

# CHAPTER I

## Overview of emergency nursing in Australasia

MARGARET FRY

### LEARNING OBJECTIVES

- Describe the history and background of emergency nursing specialisation within Australasia.
- Describe the emergency nursing specialist competency standards released by the College of Emergency Nursing Australasia.
- Demonstrate an understanding of current emergency research interests within Australasia.
- Outline current emergency management issues within Australasia.
- Describe the cultural beliefs embedded in emergency care.
- Describe the different roles a registered nurse can undertake within the specialty of emergency nursing.
- Delineate the roles of the different types of emergency providers throughout Australasia.
- Explain the development of emergency nurse specialisation.

- Describe the different approaches for nurse practitioner authorisation.
- Outline the development of emergency nurse associations.

### INTRODUCTION

This introductory chapter provides an overview of the development of Australasian emergency nursing. The key research and management issues confronting emergency care providers are explored. A brief overview of Australasian emergency department (ED) role delineation is provided. Given that emergency nursing occurs within a specific context of care, embedded cultural beliefs which drive and motivate behaviour and interaction are discussed. The development of the different nursing clinical roles, specialist education and industrial awards is described.

### EMERGENCY NURSING: HISTORICAL BACKGROUND

Designated emergency departments began in the early 1970s and functioned mainly as an after-hours patient entry point where a ward nurse came to monitor the patient's condition until the arrival of a doctor.<sup>1</sup> However, the increasing number of patients presenting to ED, demand for more emergency care, advances in technology and improvements in resuscitation procedures led to the need to expand services and create a specialty area for the delivery of emergency care. By 1985 these changes raised the expectation that both nursing and medical staff needed to become highly trained, specialised and permanently based in ED.

Emergency nursing as a specialty practice has evolved over the past 35 years. Emergency nurses deliver care to a diverse population experiencing episodic, abrupt, potentially life-threatening health or psychosocial conditions. Emergency care may require minimal intervention or advanced life support practices. Emergency nurses require in-depth knowledge and clinical expertise to provide care across the lifespan and to

manage situations such as patient overcrowding and the use of complex technology.

Emergency practice requires nurses to blend theoretical knowledge systems, past experiences, collated patterns of knowing and ways of doing with a patient's physiological, interpersonal and communicative signs.<sup>2,3</sup> Convergences of these knowledge systems with cognitive domains that include assessment, diagnosis, treatment and evaluation skills enable greater accuracy and speed in the decision making, troubleshooting, prioritisation and delivery of emergency care.

The practice environment of emergency nursing is as diverse as the nursing profession itself. Box 1.1 identifies some of the practice environments of Australasian emergency nurses. In keeping with the nursing profession as a whole, emergency nursing roles include patient care, referral, management, education, consultation, advocacy and research.

In Australasia emergency nursing practice is guided by various professional and government bodies which include state and territory Nurses Boards, the Nurses and Midwives Board (New South Wales), the Nursing Council of New

**BOX 1.1 Emergency nursing practice environments**

Emergency departments  
 Emergency treatment areas  
 Military services  
 Community health clinics  
 Remote and very remote health clinics  
 Industrial areas  
 Multipurpose centres  
 Maori health providers  
 Medical centres  
 Pre-hospital/retrieval services  
 Disaster response teams

Zealand (NCNZ), the Australian Nursing and Midwifery Council (ANMC), College of Emergency Nursing Australasia (CENA), Council of Remote Area Nurses of Australia (CRANA), state and territory Emergency Nurse Associations (ENA) and local, state, territory and federal governments.

However, the demands of the clinical arena also determine the scope of practice roles in emergency nursing. Consequently, role function may vary between and within service providers. For example, emergency nurse roles in a teaching tertiary hospital may vary from those in remote, rural or regional areas.

**COMPETENCY STANDARDS**

The ANMC described competence as a combination of skills, knowledge, attitudes, values and abilities that underpin effective performance within a profession/occupational area.<sup>4</sup> Competency standards therefore have been defined as a set of core standards that describe the current practice of nurses. Such standards can be developed to the professional levels expected of both the beginning nurse and the advanced practitioner (see also Ch 8).<sup>5</sup>

Within Australasia, nursing and midwifery regulating authorities have established standards of competency that apply to the registration of nurses and midwives. These competency standards accommodate the diverse roles that nurses and midwives undertake, define behaviour and are a means to ensure high quality care through safe and effective work practices. In Australia and New Zealand registered nurse and midwife competency standards are currently being reviewed and will enhance the existing competency standards for enrolled nurses and nurse practitioners.<sup>6,7</sup>

In 2003 CENA<sup>8</sup> released competency standards in order to provide broad practice and performance guidelines. These emergency nursing specialist standards cover eight domains: clinical expertise, communication, teamwork, emergency sources and environment, professional development, leadership, legal issues, and ethical issues. These standards represent the unique characteristics that give shape to the speciality of emergency practice.

**RESEARCH**

Research findings can provide insight into and understanding of the complexity of emergency practice and the challenges experienced by nurses. By researching everyday nursing practice, insight is gained into the experience of emergency nurses and how they make sense of reality. From this insight new ways to educate and support nurses can be developed.

From a broad research perspective four main issues impact on healthcare needs and services: declining healthcare infrastructure, the increasing rate of chronic diseases, emerging and reemerging communicable diseases, and the increasing threat of bioterrorism.<sup>9</sup> Much of the Australasian research healthcare debate and responsive innovative strategies arise out of the response to these issues.

Prevailing nursing research can be categorised into three broad areas: clinical, professional and organisational management. Within clinical research there is a need for greater awareness of the different roles nurses undertake and how these roles differ. Through clinical research the factors that determine behaviour and interaction can be made transparent and provide further insight into the consistency of practice. Professional research needs to foster greater collaboration with consumers. By learning what it is that consumers consider important nurses can learn new ways of being in step with patient need and expectation. Such a research approach will bring about a deeper and more engaging care partnership with consumers.

Organisational management research needs to deconstruct the context of care and, in particular, the dimensions of policy adherence. Shifting contexts of care, such as patient overcrowding can compromise policy adherence and lead to aggression, violence and bullying in the workplace.<sup>10-12</sup> Organisational management research can inform strategic policy development so that policies generate greater relevance within practice and accommodate changing contexts of care.

Responsible nursing practice needs to be anchored in best evidence as this adds to the knowledge of the discipline, contributes towards greater consistency within practice and improves patient outcomes. Refer to Chapter 7 for further information on the importance of evidence-based practice, the research process, practice development and quantitative and qualitative methodologies.

**MANAGEMENT PRACTICES**

Those in leadership and management emergency positions face increasing challenges in meeting service provision demand and consumer expectation. Current challenges include sustainable access planning; overcrowding; staff recruitment and retention; and the redesign of models of care to include emergency roles, referrals and redirecting care options. While there are innovative strategies being explored to meet the challenge of ED service provision, success is often dependent on the ability of clinical leaders and managers to motivate, enthuse and engage with staff to drive new

visions of practice. Refer to Chapter 5 for more information on leadership.

In Australasia, sustainable access planning remains a major ED management issue. Part of sustainable access planning is resolving access block issues. ‘Access block’ is defined as a patient who is ready to go to a ward bed but remains in the ED for longer than 8 hours because of the lack of an inpatient bed.<sup>13</sup> This leads to overcrowding. There is an association between overcrowding, increased hospital length of stay and mortality in Australian hospitals.<sup>14,15</sup> Known effects of overcrowding include delays in patient management, poor hospital processes, poor infection control, patients not being placed on the appropriate ward, and so forth.<sup>16</sup>

Hospital strategies which aim to improve inpatient bed access include reforming bed management practices, discharge planning and patient processing. Other complementary strategies include the development of rapid assessment teams and emergency medical units and the use of clinical initiatives nurses and nurse practitioners, aged care assessment teams, and community and chronic disease initiative programs.<sup>17,18</sup>

The delivery of emergency care is dependent on sustaining a sufficient nursing workforce. It is essential that the complexities of staff recruitment, retention and the development of emergency nursing roles be made explicit to enable strategic planning to sustain and/or enhance nursing workforce density. To this end, transactional leadership provides the basis for responding creatively to workforce issues and the reshaping of emergency nursing roles. Transactional leadership is discussed in Chapter 5.

Contemporary management issues are focused on reshaping models of care that better accommodate and adjust to the ED context, patient processing and a changing case mix. One popular UK model being explored throughout Australasia is ‘See and Treat’. This model aims to reduce waiting times and improve the ED experience by grouping complex and simple patient conditions into separate areas. These patient groups are then treated at the ‘right time’, in the ‘correct area’ and by appropriately ‘qualified staff’ on the initial consultation.<sup>19</sup> Emergency managers and clinical leaders everywhere are continually finding new and innovative ways to provide timely and equitable emergency care and meet the challenging demands of contemporary service provision.

## EMERGENCY SERVICE SETTINGS

The geographical landmass of Australasia (Australia and New Zealand) is vast—278,692 square kilometres—with a combined population in 2004 of 24.3 million.<sup>20</sup> Throughout Australia the role of EDs differ depending on the type of hospital, geographical location and position within the health system network (Table 1.1). Within each designated level physical design, function, staffing and resources are similar. New Zealand’s ED role delineation structure is similar to Australia’s (Box 1.2).

In the urban setting, most metropolitan and regional areas have a designated ED. However, rural, remote and very remote health centres have designated treatment rooms, which

**TABLE 1.1 Australian emergency department distribution\***

Type of hospital	Number
Major referral and specialist women’s and children*	31
Metropolitan (urban districts) <sup>†</sup>	76
Major rural and regional	45
<b>Total<sup>‡</sup></b>	<b>152</b>

\*includes 1 private ED

<sup>†</sup>includes 22 private EDs although 86% (19) are located in capital cities

<sup>‡</sup>Multipurpose rural centres (n = 66) excluded as they are not designated EDs

Adapted from Australian Medical Workforce Advisory Committee (AMWAC). The specialist emergency medicine workforce in Australia. Sydney: AMWAC; 2003.

**BOX 1.2 New Zealand emergency department distribution**

T1 Higher level tertiary  
T2 Lower level tertiary  
S1 Secondary  
S2 Subacute  
Health centre/Rural and remote

NZ Ministry of Health. Roadside to bedside. Wellington: NZ Ministry of Health; 1999.

provide limited resuscitation practices. The designation as an emergency department or service relates to the availability of medical officer and specialist nurse cover, and access to emergency physicians, diagnostic services, intensive care and surgical operating services.<sup>21</sup> While rural, remote and very remote centres have access to medical officers, nurses often manage them.

In 2001 the NZ government restructured the health system network into 21 district health boards. These boards, inclusive of emergency services, were established to ensure the delivery, monitoring and evaluation of health services. Similarly, Australian state and territory governments are responsible for health services, although service models vary. Australia has 152 and New Zealand 42 designated public emergency departments.<sup>22,23</sup> Australia and New Zealand have a national health system that provides universal free access to emergency services, free public hospital care, subsidised pharmaceuticals and out-of-hospital care. A reciprocal healthcare agreement exists between Australia and New Zealand.<sup>9</sup>

## CULTURAL CONTEXT

Today nurses are recognised and defined by their area of specialty practice such as emergency. While all types of nursing have similar characteristics, in each specialty there is a unique collection of individuals who share knowledge systems including values, beliefs and ways of being that make them and their work distinct from other communities of practice.<sup>24,25</sup> Nurses who work in EDs share common sets of knowledge

systems that provide understanding and bring meaning to activities, shape the boundary of emergency work and make them recognisable to each other.<sup>25</sup> This creates systems of meaning which allow people to build conceptual maps and orientate activity and behaviour during interaction.<sup>26–28</sup> Thus shared information contributes towards a level of stability and coherence.<sup>29–31</sup> Within ED, notions of efficiency, timeliness and equity give structure to a system of meaning through which expectations of patient behaviour are cemented and a culture of ED care sustained. Through these systems of meaning, emergency staff come to learn and understand how practice is viewed and conducted and how the notion of care is perceived.

A cultural context of ED care is reflected in a standard geography of care that is oriented towards the notions of efficiency and timeliness shared and understood through patient movement. Patient movement is normalised by architecture, embedded expectations, urgency codes and bed allocations and creates a spatial web recognisable to all emergency staff. These embedded cultural mores make explicit a particular cadence of care from which a culture of ED care emanates and within which emergency nursing is enacted.<sup>2</sup>

## EMERGENCY NURSE SPECIALISATION

Nursing specialisation was necessary because of the recognition that nurses could no longer master the volume of knowledge and skills required to work in all clinical areas.<sup>32</sup> To assist emergency nurses in gaining in-depth knowledge and clinical expertise, specialty postgraduate courses were developed. By 1979 professional bodies such as the New South Wales College of Nursing, had extended their nursing education profile to include advanced emergency nursing programs. By 1995 the Emergency Nursing Graduate Certificate course had been established.<sup>33</sup>

When hospital-based pre-registration nurse education was transferred to the tertiary sector in 1985 there was a corresponding demand for postgraduate tertiary qualifications.<sup>34,35</sup> To meet this demand, tertiary programs were developed to articulate with specialist certificate courses and extend nursing knowledge, attributes and clinical skills beyond mere technical competence. Today, Australasian universities provide postgraduate courses in specialty areas such as emergency nursing. Emergency department registered nurses (RN) can now pursue graduate diploma, master or doctoral degrees in their area of specialisation.<sup>34</sup>

### Clinical roles

To keep pace with nursing specialisation local, state and territory governments and nurse associations introduced industrial nursing awards which recognised, supported and financially rewarded advanced clinical nurses. For example, the award classification of Clinical Nurse Specialist (CNS) was introduced in New South Wales in 1986. Inherent in

this classification is the recognition that advanced level practitioners deliver and coordinate care appropriate to the needs of the patient, act as clinical resource people, provide leadership and support less experienced staff. However, CNS award classifications did not mandate an academic qualification for the position, preferring instead to maintain the focus on clinical experience.<sup>36</sup> By the 1990s other award classifications such as Clinical Nurse Consultant (CNC) and Nurse Practitioner (NP) had been introduced and have added to the clinical career pathways open for registered nurses.<sup>37</sup>

These clinical award classifications meant that experienced nurses no longer had to move away from direct patient care to gain career advancement and financial incentives.<sup>38,39</sup> However, specialty definition, qualifications, levels of competency, accreditation processes, and extended practice roles have developed without consistency or national unification throughout Australasia.<sup>32,40</sup> For example, the emergency nurse in Australasia can expand their area of chosen professional development and become an advanced clinical nurse, such as a Clinical Initiatives Nurse (CIN) or an Advanced Practice Nurse (APN), which is referred to under several role titles such as Clinical Nurse Specialist (CNS), Clinical Nurse Educator (CNE), Clinical Nurse Consultant (CNC) and Nursing Unit Manager (NUM).<sup>37</sup> However, the advanced practice role is not autonomous and only able to undertake extended practices through the implementation of advanced standing orders.

## EMERGENCY NURSE PRACTITIONERS

Emergency nurse practitioners (NP) are expert clinicians with advanced skills and theoretical knowledge that enable them to treat, manage, refer and discharge a range of patient conditions in partnership with medical and other allied health workers.<sup>41–43</sup> Nurse practitioners undertake assessments, diagnose and initiate treatment within their scope of practice and provide monitoring and care coordination of particular patient groups. There is increasing evidence of the effectiveness of nurse practitioners in reducing ED workload<sup>43–45</sup> and in improving patient satisfaction.<sup>46–48</sup> While the USA and UK have employed ED NPs for over four decades Australasia has been slower to do so.<sup>44,49–53</sup>

In Australasia regulation of nurse practitioner authorisation is promoted and maintained by nursing and midwifery regulating authorities. These statutory authorities (state and territory nursing and midwifery boards and the Nursing Council of New Zealand) have established competency standards that apply to the registration of nurse practitioners. Within Australia and New Zealand there are increasing numbers of authorised NPs.<sup>54,55</sup> Practice areas include metropolitan, district, regional, and rural and remote centres with minimal or no physician coverage. NPs have prescribing and investigation privileges which are co-endorsed by their scope of practice and organisation.

Nurse practitioner authorisation can be achieved through one of two strategies: through a peer review process and oral viva or by completing a postgraduate nurse practitioner degree. Both strategies require the nurse to provide evidence of working at an advanced practice level. Within Australasia

nurse practitioner curricula cover care practices across the lifespan, acute and non-acute patient conditions and situations, physical assessment, pharmacology, extended practices, and ethics and the law (Ch 3).

## Development of emergency nurse associations

To support nurses in this new specialty area, professional organisations such as the Emergency Nurses Association (ENA) were formally established in the USA (1970), UK (1972), Australia (1983) and New Zealand (1990).<sup>56–58</sup> These associations promote clinical, educational and professional development of emergency nurses by producing policy statements on levels of role performance and fostering specialty recognition. The associations publish newsletters and provide financial sponsorship for ED nurses to attend conferences and conduct research. Many also provide introductory specialty education courses to update knowledge and skills.<sup>59,60</sup> The *Australasian Emergency Nursing Journal* (AENJ), first published in 1996 by the ENA of NSW, became Australasia's first international, peer-reviewed emergency nursing journal. State and territory ENAs have merged to form the College of Emergency Nursing Australasia (CENA). CENA is the peak professional body for emergency nurses throughout Australasia with professional links to New Zealand and Singapore emergency nursing groups.

### SUMMARY

Emergency nursing practice has been shaped by many factors. These factors include advances in resuscitation and technology, recognition of emergency as a specialty practice, increased consumer expectation, increased number of patient presentations and changing case mix. These factors and the growing demand on the healthcare system have increased the complexity and demands experienced in emergency nursing. The current focus on emergency care provides an opportunity for nurses to collectively drive the healthcare agenda, management focus, policy direction and research agenda.

### REVIEW QUESTIONS

- 1 What precipitated the need for the development of emergency nursing as a specialty?
- 2 What competency standards are available throughout Australasia?
- 3 What are the current broad research interests driving the research agenda throughout Australasia?
- 4 How can prevailing nursing research be categorised?
- 5 What are the current management issues confronting emergency clinical leaders and managers?

- 6 Describe a popular new model of care being considered throughout Australasia.
- 7 Describe the factors that have an impact on ED role delineation throughout Australasia.
- 8 Describe common beliefs embedded in emergency care.
- 9 Discuss the different emergency nursing specialist roles that now exist for registered nurses.
- 10 Describe the different approaches for nurse practitioner authorisation.

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## USEFUL WEBSITES

Australian Nursing and Midwifery Council  
<http://www.anmc.org.au/>  
 College of Emergency Nursing Australasia  
<http://www.cena.org.au/>  
 Council of Remote Area Nurses of Australia  
<http://www.crana.org.au/>

National Institute of Clinical Studies

<http://www.nicsl.com.au/asp/index.asp>

NSW Health 2006 Public Health System Nurses and  
Midwives (State) Award

[http://www.health.nsw.gov.au/jobs/empcond/  
classifications/N.html](http://www.health.nsw.gov.au/jobs/empcond/classifications/N.html)

Nursing Council of NZ

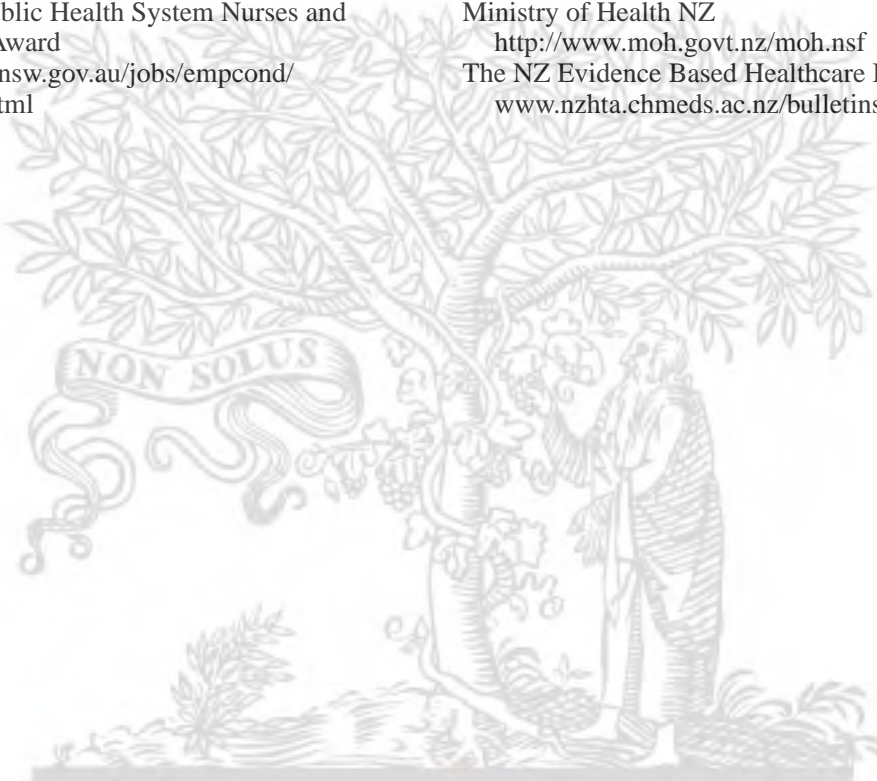
<http://www.nzno.org.nz>

Ministry of Health NZ

<http://www.moh.govt.nz/moh.nsf>

The NZ Evidence Based Healthcare Bulletin

[www.nzhta.chmeds.ac.nz/bulletins](http://www.nzhta.chmeds.ac.nz/bulletins)



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