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On Behalf Of:

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I left the ICU fall of 2018. I spent 17 years in the Medical ICU and truly I believed I would retire from the department.

I received an unexpected email from a friend who worked in outpatient care telling me I should consider applying there. My friend (who I worked with in the ICU before she decided to leave) detailed potential downsides to the job that I had turned a blind eye to.

The pitfalls of the job that I chose to ignore for 17 years were cast and not limited to lost sleep from the stress of the job, a loss of work/life balance which is very important to me as I continue to raise my three kids, caregiver stress from a multitude of challenges the job brings with it. Stress from supporting people and their loved ones as they die, loving people through loss, putting people in body bags only to turn around and admit another critically ill patient as soon as you can get the room clean or in another available room in the department without time to process such a significant event.

It is shocking what stepping away from the department can do for well-being. But every time I left my patients to take a break or a lunch I knew I was creating twice as much work for the person who took care of my patients while I was away. We had/have no plan in place for a nurse to actually cover breaks. The nurses already scheduled, already working with their difficult patient assignments just absorb another RN's assignment while they are gone.

I know how busy a nurse can be when they are just taking care of their own patient(s). Absorbing another assignment adds an incredible burden.

Having left the ICU prior to the covid pandemic, which created an exponential burden, I have such an incredible sense of freedom. I have more mental capacity to deal with the challenges that arise in my family (caring for my parents, raising the three kids, etc). I sleep well at night and don't have work related nightmares. I am a more present partner to my husband.

I have not once regretted my decision to leave the ICU. I am happier in my profession in a work environment where we are well staffed and breaks and lunches don't feel like a stretch.

It is a disservice to the critically ill patients that the people caring for them are spread

so thin and that the people who have experience are not incentivized to stay but desire to leave. It is a disservice to the critically ill patients that the nurses who take care of them struggle to get their breaks and lunches.