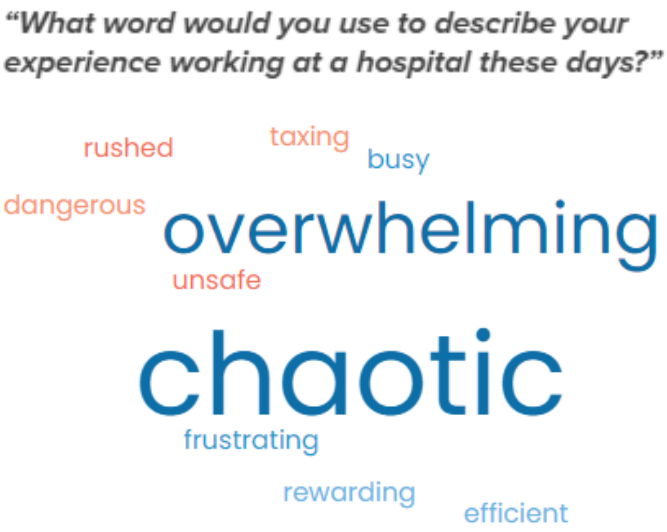
May 9, 2022

FROM: **Nancy Zdunkewicz, Change Research**
TO: **Friends of HPAE NJ**
RE: **NJ Healthcare Workers Plead for Help as Patient Care Declines**

Patient-care providers in hospital settings believe the pandemic exacerbated an already broken system produced by a fundamental shift in the priorities of hospital managers. The result: overwhelmed, burnt-out staff and chaotic, dangerous hospitals where, despite their best efforts, it is increasingly impossible for even the most experienced staff to deliver quality patient care.

This is according to new focus groups with primarily patient-care providing healthcare professionals in hospital settings across New Jersey conducted by Change Research for HPAE on April 26, 2022.[1] The qualitative research study reported in this memo is the first in a multi-wave research program devoted to better understanding the issues facing our healthcare workers and possible solutions at this critical moment for the healthcare system.[2] The key findings reported before will inform HPAE's advocacy efforts.

The urgency and alarm these healthcare professionals express should chill any New Jerseyan. Asked to describe their experience working in a hospital these days, these healthcare professionals use words that express how over-extended they are ("*overwhelmed*", "*frustrating*", "*taxing*", "*busy*", "*rushed*") and how unsafe hospital settings have become ("*chaotic*", "*dangerous*", "*unsafe*"). At the end of a session, one nurse underscored that point by asking the moderator, "*You know not to get sick and go to the hospital, right*?"



The professionals at the bedside are trying to warn us that we are on the edge of a generational shift in healthcare quality produced by an aging population, sicker patients, over-extended staff, and veteran caregivers entering retirement without younger talent ready to replace them because profit-focused management pushes people away from bedside care.

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[1] In order to qualify for these focus groups, health care professionals had to identify as working in a hospital setting and being primarily beside facing. The majority of participants were women and nurses, as we expect from this universe of workers.

[2] We will build on the learning from these focus groups with a representative survey this summer.

The staffing crisis

The greatest challenge in providing bedside care today is the lack of adequate staffing, especially for nursing staff.

Under-staffed and exhausted. Too many patients for each caregiver to reasonably take care of is by far the most cited challenge at the bedside. There are just too many patients assigned to each caregiver. "*Man, the second your census is down, they are cutting your staff in half*," said one nurse.

> *"We'll be beautifully staffed. And they'll say, well, you only have 12 patients instead of 24, knowing that in 10 minutes we can fill up those, and they'll give half the staff, you know, they'll call them and cancel them. And then all of a sudden, boom, before you know it, we fill up like we predicted."*

> "Our labor nurses, it is unbelievable the amount of patients they'll have at one time. I mean, you have babies that deliver in the bed without a person in the room. The father comes out and says, "I can see the head." Pre-term babies! Just people literally running from room to room, a physician that can't even make it from room to room let alone the nurse. [..] You have a nurse that's got a patient hemorrhaging and she's still got five other patients."

The discussion heats up as they share the horrific assignments they have seen and endured or the number of vacancies that have gone unfilled in their units.

The understaffing in nursing has an impact on the other healthcare professionals in hospitals. "*I feel like, I think they're so understaffed [on the floor], especially on the night shift, they don't seem to check on the patients enough and we'll get stat calls at like 6:00 AM for stuff like that,*" one respiratory therapist lamented.

Healthcare professionals are crystal clear that the major challenges they face today pre-date the pandemic, but the pandemic exacerbated the situation because there were "*more patients, less nurses, sicker patients, higher acuity, higher absence rates because of the nurses that were exposed and then positive*." When COVID hit, hospitals were already so short-staffed that they could not accommodate time off or childcare needs.

"I think during the pandemic, especially the work-life balance, people just needed time off or they had to go get their kids or find new ways or people to watch their kids, whatever it was. And we were so short-staffed, they were like, no, absolutely not. And people would go, I'm done."

"They wouldn't approve any vacation time or things like that. It was really hard to get time off. I still haven't had a vacation."

Others talk about the emotional toll of so much death or being exposed to the virus and hoping you were not going to bring it home. As one participant said, the past two years have been "*mental, physical, emotional exhaustion.*"

Under-staffing creates a vicious circle that pushes people away from the bedside. Short-staffing, poor conditions, and lack of support from management generally have led to an exodus of experienced nurses and a new generation of nurses who are leaving the bedside even more quickly. The pay and benefits are not attractive enough to keep some healthcare professionals at the bedside under these conditions.

They report many of the older nurses entered early retirement. Others seek out better paying and less taxing opportunities like becoming nurse practitioners, doing outpatient care, becoming nurse anesthetists, or entering travel nursing. They don't blame them. "*They're new nurses and they're making you know $75,000, $80,000 a year. I can make $50,000 in 13 weeks, so they're leaving. It's a good deal*," one participant explained.

Several of the men and women in our groups were actively considering other options like working from home for an insurance company doing approvals, mobile Botox, primary care, teaching, or research project management. "*You know, I think we all consider leaving and I can't speak for everybody, but I know for myself I've gone on like four or five interviews just to see what else is out there*," one nurse shared. "*My quality of life has gone up like a hundred percent since I took my care management job. My kids are happier. I'm happier,*" responded one nurse who had recently left the bedside. Others were considering retirement in the next five years.

Too few experienced caregivers. In addition to being short-staffed, there are too few experienced caregivers left in hospitals. As one therapist explained, "*We have a ton of baby boomers in my profession and [..] a lot of them held jobs longer to make themselves financially secure [after the 2008 recession]. And there was less room to fill in at points. Now, when COVID*

came, a lot of them said, I don't wanna endanger myself. I don't wanna be here. And a lot of 'em just retired. So it left a big hole. It was there coming and it just magnified."

As a result, several of the professionals in the group were now some of the most senior in their units despite having what they considered relatively less experience. For example, one L&D nurse with less than 15 years of experience noted how "*unreal*" it was to find herself in the top ten list in terms of seniority after all of the retirements over the past few years.

> "What really concerns me is the inexperienced new nurses to the ratio of experienced nurses. It's an ICU setting and the critical skills are not there."

Some hospitals are filling the holes in the staff with new nurses who lack the same knowledge and training. "*We never hired inexperienced nurses to same-day surgery areas or same-day cardiac service areas [because] you had to have years of experience on the floor to even understand what to do where we were working*," one nurse explained, "*I could see where the hospital started changing their policies like, Hey, listen, we're gonna hire, but we're gonna hire, you know, untrained people.*"

The experienced nurses already have too little time to spend with patients, now they also have to spend time overseeing new nurses. "*Most of the new graduates for the last two years have had barely any clinical or in-person training of any sort*," one nurse explained. They need to be brought up to speed by the more experienced nurses on staff. Compounding this issue is the high volume of travel nurses on staff. Experienced nurses have to do orientations and ensure these travel nurses are keeping to the standards of the hospital.

> "*Having a lot of new nurses and agency nurses who, so you're already short-staffed and then they're not familiar with the unit or with our policies and procedures and stuff. So that even though they're there to help you, that can throw you back*."
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> "*I'm getting nurses and I'm having to teach them what a foley is, how to put it in, how to mix meds, things that they should have at least had a process of touching or seeing somehow. And we're also short-staffed and bombarded with cases, but it's taking more time to train these people, which is also an added stressor. And because over half of our staff is travelers, the same people are getting oriented, which is also draining a lot of people.*"

Nurses also report being floated to other units where they lack the experience they need to do their jobs well. "*I was floated the L&D and I have no L&D experience. I mean, can't get into the NICUs. I can't get into most of the floor, so I'd have to find someone to help me. I don't even*

know the doctors," one nurse said. Even an experienced nurse doesn't have the same impact when they are in a new unit.

"It's unsafe and we can't meet the needs of our patients and families."

In the eyes of the caregivers at the bedside, the staffing issues have turned into safety issues. High patient-to-staff ratios means that there is not enough time for patients to spend with patients. "*I had like a 20-hour shift and my patient was coding and I had never been so tired in my life and I prayed to God I did not have to do compressions*," one nurse admitted, "*That was a feeling I don't ever wanna feel again. And there's no management. The surgeon had gone home. There was no one and they didn't do anything about it*." The L&D nurses were particularly alarmed, struggling to deliver babies and teach new moms how to care for their babies with the short-staffing.

The newer nurses and travel nurses filling the shoes of more experienced nurses were another reason for declining patient care.

While they admit that they've worked with some great travel nurses, in general, these professionals felt there were impediments to travel nurses providing excellent care at best, less adherence to policies in general, and too often a lack of investment in the outcomes of patients because they lack "*skin in the game*."

> "*It's very important that I have a relationship with the bedside nurse because that's how I get all my information. And a lot of the nurses who are coming in again have no skin in the game and they don't.. they're like, oh, I don't know. I was like, are they in pain? I don't think so. I'm like, what do you mean you don't think so? So it's just quality of care, it's horrible*."
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> "*You're getting report, none of it makes sense. I'm like, what are you talking about? Policies not being followed. Surgeon's not trusting you*."

Add in the over-reliance on inexperienced nurses, and you have a recipe for disaster: *"They still have these accelerated nursing programs in 15 months with no clinical. So then they come out and it's not their fault, they've never been taught anything. And then they're scared to death because they're scared they're gonna kill somebody. And it's a real fear. It's a realistic fear to have, because they don't know.*"

Others talk about a "*hurry up and go*" culture that is eager to push people out of hospitals as quickly as possible.

> *"The expectation is to admit these people in record times and then just turn around and discharge. I mean, we do up to 50 to 70 outpatient surgeries a day. It is a very, very busy same-day surgery center. And it's hurry up, admit, hurry up."*

> *"It's become more of a culture of out hurry and get them out. They gotta move, they gotta move. They gotta move. [..] Like they want their length of stays to be like almost nonexistent. [..] They're discharging people who are all borderline, and a long time ago, [hospitals said] Okay. Give them 24 hours. Now it's give them 12."*

Those providing care are forced to defend their advocacy for their patients who require more time: *"I feel like you're constantly justifying and explaining yourself, well, you know, this came about and I have to do this, or this patient needed this, you know, each patient has its own specialized care."*

At the same time, they believe patients are getting sicker. They blame the efforts to push people out of the hospital too soon and people not coming into the hospital sooner for care. They are "*so, so much sicker,"* one nurse explained, *"because they didn't give the care they needed during COVID because either they were afraid to, you know, to seek it out or whatever the reason is, they're just sicker now than I've ever seen them*." Several nurses noted that they are seeing more hemmorged in L&D recently specifically.

And their concern is that we haven't hit rock bottom yet. As more veteran nurses burn out and retire, more less experienced nurses will fill in the gaps. "*I'm concerned when I get older, there's not gonna be anybody to take care of me and my husband*," one nurse admitted. The nurse in the first group told our moderator to avoid going to a hospital at all costs, and another warned that hospitals will become "*scary*" in the future.

> "I don't think we've seen the fallout of nursing. The nurses that are still at the hospital just continue to get more and more burned out. They're gonna leave and there's gonna be so much inexperience in the hospital. It's gonna be very scary."

They blame the managers & executives

The men and women we spoke to blame the choices of managers and executives for these issues. COVID-19 laid bare the issues with staffing that these men and women universally agreed

pre-dated the pandemic. COVID-19 "*brought out all the shortages that they already had. Just came full front and center for them. And [managers] did nothing!*"

They complain that unsupportive and unappreciative managers are a major reason why they rate their employers negatively.

> "*We can go weeks without seeing them. You can message them, call them, and you'll never hear back*."
>
> *"We are not appreciated by management [..] Not monetary wise, not anything, nothing*."
>
> "*We were told for three months, don't take any time off, don't call out. Don't even think about falling out. Then they all worked from home because their kids were home.*"
>
> "*When they gave us bonuses, I got the same bonus as the Starbucks worker in the lobby got that was off during the pandemic. So I just don't think that they've given nurses enough respect*."

Some were particularly cross with the nurse managers and assistant nurse managers with nursing degrees who failed to step up and help them at the bedside when they are understaffed.

It is clear to these caregivers that managers "*are trying to save money rather than be adequately staffed. And this has been going on for years. This is nothing new.*"

"Problem is that you have finances people in healthcare who've never touched a patient, who've never wiped an a**, who've never dried an eye. They're not at the hospital. They're hanging out with these rich people."

"It's the money. It's the hospitals, these companies want money, so they don't wanna pay enough nurses. And so we're short-staffed. And so no one wants to do that kind of job where you're in an unsafe environment."

They point out that many executives lack experience in medicine so they fundamentally miss how caregivers do their jobs: "*I think a lot of admins have never been actual healthcare staff. They're in charge of people and they have no idea what, how actual clinical people think. They're vice president, they're directors, and they've never really actually had to do clinical care*."

The road ahead

Bedside-facing professionals are clear about what it is they need to do their jobs well and to fix the current crisis – lower caregiver-to-patient ratios and a better ratio of more experienced to less experienced and/or travel nurses.

Achieving these objectives will require changes to policy and changes to how hospitals manage employees. They propose **better ratio laws** to place safe limits on the number of patients they can safely care for at a time. This will require management to end some of their worst staffing practices – like sending staff home when the census is temporarily down – and incentivize them to invest more in recruiting and retaining more staff in general.

Improving the caregiver-to-patient ratio and the ratio of experienced to less-experienced or travel nurses will require hospitals to choose to become more attractive workplaces. They believe the best way to keep experienced caregivers at the bedside and to keep newer ones at the bedside so they gain the necessary skills is to **offer better pay and benefits**. Many of these caregivers increasingly believe that their jobs don't pay enough to justify the stressful conditions they must endure. Many complain about having unsatisfactory benefits – whether it is insufficient health insurance coverage, too little assistance with student loans, or a lack of retirement benefits.

They are particularly adamant that the **wages for more experienced caregivers need to be higher.** Many of the retention bonuses have missed people with more experience or with a specialty. That their employers are shelling out for less experienced nurses and travel nurses adds insult to injury, but it also tells them that their employers can afford to pay them what they are worth.

> "*They increased the hourly wage. But 19 years and above got no increase and those are really the nurses that they need to retain at this point. And a lot of those nurses have already maxed out on our union scale so now they're getting the 1% a year and that's it.*"

> "*Instead of giving the new employee a $5,000 bonus. How about you give a little bit of that to those of us who've been with you for a very long time, or have chosen to stay with you, reward, you know, focus your attention on retention of your talent versus recruitment of new talent."*

> "*My organization did a retention plan where they were giving $25,000 if you stayed for the first year. But they had made it for only ER, and ICU, they didn't even include med surg. They don't even consider oncology as a specialty, which is a slap in the face.*"

One woman who was a nurse for 35 years said her cousin who just started nursing was making only $8 less than her in Philadelphia.

Attracting and retaining talent also means **fostering a healthier, more supportive workplace**. Several caregivers would like improved access to mental health support. They were also clear that mental health resources that are only available to you while you are covering too many patients are not accessible resources.

The camaraderie and stability of working in the same hospital setting are losing out to the better pay of travel nursing, but if these changes are made, they believe that the calculus travel nurses are making would change too.

A major shift in hospital management is required for these changes to be made. First and foremost, it will require hospital executives to "stop being cheap" and put patient outcomes before profits.

> *"Put focus back onto the basics. I feel like we've lost focus as to what is truly important. [..] Bringing back quality patient care."*

> "*I've definitely had surgeons say that have been on committees where they're saying our patient satisfaction scores are very low and they're trying to figure out how to get that up again. And I think they just kind of skip over the fact that look who's taking care of these people and are they happy*?"

It also means managers who care about caregivers, who understand what it's like to be in their shoes, and who listen to what the caregivers and *"address the issues instead of ignoring them or blaming you for them.*" The few caregivers who rated their employer positively made a point to say they felt their managers were supportive: "*I left a very large hospital system prior to coming to this moderate-size hospital system and I find that there is a modicum of respect for practitioners where I am,*" said one nurse, "*It's not necessarily that we get paid the best or that we get all these extra benefits. It's about respect. And I find that administration from the top-down respects us. They respect us at the bedside.*" Several nurses also suggested a sign of a

good manager would be someone who rolled up their sleeves and spent time at the bedside, especially when the census is low.

Their deepest fear is that instead, hospitals "*are gonna continue on the same path that they are on right now*", there won't be any qualified caregivers at the bedside when it comes time for someone to take care of them, and patient outcomes across the board will decline. If hospitals don't take proactive steps to address this crisis, lawmakers must step up to the plate.

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