

Chronic care undergraduate nursing education in Australia

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SUMMARY

The Chronic Care Model developed by Wagner is recognised to provide a systematic approach to managing chronic care. It has been adapted by the World Health Organization to become the Innovative Care for Chronic Conditions Framework. Together these have been demonstrated to provide an effective framework for chronic care management in a variety of settings. In order to prepare Australian nursing graduates for a changing health system it is important to recognise global issues and to prepare them to work within well recognised models. This paper examines the publically available documentation of pre-registration nursing degrees in Australia for their alignment with the Chronic Care Model and the Innovative Care for Chronic Conditions Framework. Those aspects of each which are well addressed are identified along with those which could be improved.

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Introduction

The burden of chronic conditions is estimated to account for approximately 80% of disability-adjusted life years and continues to increase rapidly according to the Australian National Chronic Disease Strategy (National Health Priority Action Council, 2006). There is wide acknowledgement of the increase in chronic conditions which is impacting on the health workforce worldwide (Basu, 2013; Higuchi, 2010; World Health Organization, 2005, p. 17). This is significant in both Australia and globally when addressing future health needs in relation to chronic care. The Chronic Care Model is well recognised to provide a systematic approach to chronic care management. It incorporates six components: health system (organization of health care); self-management support; decision support; delivery system design; clinical information systems and community resources and policies (Stellefson et al., 2013). It aims to provide a multi-dimensional solution to the complex problem of the provision of chronic care (Bodenheimer et al., 2002).

Several studies have looked at how the Chronic Care Model can be applied to the training of medical practitioners with some success (Agency for Healthcare Research and Quality, 2008; Block et al., 2011; Kirsh and Aron, 2008; Moskowitz et al., 2006). However, Saxe et al. (2007) indicate that due to the unique role of nurses, they will need to lead the re-design of the health care system in order to improve health outcomes through the implementation of the Chronic Care Model. Smith et al. (2006) point out that further education of nurse educators is required regarding the Chronic Care Model, especially if this is to make a difference to health outcomes in rural and remote areas.

The World Health Organization recommends the use of the Innovative Care for Chronic Conditions Framework (World Health Organization, 2002) which is described as 'an expanded, internationalized adaptation of the earlier Chronic Care Model developed by Wagner and colleagues' (World Health Organization, 2005). The Innovative Care for Chronic Conditions Framework extends the Chronic Care Model by adding micro, meso and macro levels and incorporates six guiding principles: evidence-based decision making; population focus; prevention focus; quality focus; integration; flexibility and adaptability (World Health Organization, 2002). These levels extend the involvement of community and describe policies and financing as the drivers at the macro level (Bengoa et al., 2004). Nuño et al. (2012) suggest the need for further studies which explicitly assess the implementation of the Innovative Care for Chronic Conditions Framework at health system level, but argued that many components of it had been assessed in the literature that is related to the Chronic Care Model previously.

A study conducted in the United States of America, recently identified that chronic disease education, specifically support and self management was not well integrated into their undergraduate nursing curricula (Kuebler et al., 2014). An Australian study, although looking at primary health care indicated that in 2007–2009, student preparation for practice in primary health and community settings was patchy (Keleher et al., 2010). An important aspect of the implementation of the Chronic Care Model and Innovative Care for Chronic Conditions Framework is how well it is integrated into their undergraduate nursing education so that an informed and well prepared nursing workforce is established in Australia and worldwide.

Aim

The study described here examines publically available Australian university subject lists, abstracts and curriculum documentation to review how and to what extent chronic care is incorporated into the

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written curricula for nursing education at a pre-registration level leading to a baccalaureate qualification.

Method

A content analysis of all publically available undergraduate nursing courses in Australia was conducted with a particular focus on the content related to chronic care. This involved each of the authors independently assessing the available course material and then comparing those results and reaching consensus regarding the content related to chronic care. All of these courses are approved by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and listed on the Nursing and Midwifery Board of Australia website as leading to a baccalaureate qualification. ANMAC ensure that all of these education providers meet the same standards which meet baccalaureate requirements. Key themes for the content analysis were drawn from the Chronic Care Model developed by Wagner (Bodenheimer et al., 2002; Stelfox et al., 2013) and the Innovative Care for Chronic Conditions Framework (World Health Organization, 2002, 2005). Publically available internet sites were reviewed which provided information on course and subject content of undergraduate nursing courses. Although not all universities publish every detail of their course online, what is evident on the public domain has implications regarding the value placed on this aspect of their nursing curricula. In this way it is possible to gauge to a limited extent what values are placed on specific aspects of chronic care and how this impacts on the perception of chronic care nursing within undergraduate curricula.

This initial review found that 35 Australian tertiary education providers have approved undergraduate nursing baccalaureate courses available. Each tertiary education provider's website was then examined to determine if the course content included a chronic care subject. Four tertiary education providers were eliminated from the review due to a lack of information provided about course content available on the public website. Of the remaining 31 tertiary education providers, course outlines were examined and abstracts of each identified chronic care subject was then further scrutinised to determine if the subject addressed the Chronic Care Model guidelines and framework as outlined by the World Health Organization (2005). The levels (micro, meso and macro) identified in the Innovative Care for Chronic Conditions Framework were considered to be too generic to be included in this analysis, unless specifically connected to the Framework, but this did not occur. Undergraduate pre-registration nursing courses that were excluded from this review were those which provided an alternate entry pathway to become a Registered Nurse including Enrolled Nurse or Aboriginal Health Worker to Registered Nurse programmes, graduate entry programmes and master's programmes. International overseas nurse programme pre-registration courses were also excluded from the review.

Subject lists, abstracts and curriculum documentation were further interrogated to gain an overview of the inclusion of chronic care subjects incorporated within undergraduate pre-registration nursing courses. In Australia each subject is allocated credit points as part of a course total (Logan and Angel, 2014). There is a wide range of credit point allocation throughout Australian universities with no consistent system applied universally. In order to determine the proportion of the chronic care subjects as part of the entire course content, this study used allocated credit points divided by the total course credit points to determine chronic care content as a proportion of the course. For example if the chronic care subject was allocated 6 credit points within a degree totalling 72 points then the proportion of chronic care was calculated to be 8%. This is further illustrated in Figures 1 and 2 in the Findings section of this article.

Findings

The inclusion of a specific chronic care subject in undergraduate nursing courses varied throughout tertiary institutions. One course devoted several subjects specifically to this topic, four providers had more than one subject that identified chronic care content and twelve incorporated chronic care into a medley of nonspecific nursing subjects. It was noted that there was a tendency amongst most providers to blend chronic care subjects with other areas of health care such as: palliative care, aged care, acute care, tropical diseases, disability, mental health, perioperative care and indigenous health.

Further examination of the content of chronic care subjects illustrated an alignment with the Framework and Model including, population focus, evidenced based decision making, delivery system design, prevention focus, Chronic Care Model and health system. Two providers had stand-alone clinical information system subjects, however the majority of providers did not identify how this was addressed in their courses. Part of the Innovative Care for Chronic Conditions Framework includes community resources and policies (World Health Organization, 2002, 2005). This was not evident from reading any chronic care subject abstracts, however it is recognised that this may have been incorporated within the subject content which was not seen within this review.

Fig. 1 outlines the proportion of content devoted specifically to chronic care. Fig. 2 illustrates the proportion of the undergraduate nursing course which aligns with the Chronic Care Models and framework.

Discussion

The ability of new graduate nurses to deliver care in relation to patients with chronic conditions is essential for the delivery of health services in the future. In order to achieve this, tertiary education providers must incorporate and synthesise chronic care education into their curriculum. The very nature of tertiary education allows flexibility,

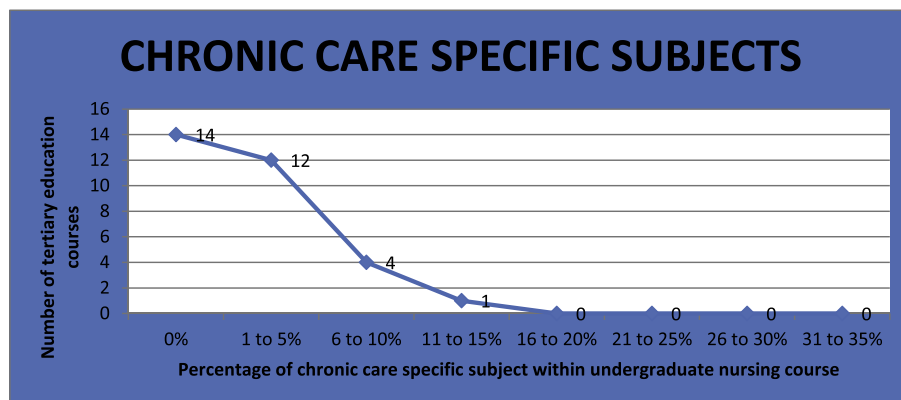


Fig 1. Chronic care specific subjects.

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