

February 19, 2022

Chair Utke and Committee Members,

One hospital's trash is another travel agency's treasure. In my experience, we do not face a shortage of nurses in Minnesota. We face a shortage of nurses willing to work in inflexible, unsafe working conditions. We face a shortage of compassionate hospital upper-management willing to work with their frontline staff to ensure they can care for patients, while supporting the needs of their families.

I went from being a dedicated COVID-19 ICU nurse in May of 2020 to finding my hospital prematurely closed in June of 2021. From there I transitioned to another trauma ICU where I tried to manage my work-life balance as a single mom. When I completed orientation and one of my children entered school this fall, I was working 16 hour shifts on the weekends and still balancing a second job to make ends meet while trying to be the best and only mom my children have.

Facing increasing demands at home, I approached my manager to request a "casual status," meaning instead of adhering to a set schedule by my unit I would simply pick up shifts that aligned with my availability. This would prevent me from having to suffer from absence penalties since I was too new to qualify for any FMLA or other leaves of absence. Despite my direct manager wanting to retain me, the current working policy at the facility was not to allow staff nurses to be casual and my request was rejected. Therefore I had to leave while I was still on "good" terms before I faced truancies to hopefully be rehired when I had more stability in my life.

I have worked at several hospitals in the metro area and the staffing levels and care is not consistent throughout all of them. For example, one particular facility had the sickest and most critical patients in our state but continues to hemorrhage staff because they refuse to accommodate a request to be retained. At this particular facility, one unit alone was trying to hire 11 new staff nurses yet management who didn't even work close to the bedside was willing to let their current staff fall to the wayside.

Another nurse from one of my prior facilities shared that when nurses on her unit are requesting casual status in order to be available to their children as they quarantine and distance learn management is telling them no; instead, these nurses are being asked to reduce their working status to a 0.2, meaning they are still being assigned shifts and do not meet benefits eligibility status. These shifts, I'm told, are almost exclusively weekends-only shifts, stripping the nurses of meaningful family time which we know is critical to recovery in this time of our profession.

I believe our direct managers want to keep us. They have developed us, watched us grow, watched us suffer over the last 2 years and now are trying to support us through the next wave of workplace turmoil. However, the ones who have created these impossible retention plans are the same individuals and representatives appealing to the legislature claiming they are the victims of poor nurse resilience and cannot keep us at the bedside. When I was told I couldn't be casual by my employer, I had to move on. I defected and found a travel contract in order to meet my unique needs. Speaking with other nurses, their hand was forced by similar stories and this dynamic was created by upper management.

In my experience I have spent time with so many out of state nurses and they all resonated the same message: Minnesota has some of the best care and the most impressive nurses they'd ever met. I cannot fathom having an out of state, lesser skilled and inexperienced nurse in one of our

facilities assigned the care sought out specifically by world leaders. If you are not willing to fly to Mississippi for treatment then why would importing said healthcare workers be a considerable solution? Minnesota is a state that leads by example whether we are credited for this or not. We lead in standards of living, quality of education and quality of healthcare. It can't possibly make sense to take the word of an executive who has spent exactly zero hours at the bedside on what they believe the solution is on treating conditions they created and control. They left patient care a long time ago and failed to return to the trenches when patients were dying. Now they claim to be the experts on a draft they dodged.

I tell my kids "if you don't take care of your things, they go away." This is visible as nurses seek other jobs in telehealth, outpatient clinics, home health or simply leave to preserve their health and sanity. Others of us needed simple accommodations in order to continue to serve our communities. Regardless, hospitals are actively weakening the strength of the staff nurse in order to advance their own agendas. Patients are already suffering from these manipulative games, and will continue to do so. It is time for CEO's to receive the same treatment they have given their nurses; simply tell them "no, we can't make that work." It has been my experience that they are perfectly comfortable with this response.

Thank you for keeping Minnesota strong.

Sincerely,
Rachel Hanneman, RN BSN, MSCRN