


“I went back to the bedside because we need to save healthcare”:

**WORKER-GENERATED
SOLUTIONS FOR THE
CHALLENGES FACING
HOSPITAL WORKERS**





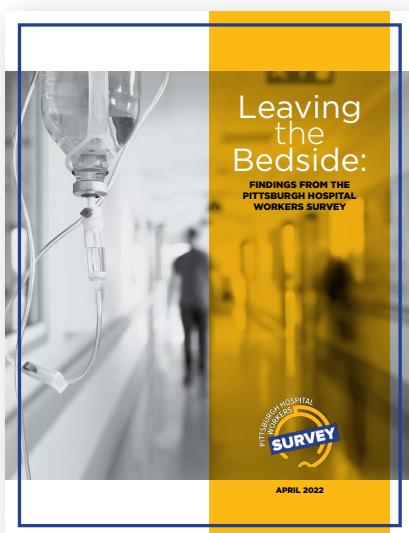
To meet someone in their weakest point, at their most horrible day, is a sacred trust. It is. It's an honor to be the person that can give comfort to somebody who is frightened, and sick, and doesn't know what tomorrow will bring. And yet, the people that do that are not treated with honor, and with respect, and with the amount of care that they give.

We have wonderful healthcare workers who are leaving the bedside, who are leaving healthcare, because it's not sustainable for them. That is sad. We can't afford to lose good people. 

— Pittsburgh hospital nurse

INTRODUCTION

In spring 2022, the [Pittsburgh Wage Study](#) released a report, [Leaving the Bedside: Findings from the Pittsburgh Hospital Workers Survey](#), which highlighted the experiences of over 2,000 workers as they navigated increased demands due to COVID-19 and their adjustment to the new and still changing landscape. The report detailed how the strain from COVID-19 exacerbated workplace challenges that existed prior to the pandemic, including insufficient supplies, staffing, and wages. While 90% of hospital workers find meaning in their work, 93% think about leaving their jobs, with more than one in three thinking of leaving daily. In Pittsburgh, hospital workers make up a large proportion of the workforce and provide essential care. Thus, it is important to learn from workers themselves about what can and should be done to keep them and their patients safe.



From December 2022 to April 2023, the Pittsburgh Wage Study team conducted focus groups with 45 current and former Pittsburgh hospital workers to gain additional insight into their challenges and to hear their proposed solutions. Focus group participants worked in various roles at area hospitals and outpatient clinics, including nurses, patient care technicians, social workers, discharge planners, housekeepers, and dispatchers. Workers were asked to share their experiences and thoughts on: workplace challenges; potential solutions to improve patient care and worker quality of life; local, state, and federal government interventions to benefit patients and workers; and what issues required greater public awareness.

This report summarizes workers' collective concerns and solutions for improving patient safety, worker well-being, and workplace culture. It is organized in three distinct but connected sections:

- 1)** Risks to patient care and safety created by understaffing and insufficient worker-to-patient ratios,
- 2)** Harms to worker well-being resulting from inadequate pay, benefits, and lack of mental health supports, and
- 3)** Exacerbation of understaffing and worker stress due to management styles and a workplace culture prioritizing profits over people and the devaluation of workers' voices and expertise.

As this report demonstrates, these concerns and their solutions are interdependent. ■

Patient Care & Safety

Concerns for patient health and safety are central to workers' challenges. Specifically, workers identified low staffing levels and an unsafe number of patients per worker, creating dangerous situations for workers and their patients.

"We are so short staffed that the patient really ends up getting lost":

UNDERSTAFFING

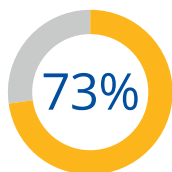
THE PROBLEM: Workers from nursing and social work to housekeeping and dispatch have consistently reported unsafe levels of staffing, jeopardizing both patient and workers' health and safety. While workers have long voiced concerns about understaffing, COVID pushed this issue to a crisis point.



We can all talk about the pandemic. Yeah, the pandemic created some scarcities but this was gonna happen even without the pandemic. 🗨️🗨️



People don't know out there like how bad it really is, and they don't know when they come to the hospital how dangerous it could possibly be, because of staffing levels. I definitely think that the the higher ups lean on the fact that we all care so much about the patients, and we, many of us did choose this type of career, because, you know, we are altruistic. So I think that they take us for granted. 🗨️🗨️



73% of workers surveyed who left their hospital jobs identified staffing concerns as the primary reason for their departure.

- As workers continue to be forced to do more with less, hospital administrators have persisted in an operational model of scarcity, thus driving hospital workers from their jobs and neglecting the needs of existing workers.
- As a result, new workers are starting on over-ratio floors and are expected to fill the roles of experienced veteran staff without adequate training. Even when veteran staff are present, they do not have the time necessary to support and train incoming workers.

SOLUTIONS: Workers stressed the importance of adequate staffing for every shift to provide the best patient care. Workers cannot continue to provide care under unsustainable pandemic staffing levels. While hospital administration has turned to traveling nurses to address one aspect of the worker shortage, this solution is inadequate in both the long and short term. Hospital workers shared the difficulties traveling nurses experienced acclimating to a new assignment, only to be uprooted just as they began to become part of the team.

- **Prioritize the recruitment and retention of a permanent workforce** through pay raises and loyalty incentives, improved health, transportation, and childcare benefits, and enforcement of appropriate staffing levels.
- **Address the ineffective and inefficient use of traveling workers.** Equalize the enormous wage differential between traveling workers and their permanent counterparts. When traveling workers are required, hospitals should maintain workers in one role through the duration of their time in a hospital system.

“When we are over ratios, it is maddening”:

INSUFFICIENT WORKER TO PATIENT RATIOS

THE PROBLEM: While aiming to provide meaningful care, workers are faced with overwhelming numbers of patients and skyrocketing caseloads. This “new normal” of consistently being over-ratio has created dangerous situations for patients and workers. For example:

- Nurses and patient care technicians reported frequently being over-ratio, forced to care for more patients than physically possible, sometimes by more than double.



I know of patients who shouldn't have died that have died because we have been understaffed. So we need to do something about it and change it now. ””

- Social workers revealed caseloads as high as 90 individuals, often expected to see ten clients daily.

- Patient care technicians, speech and respiratory therapists, service and clerical workers, and discharge planners all reported crushing workloads that compromised patient care and prioritized hospital profit.



Patient placement told us they do not stop placing patients on our floor until we're double over ratio. So the other night, it meant that we all had seven patients — ICU level patients. It gets morally exhausting, because you aren't able to care for people like you would want to and like you should be. ””

- Workers shared resulting concerns for their physical and mental well-being as well as fears for patient health and safety.



I will say my biggest challenge is being over ratio with too many patients. It causes me anxiety because I'm afraid of making a mistake. ””

SOLUTIONS: Hospital workers are the experts at providing quality patient care. Hospital administrators must listen to workers and implement solutions that will keep workers and patients safe.

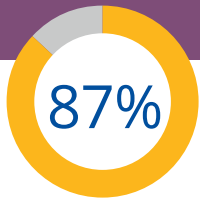
- **Hospitals must establish and implement appropriate worker-to-patient ratios** that are sustainable, enforceable, and transparent to the public, based on the profession and level of care.
- **Ratios should be established in conjunction with worker expertise** to achieve the highest standard of patient care for all professions.
- **Information about a hospital's worker-to-patient ratios should be** easily accessible to the public.



The public needs to understand, needs to truly know what happens if the patient is in an unsafe assignment, is in an over ratio assignment, their family deserves to know. I deserve to know that my loved one isn't in a safe environment. ””


Worker Well-being

Hospitals must prioritize workforce recruitment, retention, and mental health. Many workers identified a cycle where chronic understaffing and high ratios pushed workers from the field, while low pay and inadequate benefits hindered hospitals' ability to fill vacancies. Simultaneously, poor working conditions and insufficient compensation hurts worker morale and increases burnout, harming workers' mental health and perpetuating this cycle.



As of 2022, 87% of hospital workers reported moderate to high levels of burnout, and **nine of 10 reported increasing pay as the best way to support workers.**




Nurses are still at the bedside. We're still suffering from burnout. I can tell you that if I came into nursing now, I don't know if I'd survive. I don't think I would. 

"It was very clear that leadership didn't really care about the retention issue":

WORKER RECRUITMENT & RETENTION

THE PROBLEM: Despite commitment to their patients and the meaning found in their work, many experienced hospital workers have left their jobs due to the physical and mental strain of high workloads, creating a knowledge and training vacuum.



The reason why people are leaving is because they're not getting paid enough money. The cost of health insurance is a lot, you know. If they would treat us like they treat the travelers [traveling nurses], they'd have plenty of staff. 

- **Workers consistently identified low wages as a major factor** in poor job recruitment and retention. 62% of workers reported living paycheck to paycheck.
- **Workers expressed frustration with inadequate health benefits**, including health coverage that was beyond their budgets, with 34% reporting holding medical debt, often to their own employers.
- **Hospitals overlook caregiving responsibilities**, including a failure to provide affordable childcare or childcare subsidies, which places a financial burden on working parents. A failure to offer flexible scheduling, particularly for those caring for children or older adults, creates barriers for workers with caregiving responsibilities.

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WORKER RECRUITMENT & RETENTION

SOLUTIONS: Workers know what is needed to keep people in the field and at their jobs. To bridge the disconnect between the value workers find in their positions and the inability to recruit and retain workers, hospitals must implement the following:

- Rather than paying high rates to traveling workers, hospitals must prioritize their existing workforce by increasing wages and incentivizing the retention of veteran workers who provide invaluable institutional knowledge and training to newer workers.
- Health insurance coverage that is too expensive or results in medical debt is detrimental to a strong and resilient healthcare workforce. Workers require comprehensive and affordable health coverage for themselves and their dependents.



The nurses in the union have 100% health insurance. I know I'm incredibly fortunate and that is why I stay, and that is why I come to work every day. 🗨️



It's like that circular thinking. They don't think people are going to stay. They're not going to pay them enough to stay. They're not going to train them or support them long enough to stay, and then they're not surprised when they don't stay. But they just created this cycle. 🗨️

- Workers frequently reported the financial hardship of paying for parking at their hospitals, with [69% sharing](#) that free parking is an important component for supporting hospital workers.
- Hospitals must allow workers greater scheduling flexibility, provide adequate parental and family leave, and programs to alleviate the financial hardships associated with caregiving, such as affordable child care programs.



A lot of the people are quitting jobs because they don't have adequate child care. I have a son. I should have more flexibility in my schedule. Sometimes I'll be threatening to quit my job because of this, you know, because of the scheduling situation, you know, or the child care situation, or even the transportation. We should have free parking at night. Why do we have to pay for parking and literally no one's there? 🗨️

“My mental health is at a breaking point”:

WORKER MENTAL HEALTH

THE PROBLEM: Hospital workers are reporting high and increasing levels of anxiety, depression, and burnout, with little to no support from employers. A staggering [87% of hospital workers](#) reported moderate to high levels of burnout, resulting in panic attacks, frequently crying at work, starting anti-anxiety medication, and insomnia. Workers described:

- Health coverage that failed to cover mental health services.
- Mental health resources that were difficult to access and deeply invasive.



The things that they do have for our mental health are almost laughable. It's kind of insulting, and I think that also lends to really not feeling appreciated feeling almost like you're being chastised whenever you do try to say 'we're having a hard time.' ”

- Hospital management and administration failing to acknowledge—or actively reprimanding—workers who seek help or advocate for workplace changes.



I realized I was skipping lunches. It was just not good and I expressed to my supervisor like, 'Hey, I realize this is not good for me. At most, my sessions, I can go about five or six sessions a day, but I need to be eating something, maybe even seven. But I can't do 10. I can't do nine.' I was told, 'Well, if you can't handle that, then you're probably not cut out for the job, or to be a therapist,' I think that's where it hit me, like, wow! My job does not care about me at all. I remember feeling like a robot. Like it was just see people, see people, bill, bill, bill. I just didn't understand, personally, how an employee can be treated this way and still be able to give to their clients. ”

SOLUTIONS: In addition to ensuring basic workplace needs—such as staffing and ratios—are met, hospitals must eliminate barriers to worker well-being, including:

- [Dismantling complicated and invasive processes](#) for workers to receive mental health services on the job.
- [Establishing designated spaces](#) within hospitals for workers to decompress after traumatic experiences.
- [Improving health insurance coverage](#) to include comprehensive mental healthcare and treatment.
- [Providing paid mental health days](#) and additional paid time off for workers to seek mental healthcare for themselves.



We need a support group, like a lot of [us] are burnt out, and don't want to work, but the only thing that's keeping [us] is [our] patients. [We] love [our] patients. I almost left healthcare. But I'm like, if I'm not their voice, who do they have? If I'm not there speaking up for them, who do they have? We need to find something for the healthcare workers. It's dreadful. ”

Management & Workplace Culture

There is a disconnect between hospital management and administration and those caring for patients each day. This disconnect has resulted in a workplace culture where workers report profits are routinely prioritized over patient care.

“Managers and supervisors are just like completely out of touch”:

MANAGEMENT & ADMINISTRATION PUT PROFITS OVER PEOPLE

THE PROBLEM: Workers expressed serious concerns over the profit driven healthcare system in Pittsburgh, disturbed that nearly all hospital oversight comes from individuals with no experience providing healthcare. Workers shared concerns regarding:

- Direct managers and supervisors who do not engage in direct healthcare practice and have not cared for patients in years, sometimes decades.
- Hospital administrators making decisions and undertaking drastic changes without the input of direct care providers.
- A constant push from administrators, managers, and supervisors to prioritize billing patients, rather than providing the highest quality of patient care.



You have people who are supervising you, who you're supposed to call if you come up with and run into issues, who have no idea what the environment is like, or how to address it, and a complete refusal on their end to provide any sort of like help. ””



The job is already pretty emotionally difficult. You see a lot of the worst things and are often there on the worst day of people's lives, and then to have that feeling of not, not only not being supported by your managers but also, professionally concerns about our professional ethics and concerns about maintaining our own integrity. So there was a lot emotional and mental exhaustion, and also this question of are we violating our own code of ethics? ””

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MANAGEMENT & ADMINISTRATION PUT PROFITS OVER PEOPLE

SOLUTIONS: Workers are simply asking for a seat at the table when decisions are being made that will directly impact their work. Hospital workers have an incredible amount of collective knowledge that should be sought after to improve patient care, not tamped down to pave the way for higher profits. Hospitals must:

- **Ensure workers' expertise is recognized and voices are heard.**

From wages and benefits to patient care and staffing, hospital workers know what they need to get the job done.



I deserve my voice to be heard too. I deserve a seat at the table when decisions are being made that I have to carry out. ””

- **Workers understand it takes a team with diverse talents to make a hospital function.** Workers believe hiring hospital administrators with patient care experience and a strong understanding of healthcare are best suited for the job.



My biggest thing is expectation versus reality. A lot of the administrators who exercise their expectations for specific job functions, they do not actually tend to know what's going on in that job function to be able to appropriately guide workers. ””

- **Demonstrate a commitment to understanding patient care.**

To understand the daily reality of hospital workers, hospital administrators should be required to regularly shadow hospital workers. Similarly, managers and supervisors must be consistently engaging in patient care themselves, in order to best lead their teams.



I want an executive to follow me in my day, get to report on these crazy, acute, insane, patient situations. I need them to watch me. I want them to come down from their office and come and see how we all have to work together, we all dig deep, do these things, don't get lunch, just do my job. ””

“These are traumatic conditions that we’re being forced to work under”:

TOXIC WORKING CONDITIONS & WORKPLACE CULTURE

THE PROBLEM: Workers are required to operate under traumatic and unsafe conditions. Workers have reported:

- Working within a scarcity model that incentivizes keeping costs low by quickly discharging patients and withholding necessary resources from patients and workers.
- Hospital administration routinely ignores concerns about worker and patient safety.



Being the gatekeeper of deciding who gets [parking] reductions, and who doesn’t requires patients to disclose information that we don’t need to know. And that’s just, that’s not fair, it maintains a very unfair power differential. ”

- No matter how dire the circumstances—from worker mental health crises to preventable patient deaths—hospital administration offers only surface solutions that fail to address the root cause of serious problems within hospitals.



Their other suggestion was for all of us to get whiteboards for our offices, to write like happy quotes on so we could like be more cheerful at work or something. Yeah, yeah, it’s always like ‘Be your best self’ or something like that. And I’m like, really? Really, this is your idea? ”

SOLUTIONS: There is no justification for overextending workers, skimping on patient care, and putting patients and workers in dangerous situations. It has not always been this way, and hospital workers are determined to bring about change that once again establishes hospitals as healthcare centers, not profit-making machines. To facilitate these changes, workers suggested:

- **Creating and maintaining funding for necessary patient resources**—such as bus passes, cab slips, and car seats—so patients can safely get to and from their healthcare appointments.
- **Establishing a hospital safety hotline that is not operated by the hospital.** When workers experience a safety issue that is not being addressed by hospital administrators or managers—such as dangerous levels of understaffing or premature discharges—they are able to report the incident.
- **Realistic and sustainable solutions to chronic problems.** Hospital workers have been clear about what is needed to reduce burnout and retain workers. Hospitals must improve working conditions and compensation.



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