



BreastScreen
TASMANIA

Satisfaction, anxiety, pain, and care:

comparing BreastScreen Tasmania's 2015
and 2020 survey of clients' assessment
clinic experiences and recommendations
for action

Ms Gail Ward
Dr Jo-Anne Kelder
Dr Joseph Crawford
Mr Dylan Sutton
Ms Lyn Gibson

TASMANIAN
HEALTH
SERVICE



This presentation



1. Survey purpose

- a. **Examine** changes in client experience from the 2015 findings compared with the 2020 data collection
- b. **Examine** the changes in experience over duration of an assessment clinic
- c. **Identify** quality improvement opportunities

2. Method

- a. **Survey** design and implementation (09/2020 to 09/2021)



3. Results

Majority



Dissenting minority



Highlight how staff members' personal responses have significant impact on clients' subjective experiences and perceptions



Method



Survey methodology (Crawford & Kelder, 2019)

- validated instruments and components of 2015 survey
- Tasmanian Health and Medical Human Research Ethics Committee (HREC) Reference H0014184

Features

- Address under and over reporting of procedures
- Enhance granularity of information
- Recruitment and survey administration



Results



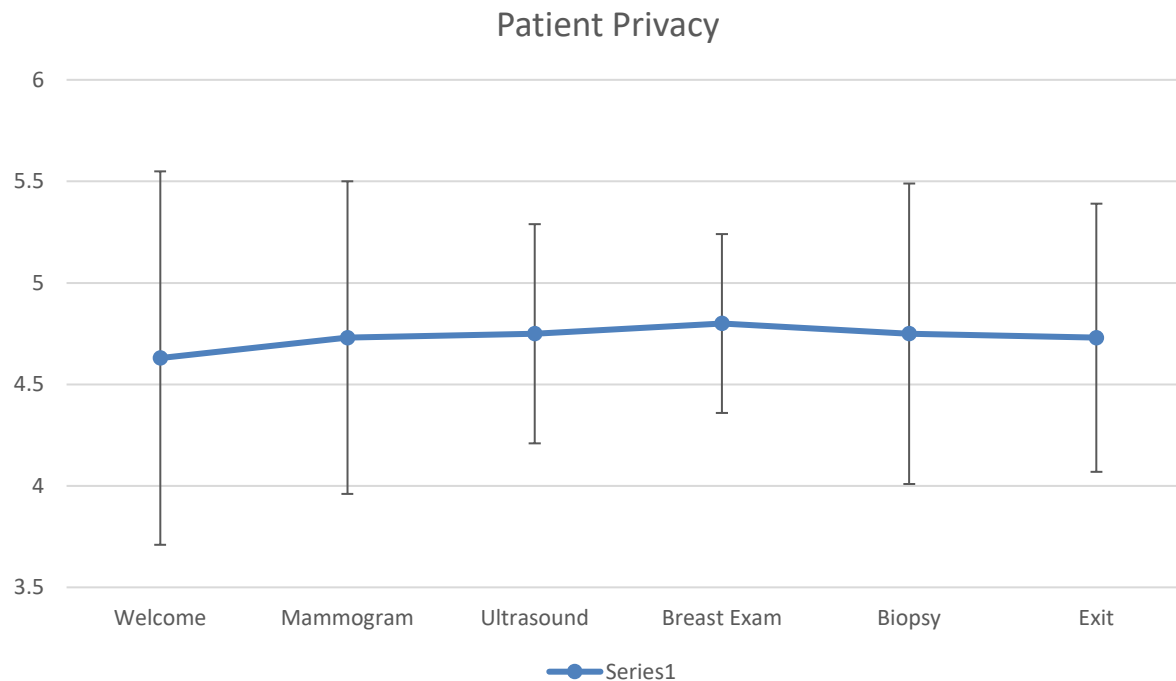
- 1206 participants from 1500 appointments – 80.4% response rate (vs 88% in 2015 survey)
- Average age 58.5, range 40-83
- 2% Aboriginal or Torres Strait Islander
- 2% CALD
- 2.8% with previous breast cancer
- 4.6% with significant family history
- 46.8% from Northern Tasmania (up 9.1% vs 2015)



Environment



Privacy – welcome had biggest range of experience

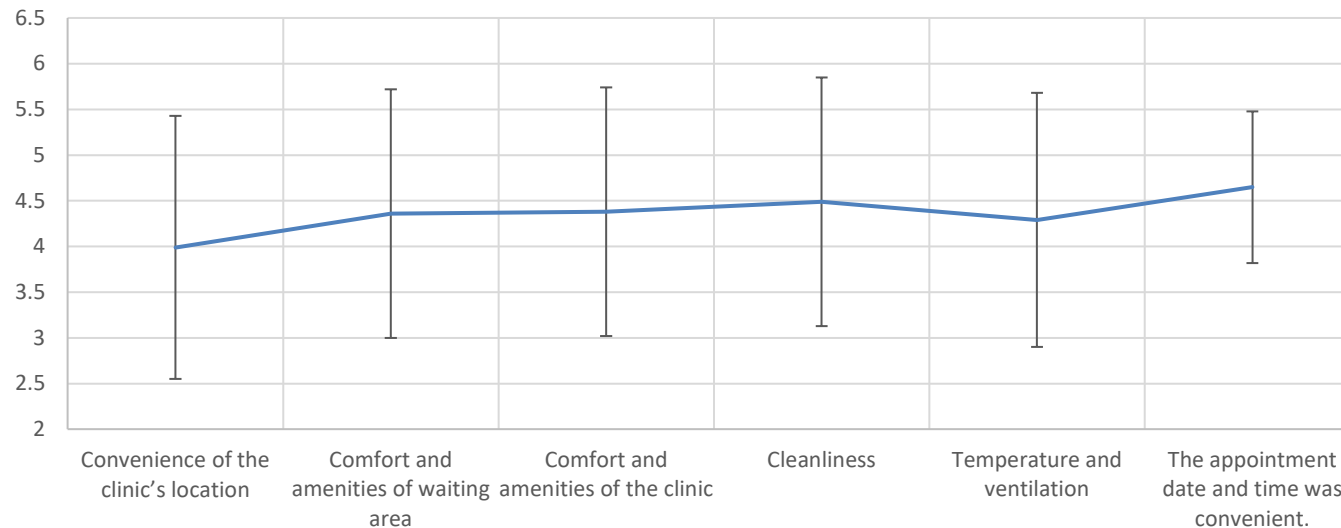


Environment



- **Waiting** – contributor to anxiety and stress; seeking distraction or wanting to be alone
- **Physical environment** – huge variability in happiness with temperature and ventilation; comments on chairs, discomfort, robes/clothes, equipment

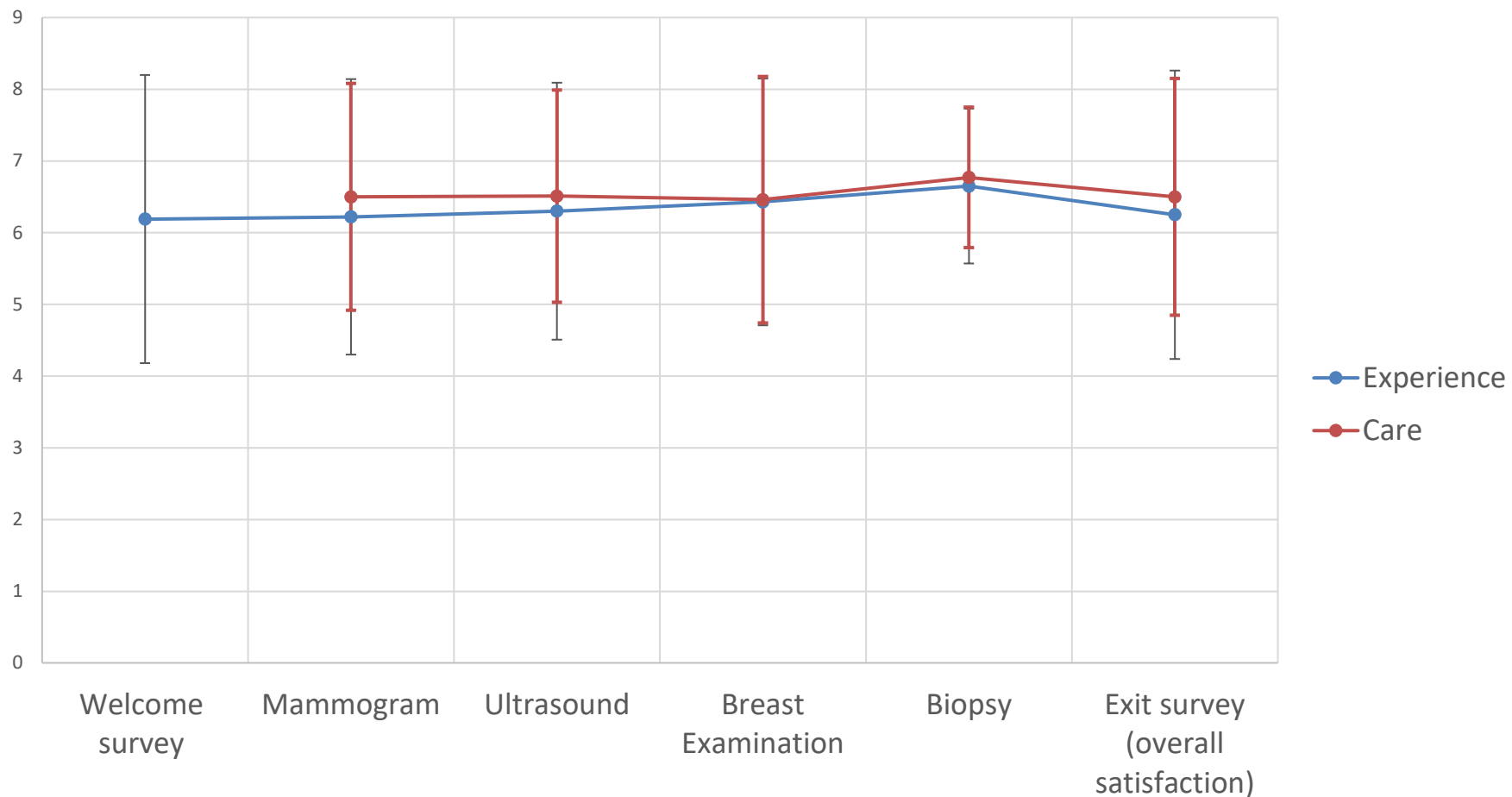
Aspects of physical environment



Satisfaction experience and care



Satisfaction scores



Satisfaction



- **majority of clients** satisfied and high average scores
- variability across duration of clinic for individual clients
- **minority of clients** dissatisfied with specific staff interactions (communication, interaction-style, perceived attitude)



Welcome staff



BreastScreen
TASMANIA

Majority *described staff as*



– pleasant, professional, supportive, and personal, calm, genuine, and informative

• *Dissenting minority noted*



– lack of eye contact and/or lack of small talk made them feel more anxious and nervous



– *but some didn't like jokes or small talk.*



Clinical staff



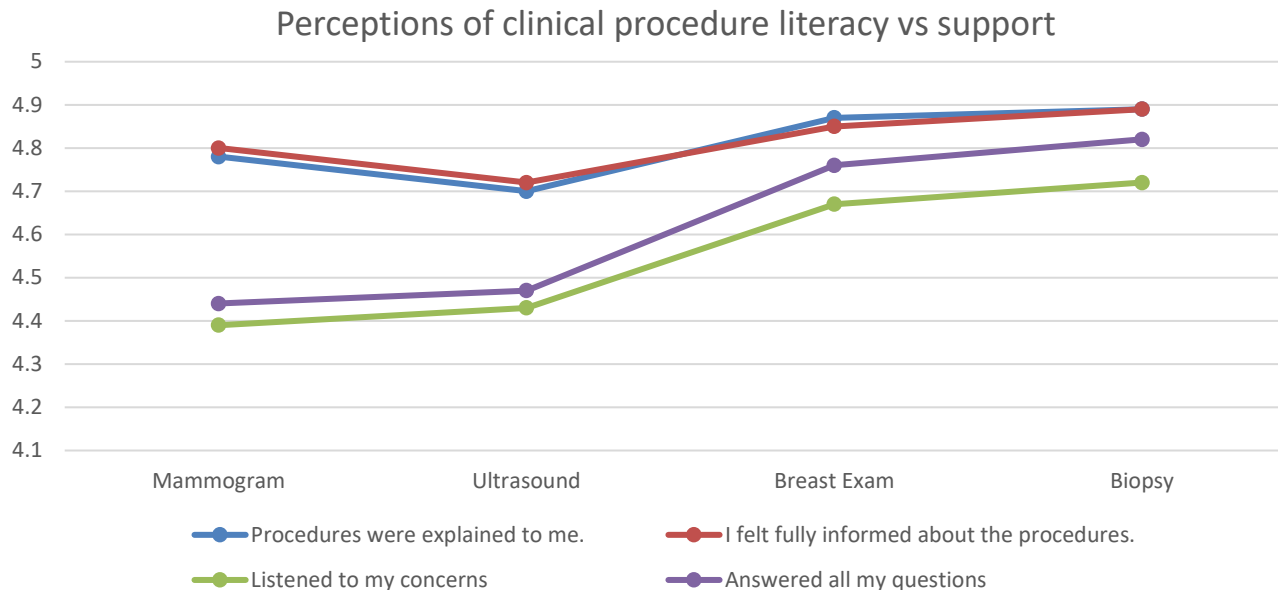
- **significant satisfaction** with all aspects of **support** during procedures
- **lower scores** in relation to *listening to concerns* and *answering all questions*
- both *satisfaction* and *support* having the **lowest scores** and having the **greatest variability in scores** for clinical procedures (rated more positively as progressed)



Communication: literacy vs support



- consistently felt their **procedures were well explained** and felt **informed** of their procedures.
- **In contrast** with ratings of **clinical staff support** (felt **less confident** they were **listened to and their questions answered**)



Communication: general



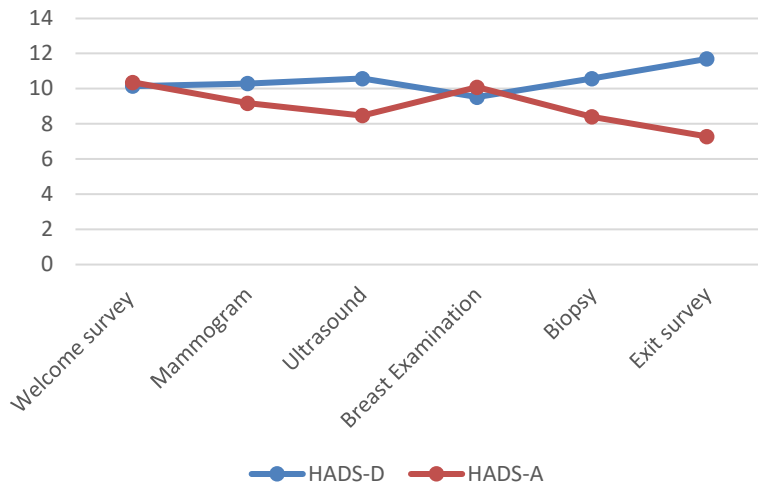
- **satisfied** at the *start (Welcome) and finish (Exit)* of survey with how informed they felt
- **lower mean scores** for *written information*
- **less agreement** compared to other survey questions.
- **Not aware of services** including access to blankets, access to tea and coffee, the option to store clothing in lockers, and access to bathrooms.
- Some **interpreted a lack of communication** (e.g., unengaging receptionist or a quiet sonographer) as **a reason to be concerned or anxious** about the process and possible results.



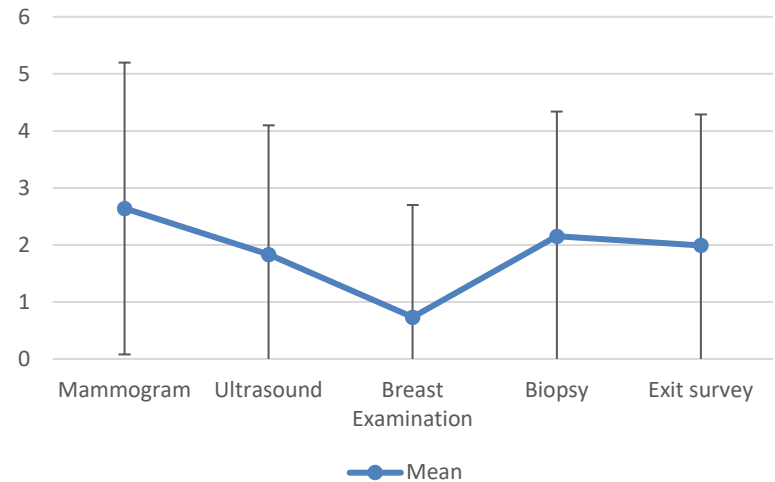


Progression through the clinic: trajectory of pain, anxiety and depression

HADS over time



Self-reported pain over time





Over time

Depression and anxiety

- **Indicators**
 - **depression** indicators consistently increased over assessment clinic
 - **anxiety** levels tended to decline over time
- **Breast examination**
 - anxiety indicators first entered borderline anxiety, and depression indicators remained at normal levels.
- **Feelings** were mainly related to **anxiety and nervousness**
 - **Key contributors:** being left alone in waiting or clinical rooms, a lack of distractions while waiting, uncomfortable conversation with staff (usually feeling not a genuine conversation)

Pain

- Clients who **expected pain** tended to **measure as low or as expected**.
- **support for positioning** and **offer of a blanket** helped reduce some clients' perception of pain, but **many were unaware** of this possible resource



Developing a culture of connection and support

Recommendation 1. Train for deeper human-to-human conversation

Recommendation 2. Develop connected cohorts through volunteer training

Recommendation 3. Normalise discomfort with training

Improving the physical environment

Recommendation 4. Supporting patient distraction during waiting times

Recommendation 5. Change seating design to foster comfort and connection.

Recommendation 6. Evaluate isolation and quiet spaces

Recommendation 7. Making support services more visible

Recommendation 8. Evaluate whether clinical space supports the needs of disrobed clients

Recommendation 9. Evaluate clinical body positioning and supports

Clarity of communication and expectations

Recommendation 10. Revising communication for consistency

Recommendation 11. Develop health information diagrams as take-homes

Recommendation 12. Sense-check level of understanding across each of stages



2015: don't like gowns

→ gowns optional

2020: want a covering
available during a procedure

→ shawls provided



2015 Situation: Complaints about gowns (privacy, modesty, comfort)

Outcome: gowns repaired + extra large disposable → clients choose not to wear gowns

Assumption challenged: rule = women must wear gowns in assessment clinic

2020 Situation: Complaints about no covering during procedure (cold, vulnerable)

Outcome: While disposable gowns have always been available, feedback from a client regarding trauma informed practice has resulted in a project to overtly offer shawls at screening and gowns at assessment. This has yet to be evaluated.

Assumption challenged: women don't want gowns or equivalent at all

Skilled interactions: when I ...

- am **aware** how people who are anxious may interpret my communication.
- can **acknowledge** that my 'normal' way of interaction is not working and adapt to the individual client

Skilled interactions: when we collectively ...

- **Pay attention** to variable client responses to standard service delivery
- **Discuss:** is there a pattern or emerging issue to address?
- **Develop and implement:** an action plan



Prompt to think about observing and adapting to client anxiety or lack of receptiveness to "normal" ways of interacting



Future research and collaboration



BreastScreen Tasmania

- **plan** to re-administer the survey in 2025
- **invitation** to all jurisdictions to join the research to enable national comparison
- **share** (request Dylan Sutton Dylan.Sutton@tas.gov.au)
 - Assessment clinic survey design
 - Assessment clinic survey ethics design
 - Assessment Clinic survey Final report



Questions?



BreastScreen
TASMANIA

Dylan Sutton Dylan.Sutton@tas.gov.au

Dr Jo-Anne Kelder jokelder@outlook.com

