Meeting the goals of the AAKH initiative is going to require that we think about new care delivery models in nephrology nursing settings. Nurses are the most trusted group by the public to improve the U.S. health care system. Nephrology nurses are natural leaders in promoting kidney health because health promotion is fundamental to our practice.

The Public Holds Greatest Trust in Nurses to Improve the Health Care System

While attending the American Society of Nephrology (ASN) Kidney Week in October, I heard two thoughts shared often: “AAKH is a once-in-a-generation opportunity,” and “The time is now to improve kidney health.” There is no better time for nurses to get involved in improving kidney health than right now when public trust is focused on us to improve the health care system. Recent findings from the study Americans’ Values and Beliefs about National Health Insurance Reform found that when it comes to who the public trusts to reform the U.S. health care system, the greatest trust was in nurses (58%), followed by physicians (30%), hospitals (18%), and labor unions (14%), with several other groups like government and industry receiving 4% to 6% ratings (The Commonwealth Fund/The New York Times/Harvard T.H. Chan School of Public Health, 2019).

Nephrology Nursing Opportunities

We must stay focused on promoting kidney health and patient empowerment because it is what nurses do best. We must partner with patient groups to empower each
other. There is no greater advocacy partnership than a nurse and patient.

Addressing workforce issues will require investigating models of practice implemented by other specialties and developing new models. A movement to home therapies may require delegation of tasks to non-professional personnel, allowing nurses time to deliver nursing care and patient education. Registered nurses (RNs) and advanced practice registered nurses (APRNs) must be enabled to practice at the top of their knowledge, skills sets, and licenses. This may require creating new ancillary roles in nephrology settings. We must continue to inform the community, physicians, patients, our nursing colleagues, and legislative and regulatory bodies about the roles of nephrology nurses and all settings in which we practice, so they better understand our unique contribution to practice and patient outcomes.

We need to expose future generations of RNs and APRNs to nephrology nursing. One opportunity is the development of designated education units in acute, in-center, and home therapies settings that allow clinical rotations for undergraduate and graduate nursing students. Designated education units are units that deliver high-quality patient care and provide student learning opportunities through well-designed clinical experiences and clinical faculty, who are often experts in the area of practice, partnering academic and practice entities. Schools of nursing are looking for clinical placement sites, and nephrology nurse employers are searching to recruit new-to-practice nurses, so this model holds real potential. Other opportunities for student exposure to nephrology nursing practice may occur through the implementation of externship programs prior to graduation and nursing residency programs for new graduate nurses. Externships and residences are formal programs that provide education, support, and mentorship for nurses new to practice.

Nephrology nursing must explore best practices employed by other nursing specialties related to care models, patient education strategies, patient monitoring, strategic partnerships, and nursing education models for current and new-to-practice nephrology nurses. We must measure the outcomes and impact through evidence-based practice and research projects.

The Time to Act Is Now

Nephrology nurses have the talents to lead the kidney health movement. This will require taking some risks and recognizing there will be change. Public trust is on nurses to reform health care. This is a once-in-a-generation opportunity for nephrology nurses, and the time to act is now.

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References