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RE: Testimony in Support of HB 2697

To the House Committee on Behavioral Health and Health Care

My name is Emily Stevenson, and I am a nurse at Oregon Health and Science University Hospital in the South Operating Room.

As I sit down to write this, I find myself trying to think of a specific shift or an incident that can accurately represent the large impact that inadequate staffing has had on my career as a nurse so far. But after many hours of sifting through all the individual situations I have been in, I have come to the realization that there is no singular moment I can share here. This is because inadequate staffing has been an issue during nearly every shift I have ever worked. This issue is so prevalent that the small number of times when we were adequately staffed felt like a reward for our hard work and not like a standard we should maintain for our patients and ourselves.

I could submit a story about spending half a shift in one patient's room trying to keep them from dying, hoping that my other patients are okay and that they would trust me when I finally entered their room after hours of not checking in. I could write about missed breaks and exhaustion. I could write about compassion fatigue and considering leaving the field altogether. I could write about management dismissing and minimizing concerns. I could write about the many times that I was gaslit into believing that I was actually the problem. I could write about how these unsustainable conditions put my patients and myself at risk more times than I can adequately quantify. When your entire career is only stories of inadequate staffing, it's impossible to pick one that can represent them all.

I have been a nurse for a little more than five years, and so far, the staffing conditions have led to my departure from: two separate positions on med surg units; my home state; my friends and family in that state; and nearly, the career itself. These are only some of the many things I have sacrificed. I have also had to let go of the idea of the level of care I wanted to provide to my patients. The current conditions do not allow for quality nursing care. Most shifts don't even allow time to meet the standards set by the institution, let alone, the standards I have set for myself.

Individually, the issues that have come because of inadequate staffing, seem small. But collectively, they amount to an issue that is apparently so large that we need legislation to fix it.

I hope that you listen to our experiences, and you consider the ripple-effects of inadequate staffing. I hope that you consider what could happen if these practices are allowed to continue. What might that mean if your loved ones are in our care? What might that mean if YOU are in our care? And lastly, what that means for the future of our healthcare system.

Please also consider that there are nurses in Oregon whose experiences will not be shared. The current conditions in our profession may make it so that some of my fellow nurses do not have the time or energy to be directly involved. But it is my estimation that their own experiences would closely resemble those of the ones who have come forward.

Passing this legislation would hold accountable those who do not prioritize patient and healthcare worker safety. **We NEED you to pass HB 2697.** If it is not obvious by now, Oregon nurses want to continue to do what is necessary to provide quality care, but we cannot continue to do so under these conditions. Please vote in support of this bill.

Sincerely yours,

Emily Stevenson, RN, BSN