

U.S. Senate Committee on Health, Education, Labor and Pensions

“Overworked and Undervalued: Is the Severe Hospital Staffing Crisis Endangering the Well-Being of Patients and Nurses?”

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Nicholas Music Center, Rutgers University

Written Testimony of Testimony of Debora M. Hayes, Area Director Upstate NY/NE/CT
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Chairman Sanders, Ranking Member Cassidy, and distinguished members of the Senate Committee on Health, Education, Labor, and Pensions, thank you for the opportunity to submit testimony for the record on the important and long-standing topic of hospital understaffing.

My name is Debbie Hayes and I am the Upstate New York Area Director for the Communications Workers of America District 1 and a registered nurse. CWA District 1 represents approximately 20,000 public and private nurses and frontline healthcare workers in New York and in New Jersey. Labor unions play a vital role in addressing low pay among hospital staff through advocacy and collective bargaining. My members have mobilized and fought for improved pay, working conditions, and staffing levels that we know are critical to improving the quality of care our members provide. For the last 44 years, my entire career, from the picket line, to the bargaining table, to the halls of our State Capital- I have been relentlessly fighting for safe staffing.

New York and New Jersey, along with the rest of the Country, are facing an urgent healthcare crisis. There are constant headlines about the “healthcare worker shortage” and the inability of hospitals and healthcare facilities to hire and retain workers. For example, in New Jersey, there are over 13,000 openings.¹ While there are certainly healthcare workforce pipeline issues that must be addressed, the real crisis is the shortage of *good* healthcare jobs, jobs that do not cause moral and physical injury and that treat healthcare workers with the dignity and respect they deserve.

There are many licensed RNs and direct care team members in the U.S. who are not actively working in the field because they are unwilling to work in understaffed facilities and these horrific working conditions. In fact, in NYS only 53% of licensed nurses are actively working as nurses. The recruitment and retention challenges facing healthcare facilities across the region is a direct result of the conditions they are forced to work in, primarily being forced to work short staffed. There are many healthcare workers who chose to become travel nurses chasing higher pay and better staffing conditions - or at least the safety of a finite contract. Travel nurse agencies offer wages often double or three times higher than

¹<https://www.nj.com/healthfit/2023/05/how-bad-is-njs-nursing-shortage-it-has-13000-openings-and-counting.html>

those of directly employed nursing staff.² Instead of investing in a permanent workforce and the improvement of working conditions, short-sighted wage and staffing policies result in higher costs even as long-term staffing issues remain unaddressed.

It is an unfortunate and indisputable truth that facilities that do not address – or are not compelled to address – staffing shortages will spiral into deeper recruitment and retention problems, leading to chronic understaffing, deteriorating working conditions, and worse healthcare outcomes. When nurses are at risk physical injury and burnout, are concerned for their nursing license if something should go wrong, and are covering more than a safe number of patients during a shift, it's no wonder that short staffing begets higher turnover because nurses will simply look for alternative work.

Safe staffing is not only vital for workers, but for patients. Decades of research is unequivocal - safe staffing saves lives. Clinical and academic studies repeatedly have shown that adequate staffing improves patient outcomes and even saves money. Safe staffing reduces adverse patient outcomes including death, reduces the average length of stay, and reduces turnover in the healthcare workforce. The level of care is superior and healthcare workers feel more satisfied in the performance of their job.

The devastating consequences of understaffing, exacerbated by COVID-19, can be seen in the mortality rates. There are significant disparities in mortality rates between hospitals that are well-resourced and other hospitals that are not. According to data collected and analyzed by the New York Times, patients at hospitals with lower staffing rates and worse equipment were three times more likely to die than patients in better-staffed and resourced medical centers.

As a union that also represents state government employees in New Jersey, we can speak from the perspective of those who regulate hospitals and investigate complaints. Due to their own short staffing problems, state regulators often cannot respond quickly enough to short staffing complaints from nurses or their unions. Both the state and federal government should provide more resources for compliance and enforcement of staffing ratios in hospital and other healthcare settings.

The pandemic has put unprecedented strain on our healthcare system and it is only due to the bravery and steadfast commitment of our healthcare workers that we have been able to weather this global crisis. But while the global support for “healthcare heroes” has waned, the conditions that healthcare workers are facing, in many ways, are worse than ever. The burnout and mental toll the pandemic has taken on healthcare workers must be acknowledged and addressed. A recent article published in the *Journal of General Medicine*, found extraordinary levels of burnout among healthcare staff. The article also found that 41% of nurses and 32% of clinical and non-clinical titles reported preparing to leave the field in the next two years due to being overworked and burned out³.

² Emma Cuchin, “How does Travel Nurse Pay Compare to Permanent Staff Nurses?”, Center for Economic and Policy Research, June 15, 2023 <https://www.cepr.net/how-does-travel-nurse-pay-compare-to-permanent-staff-nurses/>

³ Rotenstein, L.S., Brown, R., Sinsky, C. et al. The Association of Work Overload with Burnout and Intent to Leave the Job Across the Healthcare Workforce During COVID-19. *J GEN INTERN MED* 38, 1920–1927 (2023). <https://link.springer.com/article/10.1007/s11606-023-08153-z>

While the pandemic stretched our hospital system to a point we were not prepared for, many of the issues are long-standing issues that were exacerbated by Covid-19. Chronic underfunding of our healthcare systems has incentivized keeping the healthcare workforce as lean as possible, at the expense of workers and patients. In order to protect our healthcare workers, and our hospitals and ensure the best quality of care for all patients, we need a massive investment in our healthcare system, in our hospitals, and in our healthcare workers.

The issue of understaffed and under-resourced hospitals is not new. As a union that has represented healthcare workers for over fifty years, we have heard daily from our members about the impossible choices they have to make because they do not have enough staff to adequately care for their patients and residents. Staffing is at the top of the list of poor working conditions for our members year after year. However, this is not exclusively a labor issue. The terror that our members face on a daily basis is not about the bathroom breaks and lunches they are forced to work through, it is the care that goes undone, the minutes patients and families are left waiting, and the pit in workers' stomachs that comes from knowing that given more staff they could've done better. Terror that turns into anger and tears on the drive home.

We need to do right by the healthcare heroes who work in our hospitals, our nursing homes, and our healthcare facilities. We need to do right by our communities who deserve high-quality care. We need a substantial investment in our healthcare systems, robust revitalization of the healthcare workforce pipeline and an unwavering commitment to making healthcare jobs good healthcare jobs, with fair and safe working conditions, better wages and benefits, and the assurance that workers will be able to provide the care they are trained to.

I thank the Chairman and the Committee for allowing me to share my experiences on this issue.