Australia: Unions stifle struggle by NSW nurses

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In the wake of a state-wide strike on November 24, nurses in New South Wales have been diverted into the dead-end of government-union negotiations, which will fail to address the immense funding crisis that has brought the public health system to the point of breakdown.

The NSW Nurses Association (NSWNA) has made the axis of an industrial campaign a demand that the NSW state Labor government agree to a mandatory nurse-patient ratio of 1 to 4, which has existed in the neighbouring state of Victoria since 2001. Immediately following the November 24 strike, an undertaking by Premier Kristina Keneally's government to include staff ratios in negotiations was used to call off any further industrial action.

Tens of hours of talks have reportedly taken place since, which are scheduled to conclude on December 7. To date, the NSWNA has not revealed what agreement, if any, has been reached.

As they drag on toward the New Year, the negotiations have become the mechanism for suppressing the frustration and anger among nurses and midwives that was reflected in the overwhelming support for strike action last month. A mass meeting of over 5,000 nurses in Sydney heard colleagues from various hospitals recount examples of the appalling pressures they face due to staff shortages.

A nurse from the coronary care ward at Liverpool Hospital in western Sydney described a recent night when her ward ended up with just three nurses instead of six, due to nurses on workers compensation not being replaced and others calling in sick. "Our major problem, day after day, is replacing sick leave," she said.

Luke, a nurse at the emergency department of the regional Orange Base Hospital, told the meeting: "We do a morning shift now with four staff, night shift only three. Our patient admissions are between 60 and 100 per day… At any time with our current staff ratios, we can be anywhere up to one-to-six patients. These are acute and cardiac patients."

Luke described how understaffing had led to nurses working between 6 to 18 hours overtime a week to ensure that the ward could function.

Jo, a nurse who works in the eight-bed observation area of the emergency department at the small rural Kempsey Hospital, reported that desperately needed additional staffing, which had been finally agreed to after three years of requests, had not yet been seen due to administrative delays.

She told the mass meeting: "Some words come to mind when I try to describe what it is like: fear, frustration and exhaustion… We have only three nursing staff rostered to work on a morning and evening shift and this drops to only two most nights. One nurse is on triage and the waiting room, another is responsible for the resus [resuscitation unit] and two acute beds. So that just leaves me with up to eight patients to care for…"

She described how it was commonplace to work eight-and-a-half hours without a break, and then be asked to do overtime.

"As nurses we must say: 'no more'," she said. "We will no longer tolerate a health department that puts budgets before life and limb. We deserve the right to first class health care."

Vicki, a midwife at the St George Hospital in Sydney's east, described how during the last two years workload had increased but staffing had gone down. "There is one midwife to six or seven mothers," she said. "Babies are not included in our workload, so therefore we have a ratio of one-to-12, or one-to-14… That is what is expected of us… Our work is unreasonable, unrealistic, unfair and unsafe."

Articulating a broad sentiment, she stated: "The reason we take sick leave is because we are stressed. We have headaches, migraines, insomnia, we're upset, angry, frustrated… you can't go and care for people when you're in such a state… We are at breaking point."

The tremendous stress imposed on nurses by staff shortages is one of the glaring deficiencies in health care provision. At the same time, however, there are not enough doctors, not enough beds, and not enough resources to cope with the rising medical needs of a growing and aging population.

Statistics published on December 1 revealed that emergency departments at major Sydney hospitals are incapable of treating

patients with potentially life-threatening conditions within 30 minutes of their arrival. On average, only 69 percent of patients were seen by a doctor within that time-frame. On average, 36 percent of the patients who arrived by ambulance were not even transferred into an emergency ward within 30 minutes.

According to the most recent survey by the Australian Medical Association, the number of hospital beds available in NSW fell in 2008-2009 to 2.6 per 1,000 people.

The NSWNA is promoting illusions that a better nurse-patient ratio would mean the large-scale hiring of new nurses. But even if this is promised, the Labor government will make no commitment to the necessary increases in health care funding required to finance the new nurses, doctors, facilities and wards.

Every area of public spending is being targeted for cost-cutting in Australia and around the world. The working class is being made to pay for the multi-trillion dollar hand-outs provided by governments everywhere to the banks and corporations in the wake of the global financial crisis. In Britain, for example, the new Tory-Liberal Democrat coalition government is already targeting 27,000 National Health Service jobs.

California is another case in point. At the mass meeting in Sydney, a representative of the Californian Nurses Association described the introduction of staffing ratios as a tremendous gain for nurses in the most populous American state. This month, however, the Californian state government announced an emergency budget that will slash health care spending by as much as $7.5 billion, on top of billions of dollars in previous cuts since 2008. As many as six million Californian children covered by the public Medi-Cal scheme will have doctors' visits limited; costs will soar for adults covered under Medi-Cal; and certain medicines will be removed from a prescriptions scheme.

Cuts to health care spending are also planned in Australia as part of the Gillard Labor government's agenda of bringing the federal budget back into surplus by 2013. The NSWNA and other health unions have prevented any frank discussion among nurses and health professionals over the implications of the so-called National Health and Hospital Network Plan, which has been agreed by all the states except Western Australia.

Gillard's plan is not aimed at increasing health care spending, but rationalising and reducing it. In exchange for a federal government takeover of funding for public health, hospitals will have to operate under the "casemix" funding mechanisms that were developed and imposed on Victorian hospitals in the 1990s.

Casemix will mean that hospitals will no longer receive block funding grants, but be paid the most "efficient national price" for a particular procedure. The "price" of an operation or course of treatment will be determined not by what is required to provide the highest quality care, but by the lowest cost. If the treatment costs more than the pre-determined price, hospital administrators will have to cut spending elsewhere.

The casemix system has dramatically increased pressure on hospitals to discharge patients as quickly as possible and ration admissions for complex and higher cost procedures. Patient readmission rates in Victoria are 6.2 per 100 compared with a national average of 3.7 per 100, which suggests that patients are regularly discharged too early.

At the same time, there has been a cutback in the number of hospital beds. Victoria has the lowest number of beds per 1,000 people in the country—just 2.4—and recent studies have revealed long waiting lists for access to both emergency wards and elective surgery.

The NSWNA is collaborating with Gillard's nation-wide health care restructuring. It has described its demand for a lower nurse-patient ratio as a necessary measure to standardise conditions between NSW and Victoria and thereby facilitate the drawing up of an "efficient national price" for procedures.

Gillard's entire agenda may yet collapse due to last month's defeat of the Labor government in Victoria and the likely removal of the Keneally Labor government at the NSW election in March 2011. What will not change, however, is the determination of every level of government to ration health services and starve public health care funding in order to meet corporate demands for balanced budgets and lower taxes.

A genuine fight to defend public health care can only proceed if it is based on the fundamental principle that high quality treatment, including access to the latest medical technologies, is an essential social right in modern society, which must be guaranteed free to all.

To defend this right, committees of nurses, doctors and support staff should be formed, entirely independent of the various health unions and functioning in the closest collaboration with workers and youth in every community. A campaign of unified political and industrial action against the state and federal governments' attacks on public health should be developed, including a national ban on the implementation of casemix. Such a campaign must be grounded on the fight for a workers' government with a socialist and internationalist program.