



Submission to the Federal Department of
Health consultation regarding the

*Educating the Nurse of the Future -
Independent Review of Nursing Education*

June 2019

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The Continence Foundation of Australia

The Continence Foundation of Australia (the Foundation) is the national peak organisation whose mission is to represent Australians with, or at risk of, incontinence, their carers and health professionals who treat and assist people with incontinence.

The Foundation develops and delivers a range of initiatives in partnership with the Australian government as part of the Bladder Bowel Collaborative and broader National Continence Program. The Bladder Bowel Collaborative initiatives and projects focus on increasing education and awareness of bladder and bowel health in Australia, supported by the up-skilling of specialist and non-specialist continence health professionals. This, in combination with the National Continence Helpline, Continence Foundation of Australia website (continence.org.au) and National Continence Program website (bladderbowel.gov.au) ensures that the general public are able to access information and support related to bladder and bowel health via a number of channels.

The Foundation's membership base is mostly made up of health professionals who both provide care and services for and raise awareness and advocate on behalf of people with bladder and bowel control problems. The Continence Foundation members including continence nurse advisors were consulted as part of the process of producing this submission.

The Continence Foundation of Australia welcomes the opportunity to provide input into the *Independent Review of Nursing Education*. In this submission the Foundation will be presenting evidence, according to the Terms of Reference, concerning the *effectiveness of current educational preparation of and articulation between* nursing roles and making recommendations on the *educational preparation required for nurses to meet future health, aged care and disability needs of the Australian community including clinical training* with regard to continence care and incontinence management in nursing settings.

Recommendations

The Continence Foundation of Australia recommends that, as a matter of urgency:

1. more education about continence care and incontinence management be included in the curriculum of enrolled and registered nurses, and
2. pathways for registered nurses to specialise as continence nurse advisors be promoted and postgraduate courses be reintroduced.

The purpose of this submission is to:

- highlight the prevalence of incontinence in the Australian community and in people in hospitals and aged care,
- expose the current inadequacies in Australian nursing education in regard to continence care at both the tertiary and vocational levels of education and training
- draw attention to a 2006 review of nursing and midwifery courses in regard to continence care and the development of guidelines for the inclusion of continence into the nursing curriculum,
- expose the harm that inappropriate practices associated with poor continence care and incontinence management can have including: promoting incontinence, causing urinary tract infections, incontinence-associated dermatitis, pressure injuries, falls, functional decline, depression and reduced quality of life,
- highlight the devaluation of the role of nurse continence advisor and the loss of educational opportunities for specialisation in continence care, and
- make recommendations about the inclusion of continence into the curriculum of enrolled and registered nurses and the reestablishment of the educational opportunities for continence nurse advisors.

Nurses in all healthcare settings will be caring for people with incontinence, particularly nurses caring for people:

- admitted to hospital,
- accessing aged care services,
- living in residential aged care facilities, and
- living with a disability.

The nursing workforce is not adequately prepared to cope with the continence care needs of this very prevalent condition in the Australian population. Australian nurses receive insufficient training and education about continence care and incontinence management and this translates to poor quality care which increases the risk of serious physical and psychological health outcomes.

Continence nurse advisors, who are registered nurses with specialist knowledge and skills in continence care have filled the gap in continence care to some extent. However, the number of continence nurse advisors are falling because the current workforce is ageing, jobs are being made redundant, positions are being downgraded and nursing staff without continence qualifications are being used in roles previously held by continence nurse advisors (Thompson, 2019). Also, because of a lack of educational opportunities, there are limited pathways for registered nurses to specialise as continence nurse advisors.

The combination of high prevalence of incontinence in the Australian population, the increased prevalence of incontinence in older Australians and a diminishing specialist continence workforce will culminate in a nursing workforce inadequately prepared for continence care needs in the future.

Action must be taken to improve the level of and access to education of nurses and the ability of registered nurses to access pathways to enable them to specialise as continence nurse advisors.

Prevalence of incontinence in Australia

Incontinence

Incontinence describes any accidental or involuntary loss of urine from the bladder (urinary incontinence) or bowel motion, faeces or wind from the bowel (faecal or bowel incontinence). Incontinence is a widespread condition that ranges in severity from 'just a small leak' to complete loss of bladder or bowel control (Continence Foundation of Australia, 2019).

Incontinence is prevalent

Prevalence in the Australian community

In Australia, at least 5.5 million Australians, aged 15 years and over and living in the community experience incontinence (4.2 million urinary; 1.3 million faecal). 21% of the community population have urinary or faecal incontinence or both (Deloitte Access Economics, 2011).

Prevalence in hospitals

People who are admitted to hospital will come with pre-existing incontinence. A survey of inpatients in Australian hospitals (medical, surgical, rehabilitation and geriatric evaluation and management wards in three acute care hospitals and one subacute care facility) found that one in five patients experienced urinary incontinence and one in 10 experienced faecal incontinence during their hospital stay (Ostaszkiwicz et al., 2008). The average age of the patients was 70 years and ranged from 16 to 100 years.

Additionally, there is a risk of developing incontinence while in hospital in Australia. In 2017-2018, patients in Australia experienced 3,470 episodes of hospital-acquired incontinence which was present on discharge or which persisted for seven days or more (AIHW, 2019).

Prevalence in residential aged care facilities

People living permanently in residential aged care are even more likely to experience incontinence. In Australia in 2010, 128,473 residents or 70.9% of residents in aged care facilities had urinary or faecal incontinence or both. By 2030, this number is projected to double and increase to 253,113 residents. Almost half of residents (54%) experienced more than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting and 34.8% experienced more than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting (Deloitte Access Economics, 2011).

Prevalence in people living with a disability

Data from the Australian Bureau of Statistics indicates that approximately 1.8% of Australians (or 391,000 people with disability) experienced severe incontinence in 2012. This was defined by *the need for assistance with bladder or bowel control, and/or the use of continence aids*. This figure increased by 24% (or 75,000 people) between 2009 and 2012 (Australian Bureau of Statistics, 2012).

Current inadequacies in Australian nursing education in regard to continence care

Undergraduate courses

There is no recent publicly available information on the depth and coverage of current continence curriculum content in undergraduate nursing courses in Australia. However, anecdotal information suggests that minimal attention to continence care is paid in nursing training for both enrolled and registered nurses. Additionally, a national review of Australian undergraduate nursing and midwifery courses, published in 2006, found that nurses and midwives were not adequately prepared to provide good continence care and manage incontinence (Paterson, 2006).

Evidence from other countries does show that there is a lack of continence education as part of undergraduate health professional training, including nursing training. In the United Kingdom, a nation-wide survey found that 81% (294/362) of undergraduate medical, nursing and allied health education programs provided limited educational content on incontinence and 14% had no education relating to incontinence at all. Of those education programs that had content on incontinence, the average number of hours spent on the topic was 4.7 hours (McClurg et al., 2013).

In China, a study was undertaken to determine nursing students' knowledge and attitudes towards urinary incontinence (Luo et al., 2016). Chinese nursing students had poor knowledge of urinary incontinence, but attitudes about urinary incontinence were generally positive and there was a high level of interest in learning more about urinary incontinence. There was also a significant positive correlation between urinary incontinence knowledge and attitudes and nursing students' year of study, urinary incontinence education and training, and formal clinical practicum experience in urology.

The Chinese study revealed that student nurses were interested in learning more about urinary incontinence and when they are provided with the education, training and clinical experience, their knowledge and attitudes improve. It would be reasonable to assume that Australian nursing students have similar knowledge and attitudes to incontinence, but importantly, would also respond positively when training and education about good continence care and incontinence is included in their curriculum and they are given clinical experience.

Vocational courses

Within the vocational education sector, the loss of continence courses and units of competency is dramatic and concerning. At present there are no nationally-recognised, accredited courses or units of competency that train nurses in continence promotion, care or management, but there were several which are now non-current (see Tables 1 and 2).

There is only one current unit of competency which address continence and it is aimed at people working in retail: *SIRCPA014 - Assist customers with continence management products*.

The Advanced Diploma of Nursing (Enrolled Nursing/Division 2 nursing) has one unit of competency, but it is an elective *HLTEN017 Apply nursing practice in the rehabilitation care setting*, which expects trainees to have knowledge of genitourinary disorders and gastrointestinal disorders which may include knowledge about urinary and faecal incontinence.

Table 1. Accredited training: non-current continence courses.

10389NAT - Certificate II in Continence Promotion and Care
21922VIC - Certificate II in Continence Promotion and Care
21921VIC - Course in Continence Awareness and Promotion
91054NSW - Course in Continence Management
51061 - Course in Continence Resource Management
50077 - Course in Continence Resource Management
51075 - Diploma of Continence (consultants Course)
21961VIC - Graduate Certificate in Continence Promotion and Management
10468NAT - Graduate Certificate in Continence Promotion and Management

Source: training.gov.au

Table 2. Accredited training: non-current units of competency

CCPACC203B - Advise on continence control issues
CCPAAC202B - Apply knowledge of continence issues to client interactions
CPMCCS801B - Communicate in a continence health setting
CPMMPC802B - Develop marketing strategies to promote continence health
CPMICM804B - Implement continence management
CCPPCH201B - Promote continence health
CCPPCC204B - Provide continence care

Source: training.gov.au

2006 review of nursing and midwifery courses in regard to continence care and development of guidelines

In 2006, a research team led by Prof. Jan Paterson, undertook a wide-ranging consultation across Federal government, clinical and education sectors (Paterson, 2006). The consultation was undertaken as part of the National Continence Management Strategy for the Department of Health and Ageing. At that time, it was found that the content of most undergraduate curricula did not prepare nurses and midwives to meet the, now superseded, Australian Nursing and Midwifery Council national competency standards for the provision of continence care and incontinence management.

The final report of the project created guidelines for continence content in undergraduate nursing and midwifery curricula which consisted of five core elements which should be included in the curricula and 10 recommendations to enhance the usage of the guidelines. It was determined that the following five core elements would assist with successful facilitation of the learning outcomes:

1. Knowledge and awareness about incontinence including prevalence, risk factors, definitions and financial cost,
2. Knowledge about prevention of incontinence and promotion of continence,
3. Knowledge and assessment skills including client goals, health history and understanding the reasons behind and types of incontinence,
4. Clinical reasoning to identify those at risk, knowledge of referral processes and evaluation of continence management programs, and
5. Development of a care plan based on best evidence available.

In order to demonstrate 'best practice' in the area of prevention of incontinence and promotion of continence, nurses and midwives will be expected to prevent incontinence, promote continence and initiate management strategies based on the best evidence available. When possible these management strategies will: enable clients to regain their continence; encourage self-esteem; maintain the dignity and integrity of clients; and provide for the safety and comfort needs of clients including containment of the incontinence with appropriate products, modification of the environment and the use of aids to daily living (p10-11, Paterson 2006).

Although the work was done more than a decade ago, it is likely that the issues around the undergraduate education of nurses in regard to incontinence are much the same.

In the United Kingdom, recognising that in an ageing population there will be a greater prevalence of bladder and bowel problems and continence services will require a higher priority, the National Health Service England commissioned a report on *Excellence in Continence Care* to provide guidance for the development of high-quality community continence services and provide a supporting resource for planning processes. The following recommendations were made in relation to developing the continence workforce:

- education in relation to continence at undergraduate level for physiotherapists, nurses and medical students, and
- continuous professional development for postgraduates if they care for patients with continence needs or are in a position to identify people with continence problems.

Nursing practices associated with poor continence care and incontinence management

Do nurses promote continence?

Hospitals

According to a paper entitled *Do nurses promote urinary continence in hospitalized older people?: an exploratory study*, the answer is no, nurses continue to contain urinary incontinence rather than promoting continence in older people (Dingwall & McLafferty, 2006).

So, what is containment of incontinence? Containment is the use of, or overreliance on, incontinence pads to contain urine or faeces after episodes of incontinence. Containment is a cheap and minimalist model of 'care' which may not take into consideration people's rights to have their preferences actioned; such as help to use the toilet and the use of other continence aids such as urinals and bedside commodes.

The use of containment aids, usually incontinence pads, should always be an informed personal choice around dignity and quality of life and form part of a toileting strategy backed by a documented continence assessment.

Containment does not promote continence, although it may be a useful strategy in management and as a bridging technique while efforts to improve a person's incontinence are being undertaken.

Containment strategies are often used in response to limited time available and competing clinical priorities when providing care. In their study, Dingwall and McLafferty (2006) found that:

Although nurses from all clinical areas identify the importance of promoting continence, the problem continues to be contained rather than treated. Conflicting clinical priorities, varying staff approaches to urinary continence and deficits in education are cited among the barriers to promoting continence p. 1276).

The Continence Foundation of Australia argues, however, that containment should not be implemented as a substitute for deficient staff assessment and implementation skills or staff availability on the part of the hospital or residential aged care facility (see section below: Aged care services). The potential harm caused by inappropriate continence care and incontinence management are too great to dismiss (see section below: Harm caused by poor continence care and incontinence management).

In 2008, Ostaszkiwicz and her colleagues published the results of a survey of patients, with an average age of 70 ± 18.7 years, admitted to four Australian hospitals. They found that:

- 22% had urinary incontinence, 10% had faecal incontinence and 78% had nocturia,
- 34% and 26% had pre-existing bladder and bowel problems,
- 60% were using a continence product or device, but of these 41% had had no episode of incontinence in the preceding 24 hours,
- 43% and 51% had no documentation in their admission notes about their bladder and bowel function.

It was concluded that the management of incontinence in the hospital setting was suboptimal and recommended that there was a need to raise clinical awareness about incontinence in hospital settings and to implement a systematic approach to its assessment and management, allowing incontinence symptoms to be identified and appropriately addressed by staff.

A more recent Australian study (Barakat-Johnson et al., 2018) of 250 adult patients, with an average age of 73 ± 17 years, in 12 units across four Sydney hospitals found that:

- 44.4% had urinary incontinence, confirming the high prevalence of incontinence,
- no patients had a continence management program,
- there was an emphasis on incontinence products and devices; a passive approach by staff to managing risk of incontinence, rather than a scheduled toileting regimen, and
- 22.3% of patients who were continent were wearing an incontinence product and when asked about this nurses stated that it was 'just in case' or 'better to be safe'.

Incontinence management was not consistent with evidence-based research and reflected a passive approach by staff to managing the risk of incontinence, with an emphasis on incontinence products, rather than active management such as providing toileting assistance. It was highlighted that many factors may influence the preference of nurses to use incontinence pads including: staffing levels, lack of awareness, inadequate assessment of patients and inadequate education in this area.

Barakat-Johnson and her colleagues (2018) concluded that: *Based on these findings, we believe that incontinence practice among nurses caring for adult patients in acute and subacute facilities requires reexamination and improvement* and the Foundation agrees.

Aged care services

The aged care services workforce is significantly under skilled with regard to continence care. In Australia in 2016:

- there were estimated to be 366,027 workers in aged care with 240,317 in direct care roles,
- 70% of direct residential workers were personal care attendants, 15% were registered nurses and 10% were enrolled nurses, and
- community care workers were the largest home care and home support direct care occupational group (84%) followed by registered nurses (8%) and allied health professionals (6%) (National Institute of Labour Studies, 2016).

In residential aged care facilities, nurses make up a small proportion of the staff and are less involved in the direct care of residents. A time and motion study was conducted which looked at the work activities of nurses in an Australian residential aged care facility during an 8-hour morning shift (Qian et., 2016). It was found that the three major tasks performed by the nurses during the shift were medication administration, wound care and documentation. Documentation was completed at the point-of-care and after care provision. If the nurses had time, they would undertake a physical review, if not, this task would be allocated to a personal care worker. The nurses did not undertake direct continence care.

Although direct continence care is not likely to be provided by nurses in residential aged care, they will be responsible for continence assessments and reassessments and oversight of the clinical and personal care of the residents. Therefore, they will be responsible for the continence care and incontinence management of the 70% of residents who will be incontinent and at risk of developing incontinence-associated dermatitis and pressure injuries (ulcers) if care is inadequate.

Do nurses promote incontinence?

Hospitals

A 2016 Victorian study (Furlanetto & Emond, 2016), documented the development of incontinence at time of discharge from hospital for people who were aged 65 years and over, diagnosed with dementia or cognitive impairment, ambulant and continent pre-admission. It was found that:

- 21% of patients experienced an episode of urinary incontinence during their hospital stay, but were continent at discharge,
- an additional 36% developed urinary incontinence and were incontinent at the time of discharge from the hospital, and
- of the 36% with urinary incontinence, 2% had also developed faecal incontinence.

The results clearly showed that this group, who were continent on admission, were at significant risk of developing incontinence. The length of stay also increased the risk of developing incontinence. In order to reduce the risk of developing incontinence, Furlanetto and Emond (2016) recommend the implementation of person-centred care, dementia-friendly design, staff education and the promotion of cultural change within the organisation recognising the competing priorities facing nurses.

Consequences of poor continence care and incontinence management

Deficits in education about good continence care and incontinence management are an underlying factor in poor quality of care. Nurses' lack of knowledge regarding good continence care and incontinence management negatively affects health and quality of life outcomes for people in hospitals, and those living in the community and residential aged care facilities (see Table 3 below). Nurses have described existing education programs and professional development opportunities as being informal, rather than formal, which often focus on products rather than holistic care (Dingwall, 2006).

Table 3. Consequences of poor continence care and incontinence management.

Condition	Details	References
Urinary tract infections	<p>Residential aged care facility</p> <p>Urinary incontinence (and the presence of a urinary catheter) was associated with increased risk of urinary tract infections.</p>	Richardson & Hriez, 1995 Omli et al., 2010
Incontinence-associated dermatitis	<p>Hospital</p> <p>Among patients with incontinence, 20.7% had incontinence-associated dermatitis that was acquired during the hospital stay.</p> <p>Residential aged care facility</p> <p>Residents who were incontinent, but free of skin damage. Once admitted, skin damage developed after a median of 13 (range 6 to 42) days in 45 of 981 residents (4.6%), of which 3.4% was determined to be incontinence-associated dermatitis.</p>	Barakat-Johnson et al., 2018 Zimmaro et al., 2006
Pressure injuries	<p>Hospital</p> <p>Among patients with incontinence, 6.3% had a hospital acquired pressure injury.</p> <p>Residential aged care facility</p> <p>Faecal and urinary incontinence increase the likelihood of having had a pressure sore.</p>	Barakat-Johnson et al., 2018 Spector 1994

Pressure injuries not healing	Residential aged care facility Incontinence was associated with pressure ulcers not healing.	Berlowitz, 1997
Falls	Community Urinary incontinence was a risk factor for recurrent falls in older people Residential aged care facility Urinary incontinence was associated with frequent falls	Hasegawa J et al., 2010 Kron et al., 2003
Functional decline	Community and residential aged care facility Women who were incontinent were more than twice as likely to experience decline in activities of daily living including using the toilet on their own.	Omli et al., 2013
Depression	Community Major depression occurred in 44.0% of women with idiopathic urge (\pm stress) incontinence and in 17.5% women with stress incontinence.	Stach-Lempinen et al., 2003
Quality of life	Residential aged care facility Urinary incontinence is associated with reduced quality of life (even in frail, functionally and cognitively impaired nursing home residents).	DuBeau et al., 2006

Articulation from registered nurse to continence nurse advisor

The International Continence Society recognises the role of a nurse continence specialist (known as a continence nurse advisor in Australia) and has defined the role of these specialist nurses:

A Nurse Continence Specialist (NCS) is a Registered Nurse with a broad base of nursing experience combined with a specialised theoretical and experiential knowledge of bladder, bowel and pelvic floor dysfunction with a focus on incontinence. This enables the NCS to make complex decision making across all of the determinants of health and well being to promote bladder, bowel and pelvic floor health and manage bladder, bowel and pelvic floor dysfunction (Paterson, et al., 2016)

Until recently, Australian registered nurses who wanted to specialise as a continence nurse advisor had the option of undertaking postgraduate courses, specifically:

1. Graduate Diploma in Nursing (Continence Nurse Advisor) at Flinders University, and
2. Graduate Certificate in Urology and Continence at La Trobe University

These courses are now not available and there is little scope for registered nurses to gain the necessary specialised theoretical knowledge required to be considered competent continence nurse advisors.

Currently, the only courses offered at this level for nurses wanting to increase their knowledge in this area are two professional development units in *Urology and Continence* offered by La Trobe University (La Trobe, 2019).

The lack of educational opportunities for registered nurses to specialise in continence care means that there is a serious gap in the workforce regarding continence care. Ideally, the role of the continence nurse advisor should be understood and valued, but it is not and, more than not being valued, it is being threatened by:

- job losses or cuts to positions that had already occurred or were feared would occur,
- National Disability Insurance Scheme (NDIS) actually or potentially causing job losses,
- downgrading of positions that have occurred with positions being changed from continence nurse advisor roles to generalist registered nursing roles but still reliant on continence skills,
- workplaces undergoing reviews or restructures with concerns this will result in loss of or downgrading of positions, and
- use of nursing staff without continence qualifications or other disciplines that were previously continence nurse advisor roles (Thompson, 2019).

The Continence Nurses Society Australia (CoNSA, consa.org.au) has recognised this threat to the viability of a continence speciality in nursing and is working to ensure the role is protected. In relation to promoting and protecting the role, the CoNSA Strategic Plan goals state CoNSA will *ensure post graduate continence/tertiary level nursing education continues to be available*.

Although the role of continence nurse advisor should be valued and protected and promoted, until it is, the need for enrolled and registered nurses to have fundamental and adequate knowledge of continence care and incontinence management is even more of an imperative.

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