Health assessment and its relationship to nursing practice in New Zealand.

Kaye Milligan and Stephen Neville

Introduction

As we enter a new millennium it is timely to review the horizons for nursing. The Nursing Council of New Zealand is considering the undergraduate education of nurses through an independent national review of undergraduate degree programmes. The aim of the review is to ensure that nursing education prepares nurses who will meet the future health needs of New Zealanders. Some undergraduate nursing curricula currently include health assessment as a core component.

The Nursing Council of New Zealand is also undertaking work to ensure competence of registered nurses to practice. Competence to practice should include health assessment as a core component. The ability to use health assessment as a means of gathering data on a client’s health status will become increasingly important as the nature and scope of nursing practice changes.

Another topical issue in New Zealand is the debate surrounding the development of the nurse practitioner/advanced nurse practitioner role. A title commensurate to the advanced nurse practitioner role has yet to be decided. The term nurse practitioner will be used throughout this article to describe the advanced nurse practitioner role. Nurses are seeking expansion of their practice through nurse practitioner roles with the desire to improve client health outcomes. An example of expanded practice is health assessment which has been identified as one part of the nurse practitioner role in New Zealand.
Within the Australian context the dialogue surrounding health assessment and nurse practitioners has already occurred. Health assessment is clearly stated in competencies for registered nurse practice identified by the Australian Nursing Council Inc. (ANCI) (2000). Since the 1980s several Australian nursing scholars have written extensively on the topic of health assessment.

In New Zealand we are only beginning on the journey that Australia has already traveled. This article will outline the current ‘state of play’ and associated discussion surrounding health assessment and nursing practice in New Zealand. The comparative newness of health assessment as an integral part of nursing practice in New Zealand will be discussed. An ovular research project related to health assessment within a New Zealand context will also be outlined.

**Historical context of health assessment.**

Throughout the 20\textsuperscript{th} century there has been an increase in the health assessment skills performed by nurses. This increase in assessment skills has been associated with the expansion of roles and responsibilities. The physical assessment skills of assessing a person’s temperature, pulse and respirations have been a nursing responsibility since at least the 1900s. The physical assessment skills of percussion and auscultation have also been included in some nurses’ practice over the past four decades.

Health assessment skills have been taught in North American nurse practitioner programs (post graduate) since the 1960s (Schare, Gilman, Adams & Cook Albright, 1988). Similarly physical assessment skills have been taught to undergraduate nursing students in North America since the early 1970s (Reese, Swanson & Cunning, 1979). Health assessment in the United Kingdom has not traditionally been taught at pre-
registration level, however there is evidence of this occurring at post-registration level in the nurse practitioner role (Elliott, 1998).

In Australia, health assessment skills have been taught in many pre-registration nursing curricula since the late 1980s (James & Reaby, 1988). It has only been in recent times that the health care context in New Zealand has recognised the value of health assessment as an integral part of nursing practice.

Health Assessment within the Contemporary Nursing Environment in New Zealand.

The Nursing Council of New Zealand has statutory authority to oversee the practice of nurses. The council defines and monitors standards of nursing practice with a primary interest in public safety. Nursing in New Zealand, like many western countries, occurs within a context of rapid advancement in technology, changes in health care delivery systems and legislative recognition of consumer rights and choices. In light of these changes the public of New Zealand are entitled to know that nurses are both competent and maintain their competence to practice.

Proposed changes to the Nurses Act (1977) as well as ongoing work undertaken by Nursing Council and professional nursing groups has recommended that nurses demonstrate competence to practice. Competence can be shown through the development and maintenance of a professional portfolio. The Nursing Council of New Zealand has engaged a consulting firm to undertake a strategic review of nursing to identify the image of the future nurse in New Zealand (KPMG, 2000). The nurse of the future will work in an increasingly specialised, technological environment with more of a focus on community care. This change in context from hospital to community care is also reflected in the
Australian literature (Lillibridge & Wilson, 1999). The shift in focus for nursing may demand the acquisition of skills currently performed by other health professionals. For example, health assessment will be required if nurses are to meet these future challenges within an increasingly complex health care environment. Whilst health assessment has been identified as a future need, in New Zealand opportunities for registered nurses to learn health assessment skills have been offered since 1987 (Bullock, Peterson, Fox, & Bennett, 1996).

Undergraduate nursing students are the nurses of the future. Undergraduate nursing education forms the foundation for the nurse practitioner role. Some, but not all of nursing education providers are including health assessment as a core component of their curricula. The Christchurch Polytechnic Institute of Technology identifies health assessment as a critical element/key concept in the undergraduate curriculum (Nursing and Health Education, Christchurch Polytechnic, 1994). Graduates from this programme have been exposed to knowledge and skills which will contribute to education at nurse practitioner level.

Currently a tension exists between nursing education and practice in relation to health assessment. In New Zealand post registration health assessment courses have been available for the past thirteen years. However many of these students are not exposed to a practice environment that promotes the use of health assessment skills. It is anticipated the outcome of the review of undergraduate curricula will make health assessment a core component in educational programmes as well as a competency to practice. This may ensure nurses are appropriately prepared for practice within all settings, especially the community.
If health assessment is to become a core component of nursing education then it is important that everyone is talking the same language. In recent research Lillibridge and Wilson (1999, p.35) claim "... registered nurses possess divergent conceptualisations of the term health assessment". They postulate confusion exists between the collection of comprehensive health assessment information and physical examination. Clarification of these terms will avoid confusion.

A review of health assessment textbooks reveals a variety of definitions. Jarvis (1996) does not provide a specific definition but alludes to health assessment in the title and throughout the text. Barkauskas, Stoltenberg-Allen, Baumann and Darling-Fisher (1998, p.ix) are more specific when they state “Health assessment is the systematic collection of data that health professionals can use to make decisions about how they will intervene to promote, maintain, or restore health”. Fuller and Schaller-Ayers (1994, p.3) identify health assessment as a “process by which you, the nurse, analyse and synthesise collected information in order to make judgements about health status or to determine a person’s need for nursing care”. Both these definitions reflect different interpretations. Barkauskas et al. focus on data collection, whilst Fuller and Schaller-Ayers emphasise data analysis.

One of the few journal articles published on health assessment within a New Zealand context suggests that for nurses, health assessment has a focus on health rather than illness (Bullock et al., 1996). This description attempts to distinguish between the work of the nurse and other health professionals, for example medicine, who have traditionally taken ‘medical’ histories and performed physical examinations. Nursing is unique amongst health professions as nurses are often present throughout the entirety of a
client’s health experience, whilst others may deal only with specific aspects of client care. This is supported by the Ministry of Health in New Zealand who state “In everyday practice, nurses provide a unique contribution to care outcomes through their presence and thoughtful assessment, planning, implementation and evaluation activities which are focused on the 24 hour experience of patients and their families” (Ministry of Health, 1996, p.5).

We define health assessment as a systematic, comprehensive and holistic assessment of a client’s health status, which aims to identify current as well as potential health problems. Health assessment refers to an interview to obtain a health history, a physical assessment, a write up of the findings and a critical analysis of data in which health changes and health risks are identified (Bullock et al., 1996). Physical assessment incorporates observation/inspection, palpation, percussion and auscultation (Bullock et al., 1996; Jarvis, 1996; Barkauskas et al., 1998; Potter, 1998).

Many textbooks use a body systems approach to guide both the interview and physical assessment of a client (eg. Jarvis, 1996; Bickley & Hoekelman, 1999). The use of a body systems model imitates the biomedical approach to the client in which the physical body is divided into functional systems. Despite an apparent reductionist framework nurses have the potential to maintain an integrated approach to the client’s health through the focus on health and well-being. This focus takes into consideration the multifaceted nature of health which does not separate the individual from his or her environment.

In Australia the debate surrounding the clarification of terms associated with health assessment has occurred. The Australian Nursing Council Inc. (ANCI) (2000) has developed competencies for the practice of registered nurses that reflect the use of health assessment. In New Zealand the current review of undergraduate nursing curricula and the
proliferation of nurse practitioner programmes provides an opportunity to clarify terminology. The term health assessment needs to be made explicit in the documentation of competencies.

In March 1999 the College of Nurses Aotearoa (NZ) held a three-day ‘decision making’ workshop to develop advanced nursing practice guidelines for New Zealand nurses. This workshop was open to all nurses in the country to participate in. A major impetus for the workshop came from the Ministerial Taskforce Report on Nursing (1998). The Taskforce group was charged with identifying the barriers that prevented nursing from realising its full potential, as well as strategies to overcome these. Several issues related to advanced nursing practice were raised in this report, for example “The advanced nursing role offers a means of providing highly skilled care, coordination of particular patient groups across the hospital/community interface, and a high level of family health-care service” (Ministerial Taskforce on Nursing, 1998, p.29).

Advanced health assessment and diagnostic skills have been identified as key components of the nurse practitioner role in New Zealand (College of Nurses Aotearoa (NZ), 1999). The use of health assessment supplemented by evidence based research would allow the nurse practitioner to be responsive to client’s health needs. This would be particularly useful in remote rural areas of the country where access to health care can be limited and the retention of medical staff difficult.

Recent changes in New Zealand legislation provide nurses with the capability to prescribe in the areas of aged care and child and family health. In order to prescribe the nurse needs to have undertaken education related to nurse practitioner programmes. However not all nurse practitioners may wish to prescribe and provision has been made
for these nurses (Nursing Council of New Zealand, 2000). Advanced health assessment/clinical assessment skills have been identified as key standards for nurse practitioner programmes leading to nurse prescribing.

Within the New Zealand context there is a dearth of research on health assessment. Bullock et al.’s (1996) research is the only study published in this country. While international research is relevant and useful it does not reflect the cultural and local differences evident within New Zealand. An ovular study is currently being undertaken based on Australian research and modified to reflect the New Zealand context (Gillon, Milligan & Neville, 2000).

The proposed study aims to identify commonly held beliefs nurses have about health assessment and the frequency of use of selected physical assessment skills. Reaby’s (1991) research on the use of physical assessment skills by registered nurses before and after an education programme, and a questionnaire used by Wilson and Lillbridge (1995) will provide the basis for this research.

Despite Christchurch Polytechnic Institute of Technology having promoted and provided health assessment courses for the past thirteen years no research has been undertaken on the use of, or the attitudes registered nurses have towards health assessment. This study will form the basis for future research on a range of issues related to health assessment. For example, are nurses practising health assessment and if so what type of assessment? Further issues to be explored could include how much assessment should nurses undertake, what are the future educational needs related to health assessment at both undergraduate and postgraduate levels, and how does the use of health assessment by nurses positively influence client health outcomes? This research could also
have the potential to influence health policy which can impact on the role and function of
the nurse of the future.

Summary.

The legislative body for nursing in Australian has a policy which defines health
assessment as a part of nurse’s practice. Health assessment literature dates back thirteen
years with research focussing on the implementation of health assessment rather than
evaluation. Health assessment is included in both undergraduate and postgraduate education
in Australia. In New Zealand discussion is currently occurring about undergraduate
education, competence based practice and nurse practitioner roles. Health assessment
needs to be included in the debate and New Zealand has the potential to benefit from the
Australian experience.

The nature of nursing in Australia and New Zealand with the recent debates
surrounding nurse practitioner roles means increasing numbers of nurses who are, or will in
the future, find health assessment to be an important component of their every day practice.
In Australia the definitions surrounding health assessment are clear although nurses appear to
use a variety of conceptualisations. It is important in New Zealand that the term health
assessment is appropriately defined.

Whilst there is Australian research that supports the use the health assessment, little
has been undertaken in New Zealand. The study outlined in this article forms the foundation
for future research that will take into consideration the socio-political and cultural context
that influences nursing practice. Both this article and the proposed research into health
assessment aim to stimulate further debate and subsequent dialogue.
References


