

The Role of the Nurse in Renal Care

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OPSOMMING

Aangesien nierversorging betreklik nuut is in die land, moet verpleegsters wat hulle tot die werk aange-trokke voel, bereid wees om te verander, om hulle rol weer te ondersoek en te evalueer en dit na vier gebiede uit te brei: verpleging *per se*, koördinasie, onderrig en navorsing.

In teenstelling met pasiënte in ander eenhede vir intensiewe sorg wat kritiek is en net tydens die krisisperiode van hulle siekte in die eenheid bly, het niereenheidspasiënte wie se siekte langdurig en onomkeerbaar is, voortdurende, omvattende behandeling nodig.

RECENTLY we have been made aware by our nursing leaders that the nurse must extend her role.

Professor Eleanor Lambertson, Dean of the School of Nursing, Cornell University, New York, has said and I quote

“It is my premise that until and unless nurses willingly face the issues associated with the extension of their scope of practice, nurses will become obsolete in terms of today’s and tomorrow’s need for health care services.”¹

Although well-endowed with clinical experience and expertise the nursing hierarchical structure has been such that nurses have tended to be ‘handmaidens’ to the doctor. Nursing education, focussing as it did on immediate patient care, particularly within the precincts of the hospital, neglected to prepare us to become independent practitioners.

In order to prepare the nurse for the future, nursing education is now focussed on Total Health Care and is geared to equip the nurse to function within a Comprehensive Health Service. Nursing legislation in South Africa permits the nurse to undertake any type of health care provided that she is competent and provided that she performs, under delegated authority, those acts traditionally reserved for the practice of doctors.

As Renal Care is relatively new in this country, nurses attracted to work in this area must be prepared to re-examine and re-evaluate their role. The Renal Care nurse will have to extend her role in four areas, namely —

Nursing *per se*
Co-ordination

Teaching
Research

Renal Units form part of the highly specialised units in the hospital. In other Intensive Care Units the patients are critically ill and stay there only during the crisis periods of their illness while they require human monitoring and instantaneous human reaction and action. In contrast to this the patients in the Renal Unit, whose illness is long-term and irreversible, require on-going comprehensive management which must include physical, mental and spiritual care in order to maintain a reasonable state of health and well-being and to prevent further deterioration.

Renal Units are to be found in large university hospitals and in smaller provincial hospitals — “satellite units.” In these satellite units the nurse must be able to make decisions as often there is no renal specialist physician on the hospital staff or in the district. The renal specialist physician gives long-distance guidance while the provision of standardised methods and instructions enables the physician to provide a service, through the nursing personnel, to that section of the community.

The patients who fill the Renal Units are treated rather like out-patients and will continue to be dialysed unless discharged to be dialysed at home or in some satellite unit, or until they undergo a successful kidney transplantation.

While the patient is on dialysis the nurse will have to:

- (a) assess the patient’s physical and psycho-social health status
- (b) discriminate between normal and abnormal findings
- (c) evaluate these findings and make a decision about

treatment, either independently or in collaboration with the physician.

Whether or not she is able to make these decisions will depend upon how she conforms to the "dependant" role. Her attitude will determine whether she is prepared to function only within existing patterns of practice or whether she is prepared to accept the challenge, capable of exercising clinical judgement in planning, executing and evaluating nursing care in terms of the needs of the patients.

Our role in Renal care need not be limited to the Units only but may be extended to other areas.

Professor Charlotte Searle, in an address given at a symposium entitled "Science with Humanity" has said —

"... that with the development of comprehensive health services hospitals will be reserved for the acutely ill who need specialised services. The organisation of the hospital will take place round the patients' medical and nursing needs and not around the system of medical organisation."²

Professor Searle envisages a Clinical Nurse Specialist being assigned to a Medical Specialist Team within which her functions would be:

- (a) to improve the quality of patient care in a particular speciality by —
 - (i) providing special guidance to the staff of a general ward;
 - (ii) being available to help in a crisis situation;
 - (iii) contributing to basic nursing education and providing in-service education programmes;
 - (iv) helping to co-opt and guide nursing personnel in research programmes.
- (b) providing a link between the medical specialists, the district team and out-patient department.

A clinical nursing specialist in Renal Care could do all this, not confining her duties only to the hospital by which she is employed but allowing her experience to extend to the satellite units.

Co-ordination

In the larger hospitals the Renal nurse forms part of the health team which, besides the physician, nurses and technicians, includes the dietician, social worker, psychologist or psychiatrist and the occupational therapist. Most of the professionals come into the team with a high level of independent functioning. The nurse, because of her holistic approach to the patient and her close contact with him, is best able to co-ordinate the services to provide a satisfactory plan of total nursing care.

In this team approach the nurse must have a basic knowledge of the other specialties and be aware of their aims and objectives and likewise the parts played by all members of the team, while yet retaining those duties which belong to her as a professional nurse. To retain these duties she will need to be self-directive. She must have the knowledge and the ability to apply scientific principles influencing nursing care as well as the ability to employ problem-solving techniques. She needs to be able to appreciate the importance of interpersonal relationships which must include the art of communication.

In the smaller units the health team may only consist of the

physician and nurses. The patients' needs are then met by the nurse herself or she may have to liaise with bodies outside the hospital e.g. the Department of Social Welfare.

Teaching: Patients

The aim of the health team in Renal Care is to rehabilitate the patient to be a functioning member of society. This is partly achieved by health counselling and health education; not only the patient, but his family, too, is involved. The patient's feeling of independence is further strengthened when he is made responsible for his dialysis and for monitoring of parameters. His response to the above therapy will, to a large extent, depend upon his behavioural response to his functional limitation. The nurse must be able to assess the patient's physical and psycho-social health status and to give him the support he needs.

Teaching: Colleagues

Trained professional nurses will be involved in teaching new members of staff and post-basic Intensive Care students. This will be done on an informal basis.

The basic nursing education curriculum includes the social sciences and the preventive and promotive aspects of health care, which enable the nurse to function as a generalist. The post-basic courses in Intensive Nursing, Community Health Care and Psychiatric Nursing provide the opportunity for the Renal nurse to make an "in-depth" study of one or more of the specialties, all of which are important to her, yet no single aspect of the abovementioned will suffice alone. For this reason the Sister-in-charge of a Renal Unit should plan a course of lectures and demonstrations, workshops and study groups, in which all members of the Renal health care team should participate.

Apart from this, the trained professional nurses should also be prepared to give talks and lectures to their colleagues in other branches of nursing, to paramedical students and to the lay public.

Naturally the Sister-in-charge cannot undertake this unless she herself realises the need for continuing education. This can only be achieved by taking post-basic courses, by reading, by attending seminars and symposia.

Research

This has been a very much neglected aspect of nursing, particularly in South Africa. The diploma course nurse, to whom research is unfamiliar ground, is reluctant to become involved in it. Yet only through research will we be able to evaluate and improve our health delivery service. Only through research will we be able to contribute to the growing body of nursing knowledge.

Conclusion

If Renal Care is to be extended and more patients are to be offered haemodialysis it is necessary for the Renal Care nurse to be prepared to act independently of the doctor; she must have the clinical expertise, the insight and the skill to diagnose the patients' needs and problems. Lastly, she must be skilled in the art of problem-solving so as to ensure that the decision taken is the correct one.

REFERENCES

1. Lambertson, E.C. "The Extended Role of the Nurse in Providing Health Care." S.A. Nursing Journal, Vol. XLIII, No. 9, September 1976, p.11
2. Searle, C. "The Future of Nursing." S.A. Nursing Journal, Vol. XLIII, No. 5, May 1976, p.16