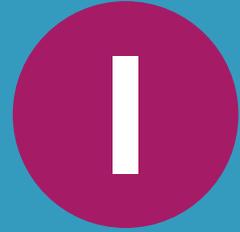


PART



Skills in nursing

The Australian healthcare context

**1**

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LEARNING OBJECTIVES

After studying this chapter, you should be able to do the following:

- 1 Describe the service models used most commonly in Australian healthcare settings
- 2 Identify the various disciplines and roles of healthcare professionals in Australia
- 3 Prepare for clinical placement in the Australian healthcare context
- 4 Recognise the standards of a registered nurse in Australia.

Introduction

This chapter introduces the dynamic clinical context of the Australian healthcare setting. A public health system exists in Australia to guarantee a minimum level of access to health service provision for all Australian citizens. A private healthcare system is also available, and is accessed by people who are prepared to pay a full fee for service, or who have private health insurance, against which they can claim according to the level of purchased cover. A not-for-profit health and social care sector is a third health-support service. Registered nurses (RNs) are employed in all three health service contexts, so it is important that nurses have an understanding of these models of service delivery.

This chapter begins by describing the common service models used to provide healthcare services in Australia. The roles and activities of various health professionals working within the Australian healthcare context are then examined, with a particular focus on the work of registered nurses. Student nurses share their personal stories about their experiences while undertaking clinical placement during their studies.

Finally, the Australian **Registered Nurse Standards for Practice** are examined. These standards provide a framework for nursing practice, and represent important core knowledge for every registered nurse in Australia, and adhering to them is a legal requirement for all nurses in the country. Each chapter in this book is designed to remind you of the various aspects of the standards that you will be required to understand as you work towards your goal of completing your studies in nursing, and as you prepare for a future registration as a nurse in Australia. As you work through this chapter, you will be invited to engage in some learning activities and to reflect on your own experiences of healthcare in the past, as well as considering how you will perform as a registered nurse in the Australian context in the future.

Registered Nurse Standards for Practice

A national framework used by the Nursing and Midwifery Board of Australia to assess and regulate the core standards of registered nurses in Australia.

Australian healthcare models

Australia's healthcare is delivered across a range of community and in-patient settings with a number of funding models used to support public and private healthcare. The public health system and the private health system are further complemented by the non-government not-for-profit sector, and together these three prongs of service delivery provide a comprehensive health service structural model to promote health, provide primary healthcare, deliver acute care and treat chronic conditions for people in Australia. Australia is made up of a federation of six states and two territories. In general, public health funding for hospitals, multi-purpose health campuses and some community health services is provided by state government funds, whereas public health services for health promotion, primary health and the aged care sector are funded by the Commonwealth government Departments of Health and Social Services.

The public sector

Public access to primary healthcare and hospital-based care is subsidised by the Commonwealth government's Department of Health, while public access to aged care and disability care services in Australia is administered by the Commonwealth government's Department of Social Services. A public health and welfare insurance system, Medicare, is available to all Australian citizens and citizens of countries where reciprocal arrangements have been legislated, as a baseline public health service initiative.

Medicare

Medicare is a government-funded public health insurance scheme that provides basic healthcare services to Australian people at low or no cost, often at the point of care (Department of Human Services, 2015c). Services provided under this scheme include public primary care and public hospital-based care services. Point-of-care subsidisation and reimbursement, access to the Pharmaceutical Benefits Scheme (PBS) (Department of Human Services, 2015d) and personally controlled electronic health records (Department of Health, 2015) for people in Australia are linked to Australian public health service users via their **Medicare cards** (Department of Human Services, 2015b).

Many health and social services in Australia require citizens to produce their Medicare card before services can be provided. A variety of healthcare practitioner types can register with Medicare to obtain a provider number, so their clients are able to claim a rebate for any consultations and services (Department of Human Services, 2015c). Some examples of clinicians who are eligible to apply for Medicare provider numbers are general practitioners, specialist medical and surgical doctors, nurse practitioners (NPs), some nursing specialists (for example, credentialled mental health nurses, women's health nurses and immunisation nurses), exercise physiologists, psychologists and optometrists (Department of Human Services, 2015c).

Dental services mostly fall outside the national healthcare service-delivery context, with only a minimal service available to children in low-income families who are recipients of a social security benefit and/or those who are eligible for a **Health Care Card** (Department of Human Services, 2015a).

The public health system is also supported by the PBS (Department of Human Services, 2015d). Many commonly prescribed medicines are subsidised under this scheme so they remain affordable to most people in the Australian community. The social welfare system (Centrelink) provides an additional stream of subsidisation to people who are recipients of welfare payments or who have very low incomes, including pensioners.

National Disability Insurance Scheme

Australia is currently in the process of implementing a new publicly available National Disability Insurance Scheme (NDIS) to support people with a wide range of disabilities to access the services and supports they require as a foundation for a quality lifestyle (NDIS, 2016).

Aged care

There are four main types of aged care services in Australia:

- help in the home
- after-hospital or transition back home care
- respite care for carers
- residential aged care facilities.

Nurses frequently contribute to the aged care assessment teams that arrange admission to these types of services and levels of aged care (Department



Figure 1.1 Australia has a National Disability Insurance Scheme.

Medicare card

'Required for claiming a Medicare benefit, visiting a doctor who bulk bills, seeking treatment as a public patient in a public hospital or having a Pharmaceutical Benefits Scheme prescription filled' (Department of Human Services, 2015b).

Health Care Card

'Provides help with the cost of prescription medicine under a Pharmaceutical Benefits Scheme, Australian Government funded medical services, and access to other government concessions' (Department of Human Services, 2015a).

of Social Services, 2015a). A range of interdisciplinary and interdepartmental social and health services combine to support older people to achieve meaningful quality of life outcomes. Nurses are employed in all the aged care service types; however, despite a growing ageing population in Australia, this specialty area is in decline for the registered nurse workforce, with a reduction in the total number of registered nurses employed in aged care settings (King et al., 2013). In 2003, there were 16 265 full-time equivalent registered nurses employed in the aged care sector throughout Australia, representing 21.4 per cent of the aged care workforce. However, by 2012 this figure had reduced to 13 939 full-time equivalent registered nurses working in aged care, representing 14.7 per cent of the aged care workforce (King et al., 2013). Employment trends for enrolled nurses (ENs) in aged care mirrored those for registered nurses; however, there is a steady growth in the number of personal care attendants employed in the aged care sector over the same period. A consideration of the clinical requirements of caring for aged people incorporates the expertise and skills of clinicians and paraprofessionals across a range of disciplines. Some further clinical and social resources for health professionals working in aged care can be found on the Department of Social Services website (Department of Social Services, 2015b).



Figure 1.2 Australia has an aged care health and social care service sector.

SKILLS IN PRACTICE

Transitioning to aged care services when it is required is often not easy for older people and their families. Listen to Judy's story (at <http://www.myagedcare.gov.au/personal-stories/judy-and-mary>) about caring for her mother, Mary, who has dementia.

In this example, Mary is struggling to care for herself independently at home and is unable to take her medications safely. After listening to Judy's story, do you think a registered nurse might be the type of health professional who should be involved in a transition to residential aged care for someone like Mary? What do you think a registered nurse might be able to contribute to an interdisciplinary care team to assist Mary and her family?

Hospital-based care

In 2013–14, there were a total of 1359 hospitals in Australia, of which 747 were public access facilities and 612 were private access facilities, resulting in a combined total of about 89 000 hospital beds (AIHW, 2014). On average, there are about 2.5 public hospital beds in Australia per 1000 people. Same-day beds and chairs make up about 12 per cent of the total number of public hospital beds and 31 per cent of private hospital beds. The average length of a hospital stay is between five and six days. The state and territory governments own and manage most of Australia's hospitals (AIHW, 2014).



Figure 1.3 Nurses support people in bed-based hospital settings

Who receives hospital care and what type of care do they need?

There were about 9.7 million admissions to hospital in 2013–14, with 53 per cent of those for females (AIHW, 2014). Indigenous people accounted for 4 per cent of admissions, and 40 per cent of admissions were for people aged 65 years and over. People living in very remote areas of Australia were 1.5 times more likely to be admitted to hospital. A majority of people (59 per cent) required same-day health service care. One in five people was admitted to hospital for a surgical procedure, and one in nine people was admitted for renal dialysis treatment. A quarter of hospital admissions were unplanned emergencies and 126 800 people required admission to a critical care unit (AIHW, 2014).

Table 1.1 The Australian top 10 health conditions resulting in hospital admissions in 2013–14

Diagnosis	Most prevalent type	Number of admissions
1 All cancers		616 000
	Skin cancer	114 000
	Bowel cancer	28 000
	Breast cancer	25 000
2 Injury and poisoning		624 000
	Fractures	200 000
	Poisoning: drugs and medicines	33 000
	Burns	8 000
3 Respiratory		408 000
	Asthma	38 000
	Chronic obstructive pulmonary disease (COPD)	64 000
	Pneumonia	71 000
4 Digestive		978 000
	Gallstones	65 000

Table 1.1 (continued)

Diagnosis	Most prevalent type	Number of admissions
	Reflux	69 000
	Hernia	94 000
5 Childbirth		295 000
	Caesarean section	94 000
	Normal delivery	159 000
6 Circulatory		481 000
	Myocardial infarction (heart attack)	54 000
	Angina	51 000
	Heart failure	54 000
7 Musculo-skeletal		521 000
	Arthritis	138 000
	Knee disorders	64 000
	Back pain	63 000
8 Genito-urinary		457 000
	Kidney stones	41 000
	Urinary tract infection	55 000
	Kidney failure	27 000
9 Eyes		349 000
	Cataracts	226 000
	Glaucoma	5 000
10 Mental illness		382 000
	Substance use	78 000
	Depression	96 000

Source: AIHW (2014).

REFLECTIVE QUESTION

You have just read about some of the dynamics of hospital-based care. As a future registered nurse in Australia, you might want to reflect on where most nurses are likely to be employed and engaged in health services for Australian people. Based on your reading in this section, do you have some initial thoughts about the clinical areas that may employ the most registered nurses in the future? How does this align with your hopes for clinical practice?

Primary healthcare

Primary healthcare is the foundational level of health service delivery in the healthcare system, with **health promotion** a key functional model to underpin delivery (Guzys et al., 2014). There are a number of ways in which primary healthcare is delivered in Australia. Primary healthcare providers deliver a range of services such as health screenings, immunisations, acute care, first-response care, and chronic illness care and management in the public, private and not-for-profit sectors across a wide spectrum of all health and illness conditions (Duckett & Willcox, 2015; McMurray & Clendon, 2011). A multidisciplinary health professional workforce delivers primary healthcare – for example (but not limited to), registered nurses and nurse practitioners, general practitioners (GPs), pharmacists, paramedicine professionals, Aboriginal health practitioners, and other allied health professionals, all of whom aim to function collaboratively to promote timely, safe and affordable healthcare to the Australian population. This is an expanding area for the health professions, with some newer contributors in exercise physiology, sports science and e-health software engineers now entering this field and contributing to the primary healthcare of the population. Notably, there is a particular recognised capacity for registered nurses in rural settings to have large impacts on the communities in which they live and work, with expanded specialist generalist roles in rural healthcare settings increasingly recognised as an important contributor to primary healthcare generally (Davis, Williamson & Chapman, 2014). The goal of the primary healthcare model is to encourage individuals and communities to self-care and self-manage their own health needs as much as possible, while healthcare clinicians and appropriate services should be easily and locally accessible for advice and treatment when needed (Duckett & Willcox, 2015).

Primary healthcare

The foundational level of health service delivery in the Australian healthcare system (Duckett & Willcox, 2015).

Health promotion

Activity that *advocates, mediates and enables* the promotion of health (Guzys et al., 2014).



Figure 1.4 Nurses contribute to the primary healthcare sector in Australia.

The private sector

The private health sector offers a full fee-for-service model that can be used by private practitioners. The private sector operates in a range of acute care, primary care and chronic care settings. Registered nurses can be employed in this sector, or in some cases advanced nursing clinicians might develop independent practices of their own. Some examples of this include consultant nurse practitioners, credentialed mental health nurses, credentialed diabetes educators, women's healthcare nurses and other nurse consultants (for example, those utilised in the life insurance sector). Many advanced practice registered nurses (usually with specialist Masters degree-level qualifications) will have fulfilled the requirements for obtaining a Medicare provider number, and can offer a Medicare rebate on the services they provide. However, the majority of registered nurses working in the private sector are employed in hospitals, day surgeries, and community and aged care settings.

Non-government organisations and the not-for-profit sector

Non-government organisations (NGOs) and the not-for-profit sector also plays an important role in delivering primary healthcare services and aged care services in Australia. The following section highlights two examples: Aboriginal Medical Services, and drug and alcohol services; however, it should be noted that specific services usually align with the unique needs of the communities in which they operate (Davis et al., 2014; McMurray & Clendon, 2011).

Aboriginal Medical Services

Registered nurses and nurse practitioners are among the interdisciplinary health practitioners who deliver a broad range of primary healthcare services in Aboriginal Medical Service (AMS) clinics (Australian Indigenous HealthInfoNet, 2014). Examples of some staff might include Aboriginal and Torres Strait Islander health practitioners, mental health specialists, social workers, medical officers and dental health specialists. Some (although not all) Indigenous people prefer accessing this type of clinical environment because a culturally safe environment is maintained, and many of the clinicians are Aboriginal or Torres Strait Islander people (Best, 2015). The social and political environment in which health services are delivered is an important factor for people accessing these services. The governance of these centres often facilitates the capacity for the Aboriginal community to be able to promote the self-determination of Indigenous people with regard to planning and providing relevant health and well-being services for that community (Ward, 2015). The AMS contributes to a wider national strategy to 'Close the Gap', with goals of reducing the disparity of poor health outcomes and higher rates of mortality at younger ages per capita for Aboriginal and Torres Strait Islander peoples compared with the improved mortality and lower morbidity rates of non-Indigenous people in Australia (Holland, 2014).

Drug and alcohol health services

A number of large NGOs provide services to assist people to withdraw, and maintain withdrawal, from substance misuse. Many of these organisations take a social welfare approach to health service delivery, and they are concerned with delivering a holistic range of services to vulnerable people, especially those who are unemployed, or in low social economic circumstances. Registered nurses are sometimes employed in these agencies to manage the health of people undergoing withdrawal and recovery of substance misuse problems and/or other health vulnerabilities such as sexual health and mental health problems. Examples of such agencies are DrugArm (<http://www.drugarm.com.au>), Mission Australia (www.missionaustralia.com.au) and the Salvation Army (<http://www.salvationarmy.org.au/Who-We-Are/our-work/Drug--Alcohol-Abuse>).

Drug and Alcohol Nurses of Australasia (<http://www.danaonline.org>) is the peak body for registered nurses working in the field of addiction nursing. A set of competency standards has been developed to guide the scope of nursing practice in this field, ranging from foundation or entry-level registered nursing through to advanced practice addiction nursing competencies (Drug and Alcohol Nurses of Australasia, 2012). These standards and competencies are aligned with, and complement, the *Registered Nurse Standards for Practice* (Nursing and Midwifery Board of Australia, 2016).

REFLECTIVE QUESTIONS

Review some of the suggested websites for drug and alcohol care from the previous section above. Holistic frameworks for the care of people with drug and alcohol problems are commonly used in NGOs. In your view, how does a holistic framework of care align with the standards for the registered nurse? How will you position yourself to care for people with drug and alcohol misuse care needs in the future?

Nursing within the Australian healthcare context

So far, this chapter has discussed the setting and context in which healthcare is delivered. The next section introduces readers to the ways in which registered nurses function within the healthcare setting. Student nurses share their stories about undertaking clinical placement and provide some insight for other nursing students as they prepare to undertake clinical placement themselves. There are numerous specialisations and many clinical settings in which nurses are engaged to deliver healthcare services within Australia, and it is beyond the scope of this chapter to explore them all in any detail. However, it is pivotal to the discussion to consider the primary activity of nursing – that is, answering the fundamental question of ‘What is it that do nurses *do*?’

The primary work of the broad discipline of nursing is concerned primarily with promoting health, well-being and recovery to individuals, families, communities and populations. Promoting health, wellness and recovery is possible in every area of nursing endeavour. In particular, nurses are renowned for the very important nursing attributes of caring and compassion, listening carefully and mindfully, and engaging with people and their emotions at often vulnerable times in their lives (Wilson & Usher, 2015). Furthermore, nurses become experts in navigating the complex pathways of health systems and in assisting their clients to access timely, appropriate and affordable healthcare to meet their health needs (Kilpatrick & Wilson, 2012; Wilson & Usher, 2015).

Preparing for clinical placement

Before you go on placement, it is important to prepare adequately. To get off to a good start, make sure you have your shift schedule, and a site map so you know where to go. Planning well will assist you to arrive at the right place and at the right time. You will also need to know ahead of time the person to whom you should report on your first day. It is important to conduct yourself professionally: always be ready to introduce yourself by name and identify yourself as a student nurse on clinical placement.

Hello, my name is ...

Identifying yourself by name and designation, and providing information about what you are about to do are basic nursing skills that you will use in every nursing encounter for the rest of your professional nursing career, so now is a good time to get used to this approach! Practise at home, or with your friends, by saying something like: ‘Hi. My name is ... I am a student nurse. Can I help you with ...’ Introducing yourself will feel very familiar, and you will be more confident when you need to do it frequently in the clinical setting.