Australian College of Nursing

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#51 SPRING 2025

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

FREE EDITION

A passion FOR NURSING AND EDUCATION

The choices the profession offers

Dr Zachary Byfield MACN

National Director Nursing Education, ACN

Celebrating the unsung heroes

A spotlight on *A Nurse Out Where* podcast

Dainelle Causer MACN

Helping older patients off the antidepressant treadmill

Where nurses fit in

Peta Harbour MACN and Amanda Fuller

+MORE INSIDE

IMMUNISATION

Become an immuniser

347 National Immunisation Program for Healthcare Practitioners

Health care providers are at the forefront in protecting the community's health and wellbeing. Immunisation as a national public health strategy continues to be a cost-effective means in reducing the mortality and morbidity rates related to vaccine-preventable diseases in Australia. In line with the emphasis of the National Immunisation Strategy 2019 – 2024, it is also recognised that having appropriately trained health professionals is crucial in ensuring successful delivery of immunisation services to improve immunisation coverage rates nationally.

The design of the National Immunisation Program for Healthcare Practioners (HESA accredited) course hinges on the national educational requirements as determined by the National Framework (2017). This course aims to equip health practitioners with the essential attributes to be immunisation advocates and promote immunisation uptake nationally. Health practitioners who have successfully passed this course should refer to the Department of Health and Aged Care in the jurisdiction they practise in, or wish to practise in, for information and conditions leading to authorisation to immunise independent of a medical officer.

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Australian College of Nursing

ISSN 2202-8765
Distributed quarterly

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Elect Printing

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02 6283 3470
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Dr Zachary Byfield MACN
National Director Nursing Education, ACN

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Remote NURSES ARE VITAL

Strengthening the remote health workforce

Mindfulness at Kaltukatjara

Lyn Byers was wandering through Alice Springs Hospital when her colleague joked, "Oh goodness, it's like walking around with a celebrity. Everyone is waving and saying hello to you."

Lyn, who sees people from very remote Aboriginal communities in their health needs from birth through to death, replied, "I don't know if that's a good thing. There are too many people in hospital that I know."

There is a stark difference between nursing in remote and urban settings in Australia. The experience can be as challenging as it is rewarding.

With 24 years of experience in very remote communities, Lyn lives in Alice Springs and works for Nganampa Health Council in the APY Lands as a remote area nurse practitioner and midwife. The closest community she travels to for work is a four-hour drive away; the furthest, eight hours.

"I wanted to work in a place where I had to use my eyes and my hands and my ears to actually work out what was wrong with people. I was really looking to challenge myself in a setting that would be resource poor," Lyn explains.

For a remote area nurse (RAN), you're 'it' from the first step through the clinic door.

"You, as a nurse, need to unlock and open the clinic and make sure that your consulting room is ready to go. In remote areas, there's often no cleaners, there's no receptionists," Lyn starts.

While you're doing this, patients could be queued, the phone will be ringing, and you need to prepare people's regular medications.

"Then, in the middle of all that, you could be told that there's a pregnant woman who has tummy pains … or you could be stuck in emergency all day with someone with sepsis waiting for the Royal Flying Doctor Service to come pick them up."

Life for a RAN in community takes some adjustment.

"When living in a remote community, it can be hard to practise what you preach. I try to live out of the community stores so I understand what community people have access to. It can be very hard to purchase healthy food."

"Exercise is a challenge, with cheeky dogs, safety concerns and climate challenges."

"Maintaining social relationships takes more work; it's not the same online as face-to-face."

Lyn adds, "You are the minority person living in a remote Aboriginal community."

"RANs need to remember they are the visitor, and the knowledge or skills they bring may not be appreciated or valued. They really need to have an enquiring mind … always understand that their own perspective is not the only one."

As Lyn describes, resources are limited, and fewer staff are based in a remote clinical facility. Often, there are no doctors on site; instead, they are on call via phone or visit every week or so. Nurses are often the emergency service, too.

Because of this, nurses need to be 'general specialists', working to their full scope of practice across all areas to meet the needs of their communities.

"Remote nursing is the one place an RN will work to their full scope of practice. It's critical for prospective RANs to learn to take a primary health care history and to be able to complete a systematic primary health care assessment using their findings to provide health education and care," Lyn emphasises.

She recalls a routine visit from a woman receiving a monthly injection.

"I weighed her, and she'd lost a lot of weight… I looked at the notes. She'd been steadily losing weight for months."

"When I made her lie on the bed, so I could see her tummy, it wasn't a matter of feeling this unusual lump, I could see it sticking out."

Lyn sent her to Alice Springs for investigation and six weeks later the lady reappeared back in community.

"I said, 'What are you doing? Are you alright?'" she recounts, still a little disbelieving of the transformational impact of her health check. The lady's visit to hospital had enabled the complete surgical removal of her cancer.

"She said, 'They took that rubbish out, sister. I feel better!'"

> **We are the most isolated, we are the ones with the most need, and we have the least resources.**

Lyn on the road in Umuwa

Point of care testing at Iwantja

Lyn says addressing the need in remote communities can be the biggest challenge.

“We know from the statistics from the Australian Institute of Health and Welfare that the further away you go from an urban setting, the sicker you are.”

“We are the most isolated, we are the ones with the most need, and we have the least resources.”

CRANAplus is an organisation that exists to help remote and isolated health professionals like Lyn.

By providing support and education services to, and amplifying the voices of, the remote and isolated health workforce, CRANAplus promotes the development and delivery of safe, high-quality health care.

Kirsty Blair is one of more than 100 volunteer facilitators delivering CRANAplus courses all over Australia to teach the advanced skills needed to effectively respond to presentations within a uniquely isolated context.

Kirsty says, “I like to see the participants open their minds, understand that an isolated clinic is not going to have all the equipment they are used to; realise they have to do more reading before they go remote, finding out more about … medical situations that are common in remote settings and that you will not see in cities.”

CRANAplus also strengthens the remote health workforce by delivering a range of professional services such as mentoring, scholarships, grants, awards, an annual conference, and advocacy, as well as supporting the mental health and wellbeing of the workforce through a free 24/7 confidential telephone support line, wellbeing workshops, and various resources.

Stephanie Cooper manages the Bush Support Line and says, “As psychologists, we are passionate about the Bush Support Line as this critical service is a lifeline for rural, remote and isolated healthcare workers across Australia, allowing them to continue their essential work even when facing personal and professional challenges.”

“It is a privilege supporting healthcare workers during challenging experiences, whether debriefing after a critical event, processing trauma, navigating personal conflicts, or addressing loneliness. Helping these dedicated professionals remain sustainable in their roles is profoundly fulfilling.”

Despite the hurdles that may come with it, it’s the challenge that fulfils Lyn, and the majority of RANs around Australia.

In CRANAplus’ 2024 Member Survey, 73 per cent of participants said they work in rural and remote Australia to make a difference to communities, as well as 65 per cent also saying they do it for the professional extension and satisfaction.

“It’s the best work because it’s the only place you get to cover that entire gamut of health and get to know a population,” Lyn says.

“You do some really good work out here.”

With staffing shortages across the country, there is a real need for more healthcare professionals to take up this challenge in rural and remote Australia – in roles within Aboriginal and Torres Strait Islander communities, outback towns, on and off-shore oil rigs, railway and mining communities, pastoral properties, islands, tourist resorts, and more.

Remote nurses are vital, and CRANAplus is committed to supporting the workforce, both current and emerging.

For those interested in transitioning to remote work contact the Professional Services team at **professionalservices@crana.org.au** for personalised support.

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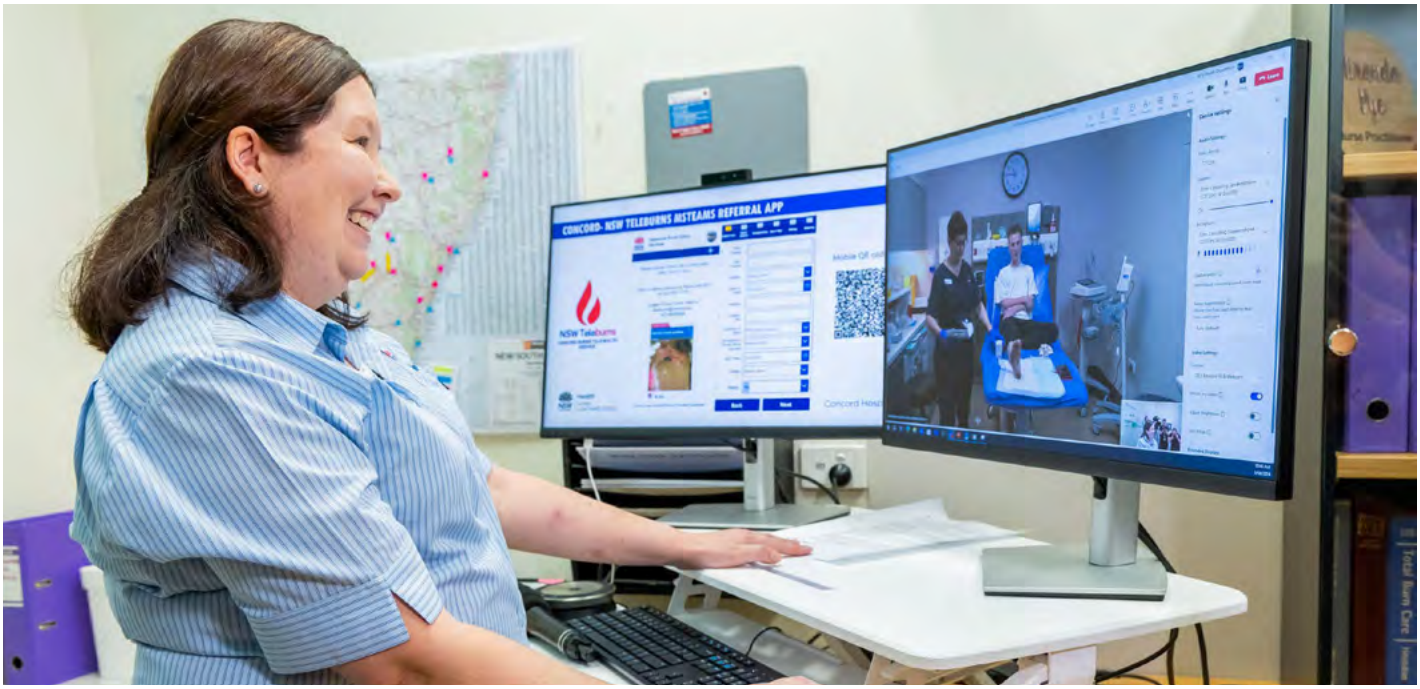
Scan here to access a free *Becoming a Remote Area Nurse: Essential Knowledge* module and employment page

NIKITA SHAW
COMMUNICATIONS AND CONTENT COORDINATOR, CRANAplus

NURSE PRACTITIONER-LED VIRTUAL BURNS SERVICE

Bringing burns care to the bush



Concord Hospital Teleburns videocall with rural outpatient wound clinic

There are 13 burns units in Australia, all located in major metropolitan hospitals. These units each have their own rural catchment area.

Since the early 2000's, Concord Burns Unit's virtual burns support service has been providing specialist burns support to 11 different Local Health Districts (LHD) in NSW and the ACT. Burns rural telehealth support is available to patients with burn injuries from 218 regional and rural towns, classified as being more than two hours' drive away from Concord. This makes up over 40 per cent of the total burns referrals to Concord Burns Unit.

Traditionally, in order to assess burn wounds in rural patients, specialist burns clinicians review digital photographs of the wound and transfer the patient to a burns unit for inpatient or outpatient treatment. Clinicians rely on these photographs to make clinical decisions or give advice, and they are generally sent via email or mobile phone, with a wide variation in image quality. Traditional video conferencing has not provided the visual quality required to make accurate clinical decisions.

In 2019, eHealth NSW partnered with Concord Burns Unit to implement **NSW Teleburns**. Located at Concord Repatriation General Hospital in Sydney Local Health District, it uses the statewide unified communications platform with its high-definition pan tilt zoom video camera on wheels to connect burns patients and clinicians from rural NSW to the entire multidisciplinary team at Concord.

The project was rolled out as follows:

Phase 1 of the pilot was rolled out at Griffith Hospital specialist outpatient clinic, where the technology was first trialled with patients being cared for by nursing staff.

Phase 2 of this technology was rolled out to an additional five key referral outpatient wound clinics (Wagga Wagga, Bathurst, Orange, Dubbo and Bega) in September 2022.

Phase 3 saw the development, trial and implementation of a MS Teams referral app, with guidelines, contacts, mandatory fields and the ability to upload wound images.

In Phase 4, the utilisation of MedSync allowed for storage of patient wound images in the Electronic Image Repository, which allows clinicians in NSW Health to access images, irrespective of Local Health District.

During Phase 5, MedSync Connect was introduced. This provided a recordable video connection between any clinician and patient with only the need for a mobile phone and internet access. It enables optimal burns management and treatment, without the need to travel to Sydney.

The evolution of this service has led to exponential demand. In the first three years since its implementation, Concord Burns Unit has seen 234 fewer admissions and has supported 362 patients solely by virtual care. There have been over 2000 occasions of service per year, and it has helped ensure that all adult patients have access to optimal multidisciplinary specialist burns care, regardless of their postcode.

It saves patients and the health system a huge expense related to transport and admission time.

NSW Teleburns Concord specialist multidisciplinary care

Teleburns camera

Another advantage to this model is that rural doctors and nurses are educated and supported in all aspects of burns care and follow-up management, increasing their knowledge and confidence in managing acute burns patients.

On average per patient, the service saves approximately 11 hours of travel time, $1680 in accommodation and the emotional distress of having to travel to Sydney. It also saves the health system a huge expense related to transport and patient admission. Rural patients can also be discharged earlier as they will be following up with the same specialists virtually.

Benefits:

- Access to specialist burns care.
- Ability to observe wound bed assessment of colour, capillary refill and sensation.
- Ability to observe patient body language, movement/exercises, wound cleansing technique, dressing applications, massage techniques and pressure garment fitting.
- Improved patient/clinician relationship (compared with digital image and teleconference/email consultations).
- Education for patients, families and clinicians, for example, debridement coaching, dressing choice.
- MS Teams provides data privacy and security.

Challenges:

- Internet availability and reliability.
- Unintended increase in workload.
- Need for rural clinics to have and use technology.
- Slow uptake of emerging technology by health professionals.
- Implemented solutions may not be optimal for all health areas.
- Current inaccessability of electronic medical records between LHDs and states.

The service has been pioneered by nurse practitioner Miranda Pye, who has been a burns clinician for over 20 years. As a nurse practitioner-led service, advantages involve the ability to order tests, diagnose, provide prescriptions, certificates and the referral of patients to other services. It is solely coordinated by Miranda, whose enhancements have seen the growth of this service by approximately 1000 per cent in the past 10 years. Miranda has developed collaborative relationships between health services and hopes to expand the service even further into the future.

MIRANDA PYE
NURSE PRACTITIONER, CONCORD REPATRIATION GENERAL HOSPITAL

MELISSA O'LOUGHLIN
ACN NURSE EDUCATOR – HIGHER EDUCATION

BALANCING BABIES AND **bedpans**

Returning to nursing after maternity leave

Emma stood in the hospital car park, hands trembling slightly as she clipped on her ID badge – something she hadn't worn in nearly a year. After months of nappies, teething, and sleepless nights, she was returning to her nursing role with mixed emotions. She felt pride in her career, but guilt leaving her baby in someone else's care. Her scrubs fit differently, her clinical confidence felt shaky, and her mind raced with doubt: *Will I remember everything? Will my baby be okay?* Her first day back blurred by in a mix of smiles, exhaustion, and barely holding herself together.

Returning to nursing after maternity leave is a significant milestone filled with pride, fatigue, self-doubt, and purpose. While many are genuinely happy to return, balancing career and parenting brings challenges (Franzoi et al., 2024; Johnson et al., 2025). It's a juggle of feedings, handovers, shift work, and emotional labour – caring for patients and your own child with equal compassion. This transition is emotionally complex and physically draining. From pregnancy through postpartum and back into the workforce, the journey is far from linear.

PREGNANCY AND WORK

Maternity leave often begins by reflecting on the early balancing act of pregnancy and work. Nursing while pregnant is physically taxing – long shifts, heavy lifting, and constant motion. Mentally, it's challenging to remain sharp and supportive amid fatigue and hormonal changes. Guilt about calling in sick or requesting modified duties weighs heavily.

Sharing pregnancy news can be difficult, waiting until it feels "safe," yet needing protection from risky tasks. Even in supportive workplaces, many nurses feel torn between patient care and protecting their unborn baby. Once the news is out, there's relief – no more hiding the morning sickness and, hopefully, support from colleagues. Support during pregnancy has been linked to reduced prenatal stress and lower postpartum depression rates (Franzoi et al., 2024).

You work through the weeks, growing a tiny human from the size of a seed to a watermelon. Finally, your last shift arrives, marked by hugs, gifts, and afternoon tea. Some nurses go into labour within days; others wait weeks. Either way, there's excitement and anticipation as you head into this new chapter.

MATERNITY LEAVE

Maternity leave is a precious, demanding season. It's a time for bonding, family, and recovery. But it also brings sleep deprivation, identity shifts, and disconnection from your professional world, even for those who've done it before. There may be visits and warm wishes, perhaps even food deliveries from friends. You hear updates from work and may feel proud, curious, or indifferent. For some, thoughts about returning creep in early: *Will I cope with a baby and work? Will the team remember me?* As the weeks pass, the reality of returning draws closer.

Some nurses are fortunate to take full paid leave. Others return earlier due to financial pressures. Either way, the time comes to contact your manager about your return. For some, this includes extending leave slightly, using accrued annual leave. For others, the return date is set, and thoughts shift to managing the coming juggle of family and shifts.

Returning to work post-maternity is a complex transition – physically, mentally, and emotionally (Johnson et al., 2025; Zhou et al., 2024). Exhaustion, separation anxiety, changes in career focus, and work-family conflict are common challenges.

THE RETURN

The next challenge is rostering – not always family-friendly. Some workplaces offer flexibility; others don't. Those with support networks may build more manageable routines. Others rely on childcare, triggering anxiety: *Who will care for my baby? Will they be okay without me?* The guilty feeling that someone else is "raising" your child can be intense and affect wellbeing and confidence.

This internal struggle can influence your performance at work and your connection with your child. Nurses' wellbeing and patient safety are deeply linked, and organisations should recognise this (Freeling et al., 2020). When guilt over family responsibilities clouds the workday, nurses may feel disconnected and undervalued (Freeling, 2024).

Breastfeeding adds complexity. Whether you're pumping or bottle-feeding, planning and equipment are needed. There's often guilt about spending less time with your baby or someone else providing their nutrition. You feel torn – excited to reconnect with your professional identity, but anxious about being away.

And then, the first day arrives, an emotional rollercoaster. Like Emma, you find yourself adjusting to new personal and professional routines. Feeling unfamiliar and out of sync with the team can shake your confidence. Day one leaves you drained, having fielded baby-related questions: *Who's watching them? Still breastfeeding? Sleeping through?*

Meanwhile, your mind juggles nursing duties and logistics – antibiotics due, new protocols, shifting supplies, forgotten passwords. You're overwhelmed, wondering if you're still the nurse you were.

Nurses returning from maternity leave to office-based management, education, or research roles face unique challenges. While they may not encounter the physical demands of clinical work, struggling with mental fatigue, shifting priorities, and re-establishing a professional identity in fast-evolving environments is noticeable. Balancing deadlines, teaching responsibilities, or research projects with the unpredictable demands of parenting can be mentally exhausting. They may feel

Tegan Putsey MACN

Abigail Waller

Vicki Field

pressure to "catch up" on changes in policy, evidence, or technology, while managing the emotional toll of leaving their child in care.

But amidst the chaos, Pam appears. A wise woman, seasoned nurse and mother. She senses your vulnerability and steps in quietly. She offers guidance without pressure, reassurance without pity. Pam becomes a model of compassion – the nurse you aspire to be for someone else one day. Her calm support is exactly what you need.

Support like Pam's makes a difference. Informal and formal debriefing, feeling heard, and knowing your work is valued all help ease the stress of transitioning back (Freeling, 2024). Nurses who feel appreciated by colleagues and managers gain confidence and peace with the compromises needed to balance work and family (Franzoi et al., 2024; Johnson et al., 2025).

NAVIGATING THE TRANSITION

Returning to work post-maternity means refocusing your energy. You're in a new life phase, and that calls for new strategies (Zhou et al., 2024) including:

Give yourself permission to adjust: You may not feel "settled" yet, but you're growing into it. Protect your rest time and say no when needed.

Let go of perfection: You might not give 100 per cent to everything all the time. Some days you'll be more nurse than parent, and other days, more parent than nurse.

Accept your changed body: If your uniform doesn't fit or you feel less agile, that's okay. Your body created life. Honour its strength and source new scrubs if needed.

Prioritise self-care: Sleep deprivation and shift work are a tough combo. Ask for help when needed. Take what's offered. You deserve support.

Take advice with care: Well-meaning colleagues will share parenting advice. Remember: you know what's best for your baby and your family.

Celebrate your return: Nursing after becoming a parent offers renewed purpose. Your empathy deepens, and you see humanity more clearly. You're not the same nurse you were before – and that's okay.

A POWERFUL RETURN

To every nurse returning from maternity leave – whether you're thriving or surviving – know this: you're doing something extraordinary. You're holding space for healing at work and at home. You're not behind. You're becoming more – more compassionate, more grounded, more aware.

Emma's journey is a reflection of many. Over time, her instincts returned. Her confidence slowly rebuilt. Every day she showed up, she got stronger. Her return to work wasn't perfect, but it was authentic.

You're not alone. You're not failing. You're evolving – and you are enough.

> **Returning to work post-maternity means refocusing your energy.**

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