

Nursing practices in australasian region: a confluence perspective

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REVIEW

Please cite this paper as: Jennifer David. Nursing practices in australasian region: a confluence perspective. AMJ 2023;16(2):533-536.

<https://doi.org/10.21767/AMJ.2022.3927>

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ABSTRACT

The environment of the emergency department in the Hospital setting is unpredictable and dynamic. More patients are showing up for care and treatment on a regular basis. Over the past few years, there has been an unexpected increase of presentations in Emergency departments in Australia amounting to nearly seven million presentations annually. Similar rises have been seen all around the world. The issues faced by emergency departments around the world include not only an increase in patient volume but also in patient acuity, dwindling hospital resources and bed availability, the skilled staff, and country-specific key performance metrics. The team providing the care, and in especially the doctor, has a direct impact on the patient's experience and the quality of the care they receive. However, the literature hasn't really focused much on how emergency nurses who do graduate-level emergency nursing courses.

Key Words

Emergency, accident and emergency, nursing, competency, practise standards, scope of practise, regulatory, and specialist standards.

Introduction

The environment of the emergency department in the Hospital setting is unpredictable and dynamic. More patients are showing up for care and treatment on a regular basis. Over the past few years, there has been an unexpected increase of presentations in Emergency

departments in Australia amounting to nearly seven million presentations annually. Similar rises have been seen all around the world. The issues faced by emergency departments around the world include not only an increase in patient volume but also in patient acuity, dwindling hospital resources and bed availability, the skilled staff, and country-specific key performance metrics. The team providing the care, and in especially the doctor, has a direct impact on the patient's experience and the quality of the care they receive. However, the literature hasn't really focused much on how emergency nurses who do graduate-level emergency nursing courses.

To clinically handle the difficult conditions that present in the emergency departments, emergency nurses need a breadth and depth of basic and advanced skills across the patient lifecycle. Care that is competent and safe is frequently influenced by the clinical practise environment and the skill level of the physician and nursing staff. Many contend that the lines between medical and nursing duties inside the emergency department are blurring, and as a result, it is challenging to define the theoretical foundations and technical training needed to graduate emergency department nursing education. The practise of emergency nursing has expanded in Australia to include advanced practise portfolios like emergency nurse practitioners which require more educational preparation beyond a bachelor's degree in nursing to be registered.

A clinical master's or doctoral degree is required for an advanced practise nurse position in the emergency department in the United States. The amount of education needed to perform advanced practise nurse responsibilities in the emergency department does not have a set standard across the globe. Only a small amount of published research has looked at the clinical performance standards for emergency nurses and the range of their practise after completing specialised post-degree training. Some jurisdictions have competency and practise standards for emergency nurses. National emergency nursing organisations exist in many nations, and its main goals are to advise and support emergency nurses in their increasingly important roles.

The emergency nursing practise or competency requirements of nations like Australia, Canada, New Zealand, the United Kingdom, and the United States have been made public on the websites. Additionally, there are numerous reputable courses that nurses complete globally to improve the quality of their emergency care delivery, such as the Trauma Nursing Core Course, but it is not clear from the literature to what extent course content reflects emergency nursing standards of practise.

In Australia, emergency nurses frequently complete a graduate certificate, graduate diploma, or master's degree programme in emergency nursing, all of which are offered through universities. The Graduate Certificate and Graduate Diploma are intended to develop a person's critical thinking, planning, and evaluation skills in the area of emergency nursing care.

Performance of nursing is measured and evaluated using competency standards, which then influence practise standards. Practice standards serve as the means to measure clinician's performance and define the level of performance, characteristics, and anticipated results. Practice standards therefore represent the minimal set of requirements for a registered nurse to work in a specific environment or specialisation. To inform and direct the practise of a skilled emergency nurse, the College of Emergency Nursing Australasia in Australia developed and updated practise standards. For the specialised nurse working in the emergency departments, these standards provide a wide set of criteria to govern clinical practise. An emergency nurse specialist is defined by the CENA as a registered nurse who has extensive experience in the emergency situation, although what exactly qualifies as significant experience is up for debate. However, it might be too advanced to apply these standards to an Australian emergency nursing graduate.

Other nursing disciplines in Australia, like critical care and mental health, have their own set of best practises. The formulation of graduation outcomes and traits as well as the anticipated provision of patient care are further supported and informed by these standards. All nurse registrations in Australia are subject to regulation by the Australian Health Practitioner Regulation Agency. The performance evaluation of nurses and subsequent registration are informed by the Nursing and Midwifery Board of Australia for competency standards of the registered nurse. The literature does not make it obvious, though, how these guidelines are applied to the characteristics, anticipations, and practise outcomes of

emergency nursing graduates. It's also unclear how emergency nursing standards are used to shape emergency nursing graduates' curriculum. There hasn't been a comparative study of emergency nursing practise and competency criteria internationally. This essay compares the practise and competency standards that are currently in use internationally for emergency nurses and examines how they relate to the expected performance of an emergency nurse who has completed specialised training in emergency nursing. The review's conclusions will drive the creation of emergency nurse practise standards in many nations to ensure safe and uniform practise.

A recent study focused on the willingness of Australasian emergency nurses to report to their place of employment in an emergency. The data for this study was gathered through online and paper surveys as part of an exploratory and descriptive study design. Participants included emergency nurses from four Australian hospitals and two emergency nursing institutions in Australia. Both descriptive and inferential statistics were used in the data analysis. More than four hundred Australasian emergency nurses in total took part in this study. The international interdisciplinary literature describes similar causes that led Australasian emergency nurses to show up at their place of business in a crisis. In instance, having a family disaster plan, boosting perceptions of the nurses' workplace preparation, and improving disaster knowledge and abilities can all increase nurses' willingness to attend emergency. This study is the first in Australasia to examine the variables that affect emergency nurses' readiness to report to work during a disaster. This study has shown that the kind of disaster, a person's demographics, and their workplace may all affect their willingness [1].

Numerous variables have influenced the way emergency nurses practise their profession. These include developments in technology, the acknowledgment of emergency medicine as a specialization practise, rising patient expectations, a rise in patient presentations, and a shift in the case structure. The complexity and challenges faced by emergency nurses have grown as a result of these issues and the rising demand on the healthcare system. The current emphasis on emergency care presents a chance for nurses to work together to influence the agenda for healthcare, administration, policy direction, and research [2].

Patient acuity and presentations to emergency departments are both continuing to rise. While there are new approaches

to providing safe patient care, emergency nurses still need to have a strong education and hold specialised credentials in order to provide cutting-edge patient care. The practise and competency standards for nurses who have completed emergency nursing programmes in Australia, Canada, New Zealand, the United Kingdom, and the United States are compared in a recent study [3].

The five fields of clinical knowledge, communication, teamwork, resources and environment, and legal all shared requirements from the five nations. The level of skill necessary to meet the standards varied, and none were tailored specifically to the emergency nursing graduate. The practise standards that were on hand showed some similarities. For nurses who want to specialise, it is necessary to take into account the value of a universal framework in guiding the creation of emergency nursing practise standards and emergency nursing curricula.

In order to acquire a general understanding of how the demographics of the nurses may affect their professional nursing practises, it is necessary to characterise the practises, attitudes, and barriers that Australasian oncology nurses have. Based on a self-reported online survey comprising of certified oncology nurses the attitudes of oncology nurses regarding primary healthcare professionals and the stage of treatment, primary benefits and the evidence base were evaluated in a recent study.

Oncology nurses saw themselves to be the main advisors. Improved quality of life, mental health, and daily living activities were the three advantages patients that were most frequently mentioned. The most frequent obstacles were time constraints, a lack of suitable support systems, and patient safety concerns. Despite many obstacles, Australasian oncology nurses want to advocate to their cancer patients during all phases of treatment because they feel it is helpful for their patients. Hospitals may need to provide better referral paths to exercise physiologists and physiotherapists, as well as greater support for oncology nurses in promoting patient health [4].

The literature examining burnout among emergency department nurses and doctors is critically reviewed in a recent study [5]. The objective was to draw together a diverse collection of literature to undertake an in-depth analyse of the issues raised by the review question. The issue of burnout among emergency department nurses and doctors has only lately come to the attention of experts. The highly stressful work environment and unpredictable nature

of the job are thought to put nurses and doctors at risk for exhaustion.

The electronic databases CINAHL and MEDLINE, as well as the websites of the Royal College of Nursing and British Medical Journal, were used to conduct a review of the literature. The publications found made use of both quantitative and qualitative methods, and their applicability was carefully examined. The review's conclusions confirm worries about the negative consequences of burnout on nurses and doctors working in emergency rooms. To get a greater understanding of the lived experiences of emergency department nurses and doctors, future study in this area is advised, particularly around the naturalistic paradigm.

There hasn't been much research done on burnout in the emergency department. According to research, burnout is a significant side effect of working in this field for nurses and doctors, and it is present to a significant degree. Stress and burnout are strongly correlated, and when talking about burnout, these two terms are frequently used interchangeably. While stress in and of itself is not always negative, most nurses and doctors enter the profession of emergency medicine.

As nurses must offer care for patients of all ages and clinical presentations, the clinical environment of the emergency department is complex. The procedure of patient assessment is crucial under these settings since the prevalence of patients with undifferentiated diagnoses in a time-constrained environment is the key differentiating feature of emergency nursing. To deliver care across the lifespan and manage situational occurrences like patient congestion and sophisticated technology, nurses need in-depth knowledge and clinical experience.

Clinical signs and presentations may have a clear explanation. However, take into account the clinical manifestations could signify any number of clinical conditions: There could be a number of causes for these emergency symptoms, necessitating a request for various examinations, along with the possibility of the patient's condition rapidly deteriorating. These factors come into play when an emergency nurse is providing care for several patients at once in a congested emergency room while also anticipating the patient's final destination to help with patient flow and effective treatment. The nurse tending to the patient needs to for these patients to use a systematic approach to the patient assessment process.

The distinctiveness of the emergency nursing process and practise setting in comparison to other nursing and caring scenarios are described in one of the studies [6].

Conclusion

Emergency nursing practise is complex, ambiguous, and occasionally urgent, thus it calls for an organised approach built on initial evaluation and judgement. A five-step emergency nurse assessment framework was created primarily for use in practical environments, such as the emergency department in acute care hospitals, and instructional contexts, such as a Master of Emergency Nursing at The University of Sydney.

The study discusses each of the five processes. In the context of implementing the framework, it is addressed how crucial patient evaluation and good communication are in therapeutic settings. The developments which are helpful in academic and practical situations, was explored in this work. The history, potential "red flags," clinical examination, investigations, and nursing interventions are the five steps in this paradigm for the emergency nurse assessment process. Navigating complicated and urgent situations in emergency settings, frequently with uncertainty regarding the patient's condition, raises the question of how this nursing process is specific to emergency clinical contexts.

References

1. Arbon P, Ranse J, Cusack L, et al. Australasian emergency nurses' willingness to attend work in a disaster: a survey. *Aust Emerg Nurs J.* 2013;16(2):52-7. Doi: <https://doi.org/10.1016/j.aenj.2013.05.003>
2. Fry M. Overview of emergency nursing in Australasia. *Int Emerg Nurs.* 2008;16(4):280-6. Doi: <https://doi.org/10.1016/j.ienj.2008.01.003>
3. Jones T, Shaban RZ, Creedy DK. Practice standards for emergency nursing: An international review. *Aust Emerg Nurs J.* 2015;18(4):190-203. Doi: <https://doi.org/10.1016/j.aenj.2015.08.002>
4. Keogh JW. Physical activity promotion, beliefs, and barriers among Australasian oncology nurses. 2017;44(2):235-45. Doi: 10.1188/17.ONF.235-245
5. Potter C. To what extent do nurses and physicians working within the emergency department experience burnout: A review of the literature. *Aust Emerg Nurs J.* 2006;9(2):57-64. Doi: <https://doi.org/10.1016/j.aenj.2006.03.006>
6. Curtis K, Murphy M, Hoy S, et al. The emergency nursing assessment process—A structured framework for a systematic approach. *Aust Emerg Nurs J.* 2009;12(4):130-6. Doi: <https://doi.org/10.1016/j.aenj.2009.07.003>