

INCLUS

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PR

ACTICE

Inclusive Practice  
for Health  
Professionals

Edited by  
Jenny Davis, Melanie Birks  
and Ysanne B Chapman

OXFORD

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and Ysanne B Chapman

**OXFORD**  
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# Preface

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Healthcare environments and practices have changed significantly in recent decades. Key changes include greater recognition of the social determinants of health and shifting health policy emphasis on removing barriers to health imposed by historical, political and social structures, many of which have indirectly excluded access to care and negatively impacted health outcomes. Contemporary health care is increasingly diverse and multidisciplinary, and demands a change in attitudes, practice and models of care to address these broader issues. Such changes must be underpinned by principles of social justice and characterised by consumer participation.

All health professionals, regardless of discipline, have shared goals and responsibilities in this change process. These include removing professional and social barriers to health and exemplifying principles of inclusive practice in their own professional practice.

From this dynamic healthcare context, the impetus for this text emerged. As experienced healthcare practitioners, researchers and educators, we have worked with a variety of resources throughout our careers and are aware of the numerous textbooks specific to our own and other disciplines, many of which emanated from the broader international context. However, on reviewing what was currently available, it was apparent that while available textbooks covered some inclusive practice elements and related concepts, none covered them all. Furthermore, they did not comprehensively examine the concepts of inclusive practice for a multidisciplinary audience. There was therefore a clear need for a text that filled the gap in available resources.

*Inclusive Practice for Health Professionals* focuses on the professional and social elements of inclusive practice and highlights its relevance to healthcare professionals and improving health outcomes. A critical approach is used to examine key concepts, influences and strategies, and includes consideration of practical examples for inclusive practice in contemporary healthcare settings. Students and professionals from all health disciplines will find this text valuable in the development of skills that are foundational to practice in the complex and diverse contexts in which they study and work.

The contemporary and pragmatic approach of this text ensures its broad applicability and relevance. While written with regard to the Australian and New Zealand contexts, it nevertheless has relevance for students and practitioners of health care more broadly. This book is compiled from contributions from authors from a wide representation of professional groups. These contributions recognise the increasingly multidisciplinary and inter-professional nature of healthcare delivery today, ensuring broad health professional

appeal and transferability to any healthcare setting. The book features comprehensive consideration of the concepts relevant to inclusive practice and underpinning principles for health professionals and their practice.

Section 1 commences with an introduction to sociological concepts and their significance to inclusive practice. It also explores the evolution of healthcare systems and the theoretical development of inclusive practice concepts. This section critically explores the broader health system, particularly key areas of system regulation and reform, diversity and workplace practices, and the political and social elements of inclusive practice.

Section 2 commences with an examination of factors that impact population health and health outcomes, and includes a dedicated chapter examining health literacy, recognised as essential to improving health outcomes. This section explores the principles of inclusive practice as they relate to contemporary healthcare contexts and specific population groups. People and populations recognised as having greater risk of marginalisation and social exclusion and subsequent poor health outcomes are featured, highlighting the imperative of inclusive practice for health professionals.

The concluding chapters reinforce the overarching theme of this text: that inclusive practice and its underpinning principles of social justice, fairness, equity and participation are essential to improving healthcare access and health.

The pedagogical features employed in this text ensure that the reader is able to grasp and reflect on key concepts. Learning objectives are included in each chapter to guide the reader through the sections that follow. The judicious use of authentic scenarios within the activities encourages the reader to relate concepts to practice, further aiding an understanding of content. A problem-solving approach is employed, with summary points and critical questions at the conclusion of each chapter, serving to pull the content together and promote consolidated understanding. The reader is also challenged to reflect on and apply the concepts learned within each chapter. Referral to relevant weblinks throughout further enhances the experience for the reader. The text also includes a glossary to promote understanding of unfamiliar concepts.

The contemporary content, supplemented by pedagogical features, ensures the relevance and application of key concepts of both professional and therapeutic communication for use by multidisciplinary healthcare practitioners in all clinical contexts. We trust that you will find this text of value and relevance in your professional career.

Jenny Davis  
Melanie Birks  
Ysanne B Chapman



## Editors

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**Jenny Davis** is a nurse, midwife and health information manager with extensive experience in the Australian health and higher education sectors as clinician, manager, educator and researcher. Jenny has held several senior positions in academia and is near completion of a PhD at Monash University focusing on policy directions in health and aged care; she is working as Program Manager for the large Department of Social Services research grant examining innovation models, which improve service access and health outcomes for older persons. She has authored numerous peer-reviewed journal articles and book chapters and is passionate about system and clinical practice improvement through contemporary education, innovation in health information management and translational research. Jenny continues to be involved in clinical practice, education, policy analysis and research.

**Professor Melanie Birks** is an experienced academic with an extensive track record in research and publication, having authored numerous peer-reviewed journal articles as well as textbooks and book chapters. Her career in academia has spanned over two decades. Professor Birks currently occupies the position of Professor and Head of Nursing, Midwifery and Nutrition at James Cook University, Australia. She is passionate about learning and teaching, and believes that quality education can be a life-changing experience. Her research interests are in the areas of accessibility, innovation, relevance and quality in health professional education.

**Ysanne B Chapman** is a retired Professor of Nursing and has been in the profession for almost fifty years. While she is retired, enjoying the wonders of beachside living in Victoria, she is still active in professional work, as she writes for publication, researches with colleagues and facilitates higher-degree students. She has served on university committees on inclusive practice at various universities. She has held a variety of positions as a leader in nursing faculties and is focused on seeking fairness and equity for nurses worldwide. Ysanne believes that inclusive practice is central to effective and efficient health care.



## Contributors

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**Narelle Biedermann** is the clinical coordinator at the School of Nursing, Midwifery and Healthcare at Federation University Australia. She received her PhD in nursing in 2001 from James Cook University, Townsville. She also holds a Postgraduate Certificate in Nursing Science (majoring in clinical teaching) awarded by James Cook University in 2010, a Master of Defence Studies awarded by the University of New South Wales in 2008 and a Bachelor of Nursing Sciences (Honours) awarded by James Cook University in 1993. Her broad research interests include military nursing history, nursing history, experience of graduate nurses, and gender in healthcare.

**Drew Burns** is the coordinator of the Disability Liaison Unit at Federation University, and brings nine years of experience to his role in addition to his expertise as an AUSLAN interpreter. His strong sense of social justice is evident in both his approach to enabling tertiary students to achieve their personally defined academic goals, and in his own academic interests. Drew is a valued speaker at the university. He has spoken about his knowledge and interest in the overlap between physical and psychological disabilities, and on other issues related to educating students and staff alike on the most current research on student support in disability. As a result, Drew has developed interests in the areas of the comorbidity of psychological and physical disability, and the impact of diagnostic issues on access to services. He aims to work both professionally and personally towards ensuring equality for all people, particularly in the educational environment.

**Lyn Croxon**, RN, RM, Dip Teach, BEd(Nurs), MEd, Grad Dip Gerontology. Lyn is a Lecturer and Undergraduate Program Coordinator, School of Nursing, Midwifery and Indigenous Health, Charles Sturt University. Lyn has taught across a range of undergraduate nursing subjects, with an interest in care of the older person. Lyn has clinical experience as a nurse and midwife, and in clinical teaching roles. Research interests include examining students' needs, clinical placement models, curriculum development and pedagogy, and prevention of delirium in older adults.

**Merinda Davis** holds a Bachelor of Arts (Gender Studies) and is currently studying a Juris Doctor at the University of Melbourne. Merinda is passionate about human rights, social, institutional and systemic inclusion, and is an advocate for social and systemic change. She serves on the Executive Committee of Reprieve Australia, a non-profit organisation committed to the abolition of the death penalty.

**Professor Karen Francis**, RN PhD, MEd, MHLth Sc PHC, Grad Cert Uni Teach/Learn, B Hlth Sc Nsg, Dip Hlth Sc Nsg, FRCNA, FJBI. Karen is currently Professor of Nursing in a jointly funded clinical chair position between Australian Catholic University and St John of God Health Care. She is based in Ballarat; however, she works across the St John of God Health services located in Victoria and New South Wales. Professor Francis is an experienced nurse academic and researcher. She has qualifications in nursing, primary health care and education. Her research program targets rural health, chronic and complex illness and health workforce. Professor Francis is acknowledged within her profession for her expertise in rural nursing and midwifery. She has significant publications and research reflecting this expertise. She is a fellow of the Australian College of Nursing and Joanna Briggs Institute for Evidenced Based Practice. In addition, she holds adjunct professorial appointments with Adelaide, Monash, Charles Sturt Universities and the University of Malaysia. Professor Francis is an external examiner for International Medical University Malaysia, the University of Malaysia and Victoria University Wellington, New Zealand.

**Associate Professor Susan Gordon** has worked as a clinical physiotherapist for more than 20 years, mostly in rural and remote South Australia. She moved to James Cook University, Townsville, Australia in 2006 to contribute to the development and delivery of a new physiotherapy program. She has led the physiotherapy program since 2009 and is the Deputy Dean of the College of Healthcare Sciences. She has initiated and facilitated the development of an innovative, interprofessional health clinic in partnership with non-government and government organisations. This clinic has increased interprofessional clinical education opportunities for students and provided new and expanded health services in Townsville. Her writing for this book has drawn heavily on her vast clinical experience as well as current theory and research.

**Professor Marion Gray** is Discipline Lead, Occupational Therapy and Leader for the Cluster for Health Improvement research group in the School of Health and Sports Science at the University of the Sunshine Coast, Australia. She undertook her degree in Occupational Therapy, Masters in Health Sciences (Bioethics) and PhD (Epidemiology) in Otago, New Zealand. Her Postdoctoral Fellowship (Environmental Epidemiology) was undertaken in Washington DC at the Armed Forces Institute of Pathology and her Graduate Certificate in Education (Tertiary Teaching) at James Cook University, Australia. She has worked as a researcher and academic for over 16 years and has expertise in both qualitative and quantitative methods. Her research interests include ethics, cultural safety and healthcare services.

**Jane Havelka** is a Wiradjuri woman currently residing in Wagga Wagga, NSW. Jane is the Clinical Coordinator/Lecturer for the Djirruwang (Mental Health) Program in the School of Nursing, Midwifery and Indigenous Health at Charles Sturt University. Jane



has worked in various positions within the school over the past fifteen years, including Program Director, Course Coordinator, Clinical Coordinator and Lecturer. The program is the first course in Australia to incorporate the National Practice Standards for Mental Health Workforce and the Aboriginal and Torres Strait Islander Mental Health First Aid in its curriculum. Jane holds Certificates in Aboriginal Teaching and Learning and Wiradjuri Language (TAFE), a Diploma in Aboriginal Health and Community Development (University of Sydney), a Bachelor in Community and Public Health (Charles Sturt University), a Postgraduate Certificate in Indigenous Health (University of Wollongong), and a Master of Health Science (Charles Sturt University). Jane is in her last year of her Doctor of Health Science. In addition Jane is a qualified Aboriginal and Torres Strait Islander Mental Health First Aid Instructor, a HealthInfonet Consultant, a Community Advisory Board Member of the University of Notre Dame's Rural Clinical School of Medicine, Wagga Wagga, and a Director on the Board of Indigenous Allied Health of Australia (IAHA).

**Marnie Hitchins**, BA, GradDipEd, is a researcher at James Cook University's Centre for Nursing and Midwifery Research in Cairns, Queensland, Australia. Before moving into the university sector Ms Hitchins worked for 15 years as a journalist, reporting on social justice, the courts and politics, and also as a primary school teacher.

**Sharon Laver** is a registered nurse with extensive experience in community-based nursing and health service management. Her experience extends from major metropolitan hospitals to rural and remote Australian health services and has included major state level project work. Academically, Sharon has completed Postgraduate Diplomas in Adult Education and Training and Health Service Management, and a Master of Arts (Social Ecology) and is currently a PhD candidate. Her thesis is focused on newly graduated nurses in regional Australia. Her teaching foci include primary health care, family health, gerontic nursing and law and ethics for nurses.

**Margaret McLeod** is currently the Director of Nursing and Midwifery at the Centenary Hospital for Women, Youth and Children, located in Canberra. She is Adjunct Professor at Charles Sturt University. She has had a long and varied career in metropolitan, regional and rural areas of Australia. Experiences include senior nursing and midwifery academic roles, clinical, management and executive positions in a range of healthcare environments, and executive appointments in the national nursing not-for-profit sector. Her professional experiences are diverse, spanning primary, community, acute hospital, mental health and aged care settings. Research interests and outputs reflect the diversity of her professional experiences and expertise, but her major research focus is civilian and military nursing history and Australian biography.

**Faye McMillan** is a Wiradjuri woman from Trangie, NSW. Faye works at Charles Sturt University (CSU) as the Djirruwang Program Director, which offers Aboriginal and Torres Strait Islander peoples the opportunity to enter the mental health workforce. Faye holds a Master of Indigenous Health Studies and is Australia's first registered Aboriginal. Faye also holds a Graduate Certificate in Indigenous Governance from the University of Arizona (USA). In 2014 Faye was recognised in the Australian Financial Review and Westpac 100 women of influence. Faye is concurrently completing her Doctorate of Health Science and the Graduate Certificate in Wiradjuri Language, Culture and Heritage at CSU. Her research interests are in nation building and Indigenous women in leadership roles; her doctorate focuses these two areas of research into her thesis.

**Professor Jane Mills**, RN, PhD, MN, Grad Cert Ed, BN, FRCNA, Director of James Cook University's (JCU) Centre for Nursing and Midwifery Research and Deputy Dean of the JCU Graduate Research School, is an internationally-recognised grounded theorist and expert in nursing education, rural and remote nursing, leadership and mentoring. Her 100+ publications include journal articles, book chapters and books, among them the co-authored *Qualitative Methodology: a practical guide* and *Grounded Theory: a practical guide*.

**Steph Perrot** is a dedicated Drug and Alcohol professional with extensive experience in dual diagnosis as a registered nurse. An understanding of geographical challenges facing the Australian health context is a further strength that she brings to the School of Nursing, Midwifery and Indigenous Health. As a dedicated health professional, Steph is committed to the Closing the Gap campaign and ensuring fair and equitable health outcomes for all Australians.

**Fran Richardson** is a white (Pakehā) New Zealand woman of European descent with family links in Australia. She currently lives and works in Darwin, Northern Territory, where she teaches in the Bachelor of Health Science and Postgraduate Nursing Studies at Charles Darwin University. Fran's health background includes orthopaedic, medical/surgical, mental health, community mental health nursing, and adult education. She also has experience in teaching English to speakers of other languages. Fran's main teaching/learning experience over the last few years has focused on multidisciplinary mental health and cultural safety education, health promotion and primary health care. Fran's Masters and PhD studies in cultural safety education and practice have equipped her with a critical methodology for understanding the way that power and attitude affect relationships of difference. Her critical framework offers a reflective scaffolding approach for analysing the way power and attitude play out in health care settings.



**Julie Shaw** is a Lecturer in the School of Nursing and Midwifery at Griffith University, Gold Coast Australia and a member of the Menzies Health Institute Queensland. Julie's broad experience in clinical nursing includes acute medical and surgical nursing, remote clinical nursing in Western Australia, and school clinics in Papua New Guinea and Taipei. As an experienced academic, she has taught in both hospital and university schools of nursing as well as public health schools. These experiences have brought to the fore her interest in health literacy and client self-management of health. While contributing to this book, Julie was completing her doctoral studies investigating how young adults enact health literacy. Her other research interests focus on improving the tertiary education experience for students and staff alike.

**John Solas** lectures in ethics and human rights at the University of Southern Queensland. While Head of Social Work and Welfare Studies at Charles Darwin University, John was a representative on the Northern Land Council, and his research and advocacy were instrumental in improving the delivery of primary healthcare services to Indigenous communities in central and northern regions of Australia. John has published widely on social justice and is a reviewer for the *Australian Journal of Social Work* and the *British Journal of Social Work*.

**Tony Welch**, RN, PhD, is Associate Professor of Mental Health Nursing at the School of Nursing and Midwifery, Central Queensland University. Anthony is Discipline Head of Mental Health Nursing and Assistant Dean, Community Engagement. With over 30 years' experience in the Higher Education sector, Anthony has taken a leadership role in establishing mental health undergraduate and postgraduate programs across Australia and internationally. His experience in mentoring academics in the supervision of higher degree candidates is extensive, along with successful completion of many students undertaking Master and PhD studies. Anthony's areas of clinical and research interests are in resilience, recovery, compassion, depression, men's health and spirituality. His research expertise is in qualitative research methods.

**Gary Williams** is an Occupational Therapist and Lecturer for the College of Public Health, Medical and Veterinary Sciences at James Cook University, Townsville. He has Bachelor's Degrees in both Human Movement Science and Occupational Therapy and has worked in injury management and strength and conditioning roles. For the past 10 years he has specialised in occupational health and well-being, population health statistics and the health environment, with a special interest in the way that health services are delivered.

**Moira Williamson** is currently Associate Professor, Head of Midwifery at Central Queensland University. Moira has extensive experience as a midwifery clinician, educator, manager and academic. She has a variety of research interests including, teaching and learning, midwifery practice and curriculum development, dealing with diversity: incorporating cultural sensitivity into health care practice.

# Guided Tour

## Guided learning

Each chapter opens with clearly defined **learning objectives** to direct students' learning and help them focus on the main points of the text.

**Key terms** highlight important concepts that will be addressed in the coming chapter.

### LEARNING OBJECTIVES

At the end of this chapter, students will be able to:

- explain the development of inclusive practice in contemporary health care
- explain the relationships between exclusion and inclusive practice in the context of primary health care and the social determinants of health inequalities
- discuss how inclusive practices promote and sustain the well-being of people using health services
- discuss the structure of binary relationships that impact on the health and well-being of people using health services and people delivering health services.

### KEY TERMS

binary relationships  
exclusion  
narrative identity  
identity politics  
inclusion  
primary health care  
social determinants of health  
social movements

### System reform

How does Australia's health system – a 'complex web of services, providers, recipients and organisational structures providing a multi-faceted and inclusive approach' to health care (AIHW, 2014) – evolve to meet the ever-changing needs of Australia's population? This change process is called system reform. **Health system reform** is not something abstract that takes place only on paper or in the halls and offices of parliament, although it certainly does take place there too. Individual health practitioners, professionals and service providers also initiate, develop, implement and evaluate changes in health policy

#### Health system reform

The overall process by which services and systems are changed and updated to meet the changing needs of people and populations.

The key terms identified at the beginning of every chapter are defined in **margin notes** to aid students' understanding as they read through the text.

## Applying what you learn

**Reflect and apply** questions appear at regular intervals throughout each chapter, encouraging readers to reflect on key concepts and how they apply to their own practice.

### REFLECT AND APPLY

Refer to codes of practice and ethical frameworks relevant to your professional discipline.

- How do they address the concept of inclusive practice?
- Is inclusive practice identified specifically as a framework for practice?
- Is inclusive practice implied in the language of the code?

Case activities highlight a diverse range of healthcare delivery contexts and engage students in the day-to-day work of health professionals.

**CASE ACTIVITY 1.1**

You are working in the community as a new health professional. You work as an outreach worker assessing health needs and planning health promotion activities with and for people in a low socioeconomic area. You have been meeting with a group from this area for some time, so a level of trust has been established. Three of the group of twelve approach you one day and suggest that they look to establishing a weekly health clinic in an empty room in one of the area's block of flats. This room has been vacant for some months. The group has been thinking about it for some time, they have some ideas about how it could happen and see you as being able to support them.

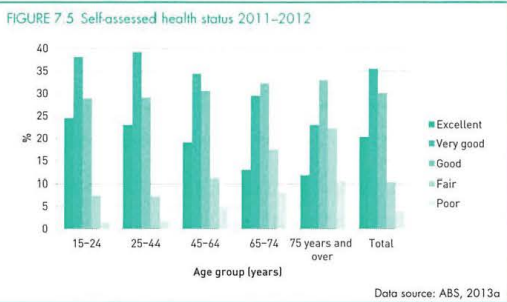
1. What is your first reaction to the idea?
2. What will you do next?
3. How would you employ an inclusive framework to progress action on this idea?
4. What are your fears and concerns?
5. How will you create an empowering environment?
6. What factors might enable or constrain the development of the idea?
7. What public narratives related to health care might shape this process?

**CASE ACTIVITY 9.5**

You have planned for Bob to have a graded return to work starting with light farm duties that do not require lifting anything. You have told Bob that he can start some tractor work to keep the weeds down. However, it is coming up to sheep shearing time and Bob is anxious that this is done as soon as possible to get the best price for the wool. Bob usually shears his own sheep with the help of his neighbours and family.

- What are the risks around Bob returning to the workplace?
- What are the risks of Bob not returning to the workplace?
- How will you ensure that Bob and his family are empowered, informed and safe during this time?

Clearly presented figures and tables aid understanding and encourage analysis of relevant data.



**TABLE 6.1 Framework for multidimensional analysis of disadvantage**

Low capabilities	Low functioning	Low well-being
Financial and material capabilities	Financial and material functioning	Financial stress
Human capital / employment capabilities	Employment / labour market functioning	Job stress
Health capabilities: <ul style="list-style-type: none"> <li>• health disability</li> <li>• low life expectancy</li> <li>• obesity</li> <li>• lack of access to health services</li> </ul>	Health functioning: <ul style="list-style-type: none"> <li>• poor physical functioning</li> <li>• poor mental health</li> <li>• smoker</li> <li>• heavy drinker</li> <li>• lacks exercise</li> <li>• poor diet</li> </ul>	Health satisfaction: <ul style="list-style-type: none"> <li>• low self-rated health</li> <li>• low health satisfaction</li> </ul>
Family and social capital/ capabilities	Family and social functioning	Satisfaction with family; life satisfaction

Source: Headey, B. (2006). *A framework for assessing poverty, disadvantage and low capabilities in Australia*, p. 18.

## Putting it all together

Summary points at the end of the chapters reinforce content and link students' learning back to the opening objectives.

**SUMMARY POINTS**

- While the symptoms and causes of disease and injury will often be predictable and uniform, individual people's needs in managing these conditions and maintaining health and well-being optimally might be very different.
- The relatively small percentage of people who are socially excluded in Australia suffer a disproportionately high level of disease and poor health outcomes than the wider population.
- Health service providers are uniquely placed to promote inclusion and inclusive practice.
- Inclusion is about 'creating opportunities' to participate in daily experiences rather than creating alternative, separate experiences and spaces.
- Health services can support inclusive practice in the following six ways: welcoming physical spaces, education and training, referral and resources, cultural safety, consumer consultation, documentation and policy.
- Individuals can support inclusive practice by asking questions, listening to answers, reading body language, tailoring care and 'actively trying to support' clients through actions such as facilitating and fostering professional and client networks.



## CRITICAL THINKING QUESTIONS

1. Consider the values and beliefs underlying colonisation and binary relationships. Do you think they do or do not impact on health care delivery today? If so, how? If you don't agree, explain why.
2. Identify key factors that act as barriers or facilitators to implementing a comprehensive approach to primary health care across broader health care systems.

Annotated **weblinks** and **references** related to each chapter direct students to further reading and material that will be of interest.

**Critical thinking questions** invite students to extend their independent thinking and consider their own responses to important issues related to inclusive practice in the healthcare environment.

## WEBLINKS

Gay, Lesbian, Bisexual, Transgender, Intersex inclusive practice and the Rainbow Tick:  
<http://www.glhv.org.au/glbti-inclusive-practice>

Val's Café:  
<http://www.valscafe.org.au/>

Guidelines for inclusive language:  
<https://www.education.tas.gov.au/documentcentre/Documents/Guidelines-for-Inclusive-Language.pdf>

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## Glossary

**Accessibility**

Ease of access to obtain or attain services that sustain life and health.

**Adverse outcomes**

Those that do not achieve expected goals and potentially increase risks and/or injury.

**Ageing**

The process of becoming older. It encompasses all the physical, social and psychological changes in a person's life. As life expectancy figures increase, ageing and all its processes have become important research areas for the Australian government.

**Ageism**

Encompasses all the negative prejudices and discrimination relating to a person's age.

**Anti-discrimination legislation**

State and federal legislation that protects a citizen's rights to work and live free from discrimination on the basis of age, sex, cultural background, sexual orientation and health status.

**Binary relationships**

Social relationships organised around a set of binding characteristics that define the roles and behaviour of two people, or groups, social, cultural or political. The binary is based on opposition with one position privileged or advantaged over the other. The privileged position has the greater power. For example, husband–wife, black–white, big–small, girl–boy, north–south.

A consolidated **glossary** at the end of the book provides a quick reference to help students with unfamiliar terms and concepts.