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A Brief Overview of Nursing in Australia : Historical Development, Current Situation and Future Issues for the New Millennium

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オーストラリアにおける看護について

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Abstract

Most Australian nurses are female, employed by acute care hospitals and reside in capital cities. Although the majority work as clinicians in the medical and surgical field, nursing homes have also increased as a significant employer during recent years. Current challenges for Australian nursing include rural nursing, public health nursing and a projected national shortage in certain clinical areas. Staff retention rates are becoming problematic as increasing numbers leave the profession because of family commitments and limited employment satisfaction. Their workloads are also increasing, and many feel that recent technological changes have not really given nurses any more spare time. This paper provides a brief overview of contemporary nursing within Australia. Detailed statistics are provided, along with education and registration arrangements, historical aspects and future challenges. The opportunities and requirements for foreign nurses wishing to emigrate to Australia are also discussed.

要 旨

オーストラリアでは看護職員の多くは女性で、急性期病院に勤務しており、大都市に住んでいる。看護職員の多くは内科病棟や外科病棟に勤務しているが、最近では介護施設でも雇用の重要性が増してきている。現在、オーストラリアの看護医療が抱える問題としては、公衆衛生の分野、農村地域、またある診療科における全国的な看護職員の不足がある。家庭の事情や仕事に対する不満から、職場を離れる看護職員の数は増えつづけており、看護職員の確保が困難な事が問題となってきた。看護職員の仕事量は増加の一途であり、看護職員は看護技術の複雑化や増加により余暇が奪われたと感じている。この論文で

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は、オーストラリアにおける看護について、その概要を簡潔に述べた。詳細な統計と共に、看護師の教育、登録制度、歴史的な側面、今後の課題について述べた。オーストラリアに移住を希望している国外に在住している看護師に対する、就業の機会や条件についても論じた。

Introduction

Although Australia and Japan are both member states of the Western Pacific Region of the World Health Organisation, the history and professional development of Australian nursing is not well known. As they also share close cultural, political and social relationships, it was considered appropriate to provide a brief overview of Australian nursing for the benefit of Japanese nursing professionals. This paper will introduce the history of Australian nursing, educational requirements and registration procedure, in conjunction with a discussion on contemporary issues. Challenges for Australian nurses are described, along with an examination of future issues for the new millennium. Detailed statistics on the numbers, workload and distribution of Australian nurses are also provided. As Australia represents an attractive employment opportunity for many Japanese, the requirements for foreign nurses wishing to emigrate to this country are discussed.

Background

With a relatively large land area and only 19 million inhabitants, Australia has one of the lowest population densities in the developed world. The climate is largely continental and dry, with most people living in the urban south-east region. Australia has many different cultural backgrounds, with around 23% of citizens born overseas and 2% Indigenous. It is a predominately Christian nation, and 76% of 15 to 19 years olds are currently enrolled at a secondary or tertiary institution. Manufacturing

is the main contributor to Gross Domestic Product, unemployment is relatively low and per capita income is reasonably high. Around 8% of the nations' Gross Domestic Product is currently spent on health care. A newborn Australian can expect to live a long, healthy life of 81 years for women and 76 years for men (Australian Institute of Health and Welfare, 2000a).

Australia's health care system is based on the principle of universal access to affordable health care. The Federal Government imposes a tax on wages to support a compulsory, public medical insurance system known as Medicare. Under this arrangement, citizens are reimbursed for private medical services and may also receive subsidy for common pharmaceuticals under the Pharmaceutical Benefits Scheme. The Medicare levy also funds the public hospital system, where the majority of acute health care is dispensed (Stein-Parbury, 2000). Australia is divided into 8 separate government jurisdictions (6 states and 2 territories), each of whom individually manages their public hospital system where the majority of nurses work. However, recent changes by the federal government have focussed on shifting the burden of care away from public health services and more towards facilities funded largely by private medical insurance.

Nursing education and history

Australian nurse education initially followed the Nightingale apprenticeship training model, which was first brought to the country in 1868 by Lucy Osburn at the Sydney Infirmary (Lusk et al, 2001). A register of nurses was introduced in the early 20th century and by the 1930s,

statutory authorities had been introduced to regulate nurse education. Between 1960 and 1970 the training of Australian nurses underwent significant professional and industrial upheaval as, among other things, the venue for basic training was altered. In 1984 the Australian Federal Government decided that nurse education should become solely the domain of higher education, an idea that had actually been proposed by the American Nursing Association since 1965. New South Wales introduced the first university training for nurses, with 16 tertiary programs underway by 1983 (Degeling et al, 2000). The changeover from hospital-based training to university courses was not automatic however, and its implementation varied from State to State. The last Australian hospital-based, pre-registration nurse training program ceased in 1990. However, post-registration course such as midwifery and mental health nursing continued to be hospital-based for most of that decade.

In 1989 the Australian Education Council proposed that the initial qualification should be a bachelor degree following 12 years of primary and secondary school education. Although this structure is similar to the British system, the Australian pre-registration nurse qualification is usually known as a Bachelor of Nursing or a Bachelor of Health Science (Nursing). Unlike other countries such as the United States and Japan, Australian bachelor degrees usually take 3 years with the option of a 4th year honours program. The number of Australian students completing the pre-registration nursing qualification rose in the 10 year period from 3035 in 1989 to 4661 in 1998. Postgraduate nursing courses also became significantly more popular in the same period, rising from almost none to 313 graduates by 1998 (AIHW, 2000b). The choice for Australian nurse graduates who opt for further study has also increased in recent years. Master degrees, PhDs and higher

nursing Doctorates are now becoming common among nurse graduates, although these courses are far from being nationally standardised at the present time.

Regulation and registration

Australian nursing registration is divided into eight state and territorial jurisdictions, each of which has its own nurses board and relevant health care legislation. Although nurses are able to move from jurisdiction to jurisdiction, significant differences exist and there is no single, nationwide legislation governing nursing practice (Bryant, 2001). In recent years the composition of state nursing boards has shifted away from physicians and employer groups, and more towards management by nurses themselves. Unlike Japan and many other countries, Australian nurses no longer need to undertake registration examinations (Smith et al, 2001). Providing a student graduates from a nationally accredited nursing course and has no criminal record or other circumstances which might otherwise preclude practice as a nurse, nursing registration is automatic once the relevant documentation has been submitted (Lusk et al, 2001). It is the responsibility of each state nurses board (with the exception of New South Wales and Western Australia) to accredit these nursing courses; a decision which means meeting certain standards relating to academic curriculum, instructors' qualifications and other matters. Some tertiary institutions have argued that this system is sub-optimal however, as it restricts academic freedom and autonomy (Bryant, 2001).

There are 2 levels of nursing registration in Australia. The primary category is known as a Registered Nurse. Registered nurses are permitted to perform a comprehensive range of duties within their registered specialities. As such, they must also assume responsibility and

accountability for their actions and standard of care (Australian Nursing Council Inc, 2002a). The second category are known as Enrolled Nurses or Registered Nurse Division 2. Enrolled nurses must work under the supervision and direction of a registered Nurse and are usually educated to the Advanced Certificate or Associate Diploma level at a college of technical or further education. The Australian Nursing Council has produced a set of National Competency Standards which nurses are expected to achieve to gain and then maintain their registration. For Registered Nurses there are four domains: ethics, critical thinking, care management and enabling; while for Enrolled Nurses there are three: work role, delegated care and helping (ANCI, 2002b).

The pay rates and employment conditions of Registered and Enrolled nurses generally differ, reflecting their different education level and professional responsibility. Wages and terms of employment also differ between the 8 Australian states and territories (Australian Nursing Federation, 2002). There are two main nursing associations, namely the Australian Nursing Federation whose major role is the industrial welfare of nurses; and the Royal College of Nursing Australia, whose principle focus is the professional enhancement of nursing (Stein-Parbury, 2000). There are also some speciality groups such as the Australian College of Midwifery Incorporated (ACMI).

Foreign nurses in Australia

The number of foreign nurses practicing in Australia has increased dramatically in recent years. In 1999 for example, 1080 foreign nurses immigrated permanently and 450 temporarily; this being almost double the number for the previous year (AIHW, 2000b). Registration for foreign nurses involves two considerations: nursing skills and English language competency.

An applicant must be able to meet the National Nursing Competency Standards prescribed for Australian nurses, and must have their overseas qualifications and work experience assessed as being equivalent to those existing in Australia (ANCI, 2002c). As English is the only national language of Australia, English language competency is also an essential component of the application process. Foreign nurses must therefore pass either the Occupational English Test or The International English Language Testing System (ANCI, 2002a). In cases where foreign training is deemed inadequate in this respect, a nurse must complete the Migrant Bridging Program.

Current situation and future issues in Australian nursing

Although nursing statistics are tabulated yearly by the federal government and are reasonably comprehensive, the most recent figures currently available are for 1999; when a total of 255,551 nurses were registered with 231 892 actually working. This number represents a slight decline from the 242 225 working in 1993 (AIHW, 2000b). In the last decade there has also been a substantial decline in the percentage of enrolled nurses, with the total falling from 24% to 15% of all nurses. On the other hand, the average age of Australian nurses has risen slightly in recent years from 39.1 to 40.4 years. Around half of all employed nurses work part-time (51.8%) and their overall workload is increasing. One reason for this increase is that registered nurses in full employment tend to have longer weekly working hours (31.8 hours) than enrolled nurses (29.9 hours) (AIHW, 2000b). In recent years, the proportion of university-qualified registered nurses has also increased; with these younger, more highly-qualified individuals establishing careers in nursing disciplines where long work hours are commonplace. At present, most

Australian nurses are female (93%), work in capital cities (66%) and are employed by acute care hospitals (62%). The vast majority are employed as clinicians (88.7%) in the medical and surgical field (31.3%). In recent years nursing homes have also increased in importance as a significant employer of Australian nurses, with 16% of them currently working in this sector.

The nursing profession in Australia presently faces challenges in maintaining its high standard of care. Most significant among these is a projected national shortage in some speciality clinical areas such as critical care, mental health, perioperative care, midwifery and cardiothoracic care (Stein-Parbury, 2000). Rural nursing is another sector in need of attention, because of high stress levels, staff shortages and inadequate resources (Hanna, 2001). Public health nursing has historically been viewed with a lower priority than hospital-based nursing, and as such is also in urgent need of professional support from mainstream practice (Keleher, 2000). Staff retention rates are becoming problematic as increasing numbers of Australian nurses leave the profession because of family commitments and limited employment satisfaction.

An important contributing factor for this declining morale is that many nurses do not feel valued at work (Stein-Parbury, 2000). Although medical care is gradually moving away from a physician-dominated model, true autonomy still remains elusive for the Australian nurse. Similar to Japan, some Australian doctors still view nurses as physicians' assistants rather than skilled and independent health care professionals (Smith et al, 2001). Furthermore, the average nurses' workload continues to increase, with many believing that recent technological changes have not really given nurses any more spare time at work (Arthur et al, 1999). Australia's rapidly aging population has also become a critically important focus area

for future nursing care and government funding. Nonetheless, considerable research is now being undertaken to redress staff retention issues within the nursing fraternity and a National Review of Nursing Education is presently being conducted to elucidate future training needs.

Conclusion

This paper has introduced the history of Australian nursing, along with a discussion of contemporary issues for the benefit of Japanese nursing professionals. Challenges for Australian nurses were described, together with an examination of future issues for the new millennium. Detailed statistics on the numbers, workload and distribution of Australian nurses were provided. As Australia represents an attractive employment opportunity for many Japanese, the requirements for foreign nurses wishing to emigrate to this country were also discussed.

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