

Nursing in a Clunky Machine

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NURSING IN A CLUNKY MACHINE

We have gathered countless studies on this condition. Burnout.

We have carried this knowledge for decades.

Now nurses raise their voices with full force.

We call out with everything we have left.

Yet our voices drift into the vastness of the night, absorbed by an American healthcare system that consumes more than it provides. A system poorly designed as a noisy, inefficient, guzzling lumbering machine that devours attention, energy, and human souls.

In that roar, our cries lose their shape. Our voices become buzzing cicadas on a summer night. The machine has learned to absorb every signal without transformation. It has become a machine in motion that refuses to change direction. A machine that resists signals and alarms of pending derailment.

We live in a society where even most human calls become another vibration inside a structure that cannot see, feel, or hear.

Allow me to share a personal experience, being aware conditions may have changed since then, or that this experience may have been a rare four-year-period in my career.

The last time I felt heard as a nurse came during my years in hospice a few decades ago. I worked under a manager who understood that real care cannot be forced into a single pattern or follow narrow protocols. I was allowed to shape my days according to the needs of the people I served. Some patients required close attention. Others could be followed with more space. This was true equity, a way of honoring the reality that every human being carries a different story and a different level of need.

I worked within a real interdisciplinary team. A medical doctor. A social worker. A chaplain. Two licensed vocational nurses. Three certified nurse assistants. Counselor and grief support coordinator. Each person brought a different form of knowledge. Each person

carried a different way of seeing. The doctor visited my patients every quarter. I visited them according to what their condition required, from daily, to twice a week, to weekly. The doctor had no insecurity and recognized that I knew these patients at a deeper level. Every recommendation I made was trusted.

When a patient or a family entered a moment of crisis, I could send one of the licensed vocational nurses to my least critical patients while I focused on the person who needed me most. We met every week as a team to discuss our cases. Every voice in the room was valued. Every form of expertise was welcomed. Together we found solutions to challenges that no single discipline could solve alone.

This was a well-oiled machine. This was the last time I witnessed one. It was the last time I felt that my nursing skills and experience made a real difference. It was the last time I saw a model of what healthcare could become if it honored the full humanity of both patients and health care providers.

Although this work carried immense emotional weight, this was the last time I did not feel emptied by the end of the day. I felt supported. I felt respected. I felt valued. The recognition came from the system around me and from the people I cared for. It was real. It was earned through presence, through skill, through the simple act of showing up with my full humanity.

It was nothing like the disingenuous gestures handed out today. Not the cards that appear during appreciation week. Not the cheers and gratitude offered by managers in staff meetings right before they inform us that we are falling short. That we are not meeting metrics. That we are not performing to our full potential.

In hospice, the acknowledgment was part of the work itself. It lived in the trust of my team. It lived in the gratitude of families who knew I was there for them in their most vulnerable moments. It lived in the freedom to practice nursing as a craft rather than a sequence of tasks.

That period remains the last time the system felt aligned with the purpose of care. The last time the structure around me supported the work instead of draining it. The last time I felt that my presence carried weight in a way that could not be reduced to numbers on a report.

Nurses carry a form of resilience that cannot be questioned. It is shaped through years of study that demand a rare combination of intellect, endurance, and emotional grit. A

nursing degree is known as one of the most demanding paths a student can choose. It requires immersion in anatomy, bio and organic chemistry, pathophysiology, microbiology, pharmacology, and learning a new, dense architecture of medical language.

Yet the education of a nurse is never contained within classrooms or textbooks. It unfolds in clinical spaces where students encounter the full spectrum of human experience. They witness bodies in crisis. They witness suffering that has no clear explanation. They witness the final moments of a life. They learn to steady their hands and their minds in situations that would overwhelm most people.

Through this training, a nurse begins to understand that knowledge alone is not enough. The work requires a capacity to remain present in the midst of fear, uncertainty, and grief. It requires the ability to act with clarity when the world around the patient is falling apart. It requires a willingness to meet each person as a singular human being rather than a task or a diagnosis.

This is the foundation of the profession. A preparation that shapes individuals who can hold the weight of another person's vulnerability without turning away. A preparation that brings forth a resilience that is not loud or performative but ingrained into the very identity of those who choose this path.

But the American healthcare system asks for more. It takes advantage of that resilience. It has grown into something that consumes without limit. This did not arise from a single moment or a single decision. It emerged from decades of policies shaped without foresight, leadership that could not see beyond the next quarter, and a culture that rewards accumulation over care.

Political greed.

Pharmaceutical greed.

Diagnostic testing greed.

Health insurance greed.

Executive greed.

Organizational greed.

Each sector claims innocence. Each sector points toward another source of blame. Yet every one of them contributed to the creation of a structure that no longer resembles a

system of healing. It has become a vast machine that grinds forward with its own momentum. A machine built from flawed incentives, broken priorities, and a long history of decisions that favored profit over human need.

This machine does not pause. It does not reflect. It does not recognize the cost it imposes on the people who keep it running. It expands and consumes, and in its expansion it reveals the truth that the burden placed on nurses is not an accident. It is the predictable outcome of a structure that values output more than life.

The result is a creation that feels immense and unfeeling. A creation that demands more energy, more labor, more sacrifice, even when those who serve within it have nothing left to give.

Now the question arises. How do we work to make nursing respected, valued, and heard? I understand the dismay that lives in many of us. I understand the cynicism that has entered our profession. I understand the hopelessness that moves through conversations with peers who feel worn down by a system that refuses to listen.

Yet solutions do not emerge from scattered cries. They do not emerge from each of us sending our own separate signals into the air. My suggestion is simple in form and immense in consequence. Let us gather our voices into one. Let us bring the many buzzing cicadas into a single living organism. Let us awaken our collective giant, a presence that carries more force than the American healthcare machine.

This requires that we stop the inner conflicts among ourselves and among other healthcare providers. These conflicts are the predictable behavior of groups that have been oppressed down for too long. They drain our strength. They divide our attention. They keep us from recognizing the power we already hold.

The friction between the American Medical Association and the Nursing Medical Association must come to an end. The American Medical Association has carried its own history of pressure from political forces, corporate influence, and a system that often treats physicians as cogs rather than healers.

An organization shaped by that kind of weight should not direct that same pressure toward nurses. When one group that has been oppressed down begins to oppress down on another, the entire structure becomes weaker. The path forward requires recognition that both professions have been shaped by the same flawed system.

The American Medical Association must release its ineffective century-long grip on outdated forms of authority and allow nurses to stand as full partners in the work of healing. Only then can both professions rise together and guide the transformation that the American healthcare system desperately needs.

We must direct our energy toward the structure that oppresses all of us. We must show that our resilience is not a willingness to absorb more pressure. Our resilience is the ability to reveal our worth. We have value. We have skill. We have experience. We have knowledge. Without nurses, the system collapses. Without nurses, the system becomes distorted. Without nurses, the system loses its balance.

Only when nurses stand in collaboration with every medical discipline can we guide the path forward.

Only then can we offer the best chance for our patients, for the American healthcare system, and for society to repair this hideous, guzzling, clunky, oil dripping machine.

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