

# **National Screening Unit BreastScreen Aotearoa**

## **BSA Breastcare Nurses workforce survey 2007**

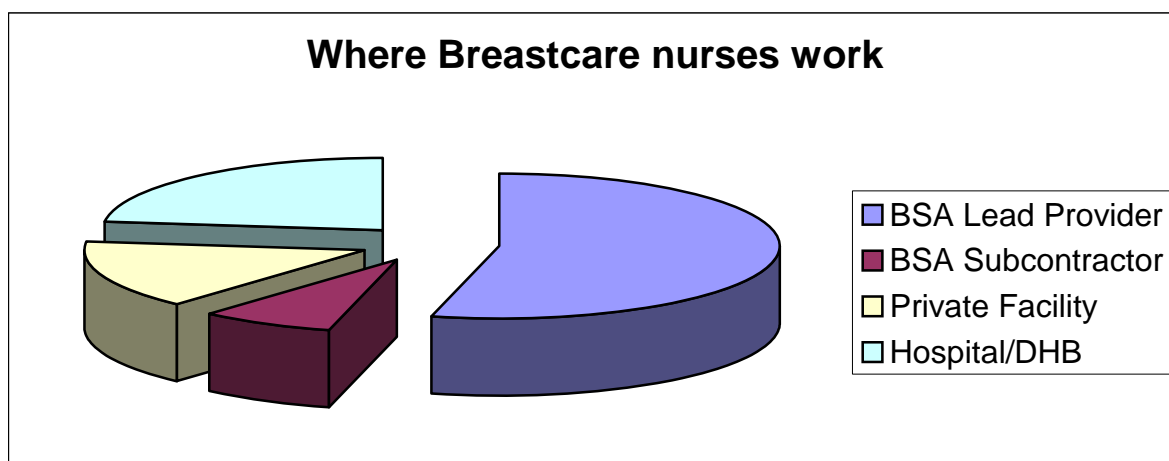
This is the first workforce survey for Breastcare nurses. Such surveys have already been conducted with other professional groups within BSA, such as the MRTs and radiologists to assist the NSU with its workforce planning. It was agreed at the breastcare nurses UDG earlier this year to develop a survey for their professional group. The UDG were in agreement that a baseline of information would be useful. The group offered suggestions around the content of the survey and a draft survey was made available for their approval.

The approved survey was circulated to BSA breastcare nurses. Twelve responses were received for analysis. Although this is a low number, it is valuable as use for baseline data, for refining the questionnaire tool, and for highlighting the need to investigate other methods of survey distribution and delivery.

## Profile of respondents

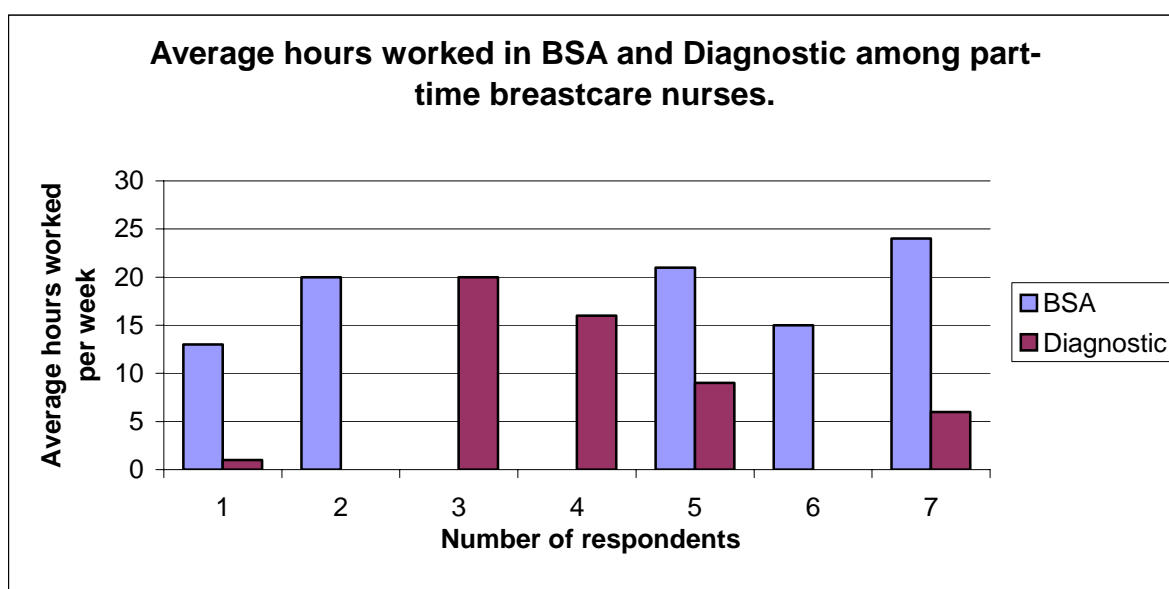
Of those respondents, two thirds have worked as a breastcare nurse for between one and four years and the remaining third between five and nine years. Two thirds of the respondents indicated they were over 40 years of age, with 17% (n=2) between 30 and 40 years, and one respondent under 30 years of age. Table 1 shows a breakdown of where the nurses work.

**Table 1**



One third of all respondents worked full time (40 hours per week) with BSA. The work profile of the other respondents is shown below.

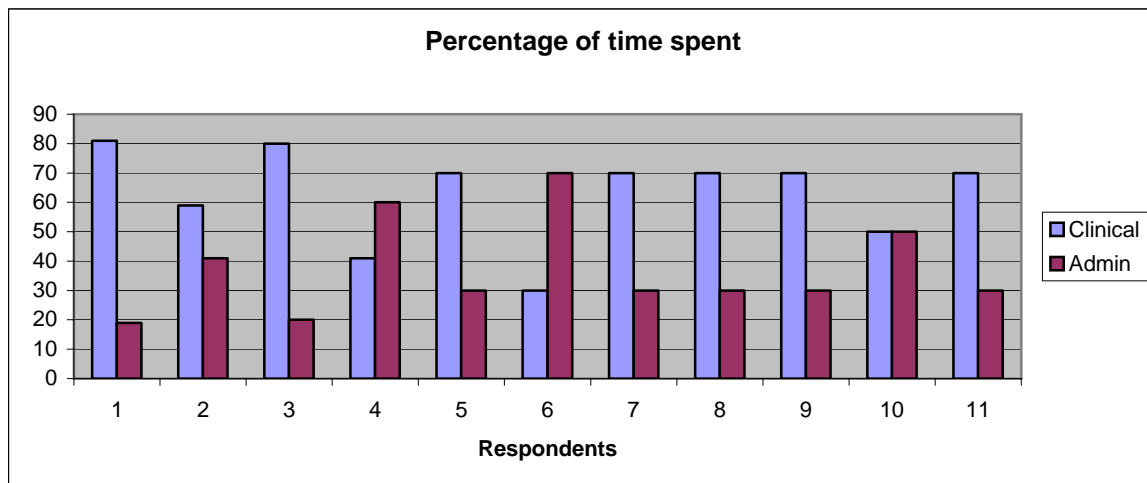
**Table 2**



One respondent was new to New Zealand and therefore recorded no hours. Three respondents did not get paid for overtime, though one did get time in lieu. However, nobody indicated that overtime constituted more than 3 hours per week.

On average almost two-thirds of the nurses' time was taken up with clinical duties. Table 3 shows the breakdown of time spent on clinical and administrative duties.

**Table 3**



Almost 60% (n=7) did not undertake any work outside their job description. The remainder indicated they undertook such diverse activities as:

- Quality/auditing
- treatment data collector
- teaching
- writing protocols
- infection control
- mentoring
- digitising films
- reception
- filing
- photocopying letters
- data entry
- setting up multi-disciplinary meeting.

## Remuneration

Two thirds of the respondents indicated their hourly rate was between \$25 and \$29 per hour. Of this group, only three nurses responded to the question “does this rate reflect your level of responsibility?” and all were positive in their response. Half of this group thought their rate was similar to other nurses at their level, a quarter didn't know, and the remainder thought they were paid less than their colleagues.

One quarter of the nurses (n=3) were paid between \$20 and \$24 per hour. Two nurses thought their rate reflected their level of responsibility, however only one respondent thought her rate was similar to other nurses at her level.

One respondent indicated her hourly rate was over \$30 per hour and was positive in her response to questions around remuneration.

## **Breastcare nursing as a career**

The responses to this question asking why the respondents had chosen breastcare nursing as a career were unanimously positive and focussed mainly on the nurses' interest in women's health, and making a difference to the woman's care and wellbeing. Many respondents wanted a new challenge and change, and followed the breastcare pathway after experience in related fields. Some nurses also cited the hours as a factor in attracting them to breastcare nursing.

Over half of the respondents stated that some of their general nursing colleagues had shown an interest in Breastcare Nursing as a career, while a quarter said their colleagues showed no interest. There was no response from one questionnaire and one respondent said that most of her colleagues didn't know there was such an option!

## **Educational Qualifications**

Nearly all respondents (two didn't indicate if they were enrolled or registered nurses) indicated they were registered nurses, and all had undertaken postgraduate study.

While most nurses were happy with the opportunities to develop professionally within their role, one nurse identified that development was limited by the focus on diagnosis only within the breast screening programme.

All respondents were supported in their Continued Professional Development. The respondents would like regular Breastcare Nurses specific conferences, promoting more collegial support and promulgating future treatment options, current research trials, regional workshops, counselling skills, management of grief.

## **Clinical Supervision**

Half of all respondents indicated they had clinical supervision available for breastcare nurses at their centre. The other half did not and gave reasons such as:

- Unsure of reason
- sole practitioner
- had supervision for a while, but didn't feel benefit from it
- lack of resources.

All of those nurses with supervision available to them, and over half of those without supervision, felt it was either necessary or essential to their role. They felt it helped:

- Maintain standards in clinical activities

- collaborate with other members of the multidisciplinary team
- aids development as role can sometimes be an isolated one
- should be available to all staff working with cancer.

Those respondents who did not rate supervision as important to them felt that supervision is a personal choice and that they work within a multidisciplinary team with their nearest support only a phone call away.

## General comments

The last section of the questionnaire was a question inviting comments on any aspects of breastcare nursing either in the breast screening programme (BSA), or in diagnostic breast care services. Several themes emerged, and these have been aggregated below.

BreastCare nursing needs to be promoted as an option for practicing nurses. It is hoped that BreastCare nurses be recognised as a discrete group, under the umbrella of the Nursing Council of New Zealand. To facilitate this, minimum hours of practice defined as well as postgraduate education requirements for the role would need to be formalised. The Wintec course is a positive step forward, and in many cases is funded as it is a requirement for the role under the NP&QS. However, some felt that this course needed wider promotion, as many of their colleagues were not aware of its existence.

Another theme was the development of the role of the breastcare nurse. The emergence of nurse-led clinics was a highly valued increase in responsibility. However, some respondents identified barriers such as time and lack of clinician buy-in.

As the role of the breastcare nurse can be a lonely one, some respondents highly valued the idea of regional and national meetings to enable the nurses to share ideas and grow within their chosen career. Some of those respondents working solely within BSA would also value visits to those outside their profession, such as chemotherapy wards. Working solely within BSA was identified as limiting to career progression and the respondents felt they 'lost' the women once diagnosed.

One respondent felt too much time of her time is spend on non-clinical duties such as data entry. Not only is it boring and not a cost efficient use of her time, but more importantly takes time away from patient care.

Finally one respondent identified the need for Breast Cancer risk services: i.e. determining a woman's breast cancer risk and if genetic testing is recommended and providing information on every option available.