Submitter: Shannon Ashley Ashley

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

I have been an RN for 15 years. I've worked at the bedside in large, regional facilities and small, rural, community hospitals. Most of those facilities were in California where we had mandatory staffing ratios. Even there, some multi-billion dollar corporations would play fast and loose with staffing, canceling nurses who were ready and eager to work just to save a few bucks. Those were the places I felt like my license was on the line every time I walked through the doors. When we had adequate staffing and support with the minimum staffing ratios being appropriately observed, our patients were well cared for. There were less mistakes and our patients were healthier and safer for it.

Because of my varied experience, when my family moved to Oregon, I deliberately chose NOT to take another bedside hospital position. I will not put myself in a position where I can be assigned an inappropriate work load with no recourse. Nurses are empathic people by nature who will keep rising to the challenge until they break. I don't want to be the broken nurse, nor do I want myself or my loved ones to be cared for by someone who is just trying desperately not to drown under a ridiculous workload with no relief. Caring for more than 4-5 patients at a time is unreasonable and unsafe. There is no nursing shortage. That is a myth created by hospital administrators to justify short staffing. Nurses are leaving the bedside or the profession altogether due to the extreme pressures we are fighting against every day. It's time these hospitals put their money where their mouths are and put patient safety first.