

Thoracic Society of Australia and New Zealand Position Statement: Respiratory nursing

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Abstract

The Thoracic Society of Australia and New Zealand's (TSANZ) Position Statement recognizes the pivotal role respiratory nurses play in the lung health of Australians and New Zealanders. The national and international lung health strategies are evidence based to ensure optimal professional clinical support for patients. Respiratory nurses are essential to the success of these strategies as a professional workforce, irrespective of healthcare setting, as they are at the forefront of the delivery of world-class evidence-based respiratory care. Respiratory nursing, as an entity, does not have the status as a nursing specialist area despite its range of professional practice across the life span and diverse settings, including disease prevention, public health, occupational health, symptom management, health education, surgery, rehabilitation, non-invasive ventilation, support for a life-limiting illness and adjustments to living with a chronic disease. Recognition of the specialized nature of work and specialist nursing practice status has been conferred by nurse registration boards upon cancer, emergency, cardiac, critical care, midwifery, mental health and palliative care nurses. It is time to confer this speciality practice recognition upon respiratory nurses of Australia and New Zealand. Through this position statement, the TSANZ advocates for respiratory nursing as a speciality area of professional nursing practice, thus supporting registered nurses in respiratory practice as well as the development of future generations of respiratory nurses. Furthermore, this statement validates the strong partnerships between all professions within the society for the advancement of lung health.

KEYWORDS

nursing, professional practice, respiratory, respiratory nursing, specialization

WORLDWIDE IMPACT OF LUNG DISEASE

In recent times, we have been reminded of the significant impact respiratory viral diseases have on the health of communities across the globe and the critical role respiratory nurses have as an essential workforce caring for those affected by respiratory illnesses. It is also timely to remember the current pandemic is in addition to the substantial morbidity and mortality associated with other respiratory conditions such as tuberculosis, pneumonia, lung trauma,

airway injury, lung cancer, sleep disorders, asthma, occupational lung disease, chronic obstructive pulmonary disease and genetic disorders that affect the lungs such as alpha 1-antitrypsin and cystic fibrosis. There is considerable evidence that many lung diseases develop from external exposure to environmental pollutants, infectious organisms, chemicals and particulate matter.¹ Respiratory nurses lead national and international initiatives to prevent harm to lung health through tobacco control and are integral in developing wide-ranging disease management strategies (Figure 1).

Globally, it is estimated that more than 2 billion people are affected by biomass fuel due to indoor heating and cooking, over one billion people inhale polluted air and a further

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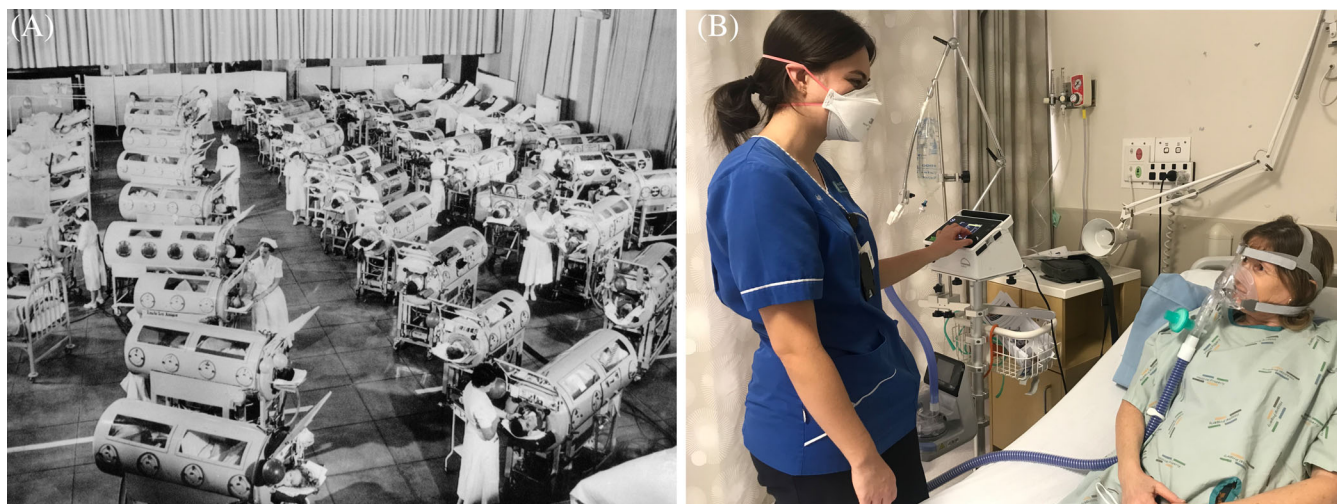


FIGURE 1 Respiratory nurses—a specialized workforce, then and now. (A) Nurses attend to a room full of polio patients in iron lung respirators. Rancho Los Amigos Respirator Center, Hondo, CA, 1953 (*Source:* Everett Collection Historical/Alamy Stock Photo, [alamy.com/stock-photo-nurse-attend-to-a-room-full-of-polio-patients-in-iron-lung-respirators-52435587.html](https://www.alamy.com/stock-photo-nurse-attend-to-a-room-full-of-polio-patients-in-iron-lung-respirators-52435587.html)). (B) Nurse attending to a patient requiring non-invasive ventilation, 2022

billion people are exposed to smoke from tobacco products with the potential for a substantial impact on human lung health (page 7).² These exposures to gases and toxins are all known contributors to lung disease and it is not surprising, given the impact on lung health, that the most common cause of cancer death in the world is lung cancer.³ Furthermore, other respiratory disorders consist of more than 100 million people having a diagnosis of sleep-disordered breathing⁴ and 50 million people being treated for occupational lung diseases.²

In low- and middle-income countries, respiratory health is poor and many lung diseases significantly contribute to high levels of morbidity and mortality within those countries.⁵ In addressing these disease-related health challenges, many core solutions require substantial financial investment in developing and extending health services. These solutions and service innovation also require policy change to reduce the potential health harm from environmental exposure in emerging industrialization in these countries.⁶ These countries also experience a lack of healthcare workers, such as nurses and doctors, trained in respiratory care.⁷

The Asia Pacific region faces particular lung health challenges derived from complex social, economic and environmental dynamics, with respiratory disease being a consequence of smoking, infection and air pollution.⁸ The respiratory harms of air pollution continues to escalate in the Asia Pacific region and there are calls for consistent policy across countries to ensure improvement in air quality thereby reducing the burden of respiratory diseases in this region.⁹ In Australia, lung health is a government health priority and the National Strategic Action Plan for Lung Conditions¹⁰ primarily focuses on a person-centred approach for respiratory chronic diseases. This person-centred approach is aimed at enabling better health outcomes and an improved quality of life for those with respiratory

diseases through a multimodal strategy of which respiratory nurses are integral to its success. This lung health approach is consistent with the Te Hā Ora (The Breath of Life): National Respiratory Strategy of New Zealand.¹¹ In addition, there are numerous Australian and New Zealand guidelines for adult and paediatric respiratory care embedded within the health system to ensure all care is evidenced based in the provision of optimal professional clinical support for the patient. Respiratory nurses are essential to the success of these national strategies as a professional workforce, irrespective of clinical settings, as they are at the forefront of the delivery of world-class evidence-based respiratory care. The scope of the statement is to advocate for respiratory nursing and to state the position of the society. The Thoracic Society of Australia and New Zealand's (TSANZ) position statement on respiratory nursing was commissioned by the society's professional standards committee and approved by the board to advocate for respiratory nursing as a specialist area of professional practice on behalf of the society. This process is different to disease or treatment position statements by the society that change the delivery of specific clinical care to patients, for example, acute oxygen therapy, where published research inform changes to oxygen therapy.

The development of this TSANZ statement was undertaken on behalf of the society and led by the TSANZ Respiratory Nurses special interest group (SIG) convenors who are the elected representatives of the SIG.

NURSING AND SPECIALTY RECOGNITION IMPROVE LUNG HEALTH AND REDUCE DISEASE BURDEN

In Australia and New Zealand, there are over 350,000 registered nurses (RNs).^{12,13} The largest age group of RNs is

25–34 years for both Australia and New Zealand, which equates to over 14% of the total RN workforce in these countries.^{12,13} Australia and New Zealand are unique in that our RN workforce are younger than other comparable countries.^{14–16} International studies have identified key characteristics of a workforce that enables better quality, safe and professional care, and these RN characteristics are described as having a high level of clinical skill and being educated at degree and/or postgraduate level and these characteristics are congruent with working in a speciality area of practice.⁵ With a relatively younger workforce in nursing across Australia and New Zealand, there is an opportunity for generalist nurses to engage with speciality practice as specialist practice has been shown to have patient, organizational and nurse outcomes.¹⁷ For example, in critical care, the organizational workforce outcomes include a lower intention to leave, less turnover of staff and fewer nurse job vacancies whilst patient outcomes show increased patient satisfaction, lower morbidity and mortality and fewer healthcare-associated infections.¹⁷ Furthermore, critical care nurses report nurse-sensitive outcomes of higher job satisfaction, improved knowledge and skills and enhanced professional and role empowerment.¹⁷ These findings are mirrored in cancer nurses who optimize care and thereby reduce concerning symptoms and the need for unwarranted use of health services whilst enabling a better patient experience through enhanced psychological support provided by nurses from the cancer speciality area of practice.^{18,19} In low-resource countries, there is evidence that specialty practice, whilst increasing access to specialized care, results in significant positive health outcomes for adult and paediatric populations.^{7,20}

The scope of professional practice for nurses who are aligned to the speciality of respiratory nursing may include, but not limited to, symptom management, rehabilitation, non-invasive ventilation, health education including smoking cessation, psychological support, advice on living well with an illness for increasing the patient's quality of life along with advance care planning, all of which have been shown to improve patient outcomes.^{21–25} Specialist nursing practice status has been conferred on cancer, emergency, cardiac, critical care, midwifery, mental health and palliative care nurses and it is time to confer this specialist area of clinical care status upon respiratory nurses of Australia and New Zealand.

RESPIRATORY NURSING

Respiratory nurses are a specialized workforce who ensure optimal outcomes for adults and children with respiratory diseases and they deliver the highest standard of quality, safety and professional lung health clinical care.²⁶ The scope and diversity of acute and chronic respiratory care delivered encompasses numerous settings from primary care and occupational screening services to diagnostic services and inpatient and outpatient hospital services that are the focus

TABLE 1 Examples of respiratory nursing roles

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|---|
| Diagnostic and interventional bronchoscopy |
| Occupational health screening within the community especially in occupations where dust or environmental issues are a concern |
| Hospital-based respiratory ward care |
| Respiratory infections such as tuberculosis management and care |
| Outpatient clinical care such as multidisciplinary and nurse-led clinics |
| Thoracic surgical and lung transplantation care |
| Genetic disorders such as cystic fibrosis and alpha 1-antitrypsin clinical management care |
| Lung cancer care |
| Palliative care |
| Sleep-disordered breathing |
| Critical care—acute ventilatory support |
| Non-invasive ventilation |
| Rehabilitation |
| Community care for chronic and acute conditions including home-based services |
| Home oxygen |
| Clinical research |

of secondary and tertiary level care. There is a growing body of evidence that respiratory nurse-led services have positive patient outcomes.²⁷ The respiratory nurses' scope of roles can be employed in bronchoscopy, disease screening to health education, rehabilitation, counselling, clinical research and programme management in addition to ward-based or clinic health service delivery and home-based and supportive care for families and carers (Table 1). Additionally, respiratory nurses contribute their knowledge to national guidelines, government consultations on quality and safety standards pertaining to respiratory care and to health policy ensuring policy reflects the value of the respiratory nursing workforce in Australia and New Zealand.

TSANZ SUPPORT

The TSANZ position is that respiratory nurses are professional members of multidisciplinary team and in tandem with medical, scientific and allied health colleagues significantly contribute to the highest level of respiratory care today. Multidisciplinary care has been shown to reduce the incidence of respiratory disease through screening, optimal clinical management and health education, as well as contributing to a reduction in disease morbidity and an improvement in quality of life.^{28–30}

Respiratory nursing, in its entirety, needs to be recognized as a specialist area of practice and workforce. This recognition is due to the contribution respiratory nurses, using their knowledge and skills, make every day in every setting for the improvement of adult and paediatric lung health.³¹ The Australian and New Zealand healthcare and non-government organizations respect the professionalism of

respiratory nurses and support the development of new respiratory nursing knowledge and the generation of evidence through high-quality clinical research respiratory nurses conduct in order to improve patient lives and health services. For example, respiratory nurses lead tobacco control initiatives that are based on nurse-led clinical research within healthcare services, they contribute to disease management guidelines nationally and internationally, whilst having significant national and international leadership roles within the nursing profession and therefore, respiratory nursing needs to be acknowledged by the wider nursing profession and government organizations. Finally, the TSANZ supports respiratory nursing as a speciality area of nursing practice and recognizes the strong partnership between all professions within the society for the advancement of lung health.

In conclusion, it is time to recognize respiratory nursing as a speciality area of professional nursing practice. This speciality practice recognition will contribute to the ongoing development of the next generation of respiratory nurses and acknowledges and validates the many RNs who currently deliver evidence-based respiratory care. The recognition of respiratory nursing will ensure a professional nursing workforce who continue to work towards better lung health in both adult and paediatric populations. Furthermore, global harmonization of respiratory nursing education and research into the extended scope of respiratory nursing practice may contribute to further support respiratory nursing as a specialist area of practice.

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CONFLICT OF INTEREST

None declared.

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