



**CC3N – Critical Care Network Lead  
Nurses National Group  
National Adult Critical Care Nursing  
Workforce Retention Survey  
Overview Report  
2022**

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## Acknowledgements

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## **Executive Summary**

Key points to note:

This is the first National Adult Critical Care (ACC) Nursing Retention Survey, and the survey was facilitated in Summer 2022. The survey was developed as a method of gathering both qualitative and quantitative self-reported data from nurses currently working on adult critical care units. All survey data collected was anonymous. The aim of the survey was to help gain better understand how nurses feel about their roles, focusing on factors that may affect their wellbeing and any intentions they may have to leave.

3145 nurses responded to the survey from 195 units across England. 48% of all responses were from Band 5 nurses.

Report findings include:

Following the Covid-19 Pandemic 43.4% of ACC Registered Nurses have stated the pandemic made them less likely to stay in their current post. 42.4 % stated it made no difference.

1 in 2 of the survey respondents are expecting to leave their current critical care units in the next 3 years and 26% of those expecting to leave state they are going to leave the NHS completely.

The top five reasons respondents stated as the reasons why they were intending to leave out of a pick list of 18 factors were:

- Lack of recognition through pay awards
- Being asked to work on other wards or departments
- Lack of recognition from management
- Stressful and traumatic experiences they have encountered
- High workload

The top three factors that survey respondents gave as being important to them as Registered nurses working in critical care are

- Being valued and respected
- Positive impact on patient care
- Positive relationships with colleagues

Whilst they do feel they are making a positive impact with patient care, have professional autonomy and have positive relationships with colleagues – they state are not receiving salary recognition for their skills and knowledge they have as critical care nurses, opportunities for career progression are lacking and they do not feel valued or respected as a nursing speciality.

6 out of 10 respondents feel they have a high level of stress because of their work and out of a picklist of 15 options – the top five causes of stress for survey respondents are:

- Staff shortages
- Being asked to move to other wards and departments
- Stressful and traumatic work experiences

- Workload
- Work life balance

Since the critical care nursing was the first to receive the Professional Nurse Advocate (PNA) role in March 2021 to provide Restorative Clinical Supervision (RCS) for Registered Nurses. Survey data shows it is still not fully embedded or resourced in many critical care units in England yet- 49 % of respondents did not know who their PNA was or what they did. Whilst 36% did know who their PNA was and they were available for them for RCS, there was still 14% of respondents who stated their PNA had not got the time to undertake restorative clinical supervision sessions

68% of respondents stated they would recommend Critical Care as a place to work and there are six clear recommendations which help the retention of ACC registered nurses in the future

- Minimising and thorough risk assessment of critical care nursing staff moves to other wards and departments.
- Need for a National Critical Care Nurse Staffing Establishment and clearly defined National Critical Care Nurse Ratios
- Recognition of Critical Care Nursing as a speciality and remuneration/pay in accordance with skills, knowledge, and experience of critical care nurses with a defined career pathway.
- Need for Flexible staffing arrangements / rotas.
- Staff Mental Health and Wellbeing must be made a priority
- Units should have a comprehensive plan to provide a working environment and core conditions which meet National ACC Workforce Wellbeing Best Practice Frameworks, policies.

## **Introduction**

The Covid-19 pandemic has put unprecedented pressure on the National Health Service (NHS) with adult critical care being one of the specialities that was at the heart of the response. All NHS staff worked relentlessly throughout the pandemic and the pressure has not lifted as there is a need to play “catch-up” with the elective programmes that needed to be delayed in the height of the pandemic.

Research studies –Greenberg et al (2019) and Stayt et al (2022) were published highlighting the impact that the resulting pressure was having on the nursing staff especially in Critical Care.

Interventions were also introduced to help mitigate the pressures and provide the staff with some support such as the Professional Nurse Advocates (PNA) and numerous resources from the Intensive Care Society (ICS) which includes a workforce wellbeing best practice framework.

CC3N valued the interventions put in place to support staff during the Covid-19 Pandemic and felt in the aftermath, a greater understanding of this impact on staff was required. It was agreed to replicate a study undertaken by Thames Valley and Wessex (TVW) and Kent Surrey

and Sussex (KSS) critical care networks, establishing the impact of the pandemic on critical care nursing staff and the factors influencing decisions to remain or leave critical care.

The survey results provide us with a better understand of how nurses feel about their roles, focusing on factors that may affect their wellbeing and identifying any concerns that may influence their intentions to leave not only critical care, but potentially nursing in general.

Understanding the issues experienced by critical care nursing staff nationally is fundamental in developing a robust retention strategy which is essential in providing a sustainable workforce that deliver high quality care and will continue to develop the service. This information will enable all to have a better understanding how our workforce is feeling and will provide guidance when recommending any actions to improve the retention and wellbeing of our staff both nationally and locally.

## **Methodology**

Working alongside Thames Valley & Wessex and Kent, Surrey & Sussex Adult Critical Care Operational Delivery Networks, a survey was developed as a method of gathering both qualitative and quantitative self-reported data from nurses currently working on adult critical care units. All survey data collected was anonymous.

The aim of the survey was to help us have a better understanding of how critical care nurses feel about their roles, focusing on factors that may affect their wellbeing and any intentions they may have to leave. Once developed, the survey was previewed with members of the CC3N who were able to review and comment on the suggested questions/factors.

When finalised, the survey was sent via email to the Network lead nurses for them to disseminate to their unit matrons and subsequently their teams. The survey was open to responses from late May to early June.

The Survey questions are detailed in Appendix 1.

## **Limitations of the survey and results**

Whilst the response rate of this survey was 3145 from 195 critical care units across England – this survey does not represent the entire Registered Nurse (RN) population currently working in critical care units in England. Across England there are approximately 18,215.19 whole time equivalent RN's (bands 5-7) and 276 RN's (band 8a-8c) in post and working in adult critical care giving a total number of 18,491.19 RN's currently working in ACC units in England (based on the June 2021 NHSEI National Stocktake data). The estimated response rate for this survey is around – 17.27 % of adult critical care nurses across England.

All networks within England had responses to the survey, although the participant numbers within each network did vary greatly between 25 and 395 responses.

CC3N recognize the results may not be generalisable to all critical care units in England. The critical care network lead nurses have received the raw data for their own individual critical care networks to analyse and share with their own network unit leads for further discussion and interpretation.

## **Key Findings of the CC3N National Adult Critical Care Nursing Workforce Survey 2022**

The survey consisted of 24 questions and produced a large amount of data, with 3145 responses from 195 units. The following report highlights some of the main results from this survey. Some of the key findings of this data are outlined below:

**43% of nurses report that Covid-19 has made them less likely to stay in their current roles**

**49% of nurses are thinking of leaving their current roles in their adult critical care unit within the next 3 years**

**89% of nurses feel they are having a positive impact on patient care**

**55% of nurses feel they are not getting an adequate salary**

**6 in 10 nurses report high levels of stress as a result of their work**

**The most common causes of stress are staff shortages and being asked to work on other wards**

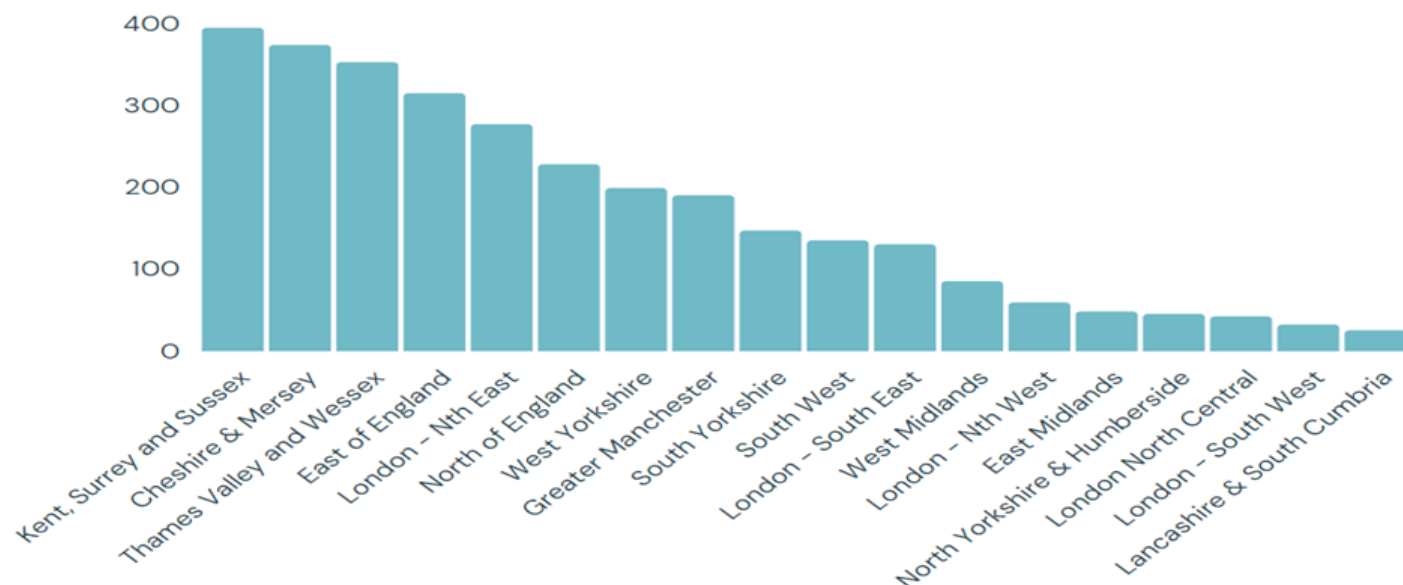
**49% do not know who the Professional Nurse Advocate(s) for their Unit is/are or what they do**

## **Response Rate**

The survey was shared widely by the adult critical care operational delivery networks across England, as a result 3145 adult critical care nurses from 195 units responded to the survey across 18 adult critical care networks.

All networks within England had responses to the survey, although the numbers did vary greatly (between 395 and 25). Across England there are approximately 18,215.19 WTE (whole time equivalent) nurses (bands 5-7) and 276 nurses (band 8a-8c) working in adult critical care giving a total number of 18,491.19 registered nurses currently working in Adult Critical Care units in England (based on the June 2021 NHSEI National Stocktake data). The estimated response rate for this survey is around – 17.27 % of adult critical care nurses across England.

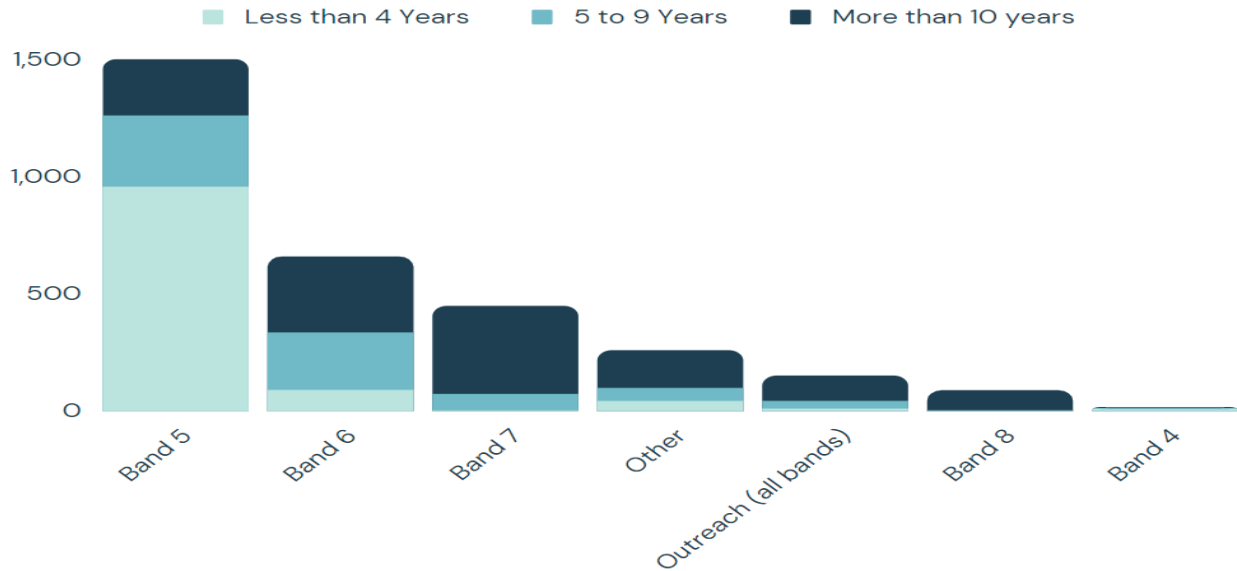




Almost half (48%) of all the survey responses came from Band 5 nurses with 64% of these nurses having worked on an ICU for less than four years. 21% of responses were from Band 6 nurses, 14% from Band 7, 3% from Band 8. This survey also received responses from Outreach nurses (5%) and Band 4 nursing associates / assistant practitioners (0.4%). There was also another category entitled “other” which would include other roles that nurses may do within critical care i.e., quality improvement and research nurse (8.6%).

41% of all nurses that responded to the survey have been an ICU nurse for over ten years. Nearly a 3rd of these are Band 7 nurses and almost all the Band 8 nurses have this level of experience. 8% of all responses came from nurses with less than a year of experience as an Adult Critical Care nurse.

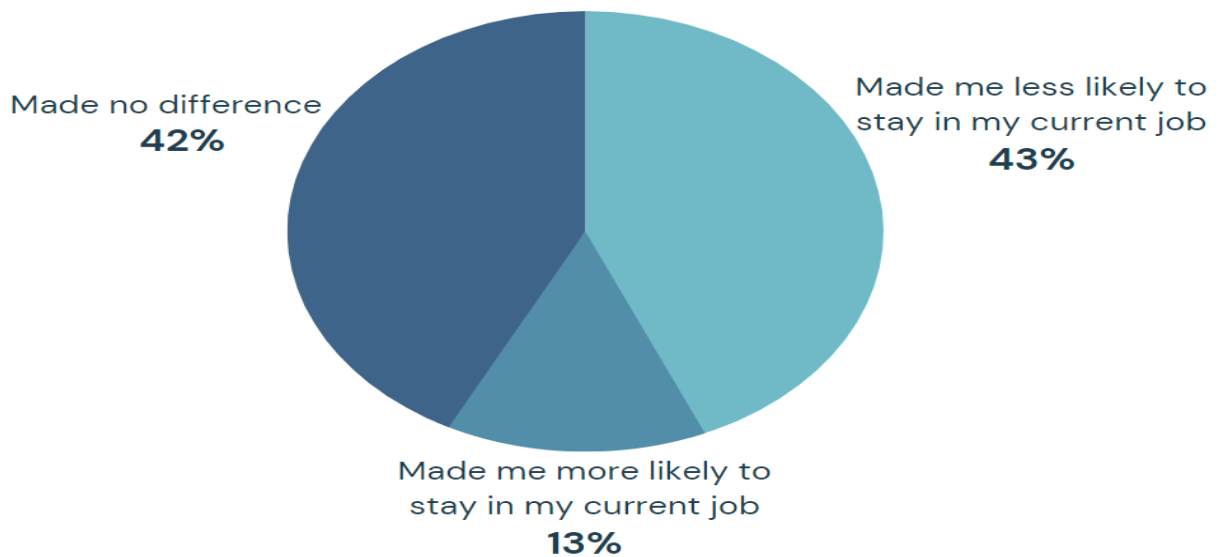
The graph on the next page breaks down the number of responses by nursing band and length of time as an ICU nurse. Band 5 nurses with less than four years as an ICU nurse were the largest group to respond to the survey.



## Responses to the survey questions

### Covid 19 pandemic:

In order to understand the impact of the Covid-19 pandemic responders were asked "How has the Covid-19 pandemic made you think differently about your current role?"



The Covid19 pandemic put unprecedented pressures on the NHS with adult critical care being one of the key specialties that has been affected. This survey was conducted when Covid-19 levels within hospitals were very low. Wave two of the pandemic (the wave with the highest number of patients admitted with Covid-19) was nearly 18 months previous at the point of the survey.

43% of the nurses who responded to the survey felt that the Covid-19 pandemic had made them less likely to want to stay in their role. Across the country there was some variability, with this % anywhere between 35% and 65% however 43% remained the average across the 18 Networks

55% of critical care nurses stated that the Covid 19 pandemic made no difference or made them more likely to stay working within critical care.

## **Staff engagement**

Those who responded to the survey were asked "How often do you feel this way?" to the three statements below and given the five options between "always" and "never".



Although these questions do not explicitly mention happiness at work, they are suggestive of general day to day feelings of nurses in their role. As a positive, 35% of responders rated all three of these categories as "often" or "always". However, when asked if they looked forward to going to work, less than half responded with often/always. Concerningly almost 20% of nurses have reported "rarely" or "never" looking forward to going to work. With 2% of total responses reporting "rarely" or "never" in all 3 of the above statements.

## Feeling Valued at work

Respondents were asked how much they agreed with the following five statements and were able to pick how much they agreed or disagreed (ranging from 'strongly agree' to 'strongly disagree')

The statements were:

- I always know what my work responsibilities are
- I am trusted to do my job
- I am able to do my job I am personally pleased with??
- I feel valued and respected by my colleagues
- I feel valued and respected by management

Most nurses surveyed (88% picking 'Strongly Agree' or 'Agree') felt that they are trusted to do their job. Similarly, 88% of nurses felt that they know what their responsibilities are. Although it is worth keeping in mind that 377 nurses do not feel this is the case.

74% of nurses surveyed felt they can do their job to a standard they are pleased with. However, when looking at this by band, the picture is somewhat different, only 63% of band 7 nurses feel this way. Compared to 78% of band 5 nurses.

Only 50% of nurses felt that they are valued and respected by management. The question did not directly specify who is included under 'management'. This was to allow staff to interpret as they felt necessary. Interestingly, the 49% who did feel valued and respected by management were less likely to be planning to leave within the next three years (37% compared to 63%). Band 8 nurses were much more likely to feel valued and respected by management than nurses within other bands (79% compared to an average of 52% in the other bands).

## Intention to Leave

This question was asked in two parts. Nurses were initially asked whether they have any plans on leaving their current adult critical care unit.

40% of respondents reported that they had no plans to leave their unit now and 24% would only leave if the right opportunity arose.

Respondents were then asked to complete this question with the length of time that they intend to stay in their current unit for which the results are as follows.

***1 in 2 (49%) nurses are expecting to leave their current adult critical care unit in the next 3 years***

This figure did vary across the country and when looking at the individual network data the figure was anywhere between 35% and 66 %.

It is important to not just look at the figure of nurses intending to leave but the circumstances relating to this too, including where they plan to go upon leaving their current unit. The majority of those who plan to leave their current unit in the next 3 years were planning to move to another nursing post within the NHS (26%)

It is also worth keeping in mind that these moves may be for promotion reasons.

***26% of nurses that are planning to leave within the next 3 years are also planning to leave the NHS.***

12% of all respondents are planning to leave the NHS within the next three years.

40% of those are nurses who are planning on retirement with the remaining respondents stating they were going to leave giving a mixture of reasons such as relocation to another country, a job outside of the healthcare setting or in the private healthcare sector

12% of those planning to leave within the next 3 years are uncertain where they will move to.

## **Contributing Factors in the decision to leave.**

To try and understand the reasons why nurses might be considering leaving their current units, participants were given 15 factors and were able to select any that they felt were contributing factors in their decision to leave.

The choice of factors was:

- Being asked to work outside of an adult critical care unit i.e., other wards, ED, paediatric critical care units
- Lack of recognition through pay progression
- Lack of recognition by Management
- Stressful and traumatic work experiences
- Culture / morale within the team
- Being asked to work on another Adult critical care unit
- High workload
- Lack of career progression opportunities
- Limited time to rest between shifts
- Lack of flexible working

- Poor working conditions
- Lack of educational development opportunities
- Poor wellbeing support in the workplace
- Moral Distress – staff not being able to fulfil ethical obligations
- Workplace bullying
- Discrimination
- Working unpaid overtime
- Lack of access to wellbeing resources (i.e., regional resilience hubs)

## **Top 5 Contributing Factors in the decision to leave**

**1 - Lack of recognition through pay awards (46%)**

**2 - Working on other wards (45%)**

**4 - Stressful and traumatic work experiences (33%)**

**3 - Lack of recognition from management (37%)**

**5 - High workload (32%)**

There are several factors influencing nurse's choice to leave their unit and respondents were also able to list anything this survey did not cover in a free text box – due to the sensitive nature of some of the comments received these will not be included within this report and will be shared with critical care networks to provide feedback to the units individually.

The main factor contributing to nurses' decisions to leave was "Lack of recognition through pay awards". NHS staff pay has been a contentious issue for many years and features heavily in the media on a frequent basis, particularly since the Covid- 19 Pandemic

### ***“Poor pay progression compared to inflation rise over these 10 years”***

Second main factor was "Working on other wards" (45%). This is a combination of 2 separate options: "Being asked to work outside of an adult critical care unit" and “being asked to work on another Adult Critical Care unit.”

This appears in some of the other questions asked within this survey and is frequently mentioned in the comments throughout the survey.

Also, worth bearing in mind is that once nurses have completed the Qualification in Speciality (QIS) course, which gives them a post registration qualification in their speciality in this case adult critical care, they are not automatically given an uplift in pay / band to reward this extra qualification and the acquired skills and knowledge they have attained by undertaking this qualification.

***“Uncompetitive salary. Working in a highly specialised area is paid the same as working in a day unit with less skills needed to take care of patients”***

## **What really matters to Critical Care Nurses?**

Respondents were asked how important the following 15 factors are to them in their current role.

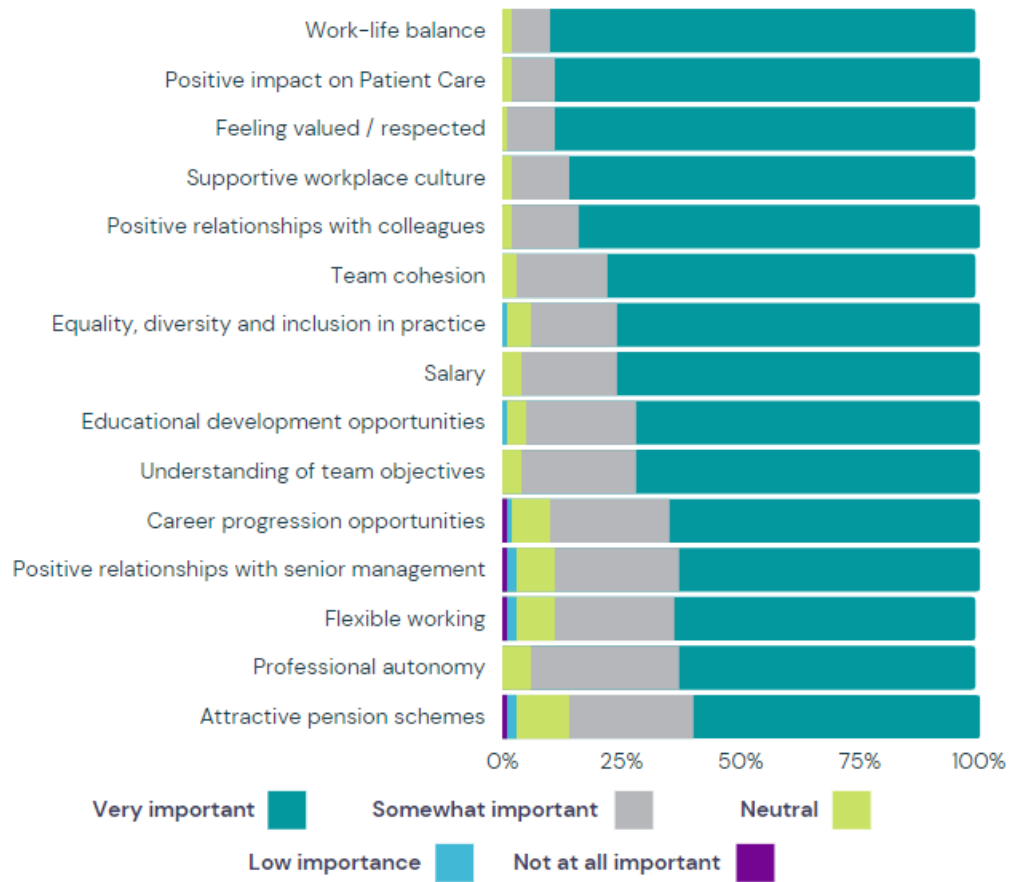
Table below shows the factors and the percentage they were rated as

<b>Factors</b>	<b>Percentage rates ranked as very important</b>
Work-life balance	89%
Positive impact on patient care	89%
Feeling valued / respected	88%
Supportive workplace culture	85%
Positive relationships with colleagues	84%
Team Cohesion	77%
Equality, diversity and inclusion in practice	77%
Salary	76%
Educational development opportunities	72%
Understanding of team objectives	72%
Career progression opportunities	65%
Positive relationships with senior management	63%
Flexible working	63%
Professional Autonomy	62%
Attractive pension schemes	60%

The above only takes "Very Important" into consideration. However, when looking at "Very Important" and "A lot" responses together, the top 5 on this list remained the same, just in a slightly different order. Overall, the percentages and numbers themselves for these top 5 factors were very similar.

In most instances the 15 factors were rated either "Somewhat" or "Very important". With most factors receiving very few in the "Low" or "Not" important and some not receiving any at all

The chart below breaks down each factor compared to how these were rated by critical care nurses. Nurses rated work-life balance very highly, however flexible working was not rated as highly. This suggests that balancing work and home life is not necessarily down to hours and days worked but other factors as well.



***“I was very excited to join ICU as a nurse. But the work life balance culture in this unit is very off-putting. The hours are so long it's not possible to have any work life balance hence I have started looking for a new job less than 6 months after starting.”***



## **Do Critical Care Nurses receive what matters to them whilst working in their current role?**

Following on from the last question “What’s important to you in your role?”, respondents were asked whether they felt they were getting the same 15 factors within their current role. There were five available responses ranging from "Not at all" to "A lot”.

The table below ranks the 15 factors by the percentage of "A lot" scores. Most notably is that the percentages for 'Getting the factors’ are significantly lower than the 'Importance' rating

Although this is somewhat expected, there are some significant differences. "Work-life balance", for example, had the highest percentage under the "Important" ratings whereas it was fourth from bottom in "Do you feel you're getting these" percentages.

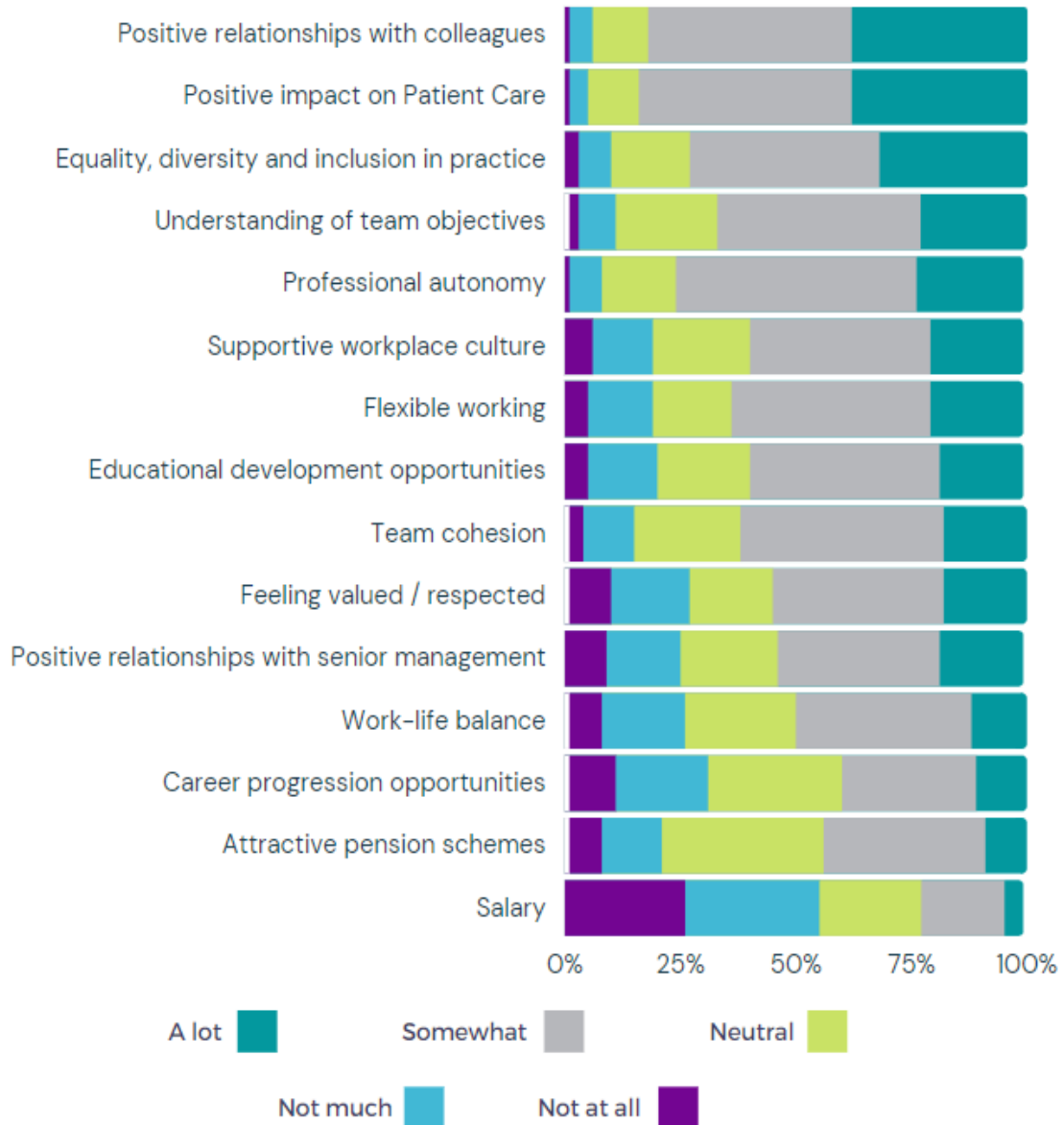
<b>Factors</b>	<b>Percentage rates ranked in order of respondents getting these whilst working in their current units</b>
Positive Relationships with colleagues	38%
Positive impact on patient care	38%
Equality, diversity and inclusion in practice	32%
Understanding of team objectives	23%
Professional Autonomy	23%
Supportive workplace culture	20%
Flexible working	20%
Educational Development Opportunities	18%
Team Cohesion	18%
Feeling valued and respected	18%
Positive relationships with senior management	18%
Work life Balance	12%
Career progression opportunities	11%
Attractive Pension Schemes	9%
Salary	4%

Unlike in the 'Importance' question results, there was a much greater split between the five options for "Do you think you are getting these?". Although the number of responses for "Not at all" was still relatively low in most categories (except "Career progression" and "Salary").

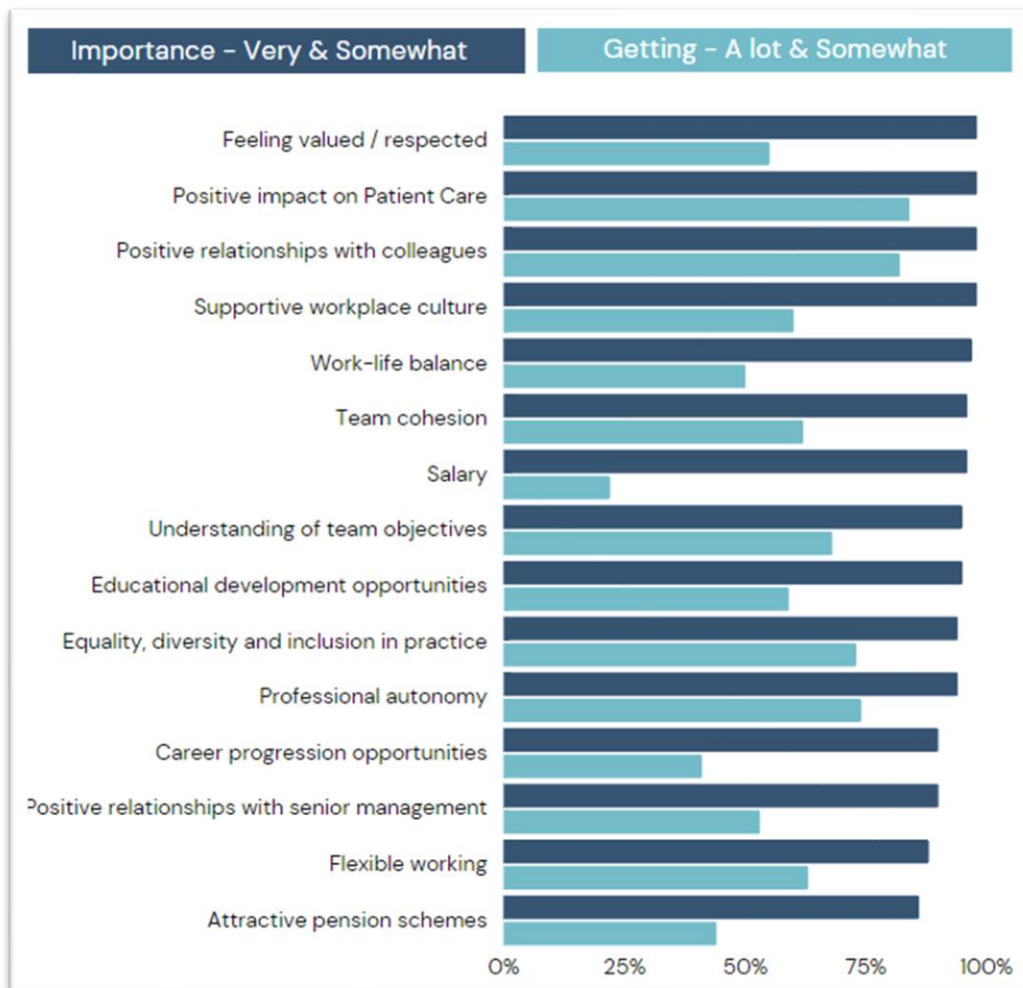
When looking at the two positive options ("A lot" and "Somewhat"), "Positive Impact on patient care” had the highest response with 87% of nurses selecting one of these two options.

However, this was still 12% short of the 98% of respondents who selected that this was "Very" or "Somewhat" important.

Interestingly, 12% was the smallest difference between "Important" and "Getting". The largest was 70% for "Salary" followed by "Work-life balance" at 50%.



## Comparison – what matters to Critical Care Nurses and do they receive it in their current role



When looking at all 15 factors, it is possible to see where there are large differences between what nurse's feel is important and what they feel they are getting.

This is particularly clear in terms of "Salary", "Work-life balance", "Career progression opportunities" and "Feeling valued/respected". These 4 factors had the biggest difference between 'Importance' and 'Getting' for those who plan to leave in the next 3 years and those

who plan to stay for longer. Although the percentage difference for those who plan to leave within the next 3 years was much higher in some instances than those who were planning to stay longer.

**Lowest Factors**

The following analysis is based on the lowest two options for both Importance ("Not at all Important" and "Low Importance") and whether you are getting these ("Not at all" and "Not much")

Lowest Three Factors	
Important Factors (Not at all Important and Low Importance)	Are you getting these? (Not at all and not much)
1. Flexible working - 3%	1. Salary – 55%
2. Attractive pension schemes – 3%	2. Career progression opportunities – 30%
3. Career Progression Opportunities -2%	3. Feeling valued/ respected – 26%

As the above table shows, 55% of survey respondents do not feel they are getting the appropriate salary, with 30% feeling they do not get the appropriate career progression opportunities and 26% not feeling valued and respected

However, when looking at this for those who plan to leave in the next 3 years the numbers were significantly higher with 60% not feeling they are getting the appropriate salary, 38% not getting career progression opportunities and 26% not feeling valued and respected

Career Progression is the only factor that featured in the lower 3 for both importance and getting. However, it also features as having one of the biggest gaps between importance and receiving when looking at the 2 positive options.

This seems to be reflective that those who want to progress in their career feel this is important but with minimal opportunities available but there are some who do not prioritise this

## Stress



## 6 in 10 participants feel they have a high level of stress as a result of their work

Questions around stress were asked in 2 parts. The first question simply asked, “Do you have high levels of stress as a result of your work?” with 62% answering Yes.

Those who plan to leave within the next 3 years were much more likely to answer “Yes” to this question with 71% choosing "Yes" compared to 54% of those who are not planning to leave within the next 3 years.

Respondents were then asked to rank on a scale of 1 - 10, how stressed they felt they were, because of their work. With 10 being the most stressed. The average score was 6.1. However, nurses who planned to leave within 3 years had an average of 6.5, in comparison with respondents who were planning on staying more than 3 years had an average stress score of 5.6.

9% of nurses reported their stress level to be 9 or 10.

Following on from asking whether nurses would describe themselves as stressed, they were then asked to select which factors were contributing to their stress, based on a list of 15 options. Nurses could pick and choose as many or as few as they wanted.

### Top 5 contributing factors of workplace stress for critical care nurses

1	<b>Staff Shortages</b>
2	<b>Working on other wards *</b> <i>*Combination of being asked to work on another ward outside of ICU and being asked to work on another ICU ward.</i>
3	<b>Stressful and traumatic work experiences</b>

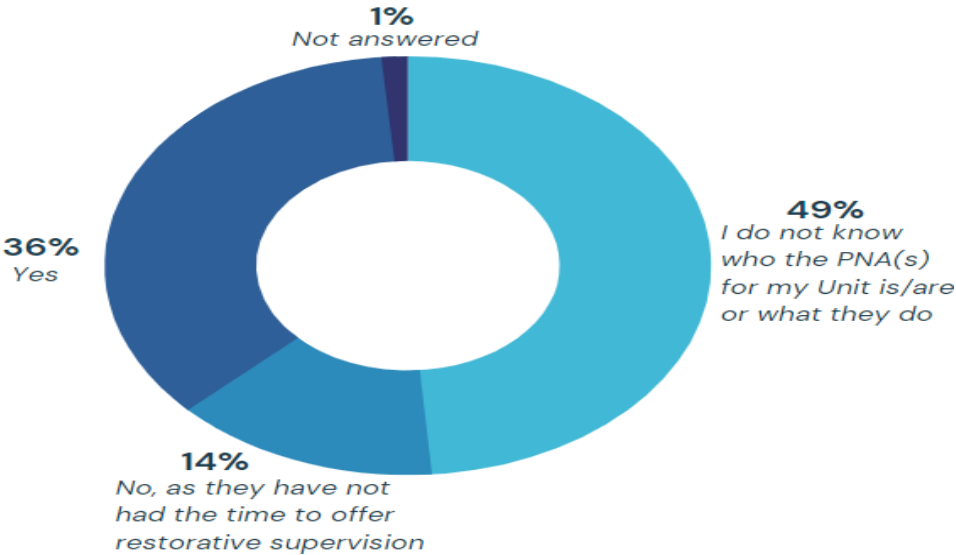
4	<b>Workload</b>
5	<b>Work-life balance</b>

Over 50% of nurses feel that 'Staff Shortages' are a contributing factor to their intention to leave which is 16% more than any other factor. There is a well reported shortage of NHS nurses and adult critical care is not exempt from this. Working on other wards was frequently mentioned in the free text answers provided by respondents and is clearly a big issue for many critical care nurses

***“On almost every shift members of the critical care nursing team are being sent out to staff other areas of the hospital. This is leaving the department constantly working with the minimal of staff”.***

**Professional Nurse Advocate (PNA’s)**

The PNA programme was launched in March 2021, towards the end of the third wave of COVID-19. This training provides the skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. Within this survey there was a desire to understand the impact of the PNA programme so far, therefore nurses were asked "Do you have a Professional Nurse Advocate (PNA) available to you for restorative clinical supervision?"



Nearly half of the nurses surveyed (49%) do not know who the PNAs on their unit is or what they do. This suggests a need for further promotion of the role of the PNA within critical care units and nationally. This did have some variation across critical care networks and units. It should be acknowledged that the PNA training programmes have only been in place for just over 1 year at the point of the survey being undertaken. PNAs were also mentioned in the open qualitative questions in the survey. Many respondents describe that they have undergone PNA training but have had no time allocated to undertake the role and provide restorative clinical supervision (RCS).

***“I recently completed the PNA course but in reality, finding the time to provide RCS is unrealistic.”***

**Would survey respondents recommend critical care as a place to work?**



**68% said “Yes”**



**10% said  
“No”**



**21% said  
“Not Sure”**

Although the nurses who responded expressed some concerns throughout this survey, 68% of them would still recommend adult critical care nursing to other nurses, only 10% would not. This percentage varied somewhat between the participating networks nationally (from 63% to 75%).

Nurses who have worked as an ICU nurse for less than 6 months were more likely to recommend adult critical care nursing. Those who have worked for the NHS for 5-6 years had the highest NO response.

## **Key Recommendations from the results of this survey:**

CC3N understand how important it is for the voices of our adult critical care staff to be heard. This report will be shared widely nationally with NHSEI Adult Critical Care Programme team, Regional NHSEI Chief Nurses and workforce/retention/commissioning teams, Trust's Chief Nurses, Retention/staff experience managers, and all adult critical care unit Lead Nurses/Matrons.

Individual network data has been shared with the critical care network lead nurses and many are individually producing their own regional and local analysis.

Following the analysis of the CC3N National Critical Care Nursing Workforce Survey – these key recommendations should be considered and put in place nationally.

### **Recommendation one:**

***Being asked to work on other wards is a significant contributor to stress experienced by adult critical care nurses. The impact of this on staff retention should also be recognised when staff redeployment is planned locally.***

Critical Care provides specialist expertise and facilities to manage and monitor patients with potentially life-threatening conditions, whose needs cannot be met in the ward environment. To care for such patients effectively and safely requires specialised skills and the expertise of



medical and nursing staff experienced in the management of these problems. Very sick patients need to be admitted to critical care units promptly and these units should have the requisite resources immediately on hand, including competent and appropriately trained nursing staff.

Critical Care activity and the associated nursing workload are dynamic and can vary significantly throughout a shift. Emergency admissions and patient deterioration are not predictable, and therefore the number of nurses on shift should safely allow for flexibility to respond to changes in patients' clinical conditions and unit activity and demands.

Staff moves from critical care are often happening on each shift in some units. The results of the Critical Care Nursing workforce survey clearly demonstrates that it is one of the key reasons why nursing staff want to leave the specialty of critical care nursing. This mirrors the National results. Often when staff are moved from critical care, they may be required to manage an area or ward which again can cause a high level of stress for the nurse who has been moved.

CC3N have just published version two of their **Best Practice Principles to Apply When Considering Moving Critical Care Nursing Staff to a Different Clinical Area**. This document outlines the principles to apply when there are requests to move critical care nursing staff to other areas. This guidance also includes a standardised risk assessment that can be used in the management of nursing staff moves.

CC3N recognises that at times there may be a requirement to move nursing staff from one clinical area to another to minimise risk to patient care standards. In principle this should only be required to meet short term (<12hrs) unplanned need and should balance the relative risks of ensuring patient safety across the organisation. The CC3N guideline document recommends that the process should be followed if this is required to ensure there are enough resources in Critical Care to maintain patient safety for this highly vulnerable patient population.

## **Recommendation two:**

### ***Need for a National Critical Care Nurse Staffing Establishment and clearly defined National Critical Care Nurse Ratios***

Defined and explicit staffing standards have been in use within critical care for many years. These are detailed in GPICS V2.1 (2022) and included as a requirement in the Critical Care service specification (D05 NHSEI 2021) against which units are commissioned. All providers must provide a Critical Care nursing establishment which is determined by the following nurse-to-patient ratio.

**Level 3 patients have 1:1 Critical Care nursing ratio for direct patient care**

**Level 2 patients have 1:2 Critical Care nursing ratio for direct patient care**

These ratios were developed from an expert consensus. Whilst the use of nurse-to patient ratios has no specific evidence base, there are numerous studies identifying increased patient harm, and reduced staff wellbeing when these ratios are diluted.

However, there is an acknowledgement that ratios do not always reflect the dependency of the patient. Earlier guidance identified that the complexity of some patients required a higher ratio than the identified 1:1. It appears that in later iterations of guidance this has been lost.

However, the ratios provide an essential element of the formula to calculate the nursing establishment required for critical care units

The daily allocation of the staff should be based on the patient's dependency rather than acuity i.e., Levels of Care L3 etc. Presently there is no dependency tool that is recommended for critical care. However, it has been recognized that "no tool has been demonstrated to be superior to the professional judgement of an experienced nurse manager for staffing decisions". A United Kingdom Critical Care Nursing Alliance (UKCCA) work stream is currently in progress to produce a robust Critical Care Nursing Establishment Calculation tool that will eventually be adopted by all Critical Care Units nationally.

### **Recommendation three:**

***Recognition of Critical Care Nursing as a specialty and remuneration/pay in accordance with skills, knowledge and experience of critical care nurses with a defined career pathway.***

Adult critical care nurses represent a specialised and highly trained group, and we continue to highlight nationally that salaries and banding should reflect both the training undertaken (such as the attainment of the adult critical care course) and the clinical experience and skills of the nurses.

Lack of recognition through pay awards is shown to be one of the main reasons why critical care nurses are expected to leave their current roles. Several comments in the survey also mentioned the lack of recognition in banding once they had completed the critical care course. We are aware that some Trusts in the country will award nurses who have completed this course with a band 6, whereas many others do not. This variation has been raised at a national level, and as a National Critical care Nursing group, CC3N will continue to highlight the

importance of appropriate salary/banding through our appropriate channels. Units in the North of the Country have the largest percentage of Band 5's in their establishment compared to the rest of the country and conversely lower Band 6 & 7's.

It is vital that we recognise the skills and knowledge of our nurses. One way to facilitate this is to establish a clear career pathway within Critical Care allowing rewarded career progression. CC3N (2022) have designed a clear and concise critical care career pathway, and this will be published soon.

## **Recommendation four:**

### ***Need for Flexible staffing arrangements / rotas.***

Pre-pandemic, some units worked flexibly, that is they managed their own nurse staffing establishments, if there was capacity staff had the ability to take flexitime, with the understanding that if the unit acuity deteriorated, they could be called in to work. Equally if there was a peak in demand there would be an expectation that that they would pay the time back. This appeared to be a win/win, staff were not moved to the ward and there was also a reduction in bank / agency spend as they were able to manage their workforce efficiently. It is recommended that this model of flexible working is revisited to allow units to manage their own staff rosters.

## **Recommendation five**

### ***Staff Mental Health and Wellbeing must be made a priority***

Critical Care Staff are regularly exposed to stressful situations and moral distress in their work. This was acknowledged in the Guidelines for the Provision of Intensive Care v2.1 (2022) and standards for staff support and wellbeing were added to this document.

Stress and moral distress experienced by critical care staff during the recent Covid-19 pandemic increased tenfold and many staff are still dealing with the after-effects of what they experienced during the pandemic. A study by Greenberg et al (2021) was conducted after wave one of the pandemic, looking at critical care staff stress and moral distress levels. This study highlighted the probable rate of Post-Traumatic Stress Disorder (PTSD) of ICU frontline staff as 39.5% which is nine times the rate of PTSD in the general public and double that of military personnel who had been in recent combat. 1 in 7 of the study participants reported suicidal or self-harm thoughts. The ongoing support of mental health and wellbeing of all NHS staff is vital.

One role that is key to support the mental health and wellbeing of Nursing staff is the role of the Professional Nurse Advocate (PNA). The PNA is a practicing Registered Nurse who is trained to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative clinical supervision (RCS), in response to service demands and changing patient requirements. The PNA training and role was launched in March 2021 by Ruth May, Chief Nurse Officer for England. (CNOEs)

Critical Care was the first nursing specialty selected to undertake the PNA training as the unprecedented pressures they have experience were recognised.

The Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for colleagues right across England. The CNOE's vision is that there will be a minimum of 1 PNA for 20 Registered Nurses in England. Further to this CC3N developed **Professional Nurse Advocates in Critical Care: Standard Operating Procedure** (2022) which recommends that each PNA in critical care gets the minimum of 15 hours per month in order to undertake the role within their own critical care unit and that each member of nursing staff should also be given the time to access the PNA within their own unit when it is required.

The survey highlighted that 52% of respondents did not know who the PNA was for their own unit or what they did and 13% had not been offered a RCS session as the PNA did not have time to offer RCS sessions. Both the time that the PNA needs to undertake the role within critical care and the time that nursing staff need to attend RCS sessions facilitated by the PNA should be built into existing nurse staffing establishments.

Nationally NHSEI adult critical care programme team are currently compiling a National Adult Critical Care staff wellbeing strategy which will further outline principles and best practice in staff support within critical care.

Other staff support resources are available online from Intensive Care Society (ICS), British Association of Critical Care Nursing (BACCN) and NHS People websites.

A best practice framework is needed to guide commissioners and budget holders, senior hospital management and the intensive care team on ways to provide the best possible employee experience within intensive care.

## Recommendation Six

### ***Units should have a comprehensive plan to provide a working environment and core conditions which meet the Intensive Care Society Workforce Wellbeing Best Practice Framework.***

Staff must be able to thrive at work. We must take inspiration from Maslow's Hierarchy of needs which sets the basic human needs that all human beings need in order to thrive and be motivated. This theory should also be applied to the working environment too.



**Maslow's Hierarchy of Needs**

Lack of access to basic wellbeing needs is identified as a major concern for NHS staff wellbeing and the impact this has on health and wellbeing and patient safety. It is often the smallest things that make a real difference to critical care nursing staff and these things go a long way for staff to feel valued and cared for at work.

The basic needs of critical care nursing staff that should be satisfied for them to thrive and be motivated at work are: The 3Rs initiative, covering the need to “rest, rehydrate, refuel”, emphasises the link between proper breaks and safety. The following bullet points provide more detail.

- **Regular breaks and rest areas** - staff should be able to take adequate undisturbed breaks in specific areas designated for staff rest and breaks
- **Nutrition** – adequate food facilities within NHS Trusts, adequate food storage facilities and appliances to help them heat up and prepare food they may have brought in themselves.
- **Hydration** – availability of hydration stations, water whilst on shift
- **Adequate Personal Protection Equipment** whilst on shift Adequate Toilet/shower facilities

- **Sleep and rest between shifts** - staff must be allowed adequate time off and rest periods, especially when transitioning from night to day shifts.
- **Fair and Equitable Rota system** -Units should ensure a fair equitable off duty with robust rules for all staff to ensure staff have sufficient time off to rest to ensure a healthy work life balance
- **Adequate time allocated for education** - Staff who are undertaking post registration critical care programmes, mandatory training, and other education, they require as part of their role, should be given adequate study time to attend the courses and be able to concentrate on their learning in these programmes.

Both the Intensive Care Society (ICS) and NHS employer's websites have further resources on thriving at work – these can be viewed by clicking on the following links:

[Workforce Wellbeing Framework \(ics.ac.uk\)](https://www.ics.ac.uk/workforce-wellbeing-framework)

[Wellbeing Education \(ics.ac.uk\)](https://www.ics.ac.uk/wellbeing-education)

[Supporting the wellbeing needs of NHS staff | NHS Employers](https://www.nhs.uk/employers)

## References

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Intensive Care Society (ICS) and Faculty of Intensive Care Medicine (FICM) (2022) **Guidelines for the Provision of Intensive Care *version 2.1*** published by ICS and FICM July 2022

NHSEI (2021) **Adult Critical Care Service Specification** published by NHSEI 2019.

CC3N (2022) **Adult Critical Care Nursing Career Pathway**

CC3N (2021) **Professional Nurse Advocates in Critical Care: Standard Operating Procedure**.

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## **Appendix one**

CC3N (2022) National Adult Critical Care Nursing Workforce Retention Survey Questions

Appendix one –

**CC3N National Adult Critical Care Nursing Workforce Retention Survey Questions**

- How long have you been working for the NHS?
- How long have you been working as an ICU nurse?
- How long have you been working as an ICU nurse within your current unit?
- What is your current role in the ICU?
- If Other, please specify:
- Which Unit do you work at? (If you work at multiple Units, please choose the unit where you spend the majority of your time)
- How often do you feel this way about your job based on the following statements?

*I look forward to going to work.*

*I am enthusiastic about my job.*

*Time passes quickly when I am working.*

- To what extent do you agree or disagree with the following statements about your job?

*I always know what my work responsibilities are.*

*I am trusted to do my job.*

*I am able to do my job to a standard I am personally pleased with.*

*I feel valued and respected by my colleagues.*

*I feel valued and respected by management.*

- Do you have any plans on leaving your current ICU?
- How long do you hope or expect to continue working within your current ICU?
- As and when you decide to leave your current unit, what do you anticipate you would be going on to?
- If Other, please specify:
- How has the Covid-19 Pandemic made you think differently about your current role?
- How important are the following to you as an ICU nurse?

*Flexible Working*

*Professional Autonomy*

*Positive Impact on Patient Care*

*Positive Relationships with Senior Management*

*Positive Relationships with Colleagues*

*Equality Diversity & Inclusion in Practice*

*Attractive Pension Schemes*

*Salary*



*Educational Development Opportunities*  
*Career Progression Opportunities*  
*Work-Life Balance*  
*Team Cohesion*  
*Feeling Valued/Respected*  
*Understanding of Team Objectives*  
*Supportive workplace culture*

- Is there anything you would like to add to the options from Question 12?
- Do you feel you are getting these in your current role?
- If you are considering leaving your current position what would be contributing to this decision. You can select multiple options
- Is there anything you would like to add to the options from Question 12?
- Do you feel you are getting these in your current role?

*Flexible Working*  
*Professional Autonomy*  
*Positive Impact on Patient Care*  
*Positive Relationships with Senior Management*  
*Positive Relationships with Colleagues*  
*Equality Diversity & Inclusion in Practice*  
*Attractive Pension Schemes*  
*Salary*

*Educational Development Opportunities*  
*Career Progression Opportunities*  
*Work-Life Balance*  
*Team Cohesion*  
*Feeling Valued/Respected*  
*Understanding of Team Objectives*  
*Supportive workplace culture*

- If you are considering leaving your current position what would be the factors contributing to this decision? You can select multiple options.

*Not applicable*  
*High workload*  
*Poor working conditions*  
*Limited time to rest in-between shifts*  
*Working unpaid overtime*

*Moral distress (inability to fulfil ethical obligations)*  
*Lack of access to Wellbeing resources (e.g., access to Mental Health & Wellbeing Hubs)*  
*Poor Wellbeing Support within the workplace*  
*Lack of recognition from management*  
*Lack of recognition through pay awards*  
*Lack of career progression opportunities*  
*Lack of educational development opportunities*

*Lack of flexible working*  
*Stressful and traumatic work experiences*  
*Being Asked to Work on another Adult Critical Care Unit*  
*Being Asked to Work outside of an Adult Critical Care Unit (e.g., Wards, A&E, Paediatric Critical Care, etc.)*  
*Workplace bullying*  
*Culture/Morale within the team*  
*Discrimination*  
*Other (please specify)*

- Do you feel you have high levels of stress as a result of your work?
- On a scale of 1 to 10, how stressed do you currently feel as a result of your work?
- If you answered Yes to Question 16, what are the main factors contributing to the feeling of stress? You can select multiple options

*Not applicable*  
*Working long shifts*  
*Staff shortages*  
*High nurse to patient ratios*  
*Working unpaid overtime*  
*Family related factors*  
*Personal life related factors*  
*Work-life balance*  
*Stressful and traumatic work experiences*  
*Being unable to provide the care that is needed*  
*Work environment*  
*Being Asked to Work on another Adult Critical Care Unit*  
*Being Asked to Work outside of an Adult Critical Care Unit (e.g., Wards, A&E, Paediatric Critical Care, etc.)*  
*Limited time to rest in-between shifts*  
*Workload*  
*Culture/Morale within the team*  
*Other (please specify)*

- Do you have a Professional Nurse Advocate (PNA) available to you for restorative supervision?
- What do you enjoy the most in your current role as an ICU nurse?
- Would you recommend ICU nursing as a career to other nurses?
- Is there anything else you would like to add related to the content of this survey?
- What is your age?

Whilst this report is applicable in England, other UK countries are welcome to adopt it as required.



Critical Care National Network Nurse Leads Forum

Website: [www.cc3n.org.uk](http://www.cc3n.org.uk)

Contact us: [www.cc3n.org.uk/contact-us.html](http://www.cc3n.org.uk/contact-us.html)