

Cancer Nursing in NSW: Views from the field

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Overview

Three major themes:

1. What defines cancer nursing in NSW?
2. What are the challenges for cancer nurses in NSW?
3. What is different about cancer nursing?



Introduction

- Cancer cases are predicted to increase 30% over the next 10 years
- Increase demand for care -> sustainable workforce of skilled cancer professionals
- NSW Cancer Plans 2004-06 and 2007-2010 -> various workforce reviews to understand present capacity and inform future needs
- Results to inform NSW Health, Area Health Services and health planners
- Cancer nurses provide a significant contribution to care of patients during cancer journey

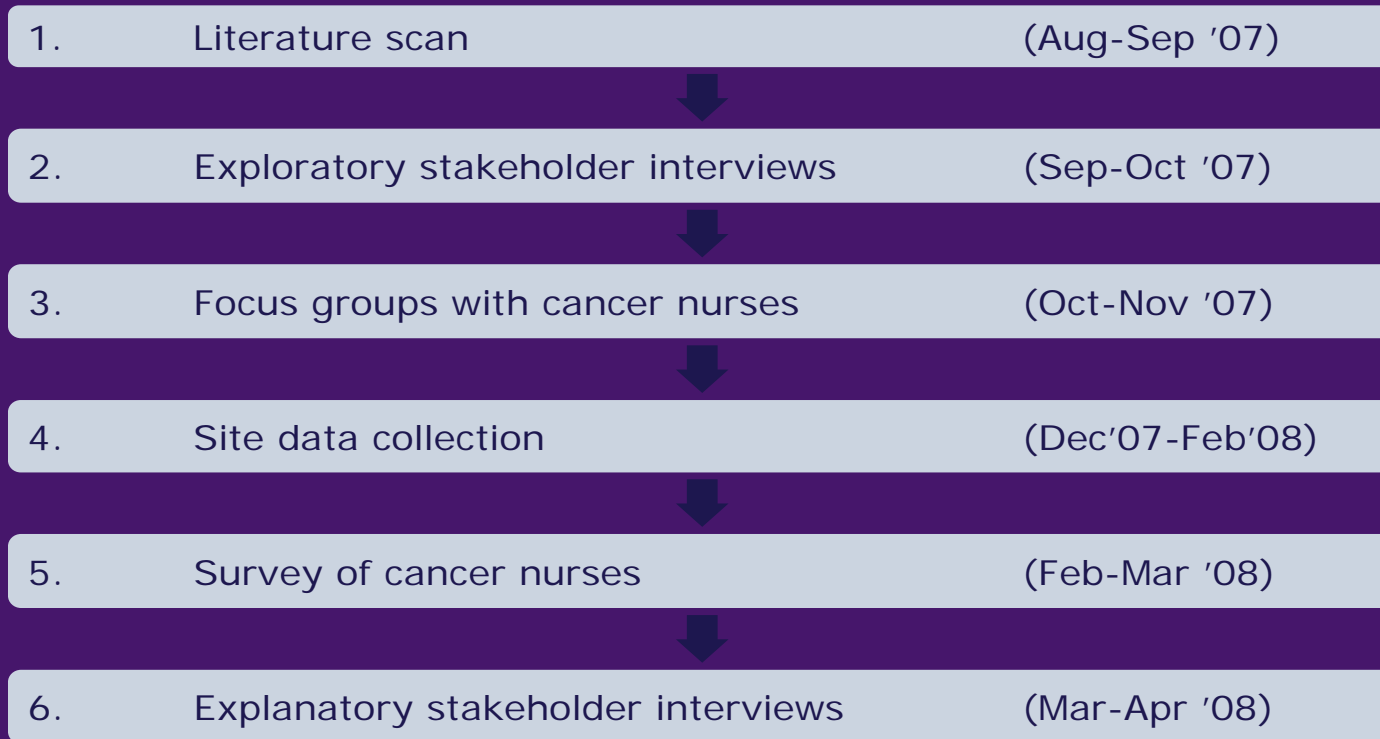


Study Purpose

- Provide a comprehensive description of cancer nursing in NSW
- Identify factors that influence recruitment
- Identify factors that support or contribute to retention
- Identify cancer nursing service models
- Identify factors that contribute to cancer nurses' satisfaction
- Identify any important or unique attributes to cancer nursing in NSW
- Describe how cancer nursing services interact with other services
- Describe cancer nursing models

Methods

Six study phases guided by an Expert Advisory Group



Data analysis - statistical analysis (chi-square, Kendall's Tau-B, t-tests, correlation, factor analysis) using SPSS and thematic analysis of qualitative data

What defines cancer nursing in NSW?



Results – Profile of Cancer Nurses

- Total FTE reported = 1344
- Cancer nurses are predominantly female
- 56% are 40 years or older
- 82% are 40 years or older in rural and remote areas
- Survey respondents (n=221) - av. years in nursing = 23 years, av. years cancer nursing = 11 years
- 66% respondents completed cancer nursing qualification

Results – Profile of Cancer Nurses and services

- 32.6% of cancer nurses were RNs Years 5-8
- 13% of cancer nurses were RNs Years 2-4
- 12.4 % of cancer nurses were CNSs
- Greater proportion of some specialised nursing roles than NSW profile
- Specialist units (82%) are the dominant nursing service
- Inpatient wards (86%) are the dominant generalist unit
- Higher grades cancer nurses in outpatient, ambulatory/day only units
- Generalist units - 39% RNs years 5-8 and 19% EENs
- Major city respondents more likely to work in specialist inpatient oncology unit
- Outer regional/remote respondents more likely to work in palliative setting

Results – Recruitment

Facility (n= 67) strategies included:

- Return to work programs (70%) with significantly greater access in major cities ($p < 0.01$)
- Undergraduate placements (46%)
- New graduate cancer services rotations (33%)
- Active marketing of cancer nurse roles/vacancies (38%)
- Education, training and professional development opportunities (37%)

Positive factors for cancer nurses (n=221)

- Making a difference to patients and families/patient relationships (30%)
- Interesting nature of the speciality (22%)
- Rewarding, satisfying and personal growth aspects (15%)

Recruitment challenges

- Death and sadness (27%)
- Emotional exhaustion / lack of psychosocial support (19%)
- Not specified (55%)

Results – Retention

Facility (n= 67) strategies included:

- Support for education, professional development, conferences (82%)
- Financial assistance for education and conferences (45%)
- Flexible hours (22%)
- Supportive management (18%)

Positive factors for cancer nurses (n=221)

- Making a difference to patients and families (30%)
- Rewarding nature of the speciality (27%)
- Nature of patients (21%)
- Good staff/teamwork (20%)

Retention challenges for cancer nurses (n=221)

- Burnout (14%)
- Emotional exhaustion / lack of psychosocial support (14%)
- Workload / responsibilities (14%)
- Not specified (33%)



Results - Retention

Intention to leave (n=219)

[0-10 scale used with 0 = extremely likely and 10= extremely unlikely]

- 59% survey respondents extremely unlikely to leave cancer nursing
- Likelihood of leaving negatively correlated with length of time in facility
- RNs 9+ more likely to leave nursing within 12 months (4.5 to 1.6, $p < 0.05$)
- 46% survey respondents extremely unlikely to leave current position
- Likelihood of leaving negatively correlated with length of time in facility

Results - Professional Development and clinical initiatives

Facility (n= 67) strategies included:

- Annual performance reviews (95%)
- Professional development / education programs (93%)
- Time-off for postgraduate study (84%)
- Financial assistance for postgraduate study (74%)
- Access to clinical nurse educator / nurse educator (67%)
- Involvement in development of evidence base practice (87%)
- Involvement in clinical research (59%)

Strategies reported by cancer nurses (n=221) included:

- Annual performance reviews (81%)
- Paid leave / salary while attending training / conferences (76%)
- Financial assistance for formal study / education (66%)
- Paid leave for training / conferences (62%)

Results - Satisfaction

[0 -10 scale used with 0 = extremely satisfied and 10= extremely unsatisfied]

- Survey respondents reported high mean satisfaction (≥ 7) with their roles, cancer nursing in general and the quality of care given to patients
- CNCs and Enrolled nurses were more satisfied with their current role
- RN 9+ were less satisfied with their current role
- Paediatric nurses were more satisfied with cancer nursing
- Nurses in major cities were more satisfied with the quality of care given than nurses in inner regional areas
- CNCs were more satisfied with the quality of care given
- RN 9+ were less satisfied with the quality of care given

Results - Satisfaction

Positive satisfaction factors (n=221)

- Sense of accomplishment from work (8.1)
- Degree of challenge in my position (8.0)
- Degree to which I feel part of the team (8.0)
- Degree of respect/fairness I receive from my nursing manager (7.8)
- Opportunities to use skills/knowledge (7.8)
- Peer support from other nurses (7.7)
- Working relationships with medical staff (7.7)
- Standard of nursing care given patients (7.7)
- Level of autonomy in clinical practice (7.6)
- Job security (7.6)

Results - Satisfaction

Less positive satisfaction factors (n=221)

- Amount of time for administrative tasks (5.0)
- Sufficiently experienced nurses (5.4)
- Availability of administrative staff (5.8)
- Time available to get through work (5.8)
- Opportunities for career advancement (5.8)
- Salary for job undertaken (5.8)
- Availability of support staff (5.9)
- Nursing staff levels (5.9)

What are the challenges for cancer nurses?



Results – Workload

31% felt they were working too hard at least weekly

Nurses who reported working too hard at least monthly were:

- less satisfied with current role ($p < 0.05$)
- less satisfied with quality of care ($p < 0.001$)
- more likely to indicate leaving current role in next 12 months ($p < 0.05$)
- more likely to indicate leaving cancer nursing in next 12 months ($p < 0.05$)

Nurses reported issues with:

- administrative workload particularly in rural areas
- availability of experienced nurses
- skill mix ratio of junior to senior staff
- leave relief particularly in rural areas

“If I went on leave for six weeks, nobody would replace me”

Results – Emotional strain

49% respondents (n=221) reported feeling emotionally drained from work at least once a month

56% respondents (n=221) reported feeling ‘used up’ at the end of the day at least once a month

Nurses who reported emotional strain at least monthly were:

- less satisfied with current role (p<0.005)
- less satisfied with cancer nursing as a whole (p< 0.05)
- less satisfied with quality of care given (p<0.001)
- more likely to indicate leaving current role in next 12 months (p<0.005)
- more likely to indicate leaving cancer nursing in next 12 months (p<0.05)

56% never experienced bullying from other nurses

30% experienced bullying from other nurses a few times/year

What is different about cancer nursing?

Positive and negative differences in cancer nursing

Positive

- Dynamic and challenging
- New treatment developments
- Patient care improvements
- Degree of autonomy
- Nature of patient relationships
- Wide variety of work settings to suit lifecycle stages
- Recognition of expertise by medical staff

Negative

- Emotional burden and stress
- Workload
- Inadequate staffing guidelines to meet increased complexity of care
- EN / RN ratios and EN scope of practice
- Cytotoxic drugs and potential adverse side-effects



Personal views from the field...

“The care given to our patients is at a very high standard”

“(Workload) always falls back on RNs in the long run”

“The job is such a challenge and I love a challenge”

“The autonomy we have as practitioners”

“We are given a lot of trust by the haematologist and oncologist”

“(The responsibilities) can be a positive, but (they) can also lead to
burnout”

“Just the whole relationship (with patients) is the most satisfying thing”

Summary

Heart of cancer nursing

- Patient relationships and care through the patient journey
- Relationships with and recognition of expertise by other cancer professionals
- Optimism about the future of cancer nursing
- Cancer nurses are passionately committed to their speciality

Minds of cancer nurses

- Complex and innovative nature of work important
- Autonomy of clinical practice, sense of accomplishment and use of clinical skills valued
- Commitment to professional development and career progression

Voices of cancer nurses

- Concerns about workload and emotional strain
- Perception that cancer nursing is sometimes misunderstood by those outside the speciality
- Important to communicate and advocate to others the positive and rewarding professional and personal aspects of cancer nursing