

Submission
No 557

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

Name: Name suppressed
Date Received: 14 January 2021

Partially
Confidential

I held the position of _____ Hospital for 15 years. I resigned from that position _____ due to overwhelming levels of stress that I had endured for more than 3 years following a restructure of MLDH. That restructure saw both senior managers at _____ Hospital the facility manager and her deputy both take redundancy packages and leave. Both of these managers along with myself are registered midwives and could be called upon to help out whenever and wherever required to support staff in any area of the facility.

Since the restructure I have witnessed many changes in the management of the facility.

Little to no consultation in changes or decisions from the facility and cluster manager.

In my opinion communication was extremely poor, issues not managed effectively, patient journeys not optimal. Staff moral declining due to these issues, coupled with unreasonable workloads, poor skill mix, no VMO on call leaving the staff feeling overwhelmed with no available doctor for emergencies.

Patients attending for day surgery would have long (avoidable) waiting times throughout the day, often having to travel long distances at night following their procedure.

Women choosing to birth at _____ Hospital are often transferred to Young or Wagga Wagga at the last moment due to little to no midwifery coverage. I do not consider this to be woman centred care and interferes with working towards normal birth for these healthy low risk women at the same time increasing their levels of stress and often then having to deal with angry birthing partners.

I was told a pregnant woman had tried to contact the _____ Hospital 5 times to make an antenatal appointment with no answer as there is often no midwife on duty, so she has now booked to birth at Young.

Women and their new born babies had presented to the facility for the babies hearing test.

Normally an audiologist would come from Wagga Wagga once a fortnight to conduct the tests. Due to Covid restrictions the audiologist was denied entry to the facility, (without good reason or communication or consultation to myself on the ward) and states she was spoken to rudely by the facility manager. The normal process would be for the mothers to present to the maternity waiting room for their babies hearing test. I was told by a distraught visitor that she witnessed mothers breastfeeding their babies on the front step of the hospital as they had been denied entry also. The babies hearing tests were attended to in the hospital car park.

Junior staff working in the emergency department reported to me that they were not being supervised or supported while I was on leave. Leaving them stressed and often anxious

about coming on shift. I had stated to the facility and cluster managers when they told me that they had rostered these new grads in ED that this was not acceptable or safe for the clinicians or the consumers of our service. However it was made clear to me that my opinions meant nothing to them. Since I have resigned I was told that an incident occurred in the ED with a delay in treatment for a patient which has had an extremely negative impact on this registered nurse. The incident occurred due to lack of support given to her while working on her own in the ED.

Both new grads have since left Hospital. Since my resignation there have been many more resignations of skilled nursing staff due to their stress levels under the current leadership of the facility and cluster managers.

Staff have voiced their concerns regarding being fearful of the ramifications of speaking out, also adding comments regarding the lack of trust in the leadership and their decisions made without consultation.

Following my resignation a acting NUM was employed for a 3 month period. She lasted 2 weeks in the position.

Two and a half years ago I suffered a psychological injury due to the stress of my workplace and spent 6 months on work cover recovering. The main reasons I returned to work was because I felt that I could make a difference and contribute positively in my role. Being a well respected community member and a positive supportive NUM to my staff. I had been assured by HR that things would be changing on my return to work for the better with managers having access to HR coaches to support and develop all managers throughout the MLHD. Despite being a little sceptical I believed HR and returned to work. However, there was little coaching as staff from HR were not replaced as resignations or secondments occurred within that department. It wasn't long before previous management behaviours emerged again, once again I felt unsupported by my managers.

I feel the stress on the nursing staff has a negative flow on effect to the consumers at Hospital. With anxiety levels high there is far too much negative energy being used which in turn has to have an effect on productively in the workplace.

Some solutions to these issues would include, more qualified nursing staff to cover shifts with patient ratios. Effective and honest communication and consultation. An interest taken in the community of and its people as both managers do not live in the town, travelling together each day approximately 1 hour to the facility. Retention of staff by valuing the wonderful contributions of every member of the team. Celebrating all the good that is done very day being kind and engaging with the community and consumers. All staff projecting a professional image at all times while providing evidence based best practice nursing.