

# At statewide strike, NSW nurses speak on increasingly difficult working conditions

Our reporters

25 September 2024

More than 10,000 New South Wales (NSW) public sector nurses and midwives took part in strike rallies yesterday, opposing further real wage cuts by the state Labor government.

Reporters from the *World Socialist Web Site* spoke with striking nurses and midwives at the Sydney rally about the dispute and the dire conditions they confront in the public health system. Some workers' names have been changed to protect them from possible employer retribution.

**Georgia** said: "I think what frustrates me is that 3 percent on our wage is not like 3 percent on a politician's wage. We're not even getting past inflation. I think that's the minimum.

"[The government has announced] something like a \$300 million upgrade for the Penrith stadium but they won't even think about a liveable wage for those in the health care system. I'd like to think they care about nurses and patients but the reason we're here shows otherwise.

"We are so understaffed a lot of people are either leaving the job after a few years or moving to states where they can earn more, so we have incidents like there are 14 patients to one registered nurse and one Assistant in Nursing (AIN), with 5 patients that are meant to have one-on-one or two-on-one care. That is not safe or feasible."

Another nurse added: "I have looked after ten patients with [only] AINs. AINs have to work under the supervision of a responsible staff member. They have to report everything to nurses. That is not fair. It's not fair for me, it's not fair for AINs. It's not fair for sick patients.

"If you ask anyone who is here they will tell you it's the worst it's ever been. All the senior staff are leaving. In our ward, so many nurses leave and say they are not

doing nursing anymore. They go for another job. We work morning, noon and night. That affects your health. We don't get shift penalties. If you don't work overtime, you can't feed yourself and your family. The banks won't give us a mortgage because we're not earning enough. New graduates are leaving nursing."

**Akila**, a primary health nurse with seven years of experience, said: "Management don't support us enough. They expect us to continue doing the same amount of work without extra support.

"We're quite understaffed and the workload is a lot. When we ask for extra staff, we're told, 'budgeting.' It's like 'take one for the team,' but you don't really feel like you're part of a team.

"When you go to work, you don't want to think about the pay, you're there to care for sick people. But it's difficult when you're given eight patients all by yourself."

**Dami** is a paediatric nurse who is studying to become a midwife. Asked if gender was the main issue driving down pay and conditions for nurses, she said, "I don't think so, I think it's something else."

**Evelyn** works in a large public hospital in the western district. She said a particular problem was "patient ratios and the skill-mix. There's always just one senior registered nurse and the rest are new graduates or nurses from the casual pool. It's unacceptable.

"We have high-risk patients and patients on chemotherapy. Not many people have that skill-mix.

"We have new graduates that are made team leader, but they haven't been trained to be team leaders. These conditions definitely put both patients and nurses in danger."

**Michael** said: "I work in country New South Wales in a mental health unit. We lack services that the major cities have so the policies we work under don't reflect

our capacity to deliver those services. For example, a patient might be ready for discharge and in the city there is available public transport to take them where they need to go, but in the country there could be no available transport for days. We also don't have the security backup major city hospitals have.

“We don't have the community teams to give patients preventative support or support when they're a little bit unwell, we have to wait until they are really sick before we can give them support.”

**Jill**, a mental health nurse, pointed to the impact of the broader social crisis on the health system: “In the central coast region, mental health issues are the highest in the state. People are predominantly unemployed. People move from Sydney to cut costs and then drive down to Sydney to work but that has meant rents have gone up here. I've got clients who can't find any accommodation to rent. Public housing is limited.

“There are days when I'm the only nurse in the clinic. We have casuals supporting us but a lot of them are very inexperienced and many are general nurse trained so they have little psychiatric experience. Five of our people have left in just my centre and they've gone to the casual pool where they get more money and three have gone to Queensland. Our social worker has been off sick for a year and none of these people have been replaced.”



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