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Patterns and Predictors of Nursing Care Left Undone in Acute and Chronic Dialysis Units

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Problem. Little is known about the patterns and predictors of essential nursing care left undone in acute and chronic dialysis units. The purpose of this study was to examine 1) the patterns of nursing care left undone, RN staffing, workload, and practice environment support in acute and chronic dialysis units, and 2) the effects of RN staffing, workload, and practice environment support on nursing care left undone.

Methods. The sample consisted of 104 staff nurses who worked in acute and chronic dialysis units and completed a mailed survey. Patient-to-RN ratios were computed based on nurses' responses to survey staffing items. The IWPS Workload Scale, the Practice Environment Scale, and a Nursing Care Left Undone Inventory were used to measure RN workload, practice environment support, and nursing care left undone. Univariate, multivariate, and simple mediation analyses were conducted.

Results. Nursing care activities left undone, high patient-to-RN ratios, and unsupportive practice environment ratings were significantly higher in chronic dialysis units compared to acute dialysis units. RN workload did not differ significantly between the unit types. In unadjusted regression models, chronic dialysis unit type ($\beta = .293$, $p = .003$), high patient-to-RN ratios ($\beta = .461$, $p = .000$), high RN workloads ($\beta = .443$, $p = .000$), and unsupportive practice environments ($\beta = -.434$, $p = .000$) individually predicted nursing care left undone. In the adjusted model, only high patient-to-RN ratios ($\beta = .230$, $p = .02$) and high RN workloads ($\beta = .308$, $p = .001$) independently predicted undone nursing care activities. Practice environment support mediated the effect of chronic dialysis unit type on nursing care left undone.

Conclusion. Improving RN staffing, reducing RN workloads, and improving practice environment support, particularly in chronic dialysis units, should be key initiatives to enhance the adequacy of nursing care processes in dialysis settings.

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