

P056

P056 -A qualitative study to explore nurses' understanding of and attitudes to Acute Kidney Injury (AKI) and its management

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Background

AKI is seen in 13-18% of people admitted to hospital (NICE 2013) and not only has huge financial implications for the National Health Service, but increases patient length of stay, morbidity and mortality. An audit of an acute kidney injury (AKI) service within a teaching hospital trust in the UK found that understanding of AKI appeared to be inadequate amongst nursing staff. In addition, maintenance of fluid balance charts – the cornerstone of good AKI management - was poor. This qualitative study aimed to explore the reasons for this lack of understanding and any barriers to good fluid balance documentation.

Methods

Data was collected during January 2019 on two in-patient areas in the same hospital Trust – a Health Care of the Older Person ward and an admissions area. These areas were chosen in order to include a range of clinical areas, but more importantly, in the audit, distinct differences were found in AKI management between these two areas. Short interviews were conducted with nursing staff on both wards. The interview schedule was formulated by members of the AKI team, but the interviews were held by a researcher independent of the AKI team. In total, 16 interviews were held across the wards. Notes were made during the interviews and were analysed thematically.

Findings

- Understanding of AKI was poor across both wards. More recently qualified nurses had a better understanding of the condition and its management, but most staff identified practical management as a knowledge gap. All expressed an interest in having additional education on AKI.
- A main barrier to good fluid balance chart maintenance in both wards was the difficulty of monitoring input and output in clinical areas with multiple staff of different professions. Not all understood the importance of recording fluid input and output.
- A difference between the two clinical areas was the quality of nursing handover. This had a significant impact on whether fluid balance was maintained adequately.

Discussion

One major issue identified was a lack of understanding of AKI amongst the nursing staff and this appeared to impact on both their ability and motivation to monitor fluid balance to a high standard. Many expressed that they did not understand the importance of fluid balance management and this appeared to stem from a lack of understanding of the AKI disease process and its implications. In addition, there were practical difficulties in monitoring fluid input and output. It was identified that not only nursing staff, but health care assistants and ward waitresses needed additional education on both AKI and the importance of monitoring fluid balance accurately.

Implications

It should not be assumed that nursing staff have a good understanding of AKI and its management. Improved education for the multi-disciplinary team would both improve the ability to monitor fluid balance accurately, understand when the information which good fluid balance provides should be acted upon, and improve the motivation of nursing staff to maintain adequate fluid balance documentation.