Taylor - 6 months - travel nurse

* Totally different from other hospitals I’ve worked for. It’s very unique - you don’t get as many deliveries, but at the same time I like it better because you get to bond with those patients.
* I feel like when I first got here it was very chaotic because it was one night shift nurse and the rest travellers.
* There aren’t doctors here at nighttime, which is different when you are used to working with residents. Rotates between 6-7 travelers every few weeks. They were very welcoming when I joined.
* There’s a lot of team work, especially amongst the staff. Overall for day shift and night shift there is teamwork. Everyone here will help you if you asked.
* Management works shifts, Tanya was working night shifts. Adam comes in at 3am and text me and see if I need to come. I’ve never seen that. They are helpful. I usually don’t have managers volunteering to come in.
* I slipped on ice and fell and Tanya covered my shift. I feel like the management is there to help and isn’t just blowing us off.
* For me I don’t have anything bad to say.
* We feel like we induce women that we don’t need to induce. I don’t know if that’s a convenient thing for the doctors or not.
* I wish there was a designated nurse on each shift that was specifically trained for nursery/baby. I’ve had a situation where a baby was admitted to the nursery and thank god adam stayed.
* If secretaries could stay until midnight or do 12 hour shifts. But if they know we are going to have a bunch of inductions, the secretary admits the patients. They make the process a lot smoother. If we had a 9pm induction it would help to keep a secretary or move her schedule around.
* For the most part the relationship between nurses and travel nurses is good.
* The staff nurse does take good care of the travelers.
* I have seen travel nurses that don’t want to work and they just want to get a check. I’ve seen the staff nurses complain about that. They will go up the chain of command. If they think a travellers attitude is bad, they will go up the chain of command. And management has handled it.
* Travellers are getting paid a lot and they don’t have to do much if there isn’t a delivery. If we aren’t working, a traveller was like, “i’m not going to do that, that’s not my job.” The nurses that come from big hospitals are so used to have a secratary and lab tech and all they have to do is watch a monitor.
* Here you have to hold many hats.
* When I give report day shift is understanding if I am forgetful.
* The camaraderie between the travelers and nurses.
* The nurses here are probably overworked. On day shift there are a lot more staff nurses. Travelers are all on the night shift and then the rest is on day shift.
* The lab is my biggest complaint.
* If we are all going to use the same EHR, why can’t the lab have the same system. They say that their system is different. An order doesn’t populate unless you say “STAT”.
* I made an order for lab and they said they didn’t get it, but it wasn’t until they went into three different softwares that he saw it.
* TWo weeks ago we needed a stat cbc on a baby who was critically ill and I called 30 minutes later to see where they were at. And they said I needed to put something in the notes, but if it says STAT come then they need to come.
* I drew the labs and walked in and all the lights were off in the lab. I’m screaming hello is anyone here and got nothing. I started opening random doors and then the guy comes out with the blanket over his head like I was bothering him. And he said, I dont’ know how to work this system and this person has to do it, “I’m just here.”
* There needs to be more training from them, or they have to have a system where they can see all the labs coming in. There is a delay, there isn’t an alert they just have to go in and check to see if things have population.
* Lab and labor and delivery have had a very tense relationship. There will be things we send down and I’ll have it ordered and they won’t run it. I’ll have something ordered and they won’t draw it because the doctor didn’t sign it, but they won’t tell us why they didnt’ draw it. Then you have to call them and ask what happened. They could call me and said what they needed and I could get that done. They try to avoid us at all times when we could work together to make it easier.
* They’ve had a lot of nurses that have written people up in the lab because they make mistakes. And vice versa.
* For example, if we swab for the wrong covid if we do a PCR instead of a Rapid, they won’t let us know to do another one. They could have easily called and told us to do a certain one.
* They said it’s been like that for years.
* Lab is bad. There are 2-3 that make it bad for the rest of us. They won’t call and talk to nurses. This has been going on for years.
* I love my managers they get a 10/10 - they have flexibility and communication. My contract was only going to be 4 weeks and I’ve stayed because of Tanya. She is such a great manager and is stretched thin. This is the longest assignment I’ve ever done.
* Tanya works really well with me.
* Adam a few minutes before I came to my interview was, “hey let me know when you can work, let’s work with it.” I feel like out of all the hospitals, they are the most accomodating of travellers.
* I could see how that could bother the staff nurses. I don’t think they feel mad at the travlers, they are mad at management. They aren’t going to mad at us because of the schedule they are going to be mad at manager. They are going to management about it.
* I haven’t heard people complain and I could see how that would create resentment, more so day shift than night shift because it’s just April on night shift. I think April should get whatever she wants.
* I could see where the day shift might feel some type of way about the schedule.
* I feel like management is just trying to do what they can do is to piece things together.
* Travellers work 4 days and staff work 3 days.
* The complain in the open. I usually walk off. This happens on the day shift, not the night shift.
* The day shift will say, “did you egt that email about xyz?” I can see them feeling some type of way about so many travellers.
* I’ve heard them talking about travellers saying, “these travellers are getting paid so much,” I don’t know what the problem is because I’m not on days.
* I think the staff nurses all feel some type of way, but they don’t complain to us about it. It’s amongst them.
* It’s not everyday, but it does happen. There is an issue that they have, but I don’t know what their issue is.
* Day shift and night shift sare night in day in terms of the staff.
* The complaining comes mostly from day shift. I think they whine more and I don’t think they realize how easy they have it. Every little thing is an issue. They bicker a lot.
* They all just sit together and talk about the emails they got because
* They complain a lot about things that are so miniscule in other hospital.
* Sometimes when nurses are already bitter it’s like they can’t see past it.
* If something doesn’t go their way on dayshift there is complaining.
* If a doctor induces a patient and the nurses don’t agree they make the criteria, we can’ t say, “no doctor,” we can only go up the chain of command and the chain of command says, “you need to go with the doctor.” Then they will hone on that the whole day, tey will say, “I can’t believe we are inducing this gir,” they talk about it the entire shift instead of making the best of it.
* I feel like they don’t know how good they have it.
* A lot of things are out of management's hands. Sometimes management cannot control that.
* Management and doctors are two different people and I feel like the nurses group them all together. If they have a problem with the doctor and they go to the manager and it doesn’t change they blame the manager.
* They will say, “she didn’t stick up for us,” but she did what she could do. They want to find someone to blame and it usually lands on management.
* You don’t want to piss off the doctors because you work with them everyday so they blame the managers.
* They act fake like nothing ever happened and then they are complaining behind the scenes. They will never do the direct face to face approach. They will go behind. It’s very gossipy and catty - I’ll say this is all day shift.
* I’ll here them say, “did you get thie email about this,” and it’s constant and it’s always day shift.
* It was a shock to me to hear that this unit had the worst reviews and that was a shock to me because I hadn’t experienced that.
* A lot of these nurses have been here a long time, if you have the same environment over and over again you are going to have things you aren’t used to.
* Things are evolving and certain things aren’t going to be the same for the staff nurses.
* Every traveller that I’ve talked to loves it here. They feel relief when they come here, but the staff nurses are so stressed and it feels like they hate it.
* When you are used to changing hospitals every few weeks your attitude is different than how
* It feels like there is a jadedness from staff nurses.

April - 7 years - only senior staff on night shift - also do education, child birth education classes

* Working night shifts being the only staff nurse is a disaster. It’s a revovling door of travellers that I constantly have to train. We just can’t get any permanent staff.
* There’s a shortage of nurses right now and it’s harder to get staff.
* We’ve been in contract negotiations with the hospital for 4 years and that’s not helping us fet staff. Poeple don’t want to go to a hospital where they can’t get staff
* As of right now I function as a charge nurse and preceptor and then at night I have my own patients, nobody knows that they are doing.
* I am having to help everyone out and do my job at the same time. It’s a lot right now and there’s no end in sight.
* The ones that we have are crisis travellers and they have the short contractors.
* There were a whole bunch of travelling nurses that got fired for doing shady stuff and saying that they were here when they weren’t and going back ot th ehotel and sleeping when they were supposed to be on the unit.
* Most of the time, the travelers do extend here.
* We had four core night staff who had been here forever, one of them left to travel, allison they brought to days; then stephanie wanted to go to days, but they couldn’t until they found a replacement. Now shes back in the day position. She had quit because they wouldn’t give her the day position and now she’s bck.
* A big problem, is that these crisis travellers get no orientation without having access to the computers and without having any training. They don’t know anything about our unit. I’m constantly training new people over and over. I don’t get paid to do all of this. They are just thrown on night shift.
* They should be shown how to do the charting system before they are on the floor or just how to do a work day because they are just thrown on my shift.
* I think the staff and traveller nurses get along really well. There really can’t be much of a divide because it’s just me and them.
* WE’ve had some really great travellers.
* There are two types of travellers - 1. Because they can roll with the punches cna pick up where you are really well and can get a lot 2. Then you have the other group that travel because they couldn’t stay at one place and couldn’t get along with people; they couldn’t fit in with a culture of one hospital. They fly under the rader and don’t want to put anything into the unit.
* When we get a person that’s like that it’s not the staff nurses just against them, it’s everyone even the other travelers.
* They will say that they are going to get rid of them, the staff and doctors, but they just extend them anyways because they can’t find anyone else.
* It’s about 25% that we get the #2 people.
* I feel like management is handling it now. Adam has the ability.
* I feel like Tonya doesn’t do great with confrontation with people. She doesn’t want to say, “here’s what I am seeing we need to have a conversation about it,” Adam is doing that right now.
* Adam was able to talk with a nurse that was pretty bad and say, “this is how you are coming across in your communication,” and then I worked with her again and she was much better.
* I have a good relationship with both Tonya and Adam.
* It’s easy to talk to Tonya, but the things she says to me aren’t always the truth. She brought me into the office and asked me how I felt about the travelers and she said she was going to be getting rid of them because of what has been happening and that hasn’t happened and their contract gets extended. Maybe she feels like in the moment that's the right thing to do, but then it doesn’t happen.
* I need staff but they can’t get me that and there is nothing they can do.
* She will call me in and say, “oh well we are going to get rid of so and so,” and I’m not bringing it up, but then the next day I find out they got extended.
* This is mostly about the staffing situation.
* My relationship with adam is also pretty good.
* Before Adam came we were really starting to lack communication, but it’s been better since he’s been there.
* I think communication has been better.
* We weren’t realy having staff meetings or information coming out, because Tonya was so overwhelmed with everything. I just think communicating everything going on was the last thing on her mind because she was trying ot get all the pieces together.
* Now that there is two of them Adam does a good job at communicating when policies are changing for example.
* It’s gotten negative on our unit.
* On days it’s more like everyone has a chance to sit around and talk.
* The negative thing on nights
* We had always been a cohesive group at nights, it was ap ostiive environment.
* Shift change and dealing with day shift can be negative.
  + The people who have been here a long time on day shift, it’s a negative atmosphere. When people come in, as soon as they come in, it’s just like, “what have you not done, let me pick apart everything you did on your shift.” I’m trying to hold the unit together and they are picking it apart.
  + A lot of them don’t want ot be there, if they don’t have patients they are upset if they do have patients they are upset. It’s just they aren’t happy to be here.
  + Last week, I had two brand new people who hadn’t been oriented at all and there was one other traveler who doesn’t know what she’s doing. I had a patient of my own with high risk issues. And then day shift comes in and they go to the back and come out yelling saying, “the OR’s not ready, i can’t believe this wasn’t checked.” THey just come in and.
  + It’s aggressive confrontational and accusatory tone. It’s running around frantically telling across the unit and being accusatory.
  + If things aren’t done I just do them.
  + If something isn’t done a few people on day shift will freak out.
* As a unit, the younger crowd has always been on night shift and that’s typical. Then by the time 15 years rolls around you go to day shift and it seems to absorb.
* I feel like my shift is very negative, it’s just hard to function and do my job while also trying to do everyone elses job.
* Why aren’t we going through and
* People originally come for four weeks, but then tey almost always extend but then they aren’t put through training or learning. If they are only staying for 4 weeks then they need to be able to pick up quickly. It needs to be a different process. It’s, “they are only here 4 weeks, we aren’t going to take the time to train them,” but why are they here if I need to do their job. Most people do extend after the 4 weeks. It’s we aren’t giving them orientation because they are only here for four weeks but they aren’t.
* Night is always positive and the people work together well it’s just that dynamic of having all travel nurses. I feel like I am
* We aren’t busy enough for them to remember how to do things from one thing to the next.
* No many of them won’t do babies or nursery and they won’t go to other floors. When we have to float it’s always me. The fact that we are hiring them to a unit like this, then they say they don’t have experience doing xyz, we shouldn’t be hiring them to this unit.
* The nurses they are bringing in have never taken care of a baby or postpartum. When there are three of them and no staff what then happens if a baby has to go to the nursery. Something is going to happen.
* It’s like a catty family of women. It has a lot of way to do with how our nurses station is. They sit in this bubble and they fight all day. It’s between each other too.
* They bicker with each other. When they are trying to divide patients up they are bickering about who is going to get what and we are standing there.
* They fight about their schedule a lot especially with the newer people.
* It used to be that we did our own self scheduling.
* A few of them are used to being way to concerned about other peoples schedules. They fight about who has too many days off and that does not happen on night shift.
* There isn’t any fighting amongst night shift that there is on days.
* There is a lot of
* There is a handful of people on days who run to management with issues instead of speaking to each other about the schedule and things like that.
* It’s a lot of running to them.
* The trust thing probably comes from Tonya placating people a lot. I don’t think she is super upfront about things.
* She does try to placate people and tell them one thing that isn’t always the follow through of what happens. The results don’t reflex her words and that hurts the morale more.
* I know that over the last few months I have had a
* Chros, our pay system went down and the way the whole thing was handled - this is why people leave. I have a bad taste in my mouth about it. They [leadership] were so nasty and mean about the same thing. I know how much is being spent on these travelers.
* The first paycheck they went down fine, but then the travelers were fired and I picked up a bunch of shifts and they said if you’re supposed to get more money, then tell us what you want above your paycheck. I put a very reasonable amount. And then I get an email back about taking deductions into account. It should have been totally fine. Then the next paycheck I got it seemed more than it should be and I thought it was miscalculated and they said they would figure it out when Chronos was running. They had no back up system. Then when they get back around they said that I owed them $4200 emails. Then I started getting nasty responses saying that I asked for two much money. The lady from payroll told me that we were so ungrateful and that we should be grateful that we still got paid when the system was down. They said I should have known all the tax deductions that they didn’t take into account with the base amount. The extra money that I asked for they ended up paying me on my next check.
* The way that they were wording it was that I was being greedy and that I shouldn’t have asked for so much money.
* We had a meeting and then the payroll lady was making comments like, “oh wow you get paid way more than us,” She kept blaming it on me asking extra money, I picked up to help and I wasn’t doing it for free and I needed the money. I should have had to wait to months to get paid for extra hours.
* They wouldn’t say that they were sorry or that they made a mistake. The way that they handled it, they are just going to keep handling staff.
* I am the only staff on nights and then they keep treating me like shit (HR/payroll) and people aren’t going to stay.
* They took the difference out of my last paycheck and they didn’t even tell me.
* They wanted to smooth it over so I think that’s why Elizabeth came to talk to me.
* The way that they handled the whole payroll debacle - they could have said they made a mistake, lets figure it out - rather than saying we shouldn’t have asked for money on top of our paychecks.
* The hospital puts them up. They are paying 11k a month for the travellers to stay in a hotel which they’ve asked to move from multiple time. They could pay less for their accommodations. They keep asking to get moved. They are paying a ridiculous amount for these travellers and then they are paying a ridiculous amount for these people to stay.
* We know how much the travelers are making and how much they are paying for the hotels and then they are coming to us saying they are going to take us to collections because they overpaid us. That’s putting a bad taste in our mouth.

Allison - dayshift - 16 years; was a travelling nurses

* Only been on days four years
* Majority of my times
* I feel like the nurses that I work with, we’ve worked together a long time. We work well together.
* Nightshift now, not so much. When I was on nights, we had more of a core staff.
* Now it’s more travelling nurses who don’t know how we do things.
* April is the only staff nurse on nights and she has to help all these travellers with their questions and our process of doing things.
* The day shift seems smoother than the night shift.
* There’s a lot of negativity in our department and across the hospital. I feel like there is a lot of unhappy employees.
* We still don’t have a contract for a union, we keep getting pushback.
* They send out these emails after we have negotiations to the whole entire hospital just with their side; the union is only nursing, it doesn’t incorporate the lab techs, so when they send these emails it’s very inflammatory against the union and making the union look like the bad guys. Everyone in the hospital gets those.
* People only get the organizations side - that’s been frustrated as a whole.
* NEgativity on our unit based on some of the management and senior leadership roles -
  + I feel like between management and the staff there is poor communication.
  + Passing along important information about changes has not been effective or not communicated at all.
  + The first two months of this year we were starting to see some change.
* The new supervisor Adam is trying to make some positive changes.
* Before COVID we weren’t having regular staff meetings.
* Tonya was doing a workflow wednesday email where things were posted in an email, but there was no way of having open communication. We couldn’t bring our thoughts and concerns to her.
* They change the way we were doing things in the OR when we were doing C-sections. I’ve worked here for years and we’ve always been given a drape to catch the baby and they decided we are going to use towels now. They didn’t communicate this to me and I was in a c-section and the tech was saying, “no we aren’t doing that,” and I had to run and grab a sterile drape to catch the baby. It creates dangerous situations when things aren’t relayed to us.
* Sometimes from our direct manager, the communication is disjointed. It doesn’t make sense. Face to face communication, she kind of talks around things. She wants to tell you what you want to hear but it’s not the truth.
* I think there is a lot of dishonesty - I don’t know where that stem forms. I see that in our direct manager, but does that extend into senior manager. We see it in our direct manager and you wonder how far it extends.
  + It’s just generally unethical.
  + Jayco was here a week ago and our manager was going around with the Jayco surveyor and was like we have a patient in this room this room and this room and we didn’t. And the nurse said, “oh i just sent that patient home.” Julie was with her and I was wondering why they were lying to the Jayco surveyors.
* I think our manager tells us things to shut us up if we have an issue but it doesn’t really go any further.
* A lot the day shift has been here a long time. It seems as though our manager doesn’t ask our opinion on things. We aren’t brought in on decisions that are made.
* She doesn’t bring us into the equation of anything that’s changing or anything thats new. It feels like we are disrespected in that regard. We are at the bedside providing care. We feel like we should be involved in some of the new things we are doing and the decisions.
  + In the last couple of months they have been trying to bring us in. Tonya invited me to a meeting last week. Thats a step in the right direction.
* Adam has been asking our opinions and he will bring us aside and get our thoughts. Or he will ask how does this work here.
* Tonya doesn’t ask us how have things worked in the past and how can we make it better. She’s never asked us our thoughts.
* We appreciate that Adam does that.
* Tonya doesn’t ask she just assumes she knows things, but I don’t feel like she does know.
* Our manager doesn’t delegate things to us. She just assumes responsibility. She says, “i got this all the time.” We would feel more respectful and empowered if we were delegated some decisions. It feels disrespectful. Our experience isn’t being recognized and we don’t feel like they care about what we’ve done while we’ve been here.
* We don’t have a charge nurse in our unit and a lot of times if the doctor calls and wants to put on an extra c section - we don’t have a charge nurse to say, “we don’t have the staff,” they have to call tonya. And i’m sure that’s frustrating for her.
* Tonya wants to please the doctors and then we don’t have enough staff and we have some problems. That has gotten better with having Adam available.
* In 2019 they come up with the idea of keeping neonates longer. They did this whole fundraiser saying we will be a level 2 nursery, but they didn’t ask our opinion at all. None of us have had the training to keep babies. They sent us these online training modules that we had to complete to take care of sicker more preterm infants - and that’s it. We can’t sufficiently take care of these infants. Then they said they wanted to send us to Davis to train, but we don’t have enough people to run the floor. We weren’t brought into the decision at all.
* Nobody involved us, doctors or administrators. We got all these funds for it, but can’t do that. Had they had brought us in we could have given them good info as to how it could work.
* We had a serious patient and there was a big debrief. The CNO was there. The nurses that were taking care of this patient on OB did not get invited. It was scheduled during a time they couldn’t even join the meeting. It was the doctors and admins patting themselves on the back about how good they did, and they didn’t invovle the nurses who actually were doing the patient care.
* One of the doctors asked Julie why the OB nurses weren’t invited and she said, “oh we are just really short staffed, so they couldn’t come.”
* Tonya talks about other nurses on her unit. She will talk about other people which I feel is unprofessional. We know who she likes and doesn’t like..
* Our raises are based on our evaluations by her, so if she doesn’t like you or has something against you, it doesn’t really matter how your performance is, she could give you a low eval and that affects your raise.
* There could be a better way to provide raises or compensation, if you butt heads with your direct manager and you are a good nurse.
* We advertise that we have lactation consultants. One of them scheduled a meeting with Julie and Tonya about getting and extra dollar or two an hour because they are doing the lactation consultant. They weren’t being recognized at that point it wasn’t even on their badge at that time. She scheduled this meeting but they just disrespected her request to recognize her as a lactation consultatnt when they were advertising for that service.
* There’s some really good travel nurses and some not so good ones.
* We had an issue in the fall around the time we did the survey. Traveling nurses were working night shifts and they were causing a lot of issues on the unit. They weren’t showing up on time and then leavin gearly to catch flights. All kinds of crazy things were happening.
* It was causing conflict on the unit. Those two nurses were black and our manager was black and it got made into a racial issue. One of our nurses complained about it and Tonya basically called her a racist and told her not to talk about it. It wasn’t racially motivated at all. They were leavin gearly and sleeping.
* There is conflict because we felt the girls were being unsafe but we didn’t want to go to our manager because we didn’t want it to be a racial thing. That caused a lot of issues on our unit.
* Tonya would say, “wihtout those nurses we wouldn’t have a unit,” but what about the nurses who have been here for 15 years. These nurses were bullies and they were telling us what their assignments were going to be.
* I told tanya I was intimidated by this certain nurse and she just blew it off, I feel like Tonya blows issues under the table and they aren’t addressed. We had to go above her head.
* A lot of the travelling nurses are refusing to take care of babies, i’m not sure how the hiring goes and it feels like expectations arent set with what they will be doing. They need to know what is expected of them.
* You don’t have the same resources as the large hospitals.
* For the most part the travellers are professional.
* The two people that got let go, i didn’t even want to speak to one of them because I was scared of her.
* I think shifts go smoothly.
* It feels like there is pushback from the traveller.
* The contract with the nunion is a huge issue and the honesty from management is the root of a lot of our problems.
* The failure to empower us and make us feel respected.
* I feel like we aren’t asked our opinions on certain travelers, who fits in and works well. They are a big part of our staff right now and we aren’t asked about it.
* They come in with the expectation of only doing labor.
* It’d be helpful if the manager and supervisor ask us what we think about certain travels.
* Sometimes their work ethic is lazy. One of them has said, “the reason I want to extend is because it’s not that hard or it’s not that much work.”
* I feel like our opinion working with them should matter.
* We have to rely on them and trust them. They should base their extensions on some peer feedback as well.
* We are a small hospital and we are relatively low risk. The limit of theh patients that we care for. I think we are pushing those limits. I think we are taking things on that are beyond our comfort zone - especially the infants.
* There could be more collaboration between the obstetricians and pediatriatans around high risk patients and if it’s approprioriate for them to deliver here.
  + We had a high risk patient a few weeks ago and she actually was an employee of the employee. They had meetings, but they didn’t include nursing or the people who were directly going to be caring for her. They said because of HIPPA and she’s an employee, but we should have a plan to take care of her.
  + I had to take care of the baby and we didn’t have the nursery set up appropriate. Had we been more involved, we could have provided better care. We could use some collaboration on OB, Peds and nursing in determining appropriate care. WE need to asses whether certain patients should deliver.

Valeria - 6 months ago in L&D

* There’s a lot of people who are very verbal and express the things they don’t like. I keep to myself.
  + There’s a lot of cussing and a lot of whispering going on.
  + You’ll walk away and then they are whispering about stuff going on. It’s not about me.
  + It’s a small space we work at the nurses station and hear everything. I don’t
  + It all centers around union and the travellers getting paid way more than staff.
  + They talk about travellers not being able to do certain things.
  + It feels like venting in a shared space and it can get intense and feel negative.
* There have been a few that have come from wherever.
* I can feel there frustration around the travellers.
* There’s a lot of negativity.
  + I feel lke it’s people who have been here a long time and they are just done. They are complaining about every little thing but it’s draining.
* Coworkers are upset because they don’t have a contract.
* The dynamic is good for the most part.
* I like my job so far.
* I am happy where I am right now.
* I feel like I communicate with Tonya and she communicates with me well for my needs.
* I hear a lot of things but don’t hone in.
* Tonya communicates well with me. If I need something, she follows through.
* I feel like she communicates well and listens to my needs.
* Adam communicates well with me. He’s very helpful with the nurses. He is very hands on from my observation.
* I feel like it’s cliquey in a way like vs. staff nurses or travellers.
* The travellers - we’ve had some that are really good, they are hands on and the staff nurses will say that about the travellers. It’s not like they are saying they don’t like you because they are a traveller.
* The traveling nurse's responsibility really falls on her.
* We had a group of travellers that all came from the same place. They aren’t hear anymore. They stuck to their group.
* A nurse will come out of a conversation with Tonya and be like, “what?” but she doesn’t address her concerns with tonya directly she goes back to her group.

Dr. Rudolph - 6 years -

* One of our strongest assets is that we are a tight knit group. We have a small team and so everyone knows each other well.
* Up until the staffing shortages, i knew the nurses well and they knew me which helped with communication.
* The staff nurses are very clinically strong, they care deeply abt hey are bright and skilled at their jobs. I trust them.
* The issue with the union is a weakness.
* I want to support our nurses, but I don’t have sway in the union areas.
* I’ve heard that across the board there were challenges around feeling valued and changes being made to their benefits and pay that they felt were unfair. Historically it let to them seeking the union.
* There is a contentious ffeeling betweein the nurses and the rest of the hospital in general. I think that spilled over into the relationships with the physicians even though they don’t influence adminstrimation.
* I always wanted to be an advocate for the nurses when I can be but my influence is limited.
* During negotiations you can tell the nurses were stressed. It affected the way we were communicating.
* The nurses were really unsatisfied and burned out. The morale of the unit became really negative.
* Then you add on top of that multiple years of negotiation while still being asked to show up and do your job everyday and then the pandemic. Now you have a group of nurses who are working really hard and feeling how they were feeling with the negotiations and now we are put into these conditions where everyone feels uncertain.
* I don’t think I’ve ever seen anyone do anything that was unsafe.
* Now we have a team that’s all travelers - it’s a new set of nurses that are rotating. They aren’t familiar with the place or how things work in a rural setting. That makes it hard.
* I’m sure our nursing staff that are there are stressed having to orient people about how things are done around it.
* We don’t know the travellers and how their communication is. There have been bumps along the way in terms of communication styles.
* I want to get to a place where the nurses and us are on a good page again. They are excellent on patient care and I want to get back to working together on that.
* I was coming in and didn’t want to spend anytime on the unit.
* It was negativity about everything, it was horrible to exist in an environment like that.
* It seems like things are starting to get better on their own.
  + I would walk in and say, “hey how are you doing,” and people wouldn’t respond or respond with an outwardly negative response. It was complaining about everything. It was horrible when we were busy or horrible when we weren’t busy.
  + There are systems issues everywhere.
  + There were people complaingina bout stuff that was broken and fixating on that, but they weren’t offering a solution.
  + If you only focus on the negative stuff all the time it’s just going to get you donw.
* There were a few times where nurses who I really thought I had a good relationship with misunderstood what I had to say; rather than coming to be they went behind my back and talk to someone else; so then i tried to talk to this person and they said, “you can talk to my union rep”
* I asked a nurse how she was doing today, and she started to complain about how this was horrible and i said, “let’s try to be positive,’ and I was told, ‘you can put that in your boot and smoke it.” I was just trying to come in and say hi and I was basically told to go fuck off.
* I work with that person still and I try to move beyond it.
* I try to tell them how much I appreciate them.
* There is less of toxic negativity that there had been for so long.
* I know there is interpersonal drama between the nurses, and I try to stay out of it.
* I think Adam has been an impressive part of positive change. He is a good layer in between tonya and the nursing staff. He’s a clear communicator and deeply cares.
* Adam wants to hear all perspectives.
* The travellers have been great, but people want colleagues they can get to know.
* I felt like there was less drama on the night crew.
* There are definitely more individuals on the day shift - I know that if there are certain combinations of people - there are people that stir up that drama. And then others are less interested in participating. Then we had night shift people who weren’t participating and then they got sucked into that drama.
* I feel like there is a time and a place to vent. Don't do it at the nursing station in front of everyone, or where someone can’t leave. Do it on your own break in your own time where people can leave or so it’s not overheard by patients and their family members.
* Sometimes it’s okay to vent, but when it moves to perseverating on the negative it affects the workplace.
* The travellers - I think there is a perception that they get paid better, get to pick their shifts, etc. and I don’t know the validity of it.
* I think our admin would rather pay staff nurses and wants to pay them fairly rather than staff with travellers.
* In the same way that there is drama everywhere, I think sometimes it’s hard to accept change in new people.
* Things are done differently in other places and our travellers come from everywhere - it’s nto a bad thing - but the staff nurses have all worked here a long time and I think they aren’t open to it.
  + There is a lot of talking behind someone’s back. Rather than saying, “hey you did this differently,” That person walks away and then there are 6 side conversations about it. It’d be better if we were just honest to each other to their faces.
* The travelers have brought more diversity in thought which I think is challenging to the staff nurses.
* I questioned how I was going to have a future here with all the negativity because the person helping me find fulfillment in my job was going to leave.
* I want our team to know how awesome they are and that they are so strong, but we could be so much stronger together if we could work more smoothly and if there wasn’t this negativity all the time. They are amazing nurses all fo them.
* I think nurses need a mechanism to share feedback in a way that actually makes them feel heard.
* The nurses contatnyl complain about administration, their salary and theri contract and all of that. And that doesn’t allow them to see anything positive.
  + The spilled over into them being mean about the patients. Like they will say snarking things about the patients or families - they aren’t using their most empathetic selves. They don’t say it in front of the patient but they bring it back to the nursing station.
* [regarding nurses] Rather than interpreting something and saying, “I bet so and so did this,” I wish they could give more of a benefit fo the doub. If you operate under the impression that nurses are hear to do their best you can get to the root of issues better when they occur.

Star - at barton for 5 years -

* I like that we are so small and get to do everything.
* I was anxious about coming down into an all female unit, but I tned to get along.
* There are some tough personalities on day shift.
* Adam has taken some stress of Tonya now that he can also work on the floor and Tonya can take on a more managerial role.
* The education could be better.
* It is hard working with new travellers all the time. It has been fortunate to have them resign on since they know the space.
* It can be difficult being the only staff nurse on at night with the travelers.
* Most of the travellers that we work with have been amazing. They bring in perspectfves from other organizations.
* A lot of the travellers have only done labor and delivers. They aren’t comfortable taking the babies. It can be detrimental on nights that there isn’t a core staff person.
* WE hear a lot from the travellers how other hospitals beat up on them. We don’t do that because we are so small.
* If the personality doesn’t fit they are doing one stint and then they are out.
* We had two travellers that were a problem - we felt like we were bringing up the issue and it wasn’t being addressed.
  + When issues were being brought up to subs, med serge manager, they said oh well “tonya okay’d it” but they were never looked into seriously and then it was like, “oh we are shocked.” One person spoke out for the whole group and she took the brunt and she had to get the union involved because she was the only one who spoke up.
* I feel like interactions between travelers and non-travelers are good.
* You have a lot of the day nurses who have been here many many years - they are the biggest push back on the unit when it comes to trying to change things.
  + If a new policy implementation was happening they like their communication to be a discussion.
  + There were months where Tonya didn’t have the time to do staff meetings, so some policies and reasoning behind it got left behind.
  + The day nurses say, “well why are we doing this?” I don’t feel like they realize how easy they’ve got it. On other units you get a policy and follow it and that’s it.
* As long as things are explained I think transitioning changes does end up working out.
* I don’t get why people can’t approach Tonya. I think most people clique very well with her. Tonya is very open and honest. She is one of the best nursing managers I’ve had in my career. She will answer questions honestly.
* There are nurses who have been in the unit for 20+ years and they see things as ,”this is how things have always been done,” I think they lack confidence in management because they’ve seen managers come and go.
* I’m very happy being in OB
* I think the day shift nurses want to do things the right way, they aren’t against doing things differently. I think they lack confidence in the unit as a whole and that’s why they aren’t as open to change. They haven’t been given opportunities to go through
* A lot of us has been promised education outside of here, but we under utilize our partnerships with UC Davis and others. A lot of the times are so shortstaffed we can’t bring people off to.
* I think they are afraid of not getting the proper training before things are implemented, like the class two babies.
* The problem i’ve seen is that when things are brought up by staff especially concerning travellers, they need to be listened to a lot sooner before things get worse. It’s not that we are picking on the travelers.
* In a female dept. Things get misconstrued or we aren’t getting to the point quick enough.
* For years and years it was just administration c
* I think the mistrust comes from the lack of union contract. It’s not from management. There’s lack of transparency from the administrative level.
* They could bring the nurses in when it comes to things like visitor policies - there was no representation of the floor nurses in those decisions.
* Now that Adams here I think Tonya can focus on more management things. We can have those staff meetings and open discussions.
* It’s nice to have Tonya on the floor.
* Tonya could be fostering that non-judgemental space where everyone is comfortable speaking up.
* There are the type A personalities (day shift nurses) that hound Tonya about something minimal in the scheme of things. That can get frustrating for the staff.
  + We had two surgical patients come down because the hospital was overflowing. Everyone was okay with it. The second patient was similar monitoring of the csection and she wanted pain meds every few hours. The nurses came in in the morning and one of them was just livid and she had read in the chart that this person had a cardiac history. She was very upset that the patient was down there. I’m sure she let tonya and adam have it.
  + Day shift is less comfortable working to help the entire hospital, they just want to work with labor and delivery patients. When these new patients come in their communication gets aggressive.
* The day shift nurses will freak out its a lot of ranting and we have a small nursing station and you just hope it doesn't’ go to the patients rooms.
* I think shift changes go fine.
* I’m a happy employee.

Rachel Williams - Traveling Nurse/day shift - not crisis - been here since november

* It’s a really little facility.
* The nurses know what they are doing.
* A lot of the girls that work here have over 10 years of experience. They know what they are doing.
* Some of the more veteran nurses, think, “this is how I’ve always done it,”
* Everything is pretty nice to me, but who knows what they say behind my back.
* It’s night shift that has the issues, because April is the only staff and then it’s the travellers. That’s stressful for the unit. April gets overwhelmed.
* It’s not the travellers fault, they don’t get orientation because they are originally going to be there for a month but they often extend and then they have to ask April for stuff.
* We have a nursery and when Tonya interviewed me she didn’t say anything about nursery expectations. To protect my liscense I can’t take on nursery outside of my competencies because I cna be held personally accountable where as the staff nurses are covered by the hospital.
  + I think it bugs the nurses that are here when I say that I can’t take on the sick baby, but it’s not personal, I’m just trying to protect myself and the patient.
  + Staff nurses say travelers need to not be rejected assignments, but it’s more about the interview and be more clear and get people with nursery experience.
  + It could be helpful to be more clear with the travelers, but it could be different with the crisis travellers. I think the girls at night refuse more with the babies.
  + The night travellers are very capable nurses but it’s just the traveler aspects.
* There could be more clarity in the interview process for travelers that you are going to have to take babies at some point.
* People are nice enough to me.
* There is more of a separation here between traveller vs. non traveller. It’s not everyone. Some of the girls used to be travellers so they get it.
  + There’s two different kinds of travellers there are the ones who work hard and then there’s people who are lazy and don’t fit in so they just travel around and now it’s more about money too. It’s a concern to get lazy nurses.
* There is tension between the staff nurses and travellers; There is definitely a divide.
* I’ve had to explain that it’s not my fault that I can't take a baby from the staff nurses.
* If there is an issue that I have with someone I try to reflect on myself and see if I made a mistake; I was taking care of a COVID patient, and it was a long day and I feel like I managed her well. She took the patient over and it was like the third degree in getting the report. I had forgetton to do something and she was all pissed off about it.
  + Apparently she complained about how this paitent was managed, and then she complained about how a doctor was taking care of someone.
  + Now all she does is talk bad about everyone and everything.
  + If you have an issue with how I managed the patient then she shoudl talk to me about it, because it should be about the patient. Obviously she didn’t have a problem, she just wanted to be mean.
* Now that Adam is here it’s easier for Tonya to divide and conquer. Adam has been good at approaching situations.
* I think there is this natural tendency for staff nurses to just say, “well you’re a traveller.” They recognize work, but theres a divide.
  + They talk about the travelers and be like, “well travelers don’t want to do this, or travelers won’t take babies,” but I’m there listening to this.” I know it doesn’t apply to me, but i’m still a Traveller.
* There’s pros and cons with Tonya.
* I think the staff get frustrated with Tonya - they feel like she favors travellers because she used to be one. She has more of a traveller mindset.
* The way she approaches things - she has a casual way about her - but being in the management position it messes her up sometimes.
* She’s overtrusting sometimes. She didn’t ask me any interview questions, she is quick to trust every traveler and that may not filter out the issues.
* I think she is trusting of travelers because she was a good one.
* Sometimes it’s hard to get a clear answer out of her. I had a schedule question and I came up with a solution and she just said, “i can’t deal with that right now,” it took me weeks to figure it out.
* You can’t get a clear answer out of her most of the time. Sometimes that’s kind of hard.
* Adam definitely wants to help. He’s doing all this for the right reasons. He’s a good person.
* Adam has never worked anywhere else other than Cedars which is the opposite of this place so sometimes he has a hard time rolling with things here.
* He has a reaction of, “well that’s not the right way to do that,” but that’s not necessarily true. He could be more open minded.
* The travellers I think argue with April around policies.
* I think everyone could be a little more open minded in general.

Adam -

* The nurses don’t feel like anyone is listening to them or that their concerns are being addressed.
* There is a mix between some really valid concerns and
* The morales are bad because people are saying the morales bad. If you say how’s your day today, people respond well it’s bad because two years ago xyz happened. They have a hard time recognizing that the day is great, because they feel like the unit is bad.
* They will be laughing and all in high spirits and then I’ll ask how they are feeling about Barton, and it’s a 180 shift.
* They are so married into the idea that Barton is a bad place that they can’t see any good.
* That has created a riff between the bedside staff and management.
* If someone on a great day says, “this unit is horrible and barton is out to get me,” but the hyperbole and exaggeration perpetuates the negative culture.
* I’m trying to push people past previous problems.
* Leadership needs a chance to make change.
* There is a subset of nurses who feel barton is the enemy and that things will never change and then there are nurses who feel barton is a great place and then there is another group that depending on where they are staffed with each day, their opinion shifts.
* The day staff nurses - it’s the language they use. They are based in history. They launch into the litany of wrongs about the discretions of bartons over the years. There is a lot of, “this happened 5 years ago.” Then I’ll ask them if they feel barton has changed since they and they say no, but can’t give examples of to how they haven’t changed.
  + It’s, nothing that barton can do would redeem barton in their eyes. This is the more tenured nurses on day shift.
  + There is really only one with their heels dug in - Barton could buy her a home and she’d say it’s a crappy home. - Tammy
* They are excellent nurses.
* They are incredibly strong nurses. I am proud of the work they do.
* There are so many things they do unprompted because it’s the right team player move to make.
* Tammy rolls her eyes and calls me out whenever I give her a compliment and says “oh sure Adam.”
* Tonya is so busy. I don’t think she had the bandwidth before Adam.
* The relationship between travellers and staff wasn’t good. There were travellers who were engaging in very unprofessional behavior.
* I’m trying to do some coaching.
* The travellers are making x amount more than the staff nurses then the staff nurses are wondering why the travellers aren’t working harder them then.
* There is a lack of flexibility coming from travellers and I think that’s because the travellers are coming from large institutions with more resources and staff. The staff nurses all bend, but the travellers won’t do it. Then there is the perception that the travellers are being more rigid and less helpful.
* The travellers - there is a perception that they can get away with murder because the demand for them is high - they aren’t as flexible with their schedule where even if it isn’t in the contract they refuse to work certain days. That would never fly elsewhere.
* There is a widespread perception that the travellers are treated better - they get to pick their schedules, are paid more and don’t have to be as flexible.
* When I was trying ot redirect some of the negativity a few weeks ago I brought on the on call - the initial response was, “oh well that just happened two years ago,” they are trying to discount the positives. Anytime I bring up a positive around Barton Health the veteran nurses find a way to discount it.
* Nurses tend to want to work days, and most places a nre only hiring for night shifts which is why it is the way it is.
* We could get people to come here and get hired if we had day shifts open.
* The crisis nurses are hired and they aren’t interviewed and they tend to be the least flexible. We can specify what we want, but sometimes the recruiters are not honest. That leads into the flexibility.
* There is a perception that Tonia isn’t transparent.
* They also feel Tonia is dishonest, but i have not seen that at all.
* There is a difference between being an amazing nurse and being an amazing employee. I don’t think people see that it’s more than just giving great patient care. It doesn’t end there is an element of professionalism in their overall behavior that is lacking.
* The Sunday - Tuesday crew and Wednesday - Sat don’t like to work with each other. The Wednesday - Sat crew, if i ask them to cover another day, they say they will do it but only for a day because they don’t like working with them
  + There’s a lot of talking about each other behind each other’s back.
  + They can be passive aggressive.
  + Some can be aggressive aggressive. Some take pride in being strong and standing their ground and now it’s crossing into being mean. One nurse, when I introduced myself, she introduced herself and her body language was aggressive and she said, ‘I’m tammy, I’m sure you’ve heard about me.”
    - She has embraced herself as the trouble maker and made it a part of her identify.
  + This all happens at the nurses stations.
* The lack of professionalism sinks into the patients room..
* One person was looking at the schedule and she said, “oh that christy is being such a little bitch, she’s taking the days’ i want to work.” She wasn’t going for a laugh there was no smile on her face. She kept going on about it.
* Or they will say, ‘i can only work one day with that girl but I wont’ do more because I can’t stand her,”
* I’ve noticed some of the language to describe patients in shift changes has been unprofessional. For example, making fun of someone for their education level or saying, “she’s horrible, goodluck.” The nurse sets up the new nurse coming on to look for those negative behaviors.
* If they [nurses] want to be truly heard and listened to with an open mind then they need to reciprocate that. It’s not management is always wrong and nurses are always right. You can’t expect management to listen if you aren’t providing the same respect.
* The nurses deserve and demand respect, but I don’t feel like they respect management and admins.
* The nurses speak in these absolutes like, “barton always does xyz,” and it creates the impression of a closed mind.
* My perception is that she has felt attacked by these nurses so she has put up a wall.
* One of the veterans told me point blank that she thinks tonya lies and that there is a lack of honesty, and then her coworker the very next day is saying, “tonya’s job is so hard, she’s been here more than any manager,” so that nurse was very appreciative.

I think there is some subtle bits of racism invovled with those who dn’t like tonia - it’s a 99% white instituion and she’s a black leader. The same ones who complain about tonia also complain very verbally about the travellers who are 50% black. It seems like there is some implicit bias at play.

We had two travelers start who both had similar strong personalities who felt they were too good to be here.

Julie -

* I think the nurses are very good nurses. They have good clinical skills.
* For the most part they work well with the physicians.
* What I’ve noticed in the department is that in general they have a hard time thinking outside of the box. In a way they have this short of victim mentality like, “nobody can help us, we are along, noboyd cares about us.”
* There are things people can do to help them but they don’t ask. They will say that the house supervisors can only answer the phone but that isn’t true.
* It can be well, ‘the night shift didn’t do this or this,” instead of saying “oh well night shift must have been busy.
* They said, “the night shift didn’t do anything all night, they were just shopping on their computers,”
* The shifts can be very critical of each other.
* Tonya is a good leader for them, but one of the things I have talked about in the evaluation is that she is very superficial.
  + There was a new regulation in 2020 that all proviers and staff that take care of patients have to take a course around racial bias in pregnancy. And I asked her if we were good to go and she said all the nurses were taking it. Then in late nov, we got something from the CA state attorney general that a Dr. had to attest that the staff had done the program. He gave it to me and asked if we had done it. I talked to Tonya and said, “did we do this?” and I had to ask her how we did it. She said it was in our ARC. The course didn’t meet the regulations and she was like, “well I know it didn’t but,” and so it wasn’t done. She very quickly took care of it, but it was a good example of that she does things at a 30,000 level and she doesn’t do a deep dive.
  + She doesn’t do a deep dive into things. With her folks, what I’ve seen is that she will come to me.
  + I will say that I came into OB and they will all in an uproar and then Tonya will say oh yeah I took care of it it’s all good, but then it keeps happening again. It can’t continue. We need to make sure something is sticking with that group. I am not convinced she knows how to do that.
* I’ll go in and make rounds and the staff will be saying, “do you know how short staffed we are today?” and they will be all clustered around this anxiety. And then I will say, “tell me what’s happening.” Then we talk through it and problem solve. Sometimes they can’t think through these situations. Then I will get with Tonya and she will say, “I know whats happening, i talked to them, it’s all good.”
* We aren’t being successful at getting the staff on an even keel on a consistent basis.
* We’ve never denied Tonia staff or giving her the resources she needs, but we can’t always find them.
* This is Tonia’s first management job - only 4 years.
* She isn’t very detail oriented. Tonia will have lots of verbal conversations with people and she doesn’t write things down, but then that conversation can change a couple days later.
* She doesn't need a lot of details so I think it’s difficult for her to understand that other people might need that.
* Tonia’s survey is one of the worst in the entire organization. If i had gotten those results I would have been devastated but she just nodded and said, “yup okay, yeah.” I don’t feel like she really took the results to heart.
* Adam is much more detail oriented.
* Sometimes the nurses love her and then other times they don’t. They will call elizabeth.
* The nurses believe she has favorites. So when they get frustrated they look at the person who isn’t getting them what they need.
* The nurses don’t really like the administration.
* The negativity has to do with the contract. They get frustrated because they’ve asked for it and it hasn’t come to fruition.
* When I go in,
* I make rounds and they are friendly and nice and I asked how they were dong and they said so far so good. Then we talked about the patients for a bit and then they were very friendly.
* Sometimes I walk in there and I feel almost immediately attacked. I’ll walk in and I’ll be like “hi just had a few minutes just wanted to check in,” and they just respond in a tone that says, “we’re really busy.” and they say, “yes we don’t know what we are going to do because we don’t have staff,” and then I’ll recommend calling the supervisor.
* So it will be that or the cold shoulder. There is one nurse that everytime I get in the dept. That she walks up and leaves.
* I offered to take flowers to a patient in OB and I walked in and she got in and walked out. I had to follow her and so I can give them to her so she can give them to the patient.
* It goes from cold to hot depending on who is around. If they are in a negative cycle they are mad at everyone. It’s, “the lab is late and I can’t find anyone,” etc. They get themselves into this cycle where everything is bad. Then somedays it is fine.
* The middle group that goes with the flow can easily get into the negative spiral.
* The positive people are more accepting of things not always being perfect and how do we maneuver through it where the other group is not.
* There are people in the negative group that hang on to things that happened even before I’ve been here. I’d go to OB and they’d give me this long elaborate story and as I dove into it I’d find out it happened like 10 years ago. They still tend to do that.
* Some people embrace the travellers because they are here to help and then we have people who say we just need to hire our own people and get rid of the travellers.
* The group that works together that’s very negative, maybe Tonia needs to think about splitting them up. I think because doing that might be disruptive in their lives outside of work.
* Tonia will say, “they are okay together, I told them to knock it off.” I have a feeling she uses that same phrasing with the staff.
* Tonia has the responsibility to shift the schedule arond.
* Relationships are good with the physicians.
* They are a bit scared of the high risk moms.
* They wear a lot of hats and I think that makes the nurses nervous about doing the right thing because they don’t have experience with everything.
* Sometimes the office is good at calling and saying we are sending this person over and sometimes they just show up. I think that’s still something we need to work on
* I think the staff feel communication is good and bad.
* I don’t feel the nurses feel prepared for nursery. I think they are competent but not comfortable. I think the staff fear that tomorrow we are going to just keep very sick sick babies the next day.
* Tonia’s role would be to communicate with them that that’s not going to happen. Tonia could help them see that it’s going to be a gradual change.
* There are people who think that if we don’t have a well mom or well baby we should just ship them out. But i dont’ think they take into account the travel and they wonder why we sent them there. The family is caught.
* I think the lack of trust comes from, “if you cared about us, you’d sign the contract.”
  + Every year we do a compensation analysis and adjust accordingly. We knew that nurses were giong to go up this year. They came up high. Elizabeth wrote a nice email and then the union letter came out saying that barton health had finally given the raises the union had been fighting for but they didn’t have anything to do about it.
* There has been an anesthesiologist that makes derogatory comments around administration. He’s said to me, “you just don’t care if anyone dies in OB.” - This is Peter DiGrande
* I wonder if they are a group that will only feel supported if they get everything they want.
* I am not sure how much Tonia takes coaching.
* The nurse that everytime admin walks up she leaves - One of the doctors wives here almost died at the hospital. He had openly said at a staff meeting about how grateful he was to Barton so people knew. He asked them about how OB was doing and that nurse said to him, “well you know things are not better just because your wife was here and now that your wife isn’t here, you don’t care about what’s here.” From what I know it was worded more harsh than that. So he didn’t go back there for five weeks. He just couldn’t go into the unit.
* I think they think that Barton is a horrible place to work and everywhere else is perfect.
* I don't’ know how to help them because I lobbied for them.
* It’s hard to figure out.
* I think that having not being other places the nurses don’t understand that they wouldn’t have what they have here.

Stephanie - came as a travel nurse four years ago - i knew I was going to do travel to staff here - 4 years - i quit to go back to being a travel nurse but now I’m coming back full time.

* I was in line to go to day shift and I was waiting 6 months, for my health I needed to go to day.
* Some of the travel nurses in the past have sucked and been horrible and they are getting paid three times as much as the staff nurses.
* They weren’t held accountable. I think that’s a problem
* I’ve seen accountability lacking with staff and travel nurses. There isn’t any sort of repercussion if you don’t do you job well or do the things you are supposed to do.
  + Like checks on the unit or stocking or things.
  + It may not be being relayed by management that it’s the travellers responsibility to do that kind of stuff.
  + I don’t feel comfortable trying to address with someone who is being lazy. It’s how do you approach those situations.
* I don’t think the staff members are good at confronting situations or setting ground rules with the travelers. There aren’t expectations set from the beginning.
  + I think we get frustrated.
* I don’t feel happy coming to work.
* I feel like I can’t trust the people that I work with when it’s me and just one other person at night. I feel like my license is on the line.
  + I’ve seen the way that they take care of their patients. It’s not up to standards or they don’t go in the room at all. It will be times when they won’t be in the room for 4 hours. They sit at the desk for four hours.
* I think our staff nurses are competent and care about the patients they take care of.
* If you are only going to have two or three nurses they better be good. There is a pressure around the dynamic of working in a small hospital.
* Night shift is only travel nurses for a year now. They are either really good or really bad.
  + I think there could be more vetting or more training.
* Adam has been good at making sure he’s present on night shifts. So maybe when they are starting out on their night shifts the managers could be around and that would create that accountability.
* We could go 6-9 months without seeing Tonia on a night shift and hse had a lot of responsibility so I don’t blame her, but it would have been helpful.
* I like Tonia as a person and most of the time as a manager.
  + I’ve seen text threads with her and other nurses that are not professional at all. Someone will be asking her a straight up questions and tonia will give a smart alleck answer or sassy answer. Maybe that’s just text but it feels that way.
  + She is responsive to texts for the most part.
  + She can be not very direct; sometimes with our policies the less direct the better but sometimes there needs to be clear answer and clear rules and clear decisions and how we do the schedule. There could be more cut and dry as opposed to this ambivalent anything goes.
* She could talk to people and have those tougher conversations - I don’t get the feeling that she enjoys them and so it’s not done.
* I think when someone isn’t performing well, she’ll talk them, but it’s direct enough to create change.
* I feel like the morale is better with Adam, i think he is trying to change things.
* I am optimistic about the way things are going now.
* If I was to go to Tonia with an issue about a specific person I don’t get the sense that would stay confidential. I think she might give enough information hat the person would know who complained. She wouldn’t be tactful in her approach.
  + I feel like this is a consensus around the union.
* There could be more accountability around professionalism from the staff nurses in general.
  + Someone might pick at someone else who doesn’t have the same belief and they will keep pressing on it and it makes it uncomfortable. Especially political conversations.
  + It creates some negativity and division rather than just talking about things at work that we aren’t divided on and find some common ground.
  + I see this in the day shift. There are a few people i regularly see it with.
* I think a lot fo the disgruntled nurses comes from the fact that there is no union contract. Nurses don’t feel valued.
* We don’t have a contract after four years it just feels like we are being messed with. I feel like Barton as a hospital has handled things has created these disgruntled feelings.
* Things don’t change because they can’t change due to negotiations.
* I like our unit overall. It’s going in a better direction.
* I just feel like Barton as a hospital has made a few changes
* Our morale in the unit would be better if we can get some quality staff members hired. That would help us have a more trusting and stable environment.
* It’s tiring to orient people and then they leave in three months.
* There isn’t any reimbursement or incentive to better yourself as a nurse on a personal development level. That may make or break me leaving here long term.
* I want Barton to live up to the other standards of other units.

Tatyana - travel nurse night shift - January - worked with Tonya in Riverside -

* I don’t see issues with staff and management.
* They have so many travellers that come from everywhere; crisis travellers get a day of training and we are thrown out.
* There are so many things that are done here and we are just going in there and winging it until a staff member tells us how to do it.
* There isn’t enough training, they are throwing people out to the wild and then we are asking questions to staff members and they don’t even know.
* People are just in and out of her so there isn’t enough training. There isn’t enough flow of patients for people to get the experience and then those people are left to man the floor.
* April is the only resource for night nurses.
* The mistrust comes from really bad situations. The nurses that have been here for a while don’t have the experience enough to guide people that are coming in.
* Star knows a lot but she doesn’t know much about L&D. They just aren’t getting the volume. Then I can’t trust Star. You don’t know who is going to give you the right answer for things.
* I feel Tonya’s leadership has to come more from what the staff members are saying - less of what she wants to do and more of what is happening.
* She wants to do so much, but she needs to work with what we have. It gets frustrating for us because she throws all this stuff on us. They are day by day but she is thinking 50 years ahead.
  + She wants to make certain protocols and put certain things in place but we don’t have the resources or people to do that.
  + She will say, “this is what we are going to do,” and everyone should agree that it’s useful for the unit. She has her own plan and just rolls with it. There could be more staff input.
* The relationship with staff when I got here was rough with tonia.
* The staff nurses have issues with change of things - even the travelers who have been here for a while. They don’t like change and so when there are things that are new there response is just to shut it down and say, “we don’t do that here,” and go back to what they are used to doing.
* Professionalism wise, she needs a little help dealing with these other professional nurses that are doing it as well.
* There is a natural conflict with the nurses who have being doing this so many years and tonia who is the boss.
* There is a complete divide with night shift and day shift. We are completely different animals. I feel like day shift has their own cliques and they run how they want to run.
  + The mornings they are catty -
    - For example, one of the nurses came in the morning and asked if we were busy last night then she says, I don’t know why anyone checked the warmer someone could have died. They like to search for night shift issues to bring to light so everyone can see that night shift didn’t do it. They are ridiculously minor things that they call out.
  + The teamwork on nightshift is way better.
  + Nightshift we are always ready to give them a report in the morning adn then it’s 7:15 and we still don’t have a report and they are mosing around to give us a report. I don’t think they respect our time as much as we respect theirs in the morning.
  + The day shift is more relaxed.
* I had a great experience on the mornings hift when I worked it. I never really have issues.
* I don’t see a traveler vs. non traveler divide.
* I feel like Adam let’s the nurses get away with a lot. Last night ge came to me and another traveller and he said hey I may need to move your shift, but in my contract I requested those days off and there is another traveller that says they just can’t do it. He doesn’t take conflict very well, he just lets nurses say whatever.
* He will circle back around, but sometimes I wish he would say things in the moment.
* He watches people come in at 7:05 and says nothing.
* He knows how to address things, but doesn’t address it in the moment.
* She won’t address things - she needs to hold people more accountable.
* Tonya - I feel like she makes me not want to be here, I know she has a lot on her plate, but it feels like she doesn't ant to be here and she drags around. She says she loves her job, but it doesn’t feel like she doesn’t like it.
* I know she loves her girls.

Shelamina - per diem nurse in september - last month is when I start - started orienting in Jan. I don’t have a regular schedule 3 days in a six week period

* I was told when I gave them my schedule that the asst. Manager didn’t think i could work that many hours on per diem. I didn’t realize there was a maximum amount hours, but we need you so lets get you on the schedule. He said he was going to look into that.
* The manager tonia is really flexible. She is good with me picking up with whatever hours.
* It seems like a lot of the nurses are travellers and I’m not sure how many nurses have a regular schedule and build a team.
* There isn’t a charge nurse and you come in and you’re not sure who you are going to work with that day. It’s pretty varied from week to week. There doesn’t feel like there is a team that develop that trust with one another beacuse they are working with different people all the time.
* The turnover rate is high which makes it hard to build trust.
* There are some travelers who seem to renew their contract, but for the most part it seems like they come and go.
* Having as many travellers as we have it feels pretty cohesive considering the challenges it can create.
* Traveling nurses have a different mentality because they come in, and they should have experience jumping from one job, but a lot of them come in with their preconceived ideas of how the unit should be and what should be provided - that’s a big challenge.
* The different personalities
  + There is one travelling nurse that I’ve worked with. I met her for the first time and I felt she was very self assured and she can come off as condescending. I feel like that can be how travellers are and they have to be very confident in their skills as a traveller and so it can come off as cocky.
* We have a lot of good traveling nurses.
  + The girls talk about her.
* For me a challenge with being new is being able to find supplies; things move from one location to another there isn’t a dedicated spot for things.
* When I interviewed with Tonia I really liked her.
* Adam is very easy to get ahold of and he’s very receptive to all my questions. I don’t think i need anything.
* I have a good relationship with Adam.
  + He is quick to give you kudos, but yet he is also quick to let you know if there is something that needs to be change.
* I really like him and I think he’s good for the unit. I feel like he’s worked out really well.

Alison - came as a traveller and stayed - was on nights up until October of last year

* We feel like our manager is not trustworthy at all. I feel like she is dishonest about a lot of things.
  + For instance, during the JAYCO survey, she lied to JAYCO and said that every single room was full.
  + She will lie in people’s files to help them out. She has lied on classes before to say someone had a class that they didn’t.
* I think she is a dishonest person in her role.
  + She has created a lot of conflict between employees by gossiping with certain people and telling them dishonest things. Then the person is upset with someone else when it’s not true information.
  + I feel like Tonia has people that she favors.
    - The clerk and her are good friends and we are going to Tnoia about it and she is constantly protecting.
    - We can’t go to her for things because it doesn’t feel like she has our backs.
* Tonia told me that April was complaining about my schedule which was not the case at all. It’s constant gossip and you don’t feel like you can trust her.
* Her communication style is terrible. It’s like talking to a teenager. She doesn’t speak to us in a way where we are understanding.
  + I was in the OR with a patient. This patient was an employee at the hospital. They knew she was coming in and was high risk. Adam, Tonia the CNO and Doctor were all meeting about her and were making this plan that the nurses were not included in at all. The morning I showed up, I took her as my patient and I had no idea what the plan was other than she had diabetes. Which was not the case. I guess she didn’t want us to know about her problems.
* When Tonia communicates it’s a style where I don’t understand what she is saying. She uses a lot of slang.
  + We were in the OR and she took over where it was my position to be taking care of this patient and she took over the baby. And I told her we don’t weigh the baby in the OR and she was like, “girl, bye.”
* The communication from Tonia is non-existent.
* Since Adam started has been better. He does try to get our input and listen to us and put our needs first. I’ve never felt that way with Tonia. I feel like I can trust Adam.
* Me and Stephanie were alone at night. We came into the shift where there was a health patient that was already there who we knew was not well and we knew she’d need two people. There was another patient scheduled for an induction that didn’t need to be induced, that we asked if we could put her off because we were worried about the patient. Tonia was like, “it’s totally fine.”
* This health patient ended up getting super bad and we were with her all night and she almost died. The next day they had a debrief and me and Stephanie weren’t even invited and didn’t know about the meeting. Tonia was included and she wasn’t even there.
* I feel like Tonia is unprofessional - she will gossip to us about other nurses. That’s where a lot of the lack of trust for me comes in. She is obviously doing that about all of us.
* We should be able to go to her without worrying she is going to go to other people.
* Working at night we’ve had issues with unsafe, horrible travellers that we’ve gone to her about. We had a meeting with Elizabeth about a couple of them. It feels like what we say or feel about these travellers doesn’t matter at all. She will renew them.
* April is stressed out at night. She is by herself with all these travellers and they don’t get any training. I don’t think April feels supported.
* When I was a traveller I did have some sort of orientation at least so I knew where things were and didn’t have to rely so much on nurses.
* I feel like when we go to her with stuff she just makes us think we are silly for complaining. She brushes a lot of things off when you communicate issues with her.
* She was a traveller herself and it feels like she cares about what the travelers need more than the staff nurses. With the schedule she’ll give the travellers whatever they want and we have to move around them.
* Our whole night shift is travelers.
* It doesn’t feel like we can go to Tonia about the travelers and I think that creates a divide. They are all nice people, but it’s frustrating.
* The whole meeting we were having about the travelers that got fired - we felt like Tonia was the reason Tonia got away with so much. She would sign off on their timecards beforehand. When all this was said and done, nothing came out of it showing she was involved and so that was frustrating.
* I understand the travelers role.
* The day nurses can be a tough crowd in terms of accepting new people and change in general.
  + They are all really hard workers.
  + Coming to days was a hard decision because I was nervous to work with that group of women.
  + A lot of them are bullies. They don’t make you feel like a part of the team.
    - One of our employees who ended up leaving was deciding not to do the union, so one of our nurses was saying that we should post her name everywhere and make it known.
    - A few nurses made their lives difficult. They would stop speaking to her or say rude things to her to make her feel uncomfortable.
    - There are certain nurses who will talk crap behind your back or ignore you and then others who will say something to your face.
    - The schedule is the worst part. They get what they want and if you are trying to change that in anyway it gets heated. They get 8 weeks of vacation a year and so new staff came in and we didn’t have anything to choose from and nobody would give us a vacation. So the entire year is taken for vacation.
  + They are all friendly to me, but it was, “you aren’t going to get what you want with the schedule.” the attitude is, “this is how it’s going to be.”
* They [the day nurses] weren’t welcoming with Adam. I don’t feel they are willing to change or hear what he is trying to say.
* The day shift nurses are definitely not welcoming to new people from the outside trying to change things.
  + The doctors have experienced the rude comments as well. Sometimes you’re like, “did you seriously just say that.” It can be very unprofessional.
  + It’s really negative in general from the staff nurses.
  + They’ve been there forever so they also don’t like any change.
* The travelers we have now, the interactions are fine.
* There are a couple travellers that think they can do whatever they want and refuse assignments and April sees the brunt.
* We aren’t trained for NICU and I feel lit’s doing a disservice to the patients.
* Changing the colors on the schedule was a big deal with the veteran nurses.
* They are difficult people.
* The nurses should be included on decisions because we are ht eones taking care of the patients.
* We need to know that we can go to management with a concern and not get it relayed to other people.
* We just want to feel supported and want to change things when we have concerns as opposed to brushing it off like it doesn’t mean anything.
* Positive feedback would be nice every now and then. That’s pretty rare.
* Adam has been good at the positive feedback; it seems like it’s lifting up the unit a bit.
* I think people aren’t trusting Adam yet because he hasn’t proven himself. I think he is trying to do god things
* Adam is good friends with tonia so it’s hard to know if we can trust him or if he will go to tonia.
* We never hear anything good about ourselves, so that can get old.
* One of our nurses - I as there when she wrote a verge about them - it was only written because she had gone to Tonia multiple times around being late, being on their phones, on facetime, not taking patients. She finally wrote a verge so it would go somewhere and it cam back that instead of having any support with that. The travel nurses went in and talking to tonia and said that the nurse who wrote the verge was racist and Tonia didn’t support the staff nurse at all she just said, “don’t even go there, shut your mouth,”
  + When we held a meeting about it she was sort of denying it and acting like we had not gone to her multiple times before the verge. When she’s in front of the right people she knows what to say.
* Elizabeth Stork is the only one we feel like we can trust.
* I feel like Tonia is a really great bullshiter and can get herself out o fhtings by lying and talking her way out of things.
* I think Tonia creates the conflict between the nurses. The gossiping from her. She makes people feel really negative about work.
* Tonia told Christy I said she didn’t feel she was doing a good job on thes schedule and that’s why Tonia had me take it over. It feels like tonia is instigating the drama.
* There are silly things that the day nurses get into about like vacation schedules. It can be annoying being on days and listening to that.
  + When there is conflict it happens in the open and it’s frustrating. Some of the stuff that’s said is unprofessional and it could carry into the patients rooms.
* There is a lot of disagreements politically. They are aired in the nursing stationg.