

Australia: Striking NSW nurses speak out, “We have never seen it this bad”

Our reporters
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Nurses in New South Wales, Australia’s most-populous state, took limited strike action yesterday in opposition to the state government’s attempts to impose real wage cuts and to further entrench the intolerable conditions in the sector.

The actions reflected a mounting determination by nurses to fight, which also exists among other health workers, teachers, rail staff and broader sections.

As the Socialist Equality Party has warned, however, the New South Wales Nurses and Midwives’ Association (NSWNMA) is doing everything it can to isolate the nurses, limiting any action to sporadic and partial walkouts. Above all, the union is seeking to prevent a unified struggle by all health workers, and other public sector staff. Instead it is seeking to wind-down the dispute and prepare the grounds for yet another union-enforced sell-out.

WSWS reporters spoke to a number of workers taking part in yesterday’s strike.

An Intensive Care Unit (ICU) nurse at Westmead Hospital, one of the largest in Sydney, explained: “I’ve been a nurse for 23 years. We have never seen it this bad. We are doubling up patients where we shouldn’t be. Patients are left to fend for themselves sometimes when nurses can’t get to them. It’s been horrible.

“It’s been a steady decline. When I started, ICU patients were one-to-one with nurses. You used to not be allowed to leave patients in the ICU to get something unless another nurse was looking after them. Now, we have to leave them to go and get medication, equipment, or whatever because there is no other nurse to look after them. To accommodate the staff shortages, you are allowed to leave them when they are on high doses of drugs or agitated. These are high risk patients, that’s the reason why they are in ICU. It’s scary to think about.

“You are just trying to survive each shift and make sure every patient is alive by the end. Sometimes there aren’t enough nurses on the floor to check drugs with you. When you give IV drugs you have to have two nurses to countersign, but sometimes there’s just nobody available. Sometimes patients need their medication immediately and if it’s a lifesaving drug you just can’t wait.

“Nurses are leaving because of how we are treated. No one wants to work in that environment because your registration is on the line. If you are looking after two patients who are meant to have one-on-one nursing and something happens to them, then you are held accountable because you are the one who has agreed to look after them, even though it’s not your choice. What do you do? You are there to work. Patient safety has been greatly compromised.

“Every hospital is facing the same situation. Everywhere you go it’s the same story of nursing and staff shortages. What we all want is

exactly the same, staff ratios and patient safety.”

Another ICU nurse from Westmead said, “More experienced nurses are being pushed out and are leaving because it’s unsafe, but then new nurses are expected to put their registrations on the line almost every shift because they feel like they have to accept unsafe staffing ratios.

“A lot of the nurses who trained through COVID had their placements put on hold, or they did them at the last minute, or they weren’t allowed into certain clinical areas due to COVID infections. Then when they get positions they are thrown in the deep end and expected to take heavy patient loads, putting themselves and their registration at risk if they make a mistake. They don’t get that extra training that would be better to develop them to be safe nurses.

“The experienced nurses are getting fed up with the workloads and unsafe situations they get put in and they think, is this really worth risking my registration? We’ve had a few senior nurses leave, especially during the peak of COVID.

“Some nights we are 10 nurses short, sometimes we are 4 short, but every single shift we are asked to do overtime. There needs to be a broad-scope change to all public health. It’s taken for granted that we won’t ever speak up about it.

“My mom’s a teacher, she goes through the same thing. Her job role changes all the time, she’s always being chucked into the worst situations, it’s the exact same thing. New teachers being chucked in the deep end, there’s no permanent jobs, they are expected to do casual work when they need security and we need more teachers. There are common experiences across health and education.”

In the regional city of Newcastle, several hours north of Sydney, a midwife said, “We’re striking for staff-to-patient ratios, which make hospitals safer. On the post-natal ward, a midwife could be looking after six or sometimes eight women, and eight babies. The babies aren’t counted as people, even though they might require blood sugar levels; they might require head ops because it’s been a forceps delivery. None of that care is counted. Women don’t feel like they’re getting enough hours of care because the midwife is rushing around trying to do too many jobs at once. That’s not safe.

“The other thing is we want wages in line with inflation. But the main priority is staff-to-patient ratios, to keep people safe. At our hospital we have higher-acuity people coming to the ward. Our rate of cesarean sections has increased significantly since I started in the 1980s, so you’re looking after people who need more post-operative care. Striking with health workers in the other states would be good! This should go all around the country.”

A mental health care worker, with 14 years’ experience, explained, “The situation is just not tenable. We are working multiple shifts on a regular basis, stressed, anxious and pressured by unreasonable

demands. It's leading to staff burnout and to errors when dealing with patients. You're at risk of getting hurt in the mental health ward. A lot of the people we deal with are on the drug 'ice' [crystalised methamphetamines]. They don't know what they are doing and can be quite violent. There is a lot of abuse of staff that goes on.

"I'm at Maitland Hospital, which has recently changed. It is now a bigger hospital, but the staff numbers have virtually remained the same. There are people working overtime every shift. Partly this is due to some staff leaving, but also the amount of sick leave workers are taking because of the pandemic, influenza, RSV, colds and everything else.

"When I was on my annual leave, I got 19 text messages asking to do overtime in one week alone! And that was for one ward!"

On the fight to develop rank-and-file committees, independent of the unions, so that workers themselves can take power into their own hands and decide what is needed, the worker responded: "That would be ideal, I genuinely believe that most workers go to work every day wanting to do a good job and will tell you what they need to do a good job and will tell you what they need to be able to function properly."

Another nurse, who works in patient transport, started working as a nurse when she was sixteen. "Previously the patients you looked after were almost recovered when they went home. Now, they send people home too quickly and often they rebound, so you have a high acuity. It doesn't make it pleasant to work. We need more nurses.

"COVID is a concern. The reopening of the economy at Christmas wasn't for everyone's health and safety. They picked the time when everyone would be on holiday and then nurses were told that they couldn't take leave, but there was no concern about that.

"I worked in aged care in the 70s and 80s. The nursing home I worked at was large. It was basically all registered nurses that worked there, and it was funded by the federal government. It was quite pleasant to work there and patients were well-looked-after.

"But since [former prime minister] John Howard it's been that you didn't have to have a registered nurse 24/7 at aged care homes. I couldn't believe it when they took that away. There was one situation where there were only two AIN [assistant in nursing] staff at an aged care home that we took a patient to from the hospital."

The AINs had asked what they would do if the patient had a seizure. After the procedure was explained to them, they noted that they could not carry it out without securing approval from a registered nurse, even though there was not one on site.

She spoke in favor of broadening the fight by health workers. "I didn't know that Tasmanian nurses were going on strike or nurses in other states," she said. "I'm in agreement with expanding the strike, often it's a fight against the Industrial Relations Commission, who makes it illegal to strike. I think we've got to try to get all our co-workers involved. They say, well the union doesn't do anything, so maybe rank-and-file organisations would be good for that."

She noted that the former NSW NMA general secretary had opposed calls at a meeting earlier this year for a pay demand in line with the official rate of inflation. The union officials had been in the top positions for "too long," and added "the NSW NMA is also quite a wealthy union, I think it is the wealthiest in Australia."

At Liverpool Hospital, in working-class southwestern Sydney, an ICU nurse noted that staff were being moved from one department to another to compensate for shortages. They said, "To change from working in theatres, to ICU, then to suddenly get deployed to the emergency, critical care units and the like, is very unsafe. You don't get the education you need and you don't get proper support, because

you're just filling the gap, helping out."

"With COVID, there have been a few waves where we had to close off units and make them COVID wards, so we had 20-30 patients that were all COVID. The problem now is staff are getting sick, not just from COVID, but the flu and RSV."

Aquila said, "Nurses want ratios, doctors probably want something different and teachers want something different as well, but it would be better if we all just come together to fight for everything we need. I hope that we can all come together. I have no idea why we haven't.

"For some reason I think this is going to go on for years. Everyone is just fed up with what's going on. The big picture is we want change," she added.

A community nurse explained that there had been a 70 percent funding reduction to the clinic where they work. This "meant that we've had to work under a great deal of pressure. I got injured working under that kind of load. The injury was entirely work related. I pulled a muscle that ended up pinching a sciatic nerve so I've had neuropathic pain for the last 4 months.

"My workday allocates me five patients to visit, all over 75 years old. Often they have swollen lower limbs and wounds that take weeks or months to heal and they are not very mobile and often frail. So you are given a certain period of time to visit the patients and to travel in-between and to write progress notes. It's not enough to give them the kind of care they need. They're not in a hospital situation where you've got beds that go up and down. You don't have another nurse to assist you. Sometimes you go to their home and they've deteriorated, so what should have taken 35 minutes takes significantly longer.

"The system is just like a boat that's full of holes. You've got to plug your finger in as many holes as you can and we try to balance what you can. The job still gets done but you have to wonder what sort of corners nurses are having to cut to be able to meet those caseloads."



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