From the Editor

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Staffing: It’s Getting Scary Again

Sometimes my past role as President of the American Nephrology Nurses Association (ANNA) and my current role as Editor of the Nephrology Nursing Journal (NNJ) connect. In January 1985, I wrote a President’s Message in NNJ that began with the words "It’s getting a little scary out there.” It was about staffing. We were hearing stories from ANNA members about short staffing in units and unsafe nurse-to-patient ratios; staff members who received minimal training and were sometimes asked to practice beyond their competencies and legal limits; and even about geographically separate hemodialysis units being covered by only one registered nurse (RN).

Now, it’s 2018 (30+ years later), and it’s getting a little scary out there again. In the recent study, Health and Safety of Nephrology Nurses and the Environments in Which They Work (Ulrich & Kear, 2018), nephrology nurses spoke loud and clear about major concerns about staffing in responses to survey items and open-ended questions. This past week, there has been a discussion on the ANNA Open Forum about the use of patient care technicians (PCTs) to provide care in acute settings, including intensive care units.

Staffing

Staffing is far more complex than it sounds to most people, and especially to people who are not clinicians and who have not practiced on the frontlines of patient care. Staffing is not just about numbers. That’s why mandated ratios that only use numbers sometimes don’t achieve their original intent. And ratios that start out as minimum ratios often seem to morph into the expected ratio, not the minimum. Registered nurse staffing has a number of critical components: the number of nurses; the knowledge of nurses; the competence of nurses; the experience of nurses; the number, knowledge, competence, and experience of support staff available to assist the nurses; the ability of nurses to lead and work with teams; the number of patients; the acuity of patients; and the needs of patients.

Legal and Professional Considerations

As RNs, we are responsible for our own practice and for the practice of the people who work under our direct or indirect supervision and to whom we delegate care. It is our responsibility – both legally and based on our standards of professional practice – to know their competence and to know what can legally be delegated in the state in which we practice. It is important to remember that the nurse-patient relationship is legally not a derivative of any other relationship. Case law dating back to 1983 has established that there is a nurse-patient relationship separate and apart from other relationships, and that RNs have a duty to the patient that cannot be superseded by hospital policy or physician’s order (Lunsford v. Board of Nurse Examiners, 1983). Never fool yourself into thinking it’s not your responsibility.

What Do You Do?

As an RN, staffing can present an ethical dilemma. RNs get caught between trying to work with the staff they have on the shift, keeping patients safe, keeping their own jobs, and maintaining their professional and legal responsibilities to the patient.

So what do you do? First, you make sure that you understand your legal, professional, and ethical responsibilities, and the legal scope of practice for anyone you delegate care to (e.g., PCTs, unlicensed personnel). Next, you take any and every opportunity to educate non-clinicians on what staffing really entails. Explain the complexity of the care that is required. Don’t make hemodialysis treatments seem like routine procedures that require little expertise. Patients with end stage renal disease are complex patients with many disease processes going on at the same time. Any time you are pumping a patient’s blood at the rates used during a hemodialysis treatment, things can go wrong, and they can go wrong fast.

It is getting scary out there again with staffing. As nephrology nurses, we have the knowledge and power to make sure our units are staffed sufficiently to ensure that patients are safe and that they receive high quality of care. It is our moral, legal, and professional duty.

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Editor

continued on page 212
From the Editor
continued from page 109

References