Australia: New South Wales nurses union shuts down action over staffing

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The New South Wales Nurses Association (NSWNA) suspended a campaign of industrial action at public hospitals on January 12, after the NSW Labor government agreed to negotiate on the union's demand for a staffing ratio of one nurse to four patients to be included in a new workplace agreement.

On January 4, the NSWNA council had called on nurses to close beds, after the state government refused to respond to a NSW Industrial Relations Commission (IRC) recommendation that it make an offer by January 13. By January 12, 573 non-emergency beds had been closed at 68 hospitals.

The bed closures followed one-day strike action by NSW nurses last November 24—the first nurses' walkout since 2001. While called over the staffing ratio demand, the overwhelming support for industrial action reflected the frustration among health care professionals over the dysfunctional state of the health system. Decades of cost cutting, including outright hospital closures, have created conditions where there are not enough doctors, nurses or available beds to cope with the demands of a growing and ageing population.

Nurses are regularly expected to care for anywhere between five to eight patients and to work excessive amounts of overtime. Doctors often work 24-hour shifts and 100-hour weeks. At the same time, tens of thousands of people languish on waiting lists for elective surgery due to bed shortages.

While nurses are legitimately fed up with the conditions they face at work, the campaign of the union for a nurse-patient ratio is not aimed at challenging the systematic running down of public health. Without a corresponding increase in health care funding and the hiring of more doctors and nurses, a 1-to-4 ratio will only lead to fewer beds being made available for needy patients. In the state of Victoria, where a one-to-four ratio was introduced in 2001, there is now a lower number of beds per 1,000 people than in NSW; patients wait in emergency rooms longer and are discharged sooner; and the state has even longer than average waiting lists for elective surgery.

NSW Labor premier Kristina Keneally told journalists on Wednesday that the government offer to the NSWNA would include the hiring of additional staff. Minister for Health Carmel Tebbutt stated on January 6, however, that the ratio would require the employment of 6,000 more nurses, which was "unachievable" due to budgetary constraints.

The real agenda of the union is to use a mandatory ratio as a selling point to lull nurses into accepting a behind-the-scenes deal being worked out by the NSWNA and the NSW government to implement the federal Labor government's National Health and Hospital Network (NHHN) plan.

Notwithstanding its rhetoric, the sole aim of the Gillard government's health care agenda is to cut costs. The National Health and Hospitals Reform Commission (NHHRC), which drew up the NHHN plan in 2009, predicted that the national health care budget could be slashed by between $300 million and $1.5 billion by introducing the casemix model that operates in Victoria.

The Keneally government has agreed to the terms of Gillard's plan, under which the federal government would keep 30 percent of the Goods and Services Tax (GST) revenues it currently pays to the states, in exchange for Canberra taking over the national funding of health care.

Funding would operate in a similar way to Victoria's "casemix" system. Under casemix, hospitals no longer receive a block grant to cover operational costs, but are paid a specified amount per hospital service or procedure. The amount would be determined by a so-called "national efficient price", or the lowest amount a major hospital needs to provide a particular service or procedure. If hospitals spend more than the efficient price, they will be compelled to cut costs in other areas. Since casemix began operating in Victoria in the 1990s, the overall costs in Victorian hospitals have fallen, and are likely to become the benchmark for "efficient" pricing.

Despite Keneally's backing, Gillard's plan currently has no formal signatories from any of the states six months before it is due to begin. Western Australia has been consistently opposed to the plan since it was brought forward last year; the new Liberal Victorian government is voicing opposition to handing over GST revenue; and with defeat likely for Labor in NSW in the coming March election, the NHHN may never proceed.

Gillard's cost-cutting agenda will, however, remain. Internationally, health spending is being slashed in order to balance government budgets and impose the burden of the global economic crisis onto the working class.

On Monday, California's new governor, Gerry Brown, announced a massive $12.5 billion cut to the state's budget, including a $1.7 billion

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cut to Medi-Cal and an 8 to 10 percent wage cut for most of those employed by the state. “These cuts will be painful, requiring sacrifice from every sector of the state,” according to Brown, “but we have no choice.”

The fight to defend public health care cannot be advanced anywhere in the world purely on the basis of an industrial campaign over staffing numbers—as important as that might be. What is contained in the NSW nurses’ dispute, and what the union constantly attempts to cover over, is the most critical issue of all: who controls the resources that are necessary to provide free, high quality health care for all. Health workers, including doctors, nurses and paramedics, are coming into conflict with the profit system itself and its direct political representatives, namely, the Labor government.

The first step nurses must take in developing their struggle is the creation of independent nurses’ committees, whose aim is to link nurses with doctors and other health care workers across Australia on the basis of a socialist and internationalist perspective, aimed against the Labor government’s cost-cutting and privatisation agenda and the private profit system itself.

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The *World Socialist Web Site* spoke this week with nurses who were critical of the union’s campaign and the developing crisis in health care.

A nurse who works in the cancer outpatient section of the Royal Prince Alfred Hospital said: “A ratio of one to four would create better working conditions but there are other issues as well. Is there really going to be enough funding for the necessary equipment? There are all sorts of other funding issues that go on as well. In lots of ways that’s only the tip of the iceberg, really.

“Is the funding going to be provided to universities for more nursing training? Are they actually increasing the places for nurses? We certainly do need to have more nurses to come into the profession, but it’s a matter of keeping them here.

“The NSWNA do talk about Victoria, but in a very positive light and they are completely fudging or not even mentioning things. There’s been an improvement in care, they say, because there are enough nurses to be able to care for these patients, but nothing is mentioned about the fact that people are being turned away from emergency, or from other wards, or that operations have been cancelled. It’s not been brought out that that’s going to be the result of this cutting down of one nurse to four patients.

“In Victoria the ambulances are lined up outside of emergency departments and are then being used because patients can’t get into the hospital because there are no beds available and there are not enough nurses, so the ambulances are being used as an extra bed virtually and that’s not even raised by the NSWNA in any of their correspondence that I’ve read.”

A mental health nurse at Blacktown Hospital also spoke to WSWS. In October last year a fellow nurse at his hospital was attacked by a patient while working alone, sparking an outpouring of anger from staff over the chronic understaffing at the hospital.

“When they talk about 1-to-4 they’re not saying what that one is—whether it’s an enrolled nurse, a registered nurse or an assistant at nursing. And when we ask them, they just refuse to answer, they say ‘that is going to be worked out in the future, this is the figure that works in Victoria and in Victoria they deliver a heath surplus every year so surely that’s the answer.’ They keep referring us back to Victoria and any old nurse knows if you’re running at a surplus you’re not giving care to someone who needs it.

“One-to-four sounds fine until you start thinking about things like lunch breaks. And it’s just taken for granted these days that you don’t get a lunch break if you’re a nurse. You don’t get morning tea, this charming, late twentieth century ritual just doesn’t occur. What are you going to do? You’ve got some people there who need care and you’re just going to waltz off and say ‘I need a cup of tea’?”

A casually employed nurse with over 25 years’ experience and currently filling in for nurses in all sections of Fairfield Hospital, said:

“The 1-to-4 ratio is a nice number of patients to look after in order to give them proper patient care, but in terms of what has to be sacrificed in order to get that I don’t agree with it.

“It’s going to create other problems, because if you have a mandatory ratio of 1-to-4 that’s good in one way, but what if you don’t have enough nurses to be able to meet the ratio? What’s taken place in Victoria is they have closed down beds to maintain that ratio.

“You can’t put on a time frame when patients can get sick, they can get sick at any time, so you need to have the proper medical facilities available in order to look after them. If you have to turn patients away because you’ve got no beds, where do they go? Their lives are then put at risk in terms of having to travel longer distances trying to find a hospital that will accept them.

“When I left work on Tuesday there were four ambulances in the bay and at least four ambulance stretchers with people on them in the ambulance docks—so these are people who are waiting to get into casualty. In the last two to three months of last year we were doing a lot of extra surgical procedures on Saturdays because we were filling the backlog from other hospitals, mainly from Nepean. Even the operations we’ve been having this year, from the 5th of this month, or even beforehand, are basically in order to catch up on last year’s list.”

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