

Submitter: Madeline Braddon  
On Behalf Of: Nursing Profession and Nursing Professionals  
Committee: House Committee On Health Care  
Measure, Appointment or Topic: HB4074

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On Behalf Of: Myself, Registered Nurses of Oregon  
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I oppose measure HB4074.

I am a ONA Registered Nurse. Currently I work in Portland on a Neurosciences, Neurosurgery and ENT Med Surg/Acute care floor. I have been a nurse for 9 years, 4 of which have been in Oregon. Previously I worked in New York. I moved to Oregon from New York in search for safer staffing ratios for my patients and my license. I had worked in NY for many years when I moved to Oregon. After the time of being over worked and scared for my license/patients, I took 3 months off. I had PTSD from COVID and watching so many of my patients pass away. I was not ready to leave the bedside as a Nurse but I could no longer mentally or physically handle the work load which included 1:5 nurse patient ratio. I had worked as Med/Surg Nurse on a Solid Organ Transplant Unit. I came to Oregon in attempt to find better Nurse patient ratios so I could lower my stress level in attempt to keep working as a bedside Nurse. The national average of years spent at the bedside for RNs is 6 years. This very short period of time is a reflection of how our work is physically, mentally and emotionally draining our jobs are. Oregon has shown that they are the state willing to lead the way showing how our hospitals actually care about a Nurse's health/safety/license. Without proper care from the state, unions and CEOs of the Hospitals, Nurses are the first line of abuse. I should not have had to move across the country to be able to do the job I love whist being treated fairly.

We deserve to be cared for just as we care for the community of Oregon. Changing the ratios from 1:4 to 1:5 is proof we, as Nurses, are more disposable to Oregon lawmakers/hospitals and CEOs. A overworked Nurse (1:5) is more likely to miss signs of patient deterioration and effect patient outcomes. An overworked Nurse (1:5) cannot provide adequate patient education, patient hygiene, care to post op patients, manage our high fall risk patients, feed patients, give meds on time, and give each patient individualized care. Patient care goals will decrease but the same expectations remain. Nurse safety and longevity in the job will decrease. Patient satisfaction will decrease. Patient outcomes will decrease.