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People Over Profit

It doesn't take a genius to see that the state of healthcare today is frightening. With Covid waves pushing hospitals to their limits, politicians attempting to cap travel nurse pay, and lack of adequate staffing, it's no wonder nurses are leaving the bedside in droves.

The main culprit of staffing crises and nursing shortages is the overwhelming greed in hospital administrations. Too many hospital owners and top administrators would rather cut corners to save costs, but nurses are the ones to feel the effect of those choices. To pick up the slack being caused by overworked systems, hospitals expect nurses to take on additional patients and responsibilities even to the point of danger. And yet they refuse retention bonuses, pay raises, and sometimes even paid time off.

The vast disparities between the interests of healthcare administrations and their workers can be the breaking point making nurses feel forced to choose between their values and their careers. Put simply, medicine is a profession, but healthcare is a business.

The Nurse

Most young nurses enter the nursing profession with a passion for caring and with the goal of helping patients. Nurses value the wellbeing of their patients and truly do want to be a hand in the process of their journey to better health. Working directly with the patient helps nurses have a constant visualization of the importance of their work, keeping them motivated through the taxing work – to an extent. They want what is best for their patients and will do what they can to make that happen. But as much as nurses value their patients, they also want to work

in an environment that is conducive to safe practice. Having properly staffed and equipped units and a sustainable work schedule make a world of difference for nurses. They don't want to be risking their license when they clock into work every day and they shouldn't be asked to do so. Supporting nurses in their efforts to maintain safe units not only benefits the nurses and the quality of care they can provide, but it also increases positive patient outcomes in the hospital. It's a win-win.

Nurses have faced numerous workplace issues for a long time; Covid has only made the problems that were previously swept under the rug much more apparent. There have been increasing rates of nurse burnout due to the degree of traumatizing work health care workers have had to provide. Working in situations where every day is an unknown and being left with little support from their management are not sustainable working conditions for nurses – and it shows. Nurses are leaving the bedside or the profession all together at higher rates than seen previously. “The number of nurses leaving the workforce each year has been growing steadily from around 40,000 in 2010 to nearly 80,000 by 2020” (ScienceDaily, 2015).

Covid has not only strained the healthcare working community but also the patient population. This has led to increased instances of workplace violence towards nurses. Coupling fearful and medically complicated patients with overworked and under-supported nursing staff leads to dissatisfaction within interactions for both parties. Nurses who cared for COVID-19 patients experienced 118% more physical violence and 110% more verbal abuse from patients than those nurses who did not provide that care (Byon et. al., 2021). Hospital restrictions on visitors may have increased patient anxiety, frustration, and anger, leading them to lash out at nurses who may have been more susceptible to customer-on-worker workplace violence due to experiencing fatigue and burnout from an increasingly stressful work environment (Byon et. al.,

2021). A lack of resources at both hospital and unit levels aggravated these incidents with lack of administrative support in violence prevention, and inadequate security staffing to respond to physical or verbal attacks (Byon et. al., 2021). “The harmful but pervasive belief that violence is part of nursing may have solidified during the pandemic, and the nurses may have felt that they had to provide compassionate health care to the sick, even to those whose behaviors were violent” (Byon et. al., 2021).

Nurses deserve to be protected at work just as any other occupation does, but the current State and Federal laws and policies leave more to be desired when it comes to protecting health care workers from job hazards and workplace violence. There have been recent initiatives to protect workers relating to the COVID-19 Pandemic. OSHA announced they would be developing a federal standard to prevent workplace violence in health care and social work settings, as well as the Workplace Violence Prevention for Health Care and Social Service Workers Act being introduced to the US House of Representatives, which would require those employers to develop and implement a comprehensive workplace violence prevention plan (Byon et. al., 2021). These are necessary steps to begin offering the needed protection to healthcare workers, especially nurses who’s facet of work increases their vulnerability for violence in the workplace.

This increase in physical and verbal altercations is not the only reason nurses are being pushed to their breaking point. A few other reasons often cited for the increase in nurses leaving the profession are burn out, staffing shortages, mental health, unsafe working conditions, pay, and feeling undervalued in the workplace. Frankly, there are jobs out there that require less emotional labor, offer better pay, and provide more stable working conditions. For those exhausted by the work of nursing there is little incentive to stay. With so much working against

them, it can be easy for health care workers to lose sight of why they entered the career in the first place.

Nurses are taught in school to categorize the needs of patients through Maslow's Hierarchy of Needs which describes how one's most basic requirements, such as physical necessities (i.e. food, water, shelter) and safety, must be met before moving up the tiers to achieve higher goals of self-actualization and fulfillment. Applying this same framework to the work environment in health care settings can offer a possible explanation why nurses are facing such high rates of burnout. Nurses can't even begin to work towards feeling fulfilled in their careers and satisfied with the quality of patient care they are providing when they feel they are clocking into unsafe working conditions every day. Although nursing management might be encouraging creative and collaborative work to inspire their nurses at work, they could unintentionally be missing sources of burnout by avoiding the issues persisting at the lower levels of Maslow's Hierarchy. Going back to the basics and first focusing on providing and maintaining a safe work environment could eliminate many of the perpetual issues that plague the health care community.

The Healthcare Industry

The fact of the matter is that healthcare is a business. And businesses value profit. Those in management of the business side of the hospitals, while they make all the decisions that impact the workers and the patients, have little or no practical experience working on a unit. They don't know what it's like to feel like you are unable to provide competent care to all your patients because the floor is working on a 1:8 nurse-to-patient ratio. They haven't experienced the trauma that inevitably follows having to put more patients than not in body bags during your

shift. They haven't felt forced to pick up extra shifts and work overtime, or even be denied requested days off (Akhtar, 2020).

At every turn, hospitals are saying the problems experienced by the nursing profession is due to a shortage of nurses. But what does this really mean, and is it really true?

The truth is there is no shortage of nurses. "As of November 6th, 2021, the National Council of State Boards of Nursing reported that there are more than 4.4 million Registered Nurses with active licenses, yet according to the U.S. Bureau of Labor Statistics, there are only 3.2 million people who are employed as RNs, with 1.8 million employed in hospitals" (National Nurses United, 2021). There are enough people who hold an active Registered Nursing license in each state (except a few) to meet the demands of the patient population, and the U.S. Department of Health and Human Services (HHS) even projected in 2017 that there would be a surplus of nurses by 2030 (National Nurses United, 2021). So, if the problem doesn't lie with the actual number of people who hold an active RN license, where is the disconnect?

There isn't a shortage of nurses, but there is a lack of quality job opportunities at facilities that value the work of registered nurses and provide safe staffing ratios and a healthy work environment. The shortage lies in the number of nurses willing to work in unsafe positions that endanger both the patient and their license. That responsibility is not the nurse's; rather, it is the duty of each hospital's administration at an individual level to foster a positive workplace for their employees. There is also a change needed at the industry level to enforce legislation that protects nurses and allows them to practice safely.

Hospitals time and time again choose profit over the people they are providing care to and the people they ask to do the caring. These administrations refuse to adequately staff their units with enough nurses needed to allow the nurses to provide the best care possible to the

patients. This practice, called “understaffing” or “short-staffing,” is characterized by hospital administration failing to schedule an appropriate number of nurses per shift to ensure safe practice, and deliberately under hiring (or being slow to hire for open RN positions) at the hospital level, leaving an inadequate reserve of workers available to help out when unit census increases or cover for a coworker who might need to unexpectedly call out of work for the day (National Nurses United, 2021). This routine leaves nurses unable to take a day off even if it is necessary and drives unit managers to mandate their nurses to work overtime in an effort to relieve the strain of their contrived staffing crisis.

However, simply making the staff you do have work more doesn't solve the issue, and it's hardly even an adequate short-term solution (never mind that this “quick-fix” has been utilized for several decades with no actual resolution to the problem in sight). Unsurprisingly, refusing nurses breaks, days off, and shifts with proper staffing only makes the physical, mental, and emotional toll increase tenfold. Nurses experience “severe moral distress and injury (often incorrectly labeled ‘burnout’); mental health issues such as stress, anxiety, depression, and post-traumatic stress disorder; and physical exhaustion” (National Nurses United, 2021). A study conducted in August of 2021 found that, in a survey of thousands of nurse participants from across the country, “a staggering 95% reported feeling burnt-out in their nursing position in the last three years, with 47.9% reporting that they are actively looking for a less stressful nursing position, to leave the nursing profession all together, or have done so in the last three years due to burn-out” (Curry, 2021). These effects on registered nurses are unsustainable and cause nurses to leave for safer job positions or for a different career altogether at incredibly high rates. These departures exacerbate the vicious staffing cycle and continues to put patients in harm's way while hospitalized.

The staffing on any given hospital unit is linked to the outcomes of the patients admitted there. Ensuring a safe nurse-to-patient ratio allows nurses to practice at the level needed to provide safe, effective, and quality nursing care thus drastically improving patient outcomes. Failing to protect nursing staff on the job is bad for everyone except the higher-ups in the administrative system who only see the profits of the broken system they push in their facilities. Complaints from the patients increase the pressure the industry places on the shoulders of already overworked nurses to do more with less support, and pleas from tired nurses fall on the deaf ears of hospital giants who care about nothing other than the profit they can make from the broken system.

The average, inflation-adjusted, compensation for CEOs of major nonprofit health systems increased by 93%, from \$1.6 million in 2005 to \$3.1 million in 2015 (Commins, 2018). Over that same time frame, nurses' pay rose only 3% (Commins, 2018). This perfectly illustrates how the work of nurses has been undervalued for a long time.

When the pandemic hit, and hospitals were driven to their limits and were unprepared due to the long-time practice of operating with understaffed units, they relied heavily on travel nurses to take contracts at hot-spot hospitals to bolster the staff through waves of Covid. These travel nurses put themselves into the center of the nation's worst surges to provide care for the sick and dying. The pay for travel nurses to do this grueling work rose 25% in the early waves of Covid in April 2020 (Yang & Mason, 2022). While this 25% is a lot compared to the previously mentioned 3% in staff nurse compensation increase, it doesn't hold a candle to the 93% increase seen in CEO pay raises. But even so, as soon as executives began noticing the amount that travel nurses were able to make for their work, proposals were made to cap the amount of pay that these nurses could make. Funny that when nurses start to make good money for the intensive

work they do, politicians whip out legislation in no time to put an end to it, but have nothing to say about the millions of dollars health system CEOs are making for... what do they do exactly?

Travel nurses had such a capital in the industry through that time because they were (and are) needed. Needed to care our nation out of a pandemic, needed to work chronically understaffed units. Those units should never have been understaffed in the first place. Administration had to pay the price for their decades of shady staffing practices, and they didn't like it.

“Hospital employers spent much of the mid- to late-1990s reducing their RN workforce through layoffs and attrition in attempts to reengineer and restructure health care services to emulate industrial models of productivity improvement” (National Nurses United, 2021). The habit of not hiring and scheduling enough nurses to adequately staff hospital floors has been utilized in an attempt to maximize as much profit off nurses and patients as possible but leaves nurses unable to safely care for patients with the bare bones units they are given to work with. Routinely opting for a barely staffed unit and a “just-in-time” model (the idea that having supplies arrive exactly when they are needed cuts down on labor and storage costs) for supplying these units puts both nurses and patients in danger.

“Low nurse staffing levels are associated with adverse outcomes in hospitals, most notably mortality” (Griffiths et. al., 2018). I would imagine that if you were a patient in a hospital, you would want a nurse that has the time to accomplish all the care tasks needed to encourage your healing and make you as comfortable as possible, rather than a nurse who has seven other patients and barely enough time to administer everyone's medications within the prescribed window. Allowing nurses to practice in a manner that fosters attentive patient care

rather than forcing them to run around without a second to spare to consider the subtle cues their patient may be giving them that their status is deteriorating is better for nurses and patients alike.

Solutions?

It's true that while this current model of health care has forced a large portion of our nation's nurses to choose to leave the profession, there are still nurses who go to work every day and believe that a change is possible. Nurses have been brave enough to go on strike for better working conditions and to push for unions that would allow nurses a voice in the workplace and some power over the environments they work in.

Patient populations suffer just as much with the current model being used to operate our nation's health care system. The fight for better working conditions should be one that is united not just among health care workers but also throughout the wider community.

So, what needs to be done?

Hospital administrations need to begin focusing on nurse retention efforts. One of the biggest areas to improve that would allow nurses long, fruitful, and fulfilling careers is nurse-to-patient ratios. Having federally mandated safe staffing standards would limit the number of patients a nurse can legally care for. Adjusting this number to reflect the medical complexities of the patients on different units (e.g. four patients per nurse on a Medical-Surgical unit versus two patients per nurse on an Intensive Care unit) is a vital step in supporting safe staffing in hospitals and allowing nurses to practice safe and competent medicine.

One might argue that there are not enough nurses to make this a reality, but when legislation like this is put in place, nurses flock to these institutions. As of now, California is the only state in the country with a safe staffing ratio law. When this standard was implemented in

1999, “there were significant increases in RN staffing levels in the state, particularly in hospitals with lower staffing pre-implementation, and RN full-time employment grew significantly faster than 15 comparison states (nearly 8 percent)” (National Nurses United, 2021). Looking to California as an example, it is clear that when given the opportunity, nurses will choose facilities that show they value both their employees and their patients. Nurses want to have successful careers in such an important and impactful field, and this can be accomplished more readily in hospitals that support safe staffing. “In a 2018 survey of more than 50,000 RNs, California RNs reported lower rates of burnout, a key factor in nurse retention” (National Nurses United, 2021) and “a survey of California nurses after the implementation of California’s ratios law found that California nurses reported significant improvements in working conditions and job satisfaction” (National Nurses United, 2021). When looking at what has been done in California with such a seemingly small but impactful change, it seems like an easy decision to make. “Studies have shown that minimum RN-to-patient staffing ratios mean better patient outcomes, safer and healthier RNs, lower rates of burnout (also called moral distress), and higher RN job satisfaction” (National Nurses United, 2021). Nurses are happier, and patients are healthier! It’s better for the people at both ends of the health care interaction.

The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act has been introduced to Congress. If passed, this Act would achieve federally mandated safe staffing ratios, limiting the number of patients a nurse can care for at one time in U.S. hospitals (National Nurses United, 2021).

While mandating safe staffing ratios would be a huge step in the right direction, it is not the only step to be taken. Another major change would be to strengthen and protect nurses’ rights to unionize and advocate for change within their work environments. “Union advocacy and

representation allow RNs to focus on caring for patients. The benefits of unionization have never been clearer than during the Covid-19 pandemic. Since the pandemic began, unionized nurses have been able to win access to PPE and other worker and patient protections through their union, while nurses in non-union hospitals have found it more challenging to secure the protections they need. Yet current labor law does far too little to protect and allow workers to exercise our right to join a union” (National Nurses United, 2021). All workers, not just nurses, deserve to have a voice in the workplace. Nurses that don’t belong to union hospitals have little to no power when it comes to advocating for changes in the workplace, and fear retaliation from their employer if they were to attempt to organize a campaign for safety in hospitals for themselves, other health care workers, and for patients.

The Protecting the Right to Organize (PRO) Act has been introduced to Congress which, if passed, “would enhance worker’s rights to advocate for safe working conditions, to improve their wages and benefits, and to protect their workplace rights through collective bargaining and concerted activity” (National Nurses United, 2021). Nurses should not feel powerless to change the work environment that they clock-in to every day. Feeling valued at work means knowing you have some power to lobby for necessary change without fear of punishment from your employer.

One of the most powerful tools we have as American people is the right to a peaceful protest. Nurses should be able to assemble, strike, and feel comfortable pushing for change in the workplace. A union would give nurses the needed protection to accomplish these acts of civil organization and more collective power in the workplace to vocalize issues and have the changes made to correct oversights or longstanding problems that have been unaddressed by hospital administrations.

Both safe staffing mandates and protection for unions are important legislative changes to be made at the national level that would improve the state of health care. While there are Acts in motion within the legal system, it could be a while before these Acts pass as law, or unfortunately it might never happen. But until then, health care workers and the wider community need to stay united. Supporting striking nurses, showing up at local rallies, or attending a national march are ways to exhibit support for health care workers and let them know that the public is backing them up in the fight for safe hospitals.

All of these problems in our current healthcare are a symptom of the greed in the industry. Prioritizing profits over patient outcomes and the safety of employees is not a sustainable system. Issues contrived by the industry in a ploy to create more revenue drive nurses to leave the profession, who then get blamed for causing the staffing crisis. This vicious cycle started at the top and that's where the biggest changes need to occur. Nurses are spread too thin, patients are not getting well, but at least the CEO has lined his pockets. The hospital giants who benefit from this current model of care provision do not care about the little people who rely on them for health care or for a paycheck. It's time for us to take a stand to demand the necessary change in our health care to build a better system that serves the public as it should.

Money is a powerful thing, but it is not end-all be-all in this life. Believe it or not, human life is more important than the zeros in a bank account. Health care is meant to be human centered. Health care systems were created to bring wellness to people. This industry wouldn't exist without the people it serves, and it's time that those people were once again the priority in the system that claims to care about them. Putting people over profits should be a no-brainer.

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