

Experience:

Floor Nurse:

I have been a nurse for 8 years. I remember a time when my brain and body did not have to go nonstop for 13 hours straight. Just reading that, I know it is unhealthy and unsafe. It sounds traumatizing. It is causing me depression and anxiety. It is causing me to consider leaving nursing. If nurse are fatigued and distracted, we cannot provide effective and safe care. We cannot sustain in a system that utilizes us this way.

Nursing care used to focus on the prevention, health promotion, management, and advocacy outlined in our ANA standards. Nurses were the healers. We were the empathizers and advocates. The safety net. We challenged our patients to progress in their care and provided encouragement when they succeeded. We were the foundation of a safe and healthy society. We are not ok. Our society is not ok.

I am constantly hearing my fellow nurses wish they had the time to provide oral care, ambulated a patient, or even just get them out of bed to the chair for meals. We talk about providing this care as though it is a dream. Is is not a dream, it is basic care patients need to heal and to prevent larger complications like hospital acquired pneumonia, falls, pressure ulcers, etc. These are deemed nursing sensitive indicators and regulatory bodies like the DNV look at them because they are preventable and can cause adverse outcomes like prolonged healing, depression/anxiety, miss trust in the medical system, loss of function, even death. If nursing has the time and resources to perform preventative care those outcomes can be prevented.

This unit I work on provides care to complex patients. I am not sure many people understand the gravity of the acuity and medical instability of these patients or what the care they need looks like. First off, my hospital receives the sickest of the sick in our region in a time when the population is just sicker. Many patients come to our unit from the ICU where they had a prolong hospitalization. They are reconditioned and need 2-4 staff to turn them every 2 hours depending on weight, lines, type of care being performed. Remember, this is an acute care unit, not they ICU. They need rehabilitation of every system (think nutrition, muscle strength, bowel care, mental health, etc) and nursing it the leader in all of that. Many other units with this complex of a patient population would have a 3:1 pt:rn ratio. We do not. We have been trying to get our ratio change, with good data, but keep getting denied due to budget. Other patients are the most vulnerable in our state. They have been judged and traumatized by the healthcare system due to their lifestyle, cognitive-development, race, etc. To truly engage in a working relationship, a lot of time and energy goes into repairing and building rapport. If this time is not taken, many of these patient present with behavioral outbursts that impact the wellness of themselves, staff, and other patients. This is all preventable with well equip staffing.

Charge Nurse:

As a charge nurse it is a rare situation that I am able to step off the unit for more than 15 minutes to have an UNINTERRUPTED break. From providing support to newer staff to updating administrative forms, there is rarely someone even trained to be charge let alone

has the time to cover me for a break. Sometimes I even am assigned patients which for a 31 bed, 'IMC' level unit, that is highly unsafe.

My hospital is also pushing a patient selection policy that states charge RNs have 15 minutes to review and accept patients once pending to our expected list. That means I literally cannot be away from my pager for less than 15 minutes.

New Nurse Trainer:

Every cohort I have worked with since 2020 has expressed fear and anxiety WHILE STILL ON ORIENTATION. They see the stress and burnout on the units and wonder if nursing was the right choice. These new nurses are experiencing trauma before they even are independent in practice. This is going to have a long term impact on the longevity of nurses and continue the staffing crisis and new nurses are during out even quicker.

Solutions:

Uninterrupted rest with break nurses. When Covid moved the administrative staff to virtual meetings, many expressed increased fatigue, limited productivity, and decreased job satisfaction due to back to back commitments. The solution? A message from leadership to limit meetings to 50 minutes so staff can have a 10 minute rest between. In a 8 hour work day, that is 80 minutes the system provided to employees to self care. We are not robots. ANA Provision 5 discusses an RN's duty to self to care for others. Please provide SYSTEMIC support to allow us to care for our selves so we can show up for others. This would truly provide a trauma inform approach to staff wellness. We need a break nurse to cover our patients while we are away to truly have an uninterrupted rest.

Teresa