

Submission
No 59

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Name: Name suppressed
Date Received: 25 November 2020

Partially
Confidential

Thursday 19th December 2020

To the Rural Health Inquiry

I am writing to you about the issues I personally experience working as a Registered Nurse . I grew up in and completed my post graduate year in Dubbo and what was then the Macquarie area health service working in 3 rural sites. I also lived and worked in for 6 months in 2002. I have an emergency background and started working in after meeting my now husband . My current position is working part time in Community Health. I have chosen to work part time to allow balancing our business and family commitment's.

I really enjoyed working on the Acute ward which also treats the emergency patients, it gave me variety in my nursing practice. I have worked hard but enjoyed it and felt I was contributing in a positive way to my community. I took the opportunity in 2016 to change to community nursing after nursing hours was reduced by 8 hours on the evening shift in the years before. With only 2 registered nurses left to manage up to 12 acute patients and all ED presentations I felt I could not safely deliver nursing care to these patients anymore. I could not sleep after an afternoon shift worrying about what I didn't do or what I missed.

During the last 3 years I have picked up extra shifts both in the Acute ward and Residential aged care wards. I did this to support my family during a long drought which my business was financially impacted. Extra shifts could not pay the bills but it ensured there was food on the table and a roof over our head for which I am truly grateful for. During this time another 8 nursing hours has been reduced on the day shift. This has had a profound impact on safe patient care and staff morale. In a small town I feel a great responsibility to the community to provide the best health care possible, but most of the time we struggle to provide basic care while triaging and treating emergency patients. Feeling like you let the patients (and indeed your community) down every shift is exhausting. There is less staff to call upon and those that remain do not want to do extra shifts to cover sick leave and annual leave as we cannot physically and mentally face it any more. I am constantly asked to fill in the many empty shifts on the acute ward, I really struggle to say 'No' when I know my colleague will be working understaffed. This is compounded as I know my family and business also need me at the same time.

I needed some annual leave during November . I was only able to find a replacement for 2 shifts. This resulted in extra strain and stress for my husband to pick up my shortfall.

Rural communities do not expect City like services but they do deserve to have safe and appropriate treatment close to home. Lack of transport and support services, low incomes and isolation have profound negative impacts for the community. Some of my patients are waiting a year or more just to see a specialist which they then have to travel to Dubbo, Orange or Sydney for. We are talking about the elderly with limited family locally, people with no transport and limited money and multiple complex health issues. Sometimes it's just too hard, so they don't bother, which result in longer stay in hospital, more hospital presentations and longer care needs and obviously negative health outcomes. Some videoconferencing services have helped in some way, but staffing around this service has not been provided, further putting impact on the local health system.

I really enjoy my community nursing role and feel I positively contribute to my patients lives ensuring they can achieve health outcome that they want individually .When I started in community nursing 4 years ago we did wound care, palliative care, chronic and complex care. We now also do an infusion clinic, fitness group, integrated care, ambulatory care like services (Baxter infusers) and aged care service referrals via my aged care. We have no increase in nursing hours. I believe we provide a great service, but I feel we could do it better with extra nursing hours. All of our clients have complex health needs and many are frail and isolated.

Thank you for taking the time to read my submission, I hope this inquiry will improve health services and working environment and our community.

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