

It is time to stop blaming the pandemic

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An elderly woman was found dead when the ambulance arrived 2.5 h after her call for assistance.¹ An 8-year-old girl dies less than 24-h after presenting to the Emergency Department. Her parents allege that concerns raised by them about their daughter's health were not heard.² These two incidents occurred within a 3-week period; one on the west coast and the other on the east. Yes, these incidents will be investigated, and a report released. A likely finding will be that staffing shortage was a contributing factor. The blame game will continue with staff shortages attributed to the coronavirus disease 2019 (COVID-19) pandemic and governments being accused of funding cuts.

There is no doubt that the COVID-19 pandemic has impacted significantly on workforce availability and workload, but health workforce shortage is not a new issue. A position statement released by the Australian Healthcare and Hospitals Association in 2017³ recognised that the demand for healthcare is increasing for various reasons including (but not limited to) an aging population and increasing rates of chronic disease. A key issues paper prepared in 2013 for the 44th Parliament of the Commonwealth of Australia refers to traditional models of patient care not being able to cope with demands for healthcare in the future.⁴ This paper also identified the need to increase the aged care workforce by two- to three-fold by 2050 to meet the increase in demand. Yet in 2022, we continue to see reports of potentially avoidable deaths that will ultimately be blamed on workforce shortages.

With health services across Australia facing challenges, it is clear that the problem is systemic, and not isolated to one or two healthcare providers. Stories of patients waiting for hours to receive acute care are prevalent as are reports of neglect in the aged care sector. Whether it be health workforce numbers or outdated models of care, how much responsibility should senior executives and leadership take for allowing these problems to continue? We have all read the literature about how good leaders inspire and motivate staff to deliver on organisational goals, but the problem appears to be bigger than getting current employees to deliver. Leaders are also expected to be able to influence upwards and negotiate resources required to meet the demand and deliver a quality service to local communities. With leaders of multiple publicly funded healthcare services across the nation not being able to deliver on this expectation, the problem is likely to be bigger than individual leadership capabilities. However, senior leadership must take responsibility for this collective failure in the health system not being able to deliver quality healthcare in a timely and safe manner. Perhaps it is time for senior leadership to show courage and stand united in their effort to influence upwards and achieve change at the higher levels. A mass exodus⁵ or ethical resignations⁶ maybe what is required to ensure that our health services meet the increasing demands that were predicted years before the COVID-19 pandemic.

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