



Leaving the Bedside:


**FINDINGS FROM THE
PITTSBURGH HOSPITAL
WORKERS SURVEY**



APRIL 2022



I feel like I have been to war every single day that I step foot in the hospital.

There have been countless times that I knew in my heart a patient would pass away because they are not getting the attention they deserve due to staffing and patient overload. 

— Intensive Care Nurse



93%

of Pittsburgh hospital workers are thinking of leaving the profession.

INTRODUCTION

We have heard often over the last two years about the strain of the COVID-19 pandemic on hospital workers. Deemed “essential” at the start of the pandemic, these workers have faced the risk of infection, lack of PPE and other necessary supplies, rampant understaffing, verbal and physical abuse from patients and their families, long hours, and, as a result, trauma and burnout.

In Pittsburgh, healthcare workers are the largest workforce in the city, and many are leaving or thinking about leaving their jobs. The Pittsburgh Hospital Workers Survey was conducted to provide a systematic understanding of their experiences to inform policymakers, hospital administrators, and the broader public. This report summarizes key findings.

BACKGROUND

The Pittsburgh Hospital Workers Survey was conducted by researchers from the University of Pittsburgh and Wayne State University Schools of Social Work involved in the Pittsburgh Wage Study, a mixed-methods longitudinal study of hospital workers. When it began in 2016, the Pittsburgh Wage Study examined the effects of wage increases on the well-being of hospital workers in service, clerical, and technical positions in a Pittsburgh hospital. Early findings demonstrated that these hospital workers faced numerous economic hardships and utilized a variety of strategies to make ends meet.^{1,2} Wage increases helped reduce hardships, but substantial hardships remained. Workers making more than \$15/hour experienced fewer hardships

than those making less, but it was not until workers started to approach \$20/hour that they experienced significant reductions in hardships.³ Not surprisingly, our study also revealed that workers reporting economic hardships and financial insecurity experienced higher levels of stress and worse physical and mental health outcomes.⁴

During the pandemic, we expanded our research to understand the effects of COVID-19 on hospital workers at multiple area hospitals. In 2021, we surveyed 538 nurses and service, clerical, and technical workers in four area hospitals. We found high rates of mental health challenges, including depression, anxiety, suicidal ideation, and trauma, as well significant burnout.⁵ Comparisons of nurses to

hospital workers in other job types indicated that all hospital workers had similar mental health needs and experiences.

With the pandemic surging again over Winter 2021-2022, reports of its strain on hospital workers continued. With a goal of better understanding their experiences, we developed a survey in partnership with hospital workers, focusing on asking questions about issues that were important to them. These issues included working conditions, workplace safety, economic hardships, healthcare access, and mental health and well-being. In addition to developing questions related to issues that were important to them, we also asked workers to share suggestions about how to improve their workplaces.

¹ Shook, J. J., Goodkind, S., Engel, R. J., Wexler, S., & Ballentine, K. (2020). Moving beyond poverty: Effects of low-wage work on individual, social, and family well-being. *Families in Society*, 101(3), 249-259.

² Ballentine, K., Goodkind, S., & Shook, J. J. (2020). From scarcity to investment: The range of strategies used by low-income parents with “good” low-wage jobs. *Families in Society*, 101(3), 260-274.

³ Woo, J., Shook, J., Goodkind, S., Ballentine, K., Engel, R., Kim, S., & Petracchi, H. (2022). Do wage increases help? Wage increases and material hardships among low-wage hospital workers. *Journal of Human Behavior in the Social Environment*. <https://doi.org/10.1080/10911359.2022.2036282>

⁴ Woo, J., Ballentine, K., Shook, J., Engel, R., & Goodkind, S. (2022). Material hardships, perceived stress, and health among low-wage hospital workers. *Health & Social Work*, 47(10), 19-27.

⁵ <http://www.pittsburghwagestudy.pitt.edu/wp-content/uploads/2021/07/Mental-Health-of-Healthcare-Workers-1.pdf>

PARTICIPANT CHARACTERISTICS

All hospital workers (except doctors) who worked in one or more of the 11 Pittsburgh hospitals within the last year were eligible to complete the survey.

OUR FINAL SAMPLE (N = 2,253) INCLUDED

2,124

current and

129

former hospital workers



65%

of respondents had at least a bachelor's degree and

25%

had an associate's degree or some type of certificate



The median age of the sample was

35

years



84%

of respondents were women



63%

percent of respondents were nurses, and the remaining

37%

reported working in a variety of job types including food service, custodian/janitorial services, and nursing assistants, among other jobs

87%

white

6%

African American

7%

multi-racial or part of another racial group



Their median hourly wage was **\$30.70** with **19%** reporting a pay rate of less than **\$20**/hour.

Commitment to Patient Care

A core finding of the Pittsburgh Wage Study has been the commitment that hospital workers have to their jobs and to the patients they care for in a myriad of ways. Working in a hospital setting can be an emotionally and physically demanding job, and **many workers have remained at Pittsburgh hospitals because of their dedication to the work and patients.**

This finding remained true in this survey. Asked about why they stay in their jobs, 3 of the top 4 reasons reported by hospital workers are related to their patients — the importance of their work to patient care, relationships with patients, and pride in serving patients during a pandemic. This was true for all types of workers.

Additionally, **90% of workers reported that their job was meaningful and had moderate to high compassion satisfaction**, a term that indicates

“ I do a lot for very little at this job, and it sucks, because as much as I hate to say it, I love my job. I get a lot of satisfaction out of it because I truly believe I’m helping people, even if it is in a lab. ”

— Laboratory Technician

the satisfaction people experience when they help others through their work. Together, these factors indicate a commitment to providing high quality patient care.



Hospital workers care deeply for their patients. **CARE** is central to their reasons for staying.

Leaving the Bedside

Despite, or perhaps because of, their strong commitment to patient care, hospital workers are leaving under the strain of understaffing and overwork. And many additional workers are thinking about leaving. Our survey found that 93% of Pittsburgh hospital workers are thinking about leaving their jobs - **37% think about leaving every day, 23% a few times a week, 16% at least once a week, and 17% at least once a month.**

Among former hospital workers who completed the survey, **73% reported understaffing** and **69% reported the mental and emotional demands** of the work among the reasons they left.

REASONS FORMER HOSPITAL WORKERS LEFT



“ I worked in multiple different hospitals across the city. Every single one was the same. Not enough staff and continued increase of expectations while grossly understaffed. ”

— Nurse



For as many things as I am proud of, there are just as many moments I am ashamed to have been part of. I feel that [the hospital] let me down by forcing me into positions where I not only had to violate their standards of care but also my own ethical code, all because we were never adequately staffed and always full. 

— Former Nursing Assistant

Understaffed and Overworked

90%

of hospital workers reported that their hospitals do not have sufficient staff to handle the workload.

62%

reported that staff in their unit work longer than is good for patient care.

This understaffing was prevalent even though

73%

of hospital workers reported working overtime.

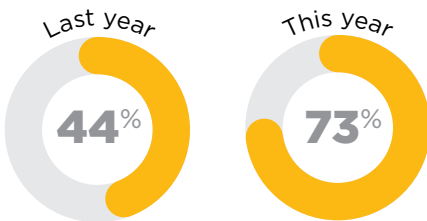
Among those who worked overtime, they averaged

11

hours of overtime per week.

WORKERS ARE WORKING LONGER HOURS

Percent Working Overtime




While many workers reported working overtime for the extra pay, they also reported doing so because they were required to pick up overtime (17%) or because they wanted to support their colleagues (84%).

Similar to reporting from other regions, **Pittsburgh is experiencing a systemic understaffing problem in its hospitals**, which is affecting patient care.



Protecting staffing ratios not just for nurses but for support staff too would make these jobs safe and sustainable for everyone. At times, I would have more than 20 patients to take care of, with nurses who were over ratio and could not help me.


Even though the actual tasks of a nursing assistant are not difficult, it simply was not possible to take care of 20+ people's daily needs — feeding, bathing, bathroom, plus their vital signs and any additional medical needs, and chart it all appropriately, especially once half of our unit became a COVID unit. We were taking so many unsafe and uncaring shortcuts because we didn't have any other options. 

— Former Nursing Assistant



Before the pandemic I was happy in my job and at my hospital. It is absolutely criminal what hospitals are getting away with in regards to treating their employees.


I was over ratio in my ICU every day for 2 months. My supervisors would text me every day asking me to come in extra or stay late after every shift.

Before I left, I was working 60 hours a week, and I couldn't take it anymore. I am 31 years old, and I quit nursing completely due to staffing and compensation. I thought I would retire as a bedside nurse, but now I am in school for something completely different. 

— Former Nurse


Local hospital workers' pay is lower than that of others in the state and nation



We need better pay! I shouldn't have to work two jobs and overtime to pay my mortgage. 


— Laboratory Technician



My hospital is nowhere near the national average with pay. After 15 years of working here, I am considering selling my home and leaving Pittsburgh for a better paying hospital job. 

— X-Ray Technician



Sometimes I feel oppressed by the low wages we have to depend on. I couldn't quit if I wanted to. I have no savings. I would be homeless. 

— Clerical Worker


Difficulty Making Ends Meet

In addition to the challenges they face in the hospital, many hospital workers struggle outside the hospital to make ends meet:

- **62%** of those surveyed reported living paycheck to paycheck
- **28%** of hospital workers reported not being able to meet essential expenses
- **19%** reported not being able to pay utilities on time
- **34%** of hospital workers reported having medical debt (within this group, almost 58% carried medical debt of at least \$500 and 77% carried this debt for at least 4 months)
- **13%** reported not being able to pay the rent or mortgage on time
- **26%** of hospital workers reported worrying about their food running out
- **20%** reported cutting or skipping meals

Hospital workers primarily need to rely on their own resources because they earn too much to be eligible for public benefits. Of those surveyed, **28% had to rely on family or friends for help, whereas only 7% used public benefits.** Our prior research reveals that managing financial insecurity and economic hardships increases stress and leads to poor physical and mental health outcomes among local hospital workers, a consistent finding in research conducted across localities and sectors.⁶



I can guarantee you the #1 reason for people leaving is we are so incredibly underpaid in the city of Pittsburgh. It ranks among the lowest in the state for RN pay and the cost of living continues to skyrocket. 

— Nurse

Many workers noted that local hospital workers' pay is lower than that of others in the state and nation.

⁶ Woo, J., Ballentine, K., Shook, J., Engel, R., & Goodkind, S. (2022). Material hardships, perceived stress, and health among low-wage hospital workers. *Health & Social Work, 47*(10), 19-27.

Lack of Voice and Safety

A consistent concern throughout the Pittsburgh Wage Study is the lack of input that hospital workers have in decisions that affect both them and their patients. This concern was also reflected in the Pittsburgh Hospital Workers Survey. Nearly half of respondents reported that managers only listen to other senior staff, that their ideas are not included in decision making, and that management is not effective at solving problems. Many hospital workers feel they have the training and experience to help solve problems but do not have a voice in the decision-making process:

- **40%** say managers only listen to what other senior staff/managers have to say;
- **49%** say they and their ideas are not included in decision making;
- **49%** say hospital management is not effective at solving problems.

Workers are frustrated that their experience is not valued, despite the risks they successfully navigate on a daily basis.



The management is out of touch with what safety concerns exist. When tenured staff who hold certifications, belong to professional organizations, and have institutional knowledge make recommendations based on evidence-based practice, management chooses not to listen. Even when violations of standards of care, hospital policies, and laws are pointed out to management.

— Nurse



We are on the front lines everyday with extremely sick and infectious people who are incredibly violent sometimes. The decisions for the hospital units are not being made by the hospital staff, they are being made by administrators who have never stepped foot on a nursing floor.

— Nurse



1 in 3 report violence and threats from patients and families

26%

of hospital workers do not feel safe at work.



1 in 2 report verbal abuse from patients and families


Well-being of Hospital Workers

In light of these findings, it is not surprising that many hospital workers are experiencing significant mental health challenges. Their commitment to patient care in the context of conditions that make it impossible to provide the level of care they know patients need, leaves many hospital workers depressed, anxious, and burned out. The suffering they have witnessed, as well as safety concerns due to the pandemic and patient and family abuse of workers, compound this stress and trauma. **Many of these problems are not new, but the pandemic has made them worse.**

The exhaustion and defeat hospital workers are experiencing is reflected in findings regarding their mental health. Of particular concern is that hospital workers' mental health has gotten worse. Comparing results from our survey of hospital workers one year into the pandemic with results from the current survey, we find higher rates of positive screenings for depression, anxiety, suicidal ideation, and post-traumatic stress disorder (PTSD).⁷ These positive screenings are indicators rather than diagnoses and suggest the need for clinical evaluation.

⁷ We make this comparison cautiously, as these two surveys do not draw from precisely the same populations.



The system was broke before COVID, but I am thankful that COVID has opened the public's eyes to how defeated nurses are — overworked and underpaid. Patients are NOT getting the care they deserve or that we want to provide them. 

— Nurse

WORKERS' MENTAL HEALTH HAS GOTTEN WORSE

	Last year		This year
Depression	29%	→	35%
Anxiety	29%	→	46%
Suicidal Ideation	11%	→	15%
PTSD	31%	→	32%

Burnout

Comments from hospital workers reveal the dangerous effects of these mental health challenges on workers' lives and their ability to do their jobs.



I woke up to performing CPR on my bed because I was so traumatized by COVID. Debriefing and resiliency need to be addressed more effectively moving forward. I'm so young to be this affected by my work environment. It makes going into work difficult, even though I want to help others.



— Nursing Assistant



I have witnessed 2 fellow coworkers in crisis in the past year, gone either unaddressed by management or addressed too late to help. There should be advanced training for management on identifying and intervening with employees before their situation gets so bad they either lose their job or become volatile or suicidal.



— Nurse

Given the stressful working conditions and high rates of mental health struggles among Pittsburgh hospital workers, it is not surprising that 87% reported moderate or high levels of burnout. Burnout is important for employers to address because it leads to turnover, absenteeism, and poor job performance. It matters for workers because it causes or exacerbates mental and physical health problems.



87%

of hospital workers reported moderate or high levels of burnout.

BURNOUT MATTERS FOR EMPLOYERS & PATIENTS

- Absenteeism
- Turnover
- Worse Job Performance

BURNOUT MATTERS FOR WORKERS

- Mental Health Effects (Anxiety, depression, psychosomatic symptoms)
- Physical Health Effects (Cardiovascular disease, diabetes, respiratory infections, infertility, sleep)

The Cycle

The working conditions identified by workers through this survey — understaffing, overwork, lack of safety, low pay, and limited voice — compound and interact in ways that compromise patient care and worker well-being. These factors contribute to workers leaving their jobs, which then exacerbates the understaffing, overwork, and lack of safety for those who remain.

The resulting vicious cycle harms current and former hospital workers and jeopardizes hospitals' ability to provide quality patient care.

This is an issue relevant to all Pittsburgh residents, as we all have people we love who need hospital care at one time or another.




Hospital Workers' Suggestions

Fortunately, Pittsburgh hospital workers have many suggestions to make positive changes.

BRING WORKERS TO THE TABLE



Frontline workers' voices and experiences need to be 50-51% of the people at the tables where decisions are made and where policies are reviewed. Because I am in a union, I am better able to stand up for my patients. When I worked non-union jobs, I was one of the 30-50% who left bedside nursing because of traumatic working conditions. 

— Nurse



9 OUT OF 10 say the best way to support workers is to **increase their pay.**



OTHER WAYS TO SUPPORT HOSPITAL WORKERS

76%

provide loyalty benefits

50%

equalize pay across employees

60%

offer less expensive or free health insurance

69%

offer free parking

60%

give more time off


Additional Recommendations

To summarize, we emphasize that this is a problem that affects all of us, and we all need to work together to address it.

HOSPITALS MUST:


- Ensure adequate staffing, which requires addressing the working conditions that are driving hospital workers to leave.
- Address worker safety so that the psychological toll of caring for people who are suffering is not compounded by the trauma of violence and threats.
- Provide sufficient time off to prevent burnout and support workers' well-being.
- Guarantee access to physical and mental healthcare. There is nothing more heartbreakingly ironic than healthcare workers who cannot afford healthcare.
- Give workers a voice in the decisions that affect their working conditions and ability to care for patients.
- Pay livable wages so that the stress of hospital work is not intensified by the stress of struggling to make ends meet.



Hospitals are made up of SO much more than just doctors and nurses. Cafeteria workers, kitchen staff, housekeeping, security, materials, linen, transport, and the list goes on. They are the lowest paid and always overlooked but nothing gets accomplished without them. They deserve hazard pay like medical staff and higher starting wages. 

— Hospital Service Worker



The stress and sadness over these past two years is hard to put into words. I have discontinued life support on COVID patients and have held their hand as they have died too many times to count. The workload is sometimes unbearable. I usually care for more than 20 patients at a time. I feel stressed because I can't do the job I wish I could. There is no incentive for the newer staff to stay. Money talks. The people who have stayed through this pandemic need to know they are seen and appreciated. 

— Respiratory Therapist

POLICYMAKERS MUST:

Pass or modify local and regional laws and regulations to address the vicious cycle experienced by hospital workers so that they are supported and their voices heard. We suggest that policymakers protect and support workers' efforts to raise their wages, legislate sufficient paid time off and medical leave, expand access to health insurance, and ensure appropriate staffing ratios.



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