

Submitter: Donell Owens

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

I'm submitting this testimony for your consideration because I would like you to hear the reality of how this chronic problem affects the lives and people of those who give and of those who receive care in our healthcare systems. Please don't be fooled by being told that this is only a current issue and that the Covid pandemic brought this about. Nurse staffing shortages have been going on for decades. I got involved when I was a new grad nurse and saw the struggles that my nursing colleagues were facing when they tried to provide safe, compassionate and professional care to their patients. Oregon's current staffing law was conceptualized over twenty years ago now. It was not developed because nurse staffing levels were just fine. Hospitals continuously reduce nurse staffing levels to see how far they could still provide medical care with the least amount of people at the bedside doing the work. Make no mistake it's about getting patients in and out of the hospitals as fast as possible so the premiums still keep coming in but the expenses of care are kept at the lowest possible dollars. That means if they can squeeze out of one nurse what it should take two or even three they will do it. There is no consideration of what it takes to provide safe compassionate care that all of us would want, deserve and pay for when we are hospitalized. There is no consideration of how it affects us nurses when day after day, week after week, month after month and year after year nothing changes. There's always an excuse as to why we don't have enough staff. It's no wonder nurses have grown weary and deeply disenchanted in the profession we chose. We got into this profession to help care for those who need our compassionate professional help in times of crisis and in times of joy. When we are constantly forced to care for others with inadequate nursing and support staffing levels and we know we are not providing safe and effective care this slowly grinds away at our morale. Nurses called it "burnout" for years. And during the pandemic nurses were not afforded any additional relief. It was forge on! "Do the best you can with what you got". "Sorry we weren't prepared for this". It's Easy to say from someone who's not on the frontline 12 hours a day taking care of very sick and dying people. It's Easy to say when you don't have to frequently go without a rest and meal break. It's Easy to say when your not the one who's driving home from work and rehashing the events of the day wondering could I have done better? Did I forget something critical? Did my patients feel like they got the best care that they deserved? Was there any harm to my patients because I forgot something or I wasn't able to be at my best. This is why now the term is not "burn out" Its "moral Injury". Nurses are frequently put in a position to chose between giving your patients to a colleague who is already just as busy and overwhelmed as you are. Or not take your break so your patients are not denied the care they need and your not putting your patients and your coworker in an unsafe situation. There are thousands of these examples nurses could share with

you. This has been along and exhausting fight to make sure hospitals provide us with the necessary staff and resources so that we can deliver the standard of medical care that is considered safe, high in quality and something that all frontline nursing staff would be proud to say “I’m so glad I chose this profession”. Instead of “I can’t do this anymore”. We are experiencing nurses leaving the profession prematurely because of the working conditions. Make no mistake the fastest way to recruit nurses to Oregon hospitals is to ensure safe, proper staffing levels. They’re out there! “ Build it and they will come “. That’s why we urge you to help us end this nursing crisis before we lose more nurses to this avoidable tragedy . We can reverse this trend of hospital profits above safe patient care by mandating nurse patient ratios.