

Title: Practice Standards for Australian Nurse Continence Specialists

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Introduction: Nurse Continence Specialists (NCS) in Australia work across diverse age groups and employ assessment skills to implement targeted conservative measures to prevent, manage, and treat incontinence, and other bladder, bowel, and pelvic floor disorders. These conservative interventions include: advice about fluid modification; toileting practices; dietary interventions; management of chronic health conditions, and behavioural therapies. In 2000, the Continence Nurses Society Australia (CoNSA) (formerly Australian Nurses for Continence) commissioned the development and validation of a suite of competency standards for nurses specialising in continence promotion and the management of incontinence. The resultant document was titled 'Australian Nurses for Continence Competency Standards for Continence Nurse Advisors'. In 2015, the CONSA executive initiated a project to review and update these standards.

Materials & methods: The domains of the first draft of the Nursing and Midwifery Board of Australia Registered Nurses Standards for Practice (2016) were used to provide an organising framework to develop the first draft of the CoNSA Practice Standards for the NCS. To determine if the standards adequately represented the content domains of the NCSs practice, a series of interrelated activities was undertaken based on a Delphi technique. The first activity involved convening a workshop to inform NCS about the draft standards and to seek their feedback. The draft standards were revised and disseminated to all members of the CoNSA executive committee. Further revisions were made and a redrafted set of standards was disseminated to all members of CoNSA. They were invited to review the draft and complete an online survey to indicate their agreement with the standard and the application of the standards.

Results: The first survey was completed by 33 nurses who indicated a 97-100% agreement with the draft. Almost 90% indicated the standards were written in a way that is simple, straightforward, and appropriate. At the same time, there were many suggestions for improvements, including the suggestion to make the standards more specific to the NCS rather than the RN role, and to adopt terms such as 'bladder and bowel health' rather than 'continence'. The second survey which was completed by 165 CoNSA members also indicated a 97-100% agreement with each statement.

Conclusions: The CoNSA Practice Standards for Nurse Continence Specialists will serve a range of purposes, including: (i) for future credentialing or benchmarking; (ii) to inform education and training (curriculum development, teaching, re—education, new graduate training); (iii) for workplace management (position description, career progression), and (v) to inform and/or improve practice.