

Job Satisfaction and Retention of Cancer Registrars in Central Registries

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Study Coauthors

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UCSF Center for the Health Professions

- Established at the University of California, San Francisco in 1992, grew out of the Pew Health Professions Commission (1989-1999)
- Conducted studies focused on allied health professions since 1995
- Audience includes health care professionals, educators, care delivery organizations, policy makers, and consumers

Why study Cancer Registrars?

- Frontline personnel in cancer data collection and management: impact on research, education, and treatment
- Concerns about recruitment, retention, and future source of workers

Cancer Registrars – Do you know one?



Importance of the study

- Highlights a critical component of the overall cancer workforce
- A significant study for a small association and small group of workers
- Study findings have implications for further study, workforce development, workload standardization, and strategic planning

Purpose and Goals



To develop an understanding of the current Cancer Registry workforce

- Demographic profile
- Factors impacting supply and demand
- Workforce size, projections, vacancy rates
- Education and pathways to enter field
- Career satisfaction and retention
- To compare Cancer Registrars in hospital and central registries

Methods-Focus Groups



- 6 focus groups (2 in-person, 4 telephone)
- 7–10 participants per group; 53 total
- Groups lasted 1.5 hours each (professional facilitator)
- Participants recruited from hospital central registries; certified and non-certified workers



Methods-Key Informant Interviews

30+ interviews were conducted, during a 4 month time period

- Structured in-person and telephone interviews lasting an average of one hour
- Drawn from leadership of professional organizations, employers, educators, and relevant credentialing and accreditation bodies

Methods-Survey



- Survey was developed as a web-based online survey
- 143 item survey was developed
- Sample of 990 respondents was selected from three sources
- Final response rate: 55%

Major Findings and Recommendations

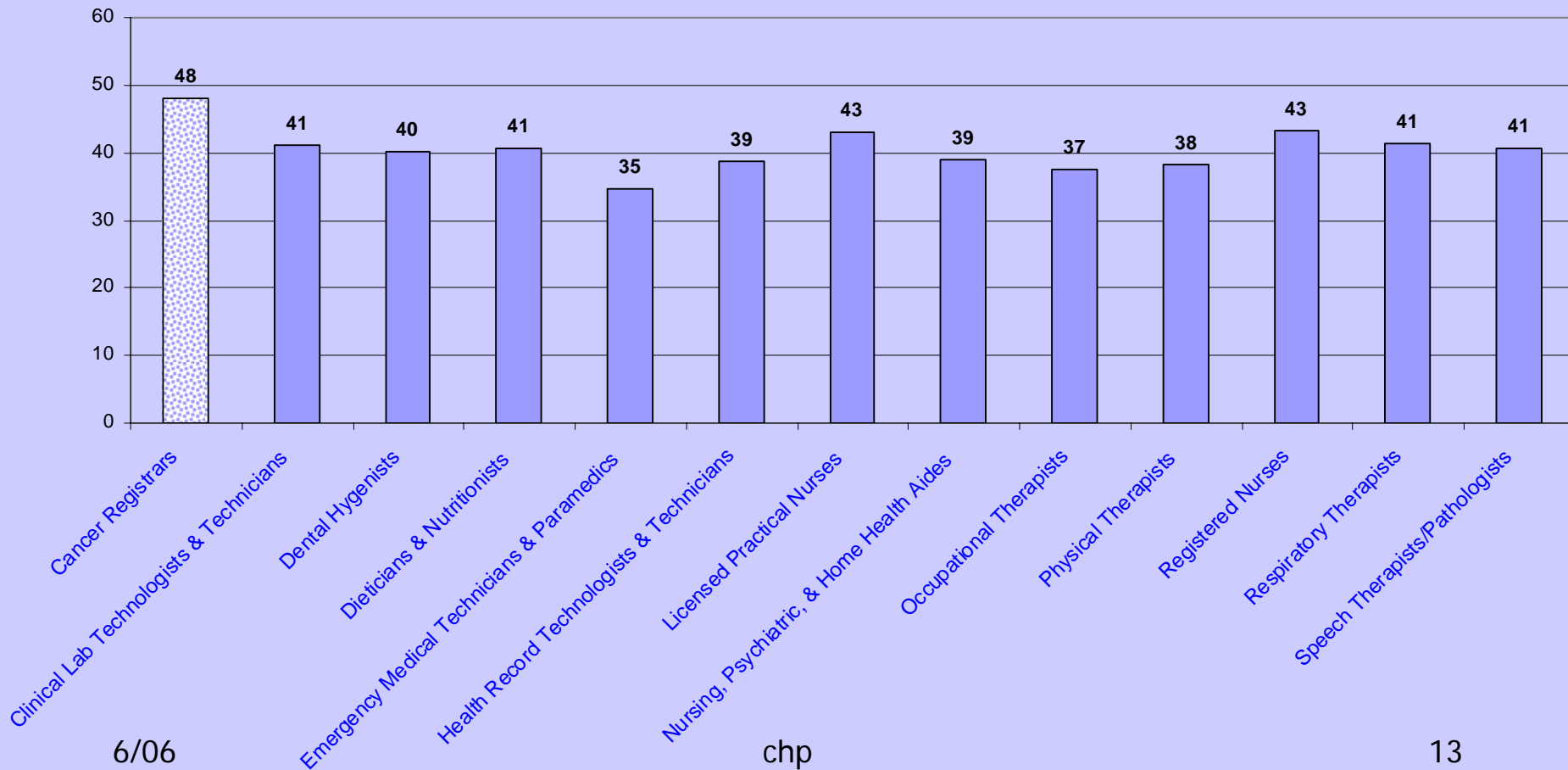


Demographics of Central Registry Respondents Compared to All Respondents

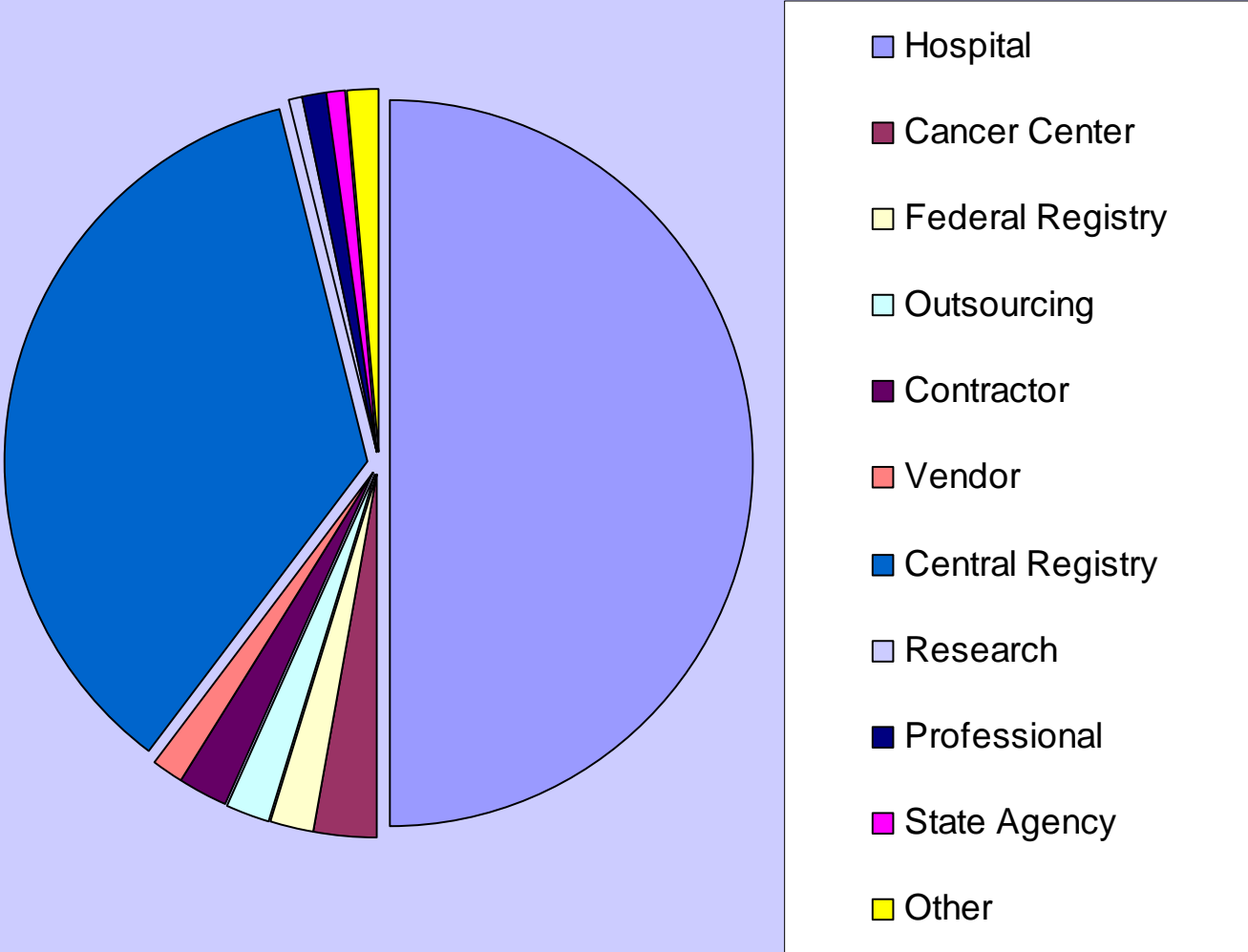
- Mean age = 48.8 , Median age= 50 (no difference)
- 88.6 % Female (93% overall)
- 83% Caucasian (86% overall)
- Educational preparation
 - 23.8 % Associate Degree (35% overall)
 - 52.3 % BA or greater (41.4% overall)
 - 23% High school (no diff)
- Time in current job Mean= 7.8 years
 - Median = 5.58 (little diff)

Average Age of Selected Health Professionals

Sources: 2004 National Cancer Registrars Association Online Cancer Registry Workforce Survey and 2003 Current Population Survey Outgoing Rotation Group File

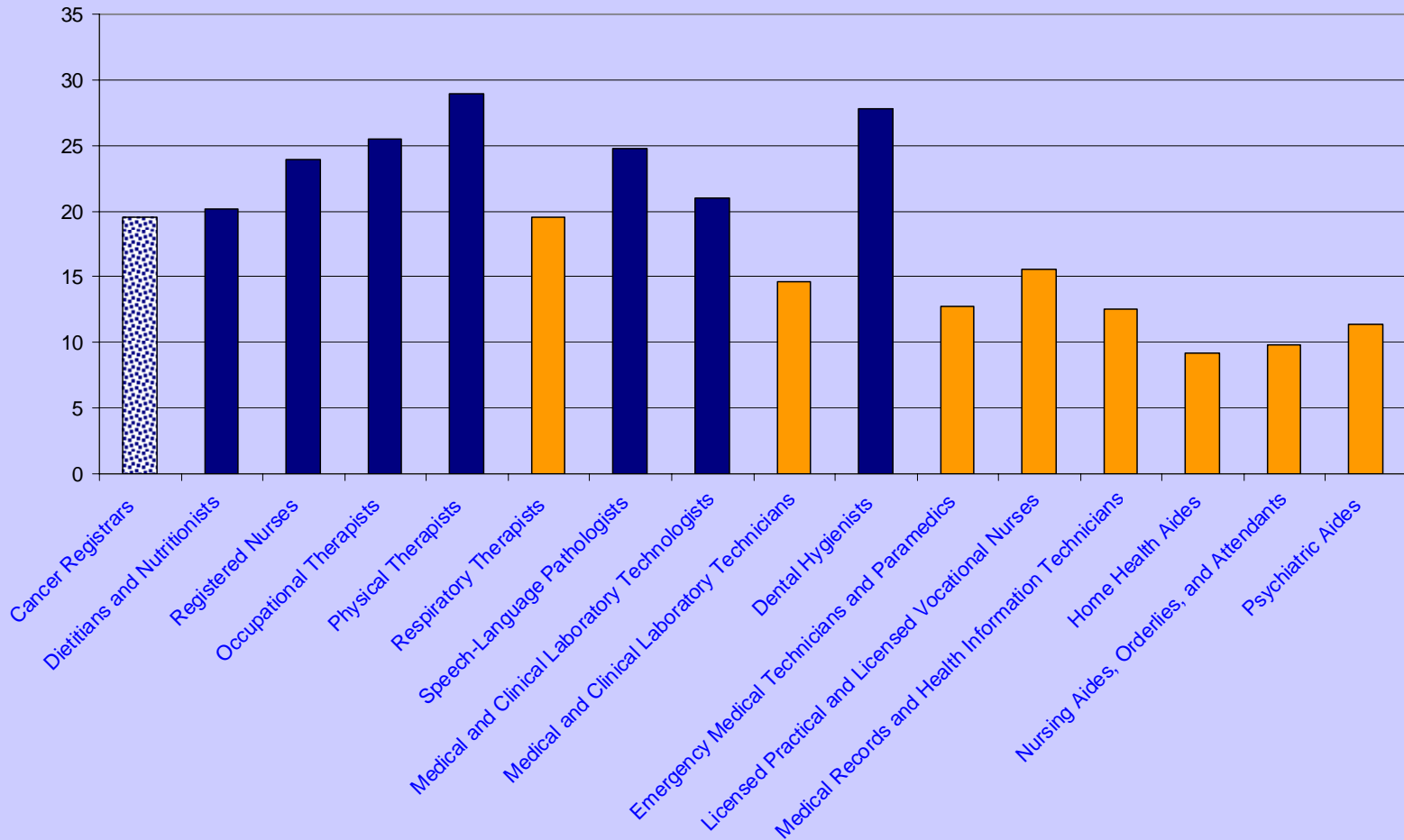


Place of Employment



Mean Hourly Wage, by Occupation

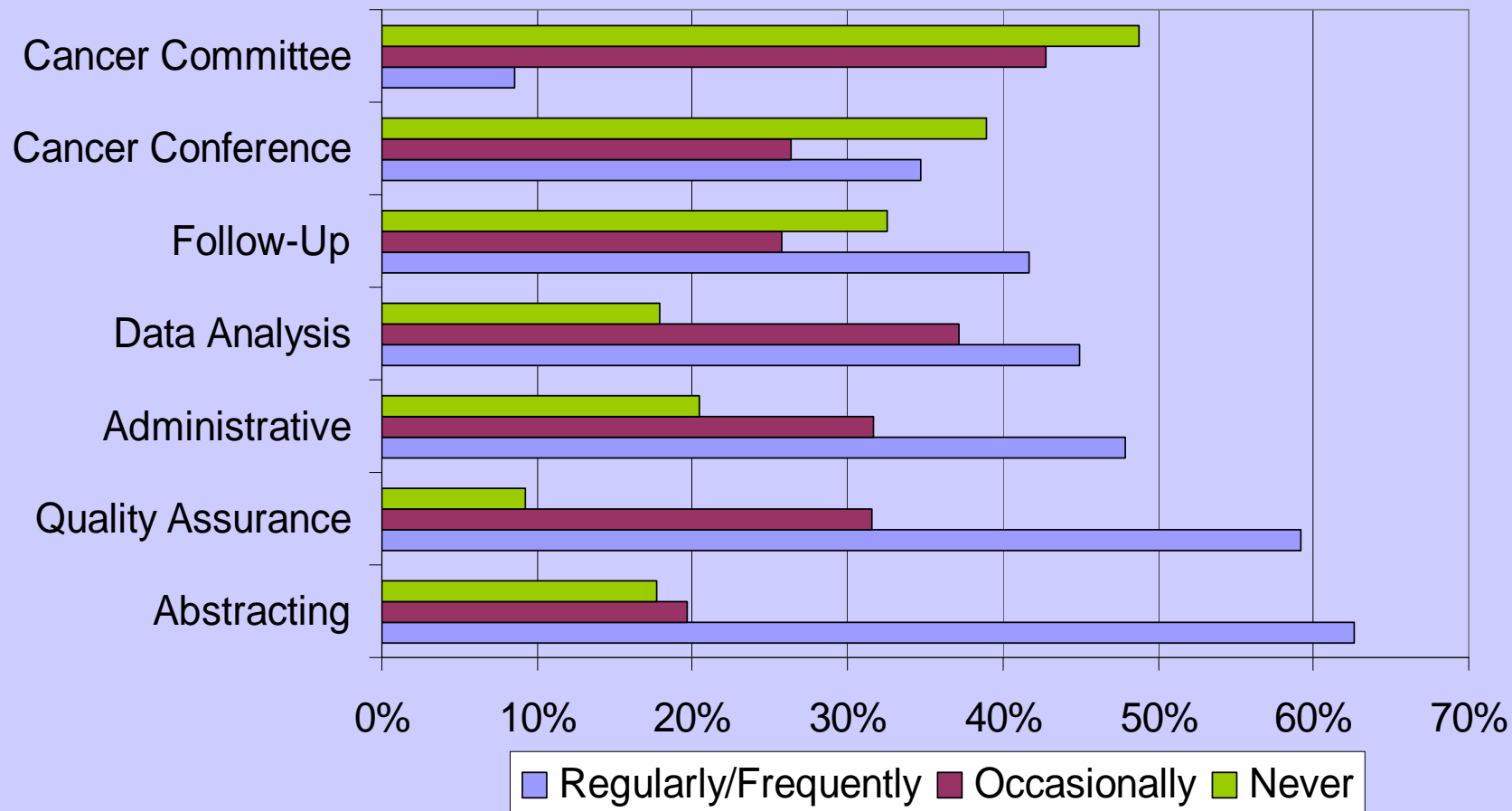
Sources: 2004 National Cancer Registrars Association Online Cancer Registry Workforce Survey and Bureau of Labor Statistics 2002 Occupational Employment Statistics



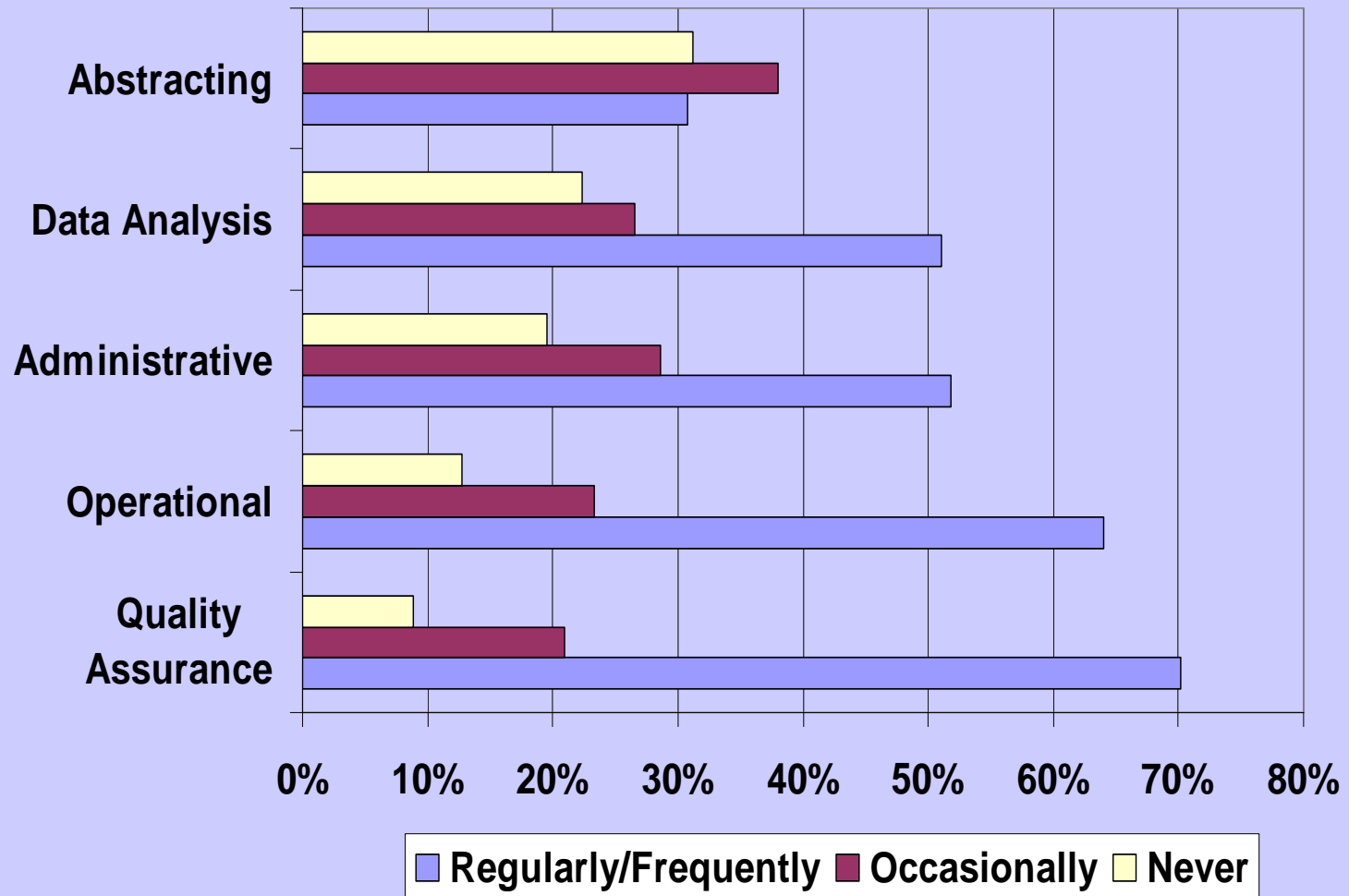
Salary Varies by Place of Employment

	Annual Salary	Hourly
Hospitals and Cancer Centers	\$46,123	\$18.78
State/Federal Registries	\$47,983	\$19.80
Other (agencies, self, vendors)	\$53,017	\$21.27

Frequency of Job Tasks, All Respondents



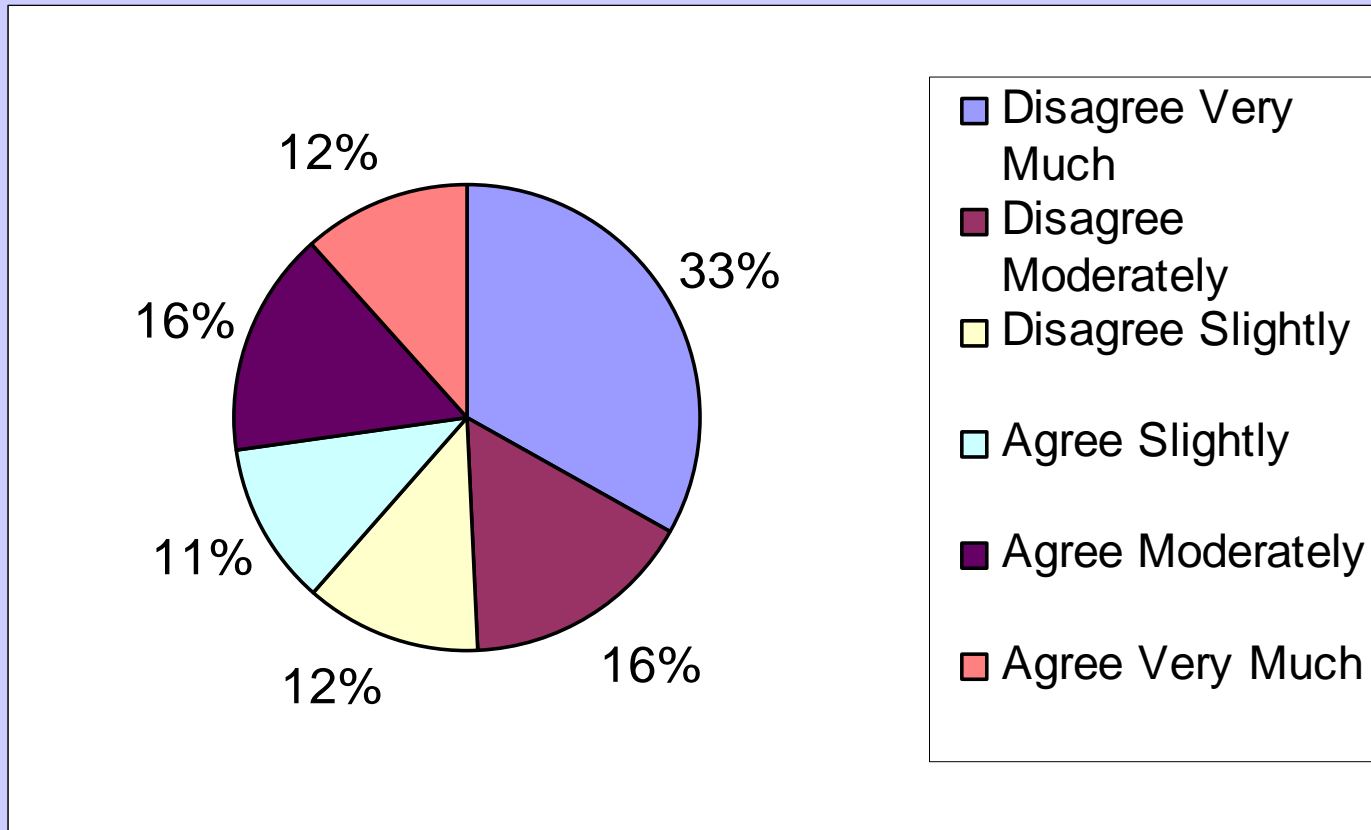
Frequency of Job Tasks- Central Registry



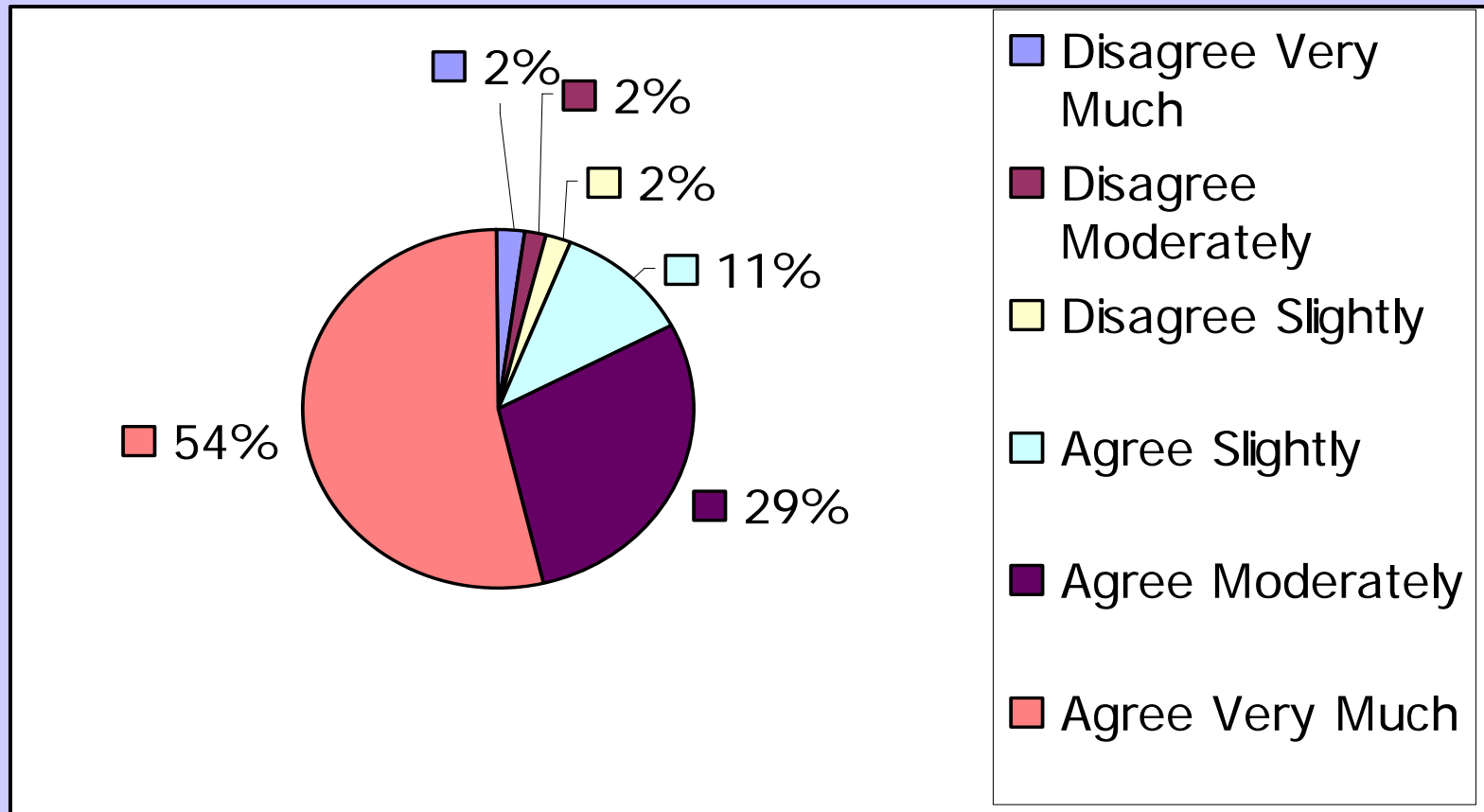
What Cancer Registrars Like About Their Jobs

- The interesting people they get to work with
- The opportunity to learn something new every day
- The respect they receive for the job they do (although not necessarily from their administrators)
- The independence of working basically alone; not being micro-managed
- The precision and exactness of working with data and facts
- The opportunity to travel to other registries (more for central registries)

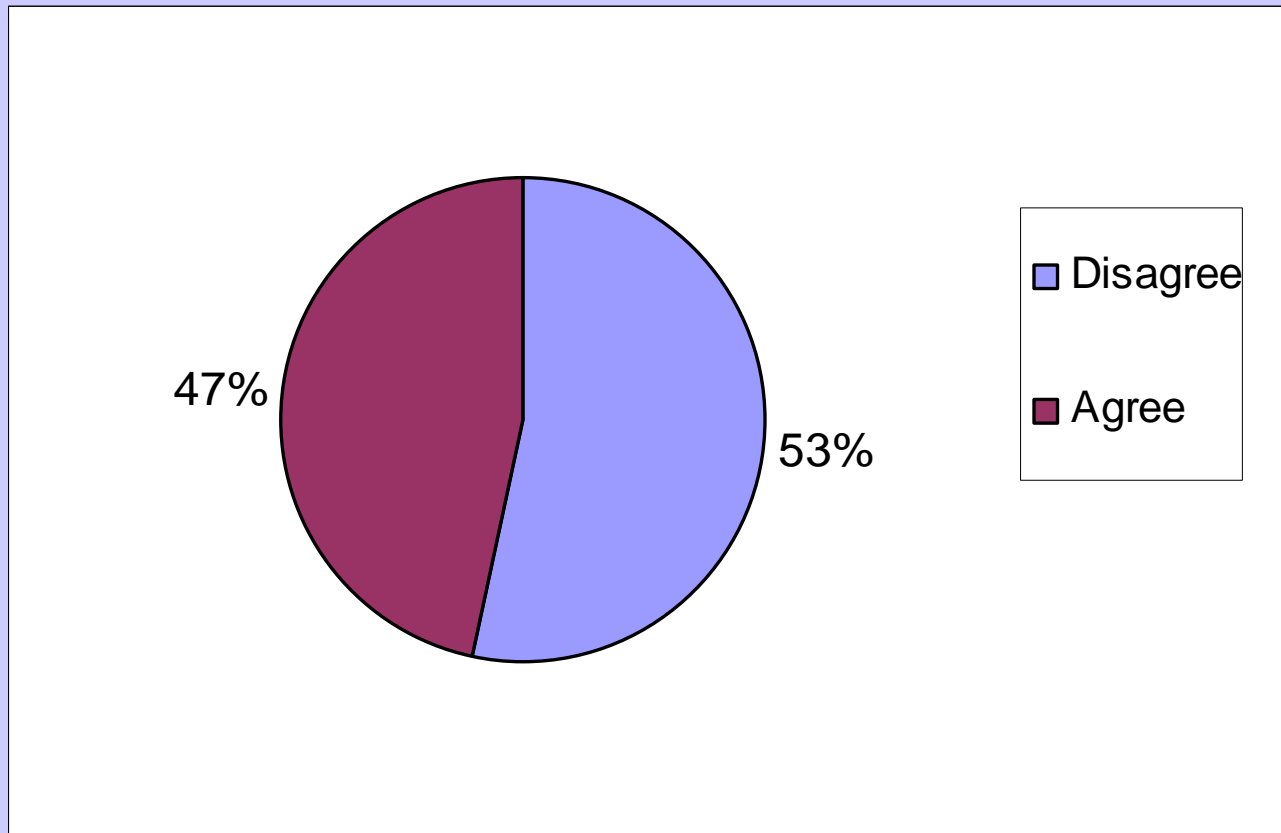
"I feel satisfied with my chances for salary increases"



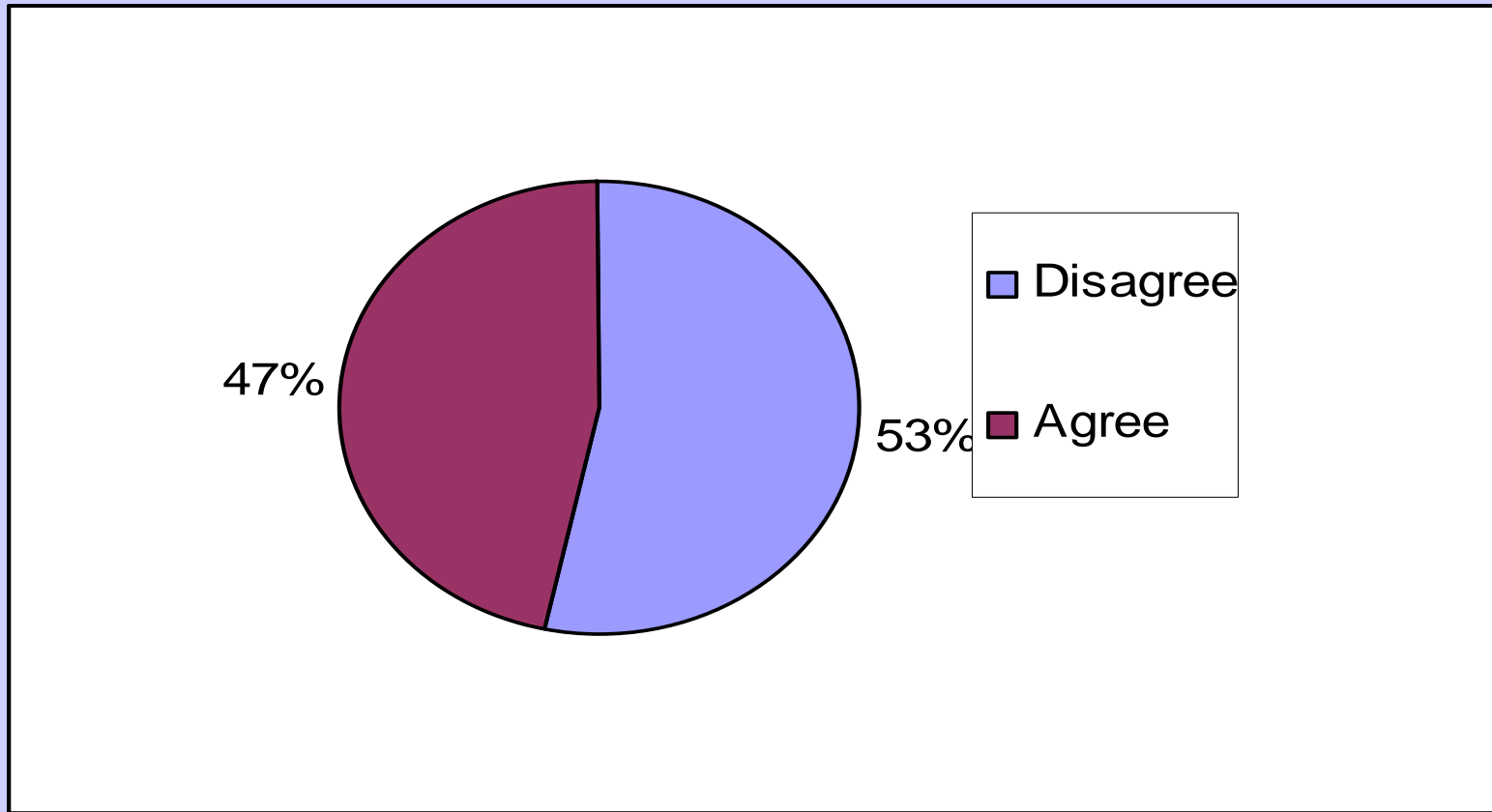
Job of Cancer Registrar Not Recognized for its Importance



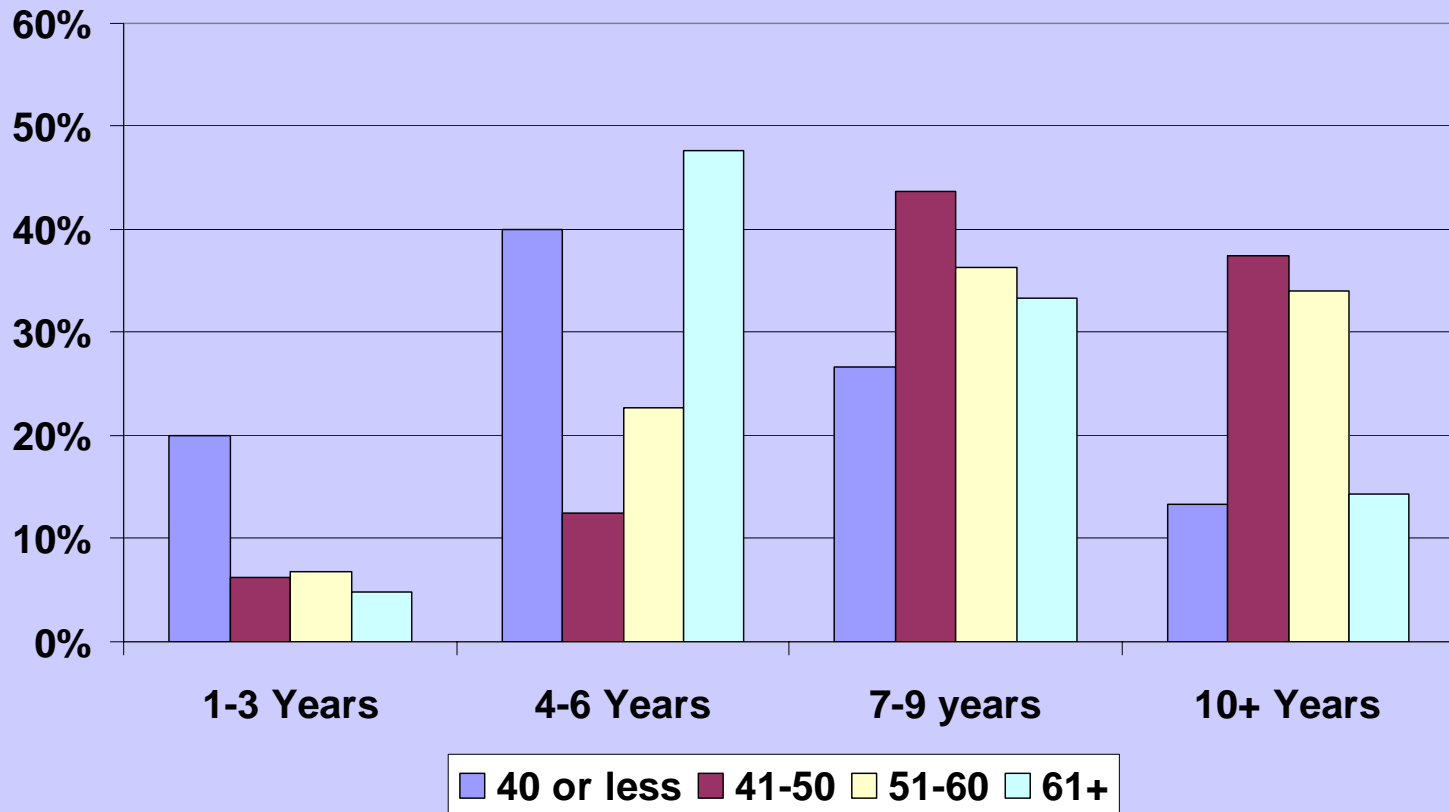
“I believe that people who have been trained in Cancer Registry have a responsibility to stay in that profession”



“I have too much time invested in Cancer Registry to Change Occupations”



Planned Retirement or Exit from Field, Central Registrars



Projected Future Need for Cancer Registrars, All Settings

- Current employment estimate=7,300
- Projected future need based on increasing population and increased cancer incidence
 - 7,560 in 2010
 - 8,000 in 2020
- 700 shortfall in 15 years, not including retirement

Factors Influencing Workforce Supply and Demand

- Population: Incidence of cancer, aging
- Technology: changes in procedures, reporting requirements, automation
- Replacement: Turnover and retirement
- Requirements- education, certification, pass rates
- Wages

Major Findings: Awareness, Recognition and Reward

- Lack of public awareness
- Lack of recognition as a profession
- Inadequate recognition from cancer community
- Dissatisfaction with salary and rewards
- Little opportunity for career growth

Need toolkits for self advocacy, programs to inform and educate users of cancer data, career and professional growth opportunities

Major Findings: Educational Pathways and Certification Workload Standards

- No clear educational pathway
- Lack of incentive or rewards for certification
- Cert exam pass rates vary by route, scores lower in content such as A&P
- Lack of workload standards for abstracting and other job functions

Need professional pathway, certification recognition, workload standards for comparison and monitoring

Major Findings:

Job Satisfaction and Career Commitment Future Demand for Cancer Registrars

- Job satisfaction high (except salary)
- Career commitment strong
- Job openings intermittent, vary by region, setting
- Trends in population and cancer incidence indicate not enough workers for future demand
- Pending retirement of older workers opens more positions

Need recruitment and retention strategies, salary toolkits, better workforce data

Critical Policy Issues

- It's about cancer data and the quality of the data
- How to assure highest quality data collected in timely fashion
- How to assure that cancer data continues to be useful in prevention, treatment, education, and research

Resources

UCSF Center for the Health Professions

<http://futurehealth.ucsf.edu/>



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