



Testimony

Of

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for the

**U.S. Senate Committee on Health, Education, Labor, &
Pensions (HELP)**

Field Hearing on

**“Overworked and Undervalued: Is the Severe Hospital
Staffing Crisis Endangering the Well-Being of Patients and
Nurses?”**

New Brunswick, NJ

October 27, 2023

Chairman Sanders, thank you for the opportunity to speak on this important issue of safe staffing. My name is Judy Danella, and I'm the President of USW Local 4-200, which represents over 1700 nurses at Robert Wood Johnson University Hospital in here New Brunswick, NJ. I am also a full-time registered nurse at the hospital and have worked there for more than 28 years.

As many people have noted, we are in the midst of a genuine crisis in the nursing profession. An estimate from the National Council of State Boards of Nursing suggested that roughly 100,000 nurses have left the profession since 2020.¹ And New Jersey is estimated to be one of the top 3 states in the nation with a nursing shortage.

Worse yet, this crisis was not limited to the COVID-19 pandemic. Rather, we are still in dire straits: the National Council of State Boards of Nursing also found that about 20% of current nurses were considering quitting their jobs.² As frontline caregivers and nurses, we know that safe staffing is crucial to the health and well-being of our patients and our ability to provide quality, professional care. It is crucial to our patients' satisfaction rates, nursing retention, safety, and the future of nursing.

Chronic Understaffing Drives our Health Care Shortage

One of the main reasons we find ourselves in this situation is because of chronic understaffing by hospitals, which has made the nursing profession increasingly unsafe—both for nurses and their patients.

This dynamic creates a vicious cycle: hospitals understaff their floors, which puts nurses in difficult—if not, outright impossible—situations, which can leave them spread too thin or at risk of getting hurt on the job, causing many nurses to quit, which only exacerbates the understaffing issue.

In addition to making it more difficult to retain our existing workforce, this vicious cycle also makes it harder to recruit new nurses. I have seen it firsthand that hospitals now prefer to hire younger—often cheaper—nurses to replace the experienced professionals who have quit their jobs due to burnout or injury.

The result has been to bring in young nurses directly out of college—many with no prior clinical training—and to put them directly on the hospital floor, with as many as 5 or 6 patients at a time. Being a nurse is not easy, and it requires a significant amount of training, both for the technical and emotional skills required to do the job.

By throwing younger, inexperienced nurses straight into the deep end and providing them with minimal training and too many patients to cover at once,

¹ <https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>

² Ibid.

hospitals are setting them up for failure—only worsening the retention issues we face.

According to the American Nurses Association, nearly 1 out of 5 of newly licensed nurses quit within their first year—often citing stressful working conditions, lack of leadership and supervision, and understaffed facilities as key reasons for leaving.³

Chronic Understaffing is a Deliberate Choice

And let's be clear: this issue of chronic understaffing is not the result of larger labor market factors, but is a purposeful business decision by the hospitals. Cruelly, the hospitals know this job is a vocation for many of us.

Nurses go into the job for patients. It's not for money. We love our patients and the hospital knows whatever challenges we face on a daily basis, we will do what it takes to care for the patient and their families. Nurses wear many hats through the day and each and every day we serve the patient. And hospitals use that dedication against us.

87 days ago, our 1700 nurses said enough is enough, and made the painful decision to go on strike here for safe staffing. We were no longer willing to be complicit in a broken system where management puts profits over patients. These so-called "non-profit" hospitals have more than enough money to invest in their workforce to ensure that they have sufficient staffing for their patients.

Instead, they line their pockets with the excess profits generated from chronic understaffing. According to analysis conducted by the Senate HELP Committee earlier this month, RWJBarnabas paid its CEO more than \$17 million in compensation in 2021. Also, RWJBarnabas themselves have announced that they've already paid more than \$90 million to replacement travel nurses during the strike—paying them well in excess of what we earn on the job and giving them even better staffing ratios than we have.⁴

Clearly, the money is there to hire more nurses as well as other investments that would make hospitals safer workplaces, which would address the long-term recruitment and retention issues.

Policy Recommendations

That is why we need federal legislation to address the issues that nurses like myself and the other 1700 nurses in my local face every day. With that in mind, I want to call attention to two very important pieces of legislation.

First, the *Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act* introduced by Sen. Brown (D-OH) and Rep. Schakowsky (D-IL-09) would,

³ <https://www.nursingworld.org/practice-policy/nurse-staffing/why-nurses-quit/>

⁴ <https://www.rwjbh.org/landing-pages/rwjuh-community-letter/>

among other things, set minimum nurse-to-patient staffing requirements. With a federal floor for safe staffing, such legislation would free us up from having to bargain—or in our situation, go on strike—over safe staffing, allowing us to focus on what we do best: caring for our patients.

Second is the *Workplace Violence Prevention for Health Care and Social Service Worker Act* that has been spearheaded by Sen. Baldwin (D-WI) and Rep. Courtney (D-CT-02). This bill would provide a path for the Occupational Safety and Health Administration (OSHA) to design regulations so that hospitals are held accountable to ensure safe workplaces for all parties, including their nurses. When hospitals are understaffed, patients and their relatives can become agitated and lash out at nurses. We need the combination of safe staffing legislation with protections around workplace violence in order to fully address the challenges facing nurses today.

The United Steelworkers (USW) has strongly supported both of these bills and hopes that today's hearing will renew a national conversation on each of them. Together, these two pieces of legislation would represent a significant step forward in fight to ensure dignity, safety, and compassion for nurses.

Conclusion

In closing, I want to emphasize this point: safe staffing is not just some abstract concept: it literally improves patient care, keeps more nurses in the profession, and most importantly, saves lives. I want to thank you Chairman Sanders for your leadership and for bringing attention to this important issue.