

**Submission to: The Senate Select Committee on Health**

By: Janette Gale, CEO HealthChange Australia (Health behaviour change specialist and Health Psychologist)

**Comment on the interrelationship between nursing and allied health training and sub-optimal patient adherence to evidence-based recommendations - leading to increased unplanned hospital admissions and poorer health and quality of life outcomes for people with chronic health conditions**

HealthChange Australia (formerly Health Coaching Australia) is one of the leading trainers of practising health professionals in Australia and Canada in the area of patient-centred care and behaviour change support. Since 2006 the organisation has trained more than 8,000 practising clinicians. The bulk of these practitioners have been registered nurses and allied health practitioners, working within public health organisations and primary care. We also work with NGO and State government funded health services to change clinical practice to be more patient-centred and better support health literacy and adherence to evidence-based treatment recommendations.

Over this time we have made the following observations during our professional development workshops:

- Despite the prevalent policies about delivering integrated care, patient-centred care, health literacy, chronic condition self-management and behaviour change support (e.g. see references below), clinicians continue to lack skills in these areas to a significant degree. Whilst systems change fatigue is ubiquitous among health practitioners, practice is still not changing at the clinician-patient level.
- Universities focus on training clinicians to have strong clinical *knowledge*, but tend not to integrate this with patient-centred *service delivery*. The philosophy of many academics in allied health and nursing courses (as stated to me) is that clinicians will be taught appropriate service delivery skills in the workplace.
- Health services on the other hand rely on clinicians to be taught delivery skills at university and do not have the capacity to train/retrain graduates and experienced clinicians in the workplace. Delivering truly patient-centred care represents a real and significant change in practice for most clinicians that they find challenging to enact (as stated by those clinicians in our professional development workshops).
- Millions of taxpayer dollars have been spent trying to retrain clinicians in the workplace by teaching them motivational interviewing, chronic disease self-management, health coaching and behaviour change support skills. HealthChange Australia has itself been a recipient of this funding via our professional development workshops for large health services. Similar sums of money have been put towards improving patient health literacy. However, the practice change required to implement truly patient-centred care and promote health literacy, self-management and behaviour change in health service delivery is undermined in the workplace by micro systems and workforce pressures that are counter to achieving improved patient outcomes.

Hence, clinicians continue to deliver their services in a didactic and hierarchical manner that runs counter to consumer-based service delivery (patient-centred care, health literacy, shared decision making, patient self-management and behaviour change support). This inadvertently decreases patient adherence to evidence-based treatment recommendations and adds to unplanned hospital admissions and poorer health and quality of life outcomes for patients and other health service consumers.

This gap between university training and clinical workforce needs results in huge inefficiencies, costs and unnecessarily ineffective health service provision. The middle-level health service managers and practitioners that we work with all recognise the problem, but are powerless to address it. This issue is not usually recognised as relevant by executive managers who are focused on higher level organisational imperatives.

The end result is increased confusion, stress and suffering and less satisfaction with the health system for patients; increased stress and lowered job satisfaction for clinical staff, and an increased financial and social burden for Australian society.

I appreciate the opportunity to bring this issue to your attention.

Janette Gale

HealthChange Australia  
PO Box 6890, Kangaroo Valley, NSW, 2577  
Phone: +61 2 4465 2831  
[j.gale@healthchange.com](mailto:j.gale@healthchange.com)  
[www.healthchange.com](http://www.healthchange.com)

References:

Australian Commission on Safety and Quality in Health Care Publications:

Patient-centred Care: Improving quality and safety through partnerships with patients and consumers. <http://www.safetyandquality.gov.au/publications/patient-centred-care-improving-quality-and-safety-through-partnerships-with-patients-and-consumers/>

National Statement on Health Literacy. <http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf>

Health Literacy: Taking action to improve safety and quality. <http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>

Shared Decision Making. <http://www.safetyandquality.gov.au/our-work/shared-decision-making/>