New Zealand nurses hold eight-hour strike

Tom Peters
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About 36,000 nurses, healthcare assistants and midwives in New Zealand public hospitals joined an eight-hour strike yesterday. It was the biggest industrial action so far in opposition to the National Party-led government's brutal austerity measures, and follows smaller strikes by junior doctors, laboratory workers and ambulance officers earlier this year.

It also follows a mass protest by 35,000 people in Dunedin in September against the decision to slash funding for upgrading the city's hospital. The government has instructed Health NZ Te Whatu Ora (HNZ), which manages the public health system, to "save" $2 billion, which is being done primarily by cutting staff, freezing recruitment and driving down wages.

New Zealand Nurses Organisation (NZNO) members voted to strike after HNZ indicated that pay rises would be capped at 0.5 and 1 percent over the next two years.

Healthcare workers also oppose HNZ's decision to "pause" the Care Capacity Demand Management system, which calculates the level of staffing needed for safe conditions. Chronic understaffing of hospitals is a major issue, as it was in strikes in 2018 and 2021 under the previous Labour government.

Thousands of workers joined pickets at 35 cities and towns, including about 1,000 people in Auckland and hundreds in Christchurch, Wellington and Dunedin. The WSWS spoke with workers outside Wellington Hospital.

Emma, who has been a nurse for almost a year, said her ward was sometimes two or three nurses short, while others could be up to five nurses short, which compromises patient care. "There're always shifts available for overtime, especially around winter when lots of nurses are sick or their families are sick," she said.

"We're trying our hardest to keep up with safe staffing. Sometimes people wait 24 hours in the emergency department for a bed on the ward. It's because we don't have the staff to manage them, or there aren't any beds available." Emma said there should be a ratio of at least one nurse to four patients, with more for high-needs patients.

Emma described the pay cap as "crazy: one percent is not going to put a dent in any of the bills we have to pay." She had considered moving overseas in search of better wages, as many graduate nurses were doing "because there's just no jobs for them here."

Temu, a nurse at nearby Kenepuru Hospital, said nurses were "very resourceful and they do their best for patients all the time, but when you're limited with funds you can only go so far. One percent is not enough for the cost of living. Food, rent, mortgages, all the basics." Household living costs have gone up 3.8 percent in the past year alone.

She called the pay cap "a slap in the face" and said too many "good nurses and doctors are going overseas when we want to keep them here, it's sad to see."

Temu said "a lot of patients who have spoken to me said they support us and wish us all the best," because they understood the strike was about patient safety. "People make mistakes when they're tired, overworked, under pressure, and I've seen that, so I know it's real. When you don't have enough people and you're running around a whole ward of patients, it's quite tiring and you get fatigued easily."

Joan, a senior nurse with more than three decades of experience, said working conditions were "getting worse" at the same time as the ageing population was causing more hospitalisations. She added that "with poor pay, our colleagues, senior nurses who are very experienced, are going to Australia." She said the government "said we have enough staff, but they don't know what's going on in our hospitals." Joan predicted that there would be more strikes.

Margaret, who has been nursing for 35 years, said

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“the morale is very low, probably the worst I’ve ever seen.” In addition to short-staffing, she said, many nurses were still waiting to receive some of the back-pay owed to them following last year’s pay equity settlement with the then Labour government.

Hospital overcrowding was exacerbated by the shortage of general practitioners, which forced sick people “to go to the emergency department because that’s their only gateway to get any support. It’s really difficult.”

Margaret criticised HNZ’s cuts to so-called “back office” IT staff, and pointed to the latest announcement that Auckland Hospital will sack 40 support workers who make beds, tidy wards and perform other tasks. “Those things just won’t happen and it makes nurses’ workload bigger, but it also increases your risk of in-hospital infection hugely, and that places a huge burden on the system.”

She was convinced that the government wants to privatise the health system. “That’s why they’re [cutting] at such speed. They want it to collapse.” The decisions were driven by “money,” she said, adding, “they’re just thinking about themselves, because they can afford private healthcare.”

There was widespread public support for the health workers’ strike. This is because the entire working class faces attacks on their wages and conditions, and the threat of redundancy, as the ruling elite seeks to solve the historic crisis of capitalism by driving down workers’ living standards and gutting public services.

This is an international process. Some nurses spoke about leaving New Zealand to find better conditions in Australia, but nurses in that country have also taken strike action in response to a staffing crisis and pay caps imposed by Labor governments.

The WSWS warns that so long as these struggles remain controlled by the union bureaucracy, they will be defeated. The NZNO is led by well-paid officials with close ties to big business, and has a long record of working with Labour and National Party governments to push through sellout deals that have led to the present crisis in hospitals. The unions also agreed to the dismantling of public health measures to stop the spread of COVID-19.

The NZNO’s chief executive Paul Goulter embodies this relationship: he has previously served on the board of directors of Air New Zealand and the Co-operative Bank, as well as having leading positions in the Council of Trade Unions and the primary teachers’ union.

To carry out a real struggle, which unites healthcare workers and others in NZ and internationally against austerity and militarism, workers must build new organisations: independent rank-and-file committees, controlled by workers themselves.

In opposition to the union bureaucracy, which will call on workers to “sacrifice” because there is “no money” for decent pay and conditions, workers should fight for a socialist perspective, aimed at the complete reorganisation of society in the interests of human need, not private profit—including the diversion of tens of billions of dollars from the coffers of the rich, into public hospitals. We call on workers to contact the Socialist Equality Group to discuss the way forward in this fight.

To contact the WSWS and the Socialist Equality Party visit:

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