

Perceived barriers and enablers to conducting nursing assessments in residential aged care facilities in Victoria, Australia

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Funding: Project supported by funding from the Department of Health, Aged Care Branch, Victoria, Australia. The views expressed in this work are those of the authors and do not necessarily reflect those of the State Government.

KEYWORDS

Assessment, nurses, nursing home, older people

ABSTRACT

Objective

Nurses working in aged care facilities need to be adequately prepared to manage the increasingly complex care needs of older people. This paper reports on the views of nurses on the barriers and enablers to conducting nursing assessments with older people in residential aged care, six weeks after attending a four day education and training workshop on this topic.

Design

Descriptive evaluation.

Setting

Data were collected in a range of venues in which the education was delivered.

Subjects

Registered (RNs) and enrolled (ENs) nurses (n= 345) working in residential aged care facilities in Victoria, Australia.

Findings

Fourteen barriers and eight enablers, which affect the capacity of nurses to conduct assessments with older people, were identified. The most common cited barriers included lack of time (78%), residents' poor state of health (41%) and the absence of equipment (33%). Common enablers were organisational support (38%); staff education and training (29%); having the appropriate equipment (22%); positive staff attitudes (17%) and the resident's condition and cooperation (16%).

Conclusion

Nursing assessments are vital to the delivery of quality and evidence based aged care. The issues identified provide aged care services and managers with a basis for ensuring that nurses have the necessary preparation, training and ongoing support to perform the appropriate and required assessments to provide the best possible care.

INTRODUCTION

Assessment is the foundation of nurses' clinical practice in that it: identifies patient needs; informs care planning, decision making and choice of interventions; and allows the recognition and monitoring of risk (clinical and other) and deterioration of health status. A nursing assessment takes into account the physical, functional, psycho-social and environmental domains of care (Jarvis et al 2016) and can be undertaken on admission, at a time of deterioration or when there is a health issue or, as part of a daily focused assessment.

It is well recognised that older people are often frail (Clegg et al 2013), have health problems affecting multiple body systems and are at risk of increased morbidity and mortality (Stuck and Iliffe 2011), particularly if they have dementia (Draper et al 2011). This increased medical acuity and complexity of care needs is very evident in the residential aged care sector where common conditions such as dementia (48%), depression (22.5%), arthritis (14.2%), cerebrovascular disease (22.5%), diabetes (6.9%) and pain, falls and urinary incontinence (17%) have a significant impact on care needs (Hillen et al 2017).

For nurses working in aged care settings this presents many challenges, not least of which is their ability to assess, identify and meet the unique needs of the older person. Both registered nurses (RNs) and enrolled nurses (ENs) have a vital and central role to play in data gathering and the assessment of residents (Nursing and Midwifery Board of Australia 2016a, 2016b). Although some 120 assessment skills are known to be taught to students in nursing curricula (Giddens and Eddy 2009), the literature reports that nurses in Australia (Birks et al 2013) and the United States of America (Giddens 2007; Secret et al 2005) may not use up to a third of the assessment skills taught. Many nurses also remain unclear about the boundaries of their professional responsibility with respect to the use of assessment skills (Birks et al 2014). It is not known, (at least from our review of the literature), whether any of the skills taught in nursing curricula are specific to the assessment of older people, such that nurses learn to differentiate between normal aged related changes and abnormal changes or pathology.

It is clear however that when nurses do not use their skill set to conduct health assessments to the full scope of their practice, this becomes a significant issue. Underutilised skills can not only compromise the identification and management of healthcare needs and the safety of care recipients (Munroe et al 2013), but also result in the erosion of skills (Birks et al 2013; Phillips et al 2006). A meta-analysis of the literature on the factors influencing the decisions of residential aged care nurses to transfer residents to hospital (Laging et al 2015), found that they often do not have the necessary clinical assessment skills, or the confidence to be able to identify early signs of deterioration in residents living in aged care facilities. This impacted on the ability of nurses to care for these residents.

Winbolt (2008) and Lesa and Dixon (2007) noted that large numbers of nurses employed in Australia and New Zealand were trained prior to the introduction of university programs where physical assessment skills, (Birks et al 2013) as a component of health assessment, have been formally taught. The median age of registered nurses and enrolled nurses working in aged care in Australia in 2016 was 47 and 50 years respectively (Mavromaras et al 2017). As a result, a significant number of aged care nurses may not have the assessment skills (Laging et al 2015) or confidence with the use of the medical terminology required to describe assessment process and findings (Phillips et al 2006), or, even recognise their role in the assessment process (Birks et al 2013).

Educating and training aged care nurses can increase their proficiency in undertaking nursing assessments so they can better identify changes in residents' health status and care needs. However, unless nurses are able to implement what they have learnt in their workplace, the benefits of any pedagogical initiatives will be limited.

The necessity for, or perceived value of, nurses' skills is not necessarily related to the incidence or frequency of their use in the clinical arena (Birks et al 2013). Several factors are known to influence whether nurses use their assessment skills and the extent to which they use them. These factors include apparent time constraints and lack of: confidence; role models and; nurses' understanding of the impact of assessments on care delivery (Douglas et al. 2014; Birks et al 2013). We currently know very little about the perceived barriers and enablers to using assessment skills in the Australian residential aged care environment. Our project sought to deliver an education and training program on the health assessment of the older person to enhance the knowledge and skills of nurses working in residential aged care facilities. As part of this educational initiative, we wanted to understand the perceived barriers and enablers to the use of these health assessment skills post-education in the aged care facilities in which the nurses were employed. This paper reports on the perceived barriers and enablers to conducting health assessment as recounted by workshop participants six weeks after they completed the education and training program. The evaluation had ethics committee approval (University FHEC 11/29).

METHOD

The educational program entailed the delivery of 20 workshops to nurses across the state of Victoria, Australia. Each workshop comprised four consecutive days of education and training. A fifth day, six weeks after the completion of each of the workshops, provided an opportunity to collect feedback on nurses' implementation of the assessment skills learned in their workplace. The education and training workshops were advertised to nurses working in residential aged care facilities through local health service networks and offered at no cost to participants. Nurses either self-selected, or were delegated by their managers to attend the education. Workshops took place in a range of health care and non-health care venues and were delivered by an experienced nurse educator.

Weber and Kelley (2007) describe the following four types of assessment: initial comprehensive assessment; ongoing or partial assessment; focused or problem-oriented assessment; and emergency assessment. The workshops taught participants how to conduct assessments with older people so they had at their disposal a full 'tool box' of skills for each of the above contexts as the situation required. The workshop program included the following components:

- Communication and assessment within a person centred and interdisciplinary care framework.
- Clinical reasoning and data collection techniques, organisation of data and the role of assessment in planning care.
- Ethical, legal and professional considerations such as documentation, informed consent and confidentiality.
- Psychosocial assessment including sleep and sexuality.
- Assessment of the integument (skin, hair, nails), abdomen, oral cavity and assessment for dehydration, constipation, malnutrition, urinary tract infection and changes in blood glucose.
- Cardiovascular and respiratory assessment.
- Musculoskeletal assessment and assessment of cognition including mental status, sensation, coordination, reflexes, pain and the senses.

The education and training focused on clinical practice and where relevant, an overview of anatomy and physiology was provided. Normal age related changes were highlighted throughout and examples of how

to document assessment findings were provided. The content was delivered using a variety of paired and group based activities in addition to didactic delivery. Simulation mannequins and other health assessment equipment were provided and participants were given a detailed education resource folder containing the content covered.

Six weeks after the workshops, participants reconvened to provide feedback on any issues related to the implementation and sustainability of assessment practices taught in the workshop in their work place. Participants were asked by one of the researchers to identify and record on 'butchers paper' the factors which they believed impeded (barriers) and aided (enablers) their ability and capacity to conduct health assessments with older people in their aged care facility during the preceding six week period. To encourage participants to honestly share their work place experiences, data pertaining to their role, or employer was not collected. This was completed as an individual activity and each group of participants was then asked to verbally share their responses with the rest of the group for discussion. At the end of each workshop, the researchers collected participants' written responses. These were subsequently collated and subject to content analysis with a low level of abstraction to identify barriers, enablers, and frequency of occurrence across all groups. The research team met to discuss and confirm the identified issues.

FINDINGS

A total of 345 participants attended the four day health assessment workshop program and 315 of these attended the post workshop implementation feedback session on Day 5. The median age of all participants was 50 years, which is close to the average age of nurses working in the residential aged care sector (Mavromaras et al 2017), and 92% of participants were female. Sixty seven percent of participants were RNs and 31% were ENs. Six of the participants (2%) identified as allied health professionals. The majority of workshop participants (61%) had previously not had any formal training in the range of health assessment skills covered in the workshop. More RNs (42%) reported having been taught health assessment prior to the workshop than ENs (31%). The data analysed was grouped into 'barriers' and 'enablers' as follows.

Perceived barriers to conducting health assessments

Ninety two percent of participants listed at least one barrier to conducting health assessments in their workplace (n= 290/315). A total of fourteen barriers were cited (table 1). The most frequently cited barriers were: time (78%); the resident's condition that is, their ill-health, frailty, cognitive impairment and lack of cooperation (41%); and the lack of appropriate equipment (33%). Other reported obstacles were: the negative attitudes of the staff (16%); a shortage of staff trained and educated in health assessment (15%); staffing issues, including staffing levels and skills mix (13%); a lack of support for doing a health assessment from more senior staff and management (9%) and 'heavy' staff workloads (9%). Verbal comments by participants indicated that they were generally more aware of barriers to conducting assessments since completing the workshop and incorporating what they had learned into their clinical roles.

Table 1: Perceived barriers to implementing health assessment

Barrier	% of participants identifying as a barrier	n (multiple responses)
Time	78	225
The resident's condition	41	119
Lack of appropriate equipment	33	96
Negative attitudes of staff	16	46
Staff untrained and uneducated in health assessment	15	44
Staffing levels and skills mix	13	39
Existing workload	9	26
Lack of support from senior staff/management	9	25
Lack of experience and confidence	7	20
A lack of assessment tools and documentation systems	5	15
Lack of opportunity	4	13
Lack of funding	3	8
General Medical Practitioner	2	6
Resident's family	1	3

Perceived enablers to conducting health assessments

Only 30% of participants identified enablers to conducting health assessments (n= 93/315). Eight enablers to conducting health assessment were identified (table 2). The most frequently cited enablers to the implementation of health assessment were: managerial support (38%); having a knowledgeable, educated and skilled workforce (29%); having the right equipment (22%); positive attitudes of the staff (17%) and the resident's condition and degree of co-operation (16%).

Table 2: Perceived enablers to the implementation of comprehensive health assessment

Enablers	% of participants identifying as an enabler	n (multiple responses)
Support from management	38	35
Staff educated, skilled, knowledgeable in health assessment	29	27
Equipment	22	20
Positive staff attitudes	17	16
Resident's cooperation and condition	16	15
Confidence	13	12
Resourcing	10	9
Time	6	6

DISCUSSION

Aged care nurses need to be adequately prepared to meet the complex care needs of older people, many of whom are increasingly frail and at risk of adverse outcomes including, delirium, falls and disability (Clegg et al 2013). The health assessment of the older person workshops provided the knowledge and set of skills for aged care nurses to apply in their workplaces to meet the care needs of older people. While all participants

saw assessment as a core component of their role and as essential in gathering data to inform care planning and referral to other disciplines, they highlighted far more barriers than enablers to implementation in practice. This suggests that there is considerable scope for increasing the opportunity and actual practice of nursing assessment in residential aged care. Although support and commitment to the use of assessment skills was widely expressed, there are a number of challenges which need to be addressed in order for assessments to become more embedded in the everyday practice of nurses working in aged care.

The biggest obstacle to conducting health assessments as perceived by aged care nurses is the lack of time within the current work practices of residential aged care services. Lack of time for the delivery of optimal care is a frequently reported nursing issue which has been noted to be a major constraint to the conduct of health assessments by nurses for well over a decade (Douglas et al 2014; Giddens 2007). Because workloads, staffing levels and skills mix patterns were not explored in our study, it is unclear how, or whether, these might be implicated in time being reported as a barrier. Further work around restructuring and modifying some of these factors and how these could better facilitate the incorporation of more comprehensive assessments into the clinical role may be warranted.

Many participants perceived an older person's physical and mental condition as a barrier to performing an assessment even though frailty, ill-health and dementia are the primary reasons for admission into residential aged care (Australian Institute of Health and Welfare (AIHW) 2014) and a further deterioration in health over time (potentiating the need for further assessments) is likely. The identification of time and a resident's health status as factors which determine whether an assessment is carried out, does suggest that conflicting activities may be challenging nurses to adequately meet the care needs of residents who have a cognitive impairment, communication problems and/or a limited ability to participate (or cooperate) with care. The literature does indicate that aged care nursing and caring for people with dementia places high demands on nurses' emotional well-being and professional role (Chenoweth et al 2010), which may go some way to explain the time pressures which nurses have noted. This further underscores the importance of both organisational and managerial support for nurses.

It also highlights the importance of experience and confidence in conducting health assessments as raised by a number of workshop participants and reinforces the view of Carusone et al (2006) and Laging et al (2015), that nurses often do not have sufficient confidence in their own clinical skills and judgement. Laging et al have noted that although nurses may have a high level of clinical competence, their lack of confidence in their own clinical decisions impairs the quality and detail of information that is conveyed to medical practitioners. Developing sound assessment skills is critical for nurses so they are able to recognise and report the early deterioration of residents, particularly those who have more 'complex' needs.

The attitudes of facility staff towards carrying out assessments, adequate education and training in assessment techniques, the availability of appropriate equipment and the support of supervisors and the organisation, were all identified as both barriers and enablers to performing assessments in residential aged care. Peer and organisational support have long been noted to be crucial elements of nurses' job satisfaction (Lua et al 2012). Interestingly, the lack of support from colleagues, senior staff and employer was identified as a barrier to the use of assessment skills by 18% of Australian nurses in a survey of health/care services over 25 years ago (Reaby 1990). More recent literature still points to an absence of visible role models for the conduct of health assessment in most areas of nursing (Zambas 2010).

Assessments cannot be comprehensive or thorough without the availability of appropriate equipment, such as quality stethoscopes, otoscopes and pulse oximeters. Workshop discussions indicated that not all residential aged care facilities had the appropriate equipment, or facilities had the equipment, but staff were unable

to easily access it. These items while essential are however also relatively inexpensive and an investment in the provision of quality care.

Given the median age of workshop participants was fifty years, it is not unexpected that the majority of participants had not received any previous formal training in the full range of assessment skills in their nursing education. In particular examination techniques such as auscultation, palpation and percussion and the use of equipment such as stethoscopes and otoscopes had not been taught. This gap in education and training highlights the need to cultivate a milieu in aged care which promotes and reinforces the widespread use of assessment skills and the importance of enabling nurses to confidently initiate and perform assessments on residents. This is even more imperative in view of the fact that nurses have been reported to use only a subset of their skills in clinical practice (Birks et al 2013); a conclusion which is supported by the findings of this project.

Taking into consideration a person's bio-psycho-social and spiritual needs is the hallmark of holistic care. When assessments are not comprehensive care delivery can become fragmented and suboptimal (West 2006). As Lesa and Dixon (2007) have also noted, when nurses lack the capacity to conduct assessments there is more likely to be a reliance on medical practitioners. In the context of residential aged care facilities this can be problematic as most aged care facilities are reliant on general practitioners (GPs) who are usually working in private practice and therefore are not always immediately available on-site to assess residents (Shanley et al 2011). Timely assessment is important as early detection of condition changes is important to prevent deterioration (Ellis 2011) and potentially allay admission to hospital. It is increasingly important therefore, that nurses working in this setting are confident and competent to carry out timely assessments on residents who are suspected of being unwell.

Laging et al (2015) found that the ability of staff to appropriately assess residents was reduced by onerous workloads and a limited skill base. Delays in assessment were linked to a delayed recognition of deterioration and an increased likelihood of subsequent transfer to hospital. Greater use of assessment skills, documenting findings and developing care plans based on this information, could further develop nurses' confidence performing an assessment with residents.

All Australian residential aged care facilities are co-funded by the Australian Government and resident contributions. The amount of Government funding each resident attracts is based on a care needs assessment conducted on admission and thereafter annually, or if there is a substantial change in the level of care required. This care needs assessment is guided by the Aged Care Funding Instrument (ACFI) which involves assessment of functional domains such as nutrition, mobility, continence, vision and hearing as well as psychosocial and emotional needs. The instrument also includes reporting of specialist nursing needs such as complex wound care and palliative care. The ACFI is designed to identify functional deficits and care needs and as such does not always prompt a corresponding physical assessment. For example a hearing deficit may be identified, but there is no ACFI prompt to conduct a physical examination of the ears. There is therefore a risk that the requirement to complete ACFI assessments may drive the level of assessment, rather than a comprehensive health assessment being conducted which will in turn inform the ACFI.

Although the ACFI was not cited by participants as a barrier to health assessment, it was raised by workshop participants in general discussion as they were concerned that conducting assessments would duplicate work undertaken order to complete the ACFI. Interestingly some participants were under the impression that completion of the ACFI constituted a comprehensive health assessment. Discussion regarding the definition of a comprehensive health assessment and the knowledge gained through the workshop demonstrated to participants that a comprehensive assessment provides more in-depth information and that the information

required by ACFI can easily be extracted from the findings of a comprehensive health assessment. We would suggest that residential aged care services review their current work practices to explore whether, or how any existing assessments could replace or complement other existing assessments rather than add to them, especially with respect to the completion of the ACFI.

CONCLUSION

This paper reports on the factors which nurses perceive to enable and/or impede the conduct of assessments in residential aged care facilities. Multiple issues which impact on the full use of the assessment skills of nurses from aged care facilities were identified and these raise a number of issues about the preparedness and capacity of nurses to provide appropriate care to older people. Nurses in aged care are increasingly required to care for older people with complex health and care needs. The increased responsibility which this increasing acuity demands, has made the use of assessment skills by nurses even more vital. Nurses need to have adequate assessment skills and be able to implement these skills to recognise residents' health problems sooner and possibly avoid admission to hospital. Comprehensive assessments also improve the quality and meaningfulness of information being communicated to medical practitioners and other health professionals (Baid et al 2009; Odell et al 2009). The most important enabler to leverage and drive such practice change is organisational and managerial support. The issues raised by this project are arguably relevant to all residential aged care service providers and where on-site medical care is more reliant on visiting medical practitioners.

STRENGTHS AND LIMITATIONS

The views reported on in this paper are unique to the 315 registered and enrolled nurses who had completed the nursing assessment of the older person education/training program. As such it cannot be said that their views represent those of other nurses who carry out health assessments in residential aged care facilities. We believe the reporting to have been honest and the consistency of views shared by participants give the reported findings credibility. We are also aware that while many of the barriers and enablers may seem obvious to anyone; we have been able to provide evidence by asking a sizeable sample of nurses for their perceptions.

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