

“There was no real consideration of what COVID would do to the already stressed and burned-out healthcare industry”

Hospital pharmacist discusses the disastrous impact of COVID on Australian hospitals

John Mackay, Margaret Rees
28 August 2022

The following anonymous interview is with a hospital pharmacist, originally from the UK but now working in Melbourne, the Victorian state capital in Australia, since 2018. Having been infected with COVID-19 and suffering from Long-COVID, he explains how the disease has affected his health and that of his colleagues, its impact on public health services, and the need for health workers to establish rank and file committees independent of the trade unions.

Can you compare your work experiences in the United Kingdom and in Australia?

I did my residency at a public hospital in the UK. Working in the NHS [National Health Service] there were a lot of austerity cuts. It was very bad and just poorly managed. I came to Australia on a sponsored visa and so I got to work in the hospital environment here.

Before the pandemic hit here, I felt that it was a lot more managed and the structure of the healthcare system a lot better in certain ways. But now it's exactly like it was in the UK, which was so poorly staffed and was the reason I left the NHS system. Now I'm seeing this happening here, and especially the exodus of highly skilled people.

In the NHS, people went into a locum role or left the healthcare industry completely and so it was ironic that the government was freezing jobs. What people did was just leave, which opened up a space for them to do casual work and that meant the system had to spend so much more on wages.

There are similar aspects here now in Australia where the hospitals are so short staffed. There are so many people off and yet they still expect you to work at 100 percent capacity. It's quite hard. Sometimes I would rather work longer hours instead of cramming 12 hours of work into an eight-hour space.

Lots of people are experiencing stress and depression, and that's all on top of COVID. At times we're at 50 percent of our staffing. I think the Department of Health was talking about giving us 17 more pharmacists but where are they going to get these people from? It is just getting worse and worse.

I came here in 2018, then in March 2020 the COVID pandemic struck. We didn't know then what the virus was or what it was going to mean. When they just opened up [in December 2021] there was no real consideration given to what COVID would do to the already stressed and burnt-out healthcare industry, so it's been really hard.

Before COVID, compared to the UK, this was one of the best places for me in terms of lifestyle, work, work-life balance and salary.

When were you first infected with COVID and how long have you been dealing with Long COVID?

I've actually got COVID again. I tested positive yesterday, after

someone close to me was infected. I first caught COVID at the beginning of December 2021. I caught it in a social setting, not in the hospital. I was asymptomatic for about 10 days after being exposed, but then experienced the loss of taste and smell and was sleeping a lot. I had 10 days off, and then Christmas off as well, but during annual leave I started to develop a persistent dry cough and then began to get all the Long COVID symptoms.

I had shortness of breath, even lying down on my bed, and climbing stairs was so much effort. Trying to use my brain power throughout the day was very hard and I was getting really fatigued. I couldn't concentrate and was having a lot of memory issues.

I'd be trying to talk and there would be a random word—say “basket”—and I couldn't even think of it, or other really simple words. I knew that I knew it, but it just wouldn't compute. This was quite severe. And there was also my sleep cycle, which was the worst.

I never had any sleep issues before COVID and felt so blessed to be able to have a good night's sleep. Once COVID hit, I would just feel awake at night and find it hard to get to sleep, and hard staying asleep.

I would constantly wake up, only getting two or four hours sleep a night, and then just crashing at weekends and sleeping then as much as I could. It slowly improved over the course of three months and really plateaued, in that it normalised.

As a kid I was diagnosed with ADHD, so I had a lot of insights. Certain parts of it mimicked the ADHD. It was more like I was very easily distracted. I could sit at a computer and think “Oh, what was I doing?” It takes me a long time now to write emails because I can't think of words. I feel like I've become dumber and can't memorise things. If you ask me a question, 10 seconds later I've completely forgotten what you've just said.

My hospital opened a Long COVID clinic for its employees, which was amazing. I felt like I was getting into an anxious, depressive state. It all came on top of the workloads, the expectations, the lack of resources and the turnover. All these things were just compounding.

I did an assessment and they got me in with a neuro-psychologist, a clinical psychologist. I was doing exercise for psychology, music therapy and occupational therapy, so I'm under all these branches of allied health.

I don't think the hospital realised how many people were suffering from Long COVID because they ended up being quite overwhelmed with all the self-referrals. They've had to try and hire a lot more people to take this on.

I saw my GP but he didn't have a clue about how to deal with it, and didn't know where to refer me. He said it would just get better, but it

never really did. I don't think he had the educational tools, the resources, to even know how to deal with it.

I'm still dealing with what I think is anxiety and depression. My GP wanted to refer me to a clinical psychologist, but that was \$150 out of pocket every session and I can't sustain that. The government needs to do much more to really, really tackle it because the problem is getting worse and worse.

How has Long COVID affected your capacity to work?

I definitely know that my output and productivity has lowered due to memory issues, concentration issues and fatigue. A few months after I first had COVID, I had to reduce my hours, take certain days off, which they gave us as special leave. It has impacted on my own productivity and means we cannot really produce the high-level services needed.

As for our team, it's happening to everyone, and their productivity is quite reduced. It's quite normalised now to understand that people are a lot slower. We used to have a KPI (key performance indicator) for the turnaround for discharges in the operational space which was easy to meet. We have standard renal or oncology scripts that I could easily do in an hour but now they can sometimes take up to an hour and a half.

I notice this in the afternoon, especially if I've had a rough day. Sometimes I need to sit and recoup and rejuvenate for a while. Overall, it's quite hard and horrible because I don't really see a light at the end of the tunnel. I'm not sure what's going on. People were saying that it's like an immune response in the body, which I do understand. I've definitely had some gastro-intestinal tract inflammation.

I need to spend more time away from work because of medical appointments. I've also generally noticed now that people take a lot more time off when they are ill. I'm not sure if it's because their immunity is lower and they take longer to get back to normal, or if it's with mental health and they're having to look after themselves.

You say the hospital discovered that there were more employees than they anticipated with Long COVID. Are they conducting any research into the condition?

Yes definitely, and the neuro-psychologist has given me details on what his team is doing. He says that although he works with referrals, most of these are now due to Long COVID. It's good to see that there are doctors researching, putting out papers and seeking the funding to do this.

No doubt they want to understand what this is going to do, not only with productivity but the quality of the work, which needs to be at a high level.

Yes, and more about this whole "COVID normal," as they call it. It's worse than it was before, in terms of the new cohort of patients that we're getting in, as well as the volume of patients and their complex needs, and for the employees. There's just so much going on.

We just don't feel valued. We're given this two percent pay increase every year but it's really a decrease. I can see why people don't want to enter the healthcare industry.

What do you think about the "let it rip" COVID policy of the government?

I have mixed feelings about it. I don't feel you can hold a whole economy up when most people are vaccinated but at the same time, they've "let it rip" without giving us the adequate resources to deal with it. I think they knew what was coming but it was poorly planned. They needed to speak with people on the front line and ask them what was needed.

There has been complete abrogation of concern for the consequences of the pandemic.

Here in Victoria (Labor premier) Daniel Andrews kept going on about protecting the health care workers and the health care industry. We had high case numbers and we didn't have enough ICU beds, we were having to change wards around to accommodate this. In one way, Victoria was luckier, we knew what worked and what didn't and what we had to change around. Then they just completely let it rip.

At one stage we were just a COVID hospital with most of the wards for COVID patients. They moved the other patients out into private hospitals. We had to fill scripts for 540 patients a day. We had to do the compounding and the manipulations of the remdesivir deployed IV bag, but they didn't give us one extra person to do that. We just had to absorb that within our team. It was completely ridiculous. I don't understand why there weren't any temporary measures in terms of staffing.

What has been your experience with the health unions?

I don't feel they had us in mind, even during the Enterprise Bargaining Agreement [EBA] process. They tried to sugar coat our two percent increase, as if we should be grateful because the government is now trying to give us only 1.5 percent.

They seem to be more on the side of the government and they're happy to accept whatever the government wants. They don't want to push against it. They were bargaining for a year, and then we only got six months backpay. I haven't really had any positive interactions with them.

Then there is this segregation with different EBAs for nurses and doctors and psychologists and pharmacists and allied health professionals. We can't really come as a collective when these conditions are affecting us all.

You shouldn't have to wait four years until an EBA is up for renewal before you can say, "This isn't right, we shouldn't be working like this." I think we're taken for granted with the unions. Because we're in the field, and we love our patients, it's assumed that we're doing it for the love. At the same time, I still need to pay the bills. It's hard.

What do you think about the health workers' rank-and-file committee, as part of the Global Workers' Alliance of Rank-and-File Committees, completely independent of the unions and their framework?

I think it is great. There needs to be some sort of independent committee to really push for change and to ensure we're heard as a collective. I can see what is happening in New South Wales, where it seems the nurses are having to be the face of the health care sector as a whole.

I think these committees are amazing. This is why I'm really open to speaking to you guys and giving my point of view as someone on the inside, who sees a lot of what goes on, and hears about how the unions are conducting themselves. It's very clear that the unions are speaking on behalf of the government.

There's no reason for us to be given a two percent pay increase, I would rather keep fighting for another year or two until we've got something more substantial. The unions know how to work the sort of people that they represent. They say, "Oh it has been a year and a half, and this is the best we can do," when it clearly isn't.

The rank-and-file committees that you guys are organising are absolutely amazing because we are the people who hold the power, and without us, you cannot run a public hospital system.

At the end of the day, it's just a game to the unions. They seem to think, "If we just keep battling, battling them down, pat them down, and prolonging it, then they're just going to give up." That's why I'm glad to see that the NSW nurses are really pushing because change doesn't happen without protests. An independent, unbiased committee is definitely needed because a lot of people don't know their own rights.

I know that here in Victoria, there're lots of people within my own department who would happily strike and want to be in solidarity with everyone else in Australia as a whole. It's not a sort of sympathy vote, it's happening to us, too.

These committees are good because they can actually hold the people who need to be accountable held to account, and push to give that information out to the people. I'm very happy that I worked on that Saturday and had someone hand me your leaflet and speak to me so that I can hopefully be part of this change.



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact