

Being a health professional in australia – nursing



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BUSTER**

“ At the heart of being a good health care practitioner, lies professionalism, setting the standard of what a patient should expect “(Dhai p 174). This statement quoted from Professor A. Dhai’s “ Understanding Professionalism in Health Care in the Twenty First Century” details a perspective on the role of a modern day health professional. In her article, Dhai stresses the notion of an ideal health professional being both technically skilled and ethically adept.

Using the quote as a baseline of the opinion, this essay will explore the various components of the general interpretations of a modern day health professional, and will further specify its focus on the discipline of Nursing. The foundation of this notion being that in order to meet a general standard of professionalism, legitimate health professionals including nurses, is to be competent both in skill and ethics. Although the word ‘ professional’ has been present in western culture for a long time, the term had varied and evolved throughout times.

Selden (1968) quoted in his article of William Combe’s writing during the previous century “ The learned professions, all agree,/Are physic, law and divinity. ” Which regard three professions of “ medicine, law and theology” as the most fundamental professions, indicating the extensive nature of the term. During the early twentieth century, the term ‘ professional’ was regarded as a working individual who was paid for their labour, as opposed to an ‘ amateur’ who worked without pay.

The term was exercised further for workers who were self regulating and subsequently, ‘ professionals’ evolved to reference highly skilled and

specialised workers. During the latter half of the twentieth century, the term was commonly applied to workers who were adept at their chosen occupation (Dhai p 174). Despite the changes of language with the definition, one common distinct characteristic is the expectation of a level of competency.

The importance of competency as well as leadership as proposed by the healthcare leadership alliance was summarised by Garman et al. (2006) in their summary, professionalism competency was quoted from the healthcare leadership alliance as “[t]he ability to align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement. “

Competency and leadership was described as a “ central theme” to professionalism, with guidelines of recommendations to establish networks, working with others and self efficiency. Leadership in a healthcare setting was emphasised as a critical aspect of developing competent employees, as role models establish examples of working behaviour in the healthcare setting. In context to nursing in Australia, one definite indication of competency is completion of appropriate education, as strongly imposed on reputable professional organisations such as the Australian nursing and midwifery board.

Amongst many other established boards for specified allied health professions, the Australian nursing and midwifery board requires all members to practice nursing strictly under the professional codes and

guidelines as set by the board. These codes and guidelines provide a standard in which nurses will work as 'professionals' as conceptualised by the board. Examples of professional conduct set by the board include: "Nurses practice in a safe and competent manner", "Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing.

" and "Nurses support the health, wellbeing and informed decision making of people requiring or receiving care"(Australian nursing and midwifery council. 2006). Within the board's context of professionalism it can be briefly summarised that nurses are expected to practice in a competent, law-abiding and respectful way whilst being mindful of their own safety.

Achievement of a board accredited course provides one with eligibility to register with the organisation, thus grants creditability for registered nurses operating under the codes and guidelines of the board.

As well as competency and credibility, a fundamental factor of a nurse's professionalism lies with the quality of care. A nurse's ability to provide what is considered as 'quality care' can dictate the degree of professionalism one can exhibit. However, to fully comprehend this concept, a definitive interpretation of quality of care within the nursing sector needs to be established. Perhaps the most appropriate evaluator of a nurse's quality of care is individuals who are directly receiving the care.

A study conducted by Iruita (1999) determined the quality of care nurses provided to their patients directly correlated to the level of satisfaction recorded. In contrast, a study by Lynn et al (2007) focused on the care

providers own evaluation of quality of care. According to the study, the nurses determined eight factors that were of impact in quality of care. The factors that were considered to be of influence were 'interaction', 'individualisation', 'vigilance', 'advocacy', 'unit collaboration', 'work environment', 'mood' and 'personal characteristics'.

Although there appears to be no distinct definition of quality of care within nursing care, Mcsherry, Mcsherry and Watson (2012) concluded that quality of nursing is dependent on both the nurse's and the patient's perspective of quality nursing care. However, clear guidelines were provided for nursing practitioners under membership of the Australian nursing and midwifery board in conducting quality care. The guidelines provide both ethical and behavioural directions to provide quality care.

Under their code of ethics, it is stated that "Nurses value quality nursing care for all people." Ethically "..... nurses accepting accountability for the standard of nursing care they provide, helping to raise the standard of nursing care, and taking action when they consider, on reasonable grounds, the standard of nursing care to be unacceptable....." This ethic guideline appropriates in both contexts of the practitioner as an individual providing care, as well as the individual receiving care.

Following the defined guideline, it is also stated that "Nurses take steps to ensure that not only they, but also their colleagues, provide quality nursing care. In keeping with approved reporting processes....."(Australian nursing and midwifery council, 2005). It can be concluded that the organisation directs their nurses to practice strictly within the scope of the legal boundary

to ensure high level quality care. One of the fundamental goals of the Australian nursing and midwifery board is to provide valid, credible framework of working behaviour.

Amongst their numerous codes, guidelines and statements, several topics can be distinguished as areas of focus for the organisation. Firstly, it is seen that the board strongly encourages members to possess knowledge of the legal frame in which the nurses are able to practice. The board endeavours to have procedures and practice behaviours conducted lawfully. While other codes and guidelines briefly outline behavioural boundaries, the nursing ' Code of Ethics' and the ' Professional boundaries for Nurses' provide in depth instructions on lawful behaviour.

Guided by the specified competency standards of registered and enrolled nurses, competency also presents as a primary focal point. The set standards describes a competent nurse as an individual with extensive knowledge of the profession with strong ability to adapt, autonomy, able to work collaboratively and strong leadership skills. These standards are utilised to establish a level assessment within Australia, whilst sets a benchmark in which nurses are to consolidate above in order to maintain registration.

(Australian nursing and midwifery council, n. d)

As with the expectancy of competence to provide quality care, the organisation strives to assists its members in practice through education of proposed decision making procedures, as stated by the Australian nursing and midwifery council (2007) the overall goal of the decision making tools developed is to ensure " health consumers, regulators, governments,

employers, professional groups and workforce planners can be confident, that nurses and midwives, irrespective of their category of registration or where they practice, are supported to make decisions in a consistent way”.

In addition, the nurse’s ‘ code of professional conduct’ establishes general guidelines for behaviour in professional settings. Its codes supplement the specified ethics, decision making and competency standards and guidelines. Whist promotes respectful behaviour towards patients and colleagues. In order to assure quality of care provided by its members, the Australian nursing and midwifery board conducts mandatory assessment before induction of a nurse candidate.

Competency of candidates is evaluated to determine whether they are eligible for registration. The assessment process is conducted by a single evaluator and is summarised to four key components. Firstly, self assessment of the nurse candidate is determined to evaluate the candidate’s capacity for continued professional development. As well as self assessment, the assessor is provided the opportunity to observe the candidate in a “ variety of contexts to achieve a valid and reliable assessment.

” Interviews with peers of whom the candidate interacts in the workplace are also conducted to provide a broad range of assessment materials. Finally, the assessor summarises the information in order to make an informed decision based on analysis of the feedback gathered. (Australian Nursing Council, 2002). In conjunction with assessments prior to registration, the board regulates quality of care provided by current members through customer complaints.

The board provides forms, procedures and guides that are widely accessible to the public, displaying their need to administer quality of care as projected by the board and members. As the complaint and handling procedure stated, the complaint procedure “ is designed to ensure that the concerns of individual members of the public are treated seriously and are addressed promptly and fairly. ” The strive for quality of care towards its consumers is shown by their set principles.

In summary, the principles indicate that any complaints lodged will be rectified fairly, timely, informatively, investigated in detail while strategies for further improvement are devised. (Australian health practitioners regulation agency, 2012) Through open acceptance of complaints to both the board and its members, standards of quality of care can be monitored and controlled. Despite the unavailability of a concrete definition of a ‘ professional’ within the healthcare context, a general impression of the description can be outlined through review of the research evidence.

Dhai’s statement, “ At the heart of being a good health care practitioner, lies professionalism, setting the standard of what a patient should expect” headlines a brief but appropriate definition of a healthcare professional. As Dhai stated, a healthcare professional (which consists of nurses), should possess the competent ability to provide high level quality of care to patients. The ideal healthcare professional is respectful, caring, adaptable and is ethically adept to make correct decisions.

The Australia nursing and midwifery board represents an organisation that endeavours to promote and educate all of the said values, under the

Australian health practitioner regulation agency, the Australian nursing and midwifery board stands as the organisation with the most credible framework of professional behaviour as a nurse. The board assures the highest quality of care is maintained through establishment of codes, standards and guidelines. In addition, assessments of existing practitioners and active regulation of patient complaints ensures practitioner standards of the highest attributes.