

THE CRISIS IN NURSING IN QUEENSLAND: A DEEP DIVE INTO SYSTEMIC CHALLENGES



Source: Queensland Government

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1. INTRODUCTION

The nursing profession, long regarded as a cornerstone of healthcare, is currently facing an unprecedented crisis in Queensland. Systemic issues such as the bureaucrat-to-nurse ratio and a pervasive culture of bullying have created challenging working conditions that compromise both the mental health of nurses and the quality of patient care. This report explores the key challenges within Queensland's nursing sector, with a focus on midwifery, where the consequences of these systemic issues are particularly evident.

2. BUREAUCRAT-TO-NURSE RATIO: CENTRALISATION VERSUS LOCALISATION

2.1 CENTRALISATION AND LOCALISATION IN HEALTHCARE

A significant issue within Queensland's healthcare system is the growing disparity between the number of bureaucrats and frontline nurses. Currently, Queensland has one bureaucrat for every two nurses, raising concerns about the efficiency and focus of healthcare administration. In contrast, countries like Germany and those in Scandinavia have much lower bureaucrat-to-nurse ratios, often one bureaucrat for every five to seven nurses. These nations prioritise frontline care and localised decision-making, leading to more effective healthcare delivery.

Ramsay Healthcare which operates one of largest private hospital care networks in France observes ratios of one bureaucrat to 10 nurses.

The centralisation of healthcare administration in Queensland has resulted in decisions being made by individuals removed from the realities of clinical work. Moreover, this approach often leads to a one-size-fits-all method that fails to address the unique needs of different hospitals and regions.

2.2 IMPACT ON OPERATIONS

The Office of the Auditor General's 2023 assessment of Queensland Health noted that centralised decision-making, particularly in budget and funding allocations, has placed significant strain on Hospital and Health Services (HHSs). Eight HHSs operated at a deficit in 2022-23, primarily due to pressures from centralised budget requirements and the cessation of COVID-19-related funding. This centralised approach has also led to inconsistencies in asset management and maintenance standards, resulting in uneven reporting and strategic planning that potentially impacts service delivery [¹].

3. BULLYING AND CULTURAL COSTS

The demands of nursing are both intense and challenging. The following case studies from the past decade illustrate how a detrimental culture has impacted patient outcomes.

3.1 THE TRAGIC CASE OF A GRADUATE MIDWIFE IN 2015

In 2015, a newly graduated midwife at the Royal Brisbane and Women's Hospital (RBWH) took her own life after enduring relentless bullying from colleagues in the birth suite. Despite her visible struggles and existing mental health issues, the silence of her peers—rooted in fear of retaliation or job loss—allowed the toxic culture to persist unchallenged. This tragedy highlights broader issues within RBWH, where new graduates and other vulnerable staff members have faced similar challenges.

3.2 ANOTHER SUICIDE IN NOVEMBER 2023

In November 2023, another senior midwife at RBWH committed suicide following a shift in the birth suite, echoing the tragedy of 2015. This incident underscores the persistent and unaddressed problems within the hospital's midwifery department, where bullying and poor management practices continue to thrive unchecked.

3.3 ESCALATING CONCERNS AT REDCLIFFE HOSPITAL

At Redcliffe Hospital, Jackie Pulleine, a midwife with four decades of experience, raised concerns about preventable patient harm and baby deaths. Instead of receiving support, Pulleine has been on 'leave' for 18 months. Pulleine's experience reflects a broader problem within Queensland's healthcare system, where whistleblowers are often punished rather than protected.

3.4 THE CULTURE OF SILENCE AND FEAR

The reluctance of midwives and other healthcare workers to speak out against bullying and poor management practices stems from a deep-seated fear of retaliation. This culture of silence perpetuates systemic issues and hinders meaningful reform. The impact on mental health is profound, with many nurses and midwives suffering in silence as they cope with workplace pressures.

4. WAITING LIST DATA

Queensland's healthcare system is also grappling with expanding waiting lists for critical medical procedures. The shortage of nursing staff, compounded by the overextension of existing resources, has led to longer waiting times for patients. This exacerbates patient suffering and increases the burden on emergency departments, as patients unable to access timely care in the community often turn to hospitals as a last resort.

Data from the Auditor General of Queensland reveals:

- Waiting times for specialist outpatient services have worsened, with 112,231 patients waiting longer than clinically recommended. This is an 8% increase from the previous year and represents the lowest percentage of patients seen within recommended times in the last eight years.
- Emergency departments are also under strain, with only 54% of patients seen within four hours in 2022-23, down from 58% the previous year. The report attributes this to increased demand for emergency services, particularly among an ageing population and those with complex health issues.

The Queensland Ambulance Service has experienced a 19% increase in "lost time" due to delays in patient transfers to emergency departments, totaling approximately 160,000 hours lost in 2022-23^[2].

5. BED AVAILABILITY

Bed availability in Queensland hospitals has reached a critical point, with occupancy rates consistently exceeding safe levels. The shortage of beds is a direct consequence of staffing issues and insufficient investment in infrastructure. This shortage has a cascading effect on patient care, leading to overcrowded emergency departments, delayed surgeries, and increased risk of hospital-acquired infections.

5.1 SHORTAGE OF NICU BEDS - DEATH OF BABY BENSON AMID BED SHORTAGE

Reporting by Jackie Sinnerton for *The Courier Mail* highlighted the death of Benson Leslie at 22 weeks and six days old, amid concerns about the availability of neonatal intensive care unit (NICU) beds in Queensland. Brianna Walong, 24, was in labor at Toowoomba Base Hospital when she was reportedly informed that there were no NICU beds available in the state.

Despite her efforts to secure medical intervention, including invoking Ryan's Rule, her son, Benson, passed away in the womb at 22 weeks and six days gestation. Brianna's stepfather questioned the availability of NICU facilities, noting that Premier Steven Miles stated that beds were available at the time and advised that a review into this case had been ordered.

6. CAPABILITY GAPS: A CASE STUDY OF MATERNITY WARDS

6.1 UNDERSTAFFING AND WORKFORCE PRESSURES

Queensland Health faced significant workforce pressures in 2022-23, with high levels of staff overtime and shortages in critical areas, including maternity services. This has contributed to higher levels of sick leave and overtime expenses, placing additional stress on an already stretched workforce [³].

6.2 INADEQUATE RESOURCES

Queensland Health's expenditure on maternity services has not kept pace with growing demand. The increase in service delivery (11% in 2022-23) was not matched by equivalent funding increases, leading to resource constraints [⁴].

6.3 INSUFFICIENT SUPPORT FOR MIDWIVES

Reports indicate that midwives in Queensland are often working in environments with insufficient staffing levels, leading to increased workloads and burnout. The Integrated Workforce Management Program (IWFM) is being rolled out to address rostering issues, but its current reach is limited [⁵].

6.4 SYSTEMIC FAILURES IN MANAGEMENT AND TRAINING

The Queensland Audit Office found significant deficiencies in the management of health services, including inadequate training and poor management practices. These deficiencies have been linked to adverse outcomes in maternity care, including preventable complications and increased maternal and neonatal morbidity [⁶].

6.5 LACK OF ACCOUNTABILITY

The lack of accountability in Queensland's healthcare system is underscored by the continued rise in anticipated maintenance and operational deficiencies, which have not been adequately addressed despite ongoing recommendations. This lack of accountability directly impacts the quality of care in critical areas such as maternity services [⁷].

7. NURSE CHURN

High nurse turnover, or churn, is another symptom of the crisis within Queensland's healthcare system. The pressures of the job, combined with a hostile work environment, lead many nurses to leave the profession or seek employment elsewhere. This churn not only affects the continuity of care but also places additional strain on remaining staff, who are often forced to work longer hours to cover shortages.

According to the Queensland Nurses and Midwives Union, almost half (46%) of respondents from its member survey (estimated 20,000) were considering leaving the profession [⁸].

8. EXPENDITURE GROWTH: AN ECONOMIC ANALYSIS

The Queensland healthcare system faces significant financial challenges, with hospital spending increasing at an unsustainable rate. According to the Australian Institute for Progress (AIP) report, hospital expenditures in Queensland have grown by 4.25% per annum in real terms since 2012-13, outpacing both population growth and economic growth.

According to the AIP analysis, the Queensland Health system will need an additional \$5.322 billion per year within the next five years and \$10.281 billion per year within the next decade to sustain its hospital system. Queensland's budgetary challenge is already significant, with state debt levels elevated and committed expenditure for key projects over budget. The AIP report notes that hospital spending alone will add 4.14% to total Queensland government outlays in five years and 10.07% in ten years.

Almost one-third of Queensland's \$75 billion budget for 2023-24 is allocated to health, with hospital operations comprising the majority of this spending. Moreover, the AIP report notes that while the Queensland government has projected a 3.9% per annum increase in hospital expenditure until 2026-27, this estimate is likely conservative. The historical growth rate of 4.25%, combined with the government's plans to significantly expand the number of hospital beds by 2028, suggests that actual costs may rise even faster. This expansion, which aims to add 2,509 new beds, is projected to increase real costs by an additional 0.93% annually. Current wage

agreements guarantee public servants in the hospital sector a 4% wage rise plus a 3% cost-of-living adjustment. These increases, if not matched by corresponding productivity gains, will exacerbate the financial strain on Queensland's healthcare system [^9].

9. THE NEED FOR SYSTEMIC CHANGE

The recurring issues within Queensland's healthcare system, particularly within midwifery, call for urgent systemic change. The experiences of individuals like Jackie Pulleine and the tragedies at RBWH should serve as a wake-up call for those in power. Without significant reforms, the system will continue to fail both its staff and the patients they are meant to serve.

10. CONCLUSION

The crisis in nursing and midwifery in Queensland is a multifaceted problem that demands immediate attention and action. The systemic issues outlined in this report—from the bureaucrat-to-nurse ratio to the culture of bullying—are deeply entrenched and require comprehensive solutions.

Policymakers and healthcare administrators must take urgent steps to address these challenges, not only to protect the mental health and well-being of nurses and midwives but also to ensure that the healthcare system can deliver the high-quality care that Queenslanders deserve.

There is little point asking or even ordering the people who administer the system now to reform it. The widely accepted status quo underpins a view of a system working well rather than one of crisis. The tragedies at RBWH and Redcliffe Hospital should be the catalyst for change, not just within these institutions but across the entire healthcare system in Queensland. The question is not so much what should be done but who should be doing it, how should they be doing it and most importantly where should it be done.

The NPAQ has a clearly articulated plan to move to a locally autonomous self-managed but funded by the government system. This is what happens all over the world and used to happen in Australia. The money saved will be enough to more than pay every nurse twice as much. They only need 25% more. It is time to act and go local.

11. BIBLIOGRAPHY

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