

Nurse Retention Survey Report

A report by the South West, Thames Valley & Wessex
and Kent, Surrey & Sussex Adult Critical Care
Networks



In this report

Key Findings

Survey Results

Network Recommendations

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Introduction

Following the 2021 Nurse Staff Retention Survey conducted by the Thames Valley & Wessex (TVW) and Kent, Surrey & Sussex (KSS) Adult Critical Care Operational Delivery Networks (ODNs), and the subsequent 2022 national survey led by the Critical Care Networks National Nurse Leads (CC3N), three networks in the South of England—South West, Kent, Surrey & Sussex, and Thames Valley & Wessex—collaborated to repeat the survey in 2025.

The survey was designed to collect both qualitative and quantitative self-reported data from nurses currently working in adult critical care units. All responses were anonymous, ensuring participants could share their views openly and honestly. The primary aim was to gain a deeper understanding of how adult critical care nurses perceive their roles, with a particular focus on factors influencing any intentions to leave the profession or their current roles. The insights gathered will support workforce planning and inform strategies to improve nurse retention across the participating networks.

Developing a robust retention strategy is essential in providing a sustainable workforce that deliver high quality care and will continue to develop the service. Therefore, understanding the issues is crucial.

Methodology

The 2025 Nurse Retention Survey was collaboratively conducted by three Adult Critical Care Operational Delivery Networks (ODNs) in the South of England: South West, Kent, Surrey & Sussex, and Thames Valley & Wessex. Building on previous surveys carried out in 2021 and 2022, this iteration aimed to provide updated insights into nurse wellbeing and retention within adult critical care settings.

The survey was distributed electronically to nurses currently working in adult critical care units across the three networks. Participation was voluntary, and all responses were collected anonymously to encourage honest and open feedback. The survey comprised a combination of quantitative and qualitative questions, designed to capture both statistical trends and personal experiences.

Quantitative data focused on length of service, important factors, stress and intentions to leave the profession. Qualitative questions explored themes similar themes and included what they enjoy most.

Data analysis was conducted using thematic analysis for qualitative responses and statistics for quantitative data.

Key Findings

The results of the 2025 Nurse Retention Survey provide valuable insights into the experiences and perspectives of nurses working in adult critical care across the South West, Kent, Surrey & Sussex, and Thames Valley & Wessex networks. The data highlights several recurring themes.

The following section outlines the most significant findings from the survey, to support clarity and actionable interpretation.



46% of nurses indicated that they expect to leave their current adult critical care unit within the next three years.



Only 25% of respondents felt they were receiving an adequate salary for their role. Many nurses expressed that their current pay does not reflect the complexity and responsibility of working in adult critical care. This was linked to feelings of undervaluation and contributed to intentions to leave the profession or seek alternative employment.



Being asked to work outside of the critical care environment was consistently reported as a major source of stress. Many nurses indicated that redeployment was a key factor in their intention to leave their role.



Staff Shortages was consistently highlighted across all three networks. Nurses described working in environments where staffing levels were insufficient, leading to increased workloads, increase stress and reduced morale.



Limited opportunities for career development and progression were frequently cited as a source of frustration. Respondents reported a lack of clear pathways for advancement within critical care



Despite the challenges highlighted, many nurses expressed a strong sense of pride and fulfilment in their work, particularly in relation to the quality of care they are able to provide to critically ill patients. Respondents frequently cited the opportunity to make a meaningful difference in patient outcomes.

Recommendations

Recent findings show that a significant number of highly skilled ICU nurses are considering leaving the NHS. This is a critical moment for nurses and leaders to work together to understand and address the underlying causes. We have identified key areas for improvement and developed recommendations to at improving nurse wellbeing, and long-term retention within the nursing workforce.

1

Recognise and Minimise the Impact of Redeployment

Being asked to work on other wards is a significant source of stress for adult critical care nurses. This stress can negatively affect staff retention and should be considered when planning local staff deployment. Unit leadership are encouraged to limit redeployment wherever possible to maintain team stability and morale, as this should be the exception not the norm. When redeployment is necessary, unit leadership should use the CC3N [best practice guidance](#) for moving critical care staff. Leads should develop clear redeployment protocols that Charge nurses can follow when senior management are not available to prevent staff redeployment and track staff redeployment to maintain a record of redeployed staff to ensure fairness and transparency.

2

Provide Clear Career Pathways

Career progression has repeatedly featured in these survey results with only 43% of nurses feeling they are getting the appropriate career progression. Unit leads should clearly outline career progression pathways and development routes within the unit. As well as, offer development opportunities in line with the CC3N Career Pathway, such as advanced practice roles, education, secondments in outreach or other hospital-based teams, or leadership tracks.

3

Provide Protected Time for Education and Professional Development

We encourage all units to adopt a culture of lifelong learning by supporting staff at all grades to undertake further education relevant to their chosen career pathway. It is essential that educational opportunities are protected and that staff are given adequate protected time to attend courses, complete mandatory training, and focus on their learning without interruption. Education teams should be resourced in line with GPICS standards and a training strategy must be in place to achieve a minimum of 50% of nursing staff with a post-registration award in critical care nursing (as

required by the Service Specification). Prioritising protected time for both learners and educators is critical to sustaining professional growth and maintaining high standards of care

4

Professional Nurse Advocate Role

Trusts should support and develop the Professional Nurse Advocate (PNA) role, ensuring staff have protected time to deliver it effectively. Recognising the role's importance in promoting staff wellbeing within adult critical care will help strengthen resilience and improve retention.

5

Strengthen Leadership and Foster a Positive Workplace Culture

Units should prioritise developing a culture that values respect, inclusivity, and collaboration, supported by strong and visible leadership. Leaders and managers must demonstrate compassionate and authentic leadership, actively listening and responding to staff concerns. Training should be provided on respectful workplace behaviours and inclusive communication to ensure a positive and supportive environment. A positive culture, driven by strong leadership, is critical for staff retention, morale, and the delivery of high-quality patient care.

6

Ensuring Core Conditions for Staff Health and Wellbeing

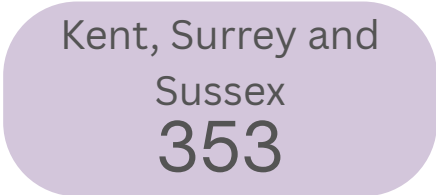
Units should develop a comprehensive plan to create a working environment and core conditions that meet the Intensive Care Society Workforce Wellbeing Best Practice Framework. This includes ensuring staff have regular, undisturbed breaks in designated rest areas, access to adequate nutrition facilities with food storage and appliances, and hydration stations throughout the unit. These measures are essential to safeguard staff wellbeing and maintain high standards of patient care.

7

Advocating for Fair Pay and Consistent Banding in Adult Critical Care Nursing

A lack of recognition through pay and banding remains a significant factor driving nurses away from critical care roles. It is essential to acknowledge adult critical care nurses as a highly skilled and specialised workforce. The Networks will continue to advocate nationally for consistent banding practices across Trusts, as current variations exist (e.g. some award Band 6 following course completion, while others do not). Our goal is to ensure that pay and banding accurately reflect the advanced training, clinical expertise, and experience required for these roles.

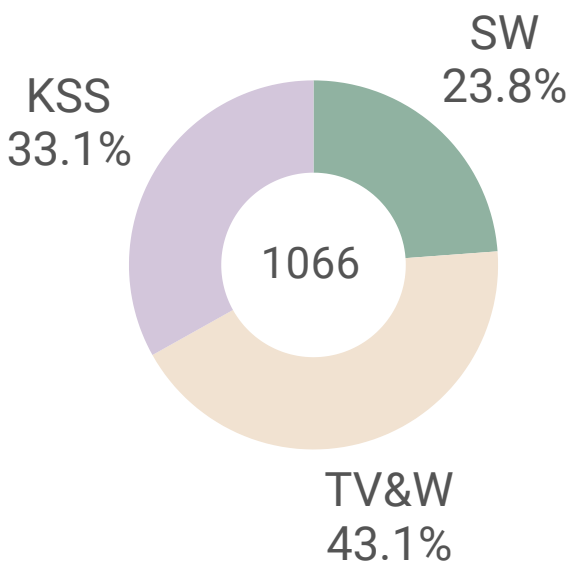
Data Analysis: - Response Rate



The survey was distributed via email to all lead nurses and matrons of critical care units in the South West, Thames Valley & Wessex and Kent, Surrey and Sussex networks in March 2025 with an initial deadline of the middle of April(this was later extended slightly).

1066 nurses participated in the survey from 56 units within the three networks. Thames Valley & Wessex made up the largest proportion of the responses with 459 (43%), with Kent, Surrey and Sussex following with 353 (33%) and the South West having 254 responses (24%). Both the South West and Thames Valley & Wessex had a greater response rate for this survey when compared to the National Survey in 2022.

In 2021, 427 nurses responded to the survey (this initial survey only included Thames Valley & Wessex and Kent, Surrey & Sussex). In 2022, the survey was repeated at a national level and 883 nurses responded from these three networks. This increase in response rate helps to support the validity of the results of the survey.

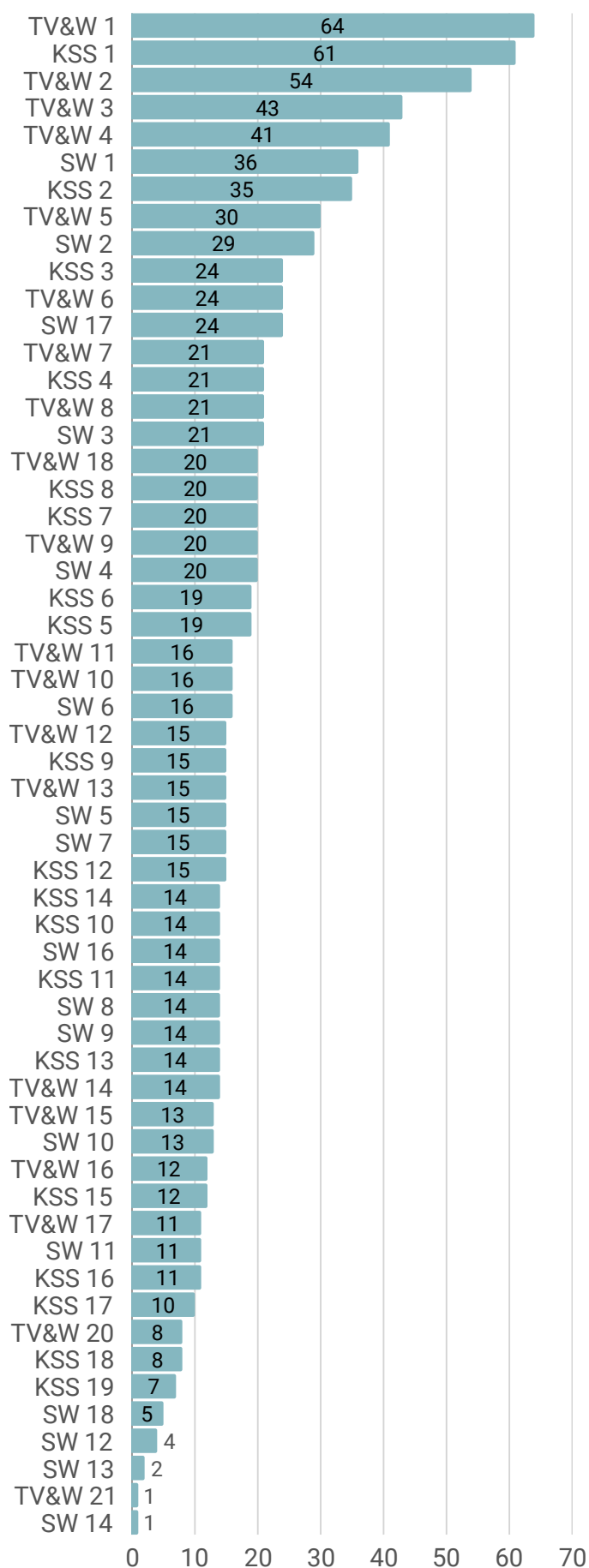


Across the three networks there are approximately 4,290 nurses working in adult critical care (according to the 2023 National Census). Therefore, the estimated response rate for this survey is 25% (compared to 18% in 2022 and 16% in 2021). For comparison, every year the NHS conduct a national staff survey of which the response rate is 50% (2024) across all staff within the NHS (not just adult critical care nurses).

A total of 56 units submitted responses. However, response rates varied significantly between units. One unit contributed 64 responses, while some provided only a single response. On average, each unit submitted 19 responses, marking an increase from the 2021 average of 13 responses per unit. TVW&W had an average of 23 responses per unit, compared to 15 in the South West and 19 in KSS. It's important to note that some units have significantly more staff than others, which may influence the volume of responses received from each unit.

Nearly half (46%) of nurses who responded to the survey have been in the profession for ten years or more. Similarly 40% of nurses who participated in the survey reported having over ten years of experience as adult critical care nurses. Additionally, 27% have worked in their current ICU for a decade or more. In contrast, only 6% of respondents had less than one year of experience in critical care nursing.

Over half (54%) of all survey responses came from Band 5 nurses. This aligns somewhat with regional workforce data (based on figures from Stocktake 3 2023), where approximately 64% of the nursing workforce in the South West, TV&W, and KSS regions are Band 5 nurses. A substantial majority (96%) of responses from nurse in Band 5 - Band 7, reflecting the perspectives of the core clinical workforce.



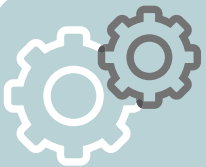
Data Analysis: - Staff Engagement

This survey explored three key indicators of staff engagement and emotional well-being among adult critical care nurses: looking forward to going to work, feeling enthusiastic about their job, and experiencing time passing quickly while at work. They were given the five options they could choose from between "always" and "never". The below calculations are based on the two most positive answers of "Always" and "Often".



46% often or always look forward to going to work

Down from 47% in the Survey in 2022



63% are often or always enthusiastic about their job

Down from 70% in the Survey in 2022



69% reported that time passes quickly when they are working

Down from 71% in the Survey in 2022

These three questions, used in the National Staff Survey, explore the day-to-day experiences of nurses and can be very telling about their overall job satisfaction and emotional well-being. Encouragingly, 39% of respondents reported experiencing all three of these feelings "often" or "always". However, when compared to the 2024 National Staff Survey – which includes all NHS staff – the results are notably lower. Nationally, 54% of staff reported often or always looking forward to going to work, 68% felt enthusiastic about their job, and 71% said time passed quickly while working. By comparison, the results from this survey are much lower than that of the national survey. This could suggest that adult critical care nurses may experience lower levels of job satisfaction and emotional well-being than the wider NHS workforce.

When broken down by region, the Thames Valley and Wessex (TV&W) network reported the lowest percentages of "often" or "always" responses across all three engagement indicators, compared to the Kent, Surrey and Sussex (KSS) and South West (SW) networks.

A closer look at responses by staff band reveals that Band 6 nurses are the least likely to report looking forward to going to work, with only 40% selecting "always" or "often." This is lower than both Band 5 nurses (43%) and Band 7 nurses (57%). However, Band 5 nurses reported the lowest levels of enthusiasm for their job (60%) and were least likely to say that time passes quickly during their shifts (64%). These findings point to a complex picture of staff engagement across bands.

Data Analysis: - Statements about your job

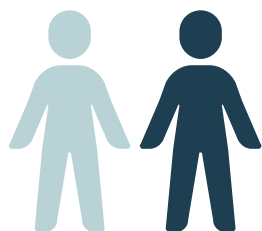
Nurses who responded to the survey were asked "To what extent do you agree or disagree?" to the eight statements below and were given the five options between "Strongly Agree" and "Strongly Disagree". Similarly to the above these calculations are based on the two most positive answers of "Strongly Agree" and "Agree".



Five of the above statements ("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") were included in the 2021 and 2022 nurse retention surveys. Compared to both of the previous surveys the overall percentages are lower for all 5 of those statements.

Data Analysis: - Intention to Leave?

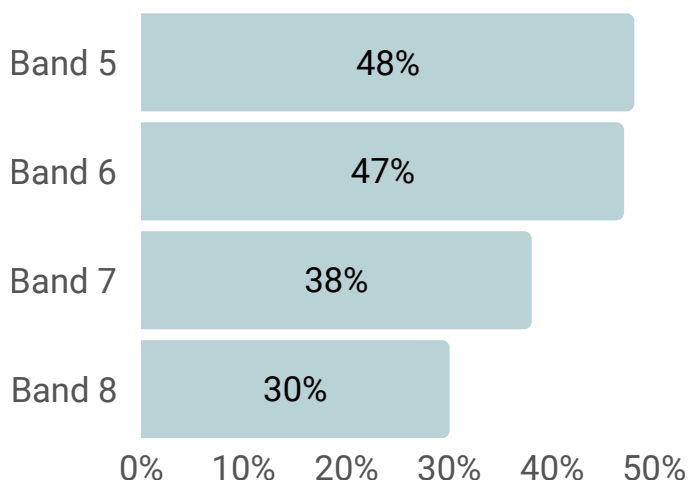
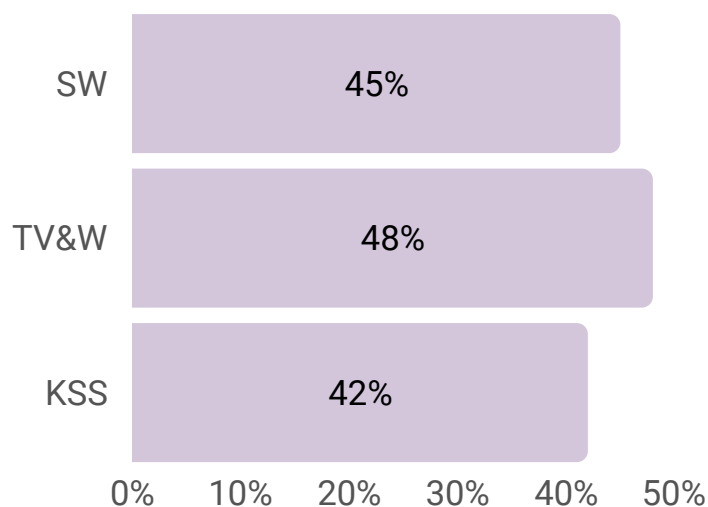
This question was actually asked in two parts. Nurses were initially asked whether they have any plans on leaving their current adult critical care unit. 40% of responders reported that they had no plans to leave their role at the moment and 26% would only leave if the correct opportunity arose. Nurses were then asked to complete this question on length of time, for which the results are below.



46% of nurses are expecting to leave their current adult critical care unit in the next 3 years

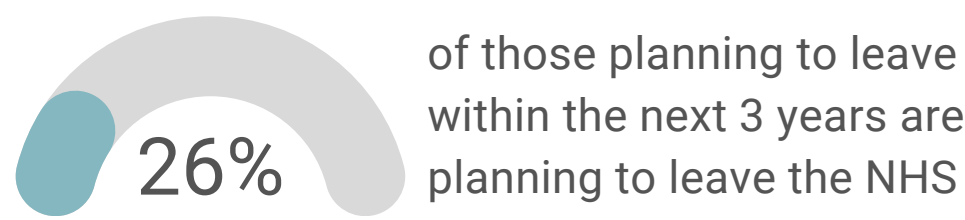
This figure did vary slightly when looking at the three networks separately. With Thames Valley and Wessex having the highest percentage of nurses looking to leave in the next 3 years (48%) and Kent, Surrey & Sussex having the lowest (42%).

In 2021, 50% of nurses were looking to leave their current adult critical care unit within 3 years, in 2022 this reduced slightly to 49%. It has now reduced further to 46%. This suggests a gradual improvement over time, with a 4 percentage point decrease over four years. While the change isn't dramatic, it could indicate a slow but positive shift in retention or satisfaction among nurses in adult critical care units.

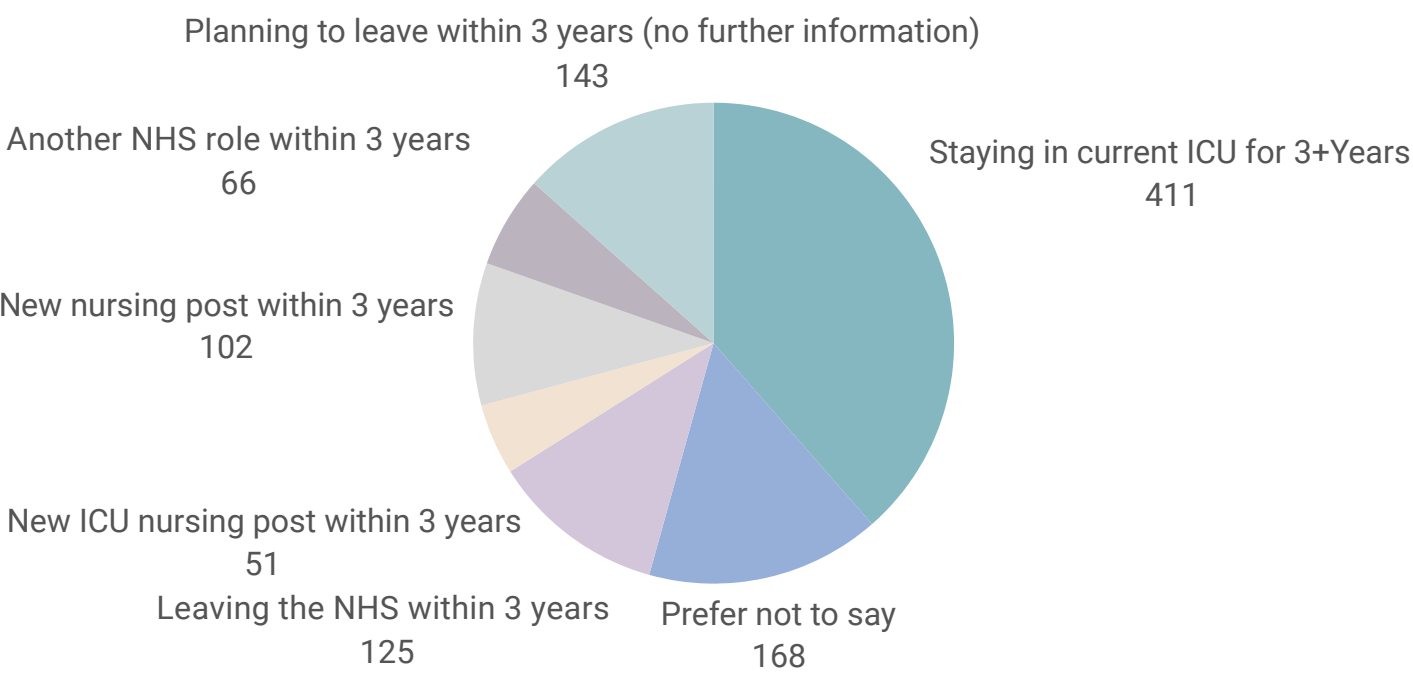


The reduction from 50% to 46% might not necessarily reflect improved retention—it could simply mean that some of those nurses who intended to leave have already done so, and are no longer part of the surveyed population. Band 5 nurses show slightly higher intention to leave than the other Bands. Band 5 and Band 6 nurses may be looking to move up and explore further opportunities.

It is important to understand not just the number of nurses looking to leave but the circumstances around this, including where these nurses are planning on going. The nurses surveyed were given ten options to choose from in relation to where they plan to go upon leaving their current unit. This data provides valuable insight into workforce movement and can inform targeted retention strategies.



Of the 487 nurses looking to leave within the next 3 years, 26% are planning to leave the NHS. This suggests that over a quarter of those nurses (12% of the total number of nurses who responded to the survey) are not just seeking a role change, but potentially exiting the profession or moving abroad. In fact, only 10% of nurses who are planning to leave their current ICU within 3 years intend to move to another ICU nursing post. Although 21% do intend to continue working within nursing, just not in critical care.



These results could indicate systemic issues that nurses are facing within the critical care environment, understanding the factors affecting nurses and their decision making may provide key insights and help propose strategies to address nurse retention in adult critical care.

Data Analysis: - Reasons for Leaving

In order to try and understand the reasons why nurses might be considering leaving their current units, participants were given 22 factors and were able to select all that apply to them when contributing to their decision to leave.



The above lists the top five responses from the survey. The number one 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. In both the 2021 and 2022 surveys, "Lack of recognition through pay awards" was also the number one factor with 47% and 46% respectively. The persistence of this issue underscores a long-standing dissatisfaction with how NHS staff feel financially valued. It is also worth considering that once nurses have completed the QIS (Qualifications in Specialisms) course, which gives them standard qualifications for their specialist area (in this case adult critical care), they are not automatically given a pay increase to reward this extra qualification.

“Salary not being adequate for the current inflation and high rent for housing. Salary not matching the skill set. Nurses in the ICU are known for their advanced critical care skill set which is not being acknowledged.”

For both the SW and KSS, pay was the top factor contributing to their decision to leave. However for TV&W, pay was second to “Being asked to work on other wards” (this was second for both the SW and KSS). “Being Asked to Work on Other Wards*” 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”.

“Being Asked to Work on Other Wards*” is a key theme of this survey and appears in a number of the survey comments and in response to some further questions as the survey continues. The recurring practice of redeploying critical care nursing staff to other wards has emerged as a significant concern across multiple staff surveys. In both the 2021 (47%) and 2022 (46%) surveys, this issue was identified as the second highest contributing factor to intention to leave. The 2025 survey further reinforces its prominence, highlighting it as a key driver behind staff attrition within the specialty. Nurses are frequently expected to work in unfamiliar environments which can lead to elevated stress levels and feelings of professional vulnerability. This practice undermines the specialist nature of critical care nursing and contributes to a perception that critical care expertise is undervalued. Although the percentage of respondents citing this issue has slightly decreased compared to the 2021 and 2022 surveys, it remains one of the top contributing factors to dissatisfaction and intent to leave the specialty.

“ Pull out to other ward or department make us feel uncomfortable, it's like forcing us to work in other unit. Stressful situations. Patient and staff risk is high. ”

Of the top five contributing factors to intention to leave, four have remained consistent across the 2021, 2022, and 2025 surveys and across the three networks. The only new entry in the top five is “Lack of career progression opportunities,” indicating a growing concern among staff about long-term development and advancement within the specialty.

“ Progression is vital to my motivation. Development of clinical skills and knowledge is what drives my interest in working. ”

High workload was the fifth highest contributing factor overall, with 30% of respondents selecting it. However, this issue was most prominent in the Thames Valley & Wessex (TV&W) region, where 37% of nurses identified it as a key reason for leaving—ranking it third in that region. In contrast, it ranked sixth in both Kent, Surrey & Sussex (KSS) and the South West (SW) regions.

In contrast, “Poor wellbeing support within the workplace” and “Lack of access to wellbeing resources” were rated the lowest among all factors influencing the decision to leave, suggesting that while wellbeing remains important, other operational and structural issues are currently more pressing for staff.

Data Analysis: - Important/Getting

Part of considering retention strategies for adult critical care nurses is to understand what they find most important within their roles. Responders were asked how important the following 17 factors are to them in their role. This question gave them five options to choose from ranging from "Not at all important" to "Very important". This was immediately followed by the question "Do you feel you are getting these?" and listed the same 17 factors with responders able to choose from five options ranging from "A lot" to "Not at all". This allows comparison between what adult critical care nurses value versus what they feel they receive, which is key for identifying gaps and informing retention strategies.

Below are the top five rated factors for both "What is important to you?" and "Do you feel you are getting these?".



When comparing the top five factors for both questions, only two of the factors appear in both. Starting off on a positive note, "Positive impact on patient care" was valued most by nurses (98%) and was also the top factor that nurses felt they were getting (90%). Although positive, it is worth noting that there is an 8% difference in those figures and that 1 in 10 nurses do not feel that they are having a positive impact on patient care. Although rated most important overall, "Positive impact on patient care" was not rated as the most important factor in the South West (SW), it was second to "Feeling valued/respected".

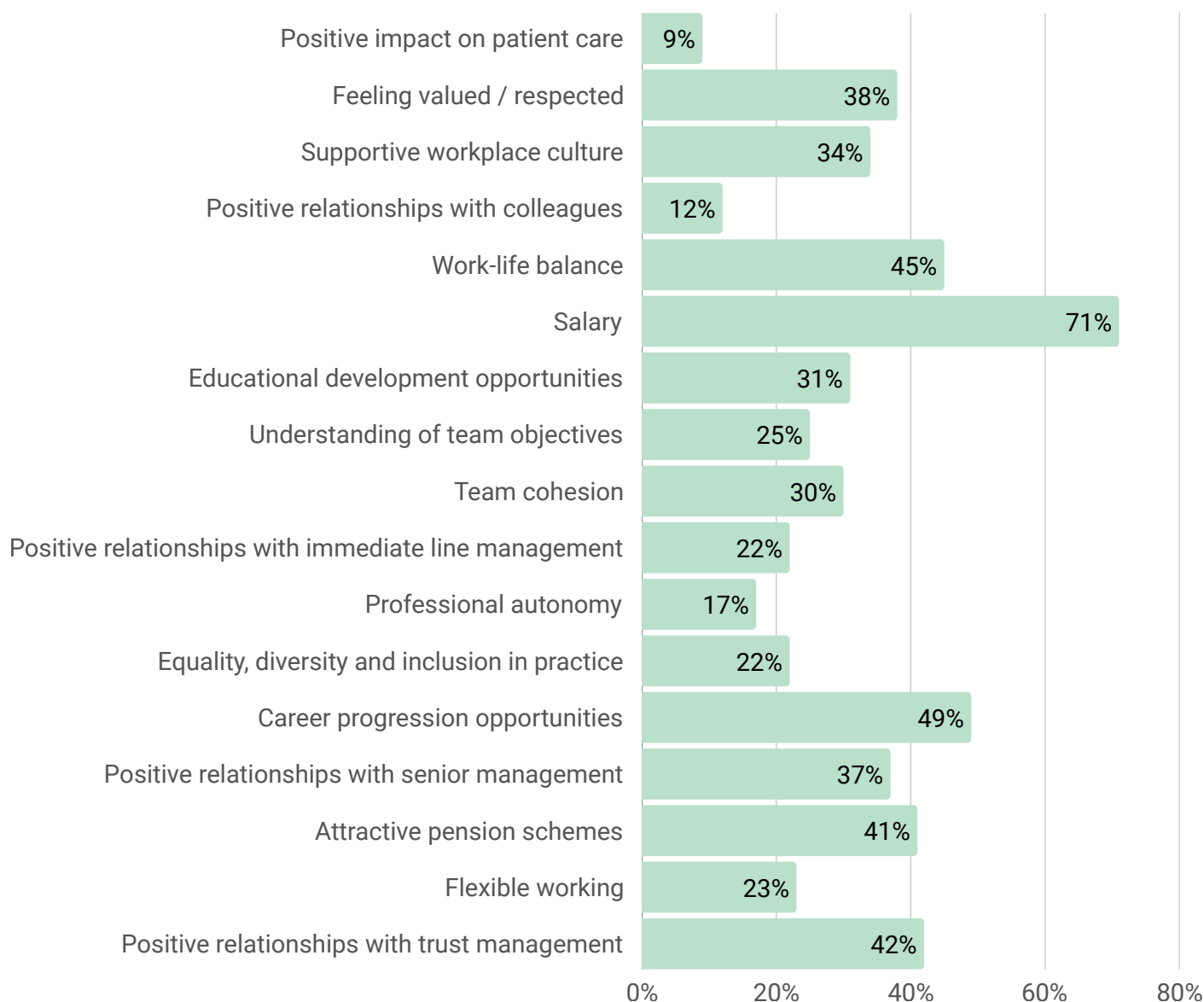
"Positive relationships with colleagues" is important to 97% of the nurses who responded and, although third in the top five received factors, scored 21% lower at 76%. A number of the written comments in the survey also relate to relationship with colleagues, both positively and negatively.

The below chart shows the % of nurses who rated each factor as either “Very Important” or “Somewhat Important” (light blue) and the % of nurses who rated “A lot” or “Somewhat” for getting that factor (dark grey). This is ordered by importance.



On comparison of these two questions, it is important to highlight the difference in percentages. The variance for important factors was 32% ranging from 98% for highest rate factor to 67% for the lowest. This suggests that most respondents agreed on what they considered important, with relatively low spread in ratings. Whereas for those received factors the variance was 65% ranging from 90% for the highest and 25% for the lowest rated factor. This indicates a much wider disparity in how well those factors were actually received or delivered.

The difference between importance and getting is significant to understanding areas of adult critical care nursing that need focus and improvement. The chart below shows the percentage difference between important and getting ranked by importance.



The chart shows that the difference between importance and getting is significant for most of the 17 factors. The most significant difference is “Salary” at 71%. Throughout this analysis there is an ongoing theme of salary, this suggests that while salary is highly valued, it is not being adequately addressed or delivered. The recurring mention of salary reinforces its central role in employee perception and experience. Overall “Salary” was rated the sixth out of the 17 factors in Importance, however in the South West it was rated second compared to tenth for KSS and fifth for TV&W.

92% of nurses rated career progression as important with only 43% feeling they are receiving this. This difference of 49% was the second highest difference. Similarly to salary, career progression has repeatedly featured in these survey results.

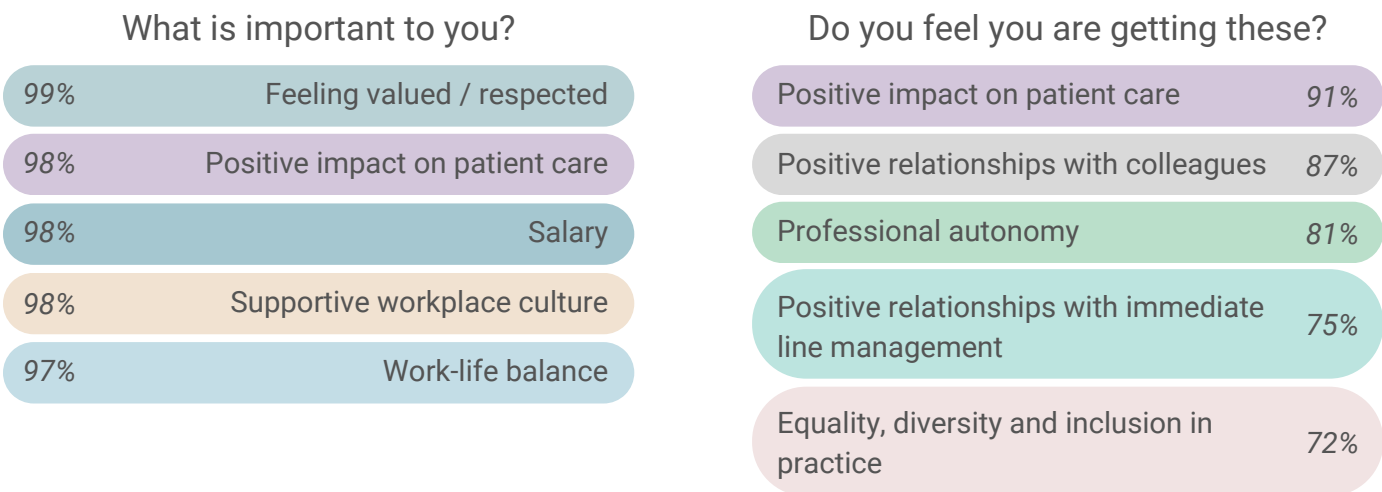
Work-life balance, much like salary and career progression, consistently appears as a central theme throughout the survey responses. This is evident not only in the quantitative data but also in the written comments, indicating its importance to respondents across multiple dimensions. With 97% of nurses feeling this is important and only 52% feeling they are adequately getting this. Many participants expressed a desire for greater flexibility in working hours (particularly around working nights) and improved workload.

“Work life balance isn’t taken into consideration”

In addition to work-life balance, both “Feeling Valued/Respected” and “Supportive Workplace Culture” were identified as top priorities by respondents. These were rated second and third in terms of importance, yet ranked tenth and eleventh respectively when it came to how well staff felt they were receiving them. “Feeling Valued/Respected” shows a 38% difference between importance and delivery while “Supportive Workplace Culture” shows a 32% difference. These disparities suggest a significant misalignment between staff expectations and their lived experiences, and highlight areas where targeted improvements could have a meaningful impact on morale, engagement, and retention.

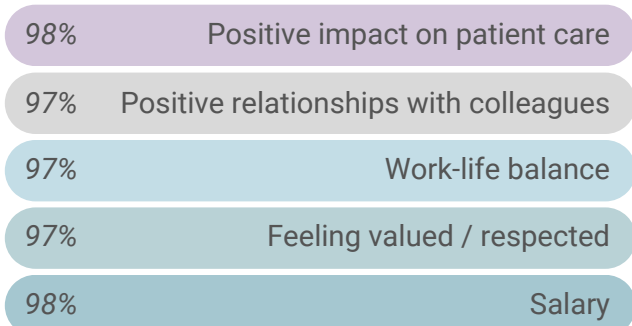
When examining the data by individual Network, there was only minor variation between the three. This suggests that a number of the themes are not isolated to specific areas but are felt across the wider workforce. There are, however, some elements that are unique to each network. Kent, Surrey and Sussex was the only network that included “Understanding of team objectives” in the top five for both importance and getting. This suggests that staff in this region may feel more aligned with their team goals or possibly reflect stronger communication. Below is a breakdown of the top five for both importance and getting for each network.

SOUTH WEST



THAMES VALLEY & WESSEX

What is important to you?

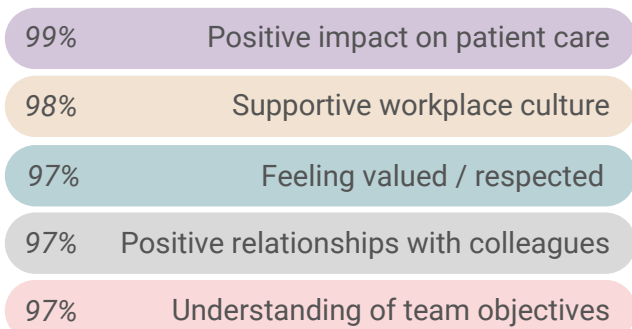


Do you feel you are getting these?



KENT, SURREY & SUSSEX

What is important to you?

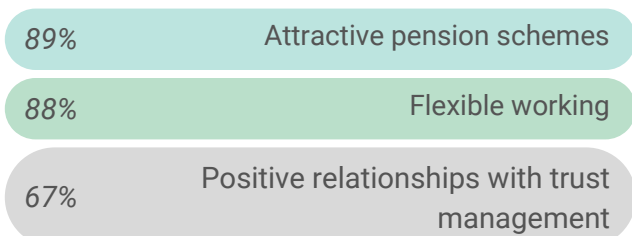


Do you feel you are getting these?

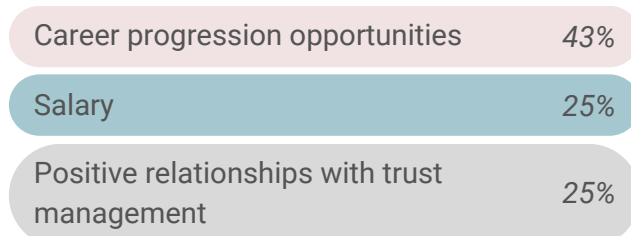


While much of the analysis has focused on the factors rated highest for both importance and getting, it is equally important to consider those that scored lowest. The below highlights those factors that scored the lowest overall.

What is important to you?



Do you feel you are getting these?



“Positive relationships with trust management” was rated lowest for both importance and getting. Although not a top priority for staff the low ratings are consistent across the workforce. Interestingly, “Flexible Working” was one of the lowest-rated factors in terms of importance in the quantitative data, although it is still important to 88% of nurses. However, it was mentioned frequently in the written feedback, suggesting that while it may not have been prioritised in the structured responses, it remains a meaningful concern for many staff.

Following these questions, Nurses had the opportunity to comment on anything else they would like to add that is important to them. This part of the data is qualitative in nature. Each comment was unique to that nurse however it was possible to identify similar themes and topics within those comments. There were 117 comments in total.

26 of the 117 comments focused on career progression, with many linking this to the associated pay or pay increase. Many of these comments relate to the lack of progression post ICU course which has been mentioned earlier in this analysis. Nurses expressed frustration that despite gaining advanced skills and qualifications, there were limited opportunities for advancement or financial recognition

“Career progression is important to me but very limited within the ICU environment. We are senior nurses with masters level specialist qualifications who have a lot of additional autonomy and responsibility, but are paid at a Band 5. It's sometimes hard to feel valued.”

A further 27 of the 117 comments focused on the culture and feeling within the ICU. Nurses shared reflections on how the workplace environment affects their morale, sense of belonging, and overall job satisfaction. Some nurses praised strong collaboration and teamwork. However there were concerns about toxicity, lack of appreciation, or feeling undervalued. A subset of comments specifically reflected the experiences of Band 5 nurses and nurses who joined the NHS from other countries.

“The voices of the band 5 are not being heard, they are constantly picked on and bullied.”

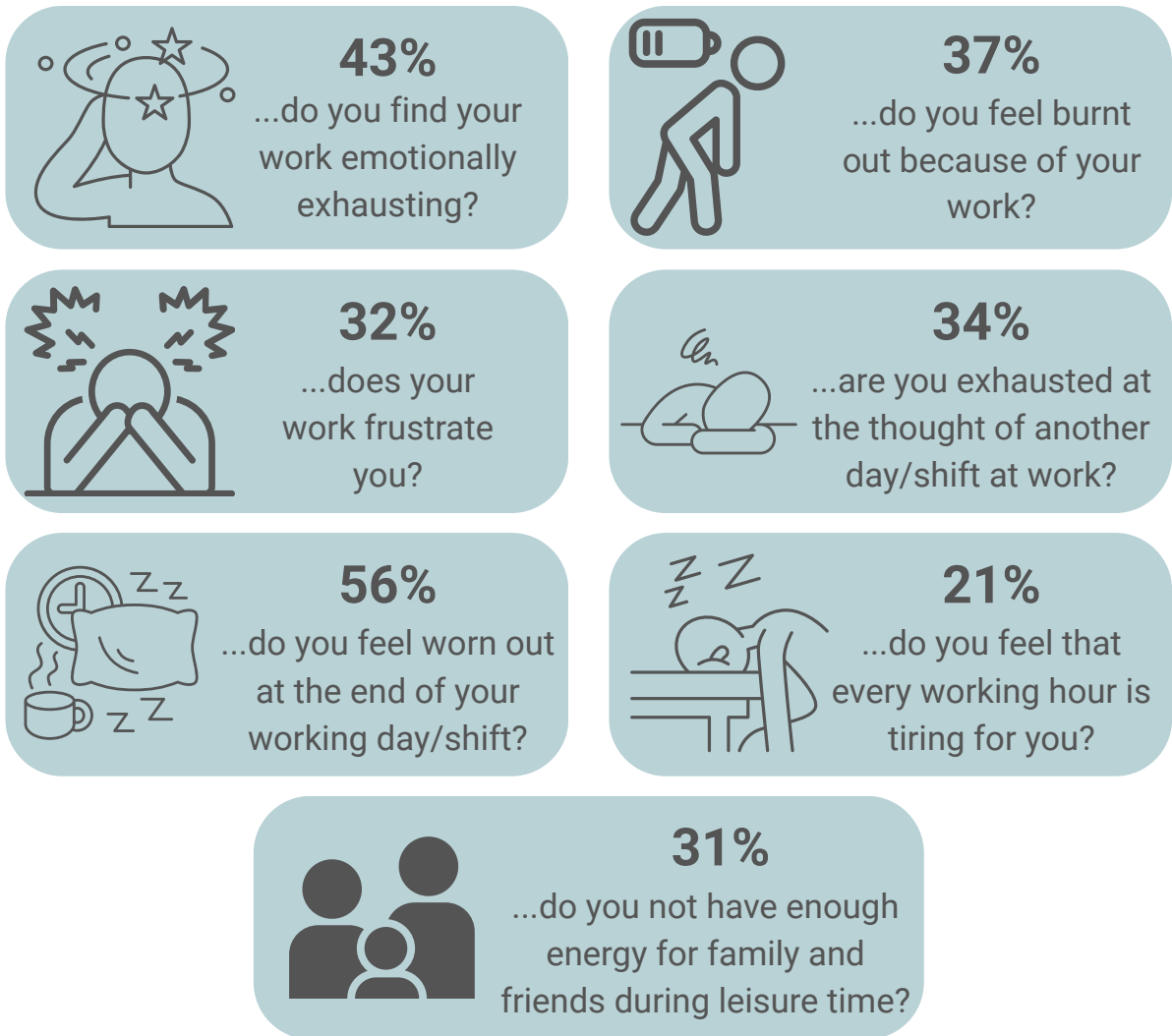
The remaining 64 comments (55%) covered a wide range of operational and workplace-related concerns. These comments were more varied, covering a number of themes and topics, but still revealed consistent patterns that have appeared throughout this analysis. These themes and topics include:

- staffing (concerns about understaffing and skill gaps)
- parking (frustration over lack of onsite or limited parking, especially during night shifts)
- management (communication and support from leadership)
- autonomy (desire for more clinical autonomy)
- flexibility (around shifts, hours and annual leave)
- facilities (comments on break areas, equipment)
- work-life balance (struggles with exhaustion, burn-out and shift patterns)
- workload (demands without adequate support)
- redeployment (expressing concerns about being moved to unfamiliar areas or covering wider staffing issues in the hospital)

“Shortage of staff is the main issue in our department at present and delivering the highest quality patient care is being compromised.”

Data Analysis: - How often?

This section of the survey included seven statements, each designed to measure aspects of emotional and physical exhaustion. Respondents were asked to indicate how often each statement was relevant to their experience, using a 5-point Likert scale ranging from “Always” to “Never”. The statements were adapted from the Burnout section of the National NHS Staff Survey 2024, which itself draws from the Copenhagen Burnout Inventory (CBI) – a validated tool commonly used to measure burnout in healthcare settings. The below data analyses the two positive options of “Always” and “Often”.



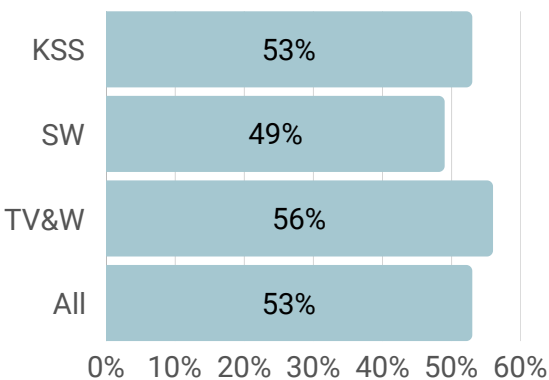
When comparing the burnout-related responses from this survey to the National NHS Staff Survey 2024, it was found that all percentage scores in this survey were higher than those reported nationally. This suggests that nurses in the surveyed group may be experiencing higher levels of burnout than the national average (although the national average is from ALL staff groups not just nurses). While burnout scores in this survey were consistently higher than the national NHS average, there was slight variation across the three networks with TV&W reported slightly higher percentages of burnout indicators compared to the other two networks.

Data Analysis: - Stress

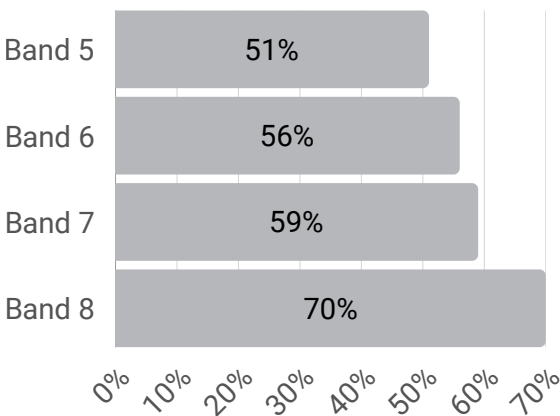


Questions around stress were asked in two parts. The first question simply asked "Do you have high levels of stress as a result of your work?" with 53% answering "Yes". A drop from 63% in 2022 to 53% in 2025 of employees reporting high levels of work-related stress is a notable improvement (10% decrease). Those who plan to leave within the next 3 years were much more likely to answer "Yes" to this questions with 64% choosing "Yes" compared to 45% of those who are not planning to leave within the next 3 years.

Nurses were then asked to rank, on a scale of 1 - 10, how stressed they felt they were as a result of their work. With 10 being the most stressed. The average score was 5.7. However nurses who planned to leave within 3 years had an average of 6.3. In comparison nurses who were planning on staying more than 3 years had an average stress score of 5.2. Those planning to leave showed a higher average stress score, suggesting a strong link between stress and retention. 9% of nurses reported their stress level at 9 or 10.



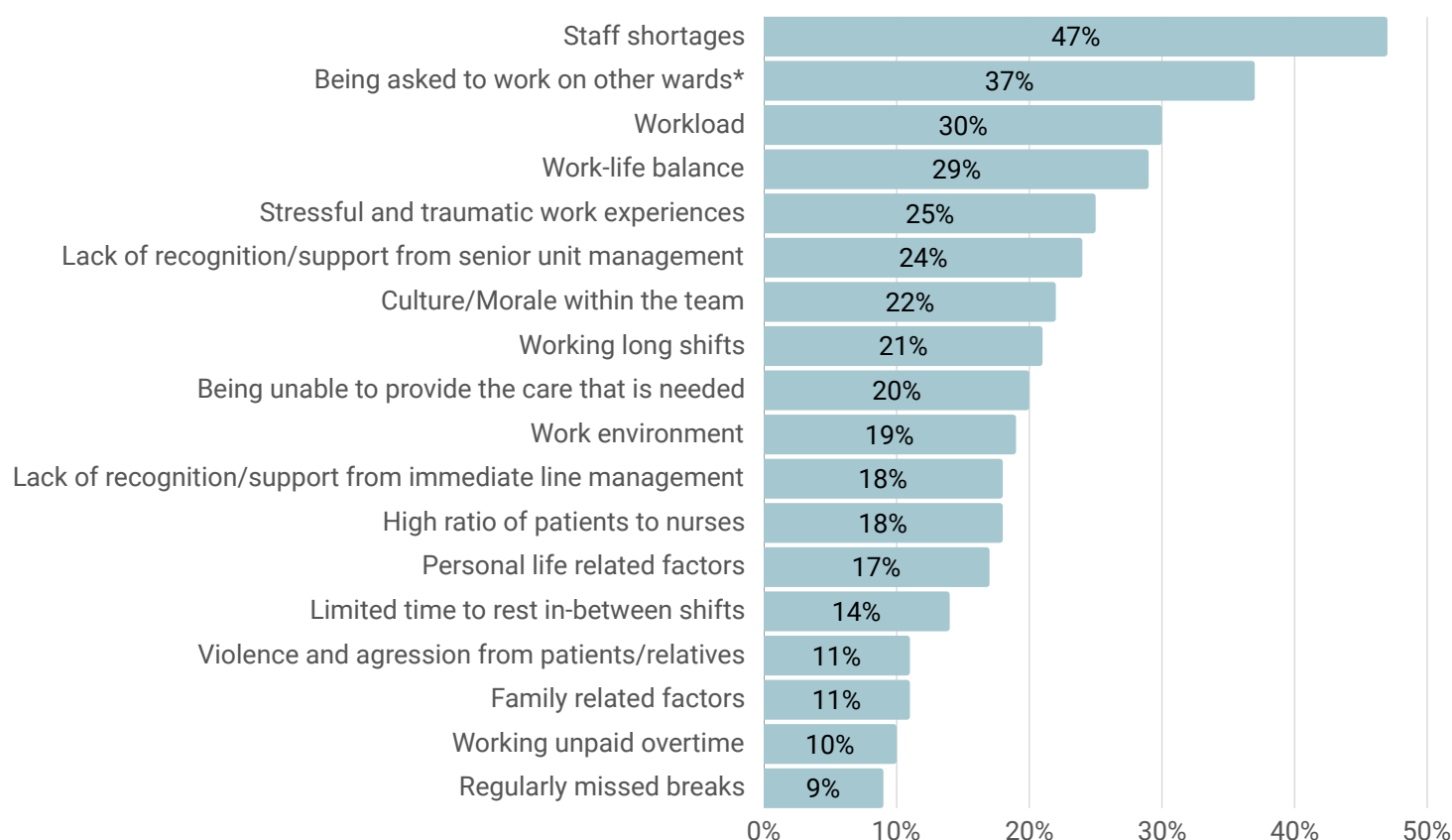
There is some variation across the networks in the percentage of people who report they are stressed as a result of their work. With 56% of nurses in TV&W reporting stress, compared to 53% in KSS and 49% in the SW. This is also reflected in the averages for each network, with TV&W at 5.9, KSS at 5.7 and the SW at 5.5.



There was more variation when looking at responses split by band. There is a clear upward trend in stress levels with increasing band seniority, with higher bands having a larger proportion of nurses reporting stress. 70% of band 8 nurses reporting stress compared to 59% of band 7, 56% of band 6, 51% of band 5. This indicates that band level significantly influences reported stress levels.

Data Analysis: - Contributing to Stress

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.



Notably, the top five stressors have remained consistent since 2022, although their ranking has shifted slightly, with all of these factors seeing the same or a slight reduction in percentages compared to 2022. This may reflect gradual improvements but continues to indicate that the core challenges facing adult ICU nurses remain the same.

The top two contributors to stress were the same across all three networks with a further two factors appearing in the top five for all three networks but in a slightly different position, indicating that these are shared challenges regardless of location. Notably KSS and the South West networks share an identical top five, which includes “Stressful and Traumatic Experiences”. In contrast, TV&W replaced that factor with “Lack of Recognition or Support from Senior Unit Management”. Although there was some variation in the remaining contributing factors many of the themes remain similar across the 3 networks.

SOUTH WEST		THAMES VALLEY & WESSEX		KENT, SURREY & SUSSEX	
Staff shortages	38%	Staff shortages	55%	Staff shortages	42%
Being Asked to work on other wards*	33%	Being Asked to work on other wards*	45%	Being Asked to work on other wards*	29%
Work - Life Balance	30%	Workload	36%	Work - Life Balance	26%
Stressful and traumatic work experiences	27%	Work - Life Balance	31%	Workload	25%
Workload	24%	Lack of recognition or support from senior unit management	27%	Stressful and traumatic work experiences	24%

Staff shortages are a significant source of stress among nurses, with nearly half (47%) of survey respondents identifying it as a contributing factor. This concern was further echoed in numerous qualitative comments, underscoring the widespread impact of understaffing on nurse wellbeing. While still substantial, this marks a decrease from 56% in the 2022 survey. Staff shortages was the top reported stressor across all three networks with 38% of the South West, 42% of Kent, Surrey and Sussex and 55% of Thames Valley and Wessex.

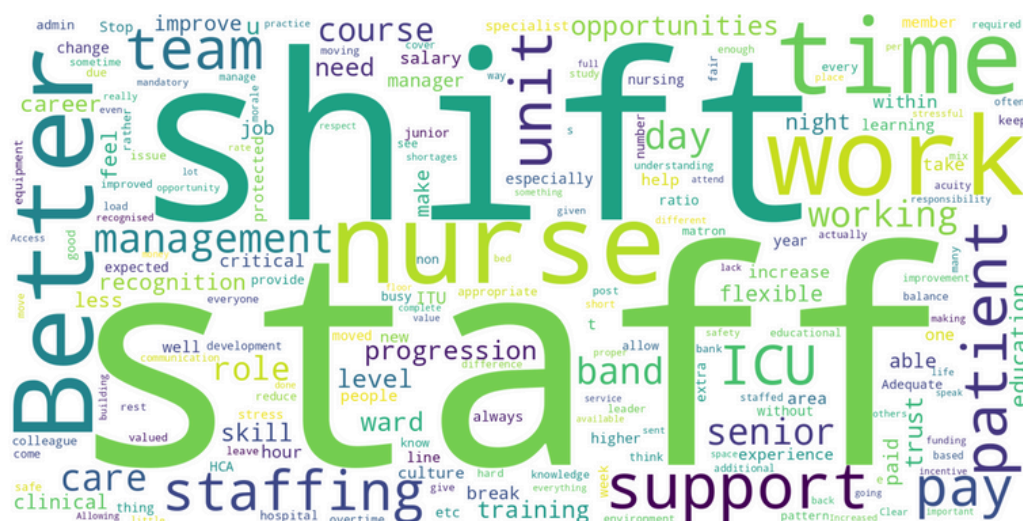
Similarly to the 'reasons for leaving' section, "Being Asked to Work on Other Wards*" is a combination of 2 separate options: "Being Asked to Work outside of an Adult Critical Care Unit" and "Being Asked to Work on another Adult Critical Care Unit". It is also the second biggest contributor to stress as well as the second biggest reason for leaving. 37% of nurses identified this as a stressor in the latest survey. This reflects a slight decrease from 40% in 2022, indicating a slight improvement but still highlighting a persistent issue.

Workload continues to be a major contributor to stress, with 30% of nurses identifying it as a key factor. This places it firmly within the top five stressors, consistent with previous years. In TV&W, this figure rises to 36%, making it the third most cited stressor in that network.

Work-life balance ranked 4th overall among stress contributors, reinforcing its place as a persistent challenge for adult ICU nurses. While not the highest-ranking factor, its consistent presence in the top five across networks highlights the ongoing difficulty nurses face in maintaining personal wellbeing alongside professional demands.

Data Analysis: - Improvements

As part of the nursing survey, respondents were invited to share their thoughts on what changes or enhancements could improve their work environment and overall job satisfaction. This section summarises the feedback received, highlighting key areas where nurses believe improvements are needed. There were 510 comments in response to this question from 48% of all responders.



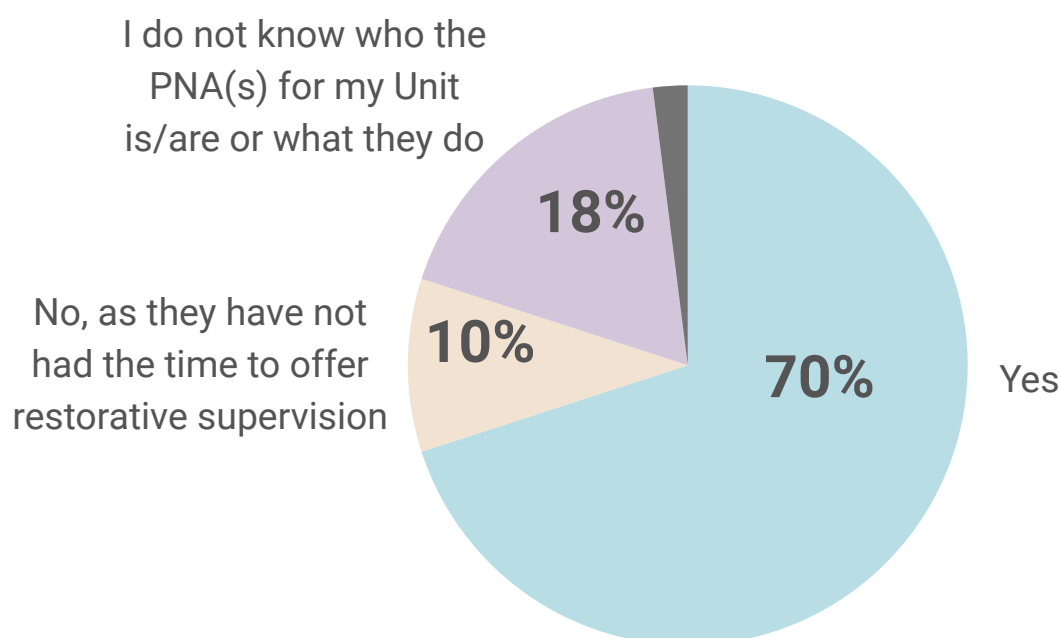
Here's a word cloud visualising the most common themes and topics from the 510 improvement comments. A breakdown of key themes and topics is below.

The comments from the nurses on what improvements would they make to support their role covering a number of themes and topics, but still revealed consistent patterns that have appeared throughout this analysis. The top themes and topics include:

- Staffing & Support
 - Specifically a need for more staff and support from senior managements, there were also concerns about being redeployed to other wards
- Pay & Recognition
 - Desire for better pay, and recognition of skills, experience, and responsibilities. ICU nurses want their specialist status acknowledged through pay.
- Shift Patterns & Flexibility
 - Requests for more flexible working hours, shorter shifts, and separation of day/night shifts
- Career Progression & Education
 - More opportunities for training, development, and clear career pathways
- Management & Communication
 - Need for more visible and responsive senior management with better communication
- Team Culture & Morale
 - Emphasis on teamwork, fairness, reducing blame culture, and support for junior staff
- Work Conditions & Resources
 - Adequate rest areas, working equipment, and IT support.

Data Analysis: - Professional Nurse Advocate

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



In 2022, only 36% of nurses reported having access to a PNA. By 2025, this figure rose significantly to 70%, indicating a strong improvement in availability and possibly uptake of the PNA programme. In 2022 the PNA programme had only been in place for just over a year by the point of the survey. The programme has now been in place for 4 years and these figures reflect the growing integration and impact of the PNA programme across nursing teams over time.

There was almost no difference in responses when comparing across the three networks. Despite this network-level consistency, there is wide variation when looking at individual units, indicating differing levels of local engagement, awareness, or access. Some units reported very low access with less than 10% of nurses responding "Yes" to this question.

Data Analysis: - Enjoy Most

Part of the survey asked nurses what they enjoy most in their current role as an ICU nurse in the hope of understanding not just the concerns that nurses have but what motivates them on a day to day basis. This resulted in 759 comments from across the three networks. These reflections have been grouped into key themes and topics that consistently emerge. Below is a summary of the 5 most common themes:



Patient Care

Most frequently mentioned theme. Includes direct care, bedside nursing, 1:1 care, and emotional support for patients and families.

“Positive impact on patients and family”



Teamwork

Strong emphasis on working with supportive colleagues and multidisciplinary teams (MDTs).

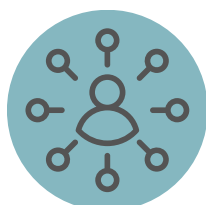
“Working with the best colleagues”



Learning and Development

Strong emphasis on working with supportive colleagues and multidisciplinary teams (MDTs).

“Working with the best colleagues”



Autonomy

Appreciation for independence in clinical decision-making and managing complex cases

“I appreciate the autonomy it affords me to make clinical decisions and the increased opportunity for collaboration with the medical team.”

Other topics in the comments include making a difference, technical skills, job satisfaction and work environment.

Data Analysis: - Recommend



71% said
"Yes"



8% said
"No"



19% said
"Not sure"

Despite expressing some concerns throughout the survey, 71% of nurses indicated they would still recommend adult critical care nursing to their peers. Only 8% said they would not, with the remaining respondents undecided. Notably, there was very little variation across the three networks, suggesting a consistent sentiment.

This marks a positive shift from 2022, when 68% of nurses responded affirmatively to the same question.

However, nurses who are planning to leave within the next three years were less likely to recommend the specialty, with only 62% saying they would do so. In comparison, for those who are not planning on leaving in the next 3 years, 79% would recommend adult critical care to other nurses.

Among all staff bands, Band 6 nurses were the least likely to recommend adult ICU nursing, with 65% responding positively. Band 8 were the most likely to recommend adult ICU with 85% responding positively.

Contact Information

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Thames Valley & Wessex Critical Care Network

Thames Valley & Wessex Operational Delivery Network
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E-mail: england.tv-w-criticalcarenetwork@nhs.net

Website: <https://www.southaccnetworks.nhs.uk/tvw>



Kent, Surrey, Sussex Critical Care Network

Kent, Surrey, Sussex Critical Care Operational Delivery Network
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South West Critical Care Network

South West Critical Care Operational Delivery Network
(Hosted by University Hospitals Bristol NHS Foundation Trust)

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Website: <http://www.southaccnetworks.nhs.uk/sw>

Appendix

Nurse Retention Survey 25/26

The South West, Thames Valley & Wessex and Kent, Surrey & Sussex Adult Critical Care Networks

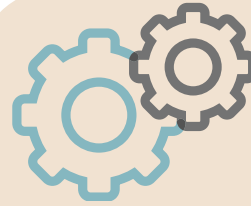
Responses



1066



46% often or always look forward to going to work



63% are often or always enthusiastic about their job



69% reported that time passes quickly when they are working

53%
of nurses feel they have a high level of stress as a result of their work

Contributing to Stress?

- 1 Staff Shortages (47%)
- 2 Being asked to work in other wards (30%)
- 3 Workload (30%)

What's important to you? Do you feel you are getting these?

Important

Getting

98%	Positive impact on patient care	90%
97%	Feeling Valued and Respected	60%
97%	Supportive Workplace Culture	64%



46% of nurses are expecting to leave their current ICU in the next 3 years

Why?

- 1 Lack of recognition through pay awards (41%)
- 2 Being asked to work in other wards (37%)
- 3 Lack of career progression opportunities (31%)

Where?

Out of those expecting to leave
27%
are planning to leave the NHS

Would you recommend ICU Nursing as a career to other nurses?



71% said yes

For more information please email: england.tv-w-criticalcarenetwork@nhs.net