



Improving continence care for patients

The role of the nurse



Royal College
of Nursing

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Introduction

Urinary incontinence can restrict employment, educational and leisure opportunities, and lead to social embarrassment and isolation, affecting both physical and mental health. It is vital that people who are incontinent are given every opportunity to regain their continence. High quality comprehensive continence services are an essential part of health care.

Before treatment and management options are offered, the Royal College of Nursing (RCN) encourages the consideration of all aspects of a client's continence problem, their lifestyle and any care needs. This RCN document looks at the key roles of nurses examining their potential influence on continence services - whether in a hospital or the community setting - and the impact of the Government's new initiatives.

Specialist roles

In the NHS the new Agenda for Change pay system also includes a job evaluation system that recognises a number of distinct roles where nurses specialise in an area of practice. Among these are: nurse specialist, nurse advanced and nurse consultant.

The nurse specialist role

The post holder will have specialist knowledge across a range of procedures

underpinned by theory. The post holder would need to be able to deal with complex facts and situations requiring comparison of a range of options. This role would tend not to be directly supervised but would follow broad occupational policies.

The nurse advanced role

The post holder will have highly developed specialist knowledge underpinned by theory and experience. They would be required to deal with complex facts or situations requiring analysis, interpretation and comparison of a range of options. They would be responsible for their own professional actions and would be a lead specialist for a defined area.

The nurse consultant role

Here the post holder will have highly developed specialist knowledge underpinned by theory and supplemented by specialist training and experience. Their professional knowledge could be acquired through degree/diploma supplemented by specialist training. The nurse consultant would deal with highly complex facts or situations requiring analysis, interpretation and the consideration of a range of options. Here they would make operational judgements and reconcile inter and intra professional differences of opinion. On the policy front they would be responsible for establishing how policies should be interpreted.

Nurses in continence play a crucial role in ensuring that continence care services are

delivered. The RCN Continence Care Forum has developed the following recommendations for nurses specialising in continence care who should:

- ◆ be a registered practitioner
- ◆ have their professional development supported and funded by their employer
- ◆ work wholly in continence care, either full or part-time
- ◆ be based in the hospital or community, but may visit either, depending on need
- ◆ work with patients and their families
- ◆ act as a resource and adviser on nursing issues in continence for other health professionals in the community and acute setting
- ◆ be an educator in continence for colleagues in nursing and other disciplines, in both community and acute settings
- ◆ work towards comprehensive and Integrated Continence Services as identified in *Good practice in continence services* (DH, 2000).

The nurse specialist role is on AFC Band 6, nurse advanced on Band 7 and consultant on Band 8.

Qualifications and skills

The RCN Continence Care Forum suggests that the following list provides the minimum qualifications and skills necessary to fulfil the role. However, each

employer trust should have sufficient whole time equivalent nurses who specialise in continence care to meet the needs of the population.

Nurses specialising in continence care should have:

- ◆ a broad base of experience
- ◆ proven management experience at ward level or other
- ◆ demonstrable teaching, counselling and management skills
- ◆ a willingness to undertake a specialist nursing diploma or related degree, if they have not already done so
- ◆ verified interest and/or experience in continence care and up-to-date knowledge
- ◆ proven interest and/or experience in teaching.

Responsibilities

An essential feature of any role is that it reflects local needs, the dynamic nature of continence care and the individual's experience and qualifications. Bearing this in mind, we believe it is inappropriate to suggest an ideal job description for the roles. In the Government's NHS Plan, published in 2001, the Chief Nursing Officer set out the following key roles for nurses, which include many aspects of the work of the clinical nurse specialising in continence care. They are to:

- ◆ order diagnostic investigations
- ◆ directly make and receive referrals
- ◆ admit and discharge patients for specified conditions and within agreed protocols
- ◆ manage patient caseloads
- ◆ prescribe medicines and treatments
- ◆ perform minor surgery and outpatient procedures
- ◆ using the latest IT, triage patients to the most appropriate health professional
- ◆ take the lead in the way local health services are organised and run.
- ◆ assess the care a patient needs – including their information and nursing requirements – liaising with other nurses, doctors and staff as necessary
- ◆ liaise with community nurses, other health care professionals, and professional and voluntary organisations, according to the patient's individual needs, to ensure care is continuous and integrated
- ◆ apply relevant research to ensure evidence-based practice
- ◆ be aware of the importance of professional communication, working closely with other members of the multidisciplinary care team and regularly participating in team meetings.

In order to meet the care elements of the role, nurses specialising in continence care need to consider the following in relation to the clinical, educational and professional aspects of their work.

Responsibilities

The post holder should:

- ◆ be involved in direct patient contact. This involves giving advice and information on a routine or emergency basis, to patients and their relatives in a variety of settings including the person's home, hospitals, clinics and health centres
- ◆ where appropriate, use counselling skills to identify patients' problems, helping them to resolve or accept them
- ◆ plan and document care on an individual basis
- ◆ be involved with other members of the team in the assessment, planning, delivery and evaluation of initial education to patients, their families and carers about incontinence
- ◆ be involved in providing continuing education for all patients with incontinence and planning educational programmes for the area. The nurse specialist should also be involved with the team in setting, reviewing and monitoring standards of continence care in the health district

Educational

Nurses specialising in continence care should:

- ◆ participate in the planning and delivery of education about continence care for both nursing colleagues and those working in other disciplines, for example, family doctors. This may take place in the college of nursing, university, hospital ward or community. *Good practice in continence services* (CDH, 2000) has specific indicators relating to the hours of training provided to staff per 100,000 PCT population
- ◆ act as a source of expert advice for all who cope with incontinence – including patients, other nurses, health care staff and any agencies that work with people with incontinence, for example, local voluntary organisations.
- ◆ maintain awareness of current research in continence care and continence nursing, disseminating findings to colleagues in nursing and other disciplines
- ◆ initiate or be involved in research into nursing issues in continence care
- ◆ keep up-to-date with general and specialist nursing, reading relevant journals and attending a minimum of one national professional conference each year
- ◆ belong to the appropriate professional interest groups and bodies
- ◆ promote awareness of the nurse specialist's role and the support needed to ensure its remit can be fulfilled.

Professional

Nurses specialising in continence care should:

- ◆ maintain their professional registration, following the Nursing and Midwifery Council's (NMC) *Code of professional conduct* at all times
- ◆ use lifelong learning to continue professional development
- ◆ ensure that care is documented to high standards and provide information on the present needs and future trends of the continence service
- ◆ be involved in the commissioning of integrated continence services and participate in regular policy reviews on nursing issues in the service

The consultant nurse role

A small number of nurses are already working at consultant nurse level in both hospital and community settings. The RCN believes the appointment of consultant nurses should be based on eligibility criteria, including clinical practice assessment and competency, skills, experience and expertise.

Research (Getliffe and Dolman, 2002) shows that, whether they are practising at the bedside or working with patients in the community, the consultant nurse position is likely to have five core elements.

1. Expertise in the practice of nursing in their specialism – for example, cancer nursing or critical care – or general area of work – for example, within surgery, the medical ward or as a nurse practitioner in the community.
2. A central responsibility in the development of practice that embraces education and helps to create an environment to help staff to reach their full potential.
3. Proficiency in research that makes a tangible difference to patient care. Their role should ensure that research findings are implemented that will lead to improvements for patients.
4. The ability to provide expert advice on nursing practice, education and research at every level within an organisation.
5. The aptitude to exhibit real leadership, involving and motivating staff to support new ways of working that focus on quality patient care.

Services in the community

The Department of Health's document, *Good practice in continence services* (DH, 2000), sets out a model for PCTs that will ensure continence services are effective and equitable. It includes recommendations on raising awareness, individual assessment

and treatment. Managing the nursing care of incontinence within the community should include:

- ◆ proactive questioning and identification of all people with incontinence, including children
- ◆ a full continence assessment
- ◆ delivery of initial treatment followed by a review. This may lead to referral to a continence specialist or advanced diagnostics if improvements cannot be gained.

Services should address the needs of the whole population, for example:

- ◆ a proactive continence promotion service for all children with a continence problem, not just a 'free nappy' service
- ◆ offering access to all appropriate continence services including assessments and treatment interventions for children with learning difficulties.

The service should be based upon the following principles:

- ◆ advice to patients on healthy living, especially diet and drinking appropriate fluids
- ◆ bladder and bowel training regimes, including timed or prompted voiding for urge incontinence
- ◆ improving access to toilets and boosting mobility

- ◆ pelvic floor exercises to prevent or cure incontinence for women, those with urge incontinence and older men with post-prostatectomy problems
- ◆ pelvic floor and anal sphincter exercises to improve faecal incontinence
- ◆ review of existing medication
- ◆ management of faecal impaction.

Assessing continence

According to the Department of Health's document, an assessment of continence should incorporate the following:

- ◆ a review of symptoms and their effect on quality of life
- ◆ assessment of the patient's desire for treatment and alternatives
- ◆ examination of the patient's abdomen for palpable mass or bladder retention
- ◆ examination of the perineum to identify prolapse, excoriation and assess pelvic floor contraction
- ◆ rectal examination to exclude faecal impaction
- ◆ urinalysis to exclude infection
- ◆ assessment of manual dexterity
- ◆ assessment of the patient's environment, for example, their access to a toilet
- ◆ use of a diary to record the patient's daily activities
- ◆ identification of conditions that may exacerbate the patient's incontinence, for example, a chronic cough.

Career progression: The Knowledge and Skills Framework

The Knowledge and Skills Framework (KSF) was implemented as part of Agenda for Change in 2004, to support career progression and personal development. The KSF is linked to annual review and personal development plans, and provides an objective framework on which to base review and development. Each individual nurse will have a personal development plan and their development will be assessed against a KSF outline for their post. This will also be linked to two gateways on the pay spine.

The aim is that all nurses should:

- ◆ have clear and consistent development plans
- ◆ be helped to develop in such a way that they can apply the knowledge and skills appropriate to their level of responsibility
- ◆ be helped to identify and develop knowledge and skills that will support their career progression

There are six core dimensions within every NHS job:

- ◆ communication
- ◆ personal and people development

- ◆ health, safety and security
- ◆ service development
- ◆ quality
- ◆ equality, diversity and rights.

There are a further 24 specific dimensions which can be applied to define different posts, grouped into four categories:

- ◆ health and wellbeing (HWB 1-10)
- ◆ information and knowledge (IK 1-3)
- ◆ general (G 1-8)
- ◆ estates and facilities (EF 1-3).

Specific dimensions should be selected that are included within the core function of the role. For example, for a Continence Adviser/Service Manager:

- ◆ HWB6 Assessment and Treatment Planning
- ◆ G1 Learning and Development
- ◆ G3 Procurement and Commissioning
- ◆ G5 Services and Project Management.

For further information, please see *NHS Knowledge and Skills Framework outlines for nursing posts* (RCN, 2005) or www.rcn.org.uk/agendaforchange

The impact of Government initiatives

The White Paper, *The new NHS: modern, dependable*, and the subsequent policy

documents, *A first class service: quality in the new NHS* and *Good practice in continence services* marked the introduction of a range of mechanisms to improve quality, involving setting, delivering and monitoring the standard of care patients receive (DH, NHSE, 1998; DH, 1998; DH 2000). The White Paper *Choosing health: making healthy choices easier* (DH, 2004) encourages nurses to take a more public health-oriented approach to the nation's health. This includes an awareness of the need for a healthy lifestyle, and taking preventive measures to maintain continence, for example, pelvic floor exercises for women. For nurses working in continence care, the following are essential elements:

Clinical governance

Specialist nurses can ensure that high quality services are delivered locally, using the opportunity to play an active part in the process of clinical governance.

Clinical audit

Specialist nurses should participate in clinical audit programmes that have a multidisciplinary approach and address important quality issues targeted at improving the patients' experience and outcome. A variety of validated audit tools are available in continence care.

Clinical effectiveness

Specialist nurses need to develop their research appraisal skills and have access to information that will ensure their practice is

based on the best available evidence. In addition, specialist nurses should try to share examples of best practice with others. As a means of achieving consistently high standards across organisational boundaries, they should participate in clinical practice benchmarking. *The essence of care* (DH, 2001) contains benchmarking tools relating to continence and bladder and bowel care.

Clinical risk management

Specialist nurses should have a clear understanding of local policies that aim to minimise and manage the risks associated with adverse incidents. Specialist nurses should have access to relevant clinical guidelines that support appropriate decision-making and ensure good outcomes for the patient.

Quality assurance

The specialist nurse should be aware of and understand the range of quality activities that attempt to monitor and measure performance. These will include standard setting, developing care pathways, an understanding of the local complaints procedure and participation in clinical supervision.

Staff and organisational development

Specialist nurses should take part in regular appraisal to identify and agree training and development needs. Their practice should be guided by professional self-regulation. They should help to encourage an organisational culture that

fosters openness and an ability to learn from mistakes, rather than apportioning blame. In addition, specialist nurses also have a responsibility to report examples of poor performance. Local ‘whistle-blowing’ policies should provide further guidance.

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Useful addresses

Association for Continence Advice

102a Astra House, Arklow Road,
New Cross, London, SE14 6EB
Tel: 020 8692 4680
Fax: 020 8692 6217
Email: info@aca.uk.com

ERIC - Eneuresis Resource and Information Centre

34 Old School House, Britannia Road,
Kingswood, Bristol, BS15 8DB
Tel: 0117 960 3060
Fax: 0117 960 0401
Email: info@eric.org.uk

Incontact

United House, North Road,
London, N7 9DP
Tel: 020 7700 7035
Email: info@incontact.org

(Incontact is a national charity for people affected by bladder and bowel problems, providing support and information and representing the interests of people with continence problems.)

PromoCon

Redbank House, St Chad's Street,
Cheetham, Manchester, M8 8QA
Tel: 0161 834 2001
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(PromoCon is a national service which offers independent and impartial information on continence products available in the UK.)

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