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Understaffing in Medical Facilities

I started working at my hospital for COVID-19 relief. I was in need of a job and I was hired immediately. I was trained how to put on protective gear for infected rooms and how to properly care for the ill. I’d like to mention that I have an autoimmune disorder that makes me more susceptible to becoming ill. I also have a sister with the same autoimmune disorder and I just so happen to live with her. Imagine you had to come home to a family member after a long dirty shift, standing outside of your house, spraying anti bacterial spray on your belongings. My coworker brought bacteria into her home and suddenly her husband became ill. Next thing I heard was that he had passed away. I then saw my coworker the next day I heard the tragic news- truth be told, you could tell she wanted to leave the job.

Seeing death face to face, tending to the bodies after nature takes its course… it’s traumatizing. The first time I witnessed a patient pass away my coworker named Cristina asked me, “Are you going to cry?” I just shook my head and said no. That one question she asked me made me question if she’s desensitized to her job. Did she cry when she saw her first dead body? Was I supposed to cry? How am I supposed to act? I stayed quiet and only did what I was supposed to do- my job. The reason why I am telling you all about this experience is because that was my very first time performing post-mortem care by myself. I was told to do it by myself because my coworker had to tend to another patient since we were short-staffed. Till this very day, that moment still haunts me. If we had more staff on our unit that day, I wouldn’t have had to do the task by myself.

A specific unit at my hospital has the highest call out rate relative to all other units. Why do you think that is so? It’s because they’re burnt out. How do I know that this is true? People in the elevator have small talk and burnt out workers just so happened to be the topic of discussion. My coworker Michael had said, “They’re tired, that’s why everyone calls out at the same time.” What happens next is, our Patient Care Team Coordinator requests staff from different units to “float” to another. Floating is when an employee temporarily leaves their unit to assist another. This poses another issue- now MY unit is understaffed and struggling and that daunting workload is handed to you in your daily assignment.

I took the time out of my shift one day to interview two of my coworkers, Kelly and Sharmane. I asked them a series of questions relating to their role as a nurse and working during the pandemic. I asked Kelly and Sharmane if they still enjoy being a nurse despite the staffing issues and workload. Kelly stated “It’s difficult to come to work happy, I know every shift my assignment is going to be too demanding.” Sharmane stated, “I will always love what I do but when I’m drowning in my workload, it’s easier to make mistakes. Sometimes I even forget my own lunch break!” Both of my coworkers seemed down in the dumps so I decided to cut the interview short. Why is it that essential workers get a pat on the back for their work? I could only imagine the hell these hospitals are going through since anti-vaxers got fired from their positions. It seems to me as if the people who are making these rash decisions do not offer any kind of solutions.

My next question, how does understaffing affect patient safety and satisfaction? With less staff, there are more patients falling. These patients are likely to be elderly, confused and do not have the ability to walk anymore. At hospitals, staff is required to complete hourly rounds on each patient. This implies checking if the patients are clean and ask him/her if they need anything. Next we are required to answer call bells when a patient is requesting assistance. On top of that, I need to take vitals, perform EKG’s, draw blood and transport patients to their appointments throughout the hospital. Let that sink in for a moment... To make this issue far worse, there is such thing as an incompetent nurse. Nurses often pile most of the dirty work onto the nursing assistants. The nurses at my job simply provide the medication for the patient and go back to the nursing station to watch Netflix and FaceTime their families. All while I am running back and forth tending the their patients needs. Next thing you know, I am the one being reprimanded at my job for not completing all of my duties. I am bringing this issue up because this is exactly why so many workers are burnt out. It truly is mind boggling that the small talk at work is understaffing and how all the units are suffering. All while no solutions are presented to the hospitals staffing system.

Speaking on this issue has helped me accept what is and what is not. I am speaking to you to encourage our workers that we are in this together. You are not alone. What you sacrifice for the greater good will return to you tenfold. As for the higher ups in their offices who are in charge of staffing- if you are not going to help the staff in your hospital by hiring more people and alleviating the workload do us all a favor and stop hiding in your offices, go into the patient rooms and do more with your job title. Hire more staff and let your glorified, burnt out workers go home and rest. Thank you for your time.