



Evaluation report

Practice Standards for Nurse Continence Specialists (2nd ed.)

Continence Nurses Society Australia

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Evaluation working party

Ms Joanne Dean (President)

Ms Elizabeth Watt (Co-Chair Professional Issues and Education Sub Committee)

Dr Joan Ostaszkiwicz (Co-Chair Professional Issues and Education Sub Committee)

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Executive summary

This report details the evaluation of the Practice Standards for Nurse Continence Specialists in Australia. The process of evaluation of the Standards of Practice arose from a commitment of the National Executive Committee of the Continence Nurses Society of Australia (CoNSA Inc.) following the publication of the 2nd ed. of the Standards in 2018 to ensure that the practice standards reflected current continence nursing practice. In addition, an important part of the evaluation process would ensure that the standards document represented current professional standards, guidelines, policies and position statements of the Nursing and Midwifery Board of Australia and developments within continence nursing internationally.

These evaluation findings confirm that the majority (mean = 84.6%, $n = 51$) of CoNSA members who responded to the survey (24% response rate), agree that all of the seven Practice Standards have relevance to their current practice and a further 14% confirm that most of the seven Practice Standards have relevance to their current practice. These data also reflect the high degree of consensus on the Practice Standards obtained during the national project to develop and validate the 2nd ed. of the Practice Standards (Ostaszkiwicz, Thompson & Watt, 2019).

The project team recommend:

- i. CoNSA consider all of the qualitative feedback elicited through the survey to inform the revision of the 3rd ed. of the Practice Standards document.
- ii. Given feedback that some respondents were unaware of the Practice Standards, the National Executive Committee should consider ways to increase awareness of the standards document and develop a strategy about how to inform new members about them.
- iii. The evaluation report be made available to members on the CoNSA website.
- iv. A copy of the revised Practice Standards for Nurse Continence Specialists (3rd ed.) be given to all CoNSA members and a pdf version should be placed on the CoNSA website.

1.0 INTRODUCTION

In 2015 the Continence Nurses Society Australia (CoNSA) National Executive Committee established a project to revise and update the 'Competency Standards for Nurse Continence Advisors' (2000) to reflect the language and intent of the 'Registered Nurse Standards for Practice' (NMBA, 2016) and the international development and validation of the role profile of the 'Nurse Continence Specialist' (Paterson, Ostaszkiwicz, Suyasa, Skelly & Bellefeuille, 2016). This project was conducted in two interrelated stages from 2015 to 2017. The project resulted in the development and validation of the final Practice Standards for Nurse Continence Specialists in Australia (2nd ed.) which was published in 2018 (Ostaszkiwicz, Thompson & Watt, 2019).

In 2020 the CoNSA National Executive Committee evaluated the 2nd edition of the Practice Standards by seeking member feedback on the relevance of the standards statements to their practice and any areas which need updating or revision. This project report details the aim, methods and results of this evaluation which will inform the 3rd ed. of the Practice Standards for Nurse Continence Specialists.

2.0 AIM

The aim of the evaluation was to seek feedback from the CoNSA membership about:

- the relevance of the Practice Standards (2nd ed.) to their clinical practice,
- areas of practice that are not covered by the current standards, and
- areas for improvement of the Practice Standards (2nd ed.).

Additionally, the evaluation committee included a review of the Nursing & Midwifery Board Registration Standards and professional codes and guidelines to make sure the standards document complied with the most recent changes. The overall outcome of the evaluation was to produce the 3rd ed. of the Practice Standards document.

3.0 METHODOLOGY

3.1 Design

A descriptive cross-sectional survey design was utilised for the evaluation.

3.2 Sample

The sample consisted of all CoNSA members ($n = 213$).

3.3 Procedures

An email was sent to all CoNSA members via the relevant State/Territory branch secretaries in late August 2020 inviting them to participate in an anonymous on-line survey. A pdf version of the Practice Standards document was included with this email.

Formal institutional ethics approval was not sought as the research was an anonymous on-line evaluation and deemed to be of 'negligible risk' to participants (National Health & Medical Research Council (NHMRC, 2018, p. 102). The 'National Statement on Ethical Conduct in Human Research' (NHMRC, 2018) was followed in the design and conduct of the evaluation.

Participants were informed that their responses were anonymous and no identifying information was collected. Completion and submission of the on-line survey was considered implied consent to participate. A link to the survey was included in the email. Two reminder emails were sent two weeks and four weeks after the first email. The survey remained active for five weeks.

All data were stored on a password protected computer with no identifying information. Participants were informed that a copy of the final evaluation report would be uploaded on to the CoNSA website.

3.4 Data collection tool

An on-line survey was designed using Qualtrics^{XM} software. Multiple choice questions were used and where relevant, text entry for extended feedback. A total of 21 questions were developed to identify:

- Demographic data (number of years in continence nursing practice, current role title, main clinical focus/setting);
- Feedback on each of the seven Practice Standards (relevance to continence nursing practice, how the standards could be revised or improved, areas not adequately covered by the practice standards);
- How CoNSA members were using the Practice Standards (2nd ed.) in practice.

3.5 Data analysis

Data were analysed using descriptive statistics (frequencies, means, standard deviations) and textual analysis of free text responses. All qualitative responses were reviewed and analysed by the project team. Each response was discussed until agreement was reached. This process resulted in the final revision to the Practice Standards document, (3rd.ed) including editorial changes, clarifying meanings and updating or revision of statements.

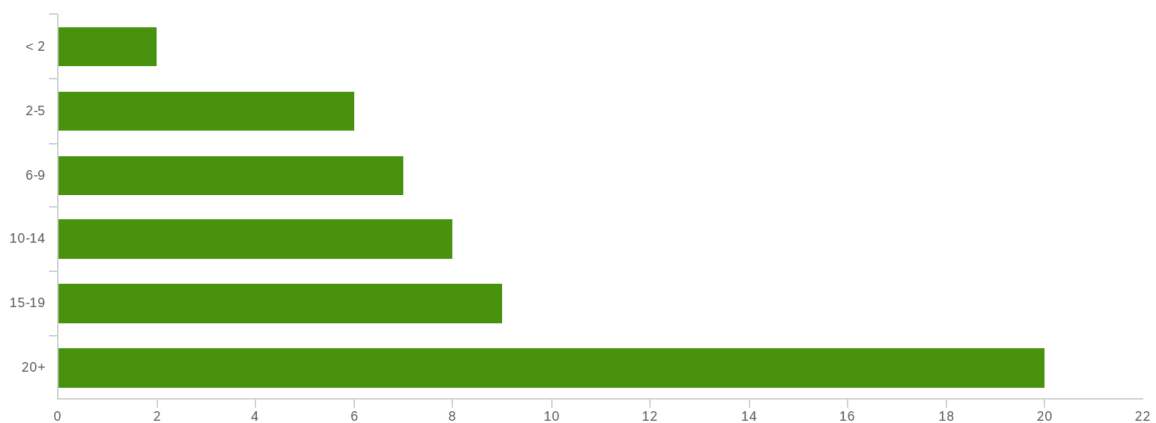
4.0 RESULTS

A total of 51 responses were received to the on-line survey. This represents a 24% response rate.

4.1 Number of years of nurse continence specialist practice

The majority of respondents (71.0%) had 10 years or more years working as a Nurse Continence Specialist and of these 38.5% had more than 20 years of practice experience (n=52). See Figure 1 below for the number of responses in each category.

Figure 1
Number of years of nurse continence specialist practice

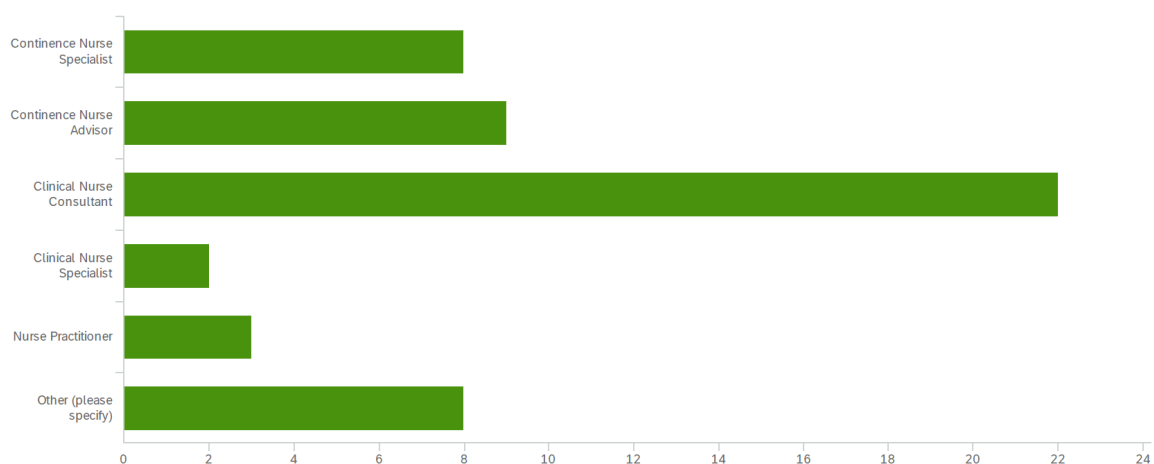


4.2 Current role title

There remains variation in the role title for nurses working in the area of continence care. In this sample 42.3% of respondents indicated that their role title was 'Clinical Nurse Consultant', 17.3% indicated a role title of 'Continence Nurse Advisor', and 15.4% indicated a role title of 'Nurse Continence Specialist'. Three respondents (5.8%) role title was Nurse Practitioner.

Other role titles included Continence/Urology Nurse, Clinical Nurse Urology, Urology Clinical Nurse Consultant, Continence Nurse, Nurse Continence Specialist/Clinical Nurse Consultant, and Nurse Manager. See Figure 2 below for the number of responses in each category.

Figure 2
Current role title



4.3 Main clinical focus/clinical setting

Respondents worked in a variety of clinical areas/clinical settings. See Table 1 below.

Table 1
*Main area of clinical focus/clinical setting**

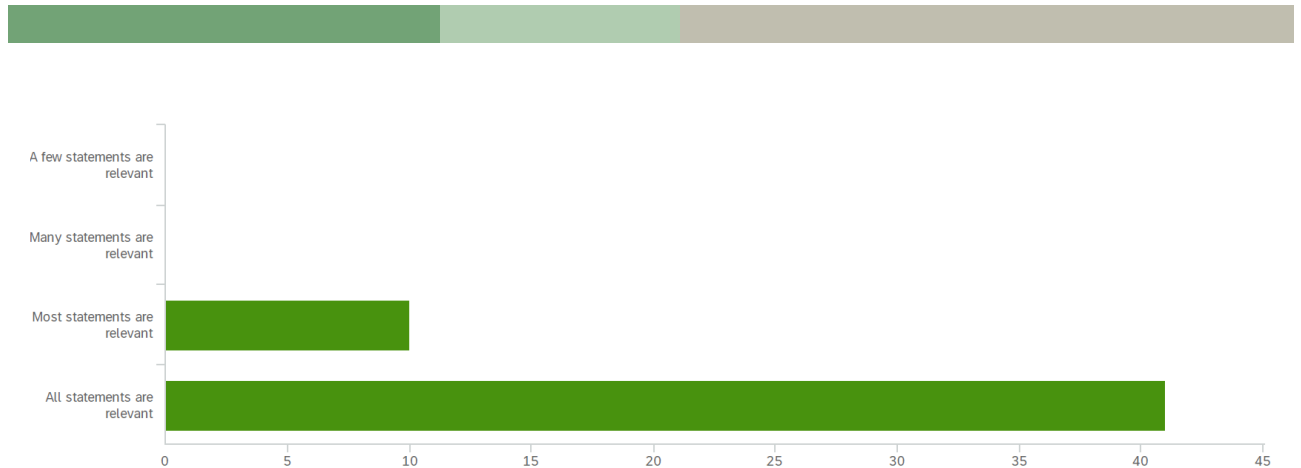
Area of clinical focus/clinical setting	n
Acute care	6
Aged care	8
Community health centre	13
Continence clinic (ambulatory care/outpatient clinic)	25
Disability	9
General practice	1
Home care	11
Midwifery	4
Neurology	1
Private practice	4
Subacute care/rehabilitation	6
Urogynaecology	5
Women	22
Men	18
Adolescents	9
Children	13
Other (urology, independent practice, community and residential aged care, small rural health service which covers many contexts and groups, spinal in a community setting and education)	7

* more than one item could be selected

4.4 Practice Standard 1 - Thinks critically and analyses clinical practice

The majority of respondents (80.4%) felt that all statements in Practice Standard 1 were relevant to their practice and 19.6% felt that most statements were relevant to their practice. The mean was 82.0% (SD 0.44, n=51). See Figure 3 below for the number of responses in each category.

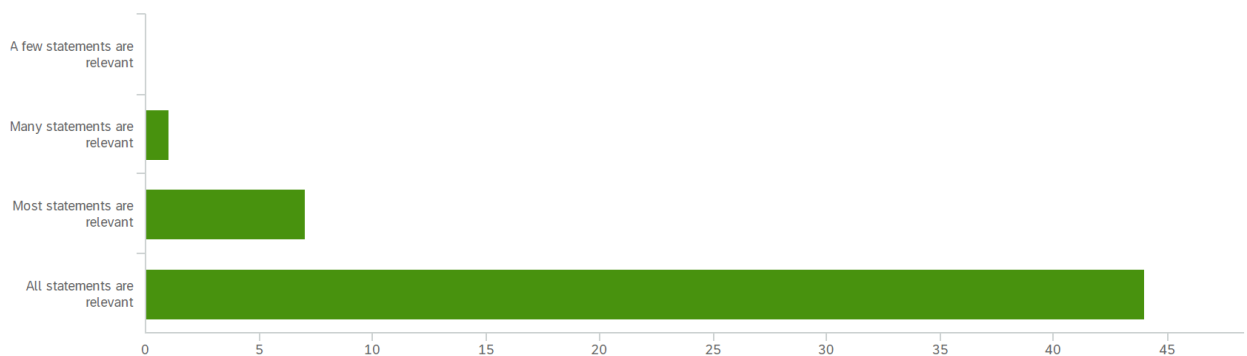
Figure 3
Standard 1 – Thinks critically and analyses clinical practice



4.5 Practice Standard 2 - Engages in therapeutic and professional relationships

The majority of respondents (84.6%) felt that all statements in Standard 2 were relevant to their practice and 13.5% felt that most statements were relevant to their practice. The mean was 81.8% (SD 0.43, n=52). See Figure 4 below for the number of responses in each category.

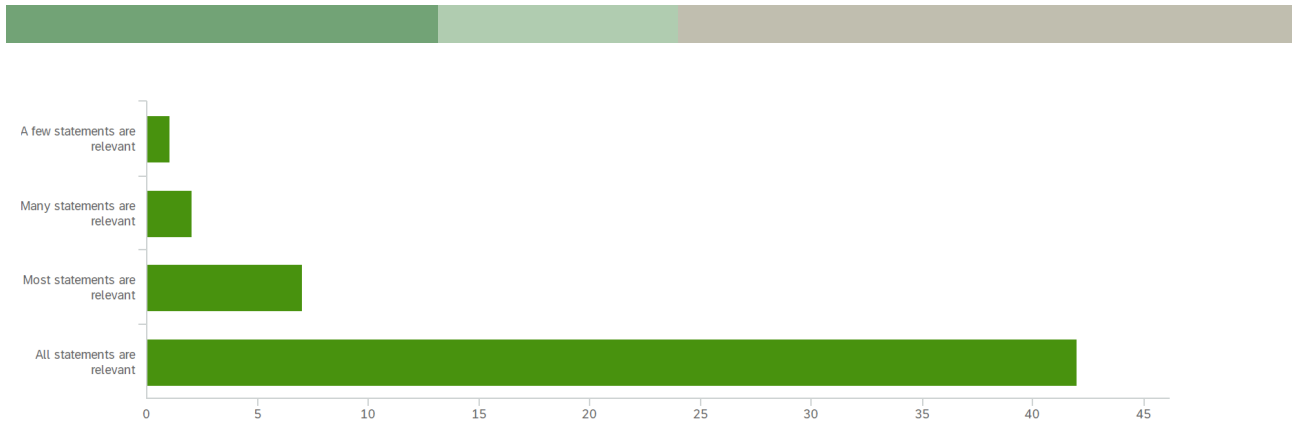
Figure 4
Standard 2 – Engages in therapeutic and professional relationships



4.6 Practice Standard 3 - Maintains the capability for practice

The majority of respondents (81.0%) felt that all statements in Practice Standard 3 were relevant to their practice and 13.5% felt that most statements were relevant to their practice. The mean was 81.7% (SD 0.43, n=52). See Figure 5 below for the number of responses in each category.

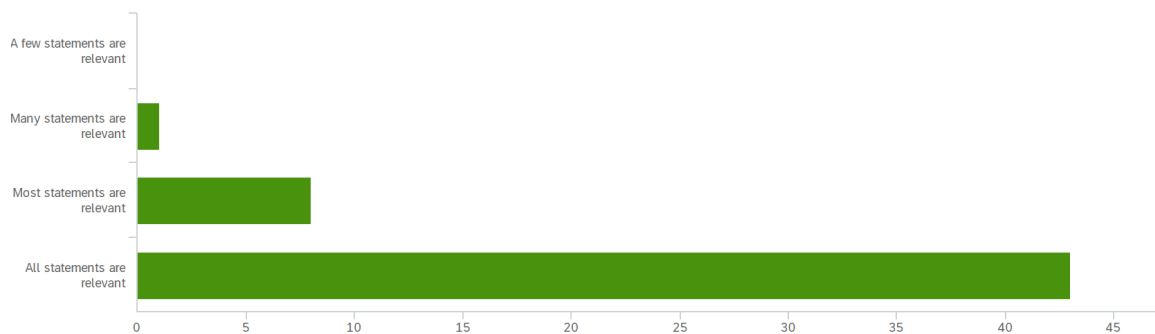
Figure 5
Standard 3 – Maintains capability for practice



4.7 Practice Standard 4 - Comprehensively conducts assessments

The majority of respondents (82.7%) felt that all statements in Practice Standard 4 were relevant to their practice and 15.4% felt that most statements were relevant to their practice. The mean was 81.8% (SD 0.44, n=52). See Figure 6 below for the number of responses in each category.

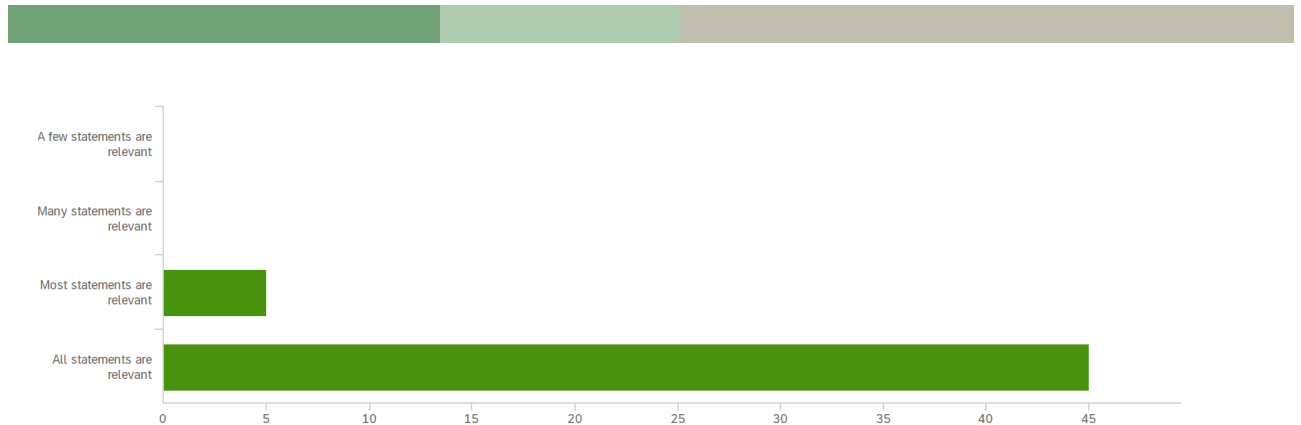
Figure 6
Standard 4 – Comprehensively conducts assessments



4.8 Practice Standard 5 - Develops a plan for nursing practice

The majority of respondents (90.0%) felt that all statements in Practice Standard 5 were relevant to their practice and 10.0% felt that most statements were relevant to their practice. The mean was 82.0% (SD 0.30, n=50). See Figure 7 below for the number of responses in each category.

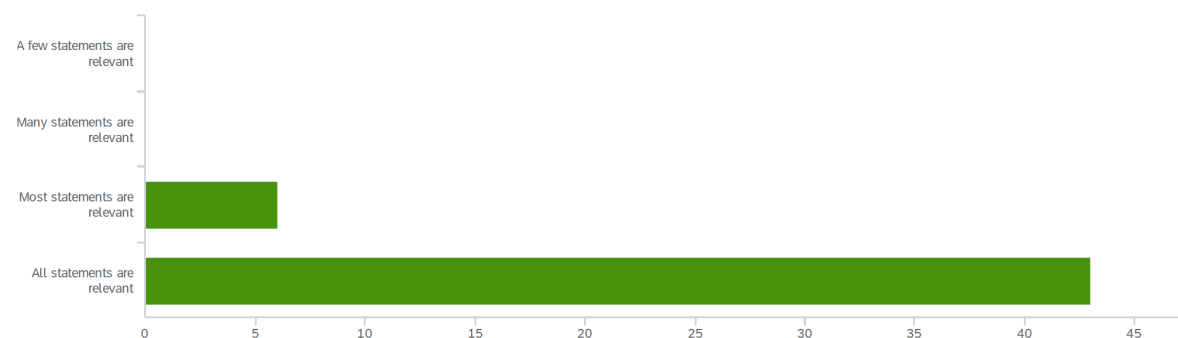
Figure 7
Standard 5 – Develops a plan for nursing practice



4.9 Practice Standard 6 - Provides safe, appropriate and responsive quality nursing practice

The majority of respondents (88.0%) felt that all statements in Standard 6 were relevant to their practice and 12.2% felt that most statements were relevant to their practice. The mean was 81.9% (SD 0.33, $n=49$). See Figure 8 below for the number of responses in each category.

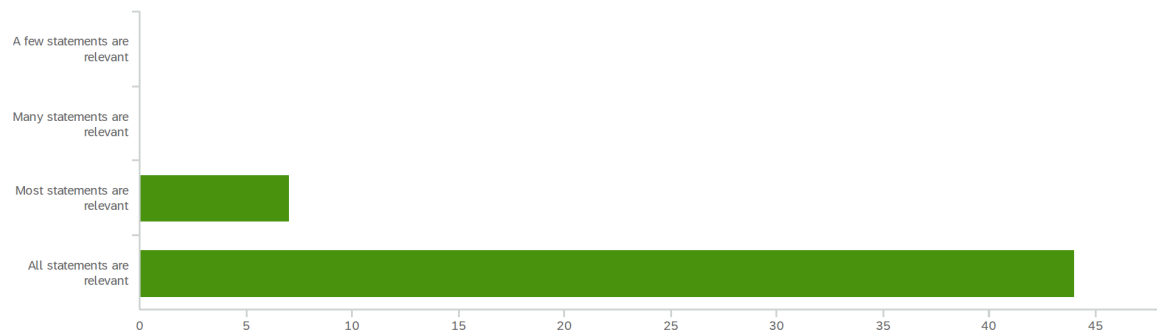
Figure 8
Standard 6 – Provides safe, appropriate and responsive quality nursing practice



4.10 Practice Standard 7 - Evaluates outcomes to inform nursing practice

The majority of respondents (84.3%) felt that all statements in Practice Standard 7 were relevant to their practice and 13.7% felt that most statements were relevant to their practice. The mean was 81.9% (SD 0.34, $n=51$). See Figure 9 below for the number of responses in each category.

Figure 9
Standard 7 – Evaluates the outcomes to inform clinical practice



4.12 Summary of qualitative responses to the practice standards

For each of the seven practice standards statements, participants were asked to make qualitative comments about areas that they felt were not relevant or needed revision. There were 9 comments for practice standard one, 11 comments for practice standard 4 and between 2-7 comments for the other practice standards. The project team met virtually and carefully considered each qualitative response and following extensive discussion came to an agreement about revisions that were deemed to be relevant and those that enhanced or extended the practice standards statements. In summary, the responses focused on:

- *Suggestions regarding specific wording of some of the standards statements.*
- *Some typographical errors which need attention.*
- *Clarification of the meaning of some words.*
- *Some statements about how the participant uses the particular standard in their practice.*
- *Suggestions about additional assessment skills to be included.*
- *Some statements about how relevant the standards are to clinical practice and how valued the practice standards document is to participants.*

4.13 Aspects of specialist clinical practice that are not represented in the document

The majority of respondents (78.3%) felt that there were no missing aspects of their clinical practice in the Practice Standards ($n=46$). Of those respondents that identified areas of their practice not represented in the Practice Standards document the qualitative responses focused on the following:

- *Suggestions regarding specific wording of some of the standards statements.*
- *Clarification of the meaning of some words.*
- *Comments about how valued the practice standards document is regarded by participants.*
- *Suggestions for additional specific assessment skills or therapies that could be included in the document.*

4.14 Use of practice standards

The Practice Standards are being used in a variety of ways. Table 2 below details the ways in which the Practice Standards are being used by respondents.

Table 2
*Use of practice standards**

	n=
To evaluate my own practice development	39
To assess a colleague's practice	19
To inform the development of position descriptions	25
To guide/mentor a new member of staff with their practice development	27
To identify areas for further development of my knowledge and skills	28
To communicate within the workplace about my role and scope of practice	25
To inform policy or guideline development	27
To ensure that I work within the scope of practice of a nurse continence specialist	37
Other (not aware of them – 3 responses, to plan and evaluate education content for RN's related to continence nursing practice):	4

** more than one item could be selected*

4.15 Other suggestions for improvements of the practice standards document

In addition to some comments about typographical errors and specific wording of some of the statements, the following is a summary of the qualitative responses:

- *The glossary and introduction are an excellent segue to the document, providing an eloquent and professional summary pertaining to the nurse role. I will be proud to have this document as my practice reference. Thank you to colleagues who have invested their time and expertise to bring this document to fruition.*
- *They are most comprehensive. Perhaps there could be more awareness about them for members.*
- *The document is well written, demonstrates a clear link to the NMBA standards and informed practice.*
- *This document was a well written and resourced piece of work and it is very relevant today.*
- *Well done! It is so appreciated. The preface and intro are very well written and sensible. I applaud the acknowledgement of qualifications and/or expertise - there are lots of ways to attain knowledge and lots of types of knowledge.*
- *We are so lucky to have this document!*
- *Nil. Well done on the current standards.*
- *Nothing. They are well thought out and cover all required aspects*

5.0 REFERENCES

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