

Nurses quit Australian hospitals in record numbers

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A report delivered to the federal government on September 16 warned that Australia's nursing shortage will rise six-fold to 31,000 by 2006, with another 22,000 nurses leaving the profession over the next four years. A spokesman for public hospitals, Australian Healthcare Association chief executive Mark Cormack, described the predicted staffing crisis as "catastrophic" for a system already "really struggling with current vacancy levels".

Yet the release of the government's National Review of Nursing Education, *Our Duty of Care*, prompted only a new round of buck-passing between the federal and state governments. Federal Health and Ageing Minister Kay Patterson demanded that the states, which run the public hospitals, provide the money to improve nurses' conditions; while the states insisted that the federal government had to inject the cash needed to expand the training of new nurses.

Amid the mutual recriminations, nothing was said about the underlying factors that have caused tens of thousands of dedicated nurses to quit the hospital system in recent years—above all, to use the expression of nurses themselves, the transformation of hospitals into "businesses," where ruthless cost-control measures, accelerated patient throughput and acute understaffing make it impossible for nurses to properly care for patients.

The government's report itself, commissioned in April 2001, provided no solutions. There was no suggestion of boosting funding for the hospitals, reversing the cost cutting or raising nurses' pay. Instead, it called for a better "marketing profile" to improve nursing's "image" and suggested that student nurses could be employed to plug the gaps, marking a return to the days when trainee nurses were used as cheap labour.

According to the report, hospitals nationwide already have a shortage of 5,000 registered nurses, with about 1,800 vacancies in New South Wales, the most populous state. Intensifying the problem is the fact that younger nurses are leaving en masse. Nearly 40 percent of registered and enrolled nurses are now aged 45 years or older—almost double the proportion of 15 years earlier.

The nurse shortage indicates that after years of federal and state budget cuts, hospital shutdowns, bed and ward closures and job losses, the public hospital system is on the verge of breakdown. Cormack said any significant increase in the shortfall in Sydney hospitals, now 10 percent short-staffed, would increase the frequency of hospitals turning away emergency patients.

Earlier this year, the NSW Nurses Federation (NSWNF) released its own study into the exodus, intending to use the results as part of a bid for a 15 percent pay rise. In NSW, some 17 percent of nurses have left the workforce in the past 12 months, and 80 percent of those remaining are looking for alternative work. Out of 92,177 nurses statewide, 15,670 have left.

Published in May, the NSWNF survey, conducted by Australian Centre for Industrial Relations Research and Training (ACIRRT), found that the predominant reason for nurses quitting was the "business mindset" prevailing in hospitals. As a direct result of government funding reductions and the introduction of "casemix"-style financing formulae, which force hospitals to slash costs per patient, nurses say they can no longer provide adequate care.

In one of ACIRRT's focus group meetings, a current nurse stated: "We suffer [as well as patients] because we can't give the care we know is needed; that we were trained to do." Another nurse said: "The patients just don't get the care."

An ex-nurse of 35 years said: "There have been big changes with running the hospital like a business and forgetting about patient care... Because I was involved in getting the patients out quickly it was my job to make sure they got out of the hospital with the appropriate follow-up... I was getting quite disillusioned about the way the place was run and the decisions that were made at the executive level and the fact that the discussions hardly ever centred around patient care... It was more about how much money are we were going to save at the end of the day."

Another ex-nurse who worked in theatre for nine years said: "Within each hospital system there is the costing centre

and now they have business development managers responsible for costing centres... It's all coming down to business. As much as we would like it to be a public hospital system, it is not, it's a profit centre. Money should not be driving the public hospital system."

Increased bed occupancy rates, shorter patient stays and the diversion of less-ill patients into day surgery centres have placed hospital ward nurses under enormous pressure. A senior nurse administrator said: "The wards were staffed way back for about an 85 percent occupancy of patients and now they run at over 100 percent. The patients that used to come in for 10-day stints now come in for 2. The throughput and the movement and what nurses have to do now in the ward area is just incredible."

Extra responsibilities and increased workloads are imposed upon nurses, causing severe stress. Because of other cutbacks, nurses are expected to perform a wider range of duties, from physiotherapy to cleaning and ward security. They often have to work outside their area of expertise, putting patients and their own lives at risk. New technologies and increased demands for financial accountability have been introduced without due consideration for staffing implications.

Due to the increased number of staff shortages, agency nurses are hired to fill the gaps, but this only increases the level of responsibility for the remaining permanent employees. Employing agency staff also costs hospitals a great deal more, putting further strain on their budgets.

One ex-nurse from Camperdown, with 20 years' experience, stated: "If it [the hospital] wasn't short-staffed, a lot of nursing problems—be it injuries or mistakes being made—probably wouldn't happen so often. I mean people are human and so mistakes will always be made, but if you haven't got the extreme shortage of staff putting pressures on people then things wouldn't be so bad.

Another ex-Camperdown nurse told a harrowing story of an ill-trained agency nurse in an over-worked ward who put an oral medication down an IV [intravenous drip], causing a patient's death. "You finish a shift at 11pm, you don't get home until 12am, and they expect you up at 5 or 6am to start work at 7am, and you're not supposed to make mistakes? It's just ludicrous."

Nurses are also less able to support each other. This is mainly due to the reduced number of senior registered nurses in the hospitals. Junior nurses have no backup or support and become disillusioned and leave.

Summing up her experiences, one young nurse from Westmead said: "Depending on your ward, because you're spread so thin, sometimes you don't get to care for the patients like you'd like to. I'm not long out of university and you hear a lot about holistic care. On some wards you

don't have time to sit down with the old lady that's scared of dying."

A nurse from Taree said: "On graduation day I said I'd never go into nursing. I worked at St Vincent's in my last rotation and it was such a shock to see that even as a student there was no support. When I saw what they expected us to do as a student and thought 'my god what will they expect as a graduate?' A friend of mine was in charge of a cardiac ward in her first year out and a patient had a cardiac arrest, which she hadn't seen before. She only had two agency nurses and an enrolled nurse with her. By the time the arrest team got there she was an absolute emotional wreck. She ended up on anti-depressants."

Underlying all the difficulties were chronic understaffing, inadequate resources, lack of necessary equipment and deteriorating conditions.

A further long-standing problem facing nurses is shift work, particularly rotating shifts. Nurses have little social life and are unable to spend regular time with family or friends. Rotating shifts mean working combinations of mornings, afternoon and night shifts on a weekly basis. Despite the fact that hospitals are an essential service, with nurses providing critical care, of all the occupations requiring shift work, nursing is possibly the only one without regular, rather than rotating, shifts. As a result, nurses face increasing stress, lack of sleep and insufficient rest between shifts.

Based on nurses' comments, the union-sponsored report establishes that poor pay levels, while a factor, are not the primary cause of nurses walking away from their chosen profession. Yet, the NSW Nurses Federation is concentrating simply on its pay claim, currently before the NSW Industrial Relations Commission. This is in line with the union's role over the past two decades in collaborating with successive governments to contain opposition to funding cuts, cost-control dictates, closures and worsening conditions.



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