

# Australia: Industrial court orders further real wage cut for NSW nurses

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A New South Wales (NSW) Industrial Relations Commission (IRC) ruling handed down last week deepens the assault on the wages and conditions of nurses and midwives by the state Labor government.

The decision marks the culmination of more than a year in which the NSW Nurses and Midwives' Association (NSWNMA) has enforced a strike ban under the phony pretext that the industrial tribunal would reverse years of real wage cuts.

The NSWNMA shut down statewide mass strikes by nurses and midwives in late 2024 to launch its “special case,” appealing to the IRC for a 35 percent wage increase over three years. Even on the face of it, this figure would not have come close to recouping past losses and keeping up with soaring inflation.

In reality, the 35 percent claim was only ever an illusion. The NSWNMA knew full well that the IRC is not an “independent umpire,” but a pro-business court tasked with enforcing the punitive wage policies of the Labor government. This is the same tribunal that has repeatedly banned strikes by nurses and midwives—as well as teachers and other public sector workers—and imposed Labor’s real wage cuts throughout the public sector.

The IRC awarded nominal pay increases over three years of just 16 percent for registered nurses and midwives (RNs), 18 percent for enrolled nurses and 28 percent for assistants in nursing, who are among the lowest-paid workers in healthcare. The IRC also rejected claims for any changes to nurses’ conditions, including increased sick leave entitlements and the right to request flexible working hours.

The ruling noted that nurses and midwives make up half of all NSW Health employees and that “almost all of them,” are the highly-skilled, degree-qualified registered nurses and midwives. That means the

overwhelming majority, around 50,000, of the 69,000 workers affected by the decision will receive the lowest increase.

The impact of these meagre nominal increases is further eroded by the fact that they are inclusive of the already-awarded interim 3 percent increase from July 2025, meaning RNs will only receive an extra 7 percent for the current financial year.

The IRC ruling will leave third-year RNs earning a base salary of \$87,690 per annum. This is just 42 percent of the \$206,751 per year required to service the average mortgage in NSW, according to Finder data.

Following the “one-off reset,” nurses and midwives will be locked into 3 percent “increases” in July this year and next—in line with the original government offer that nurses decisively rejected. Even at the current official inflation rate of 3.7 percent, that would mean two years of real wage cuts, during which nurses and midwives are stripped of the right to strike. But that inflation figure is based on February data, before the US launched its war of aggression against Iran and triggered a global fuel crisis that has already sent prices skyrocketing. Inflation in Australia is widely tipped to exceed 6 percent within months.

Just as significantly, the award is only backdated to 2025 rather than 2024, when negotiations on the award first began and Labor and the NSWNMA bureaucracy pushed through the first 3 percent “interim” increase, at a time when inflation was at 3.8 percent.

In explaining why it did not backdate the one-off increase, the IRC identified a key factor as being that the NSWNMA “did not commit to arbitration until late 2024, choosing instead to spend six months seeking increases by industrial action in the face of recommendations and dispute orders of this Commission and, on the last occasion, contrary to a

commitment given to the Commission that it would cease to take industrial action...”

In other words, the IRC is sending a clear message, not just to nurses and midwives but the entire public sector: “If you take industrial action, you will be punished.”

The IRC’s other justification for refusing backpay was that backdating to July 2024 “would have a larger impact on the fiscal position of the NSW Government.” This is entirely in line with the position of the Labor government, that they are unable to afford a pay rise for nurses and that any increase would have to be paid for by the working class through cuts to other aspects of vital public services.

Nurses and midwives have reacted with anger to the IRC decision as well as to the response of the union, which attempted to present the ruling as “a step forward.”

Comments on the NSWNMA Facebook page include: “You’ve just silenced us for 2 years for less than inflation,” “I feel like the government won” and “Why did we have to go to court to get scraps?”

Other comments reflect the determination of nurses to continue a fight through industrial action: “We need to strike and cost them as much as they failed to pay us,” and “We walk out. There’s a solution for you.” Multiple comments indicated nurses either had or were considering ending their union membership.

These comments reflect a sentiment of anger and frustration among health workers, not just over the IRC decision, but the drawn-out betrayal perpetrated by the NSWNMA bureaucracy over the past several years.

In 2022, statewide strikes by tens of thousands of nurses and midwives were atomised by the NSWNMA into hospital-level demonstrations, and then effectively folded into a campaign to elect a Labor government that had already made clear it would not deliver pay increases above inflation or implement minimum nurse-to-patient ratios, a longstanding safety demand.

In 2023, the NSWNMA initially endorsed a claim for a 10 percent wage rise, but called no industrial action and tacitly endorsed the Labor government’s 4 percent offer, imposing a pay cut in real terms.

In 2024, when some 1,200 nurses and midwives signed a petition urging the bureaucracy to call for an immediate 30 percent pay rise and implement a campaign of industrial action, the NSWNMA

leadership undemocratically blocked the demand.

A separate campaign supported by some 14,000 workers—almost one third of the workforce—called for nurses and midwives not to renew their professional registration unless the government produced a better pay offer, but the NSWNMA bureaucracy refused to endorse this initiative.

One-day strikes in September and November 2024 were called by the union, in response to the opposition of nurses to Labor’s offer and their desire to fight, but the union used these as a means for workers to let off steam, and sought to divert nurses behind plaintive appeals to the government.

The NSWNMA then used the IRC’s threat—that it would not hear the “special case” if any further industrial action was taken—to impose a strike ban that has remained in place ever since.

The NSWNMA bureaucracy’s actions are not mistakes or tactical errors. They are merely the latest examples of a modus operandi that has been used to suppress the struggles of nurses and midwives and impose cuts to wages and conditions for decades. Nor are they unique to the NSWNMA. The same methods have been used by the other unions representing doctors, psychiatrists and other health workers, as well as the broader public sector.

This means health workers need to take matters into their own hands. To fight back requires the development of independent organisations, rank-and-file committees led by workers themselves, to organise action and link up with workers across the public sector against the Labor government’s sweeping cuts to wages and social spending.

A unified struggle involving public hospital workers across the state would be a powerful start to what is required—a political struggle against Labor and the unions, and a fight for a socialist alternative to capitalism under which even the most basic public needs, including health care and decent wages, are subordinated to the profit demands of big business and the banks.



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