

Australia: NSW nurses' union shuts down fight for wage increase

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The New South Wales Nurses and Midwives Association (NSWNMA) is collaborating with the state Labor government and the Industrial Relations Commission (IRC) to ban health workers from actively opposing further real wage cuts.

The NSW Labor government, led by Premier Chris Minns, is seeking to have the IRC enforce its meagre pay “rise” offer of 9 percent over three years through arbitration. This figure is barely higher than the official inflation rate and far short of what is needed to combat the cost-of-living crisis confronting the working class.

The NSWNMA has responded by insisting that its membership must accept the framework of the IRC, and promoting illusions that workers’ demands can be won by the bureaucracy presenting a “special case” of its own to the tribunal.

The union matter-of-factly informed workers that hearings for this “special case” will not take place until September or November, more than 18 months after negotiations began for the 2024 Award. The IRC requires that no industrial action be carried out by nurses and midwives while this case is underway, barring workers from playing any further direct role in the dispute.

The IRC functions as an instrument of big business and the state government to enforce their demands and suppress opposition from workers. It has repeatedly declared strikes by nurses and midwives illegal. The NSWNMA, compelled by the determination of health workers to proceed with the stoppages despite the bans, has been slapped with tens of thousands of dollars in fines.

Moreover, the IRC has rubber-stamped every government attack on real wages and conditions in the NSW public sector. These have included the insulting and derisory 0.3 percent “rise” in 2020, early in the COVID-19 pandemic, a decade-long official 2.5 percent per annum pay rise cap and further cuts under the present Labor government, which has enforced its own wage cap in all but name.

This is the true character of what the union bureaucrats hail as an “independent umpire,” to which the NSWNMA leadership is now telling nurses and midwives they can appeal for better wages and conditions.

Even on the face of it, the “special case” represents the abandonment of numerous demands contained in the log of claims voted on by nurses and midwives last year. The NSWNMA claims that this is because the IRC is not empowered to rule on “government policy” or “professional issues.”

Mandatory staff to patient ratios—central to workload, safety and

quality of care—will not be addressed in the “special case.”

In the 2023 state election, the NSWNMA claimed that a vote for Labor was a “vote for ratios.” Almost two years on, ratios have still not been implemented in more than a handful of hospital departments across NSW. Yet in their update to members on the “special case,” the NSWNMA claimed it was “continuing to work closely with the Ministry of Health on the introduction of safe staffing levels.”

Important work/life balance claims are also not included, including that rostered days off be consecutive, allowing nurses and midwives to have a weekend, and a ban on being rostered for night duty before a day of annual leave.

The “special case” also omits the demand for 100 percent of the benefits from salary packaging—the use of pre-tax income to cover certain permitted expenses—to flow to staff. Under the present arrangement, 50 percent of the benefit is returned to the government.

What is contained in the “special case” are demands for a 35 percent pay rise over three years, 30 percent night duty penalty rates, 20 days of annual sick leave and a meal allowance for patient transport workers.

This would include a 12 percent pay increase in the first year, which the NSWNMA claims is equivalent to its previous 15 percent claim, because it would be on top of the 3 percent interim pay rise award late last year. However, there is no guarantee that whatever pay increase the IRC awards will be backdated.

But a 15 percent rise would be woefully insufficient to make up for previous cuts and the soaring cost of living. It was never anything more than a smokescreen to cover the sellout being prepared by the NSWNMA bureaucracy.

Moreover, as NSWNMA Secretary Shaye Candish stated, the 15 percent figure was arrived at by “finding the savings needed to pay for the pay rise that we have sought.” In other words, any increase in the wages of nurses and midwives would have to be paid for through increased workload or cuts elsewhere in the public health system.

It is a virtual certainty that the “special case” will be based on similar concessions and suggested cost savings.

The NSWNMA completely accepts that the case means industrial action must cease, presenting the IRC’s conditions without criticism to its membership and stating that any campaign waged during this time will merely consist of maintaining “pressure” on the Labor government, through endlessly writing to

and calling local parliamentarians.

The union's total agreement with the anti-democratic strike ban is highlighted by its call for off-duty nurses and midwives to "picket parliament" on the morning of February 13. This "own-time action" is a stunt, designed to allow frustrated health workers to let off steam through polite appeals to the very government that is slashing their wages and conditions. The bureaucracy will be anticipating a far lower turnout than at the strike rallies last year, which it can point to as "evidence" the appetite of members for real industrial action has waned.

The point of these endless pleas to Labor parliamentarians, the union states, is to "Make sure the politicians know what is at stake if nurses and midwives don't receive a competitive pay offer."

This is a fraud. The government is well aware of what it is doing. Labor's meagre pay offer, made to all NSW public sector workers in May 2024, is part of a deliberate assault on wages, conditions and social spending.

The purpose of the bogus letter-writing campaign is to promote illusions that nurses and midwives can win their demands through an appeal to the better nature of individual members of the very Labor government that is trying to slash their wages. Like the "special case," it is intended to persuade nurses and midwives that there is no need for an industrial struggle.

The reality is that the NSWNMA bureaucracy was already doing everything it could to suppress and undermine the efforts of nurses and midwives to fight.

In April, some 1,200 nurses and midwives signed a petition urging the NSWNMA to fight for a 30 percent pay rise, instead of 15 percent. The NSWNMA leadership undemocratically blocked the demand and made clear that even if a majority of workers voted in favour, the union's executive council would consider it a "recommendation," and simply ignore it.

Another 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. The NSWNMA refused to endorse this initiative, ostensibly "because it had been generated outside their democratic processes," according to an organiser of the campaign.

The NSWNMA called just three major statewide strikes in 2024, with the third, in November, begrudgingly held after the union had already agreed to the "interim" pay rise and imposed a six-week strike ban, claiming the government was close to meeting workers' demands.

At each strike, the NSWNMA insisted the low wages of nurses and midwives were the result of misogyny, due to it being a "female-dominated" industry. This was a foul and divisive campaign based on upper middle-class identity politics. It was aimed at covering over the fact that the entire public sector has been subjected to the same assault by the Labor government and sabotaging any attempt to build a unified counterattack.

Nurses and midwives must draw lessons from these experiences. The union apparatus offers no way forward to fight for decent wages and conditions. Workers must build their own independent rank-and-file committees in every hospital and health facility, as the means through which to democratically discuss demands, share

information and develop a strategy to fight back.

These committees should be open to staff from every section of the health system. All health workers confront attacks on their wages and conditions, amid a deepening public health crisis resulting from decades of government spending cuts, imposed with the collaboration of the union bureaucracy.

This should include NSW staff specialist psychiatrists, almost 200 of whom have threatened to resign in recent weeks, over the Labor government's refusal to grant an immediate 25 percent pay rise to help address chronic understaffing. This act of desperation, promoted by the Australian Salaried Medical Officers Federation, is a dead-end that has been seized upon by the government to accelerate the further privatisation of mental healthcare.

For nurses, midwives, psychiatrists and all other health workers, as well as broader layers of the public sector, the only way forward is through a unified political struggle against the Labor government, the industrial courts and the union bureaucracy. Above all, what workers are up against is the capitalist profit system and the subordination of health and other vital social services to cost cutting and privatisation.

The alternative is the fight for a socialist program, aimed at establishing a workers' government to place the banks, corporations and healthcare under democratic workers' control and ownership. Only then can society's vast resources be directed towards meeting human needs, including free, high-quality medical treatment, with fair wages and conditions for all staff, instead of the demands of the financial and corporate elite.

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