



Delaware nurses say they are in a crisis. Many fear it will only get worse. — <https://bit.ly/3EGmuP6>

Meredith Newman, Delaware News Journal | 5:02 a.m. Sept. 14, 2021

Ding! Ding! Ding! The sound of a call bell. A patient needs something. Ding! Ding! Ding! So does another.

Alarms seem to be always going off in the COVID-19 unit as hospitals are again dealing with a surge. Paulene Nosenas could still hear them hours later at home in the shower, even as she tried to wash off the long, terrible day. There never seems to be enough time for her, or any of the nurses, to answer all of them.

BEEP! BEEP! BEEP! The blaring alarm of a heart monitor also now lived in the back of her mind, even as she attempted to fall asleep. Because of the number of patients in her care, she felt, at times she was forced to neglect some. It often appeared too dangerous.

Ping! The notification of a text. It's 5:30 a.m. and a ChristianaCare nurse manager informed Nosenas she's on a COVID-19 unit, again, for her upcoming shift. This meant likely caring for four patients, maybe more. A pit forms in the middle of her stomach.

For 18 months, bedside nurses have tried to fend off a virus that has only tightened its deadly grip. Delawareans, mostly the unvaccinated, are now coming in sicker because of the Delta variant. These health care workers find themselves in the trenches every day, with no end in sight.

It has created a nursing crisis throughout Delaware, according to interviews with more than a dozen current and former hospital nurses. Hospitalizations have increased fivefold since Aug. 1 – the highest they've been since February – and the state's positive infection rate is climbing. Beebe and TidalHealth both announced Monday that the health systems would temporarily pause elective surgeries due to the rise in hospitalizations.

From the start of the pandemic, Nosenas has been a travel nurse, working in COVID-19 ICUs in Boston, California and Florida, often when cases were surging in those areas. She accepted an assignment at ChristianaCare in early July, when state hospitalizations hovered in the 30s. By Aug. 18, COVID hospitalizations reached 165.

She resigned on Aug. 23.

Though Nosenas worked at Delaware's largest health system for less than two months, ChristianaCare nurses – some of whom have worked at the hospital for nearly 20 years – spoke of similar experiences: The health system, like other Delaware hospitals, is struggling with staffing shortages, to a point at which exhausted nurses are juggling more patients than what they feel is safe.

"I can no longer bear to work in these unsafe environments I am placed in each shift," Nosenas wrote in her resignation letter, which she shared with Delaware Online/The News Journal.

"I am not one to break my travel contracts and I never have before this," she said. "I am at the end of my rope and I hope you can all understand."

Health care workers say many nurses are going to work for other hospitals, where health systems are offering better pay and significant signing bonuses. Delaware hospitals are also offering five-figure signing bonuses and other financial incentives to fill shifts. ChristianaCare is offering \$10,000 sign-on bonuses.

Some nurses are becoming travel nurses, in which they work for hospitals across the country – sometimes making more than double their previous full-time salary. And others are exiting the profession entirely, citing burnout and mental health issues.

Research published during the pandemic shows that nurses are facing new levels of distress.

In a statement, Wayne Smith, president and CEO of the Delaware Healthcare Association, acknowledged that the health systems, like others across the country, are "facing staffing challenges as COVID-19 hospitalizations are once again on the rise."

"We are tremendously grateful for the caregivers currently working in Delaware hospitals for continuing to go above and beyond in providing safe care for all who enter our doors during the COVID-19 pandemic," he said.

ChristianaCare made three ICU nurses available for a joint interview for this story. These nurses acknowledged the universal burnout among health care workers. But they also praised the health system for being "elite" in the support it has provided to nurses throughout the pandemic.

The News Journal spoke to 15 current and former nurses at ChristianaCare, Bayhealth and TidalHealth. The News Journal agreed to not publish their names because they feared being fired or other job repercussions.

Many nurses contacted by The News Journal for this story declined to be interviewed, also out of concern that they would be fired if they spoke honestly about working conditions inside hospitals.

These staffing issues hurt patients in big and small ways. Nurses say they are at times unable to help them bathe, engage with them in meaningful conversations or answer the phone to update their family members.

In some cases, it has led to more patients falling or nurses making mistakes, they said. Many worry that, with the number of patients they are now juggling, one mistake could cost them their license.

Some nurses fear conditions will only get worse.

“You feel like you’re in a horror movie,” one former Bayhealth nurse, who recently resigned, said. “You go to work and you don’t know what’s going to happen tonight. It was just very, very very terrible.”

‘Sometimes you feel like your license is on the line’

The worst part of Nathan Stewart’s 16-day ChristianaCare’ Wilmington Hospital visit was when he called for help and no one was there.

Stewart, who is in his 20s, contracted COVID-19 in mid-July. His body couldn’t rid itself of the cocktail of COVID-19 and pneumonia mixing in both of his lungs.

On Day 10, alone in his room, Stewart stood to use the bathroom. As he left the bathroom, his oxygen level plummeted and he crumbled onto his bed. He pushed the call button for help. No one came.

He pushed it again. And again. And again – enough times that he began to wonder whether he should venture out of his room to seek help. But his body wouldn’t let him stand. Eventually, Stewart was able to relax. A nurse entered his room more than an hour after he pushed the call button, he said, as part of her regular rounds.

“If I had continued to not be able to breathe for a long period of time,” Stewart said, “who knows what would have happened? I could have been on the floor.”

Hospitals across the country are reporting nursing shortages as well as patient safety and quality of care issues, according to a February report from the U.S. Department of Health and Human Services Office of Inspector General.

Several hospital administrators reported that these nurse shortages have resulted in assigning more patients per staff member, according to the report. This can lead to mistakes since less attention is given to each patient.

Yet it's hard to quantify how much Delaware hospitals are experiencing staffing shortages. There are no federal regulations that mandate the number of patients a registered nurse

can care for at one time. California is the only state to have laws regulating ratios, though emergency waivers have been granted throughout the pandemic.

According to federal data, one of the 11 hospitals in Delaware recently reported that it was experiencing a "critical shortage" of staff, while eight stated that they weren't facing one and two did not send in information.

ChristianaCare Chief Operating Officer Sharon Kurfuerst said on Aug. 30 that the health system is currently in "good shape" and added that patients can "expect to receive the best possible care."

"There are no caregiver shortages that are impacting patient care at ChristianaCare," she said.

Six current and former ChristianaCare nurses interviewed for this story disagreed with Kurfuerst's statement, specifically about patient care not being affected. Several laughed when a reporter read them her remarks. Four of the six are still at ChristianaCare.

When The News Journal informed her of its findings, Kurfuerst said in a statement that the rise in hospitalizations is "deeply concerning." She said ChristianaCare has postponed "some non-urgent procedures" and pulled in "skilled caregivers who work in non-clinical roles to provide direct patient care."

"To be clear, at ChristianaCare we will not compromise on the safety of our patients," she said.

Every nurse interviewed for this story, a majority of whom worked for ChristianaCare and Bayhealth, believed patient care has been affected by nurse staffing issues. This can specifically be seen in the higher patient-to-nurse ratio, nurses said.

"It's a joke," said one Bayhealth nurse, who works in the emergency department. "There is no ratio anymore."

Before the pandemic, the ratios in the Bayhealth emergency department were about four patients to every nurse, she said. Now, it could be anywhere from 10 to 16 patients, divided among two or three nurses.

In some cases, she said, these patients are in critical condition, but there aren't enough ICU beds.

Bayhealth nurses who work in other units said the amount of patients they have had to take care of has increased from four to now five to six.

Shana Ross, Bayhealth's vice president of human resources, acknowledged that the health system is facing a nursing shortage, which has led it to "aggressively" recruit nurses.

The hospital, she said, ensures that patients will receive the comprehensive care that they need.

“Health care workers trained for years of crisis like pandemics and surges and lack of staff and things of that nature,” she said. “We always have contingency plans that are in place that operationalize the activity in the recruiting and distilling physicians but also how we manage the patient and the flow of patients.”

Though the pandemic is unprecedented, she said, hospital staff is “all used to working through crisis mode.”

ChristianaCare nurses spoke of similar issues with patient ratios. A nurse, who has worked for the hospital for nearly two decades, said her department has 34 beds, calling for 10 nurses and three techs during a shift.

One night, during the first week of September, she said there were six nurses and one tech, resulting in nurses taking six to seven patients each.

Nurses at both health systems said many charge nurses are regularly taking patients, which was not typical before the pandemic. Charge nurses are seen as the eyes and ears of the unit, overseeing the workings of a particular shift. They often give a nurse an extra set of hands and communicate with doctors.

But now, with the charge nurses being even busier, the bedside nurses feel they don’t have someone to go to if they encounter a problem.

One former ChristianaCare nurse, who left in March, said she resigned in part because of the patient ratios. She said she made a medical error, the first in her career because she was juggling three critical patients.

“Sometimes you feel like your license is on the line,” a different ChristianaCare nurse said.

Nosenas, the travel nurse who left ChristianaCare, described in her resignation letter how her contract stated she would care for three patients in a step-down unit. Upon arriving at the health system, she said she was told caring for four patients is the “expectation here.”

She regularly cared for four to five COVID-19 patients. Nosenas said she was often responsible for four patients in one area of the unit, and one in another – making her unable to closely monitor all of their oxygen levels.

ChristianaCare made three ICU nurses available to The News Journal for a joint interview. These nurses spoke positively of their experiences at ChristianaCare amid the pandemic.

They each said they have felt supported by the health system and felt fortunate to work there.

When asked if a nursing shortage is affecting patient care, Bridget Ryan, who worked in Christiana Hospital's medical intensive unit for most of the pandemic, said nurses have had to think differently for the past 18 months. This means implementing tiered staffing models and team nursing.

"We know every organization in this country is dealing with these challenges," said Ryan, who is now nurse manager for the NICU, "but what I think is really special and what we have really tried to enforce is that patients are still going to get the best care that they deserve, regardless of our current circumstances."

"It's really kind of pulling together and saying, 'This is what we have, how are we going to make this work and make it the best for this patient?'" she said.

But nurses interviewed for this story described how the aspects of patient care that propelled them into nursing are now hard to accomplish.

"I know that our patients are being affected, bless their hearts," a Bayhealth nurse said. "We get some patients that, you know, they're on their deathbed, and they will literally tell us, 'We know how busy you are. Don't worry about me, I'm fine.'"

"And that literally makes your heart split right in half."

'That's how desperate they are'

Delaware's largest health system has offered monetary incentives to nurses to either fill empty positions or pick up extra shifts.

But some nurses still aren't interested.

According to an email obtained by The News Journal, the health system offered RNs an extra \$300 to pick up a four-hour shift, \$500 for an eight-hour shift and \$700 for a 12-hour shift.

This incentive was increased weeks later to \$600 for an eight-hour shift and \$1,000 for a 12-hour shift, lasting until Oct. 4, according to four current employees.

A ChristianaCare nurse, who has worked at the hospital for a decade, said she has never picked up an extra shift because she believes spending more time at the hospital would negatively affect her mental health.

"None of us want to do that," she said of the extra shifts. "But that's how desperate they are. It's crazy; it's never been like this."

Health care is just one of many industries struggling to fit staffing needs as the pandemic rages. Nurses at both Bayhealth and ChristianaCare said they know of coworkers who have left the health system to work at nearby hospitals due to the significant signing bonuses and pay increases.

Across the country, some hospitals are offering signing bonuses as high as \$40,000.

ChristianaCare is offering \$10,000 signing bonuses for dozens of nursing positions, according to its website. Bayhealth is advertising a \$6,000 signing bonus on its website for some nursing positions, which officials said was not offered before the pandemic.

Ric Cuming, ChristianaCare chief nurse executive, said in a statement that the “workforce across the nation is stretched to its limits.” ChristianaCare has hired about 200 nurses in the past three months, he said. A spokesman did not respond to comment on how many nurses left the health system in that time frame.

“There’s no way that we or any health system can hire our way out of this crisis,” he said.

TidalHealth announced in July that for a limited time it was offering a \$10,000 referral bonus to nurses who referred new RN hires for certain positions at its Salisbury and Seaford hospitals, according to a posting on the internal employee portal, a photo of which was obtained by The News Journal.

Saint Francis has also openly advertised its sign-on bonuses. The hospital, a part of Trinity Health, had 16 open positions that are offering “competitive” signing bonuses, according to its website.

Jessica deSimone, regional manager of talent acquisition for Trinity Health Mid-Atlantic, said the Philadelphia area has seen fewer applicants for jobs, particularly in nursing, in the past two years.

Trinity Health, she said, is offering more signing bonuses across the region than ever before.

In the past year, the demand for travel nurses has exploded as hospitals work to fill open positions quickly. These nurses are temporary employees, often working at health systems for three months.

As a result, salaries are also reaching new heights. In a traveling nurse Facebook group, a recruiter recently posted openings for nursing positions in the ER and ICU in Newark.

For 48 hours of work, the pay was \$5,737 a week.

Many nurses, particularly those who are young and single, are seeing these postings and deciding to jump ship, according to Delaware nurses.

One former Bayhealth nurse left to become a travel nurse in February. Since then, she has worked for hospitals in Washington state and Georgia.

At Bayhealth, this nurse said she made \$1,800 biweekly. Now, she’s getting paid \$3,000 weekly. One unexpected benefit: This nurse realized she no longer feels entangled in office politics.

She could just focus on doing her job.

“I love taking care of people,” she said. “I’ve always been that way. But when I started to feel that light dimming, and I wasn’t happy coming to work anymore, I knew in order to benefit my patients and benefit me I needed to change my environment.”

‘It’s usually a losing battle’

Right before one veteran nurse left work this month, she saw a young co-worker, one who has so much promise, look despondent in the break room.

The veteran viewed her as smart and capable. The kind of ICU nurse that you’d want to take care of your parents. Today, she looked exhausted as she ate her lunch.

“I’m about done with nursing,” the young nurse told the veteran. She sounded defeated.

“No matter how hard I work,” she said of critically ill COVID-19 patients, “no matter what we do, and we bust our behind every day, we still put these people in a body bag.”

Many nurses interviewed for this story feel they are nearing a breaking point with their mental health. For some, the nightmares are omnipresent. They cry on the way home from work, shaken from what they just witnessed during their shift. They feel numb and desensitized.

Recently, a family member of a patient viciously cussed out the veteran nurse. All the while, the nurse stood there, thinking to herself: How badly do I really need this job? It was the first time in her decades-long career she had that thought.

Marykate McGurk is an ICU nurse and member of the Delaware Nurses Association who is currently on mental health leave. Nursing, as it exists now, is “unsustainable,” she said.

More safety guidelines and financial support need to be established, she said. McGurk has found that the general public labeling nurses as “heroes” – and not understanding the conditions they are actually facing – can, at times, be more damaging.

“It comes with an expectation ... that we are to sacrifice our time and our well-being for the general public,” she said. “We’re fighting this war against an invisible virus that has taken so many lives. It’s usually a losing battle.”

“Most of the time when people are really sick, we don’t win.”

Eileen Lake, a University of Pennsylvania professor who studies nurse staffing, co-published a recent study about moral distress among nurses amid the pandemic. Understaffing at hospital systems can be a source of moral distress, according to researchers.

In the study, nurses reported a higher frequency of moral distress with issues related to the pandemic. This included the risk of COVID-19 transmission and caring for patients who die without family present.

The study also found that, in the span of a week, nurses reported days of feeling anxious, withdrawn and having difficulty sleeping.

One ChristianaCare nurse, who retired this winter, said she and other coworkers struggled to fall asleep after coming home from treacherous 12-hour shifts.

“You can't go home and sleep,” she said. “You're so wound up and you know you've got to go back. You've got to do it again and it's not going to change tomorrow or next week or even, you know like we hope, next month.”

A former Bayhealth nurse, who resigned last month, left the hospital because she felt she didn't have the “time or the capacity” to give enough attention to patients. The nurse recalled after driving home from her shift and being unable to muster the energy to get out of her car. She felt drained.

McGurk credits her ability to go on leave to her strong support system. There is a “huge stigma” over mental health in the nursing profession, she said. At first, McGurk was scared to take a break, not wanting to leave her coworkers even more short-staffed.

But she realized she was not “bringing my best self to work” and that her personal life was becoming impaired with the fallouts from nightmares. McGurk finally made the decision when she looked in the mirror and felt “like a shell of a human being.”

She meets regularly with a licensed mental health counselor and feels more herself.

But she doesn't know if she'll ever return to nursing.

News Journal reporter Brandon Holveck contributed reporting to this article.

Contact Meredith Newman at (302) 256-2466 or at mnewman@delawareonline.com. Follow her on Twitter at [@MereNewman](https://twitter.com/MereNewman)