Why some nurses have quit during the coronavirus pandemic

"Right now, nurses don't feel like heroes. We feel expendable."


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By Safia Samee Ali

For weeks, Kelly Stanton wasn’t sleeping. She lay in bed gripped with the anxiety of having to go to work at a Washington, D.C.-area hospital not knowing whether she might bring home the coronavirus to her husband and their three children.

It was inevitable, she thought. She wasn’t protected.

Stanton, a nurse for 28 years, had seen federal safety protocols for health care workers begin to crumble amid the pandemic by early March.

Guidelines from the Centers for Disease Control and Prevention regarding personal protective equipment, or PPE, changed consistently. At Stanton's hospital, nurses were told that they would have limited access to an already low stockpile of protective equipment and were being asked to reuse single-use masks multiple times, she said.
"Never in my time as a nurse have I seen this," she said. "It was a position I could never have imagined I'd be in, even in my wildest dreams."

Each time a safety regulation changed, she said, she began to feel more like "a sheep sent to slaughter" than a front-line nurse, and she started agonizing between her job and her family.

By late March, the risks weighed too heavily, and Stanton submitted her resignation.

"It was an extremely difficult decision, but as a mother and wife, the health of my family will always come first," she said. "In the end, I could not accept that I could be responsible for causing one of my family members to become severely ill or possibly die."

As COVID-19 has infected more than 1 million Americans, nurses working on the front lines with little protective support have made the gut-wrenching decision to step away from their jobs, saying that they were ill-equipped and unable to fight the disease and that they feared for not only their own safety but also that of their families.

Many of these nurses, who have faced backlash for quitting, said new CDC protocols have made them feel expendable and have not kept their safety in mind, leaving them no choice but to walk away from a job they loved.

'We're not cannon fodder. We're human beings."

As the nation took stock of its dwindling medical supplies in the early days of the pandemic, CDC guidance regarding personal protective equipment quickly took a back seat.

Supplies of N95 masks, which had previously been the acceptable standard of protective care for both patients and medical personnel, were depleting, so commercial grade masks, surgical masks and, in the most extreme cases, homemade masks, such as scarves and bandannas, were all sanctioned by the CDC — which didn't return a request for comment — to counter the lack of resources.

Nurses, among other health care workers, were expected to pivot and adapt with no evidence to the view that new guidelines would provide any significant protection from a novel and contagious disease.

"Things they were telling us we had to now do, you would've been fired if we did that three weeks before," Stanton said. "How is this suddenly OK?"
There had been warning that a pandemic was coming, she said. "Hospital administrators, states and the federal government should have stockpiled PPEs. All three failed."

COVID-19 patients had only slowly started trickling in, but Stanton could see where things would head. It was almost guaranteed that nurses would be at risk under those conditions, she said.

"We're not cannon fodder. We're human beings," she said.

In many respects, nurses who have had to treat COVID-19 patients with little or no protection, especially in the early days of the pandemic, have become collateral damage.

Nearly 10,000 health care workers on the front lines, including nurses, have tested positive, according to a preliminary survey the CDC conducted from February to April.

Because data collection has been slow and not comprehensive and many people with COVID-19 have been asymptomatic, actual numbers are likely much higher.

At least 79 nurses have died from the coronavirus, the American Nurses Association, which has been independently tracking reports, said Thursday.

"There are huge ethical dilemmas that nurses are now facing," said Liz Stokes, director of the American Nurses Association Center for Ethics and Human Rights.

"Just imagine having to make decisions every day on whether you're going to fulfill your professional obligation to care for patients versus sacrificing your personal safety or even that of your family because you're in a situation where you don't have adequate resources."

Nurses have a duty to their patients, but they also have a duty to themselves under the nursing code of ethics, Stokes said. Those are equal obligations, and if you feel morally torn, you have to make the decision that's right for you, she said.

Stokes added that it's also important to be thankful for the nurses who have decided to step away because they recognized that they weren't in the best situation physically or mentally to provide care.

'No, we didn't sign up for this'

For Rebecca, a nurse in the Albuquerque, New Mexico, area who didn't want her full name used for fear that she won't be rehired, the writing was on the wall when she saw a member of her hospital management collect all N95 masks from her floor and lock them in a cabinet in early March, before the country went into full-blown crisis.

"It's really demoralizing to see someone lock them up in front of you knowing that you might need one of those," she said. "The whole scene was very symbolic of how all this was going to go down. And it was a bad sign for what's to come."

Rebecca, who has been a nurse for four years, said that communication and infrastructure began to break down fairly quickly and that nurses were expected to make terrible compromises.

Masks were rationed to one per week and sometimes shared. Only nurses who dealt with patients who tested positive for COVID-19 were given an extra N95 mask, even if the patient showed symptoms.