Australian College of Nursing

Achieving a Socialised Model of Healthcare in Australia with Nurse Leadership

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EXECUTIVE SUMMARY

Australia's health and healthcare system faces unprecedented challenges. Yet, despite these challenges, nurses demonstrate an extraordinary commitment to caring for the Australian population across our communities, hospitals, and other health services. The healthcare industry has evolved to meet the increasing population growth, ageing population, chronic disease rates, and mental health conditions. These challenges have been exacerbated by the COVID-19 pandemic, highlighting the urgent need to review current healthcare models.

A biomedical model currently dominates the Australian healthcare system (Rocca & Anjum, 2020). The biomedical model focuses on diagnosing and treating diseases rather than preventing disease (Rahman et al., 2024). This model often overlooks factors such as poor nutrition, lack of housing, and poverty, all of which contribute to health issues. The Australian College of Nursing (ACN) advocates for a shift of focus to a socialised model. This model identifies the role social determinants of health play in health outcomes and in achieving equity-based healthcare.

It is imperative for the Australian Government to embrace new models of health to address the evolving needs of the Australian community. A socialised healthcare model supports an equity-based healthcare system that looks beyond illness to preventive health and circumstances that lead to the illness. Healthcare resources and funding are required for patients at the centre of care to address Australian's individualised health needs.

As the largest group of health professionals, nurses are uniquely positioned across the health sector to enact change (Department of Health and Aged Care, 2023a). Nurses lead the delivery of a socialised model of care through nurse-led services, which already provide accessible healthcare nationwide. Nurse-led care allows longer patient consultation times, focusing on the foundational issues that cause disease and ill health.

This White Paper uses a hypothetical case study to illustrate the different journeys a patient may experience using a biomedical model compared to a socialised healthcare model. This White Paper also highlights the benefits of the socialised model of healthcare and the need to:

- Review healthcare funding models focusing on funding allocation for socialised and nurse-led models of care.
- Develop national guidelines for health education providers to embed socialised models of healthcare into all aspects of the Nursing and Midwifery curriculum.
- Promote a workplace environment that encourages diversity and respects the importance of focusing on the social determinants of health to ensure equal access to care.

PREAMBLE

The concept of socialised models of health is by no means a new concept. The World Health Organization (WHO) Constitution clearly acknowledges the impact of social and political conditions on health (WHO, 2010), and its foundation is the Declaration of Alma-Ata (WHO, 2019).

Despite the Australian Government recognising and acknowledging the role social determinants play in Australia's health, the health system continues to be dominated by a biomedical model. There is limited funding to support the social aspect of healthcare. Australian nurses find themselves constrained within a funding model that hinders comprehensive assessment of social determinants of health, leading to inequitable care, especially for the most vulnerable population groups. The lack of sustainable funding compromises equity in healthcare and stymies the innovation and operation of nurse-led clinics. The socialised healthcare model contributes to equity-based health access and thus contributes positively to health outcomes.

This White Paper advocates for a fundamental shift to adopt socialised healthcare models to provide equity-based healthcare across the diverse landscapes within Australia. Although a socialised model of healthcare exists in some specialised areas, such as mental health care, ACN calls for a more overarching approach to embed a socialised healthcare model into mainstream health services.

INTRODUCTION

International healthcare systems are facing many challenges as a direct consequence of one of the most profound global pandemics in history. With international hospitals reporting a growing healthcare workforce shortage, Australia stands at a crucial point in its healthcare evolution, with an opportunity to address these challenges and shift towards a more inclusive and holistic model (Tran et al., 2023). Implementing a socialised healthcare model, emphasising prevention, and addressing the social determinants of health aligns closely with the United Nation's Sustainable Development Goals (UN, 2023; UNDP, 2024). This transformative approach to healthcare prioritises socio-economic factors such as education, income, and equitable access to healthcare, aiming to reduce disparities and improve health outcomes for all Australians.

The socialised model of health recognises that health is influenced by a wide array of social, economic, and environmental factors rather than being solely determined by biological or individual factors. This model seeks to address the root causes of health inequities by focusing on these broader determinants, promoting a more just and effective healthcare system.

Australia's registered nurses (RNs) are central to this transformation as they comprise the largest portion of the healthcare workforce, with a total of 362,855 enrolled nurses, registered nurses, nurse practitioners, and midwives registered and employed in 2022 (Department of Health and Aged Care, 2024a). RNs are uniquely positioned to lead initiatives that address healthcare disparities, particularly among marginalised populations. Nursing leadership is crucial in this endeavour, as nurses are often the primary point of contact for patients and develop a deep understanding of the communities they serve. Their role extends beyond clinical care to encompass advocacy for policy reforms, leadership in community health initiatives, and collaboration with other stakeholders to build a more equitable healthcare system.

This White Paper explores the potential for nurse-led initiatives to spearhead the adoption of a socialised model of healthcare in Australia. It examines the traditional biomedical model and its limitations, contrasts it with the socialised model of health, and highlights the significant role nurses can play in this transformative process. By leveraging the expertise and leadership of nurses, Australia can move towards a healthcare system that not only treats illness but also addresses health disparities experienced by many Australians. This will enable all Australians to access necessary health services, regardless of their socioeconomic status, ensuring better health outcomes for all.

HEALTHCARE MODELS

Australia's healthcare system is among the best in the Organisation for Economic Co-operation and Development (OECD). However, it faces significant challenges from rising demands, costs, health inequities, and complex health issues (Dixit & Sambasivan, 2018). The biomedical model is dominant in Western countries, including Australia, often overlooking social determinants of health (Chou et al., 2018; Pai & Vella, 2021; Rocca & Anjum, 2020). The COVID-19 pandemic exposed the limitations of the biomedical model, highlighting the need for an integrated approach to healthcare that incorporates both biomedical and socialised models of health.

Case study - Patient journey

Lisa is a 54-year-old woman from the ACT who is currently homeless after she ended a relationship after several years of increasing domestic violence. Due to the increased cost of living, and the need to leave her home with some urgency, Lisa found herself on the streets and has been experiencing homelessness for the past six months.

A week ago, Lisa was walking to the local shelter for breakfast when she stepped on a piece of glass and cut her foot.

Biomedical Model of Healthcare

The biomedical model has been the prevailing approach in contemporary healthcare. It views disease as a result of deviations from normal biological functions (Engel, 2012). The emphasis of this model is the diagnosis and treatment of diseases through medical interventions. This method frequently neglects preventative measures and broader influences shaping health outcomes (Rahman et al., 2024).

While the biomedical approach has led to significant advancements in medical science and technology, it has been criticised for its narrow focus. The biomedical model often overlooks the broader social and psychological factors influencing health outcomes. Emphasising biological causes and symptom management leads to a reactive rather than proactive approach to healthcare. This model tends to treat patients as passive recipients of care, potentially exacerbating feelings of disempowerment and neglecting the importance of addressing the root causes of health issues.

The current funding model within Australia's healthcare system puts medicine at the centre of care rather than people. As the causes of disease are not addressed in a timely manner and remediated before disease follows, sickness and poor health require increasing amounts of care, attention, and treatment. Further, this results in increased amounts of out-of-pocket expenses for patients and a higher burden on the health system to manage sick people (Angeles et al., 2023). These out-of-pocket expenses often lead to people forgoing necessary health services (Angeles et al., 2023). Between 2013 and 2019, health-related out-of-pocket expenses for consumers rose by 24%, outstripping the consumer price index's rise (11%) (Dixit & Sambasivan, 2018). Australia's healthcare expenditure is higher than other countries with similar government structures (Richardson, 2019). The biomedical model tends to objectify patients, reducing them to passive recipients of treatment rather than recognising them as active participants in their care. The rise of chronic diseases and lifestyle-related conditions in Western societies underscores the need for a more holistic approach that integrates social and psychological care (Rocca & Anjum, 2020).

Socialised Model of Healthcare

Patient journey – Biomedical model

Lisa had a simple glass cut on her foot from walking to the homeless shelter and in this scenario, she has been seen using the framework of the Biomedical Model.

Lisa found a bulk billing GP and booked herself in for a consultation. The next available appointment was two weeks after the incident. After the two-week wait, Lisa received treatment for the wound which included wound care and was given a prescription for antibiotics. As the billing was under an MBS item number, the consultation was constrained within a biomedical context. Lisa's 10-minute consultation with the GP did not allow time for the GP to discuss other lifestyle factors that were affecting Lisa's health. There was no time funded to talk about the social determinants affecting her physical and mental health; her current state of homelessness and environment; her opportunistic diet and the effect it was having on the healing process of the wound; her increasing feelings of depression and a possible mental health pathway forward for her; her financial circumstances; or her dwindling support network post separation.

The next available bulk billing appointment was in six weeks which would allow some discussion of her circumstances in greater detail. Lisa received a script for antibiotics. However she had to decide if she would use the little money she had to buy food, or to pay for antibiotics. As her foot was not very sore following treatment, she decided the antibiotics were less important than the food.

Later, Lisa's foot become red, inflamed, and painful. Lisa's follow-up appointment was still some time away and due to the difficulty Lisa was having walking, she presented to the local Emergency Department. The cellulitis was considered sufficiently severe to require admission. Lisa had no permanent place of residence or next of kin, therefore was not able to complete questions in the hospital admission form.

The socialised model of healthcare focuses on the social determinants of health and illness. It recognises that illness can be impacted by different environments which are all unique to the individual (Germov, 2019). The social determinants of health encompass the non-medical elements that impact health outcomes. They represent the circumstances under which individuals are born, raised, employed, reside and age, and the broader influences and systems shaping their everyday living conditions (WHO, 2024). Addressing poverty, employment opportunities, and workplace safety is crucial for enhancing individual and community health (Adibi, 2014).

To enhance the social model of care and increase patient satisfaction, it is essential to incorporate tailored delivery models that prioritise culturally sensitive care alongside social determinants of health initiatives (Farmer et al., 2020). Achieving equity in access to such a social model of care goes beyond merely having primary care facilities available. The delivery systems must actively promote equity and strive for improved quality of care. This necessitates health professionals communicating in a culturally sensitive manner, as it plays a significant role in patient satisfaction. Improving culturally appropriate interpersonal communication is crucial in facilitating access to primary care and advancing the overall quality of care. Another effective approach for enhancing provider communication is through formal training programs that enhance cultural understanding and awareness among healthcare professionals.

Patient journey – Socialised model

Lisa had a simple glass cut on her foot from walking to the homeless shelter and in this scenario, she has been seen using the framework of the Socialised Model.

Instead of waiting for an appointment with her GP she decided to attend the walk-in nurse-led clinic. Lisa saw a nurse practitioner (NP) who attended to her medical needs and provided education on dressing application and signs of increasing infection.

After her appointment with the NP Lisa met with a nurse who discussed the impact of social determinants of health. This included an open conversation in a non-judgmental manner about Lisa's mental health, substance use, heath literacy and connection to community.

This consultation was funded under a bulk funding model; therefore, Lisa did not have any out-of-pocket expenses. The nurse was able to take the time to recognise and map out Lisa's daily priorities, pinpoint areas of health impact and establish a trusting relationship. Referrals for support were provided with Lisa's consent, including referral to local housing department. Lisa was able to leave the nurse-led clinic with the required antibiotics and a self-determined plan for her immediate future. Lisa was able to effectively manage her symptoms and returned for follow up regarding managing the social determinants of healthcare.

SOCIALISED MODEL AND EDUCATION

To achieve sustainable change, nurses must be equipped with the knowledge and skills to lead a cultural shift towards socialised models of care. The Australian Nursing and Midwifery Accreditation Council (ANMAC) mandates that nursing programs integrate knowledge of health priorities, including mental health and care for older people, and embed principles of diversity, culture, and inclusion (ANMAC, 2019). However, these standards often fall short in embedding social determinants of health and equity into nursing curricula. The World Health Organization supports reorienting curricula to address these gaps (Murillo et al., 2023; Noone, 2022).

Nursing education that supports the socialised model of health is crucial yet currently insufficient. Graduates often enter the workforce without the necessary skills and knowledge to effectively understand, let alone address, social determinants of health. By enhancing nursing education to encompass the impact of social determinants of health, the nursing profession can be better positioned to drive change and respond actively to the impacts of social determinants of health (Bowker & Kerkove, 2023).

The importance of educating all current and future registered nurses is paramount to creating more holistic care. A workforce well-versed in the principles of the socialised model of health is essential for addressing the multifaceted challenges within healthcare systems. Nurses will become more empowered to take on leadership roles in promoting health equity and social justice within the Australian context.

ANMAC mandates that programs of study achieve the Nursing and Midwifery Board of Australia (NMBA) Standards for Practice. These Standards require the integration of knowledge of regional, national, and global health priorities, including mental health and care of the older person (Standard 3.5), and the embedding of principles of diversity, culture, inclusion, and cultural safety (Standard 3.7) (ANMAC, 2019). Moreover, the NMBA's Registered Nurse Standards define person-centred practice as a "collaborative and respectful partnership built on mutual trust and understanding through good communication" (NMBA, 2016).

These standards have proved insufficient in embedding social determinants of health and inequity into nursing curricula (Schwartz, 2019). Educational reforms are necessary to integrate the socialised model of health into nursing practice. Health education providers often isolate social determinants of health, inequity, and socialised models of care in public or community health subjects rather than integrating and embedding these concepts across the entire curriculum (Thornton & Persaud, 2018; Phillips et al., 2020). This approach fails to prepare nurses adequately for the complexities of healthcare delivery in a diverse society. Integrating social determinants of health into core nursing subjects ensures these concepts are not treated as peripheral topics but as central to all aspects of nursing education and practice.

By embedding new holistic and person-centered principles, we cultivate a generation of nurses equipped to advocate for this level of care. This will ultimately lead to a more equitable and effective healthcare system capable of addressing the root causes of health disparities and improving outcomes for all individuals.

NURSING ROLE IN THE SOCIALISED MODEL OF HEALTHCARE

The discussions surrounding the *National Nursing Workforce Strategy* highlight that nurses are uniquely positioned to lead and integrate a greater focus on holistic care, addressing individual's overall health, and to drive change in nursing practices. Nurses, constituting 55% of the healthcare workforce, play a crucial role in addressing current and future healthcare demands (Mannix, 2021). The nursing profession's commitment to equity, inclusion, and diversity extends to its workforce composition, which has become even more important post COVID-19 with the recent increase in homelessness, poverty, and mental health incidence in Australia.

Nurses can lead efforts to address social and health inequities by advocating for high-quality healthcare accessible to everyone (Ogbolu, 2022). Their presence across all healthcare settings makes them key players in disease prevention, early intervention, and chronic disease management. Effective management of chronic disease in Australia is critical, as chronic disease contributes to 66% of the burden of disease and to 89% of deaths (AIHW, 2024a). Chronic disease management requires continuous comprehensive care, which nurse-led clinics are well equipped to provide. Access to nurse equity training and socialised models of healthcare are vital to understanding the barriers and potential areas of successful management of chronic disease in Australia. Australian nurses' management of social determinants of health is crucial for the immediate adoption of well-being and health prevention practices.

Nurse-Led Initiatives Incorporating the Socialised Model of Health

Nurses have the expertise to address challenges related to the social determinants of health at all levels, from clinical bedside care to ministerial positions. Approximately 96,000 nurses practise in the primary healthcare sector, working across diverse settings and ensuring efficient and effective disease prevention, early intervention, and chronic disease management (APNA, 2022).

Nurse-led models of care, such as nurse-led clinics, are crucial in meeting the healthcare needs of individuals and communities (Gardner et al., 2016; Douglas et al., 2018). Nurse-led clinics do not replace doctor-led clinics. Rather, these models are part of a broader community incorporating a holistic and multidisciplinary team approach (McParland et al., 2022). Nurse-led clinics aim to improve patient experiences and address gaps in service delivery (Millard, 2023); however, throughout Australia, various nurse-led clinics operate with limited supportive economic models or with short-term funding only. In this section, there are examples of nurse-led clinics operating within a socialised model of healthcare.

A positive example of nurse-led care models in Australia is the school-based youth health nursing initiative. By delivering healthcare services directly within schools, nurses ensure that young people have easy access to care, allowing health concerns to be addressed promptly and proactively. A study by the Sax Institute highlighted the positive impact of school-based nurses on students, demonstrating benefits in health promotion, disease prevention, and early intervention, particularly among at-risk children. School nurses have recently expanded their roles to include well-being and support programs (Moore et al., 2021). Nurses foster therapeutic relationships, allowing a deeper understanding of individual students' needs and enabling them to provide more targeted, appropriate, and coordinated care. School nurses play a vital role in educating and supporting school-aged children and adolescents to make positive health and well-being choices that have a lasting impact on their lives, potentially reducing the rates of chronic health conditions later in life.

The effectiveness of nurse-led models in youth health has been well documented. The accessibility of healthcare services through nurse-led models is paramount for youth health. Research by Henning et al. (2021), and Henning (2014) highlights the importance of nurse-led interventions in addressing the complex healthcare needs of homeless youth, including sexual health education and sexually transmitted infection (STI) management. By eliminating barriers such as transportation issues and appointment scheduling conflicts, nurse-led initiatives ensure that young people can access timely and comprehensive care when needed. This proactive approach improves health outcomes, promotes health literacy, and empowers young people to take ownership of their health and well-being by building capacity and capability.

Within the Melbourne region, one such nurse-led clinic serves as a beacon of inclusive adolescent healthcare (The Royal Children's Hospital Melbourne, n.d.). This service offers comprehensive healthcare tailored to the unique needs of young people, including sexual health, mental health, and primary care.

In the ACT, there are collaborative partnerships between general practitioners and nurse practitioners (Anglicare, n.d.). These align with the ACT Child and Adolescent Clinical Services Plan 2023-2030 (ACT Health, 2023). Services such as these reflect the importance of delivering integrated, youth-friendly healthcare services that are accessible, responsive, and tailored to the needs of children and adolescents. This service is accessible as it provides a mobile health clinic to support hard-to-reach, vulnerable young people in the Canberra region. This innovative initiative brings healthcare services directly to young people in their communities, eliminating barriers to access and ensuring that even the most marginalised individuals receive the care they need. Both these services offer a holistic approach to youth health, addressing not only physical health needs but also mental health, substance abuse, and social support.

Within the Queensland region, a mobile nurse-led service focusing on street health has been successfully developed (OneBridge, 2024). This social enterprise utilises a heavily informed socialised model of healthcare addressing equity versus equality-based health access and social requirements of people experiencing homelessness, poverty, and precariousness. The service is a mobile nurse upfront model (face-to-face) with bulk-billing specialised nurse practitioners for immediate consultations via telehealth in outreach clinics, social housing, and community centres. It operates across urban and regional Australia. The service utilises a five-step process for equity-based nursing healthcare: Assessment, Understanding, Co-Planning, Advocacy, and Renewal, identifying social determinants impacting health management.

CONCLUSION

The transition to embracing a socialised model of healthcare in Australia represents a significant opportunity to enhance health outcomes and reduce disparities. By leveraging the leadership and expertise of nurses, Australia can create a more equitable and sustainable healthcare system that addresses the root causes of health inequities.

Nurses are the largest sector of Australia's healthcare workforce and are uniquely positioned to lead the shift towards a socialised model of healthcare. Their extensive presence across various healthcare settings, from primary care to acute care and community health, enables them to play a pivotal role in promoting health equity and addressing social determinants of health.

Nurse-led initiatives are central to this transformation, encompassing health promotion, community engagement, advocacy, interdisciplinary collaboration, and leadership. Through concerted efforts and policy support, Australia can ensure that all individuals can achieve their highest possible level of health, thereby creating a more holistic and equitable health environment for all.

RECOMMENDATIONS

As the peak professional voice for nursing, the Australian College of Nursing (ACN) encourages federal, state, and territory governments to:

1. **Review the Healthcare Funding Model to Include Socialised Models of Healthcare and Funding for Nurse-Led Models of Care.**
    - Ensure the reform of healthcare funding models provides more flexible options to include remuneration for nurse-led clinics and a focus on prioritisation of socialised models of healthcare.
    - Ensure nursing experts working in this area are represented and included in the development of these funding models.
    - Fund research initiatives that investigate the impact of nurse-led care and socialised models of healthcare, using the findings to support funding decisions.

ACN recommends supporting the higher education sector and health institutions to:

1. **Develop National Guidelines for Health Education Providers to Embed Socialised Models of Healthcare into All Aspects of Nursing and Midwifery Curriculum.**
    - Create detailed guidelines that outline how to incorporate socialised models of healthcare into every aspect of the nursing and midwifery curricula, including specific learning outcomes, teaching strategies, and assessment methods.
    - Conduct workshops and training sessions for educators to familiarise them with the new guidelines and provide practical tools for implementation.
    - Establish panels, ensuring experts are included, to periodically review and provide feedback on curricula to ensure the integration of socialised models of healthcare.

ACN recommends healthcare services and individual nurses to:

1. **Promote a Workplace Environment that Respects Social Determinants of Health.**
    - Develop and implement comprehensive training programs for all staff on the importance of social determinants of health and how they affect patient care, along with the development of continuous development programs.
    - Designate and train a socialised model of health nurse champions within each department who can provide ongoing support and resources to colleagues, ensuring the principles are consistently applied in daily practice.
2. **Protect and Promote Diversity to Ensure Equal Access to Healthcare.**
    - Review and revise hiring practices to ensure a diverse workforce that reflects the community served.
    - Implement mentorship programs to support underrepresented groups.
    - Implement mandatory training on cultural competency for all those working in areas of diversity to enhance the ability of staff to provide equitable care to all patients, regardless of their background.

DEFINITIONS

Nurse-led clinics

Nurse-led clinics encompass a range of services operated by specialised nurses. Nurse-led clinics often facilitate continuity of care and enable access to high-quality healthcare as part of a multidisciplinary team. Patients have reported improvements in managing symptoms or health conditions compared to those patients receiving care from a medical practitioner (Terry et al., 2024). When nurse-led clinics are properly integrated and supported within the healthcare workforce, walk-in centres also provide nurses with a more autonomous role in community healthcare that can enhance their professional worth and satisfaction.

Primary Healthcare

Primary care is generally the first service people go to for healthcare outside of a hospital or specialist (Department of Health and Aged Care, 2023b). It includes diagnosis and treatment of health conditions and long-term care. Primary care also covers health promotion and prevention services. Common types of primary care are:

- General practice.
- Aboriginal Community Controlled Health Services.
- Community health centres and walk-in clinics.
- Community pharmacies.
- Community nursing services.
- Oral health and dental services.
- Mental health services.
- Drug and alcohol treatment services.
- Sexual and reproductive health services.
- Maternal and child health services.
- Allied health services, such as psychologists, physiotherapists, occupational therapists, chiropractors.

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