British Renal Society to develop first UK Renal Nurse Association

Vice Presidents of the British Renal Society are leading on the formation of a UK Renal Nurse Association. At present, a formal renal nurse association does not exist, meaning there is no single voice representing either registered or non-registered nurses working in the field of kidney care. Karen Jenkins and Paula Ormandy discuss the results of a recent nurse survey and focus group.

As the largest professional group within kidney care, renal nurses need a voice. Giving renal nurses a voice can help them to advance patient care and practice; identify and deliver appropriate professional education; influence changes in policy and service provision, and ensure the nursing workforce continues to develop to meet patients’ needs.

The British Renal Society (BRS) is a multiprofessional society embracing affiliates from all disciplines and representation from these groups make up the BRS council, which works closely with the officers to develop education and advance practice to improve patient care. The BRS has for many years had representation from nurse groups, such as the Anaemia Nurse Specialist Association (ANSA) and European Dialysis and Transplant Nurses Association (EDTNA). It has also actively recruited senior nurses as vice presidents leading the society.

However, the UK has no formal renal nurse association, meaning there is no single voice representing either registered or non-registered nurses, working in the field of nephrology. Renal nurses therefore have a limited and quiet voice with respect to influencing key aspects of the renal workforce, policy, clinical practice and professional education.

The BRS is to take the lead and bring together renal nurses across the country to develop a formal recognised renal nurse association in the UK. The council explored the demand for such an association via a survey sent out to 300 nurses and had an 83% response rate. The BRS would like to thank all those who sent back a completed survey.

Results of the Renal Nurse Association survey

Haemodialysis nurses were the largest group of nurses to respond (not surprising as they make up the largest section of the workforce), followed by equal numbers of peritoneal dialysis, transplantation, advanced kidney care/pre-dialysis nurses, and then anaemia nurses and ward nurses. The highest responders were Band 7 nurses, followed by Bands 6, 5, 8a and 8b. The survey results are discussed below.

Usefulness

In response to questions asking whether an association would be useful and whether nurses already belonged to an association, responses indicated that:

- 98% of nurses felt a renal nurse association would be useful
- 67% of nurses did not belong to any association
- Of the 33% who belonged to an association, the most popular was either the EDTNA/European Renal Care Association or ANSA, followed by the dialysis access forum.

Priorities

Nurses were asked to identify the five most important activities of a renal nurse association and consensus identified that the key priorities would be:

- Have a strong nursing voice leading and influencing renal care in the UK (85%)
- Provide a national network of nurses to disseminate, share and discuss best practice (82%)
- Develop evidence-based nursing guidelines to inform high-quality care/clinical practice (75%)
- Provide access to best practice standards for renal care (52%)
- Set standards for multidisciplinary team workforce competency and skill mix to ensure high-quality patient care (39%).

Additional activities

The following activities were also suggested as key drivers for a renal nurse association in the future:

- Influence parliamentary policy decisions and respond to consultations on renal services
- Provide access to journals
- Organise regional meetings/annual conference (with BRS)
- Link to other associations and renal health professionals (e.g. EDTNA, American Nephrology Nurses Association, Kidney Foundation of Canada)
- Communicate educational, training and employment opportunities
- Coordinate, develop, and deliver specialist renal nurse education/resources for all levels of nurses (new starters, advanced and for revalidation).

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Subgroups

The survey asked if there was interest for subgroups within the association to develop different groups of nurses (other than just treatment-specific). Nurses’ responses indicated that two groups would be important.

- Health-care workers specialising in renal care (87%)
- Renal clinical research nurse special interest group (87%).

Membership fee

Nurses were asked if they would consider paying a membership fee to help fund the administration of a renal nurse association. Most people agreed and felt £10–20 would be acceptable. In total, 72.5% would be willing to pay a membership fee:

- 18% would consider paying £20–30
- 42% would consider paying £10–20
- 27.5% would consider paying £5–10
- 12% would consider paying no more than £5.

Conference

We were interested to understand how many nurses had the opportunity to network and attend a renal conference (either a standalone BRS or BRS/Renal Association conference). Only 57% of the nurses who responded had attended one of these conferences. This was quite shocking considering the size of the renal nursing workforce and the seniority of the nurses who had responded to the questionnaire.

Funding and support from managers seemed to be biggest obstacle to attending. The main attraction for nurses to attend a renal specific conference is the educational content on the agenda.

For the BRS, it was important to understand what type of format of education activity, event or conference would meet the needs of the renal nursing community and facilitate nurses coming together to share best practice. The survey findings revealed that:

- 44% would attend a combined BRS and renal nurse association conference
- 26% would attend a combined BRS/Renal Association conference
- 14% would attend a standalone renal nurse association national conference
- 9% would attend a combined BRS/Renal Association and renal nurse association conference
- 3.5% would attend a standalone BRS conference
- 3.5% would attend a regional meeting.

Further information

Of those of those who took part, 99% wanted to receive further information and 50% were interested in helping to take the concept forward.

Nurse focus group

This year’s BRS conference brought together more than 30 renal nurses to discuss the results of the survey and there was overwhelming support for the development of a renal nurse association. The consensus of opinion identified that it was very important to take this initiative forward, particularly since the dissolution of the Royal College of Nursing’s nephrology nurse forum.

Representatives from other nursing groups (ANSA, EDTNA, vascular access, research) were not opposed to the idea and could see how the different groups could work together. One suggestion was to have an overarching renal nurse association with subgroups or special interest groups within it to meet the needs of all the different modalities and diverse workforce in renal nursing.

Specialist nurses have tended to form their own support networks, but there is no network available for nurses working in areas such as the ward, haemodialysis or general outpatient areas.

The BRS needs you

The BRS needs you to take this forward and will be networking with each renal unit. If you are a nurse and are interested in being kept informed, connected and involved in the development of a renal nurse association, email info@britishrenal.org with your name, place of work and contact details. We will ensure you are kept up to date and engaged in any developments. Replies will be coordinated by BRS vice presidents for clinical practice, education and research. Watch this space for future updates.

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