One year ago I left the ICU. I'd worked in the ICU for 11 of my 12 years as a nurse.

It's safe to say that the predominant reason I left was due to short staffing and unsafe assignments, not just for myself but for my coworkers. As a charge nurse I hated coming into work knowing I'd have to give difficult assignments to people and pair patients that were previously considered unpairable. I'd receive text messages prior to leaving for work asking for more help due to the floor being 3-5 nurses short which filled me with an immense sense of dread.

I did everything I could to help my coworkers, including working extra shifts and rounding constantly, but it never felt like enough. I constantly missed lunches and breaks due to the staffing levels. If there's no one to safely watch your patients while you take a break, you skip those breaks. OHSU has never had a plan to provide us meal and break coverage while adequately staffed, let alone during short staffing.

During the Delta surge in the fall of 2021, when staffing was at its worst and patient acuity was at its highest, I suffered through severe depression and anxiety as a direct result of short staffing. I felt I could no longer provide quality care to my patients, physically or emotionally. Nurses were sent to us from other areas of the hospital to "help" but many of them were uncomfortable with the patients and the acuity, leaving permanent staff to continue taking unsafe assignments.

It was at this point I decided to leave the ICU, taking 11 years of experience with me. Although I felt immense sadness and guilt at leaving my team and a job I'd loved for almost my entire career, I could no longer work in a constant state of stress, depression and anxiety. —Elizabeth Hayes, RN