

Health workers reveal worsening crisis in Australian hospitals

Our reporter
23 January 2022

With COVID-19 infections and deaths rapidly climbing across most Australian states, there is growing anger and opposition among health workers to the catastrophic conditions they face.

Across the country, hospitalisations are at record highs, with 5,036 COVID-19 patients currently admitted to hospital and 392 in ICU. The Victorian government last week declared a “code brown” emergency, with the state’s hospital system under extreme pressure with severe staff shortages, as more than 4,000 healthcare workers are currently in furlough. In New South Wales (NSW), elective surgery has been postponed and health workers are being called back to work from leave and COVID-19 isolation due to chronic understaffing.

Health staff are being pushed to breaking point, with intolerable workloads and hours, in a system that was in crisis even prior to a major coronavirus outbreak, after decades of budget cuts by successive Labor and Liberal-National governments.

Health workers in hospitals in Queensland, NSW and Victoria spoke anonymously to the WSWs about the situation in their workplaces.

Senior clinical scientist from a major NSW public hospital

The number of COVID patients at my hospital has increased since Omicron. Originally there was a single COVID ward, which was only half of the respiratory ward, but that has now spilled over into at least one more ward with the number of COVID patients in ICU growing by the day. There’ve been instances of people presenting as inpatients for other reasons but who are discovered with COVID and can potentially spread it to other patients on the non-COVID wards.

There are no rapid antigen tests for staff coming into work and they’re not doing temperature checks at the door anymore. Staff are just being asked why they’re here and if they’re feeling well.

I work in an outpatient service and have two staff who have caught COVID. We’ve received no information about how long they should be in isolation for. In fact, the requirements appear to be changing daily.

One of the staff members with COVID was young, physically active and had two doses of the vaccine but caught the virus the day before getting her booster. She spent the entire Christmas and New Year period in bed and has recovered but is still suffering from significant breathlessness. As she described it—“My lungs are fried.” This obviously raises questions about waning immunity.

The rising number of COVID cases has had a significant impact on remaining staff members who have had to do a lot more work. When you’re understaffed you become far more stressed, distracted and tired and start to forget about some of the fundamentals. For example, you can walk into a room wearing the wrong mask and not realise it or forget to put gloves on or to wash your hands between patients. All this increases your likelihood of catching the virus at work.

I’ve heard prior to Christmas nursing staff were told that they shouldn’t expect to take holidays, or that their holidays would be limited, and that this would probably continue into January.

When the pandemic started there was constant information being provided to us, but remarkably, now we’re in the thick of it, the information is limited. Most of the information I’m getting is from the media with nothing to very little useful information from hospital management. Information about daily cases has stopped. Prior to this we were getting daily emails about the number of cases in the district, then it became twice weekly and now it’s non-existent.

Catering worker from a suburban public hospital in Melbourne

We have 400 or more patients in the hospital, one ward has 36 patients and there are two COVID wards, a mental

department ward, two ICUs and a big emergency department area. There are fewer non-COVID patients now, they're being sent home because the hospital is keeping the wards vacant for extra COVID patients. Student nurses are now working in the wards because of staff shortages.

In the kitchen department there are numbers of casuals and they work extra time. I work full time as a permanent and am not called for extra hours but the casual workers are doing double shifts and are exhausted.

While I've heard that some hospitals are mixing COVID patients with non-COVID patients, they're not doing that here. There are still separate wards here for COVID patients, but the main problem is in the emergency department because you don't know who is arriving with COVID.

There's a big temporary emergency area outside the hospital in a tent. Inside the hospital we have a red zone and a green zone inside the emergency department but in the tent all the people are mixed up before they go inside and often they have to wait three to four hours to get in.

Then there's a rapid antigen test. The triage nurses come to check which people are positive and then separate them, sending some to short stay and other areas. They're seen by the doctors after that. If it is dangerous, they're sent straight to the theatre.

Last year a lot of hospital staff were put into isolation because of a COVID outbreak. I was in isolation for 14 days with COVID leave. Now it's only seven days isolation and my friend, who also had to isolate because of a COVID contact, had it taken from her sick leave. Questioned about this, the Health Workers Union didn't give a straight answer. All the union said was it had to look at procedures.

Junior doctor from a Queensland public hospital

Queensland hospitals are chronically understaffed and unequipped, and not much preparation was made for COVID in between the waves.

In terms of PPE, Queensland Health only instituted N95 masks outside of ICUs and Emergency Departments in December last year. It hadn't previously required N95s to be widely worn. There are constant concerns about PPE running out. Theatre staff have been short of N95 masks, I've experienced this myself, and in the general medical and surgical wards.

There are also bed shortages and COVID patients are often placed in inappropriate wards for their care. You often have people who are COVID positive who present with another medical condition that is more severe.

They're placed in a COVID ward because the other wards didn't have the staff or resources to deal with them.

There is pressure on staff to work overtime, including unpaid overtime. There's pressure, particularly on junior doctors, not to claim any significant amount of overtime, even though the average junior doctor works at least ten hours a week of overtime. In some units, it can be much higher than that.

Workloads are consistently high with hospitals normally running into over-capacity. Technically, a hospital is only supposed to be 85 percent full at any given time because they need to have reserve capacity for patients if there's an emergency. In truth, there's not been a single Queensland hospital on any given day in the past few years that's been under 95 percent capacity.

This has resulted in situations—even before significant increases from COVID patients—where patients who needed certain heart surgeries and other procedures couldn't be operated on because there were no ICU beds available. Even the largest hospitals in the state regularly have had to divert patients because their ICUs are full.

The increasing COVID admissions are putting an additional level of burden on the hospitals with other services affected and cancelled and the staffing crisis becoming more acute because lots of doctors and nurses are getting sick from COVID. There've been significant disruptions to rosters and timetables. Many doctors and nurses are being asked to work extra shifts.

Lots of my colleagues tell me that they're constantly required to do more with less, which is brutal. This means patient health is endangered and some have died for reasons that were entirely preventable.

This places health workers under immense psychological and emotional stress and leads to burnout. Thousands of nurses have quit the system and while this was a problem even before 2020, it has worsened during the pandemic. The burnout crisis in Queensland, and across Australia, is not just a question of exhaustion. Health workers are being asked to make sacrifices but the reason we're being put under so much stress is because of the criminal actions of governments. We need to fight for a better system. We aren't going to be able to protect our community's health unless we have a better system.



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