

Comparison of uk and australia healthcare systems



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Introduction

The article is a conclusion of a report by Francis about main health care issues of Mid Staffordshire NHS Foundation Trust that is a large public hospital in England. Reported problems include the most important parts of nursing care such as leaving patients in the stool for long time, inability to recognize patient dignity and privacy, inability to feed patients and inability to be compassionate to patients. The author Hayter discusses it is related to three components including a management culture, the lack of a 'caring and compassionate culture as well as management styles. In the article, Hayter concludes a number of main points from Francis report. Staffing shortage is seen as a key issue and is related to poor nursing care. Another concerning issue in Francis report is that hospital managers is unable to listen to patients, families and other staff about something worrying. Moreover, there is no clinical background of many managers in UK health settings. Hayter suggests that clinical managers should complete an interval of care job before working in clinical care facilities. He also debates that there is no need for prospective nurses to require one-year health care work experience before the study of nursing college, as there is no evidence to prove it. He also discussed that nurses can have a significant effect on helping monitor hospital quality and hospital should provide relevant systems for nurses and other staff to submit comments and report concern. He disagrees that UK nurses lack compassion and caring.

Summary

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In the editorial, Hayter (2013) points out several main points based on Francis report. Firstly, the shortage of staffing is one of the main health care issues in UK health care system. It is described as a factor associated with poor care. Curry et. al (2005, cited in Hayter) suggested that higher nursing skill mix and sufficient nursing staffing can be associated with high standard of nursing care.

Secondly, he disagreed with the statement of Francis that UK nurses lack compassion and caring. He argues that many of the nurses in UK are full of compassion and caring personality and clinical nursing skills. However, certain issues may inhibit them to do their jobs well, such as huge work pressure and overwhelming workload and insufficient resources and constant changes of demands of health care system, which will cause occurrence of poor care. He also points out that it misleads people if only examples of incidents happened in Mid Staffordshire Hospital were used to criticize the whole nursing professions and it disaffects nurses as well.

Thirdly, Hayter debates that it is unworthy for prospective nurses to work 12 month as health care assistant prior to applying to nursing school. In Francis report, however, it was advised that nursing students should finish a period of health care assistant work before going to study nursing course in college, as it will be beneficial to reinforce the nurses quality, in particular skills of compassion and caring. It was strongly supported by Department of Health in England, suggesting one year health care work experience would be appropriate for prospective nurses. However, Hayter points out that it is definitely evident that provision of many poor quality of care was by health care assistants in the Mid Staffordshire Hospital and there is no study or <https://assignbuster.com/comparison-of-uk-and-australia-healthcare-systems/>

survey that proves whether or not the nurses delivered in poor care in Mid Staffordshire Hospital had worked as health care assistants. In addition, it is difficult to identify if health care assistants gain correct work experience prior to application to nursing school and how it help the future nurses build up a right compassionate personality.

Finally, Hayter suggests that it is of extreme importance to use appropriate methods and indicators to measure quality of care, not only being reliant on evidences of the papers and auditing. He recommends that nurses are an important role who can help its development and monitor it by reporting issues. Hayter proposes that relevant systems should be established for nursing staff and other staff to give some comments or report inappropriate or concerning things. Meanwhile, nursing regulator requires more attention on management of poor nursing care, rather than only delivery of nursing care. Hayter also says that UK Nursing and Midwifery Council is currently accused, as it simply supervises knowledge and skill of nurses and overlooks management of deficient nursing care.

Critique

Australian health care currently faces with same situations of nursing and other health workforce shortage issues as UK's. According to Duffield & O'Brien 2003, nursing shortage is associated with poor nursing care, as it may cause more complications such as infections and pneumonia, as well as incidents like medication error. There are a number of reasons that cause nursing or health care workforce shortage in Australia. Aging is regarded as one of the main factors in Australian nursing workforce (ABS 2013). Overall,

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Twigg et. al (2010) suggests that more older age nurses work in the health care settings and average-age of Australian nurses ranges from 42. 2- 45. 1 years between 2001 and 2005 and more than one third of the Australian nurses may retire probably in 2015. It indicates lack of sufficient qualified nurses who take over will cause shortage of nursing (ICN 2008, cited in Rudge & Toffoli 2012). Increased part-time work of nurses is another reason of nursing shortage, as it will require more same-level nurses to take more places over (ABS 2013). More nurses and health professions prefer to do fewer jobs, as they tend to join social life and family (National Health Workforce Taskforce, 2009, p4). Management of multiple chronic diseases in the elderly has become a factor in Australia, as it increases the burden of health care system to trigger more requirements of more skill mix nurses and other health professions in Australia (National Health Workforce Taskforce, 2009, p4). As a result of specialization of Australian health system, it needs more health professions from overseas to cope with current staffing shortage (National Health Workforce Taskforce, 2009, p5). However, it is completely tough nowadays, as not only is Australia facing with staffing shortage, but many countries have this issue (National Health Workforce Taskforce, 2009, p5).

According to Straughair 2012, it is undoubted that the majority of UK nurses contribute to high-quality nursing care with compassion. However, with technical development in nursing skills, compassion of nurses appears to be diminished (Straughair 2012). Straughair (2012) states that motivation of Australian nursing students and nurses who decide to do nursing career is to look after people. At the moment, lack of caring and compassion has not

been found in Australia health system (Shields 2013). However, it shows that Australia health care is more likely to face with decreased standards in terms of 'caring, nursing and health care' if health care system is not alert and concerns are not voiced (Shields 2013). While Australia has a remarkable health care system and its nursing is regarded as one of the professional leaders in the world, it still confronts threats to caring and health care system (Shields 2013). The reason is that more health care professions including nurses are recruited internationally and work as leaders in some health care settings, which is definitely helpful. However, 'Australia cultural cringe' influences people's perceptions about relationship of work and decision-making so that it makes people believe that health professions from overseas are better than local ones (Shields 2013).

In Hayter's editorial, there is a discussion about UK nursing education. In UK, there is one main category of nurse (RN), as the role of EN was similar with RN and it has been dismissed (Jacob et. al 2012). Approximately 90% nurses are diploma levels in England and all nurses in Scotland and Wales are degree levels (Shields 2013). Health care assistants (HCAs) in UK are increased and they does not need relevant skill courses and required skills will gain from the employers (Royal college of nursing 2014). They mainly assist RN to deliver the majority of hands-on nursing care under nurse supervision (McKenna, et. al 2004). However, this is not the case in Australia. Both nurse roles (RN and EN) retain in Australia. They have distinct job descriptions and roles. RN requires three-year degree study in university with a transitional graduate program for a year and education of EN is often in vocational college with diploma degree and one and a half year study

(Duckett & Breadon 2014, p7). RN is able to practice without supervision and has the responsibility of supervision and delegation of EN. Health care assistant in Australia must gain Certificate III in Aged Care firstly and they do basic personal care such as feeding, bathing, and toileting (Department of Health and Families, 2014), which are included in the practical scope of nurses. But they are not regulated by the National Board (Rudge & Toffoli 2012, p 220). It is not compulsory that prospective nurses have to gain health care work experience before application to nursing schools (Rudge & Toffoli 2012, p 220). In Australia, there is no consistent training for health care assistant (Duckett & Breadon 2014, p10). Moreover, although there is no sufficient evidence to ensure that being health care worker is able to improve compassionate and caring skills, improvement in aspect of personal care skills can be seen clearly (Duckett & Breadon 2014, p10).

As with measurement of nursing care quality, UK graduate nurses must register on Nursing and Midwifery Council that regulates all nurses and midwiferies and sets up standards and code of conducts which request nurses and midwiferies to adhere to them strictly (NMC 2014). In Australia, the case is similar. Australian Health Practitioner Regulation Agency (AHPRA) is a national-regulated agency that regulates health professions in Australia (AHPRA 2014). All graduated nurses have to register on Nursing and Midwifery Board of Australia which is supported by AHPRA(AHPRA 2014). Nursing and Midwifery Board of Australia plays an important role in protection of the public and they establishes relevant competency standards and policies and guidelines that help largely discipline all registered nurses and midwiferies and give clear scope of practice what they can do and can

not do (Nursing & Midwifery Board of Australia 2014, p1). According to Nursing & Midwifery Board of Australia 2014, the main function of National Competency Standards for nurses is to help examine performance and competence of nurses. Along with competency standards, yearly renewal of re-registration is a method used to assess the eligibility of nurses (Nursing & Midwifery Board of Australia 2014, p1) and each health care setting has its own policies and guidelines to give a clear range of nursing practice that nurses can deliver to monitor the quality of care. In addition, National Safety and Quality Health Service Standards (NSQHS) standards can be a useful tool to examine safety and quality of health care system and health care practitioners to protect Australian population (NSQHS standards 2012, p3).

Conclusion

In conclusion, there are four main points reviewed in UK health care system and these are compared similarities or differences with Australian health care system. For staffing shortage, it is found in both health care system, even in the world, and there are many factors causing it in Australia, including aging nursing workforce, increased part-time work, burden of multiple chronic disease of older population, competition against health care workforce from overseas. Lack of compassion and caring in nursing is a key factor discussed. Compassion in UK has been decreased due to technical development and lack of compassion has not been discovered in Australia. But health care system should be alert and raise concerns to prevent decreased standards of caring. In addition, Australian cultural cringe is more likely to affect compassionate care. Nursing education is discussed in the review. UK has a type of RN and Australia has two, RN and EN. UK nurses <https://assignbuster.com/comparison-of-uk-and-australia-healthcare-systems/>

need education of diploma or degree level based on state requirements and Australian RN requires degree education and EN does diploma level. Being HCAs in both countries develop basic personal care skills, however, there is no evidence that they would improve compassionate care. Finally, measurement of quality of nursing care has raised concerns. Both countries have nursing boards to regulate nurses and midwiferies. All nurses and midwiferies should register on nursing boards before participation in work. Nursing boards sets competency standards and code of conducts that assess competence of nurses and midwiferies.

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