Tristin Kate Smith, has been met with an outpouring of sympathy, grief, and anger from healthcare workers across the country. There is a widespread feeling that this was a loss of life provoked by brutal working conditions and the broken healthcare system in the United States. This was made clear in Smith’s suicide note written 5 months before her death titled, “A Letter To My Abuser.”

In this letter, Smith describes an unsafe and hostile work environment that is the product of a for profit healthcare system that has, “taken my heart and slowly crushed the goodness it had. ...” The letter darkly ends saying, “If I stay, I will lose my sanity—and possibly my life—forever.”

This letter struck a nerve with nurses who have been understaffed for years, with many left traumatized from the devastation brought by COVID-19 waves over the last three years. Nurses frequently describe work environments filled with anxiety, fear, insecurity, and abuse, leading many to leave the profession, and in the most tragic cases, to take their own life. Many nurses and other healthcare workers are deeply invested in helping their community and the health of their patients, but in return for their commitment they are abused and exploited.

Now more than ever the fight for socialized medicine must be brought forward and workers must fight to build their own democratically controlled Rank-and File committees in every hospital so that they dictate conditions and staffing. It is only through this control can the profession be significantly transformed to stop the hemorrhaging of nurses.

As the WSWS wrote on the recent Kaiser struggle, “The fundamental question at hand is who will control the healthcare industry? Will power remain in the hands of the healthcare executives who pour millions into preventing safe patient ratios, and who developed the lean staffing models that prioritize profits over workers and patients? Or will the healthcare workers take control of their workplaces, organize a broader fight for socialized medicine, and finally remove the profit motive from healthcare,

guaranteeing it to all as a social and a human right?”

We are publishing here a portion of the write-ins. All names have been changed in order to ensure anonymity.

**Gabby**, a RN of 13 years working bedside, with her last 5 years of bedside nursing being in the ER, wrote, “I absolutely hated the toxic work environment filled with nepotism, under-staffing, bullying management, and s\*\*\*\*y pay. I was at my last hospital for 7 years. We got \$0.50 raises annually. I live in California. That was not enough to keep up with inflation. Every year, I felt more and more broke no matter how much I worked.”

“It is very commonplace to get assaulted by our patients... My last straw was when I had an altercation with a patient I was trying to discharge. I was given a notoriously aggressive patient in the hallway. He was uncharacteristically calm this visit until I tried to discharge him without a prescription for narcotics. The ER docs refuse to write him any because of his known substance abuse.

“When I told the patient this, he jumped out of the gurney, grabbed the chair next to him and threw it at me. I was 6 months pregnant. Luckily I gave him a wide berth so I was able to dodge it. I immediately had the unit secretary call a Code Grey to scramble whatever staff was near to contain the situation. Nurses and EMTs jumped in. No one checked on me.” After the incident, Gabby’s director “proceeded to ask me how I could have avoided the entire situation. Basically blaming me for the patient becoming violent. This is standard protocol after patient incidents, they blame the nurses.”

“I caught COVID while working and developed horrible pneumonia. I was hospitalized for a week. After this I developed PTSD and could no longer bring myself to work in the hospital. I left. I miss it so much but also have nightmares about it at the same time.”

**Samantha**, a nurse of five years, wrote: “Wow, it’s just so much to think about and so much to tell. The field of nursing is truly broken and it is tearing the people that are in it apart. I have been a nurse for almost 5 years and before that, I was in the field of EMS. I was tough as nails. I knew what I was doing and I had

experience, so wouldn't being a nurse be an easy transition?

"It should have been simple, but it was nothing short of a disaster. I have never felt more broken, more beat down! I've never shed more tears in my life than as a nurse. I don't get the reward of helping people. I tell people that the hospital can't fix you! We [nurses and doctors] might be able to save your life but we can't make you healthy. As a nurse, I fight for you and against you to improve your wellness. And I had thoughts of how this career is killing my spirit my health and my family. I truly don't know what can be done to fix us, it's like the system is too big to change."

**Cindy** wrote, "I worked 42 years as a workaholic RN CCM...I have taken so much abuse which nowadays would get people convicted of a crime...I have PTSD, very bad including nightmares...I have difficulty trusting any doctor because of all the mistakes I have seen them make."

**Deborah**, a nurse of over 10 years told the WWS, "I started out so empowered, so excited. I was ready to be the absolute best RN BSN I could, I was ready to make a difference in people's lives, to save lives. In the first 5 yrs I was awarded several 'breakfast club' awards, went the extra mile to join committees and my clinical ladder. I am now 10 years in and do bare minimum to make my paycheck. I am bitter, underpaid and resentful. It affects my personal and family life as well as my mental, physical and spiritual health."

**Mya** is among the many nurses who have faced violent encounters on the job, "Patients are often referred to as being on the 'right side' and that gives them the advantage to do what ever they want to do. I have had a knife pulled on me when I was face down helping a patient. I lifted my head and here it is. I tried running out and the knife was thrown after me. Why? Patient was reported smoking in the room; being the charge, I have to get the lighter and she said it is hidden under the bed. She pulled the knife when I was looking for the lighter under the bed. Thank God I was not hurt. The lists goes on.... But this was the most terrifying moment."

**Courtney** wrote: "I'm so sad to read Tristin's story and that she didn't feel there was another option for her that day, but I know that sharing her story will help so many people, from nurses who will feel comfortable sharing their stories too, to hopefully helping patients and families see that we are doing the best we can in a toxic environment that leaves us alone and vulnerable. [We are blamed] for the problems of our healthcare system, while the ones who are actually responsible are hidden in their executive offices or relaxing in their comfortable homes."

"Although I still love direct patient care and feel grateful that my many experiences over the years have made me the nurse I am today, I actually dread going into work pretty much every shift I work at our well-known university hospital. We regularly work short-staffed although we have so many nurses in non-patient care positions. We have nurse leaders who we NEVER see (managers, directors-so many nurse directors!) and they let us work short-staffed without even acknowledging the position they put us in & how frustrating & embarrassing it can be to not be able to give good care to all the patients we were assigned to."

"I worked this past weekend, and on Sunday I entered the room

of a patient whose daughter was mistrustful and condescending from the moment I walked in her father's room. She gave me a list of things her father needed (he's dying of prostate cancer but still a full code) and when I said I would be there for 12 hours and we will take good care of him, she said she didn't want to hear any excuses about why things couldn't get done.

"She was angry, and I completely understand why-because her dad probably has had many frustrating experiences with the healthcare system during his prostate cancer journey, but she took it out on me the whole shift and reminded me more than once that she was an attorney and her brother was a doctor. I gave the best care I could to her bed-bound, dying father, but I could have done so much more if we weren't short-staffed, and the daughter didn't care about that, nor should she even have to think about it, but I almost lost it by the end of the day.

I wanted to yell, 'I'm a really good nurse! You need to be angry with our nurse directors and administrators who are at home and not even thinking about what another short-staffed Sunday is like for the patients and direct care staff!' I wanted to say that so badly, but of course I didn't, and at the end of my shift I told them both good night, and that it was nice to meet both of them. I left the hospital that night with a sore back again and wishing so much that I could quit and work somewhere where people are happy, like Starbucks, or Disney World!

"I don't say this lightly, but I, and my nurse colleagues, have been joking for years that we regularly feel like we're being abused at work. Some ways are subtle, and some are more direct...being penalized with an 'occurrence' for being one minute late, being asked if I have time management issues when I don't sign out on time, being asked why I couldn't find the time to take a lunch break during a 12 hour shift, being assigned too many high acuity patients and then being criticized for not turning the bed-ridden ones every two hours, or at least charting that I did.

"[We are] expected to tolerate verbal abuse from patients and their families, because our motto is 'Patients First.' ... It's an impossible situation and our managers, who are nurses, and our directors, who are nurses, should be putting their foot down and demanding more for those of us still at the bedside, but they don't, because if they stay within their budget, they get a bonus!"



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