



Association of Respiratory
Nurse Specialists

Members Survey 2009

Final Report: November 2009

Background

The ARNS committee decided to undertake a members' survey in 2009. Its aim was to ensure the committee were fully informed as to members' opinions regarding current key association activities as well as future potential activities. Being aware of members opinions should help ensure the association can continue to meet member's needs.

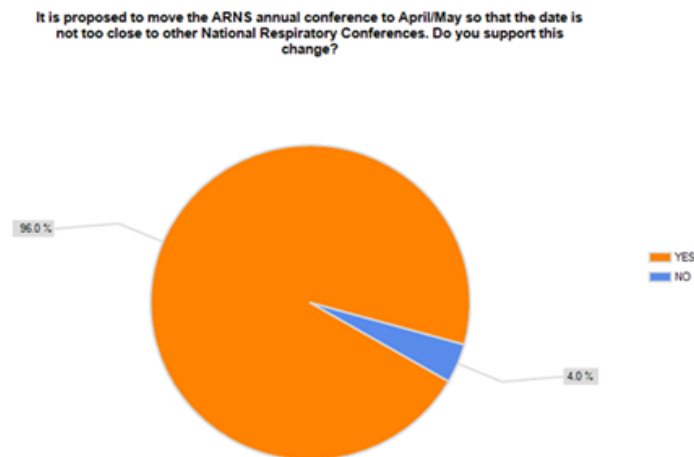
Methodology

An email was sent to all members in September 2009 followed by 2 reminder emails. The email contained a link to the electronic survey to allow completion.

Results

201 (out of 499) members completed the survey. The following highlight the key findings.

1. Members are in favour of holding the annual conference in the Spring

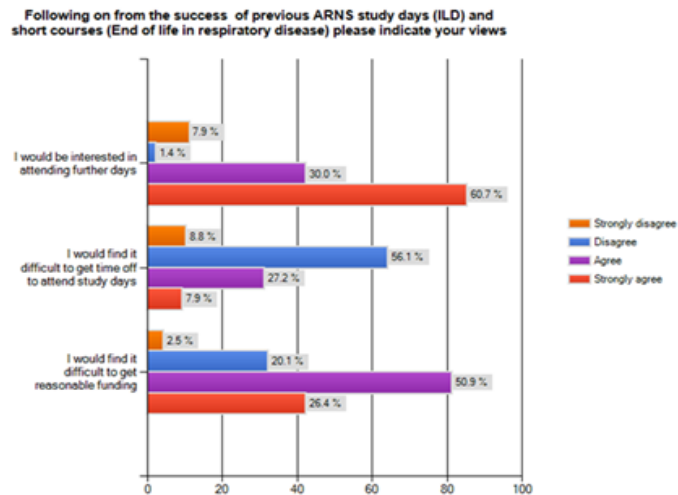


2. 63% of members are keen to change the current format of the annual conference with 65% in favour of arranging their own accommodation to reduce costs. 62% were not in favour of extending the conference to 3 pm on a Saturday but 95% in favour of having the option of attending one day only with reduced costs. Members were divided on the option to have a one day or continue the two day conference. The current Friday and Saturday combination was by far the favoured two day option with a Friday the favoured one day option.

3. Almost half of the responders (99) had never attended an ARNS conference and gave the following factors for this:
 - Cost (69)
 - Location (43)
 - New member (16)
 - Clashes with other events / time of year (16)
 - Other commitments / family (15)
 - Unable to get study leave (12)
 - Programme (4)

4. 69% of members have never submitted a poster or abstract at a respiratory conference with lack of time and workload being their main constraint.

5. Members are keen to attend more ARNS study days and short courses. They acknowledge funding may be a constraint but not study leave.



When asked to suggest topics for future study days or short courses they suggested the following (total 347):

- End of life / palliative care (44)
- Interstitial lung disease (38)
- Asthma, especially difficult asthma (23)
- Non invasive ventilation (22)
- Business planning, commissioning (21)
- Oxygen (20)
- Bronchiectasis (20)
- COPD (13)
- CBT (8)
- Spirometry (8)
- Sleep (7)
- Research (7)
- Allergy (6)

- TB (6)
- Non-pharmacological interventions (6)
- Anxiety / depression (6)
- Clinical examination, home care teams, communication, pulmonary hypertension, pulmonary rehabilitation (all 5 each)
- Nurse led roles, leadership, differential diagnosis (all 4 each)
- Cystic fibrosis, lung cancer, new developments (all 3 each)
- Care pathways, chest x-ray interpretation, presentations skills, audit, pneumonia, co-morbidities (all 2 each)

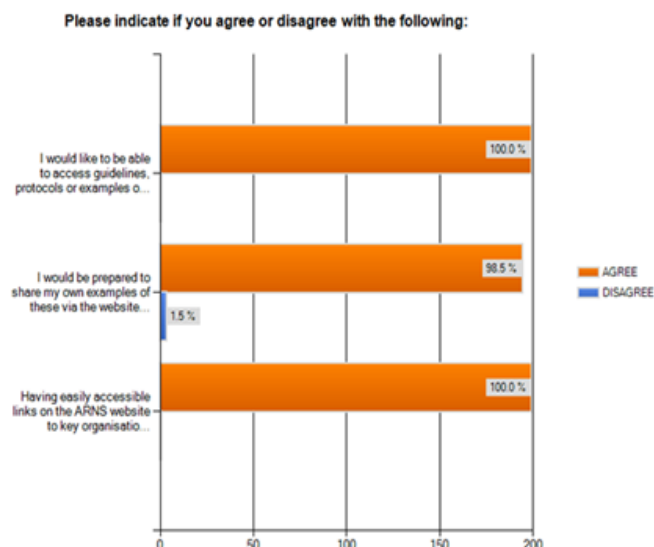
6. Over 80% of members are in favour of dividing the £2000 annual bursary money into multiple smaller awards rather than one or two major awards. Members felt this money should be awarded for members to be able to undertake study or attend conferences including travel but not accommodations costs, for purchasing books but not equipment.

7. Members are in favour (66%) of having a password protected section on the website. Only 31% have ever used the discussion forum with most of these no longer using it.

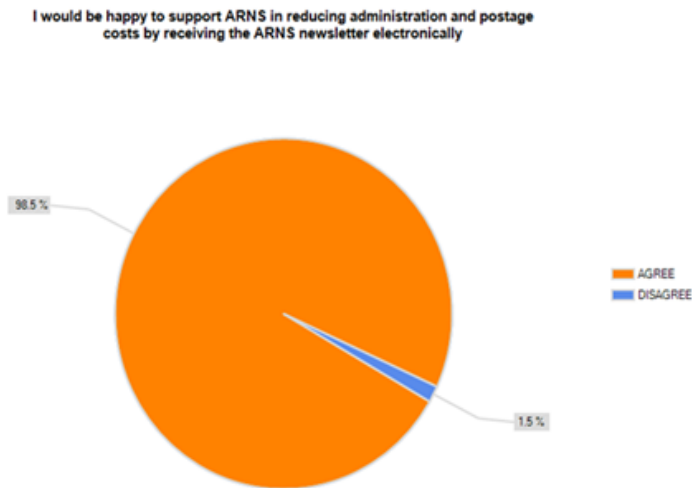
Comments about the members forum follow with most frequent problem first:

- Time constraints (10)
- Didn't find it useful / poor response (8)
- Forgot it was there (5)
- Didn't know about it (5)
- Problems using it (4)
- Out of date (3)
- Use general nursing forums (1)

8. There is unanimous support from members to be able to access examples of each other's work e.g. protocols etc via the website.



9. 99% of members find the email alerts useful and have given some ideas on what additional information could be included e.g. study days, summary of important newly published articles, update on COPD strategy, new NICE guidance, job vacancies and drug alerts, key changes to updates guidelines.
10. Members are keen to reduce administrative costs by receiving their newsletter electronically.



11. 63% (103) are keen for ARNS to get involved in clinical research. Their suggestions on how this could be done are:
- Collaboration with other organisations (9)
 - Not sure how (7)
 - Lead projects (5)
 - Signpost, support education (6)
 - Provide resources (4)
12. Members have given us valuable information on what they feel the organisation is currently doing well, what we can do better and what we are not doing and need to develop.

What you value that ARNS currently provides:

- Meets needs of the respiratory specialist / peer support (72)
- Networking (62)
- Up to date knowledge / information (58)
- Education (44)
- National voice (23)
- Sharing information (12)

Currently do but could do better:

- Sharing practice / networking (13)
- More regional meetings (13)
- More study days / short courses (10)
- Raise profile of ARNS (8)
- Update website (5)
- Reduce costs conference / study days (3)
- Develop role respiratory nurse specialist (2)
- Improve business skills / commissioning (2)
- More open committee inc. expenses (2)
- Broaden membership, more primary care, produce guidelines, modernise conference, more sleep/NIV, help write for publication, more nursing focus, use members more, research (all 1)

What we currently don't offer members:

- Share guidelines / protocols / job descriptions / competencies / patient information (11)
- Local meetings / study days (8)
- Mentorship (3)
- More study days (2)
- Leadership (2)
- Greater use electronic communication between members (2)
- More email alerts / newsletters (2)
- Links to guidelines on website, reduce costs conference, change month of conference, greater involvement in national policy, members more inclusive, helpline, meet for lunch at BTS / ERS / ATS, journal (all 1)

The ARNS committee would like to thank all members who completed the survey for their time and opinions.