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Using a virtual community to enhance nursing student's understanding of primary health care

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Introduction

The need to reform the Australian healthcare system and to reorient health services towards primary health care has grown over recent years, resulting in Australia's First National Health Care Strategy (Department of Health and Ageing, 2010). A past tendency for Australian university programmes to focus on acute care or hospital based services rather than primary health care in the preparation of students for practice has also become apparent (Keleher, Parker, & Francis, 2010). This tendency needs to be overcome to ensure graduates have a sound understanding of primary health care services and how these contribute to individual and community health. The preparation of undergraduate nursing students therefore needs reorientation to maintain alignment with planned changes in future health care delivery and to adequately prepare nurses for practice. This paper describes how the introduction of a new curriculum created an opportunity to re-evaluate past approaches

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to teaching primary health care and led to the creation of Wiimali, a virtual community.

Background

Primary health care is classically defined as ''essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination'' (World Health Organization, 1978, p. 1). It is based on the social model of health (Keleher, 2001), a model which views health as multifaceted, which focuses on social rather than biological determinants of health, and aims to achieve health through activities beyond those of the health sector (Germov & Richmond, 2009; Rifkin & Walt, 1986). The social determinants important to this model are increasingly recognised as central to individual and community health (Keleher, 2001), and are described as ''...the conditions in which people are born, grow, live, work and age, including the health system.'' (World Health Organization, 2012).

Primary health care, as a health care philosophy, is underpinned by the principles of social justice, empowerment/community participation and equity (Keleher, 2001; World Health Organization, 1978). Implied in the concept of equity is a focus on addressing the underlying reasons for unequal distribution of resources, so increasing social and economic justice in the way health resources are accessed and used (Rifkin & Walt, 1986; Young & McGrath, 2011). The World Health Organization (2012) argues that differences in social determinants of health are largely the basis for unfair health inequalities. A measure of primary health care's success is the equitable provision of health resources to all people (Rifkin & Walt, 1986). One of the main differences between traditional health services and primary health care is that primary health care is community based. It involves communities in health, is concerned with empowering and enabling people to determine their own destiny, and involving them in the planning, implementation or evaluation of programmes that improve health (Keleher & MacDougall, 2011; Rifkin & Walt, 1986).

To practice in a way consistent with primary health care, health care staff and their organisations need to use strategies which are consistent with the principles underpinning primary health care and a focus that addresses the social determinants of health (Adrian, 2009; World Health Organization, 1978). Services based on primary health care are comprehensive and seek solutions to health problems that are not addressed by biological, genetic or biochemical solutions (Keleher, 2001). They focus on addressing the root cause of health problems experienced by individuals and communities, reducing the effects of disadvantage and health inequality (Keleher, 2001). This orientation challenges the current health system's focus on disease and finding cures (Nesbit & Allen, 2011). Advocated as part of primary health care are activities which focus on anticipating and preventing health problems, promoting community participation, ensuring access to health related services for all people and providing services at a cost that is affordable and as close as possible to where people live (World Health Organization, 1978). Healthcare staff and their organisations work in partnership with people and communities to enable and empower change that is local, affordable and sustainable (Talbot & Verrinder, 2010; World Health Organization, 1978). Intersectoral collaboration, a strategy to address social determinants of health and structural barriers to health, refers to collaborative transdisciplinary partnerships, with the needs of the community dictating the most appropriate services and service relationships (Adrian, 2009). Transdisciplinary partnerships go beyond multidisciplinary and interdisciplinary partnerships, by facilitating intersectoral relationships which value expertise in areas beyond those addressed by health disciplines. This might include partnerships with services that provide education, transport or income support, reflecting an understanding of the social determinants of health. Primary health care should form the nucleus of the health system (World Health Organization, 1978).

Australia is currently in the process of implementing health care reforms which target changes to primary health care, hospitals, health care delivery and financing systems (Department of Health and Ageing, 2010; National Health and Hospital Reform Commission, 2009). Specifically, an increased emphasis on primary health care and the prevention of illness are articulated as being central to effective reform by the National Primary Health Care Strategy (Department of Health and Ageing, 2010), the National Preventative Health Taskforce (National Preventative Health Taskforce, 2008), and the Nursing and Midwifery Consensus View on Primary Health Care in Australia (Adrian, 2009). Inherent in this emphasis is a need to strengthen primary health care systems and shift the context of service delivery from hospitals into the community (Keleher et al., 2007, 2010). This shift needs to be paralleled by a workforce with knowledge and skills oriented to the social model of health and a social determinants approach (Douglas et al., 2009). Also important is a workforce that is able to navigate the tension between providing a comprehensive, participatory and health promoting approach, and a need to provide efficient and sustainable direct care and medical interventions within the community (Nesbit & Allen, 2011). Whilst the term primary health care is used to refer to comprehensive services, more selective primary care services can be considered a subset of primary health care (Adrian, 2009; Awofeso, 2004; Cueto, 2004). Primary care is illustrated by health services delivered by many practice nurses and doctors working in general medical practices across Australia (Adrian, 2009; Australian Nursing Federation, 2011).

The context of reform and service reorientation has highlighted that the Australian primary health workforce is troubled by restricted availability of health care staff, changing role demands and changes to role characteristics (Douglas et al., 2009). To achieve the aims of current reforms, future health care staff will need to be knowledgeable about primary health care philosophies, appreciate the contribution they make within whole health systems, be able to work within a primary health care context and be sufficient in supply to meet demands of new and ongoing primary health care services. To this end Douglas et al. (2009) argues that nursing education needs an increased focus on primary health care and community placements. This challenges the