

REIMAGINING NEPHROLOGY NURSE TRAINING

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There has been a 30% growth the demand for KRT in the last decade (Australia and New Zealand Dialysis and Transplant Registry, 2022) creating chronic staff shortages in renal units throughout Australia and New Zealand.

Globally there is a shortage of Nephrology nurses leading to increased workforce pressure, demands for overtime and extra shifts, and the ageing workforce all driving the urgent need to address workforce regeneration (Hill et al 2023;Boyle2022).



HILL, K., NEYLON, K., GUNN, K., SHARPLIN, G., & ECKERT, M. (2023). UNDERSTANDING BURNOUT IN THE CURRENT NEPHROLOGY NURSING WORKFORCE AND HEALTH SERVICE 'MAGNET' QUALITIES THAT MAY HELP ADDRESS IT: A DISCREET CHOICE EXPERIMENT. *RENAL SOCIETY OF AUSTRALASIA JOURNAL*. HTTPS://DOI.ORG/10.33235/RSAJ.19.1.87-92

BOYLE, S., WASHINGTON, R., MCCANN, P., KOUL, S., MCLARNEY, B., GADEGBEKU, CA. (2022). THE NEPHROLOGY NURSING SHORTAGE:INSIGHTS FROM A PANDEMIC *AMERICAN JOURNAL OF KIDNEY DISEASE*, *79*(1), 113-116.

METHODS

- Following a review of the literature to understand current models of nephrology nurse training (Hill & Britton 2025 ANMJ) we conducted semi structured interviews and focus groups with renal care nurses in both acute and satellite settings across South Australia from November 2024-May 2025. We used these findings to develop a national on-line survey .

Results

- 11 Interviews and 3 focus groups were recorded and transcribed verbatim. In total **33 nephrology nursing clinicians** were involved.

- **55** nurses from around Australia and New Zealand completed the survey.

- **n= 88**

Hill, K. E. (2025). Revisiting Nephrology Nurse Training. *ANMJ*, *28*(8), 25-27.

THEME 1 UNDERGRADUATE TRAINING – SENIOR STAFF

- The federal government removed the cap on undergraduate nursing students to address severe workforce shortages that were predicted to peak in 2030. The issue is the inability of the tertiary sector to provide the graduate nurse with extensive clinical placement experience due to the finite numbers that health services are accepting.
- Unfortunately, the experience of mentoring nursing students on placement is viewed by staff as not always desired or rewarded.
- The high throughput of student groups was contributing to burnout and a lack of willingness to support students on placement on top of what they considered to already be a heavy workload, and this is simply unsustainable if we intend to grow good graduate nurses.

THEME 2 CLINICAL ROTATIONS

- We wanted to explore the possibility of implementing a clinical rotation program for new staff, starting in the renal ward then rotating to HD and PD and then transplant. The proposed model was 12 months duration. Participants were asked for their views on this. Whilst there is genuine support for a clinical rotation program some participants felt this would be too hard to implement logistically.

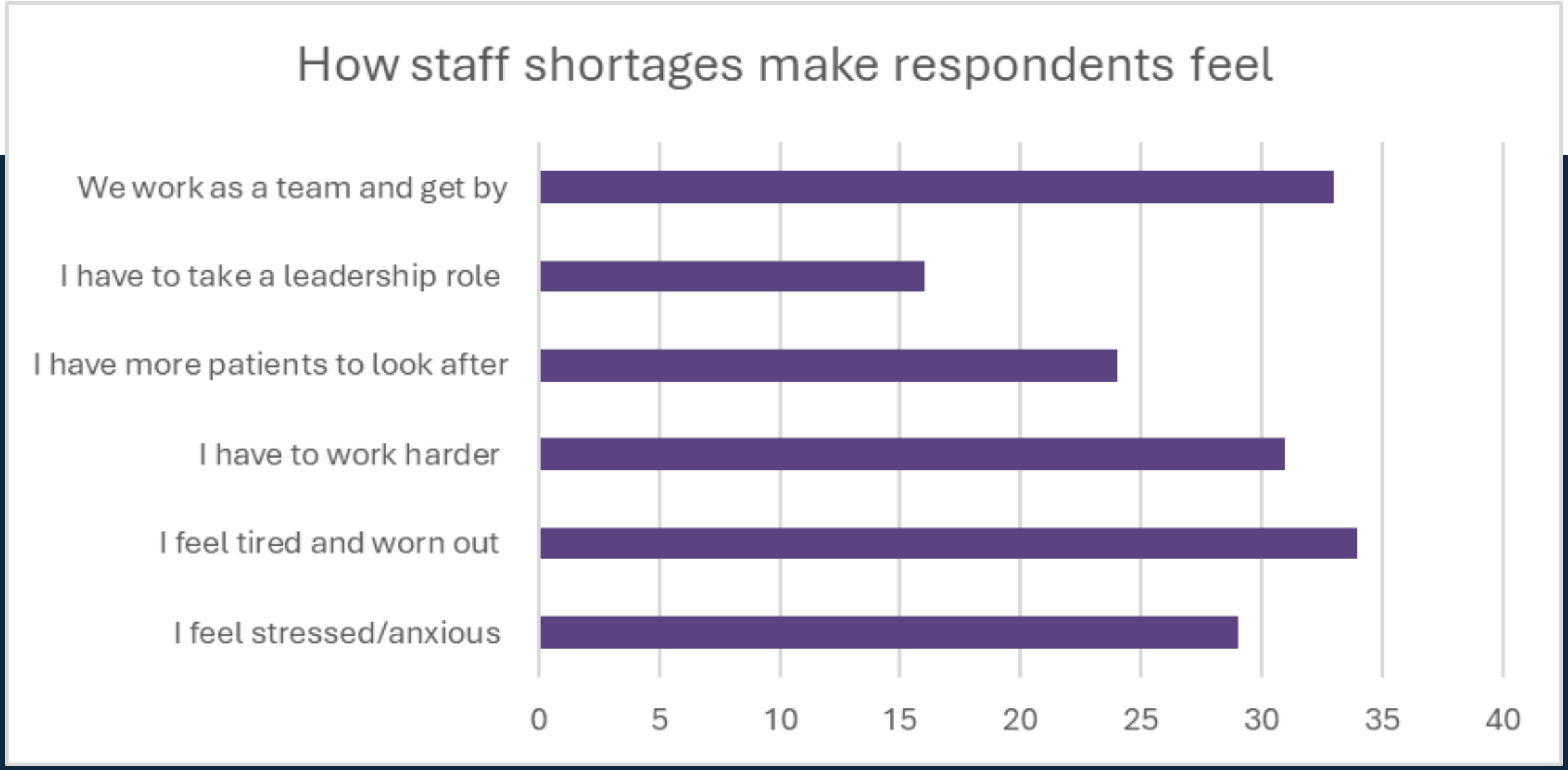
- It was quite clear that the divisive views related to what stage of employment it was implemented in. There was consensus that a new employee would benefit from a clinical rotation program, but that staff who had been in one area for quite sometime may not welcome the idea.

THEME 4 BLENDED EDUCATION
MODELS

- This topic created the most disagreement. Senior nurses were largely opposed to online learning environments which is in complete contrast to what the new learner who is a digital native prefers. The views of the senior renal nurses again reflect their own personal experiences and to some extent a lack of online proficiency.
- That said some participants did acknowledge the value of learning the theoretical components online prior to then learning or performing the task in person.
- There has been a continuous eradication of professional development and educational opportunities in renal services due to high clinical need and a lack of prioritising staff development in the wake of massive increases in patient numbers. Most units now have a middle shift of patients that the service was never designed to manage.

STAFF RECRUITMENT AND RETENTION

- ***Employing new renal nurses – it is a sellers' market***
- ***P7 "All the power now is with the staff if we make people do things that they don't want to they will take their skills and walk".***
- Several participants suggested that the key to retaining staff in the renal area was to provide a supportive environment that focussed on developing the individual professionally.
- ***FG3 "A good positive environment if you are well supported you are going to want to come back because there is a good team and you know there will be somebody watching your back".***


How staff shortages make respondents feel
We work as a team and get by
I have to take a leadership role
I have more patients to look after
I have to work harder
I feel tired and worn out
I feel stressed/anxious
0
5
10
15
20
25
30
35
40

- Creating the ‘perfect storm’ for our workforce is increased demand, the aging work force, and a perceived ‘gap’ between junior nurses and senior nurses with little in the middle ground, and patient growth outpacing workforce growth (Schuck et al., 2023).
- There is an urgent need to regenerate the nephrology nursing workforce by going ‘backwards’ to ensure the future. This would necessitate mandated rotations, the expectation of additional study in nephrology nursing, and options to appeal to new staff with flexibility and renumeration rewards.

- Schuck, K. E., Holt, S. G., Hosking, J., McNeill, L., & Bennett, P. (2023). The Australian and New Zealand dialysis workforce study 2021. *Renal Society of Australasia Journal*, *19*(2), 100-107.



ADVANCED TRAINING MODELS

- Sustaining our workforce in the face of rapidly increasing patient numbers requires us to consider training advanced practice nephrology nurses **practicing at the very top of their scope.**
- There was a lot of commonality in terms of the topics people wanted to see. Often repeated was pharmacology, biochemistry, haematology, but also advanced components of patient assessment especially fluid management and recognition of the growing multimorbidity seen in people with renal failure in relation to diabetes and cardiac disease.

WHAT WOULD THAT LOOK LIKE?

- Urgently needed is a synergy between the Tertiary education sector and the clinical environment.
- Ideally the advanced practice nephrology nurse would start in the renal ward, transition to HD, backfill into other areas (vascular access, renal transplant) and then settle in one area as an advanced practitioner. The rotation would be complimented by a University level nephrology nursing program.
- The training model for this must include both clinical mentoring and study at a Master's Level.

WHY DO WE NEED ADVANCED PRACTITIONERS RATHER THAN DIALYSIS COMPETENT INDIVIDUALS?

ITS NOT JUST ABOUT THE CKD

- MORTALITY IN DIALYSIS STILL SITS AT 50% IN 5 YEARS (ANZDATA 2025)
- THE LARGEST GROWTH GROUP IN AUSTRALIA IS 65-74 year olds
- 36% HAVE DIABETES AND 50% HAVE COEXISTING CVD WHICH IS THE LEADING CAUSE OF DEATH
- 1384 PEOPLE ARE WAITING FOR A KIDNEY TRANSPLANT (ANZDATA 2025)

ADELAIDE UNIVERSITY ADVANCED NEPHROLOGY NURSING PRACTICE

- Starting in 2026 as part of the Master of Nursing program
- Informed by our workforce
- Co-written by Kathy Hill and Melissa Arnold-Ujvari
- 10 week interactive content delivery, study load 12 units, 300 hours with an oral viva.

CONCLUSION

- Staff shortages are described as chronic.
- One of the most frequent strategies to recruit to the specialty is through the clinical placement.
- Nephrology nursing is now a sellers' market with staff attracted to units with no night shift and the simplicity of haemodialysis therapies.
- To address staff shortages we need to consider the reintroduction of clinical rotations and incentives to complete post graduate training to facilitate the development of advanced practitioners.
- Unless we take action on this the current workforce will burn out taking with it a vast amount of knowledge unshared which will shape an under skilled workforce in the setting of much higher acuity.

ANZDATA SPECIAL REPORT – HAEMODIALYSIS CAPACITY

FORCEY D, AU E, EDDINGTON H, HENDERSON A, KEUSKAMP D, IRISH G, CLAYTON P, GRAY N, FORD S, KRISHNASAMY R, KOTWAL S, PILMORE H, MCDONALD S. AVAILABLE AT: WWW.ANZORRG.ORG.AU/REPORTS

- Over 80% of Australian regions have waiting lists for people needing to start dialysis or transfer to receive dialysis closer to home.
- Some units increase ratios by opening more haemodialysis shifts, but this report shows that even in units with haemodialysis machines, there is often not enough staff or funding to use them in this manner.
- Other units increase ratios by providing shorter or less frequent dialysis, but this is strongly discouraged if it is not medically appropriate as it risks inadequate treatment and puts patients at risk of harm.
- The survey findings demonstrate that current dialysis capacity is insufficient to meet present-day demand, let alone future growth.