

3/7/2023

Senator Wiklund, Chair
Health and Human Services Committee
Minnesota Senate Building

Dear Chair Wiklund and committee members,

My name is Laura Arnold. I have been a practicing pediatric bedside nurse for over 15 years.

During this time there has been 2 overriding themes. The patients being admitted to the hospital have increasingly complex cares and families are expected to perform more technical skills to care for them at discharge. Along with this trend facilities tout the values of lean/efficiency/time management, essentially expecting nurses and care givers to do more with less. The combination of these two factors has led to a disturbing and unsustainable situation for nurses providing care at the bedside.

Nurses are the first contact points of patients in the hospital. As such we are the doctors' eyes and ears at the bedside, and are relied upon to provide accurate and timely assessments of patient condition so providers can make informed treatment plans. We are also responsible for understanding and implementing any treatments ordered by the provider. This often entails researching any medications, clinical protocols for any skilled procedures performed, and ensuring our own ability to provide these interventions safely. Nurses are also expected to present a calm confident presence in the room for patients and families in stressful situations. All of this requires targeted training and continuing education as treatment protocols change, as well as mentorship from more experienced nurses to develop intuition and assessment abilities.

Due to increasing complexity of cares, rising volumes of behavioral/mental health patients, and budget cutting decisions made by facilities; we are often short staffed on the units. This tight staffing margin puts pressure on nurses to take on assignments that are too busy and possibly above their current skill level to provide safe care. Experienced nurses often feel the burden heavier than newer nurses because they feel responsible for helping with others' patients on top of an already complex assignment.

The floor that I work on has complex total care patients, neurological patients that have conditions/equipment that needs to be monitored closely, basic med/surg illness, and behavioral health patients that can at times have aggressive behaviors. All of these population have cares and needs that require specific skills and at times more than one staff member to complete. In the case of the medical patients, if nurses are overwhelmed things can get missed or completed improperly resulting in potentially serious consequences and negative outcomes for the patient.

With behavioral health patients when staffing is low nurses and ancillary staff are at risk of injury because de-escalation techniques require more than one set of hands and the ability to model calm safe behaviors. We have had staff members physically injured, concussed, and suffer emotional trauma d/t not having enough resources/staff to provide safe cares.

Nurses are dedicated to our patients, often putting our mental and physical needs secondary to ensuring patients have their needs met. There are many shifts where it is difficult to find time to use the bathroom, let alone take a lunch break...this combined with frequent requests to stay late or pick up extra shifts leaves many nurses feeling frazzled and difficult to find time for self-care or non-work responsibilities.

It is the nurse's responsibility to determine whether they can provide safe competent care when accepting an assignment as a requirement of the board of nursing. If nurses are pressured to take on more than they can handle safely and are not provided with adequate resources/time to complete tasks and expectations, it is only a matter of time before something goes wrong. People are not uniform molded products to be cares for in assembly line fashion. We are living/thinking beings that have varying responses to treatments and need to have caregivers that have the skill and compassion to recognize when treatments or plans need to change and the ability to advocate for those in our care. To ensure we have quality care givers in the future, we need to support and empower all levels of nurses to learn from each other and build solid knowledge bases, including cultural/community specific needs that can be passed on to the next generation of nurses.

Thank you,

Laura Arnold