NUR534 – Primary Health Care NUR534

Assessment Task 2: Clinical Case Scenario

In today's highly complex society, the provision of primary healthcare for everyone can be regarded as the key to improving health outcomes. The World Health Organization has recommended to all the countries around the world to allocate an extra 1% of their GDP on the Primary Health Care service from the Government funds (World Health Organization, 2019). It is estimated that doing so, can significantly reduce the health inequities that are faced by millions of people across the world as, Primary Health Care is regarded as one of the most essential services and first point of contact for people seeking medical help. It is defined as, *"a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people's everyday environment"* (World Health Organization, 2019). Concerning this, the purpose of this essay is to critically analyze the case of Clare and identify the social determinants of health that led to her inability to access proper health care. Further, the essay will discuss the strategies for improving health outcomes for people like Clare. These strategies will be based on the National Primary Healthcare Framework and the strengths-based approach highlighting how primary health care services that incorporate the considerations of Social Determinants of Health in its policies and care procedure can significantly help in reducing health inequity and improve patient outcomes.

The Social Determinants of Health are the factors other than medical factors that influence the wellbeing and health outcomes of an individual. These are the environmental conditions in which people are born, live, grow, work, play, worship, and age (Mcmurray et al., 2019). According to World Health Organization (2020), Social Determinants of Health are those factors that can be improved and avoided if appropriate policies, social norms, and agendas are formed by the government and the communities together. The World Health Organization (2020), has identified education level, income, job insecurity or unemployment, early life, social exclusion, social support, food, access to transport facilities, and access to healthcare facilities as the social determinants of health. These factors are highly important in assessing the quality of health and services that can be accessed by an individual. In Clare's case, the social determinants that have been identified as the cause of her inability to access health care services are her cultural background, unemployment, lack

of proper education, lack of social support, improper communication, inadequate income, and living in a rural area with inadequate transport and healthcare facilities.

As per the case scenario, Clare is a 38-year-old Aboriginal female living in a rural area. Her inability to access proper healthcare facilities can be attributed to the fact that she is an indigenous Australian. According to the Australian Institute of Health and Welfare (2019b), overall, the access to health care facilities for the Aboriginal people has been significantly poor. In Australia, the number of indigenous people dying from the heart-related disease is 1.5 times more than a non-indigenous person (Davy et al., 2016). This highlights the lacunas in the healthcare facilities that stand as a challenge for the indigenous Australians to seek adequate medical help and support. Davy et al. (2016), further highlights that factors such as high medical costs, discrimination, racism, and ineffective communication with health professionals act as key challenges for indigenous people to access proper healthcare facilities. As per Li (2017), significant efforts have been taken by the Australian Government to improve the access to healthcare for the indigenous people. However, despite these efforts, cultural barriers such as the beliefs, faith and understanding, and interpretation of the health issue make the Aboriginal Australians reluctant in seeking medical help at the right time. These further lead to delay in accessing free health checks and follow-up appointments at the hospitals (Li, 2017). Therefore, this could be one of the major reason's why Clare did not show up for the follow-up appointments scheduled by the General Practitioner (GP).

The case summary further highlights that Clare is unemployed, she lives with three kids in a rural area with no family support and probably has a low level of literacy. All these factors are the cumulative reasons that are interconnected and have eventually resulted in Clare's negligence towards her health. This view is supported by the research conducted by the Australian Institute of Health and Welfare (2019b), which states that people living in remote and rural areas are more susceptible to higher levels of disease and poorer health outcomes due to a variety of factors such as health workforce shortage, lack of transport facilities, low income, illiteracy, and others. Clare did not understand the intensity of her disease because of the presence of ineffective communication between Clare and her GP. Upon analysis of the case, it can be said that Clare's GP did not make her understand her disease and its potential consequences if left untreated. The negligence of the GP and the language barrier

supported Clare's apprehension to not ask questions and led to the poor health outcome that Clare suffered in the future. According to Webster (2018), in a 2015 Report by the Office of the Language Commissioner of Nunavut, it has been evidenced that the language barrier negatively impacts the health outcomes due to severe medical errors, misdiagnosis, and improper medication that can happen due to lack of a common language. Lack of a common language between the patient and the healthcare worker also affects the compliance to the treatment plans and affects the patient's decision to seek medical help at the right time (Webster, 2018). Therefore, Clare's low level of literacy and ineffective communication did not let her make an informed decision about her health, the consequences of which were grave.

Clare has the responsibility of three children with no support from her family. As per the Office of Disease Prevention and Health Promotion (2020), social and family support is an important determinant of the health and well-being of a person. They determine the level of care and economic support that an individual receives and provides an individual a sense of security. In Clare's case lack of family support also restricted her to go for the follow-up visit with the doctor as she was insecure about leaving her children alone. Therefore, she delayed her doctor appointments until the point when they became an absolute necessity.

The National Primary Health Care Strategic Framework is *"Australia's first national declaration, supported by the Standing Council on Health, that lays out a shared vision for a better, more resilient primary health care system"* (Commonwealth of Australia, 2013). This framework has a wide scope and aims to incorporate the social determinants of health such as housing, education, income, transport, and infrastructure while formulating healthcare policies and practices. Therefore, Primary Healthcare in Australia is based on principles of equity, empowerment, access, inter-sectoral collaboration, and community self-determination (Commonwealth of Australia, 2013). Drawing inspiration from the National Primary Health Care Strategic Framework, it is suggested that health outcomes for Aboriginal patients can be improved by tailoring the services as per their needs with the provision of indigenous healthcare staff. As per Durey et al. (2016), research evidence that primary healthcare services for indigenous people can be improved if the services are managed and owned by indigenous communities and are tailored to suit their needs. Indigenous services are free from bias and racism and, are culturally more sensitive and

appropriate which makes it easy and comfortable for the indigenous people to seek medical help. The communication barrier due to differences in language is negligible in such places as indigenous services employ indigenous people who speak the language of their people and have also proven to provide culturally safe care (Campbell et al., 2018). To improve the mainstream healthcare service for the access of indigenous people, the Australian Government has employed around 250 indigenous medical practitioners between 2013-2019. Similarly, more than 1900 indigenous midwives and nurses have been employed in the mainstream health care services (Australian Institute of Health and Welfare, 2019a). Therefore, employing more indigenous staff can be helpful for aboriginal patients.

Australia's health outcomes among the OECD countries are very good. By integrating coordination among different levels of government and healthcare service providers, health outcomes for Aboriginal Australians can be improved (Nolan-Isles et al., 2021). For instance, the case scenario states that Clare visited the hospital again after 9 months of her previous visit. While the GP was changed and Clare also did not mention her previous medical history, therefore, she was prescribed different drugs consequences of which were not good for Clare. To overcome this issue, it is suggested that the different healthcare services should be integrated and coordination should be maintained between them. This can be done by using information technology. The medical records of all the patients should be maintained in an electronic database that can be accessed when the patient revisits. This is specifically important for the Aboriginal patients as their low levels of literacy stand as a barrier in communicating their symptoms and previous medical issues. With an online patient record, it can be easier for a new GP to understand the issue and help the patient accordingly (Nolan-Isles et al., 2021).

Another way to improve patient outcomes for aboriginal people is by increasing and encouraging patient involvement in nurses' education. According to Gottlieb (2013), nurses are the most important part of any health care service. They work with the patients by focusing on their strengths, they help the patients by providing them adequate care, support, and awareness regarding their treatment process and thus, help in improving the patient outcomes. Therefore, patient or carer involvement in nurses' education becomes essential as the patients like Clare use their 'lived experiences' that enlighten the nurses with the information and facts which can act as a strong means to improve the quality of

care provided (Smith and Dransfield, 2019). Involving Clare's experience in the nurses' education can help them in evaluating the impact of the service provided and further help in positively influencing the patient outcomes and experience.

Further, it has been noted that since Clare lives in a rural area, her access to transport facilities is rather limited. To overcome this issue, it is suggested that the healthcare facilities specifically for the indigenous people living in remote and rural areas should provide either transport facility to and from for the patient or can alternatively provide patient outreach services, delivering care into patient's home. In systematic research conducted by Campbell et al. (2018), it has been noted that community-controlled Health Care Services which provide transportation facilities to people living in remote and rural areas are more preferred by the patients and subsequently have better patient outcomes and experience as well. Therefore, the access to transport facilities, which is an essential social determinant of health, can be improved by this strategy.

Drawing from the above discussion, it can be concluded that, along with the access to proper health care services, it is equally important that the social determinants of health are taken into consideration to improve patient outcomes. These determinants involve factors such as income, literacy level, locality, social and family support, culture, and others. In Clare's case, her cultural background, low literacy levels, lack of family support, remote access to a health care facility, communication gap, and unemployment acted as a barrier to make an informed decision for her health. This coupled with the ineffective communication between Clare and her GP led to aggravate her medical condition. Therefore, it is suggested that patient participation in the nurse's education should be encouraged so that the ground level facts and information can be accessed by the nurses and they can help in improving the quality of care for people like Clare. Further, strategies to improve the infrastructure facilities have been recommended so that patient outcomes can be improved. These strategies have been formulated keeping in mind the strengths-based approach and the National Primary Health Care Strategic Framework.

References

Australian Institute of Health and Welfare. (2019a). *Cultural safety in health care:*

monitoring framework, Summary - Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare; Australian Government.

https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-

framework/contents/summary

Australian Institute of Health and Welfare. (2019b). *Rural & remote health, Access to health*

care. Australian Institute of Health and Welfare.

https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-

health/contents/access-to-health-care

Campbell, M. A., Hunt, J., Scrimgeour, D. J., Davey, M., & Jones, V. (2018). Contribution of

Aboriginal Community-Controlled Health Services to improving Aboriginal health:

an evidence review. *Australian Health Review*, *42*(2), 218.

https://doi.org/10.1071/ah16149

Commonwealth of Australia. (2013). *National primary health care strategic framework*.

https://www.health.qld.gov.au/__data/assets/pdf_file/0027/434853/nphc_strategic_fra

mework_final.pdf

Davy, C., Harfield, S., McArthur, A., Munn, Z., & Brown, A. (2016). Access to primary

health care services for Indigenous peoples: A framework synthesis. *International*

Journal for Equity in Health, *15*(1). https://doi.org/10.1186/s12939-016-0450-5

Durey, A., McEvoy, S., Swift-Otero, V., Taylor, K., Katzenellenbogen, J., & Bessarab, D.

(2016). Improving healthcare for Aboriginal Australians through effective

engagement between community and health services. *BMC Health Services Research*,

16(1). https://doi.org/10.1186/s12913-016-1497-0

Gottlieb, L. (2013). *Strengths-based nursing care: health and healing for person and family*. Springer Pub. Co.

Li, J.-L. (2017). Cultural barriers lead to inequitable healthcare access for aboriginal Australians and Torres Strait Islanders. *Chinese Nursing Research*, *4*(4), 207–210. https://doi.org/10.1016/j.cnre.2017.10.009

Mcmurray, A., Munns, A., & Clendon, J. (2019). *Community health and wellness: principles of primary health care*. Elsevier Australia, A Division Of Reed International Books Pty Ltd.

Nolan-Isles, D., Macniven, R., Hunter, K., Gwynn, J., Lincoln, M., Moir, R., Dimitropoulos, Y., Taylor, D., Agius, T., Finlayson, H., Martin, R., Ward, K., Tobin, S., & Gwynne, K. (2021). Enablers and Barriers to Accessing Healthcare Services for Aboriginal People in New South Wales, Australia. *International Journal of Environmental Research and Public Health*, *18*(6), 3014. https://doi.org/10.3390/ijerph18063014

Office of Disease Prevention and Health Promotion. (2020). *Social and Community Context - Healthy People 2030 | health.gov*. Health.gov. https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context

Smith, J., & Dransfield, A. (2019). Patient and carer involvement in healthcare education, service delivery, and research: avoiding tokenism. *Evidence-Based Nursing*, ebnurs-2019-103105. https://doi.org/10.1136/ebnurs-2019-103105

Webster, P. (2018). Language barriers restricting access to health care for Indigenous populations. *CMAJ : Canadian Medical Association Journal*, *190*(24), E754–E755. https://doi.org/10.1503/cmaj.109-5613

World Health Organisation (WHO). (2020). *Social determinants of health*. World Health

    Organisation; WHO. https://www.who.int/health-topics/social-determinants-of-

    health#tab=tab_1

World Health Organization. (2019). *Primary health care*. Who.int; World Health

    Organization: WHO. https://www.who.int/news-room/fact-sheets/detail/primary-

    health-care