

Australia: Victorian hospital worker explains impact of government cost-cutting

Health Workers Rank-and-File Committee
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Public hospital workers in Australia are anonymously speaking out about how cuts to staffing levels are affecting their conditions and endangering their patients. Among them, a Victorian hospital worker contacted the Health Workers Rank & File Committee (HWR&FC) to discuss developments in their workplace.

The staffing cuts have intensified since Australian state and federal governments—Labor and Liberal alike—dismantled measures developed in response to the COVID-19 pandemic and reduced funding to many areas of public health. The Albanese national government chopped its share of public hospital funding from 50 percent to 45 percent, cutting \$2.4 billion over four years, and reduced total federal health expenditure by \$11 billion from 2021–22 to 2023–24.

While the recent Victorian state Labor government budget purported to invest in new hospital facilities, the Australian Broadcasting Corporation (ABC) reported in May last year that 800 people daily were leaving hospital emergency departments before being treated, due to massive wait times, sometimes longer than 12 hours.

Last month, the ABC reported that critical care nurses have accused Melbourne’s Alfred Hospital, one of Victoria’s busiest, of not meeting legally mandated nurse-to-patient ratios, putting patients at risk.

The impact of the cost cutting is being felt across health care services and affects all levels of workers involved in health care. The worker who spoke to the HWR&FC works in catering and servicing at a major public hospital in Melbourne, the Victorian capital.

To protect the worker from victimisation we will not name them or their place of work.

The worker said that a month ago a notice was put up telling staff in the catering area that 21 hours per day would be cut from their working roster. This would be approximately equivalent to the loss of three full time staff per day among the workforce of about 35 people, some of whom only work part-time.

Workers discussed the edict among themselves, as no meetings were called about it, and decided that a delegation should complain to the manager regarding the extra pressure it was putting on workers. Casual workers were particularly angry, as the impact of the cutbacks would fall most directly on them through reduced hours and demands for a heavier workload.

The delegation was made up of permanent staff because the permanents were concerned that the casual workers could easily be

victimised by being having their work hours reduced or entirely suspended. As the worker put it, “casuals have no voice.”

They told the manager the work was being made harder and the extra duties were too much. “They complained about the amount of work and that we need an extra full-time position not a casual,” the worker said.

The hospital increasingly relies on casuals for its kitchen and food distribution staff. When permanent members of staff leave, they are replaced by casual workers.

The manager told the delegation that the duties were being finished, “so there is no problem.” The worker commented that there is no problem from the manager’s point of view “because the supervisors are pushing workers [harder] to get the job done.”

Permanent staff at the hospital have specific job descriptions and so cannot be pressured in the same way as casual staff. For “the casuals, they don’t worry about them. They just push them to do whatever is necessary. The job gets finished by those means. Then the manager can say: ‘Well what’s the problem?’”

All the staff members, however, are under pressure from management to get the work done.

The worker explained that the combination of increasing demands on the catering staff along with the reduction of hours is taking a toll.

“We have to do extra work. Workers are getting sick and getting mental depression. The delegation explained this to the manager, and he wrote down what they said, and said the next day he would talk to the supervisors. But then they only had a supervisors’ meeting and nothing came back to us. The supervisors are not telling us anything... It’s like it’s a confidential thing.”

Additional demands are made of the workers, each of which require extra time and effort. Instead of being given more time and resources to accommodate to these demands, the time and staffing levels are being reduced.

“They have made our work harder and harder and made the patient’s tray more complicated. Before it was cutlery, plate, soup bowl, but now they have added extra things. It is better for the patient but because of cutting the 21 hours, it is harder for the workers.

“Bread used to be in a plastic bag, but now there has to be a separate plate for the bread and a lid for that. The trays are getting heavier. Dessert used to be in a plastic plate but now it is in a ceramic plate. The presentation is nice, but it is 100 percent heavier.”

The kitchen staff thought they were the only ones facing reduced hours and staffing but flowing from a suggestion from the HWR&FC, the worker spoke to some personal care workers and cleaners at the hospital. These workers said their department also had cut staffing hours.

During the initial COVID-19 period many casuals had been taken on and “now they have stopped calling the casuals. To the best of my knowledge, I think not only the kitchen staff, but all over Monash Health [covering southeastern Melbourne] they are cutting down numbers... especially in cleaning.”

Nurses, doctors and allied health workers face similar pressures. Many health workers quit their jobs during the pandemic as a product of workload pressures, health concerns and reduced resources.

The impact of the dismantling of the resources to deal with the ongoing COVID-19 pandemic keeps re-emerging in different ways.

The pandemic “is not finished,” the worker said. “From time to time it is rising, and then going down. At the start [the hospital] opened a COVID-19 ward. They put in restrictions, but now they have removed all the restrictions and treat COVID-19 patients like normal patients.

“This also affected us, because when there was a COVID ward, we didn’t go there to give the patients food, as special nurses and staff were doing that. But now we have to go and give them their meals, and wear a P95 mask and apron while we do it... Also, while there is a pool of PPE near the rooms when you have to put it on and then change out of it, it makes you late to do the other work.”

With the reduced hours this is time that the staff do not have.

There are many staff absences, but workers do not know if this is the result of COVID-19 or other infections.

“If you’re really sick you shouldn’t come to work. But if you’ve got COVID-19 with few symptoms then people come to work. There is no more COVID-19 leave now. The government has stopped giving COVID-19 leave, so people are not staying home. Casual workers must come to work, or they don’t get any money. And so maybe sometimes they come to work and they do have COVID-19.”

The worker said the Health Workers Union (HWU) had done nothing for their situation. When a worker spoke to an HWU shop steward, the worker was told to just leave the kitchen. The worker explained that this is not a solution as it would be irresponsible to leave a kitchen unclean in a hospital. The result is that “the supervisors have been pushing the casuals, so that the work has been finished in the correct time.”

The HWU has called no meetings about the issue. The worker commented: “Before we would have had meetings. I can’t remember how long we have been separated like this. I think the union and management are doing these things together.”

This situation is not just a problem for Victorian workers. The Health Services Union, the union that covers equivalent workers in New South Wales, has just enforced a wage deal with the state Labor government for a flat \$3,500 pay increase among all staff. This effectively divided lower-waged workers against those receiving higher pay under conditions where all workers confront spiralling cost of living increases.

This situation described by the catering worker provides, in microcosm, a picture of the pressures confronting workers throughout public health services and across all sectors. The increasingly difficult conditions are being enforced through the collaboration of employers, governments and unions.

The Victorian government’s recent budget further reduced the state public service by up to 4,000 jobs. The budget also reduced expenditure on public health units that work to protect the community against the growth of infectious diseases and were virtually non-existent in Victoria at the beginning of the COVID-19 pandemic in 2020, by 40 per cent or from \$80 million to \$47 million over the next two years. Private health services such as pathology services, having made enormous profits feeding off government contracts from 2020 to 2022 are now restructuring at the expense of workers and patients to slash costs.

Workers need to break through the wall of silence erected around them to stop them unifying against the assaults on their living and working conditions.

The struggle of the catering workers points to what needs to be done. The permanent workers were concerned to protect their colleagues working on casual contracts. The workers jointly decided to act in a way that protected the most vulnerable. What the correspondent discovered when they spoke to other workers outside their immediate department was that those workers were going through similar experiences.

Building on these experiences and those of others across the world, workers need to establish organisations through which the rank-and-file can disseminate information, collaborate and organise unified struggles. Only in this way will they be able to confront the ongoing efforts by business and government to reduce services and resources. The HWR&FC is fighting to develop such a response throughout the health sector.

If readers have similar experiences, contact us, and we will discuss them with you and publish them to enable workers to get an accurate sense of what is taking place.

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Twitter: [@HealthRandF_Aus](https://twitter.com/HealthRandF_Aus)

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