

Report for the TUBE

Presentation at the NZSG Conference November 2020 entitled 'Where we are at with IBD Nursing in NZ'

Marian O'Connor, Co-chair of NZIBDNG

The newly formed New Zealand Inflammatory Bowel disease nurses group (NZIBDNG) undertook a survey of its members using survey monkey in June 2020. NZIBDNG also collaborated with GENCA (Gastroenterology Nurses College Australasia) and included the Australian IBD Nurses group (IBDNA), however owing to the time limits of the presentation at NZSG only the NZ results were presented, and therefore will be limited also to the NZ data in this report.

The purpose of the survey was to better understand the role, level of responsibility, education preparedness, breadth of service and clinical decision making of the IBD nurses group in New Zealand

The response rate was 60% (n=15/25). Anecdotal feedback from the membership reported disparity between role titles, responsibility and level of pay across the country. Within the survey nurses identified their title with 35% identifying as specialist nurse (SN) and mostly been paid at Grade 3, with a further 40% identified as a clinical nurse specialist (CNS) in IBD and 15% as CNS in gastroenterology; both paid at grade 4. In addition, there was one Nurse practitioner and one nurse undertaking the specialist role as a registered nurse.

The survey identified that we have a relatively new cohort of nursing staff working across the country with up to 60% being in position for <5 years; 30% between 6-10 years.

When asked the total FTE (Full time equivalent) the majority of nurse; 55% were in 0.6 – 0.8 FTE position with only one full time position in the country; 30% were working < 30 hours per week with a further 15% working < 22 hours per week. Furthermore, only 30% of nursing staff were working exclusively within IBD, with 70% having other areas of responsibility outside IBD including wider gastroenterology, hepatology, endoscopy, ward shifts, biologic administration and a nurse educator.

In order to determine education preparedness for the position, we asked what education modules / programs were completed specific to IBD – 70% reported to have had no IBD specialty specific education in order to prepare them for the position. Only one nurse confirmed to being a designated RN prescriber, yet the nursing staff confirmed to making clear decisions about the medical treatments for patients.

Despite the limits of FTE dedicated to IBD, the clinical nursing services provided by the IBD nurses across NZ are extensive with 100% of nurses providing advice line telephone contact, follow-up clinics, managing the biologic service and providing education to patients / colleagues.

The survey has identified that there are low number of IBD nurses in NZ with low FTE and the majority (70%) having clinical responsibility outside of IBD. 70% reported to have had no IBD specific education in order to undertake their role and this will be addressed by the NZIBDNG to ensure that annual IBD nurse education is provided.

In the fullness of time (likely early 2021) the full NZ & Australian results of this survey on IBD Nursing practice will be published in the GENCA journal.