



# Adult Critical Care Nurse Staff Retention Survey

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

## IN THIS REPORT

---

Executive Summary

---

Survey Results

---

Network Recommendations

---



2021

# Contents

<b>Executive Summary</b>	<b>4</b>
<b>Response Rate</b>	<b>7</b>
By unit	8
By band	9
By number of years as an adult critical care nurse	10
<b>Impact of Covid-19</b>	<b>11</b>
<b>Staff Engagement</b>	<b>12</b>
<b>Statements about Role</b>	<b>13</b>
<b>Intention to Leave</b>	<b>14</b>
Leave their current role within the next 3 years	15
Where will you go?	16
<b>Contributing Factors</b>	<b>17</b>
By Network	18
<b>What's Important to You?</b>	<b>19</b>
Breakdown of importance	20
<b>Important Factors</b>	<b>21</b>
A comparison of the Top 5 Factors for both Importance and Getting	23
Importance compared to Getting - All Factors	24
Bottom 3 Factors - Importance and Getting	25
Band 5 - Top 3 Breakdown	26
Band 6 - Top 3 Breakdown	27
Band 7 - Top 3 Breakdown	28
Band 8 - Top 3 Breakdown	29

# Contents

---

Personal Level Stress	30
Unit Level Stress	31
Would you recommend adult critical care nursing as a career to other nurses?	32
What do you enjoy most in your current role as an adult critical care nurse?	33
Publications and Literature	34
Recommendations	36
Contact Information	39
Appendix	40
Survey Questions	41
Joint Network Infographic	46

# Executive Summary

## *Introduction*

The Covid-19 pandemic has put unprecedented pressures on the National Health Service (NHS) with adult critical care (ACC) being one of the key specialties that has been affected. The NHS staff workforce have been working relentlessly throughout the pandemic and adult critical care teams are at the forefront of that.

Thames Valley & Wessex (TVW) and Kent, Surrey & Sussex (KSS) Adult Critical Care Operational Delivery Networks (ODN) have heard from our unit matrons and clinical leads around their concerns for the wellbeing of their staff. We have also heard of the number of critical care nurses who have either left their roles or are planning to leave.

Numerous research studies have been published over the last 2 years highlighting the impact on staff wellbeing working within critical care. The Intensive Care Society has also published a workforce wellbeing best practice framework, which has been endorsed by a number of professional bodies, to guide staff on ways to provide their staff with the best possible experience of working in critical care.

As Networks we were keen to gain a better understanding on some of the factors that locally might be influencing the wellbeing of our staff and any intentions to leave, and to see if this aligns with the published research.

# Methodology

---

Working alongside the University of Southampton as part of the CORMSIS (Centre for Operation Research, Management Sciences and Information Systems) MSc Students Project 2021, 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 better understand how 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 unit matrons within the Thames Valley & Wessex Adult Critical Care Network who were able to review and comment on the suggested questions/factors.

When finalised, the survey was sent via email by both Networks to their unit matrons to disseminate with their teams. The survey was open to responses from mid-July to the end of August 2021.

It is important to recognise that this time period was after the “second wave” of the pandemic, but just as COVID-19 admissions had started to increase again across both Networks.

## Key Findings

---

The survey produced a large amount of data, with 427 responses from 33 units across 24 questions. This report highlights some of the main results from this survey. Some of the key findings of this data are outlined below:

- 50% of nurses report that Covid-19 has made them less likely to stay in their current roles
- Analysis of this information showed that 50% of nurses are thinking of leaving their current roles in their adult critical care unit within the next 3 years
- 87% of nurses feel they are having a positive impact on patient care
- 51% of nurses feel they are not getting an adequate salary
- 7 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

# Recommendations

For further detail into the Network recommendations please see page 36

1

We urge matrons to share this report with their unit staff and divisional management, and display the infographic accompanying this report in areas accessible to their staff.

2

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](#).

3

Being asked to work on other wards is a significant contributor to stress experienced by critical care nurses and the impact of this on stress and staff retention should be recognised when staff deployment is planned locally.

4

Time for education and professional development is highly valued and we recommend that protected time to facilitate this will enhance patient care and staff retention.

5

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

6

We will repeat the survey to review trends and make further recommendations.

# RESPONSE RATE

## Summary of Responses



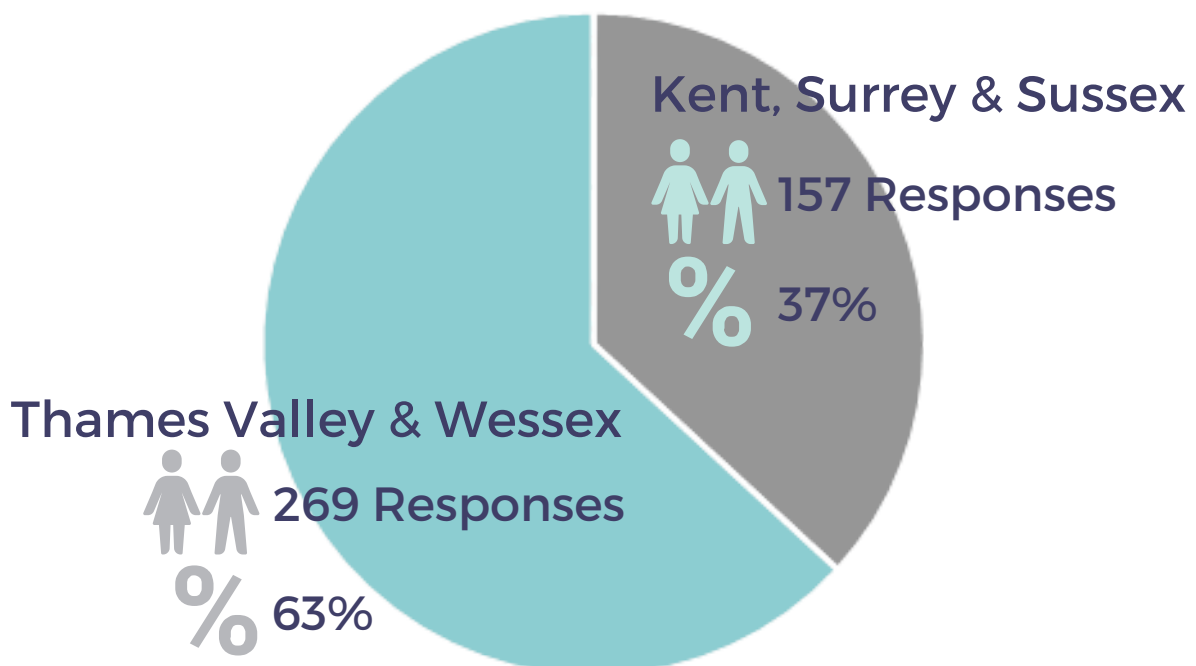
**427 Responses**



**33 Units**

The survey was sent out via email to all lead nurses and matrons of critical care units in the TVW and KSS areas in July 2021 with an initial deadline of the middle of August (this was later extended slightly). The number of responses increased by over 20% after the link to the survey was published in the TVW quarterly newsletter. In the future, other avenues of distribution (such as social media) could be explored to increase response rates.

427 nurses responded to the survey from 33 units across the TVW and KSS Networks. TVW made up over 60% of the respondents with nearly 70% of those responses coming from the Wessex region (over 40% of total responses). It is worth considering this when thinking about the information for individual areas/Trusts.



# Response Rate

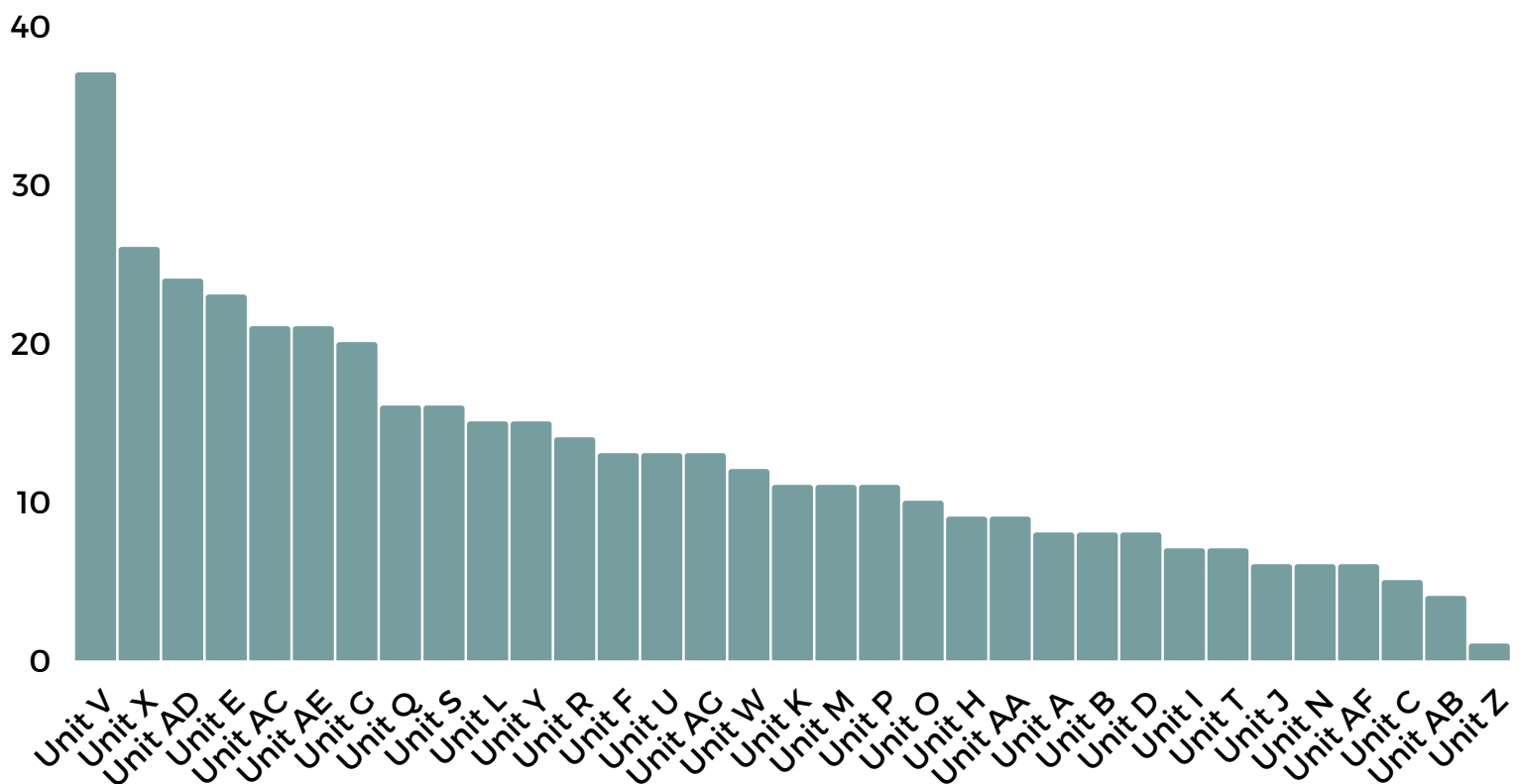
## By unit



All units have been anonymised for the purposes of this report.

Across the 33 units that had responses to the survey this number varied widely, with one unit only having one response and another having as many as 37. The average number of responses per unit was 13, however this was significantly more in Wessex at 17 per unit. The number of unit responses did not necessarily coincide with the number of nurses employed at each unit.

There were four units who did not have any responses to the survey. All of these were within the KSS Network.

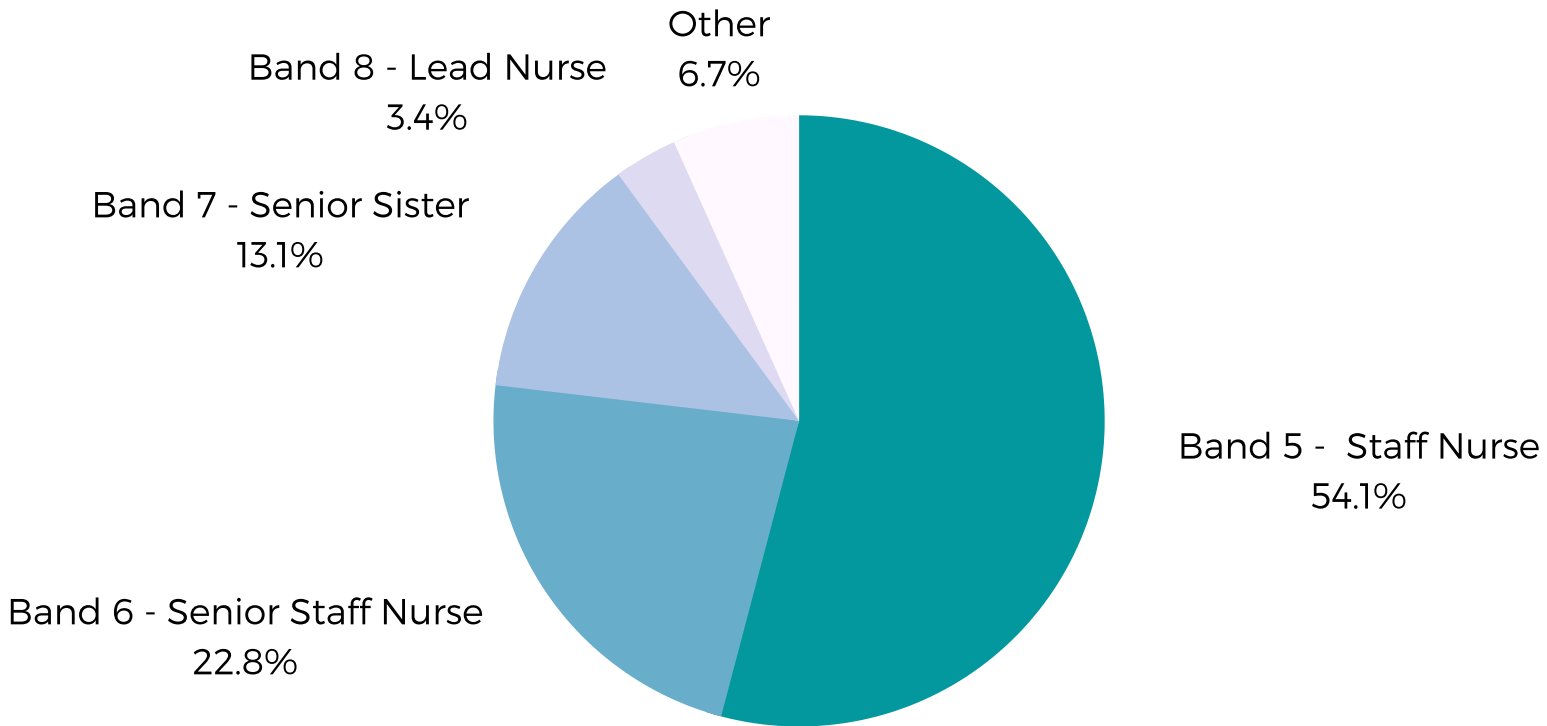


Across the Trusts in the TVW and KSS Networks there are approximately 2763 WTE nurses working in adult critical care (based on the June 2021 National Stocktake data). This is whole time equivalent and not a direct head count of nurses. However, with this in mind, the estimated response rate for this survey is around 16% of adult critical care nurses within the two Networks. In comparison, every year the NHS conduct a national staff survey of which the response rate is 47.3% (2020).

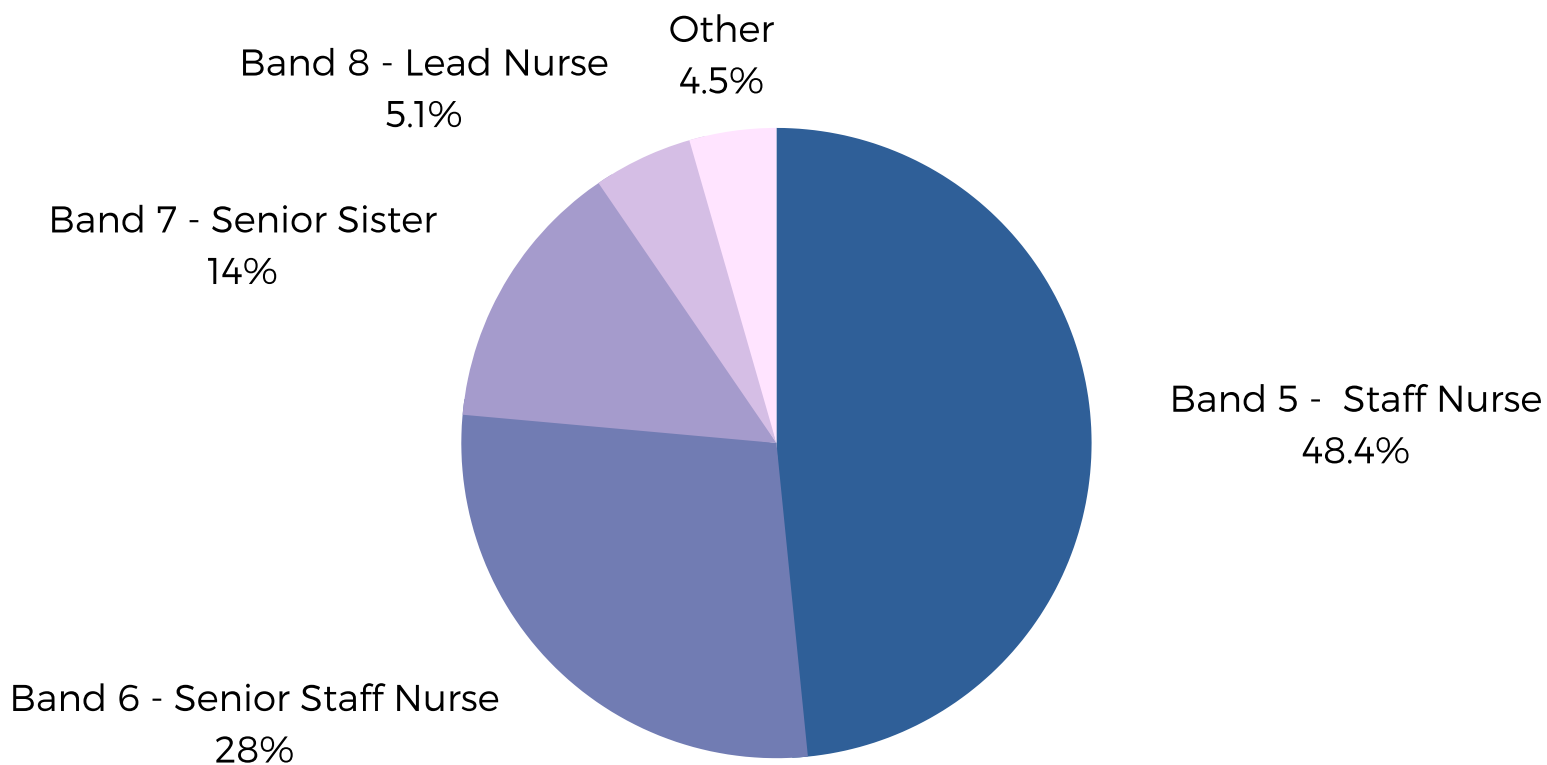


# Response Rate By band

## Thames Valley and Wessex

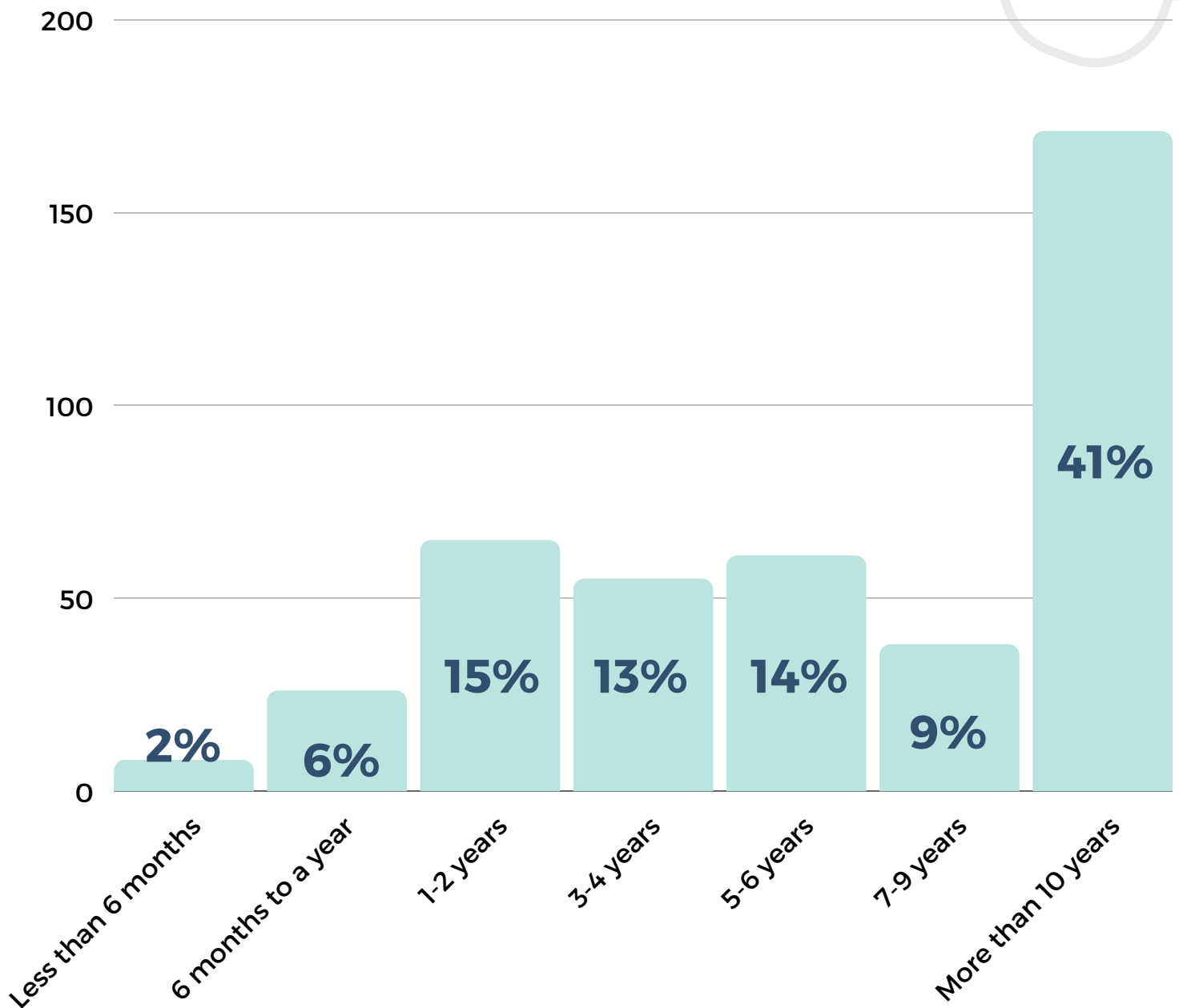


## Kent, Surrey and Sussex



# Response Rate

## By number of years as an adult critical care nurse

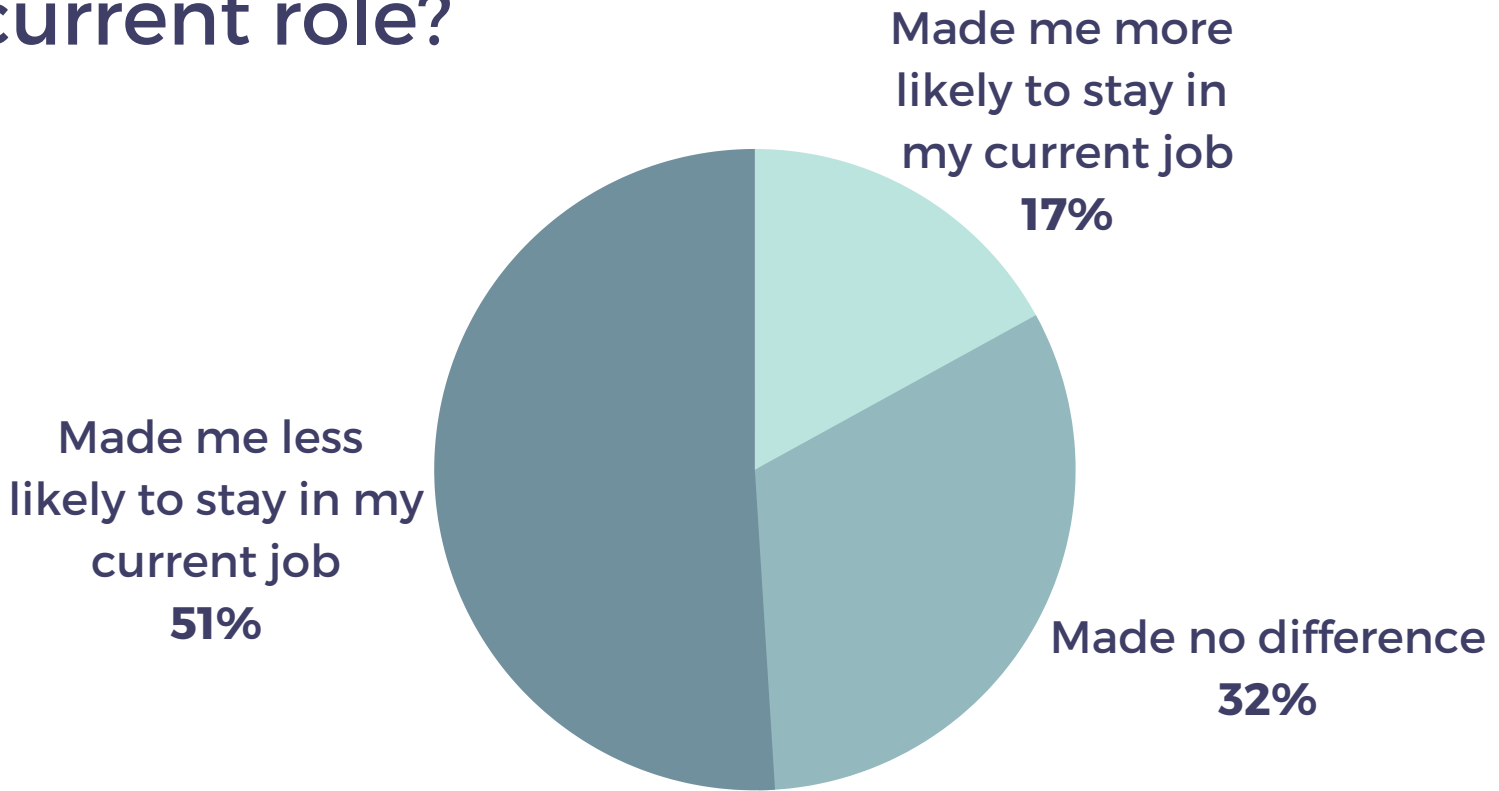


This question asked specifically about the number of years service as an adult critical care nurse. This could span more than one Trust/unit or band.

Over 40% of all nurses who responded to this survey have over ten year's experience as an adult critical care nurse. With 50% having worked for the NHS for ten or more years. Almost 65% of all responses are adult critical care nurses with over five year's of experience as an adult critical care nurse. All Band 8 nurses who responded to the survey had more than five years experience. However, they only make up 20% of all nurses with that length of experience, the majority were Band 5 or Band 6 (31% and 36% respectively).

# IMPACT OF COVID-19

## How has the Covid-19 pandemic made you think differently about your current role?



It was important for us as Networks to truly understand the impact that the Covid-19 pandemic has had on the morale of nursing staff within adult critical care. It has been frequently considered in the media and discussed anecdotally amongst staff.

From the results of the survey (as shown above) 51% of the nurses who responded to the survey reported that the pandemic had made them less likely to want to stay in their role.

For individual units however, this figure did vary. Out of the 31 units that exceeded the minimum response rate, 24 reported a higher number of "made me less likely to stay in my current job" than the other two options. The seven remaining units had more nurses selecting the "made no difference" option. No unit had a higher rate of "made me more likely to stay in my current role" responses.

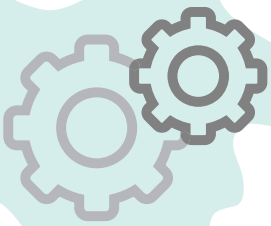
**“During Covid it was/is very difficult to feel positively about work or the benefit to the patients as it felt like you were constantly fighting an uphill battle.”**

# STAFF ENGAGEMENT

## How often do you feel this way?



**47%** often or always look forward to going to work



**66%** are often or always enthusiastic about their job



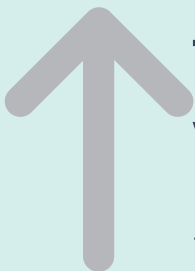
**72%** reported that time passes quickly when they are working

Although these questions do not directly mention happiness at work, they are suggestive of general day to day feelings of nurses in their role. As a positive, 39% 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.

These three questions are also asked in the National Staff Survey which covers all NHS staff and is not specific to adult critical care nurses. In comparison to the National Staff Survey: 59% of responders reported often/always looking forward to going to work, 73% are often/always enthusiastic about their job and 76% report that often/always time passes quickly.

By comparison, the results from this survey are much lower than that of the national survey (particularly in regard to looking forward to going to work). It is also worth keeping in mind that there has been at least one other Covid-19 wave since the national survey was conducted which may have had an impact on these results.

## Highest Rated Areas



**Kent**  
**Thames Valley**  
**Wessex**  
**Sussex**  
**Surrey**

\*Rating based on highest scores across all 3 categories\*

# STATEMENTS ABOUT ROLE

## To what extent do you agree or disagree?

Percentages based on those who "Agree" or "Strongly Agree"



**92%** feel they are trusted to do their job



**90%** always know what their responsibilities are



**78%** are able to do their job to a standard they are pleased with



**76%** feel valued and respected by colleagues



**51%** feel valued and respected by management

Most nurses surveyed felt that they were trusted to do their job and know what their responsibilities were. However only 51% 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. Relationships with management featured frequently throughout the analysis of the results of the survey.

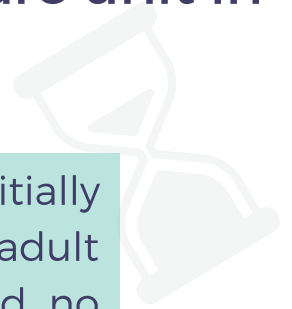
Interestingly, those 51% who felt valued and respected by management were less likely to be planning to leave within the next three years (39% compared to 61% from those who do not feel valued and respected by management) and scored higher on the staff engagement questions. This was not the case for the other statements which made very little impact on intention to leave or staff engagement questions. Band 8 lead nurses were much more likely to feel valued and respected by management than nurses within other bands.

# INTENTION TO LEAVE?

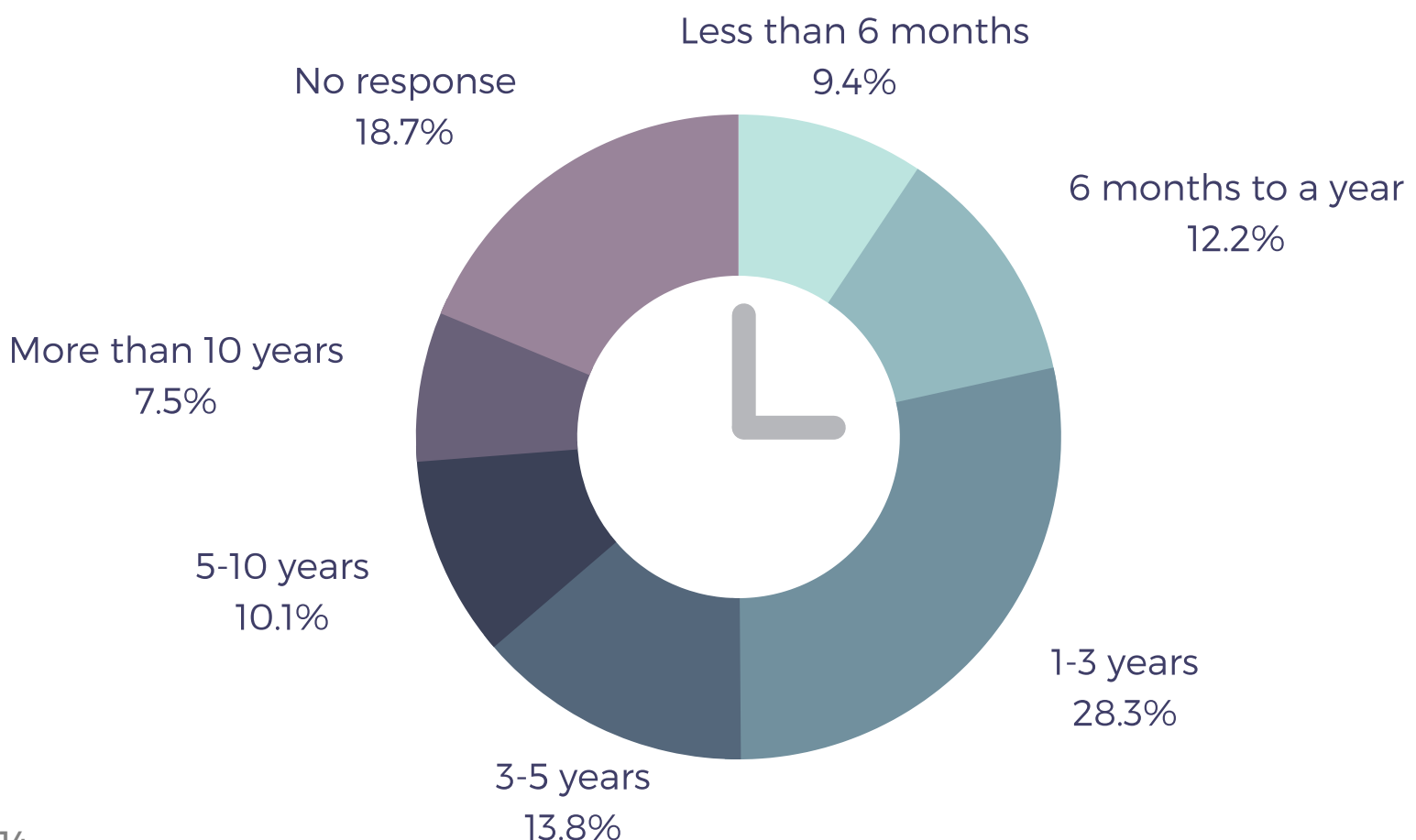
How long do you hope or expect to continue working within your current adult critical care unit?



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



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. 42% of responders reported that they had no plans to leave their role at the moment and 19% 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.



# Intention to Leave - Breakdown

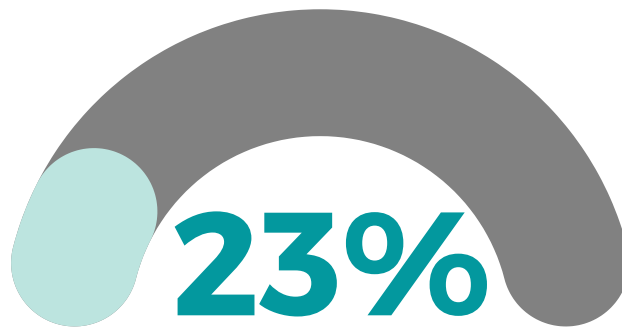
Leave their current role within the next 3 years

**53%** of  
Band 5  
Nurses

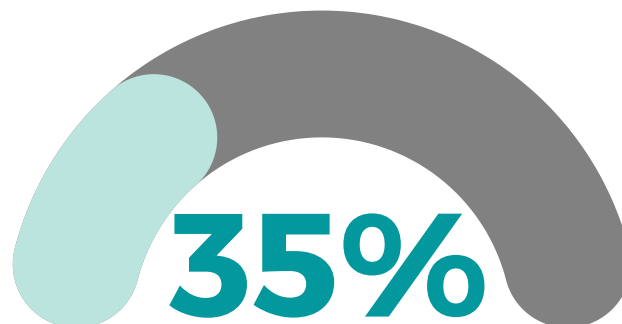
**48%** of  
Band 6  
Nurses

**47%** of  
Band 7  
Nurses

**59%** of  
Band 8  
Nurses



of those planning to leave within the next 3 years are planning to leave the NHS



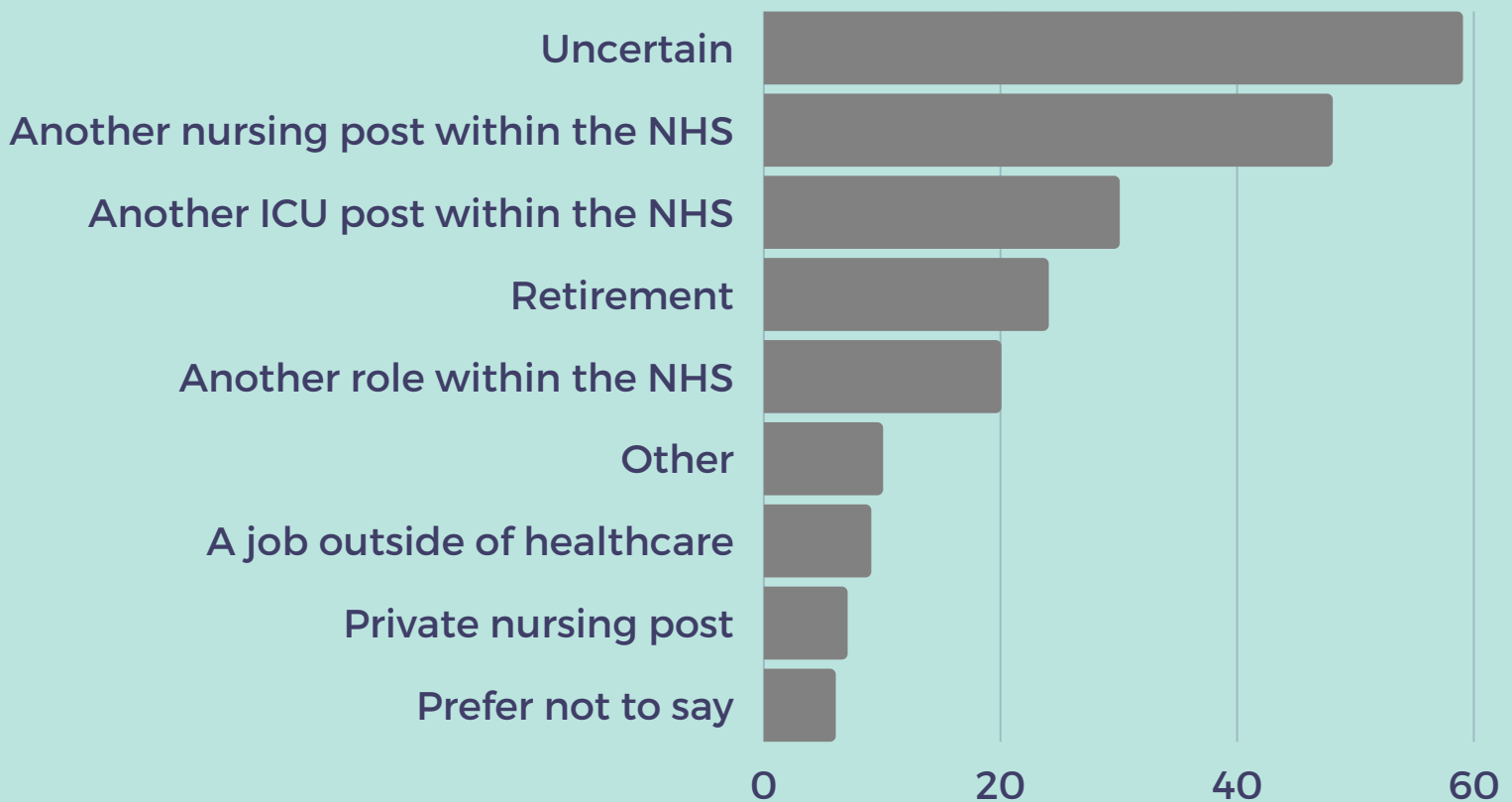
of those planning to leave within the next 3 years want to remain in nursing but not adult critical care

# Intention to Leave Current Role - Breakdown

## Where will you go?

The nurses surveyed were given nine options to choose from in relation to where they plan to go upon leaving their current role. The below showcases those options for those planning to leave within the next three years. A majority of responders were uncertain of their next role. It is also worth keeping in mind that these moves could include promotions.

Those planning to leave their current role in the next 3 years



12% of all survey responders plan to leave the NHS within the next three years. Half of those are nurses who are planning on retirement and all of these have been an adult critical care nurse for more than 10 years.

Of those planning to leave within the next three years, 25% have been adult critical care nurses for two years or less. Nearly all of their adult critical care nursing experience has been in the middle of a pandemic.

There was also an option for those who selected "Other" to comment on their intentions. Many of these comments focused on moving countries (although not all).



# Contributing Factors

If you are considering leaving your current position what would be contributing to this decision?

Participants were given 15 factors and were able to select all that apply to them when contributing to their decision to leave.

- 1 Lack of recognition through pay awards (47%)
- 2 Being asked to work on other wards (46%)
- 3 Stressful and traumatic work experiences (40%)
- 4 High workload (38%)
- 5 Lack of recognition from management (35%)

There are a number of factors influencing a nurse's choice to leave their role and responders were able to list anything this survey did not cover.

The number one factor contributing to nurses' decisions to leave is "Lack of recognition through pay awards". The NHS staff pay rise was featured heavily in the media at the time of the survey and was likely to be at the forefront of many nurse's thoughts. A consultation by the Royal College of Nursing (RCN) found that almost 92% of nurses in England believed that the 3% offer was unacceptable. However, NHS staff pay has been a contentious issue for many years.

Very closely behind pay is "Being asked to work on other wards". This appears in some of the other questions asked within this survey and is frequently top as a factor causing stress to staff.

*The last year has been very tiring and emotionally draining both in and out of work. Other job prospects have become available allowing me to leave within the next few years.*

# Contributing Factors - By Network

When comparing staff planning on leaving their roles across the two Networks there was little overall difference between Thames Valley & Wessex and Kent, Surrey & Sussex. Of note, KSS had a slightly higher rate of nurses looking to retire (14% compared to 10%), whereas TVW had a slightly higher rate of nurses looking for nursing roles outside of adult critical care (37% compared to 33%).

There were, however, differences between the contributing factors for the two Networks. The two Networks do share the same top five contributing factors but in a different order of priority.

Being asked to work on other wards was the top contributing factor for nurses within Thames Valley & Wessex with 51% of responders selecting this as a contributor to their stress. In Kent, Surrey & Sussex only 37% of nurses selected this factor. This could be suggestive of a practice difference in Trusts within KSS compared to TVW but would require further understanding.



Thames Valley & Wessex  
**Critical Care Network**

- 1 Being asked to work in other wards (51%)**
- 2 Lack of recognition through pay awards (46%)**
- 3 Stressful and traumatic work experiences (39%)**
- 4 Lack of recognition from management (36%)**
- 5 High workload (36%)**

In Kent, Surrey & Sussex the top contributing factor is "Lack of recognition through pay awards" with 46% of responders from KSS selecting this. Although, of note, 46% of TVW responders also selected this but it was only enough to rank it second in the list of contributing factors.

For the other 10 factors both Networks had similar percentage responses and these all fell into the same order.



Kent, Surrey, Sussex  
**Critical Care Network**

- 1 Lack of recognition through pay awards (46%)**
- 2 Stressful and traumatic work experiences (42%)**
- 3 Lack of recognition from management (40%)**
- 4 Being asked to work in other wards (37%)**
- 5 High workload (34%)**

# WHAT IS IMPORTANT TO YOU?

## Very important to you

Responders were asked how important the following 14 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". The below chart orders the factors based on the percentage of "Very important" responses that they received.

Unsurprisingly the factor that was top of the "Very important" list was "Positive impact of patient care". This was followed very closely by "Feeling valued and respected" and "Work-life balance".



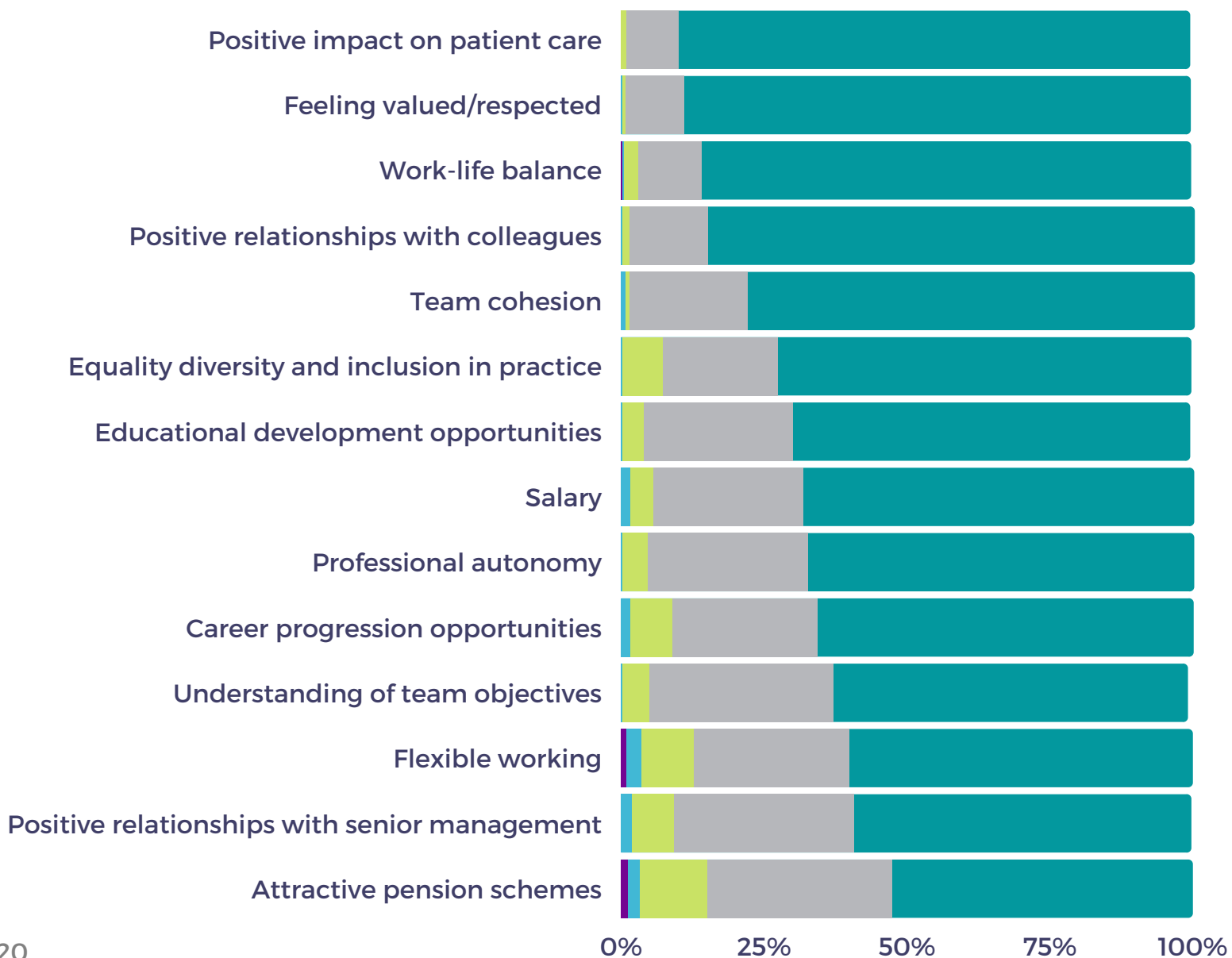
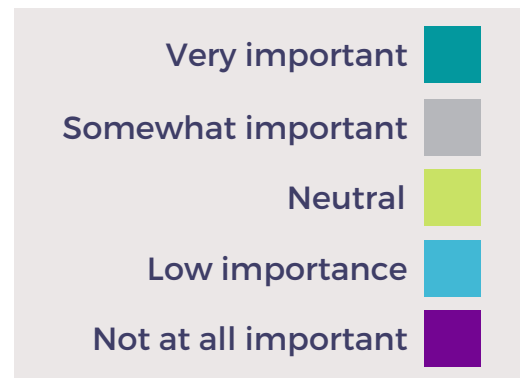
“Salary is very important, it doesn't currently reflect the amount of work I put in”

# Breakdown of Importance

In a vast majority of responses, all 14 items were rated either "Somewhat" or "Very important". "Attractive pension scheme" had the highest percentage of "Neutral" responses at 12%, followed by "Flexible working".

Also, "Low importance" was not a very common response, however 10 out of the 14 factors received at least one "Low importance" response. Only 10 people rated any of these factors as "Not at all important".

When combining the number of "Somewhat important" and "Very important" responses, then "Positive relationships with colleagues", "Team cohesion" and "Feeling valued/respected" have the same highest score. Higher than "Positive impact on patient care" which would be fourth. However the difference was only one rating.



# IMPORTANT FACTORS

## Do you feel you are getting these?

Following on from the "What's important to you in your role?" question, the nurses were asked whether they felt they were getting the same 14 factors within their current role. There were five available responses ranging from "Not at all" to "A lot".

The below chart ranks the 14 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 third highest percentage under the "Important" ratings whereas it was second from bottom in "Do you feel you're getting these" percentages.

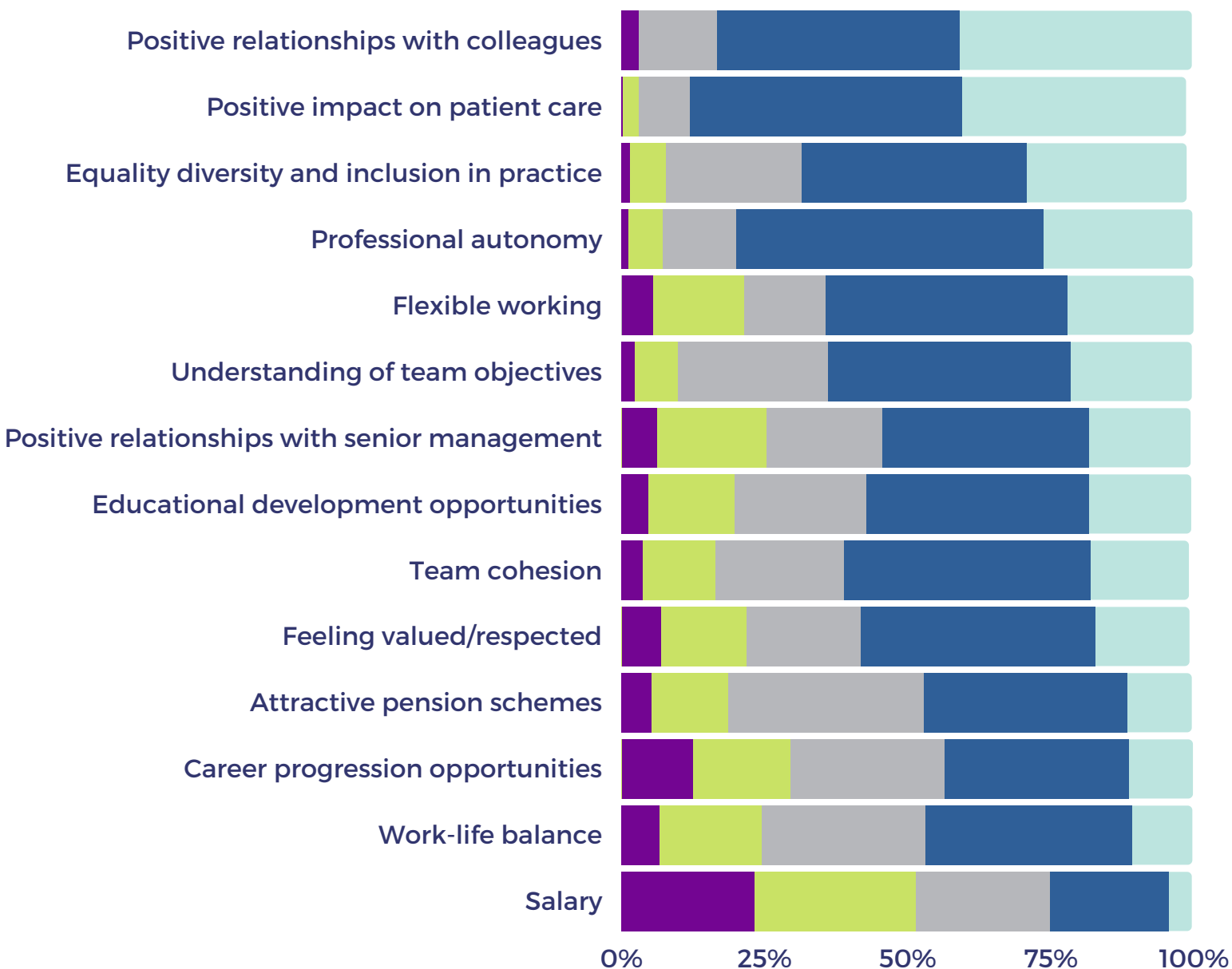


# Do you feel you are getting these?

Unlike 'Importance', 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 responders 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%.



*I would like to feel more rewarded for my experience, knowledge and ability.*



# A comparison of the Top 5 Factors for both Importance and Getting

The list below is based on the two positive options for both Importance ("Very" and "Somewhat Important") and whether you are getting these ("A lot" and "Somewhat").

## Top 5 Important factors

Positive relationships with colleagues - **99%**

Team cohesion - **99%**

Feeling valued/respected - **99%**

Positive impact on patient care - **98%**

Work-life balance - **96%**

1

2

3

4

5

## Top 5 Are you getting these?

Positive impact on patient care - **87%**

Positive relationships with colleagues - **83%**

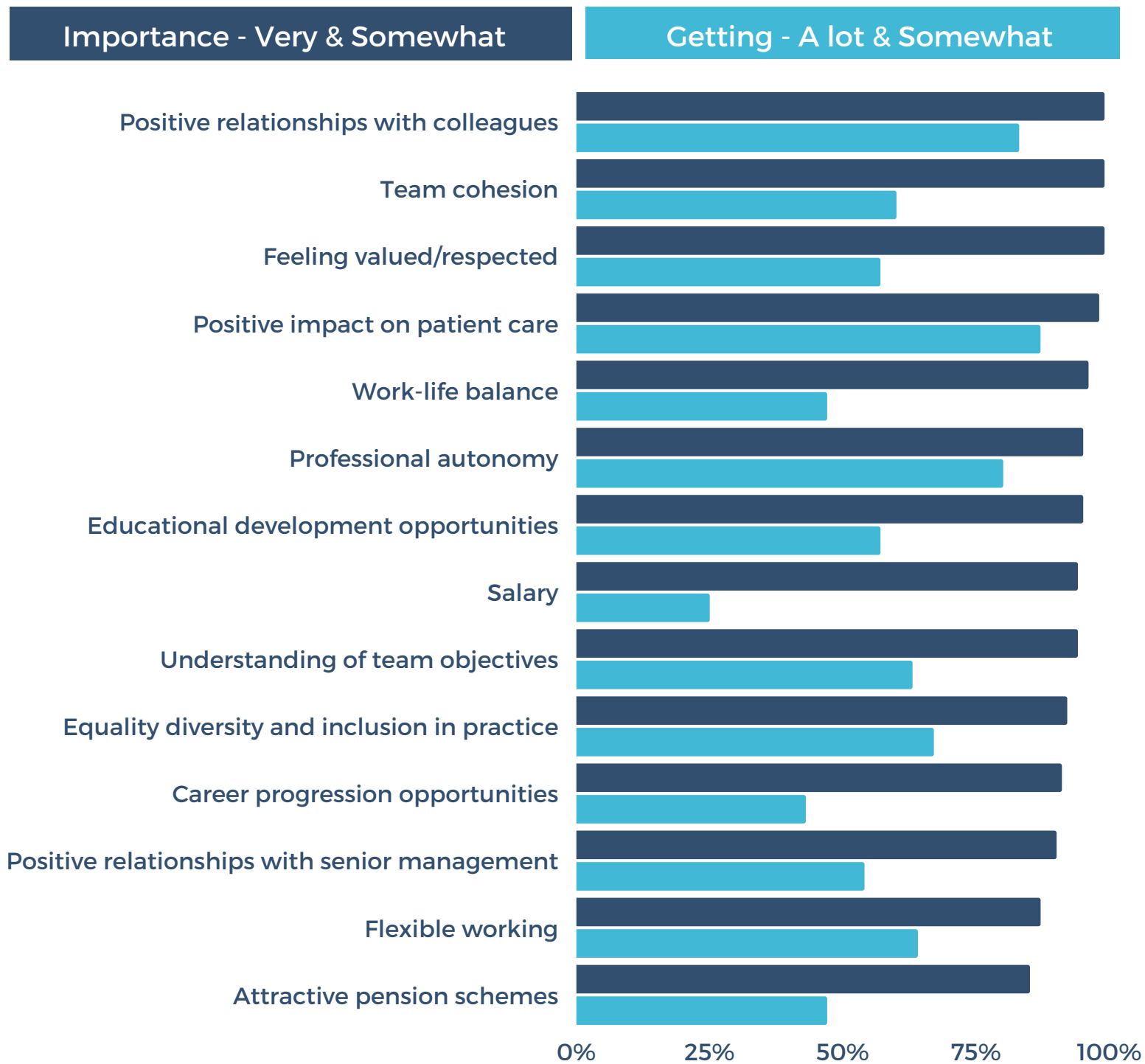
Professional autonomy - **80%**

Equality, diversity and inclusion in practice - **67%**

Flexible working - **64%**



# Importance compared to Getting - All Factors



When looking at all 14 factors, it's possible to see where there are large differences between what nurses 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".

For many of these factors, there is very little difference between the results for the TVW and KSS Networks. "Flexible working", did however, show a significant difference between the two Networks. 68% of nurses in TVW felt they did get "Flexible working" compared to 57% of KSS nurses.



# Lowest 3 Factors - Importance and Getting

The list below 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 3 Important factors

Flexible working - **4%**

Attractive pension schemes - **3%**

Positive relationships with senior management - **2%**

## Lowest 3 Are you getting these?

Salary - **51%**

Career progression opportunities - **30%**

Positive relationships with senior management - **25%**

As the above shows, 51% of nurses who responded to the survey do not feel they are getting the appropriate salary. When looking at those planning to leave their roles within the next three years, 56% of them feel they are not getting the appropriate salary (compared to 47% of those who do not plan to leave in the next these years).

Band 5 nurses were most likely to select "Not much" or "Not at all" in regards to whether they are getting career progression. They made up over 60% of these responses with Band 6 at 20% and Band 7 at 13%. Band 8's made up less than 1%.

Band 8 nurses were also least likely to select "Not much" or "Not at all" in regards to whether they are getting "Positive relationships with senior management".

# Band 5 - Top 3 Breakdown



## Band 5 Staff Nurse

### Top 3 Important factors

Positive impact on  
patient care - **99%**

Positive  
relationships with  
colleagues - **99%**

Work-life balance -  
**99%**

1

2

3

### Top 3 Are you getting these?

Positive impact on  
patient care - **84%**

Positive relationships  
with colleagues -  
**79%**

Professional  
autonomy - **73%**

“ *Salary. Being a senior band 5 in ITU involves a great deal of experience, responsibility and skill.* ”

# Band 6 - Top 3 Breakdown



## Band 6 Senior Staff Nurse

### Top 3 Important factors

Positive relationship  
with colleagues -  
**99%**

Feeling valued/  
respected - **99%**

Team cohesion -  
**99%**

1

2

3

### Top 3 Are you getting these?

Positive impact on  
patient care - **91%**

Positive relationship  
with colleagues -  
**90%**

Professional  
autonomy - **85%**

“ I love my job but it is getting harder to do ”

# Band 7 - Top 3 Breakdown

## Band 7 Senior Sister



### Top 3 Important factors

Positive impact on  
patient care - **100%**

Positive relationships  
with colleagues and  
Team cohesion- **100%**

Professional  
autonomy - **98%**

1

2

3

### Top 3 Are you getting these?

Professional  
autonomy - **89%**

Positive impact on  
patient care - **84%**

Positive relationship  
with colleagues -  
**82%**

*“ I do love my job, but the impact of nursing through Covid has had a huge detrimental impact on my mental health and wellbeing. ”*

# Band 8 - Top 3 Breakdown



## Band 8 Lead Nurse

### Top 3 Important factors

Positive relationship  
with colleagues -  
**100%**

1

### Top 3 Are you getting these?

Positive impact on  
patient care - **100%**

Positive impact on  
patient care - **100%**

2

Positive relationship  
with colleagues -  
**94%**

Team cohesion  
and Feeling  
valued / respected -  
**100%**

3

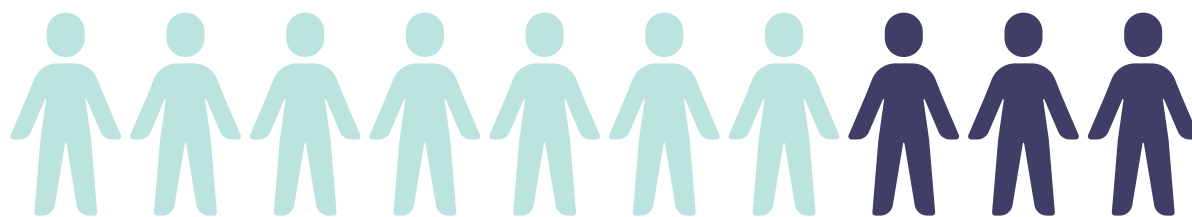
Understanding  
of team objectives -  
**94%**



*I don't deliver direct patient care as a Matron but as a Lead I enjoy looking after staff and making sure we have a happy workforce. Currently this is challenging on so many levels.*



# PERSONAL LEVEL STRESS



**7 in 10** participants feel they have a high level of stress as a result of their work

## Top 5 Contributing Factors

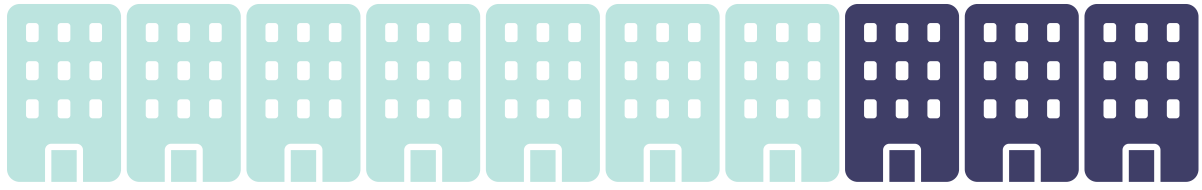
Participants were given 13 options and were able to select as many or as few as they wanted.

- 1** Staff shortages (56%)
- 2** Being asked to work on other wards (41%)
- 3** Stressful and traumatic work experiences (40%)
- 4** Workload (34%)
- 5** Work-life balance (31%)

Nurses were also asked to rank, on a scale of 1 - 10, how stressed they felt they were. With 10 being the most stressed. The average score was 7.2. However nurses who planned to leave within a year had an average of 7.6, in comparison nurses who were planning on staying more than a year had an average stress score of 6.7.

38 nurses ranked themselves as a 9 or 10 when asked. When looking at the factors around this stress, 74% of these responders selected "Stressful and traumatic work experiences" as one cause of their stress.

# UNIT LEVEL STRESS



**7 in 10** participants feel staff within their unit have a high level of stress as a result of their work

## Top 5 Contributing Factors

Participants were given 13 options and were able to select as many or as few as they wanted.

- 1** Staff shortages (69%)
- 2** Stressful and traumatic work experiences (64%)
- 3** Being asked to work on other wards (63%)
- 4** Workload (46%)
- 5** Work-life balance (45%)

Similarly to the questions around personal stress, nurses were asked about how stressed they feel the staff on their unit are. As well as being asked to assign a score of 0 - 10, with 10 being most stressed. The overall average was slightly higher than personal stress at 7.5 (compared to 7.2).

The average score for individual units varied with 6.0 being the lowest and 8.5 the highest. 65 nurses scored their unit's staff at a 9 or 10 for stress with 89% of these selecting "Staff shortages" as a cause of staff stress.

# WOULD YOU RECOMMEND ADULT CRITICAL CARE NURSING AS A CAREER TO OTHER NURSES?



**74%** said  
"Yes"



**6%** said  
"No"



**19%** said  
"Not sure"

Although the nurses who responded expressed some concerns throughout this survey, 74% of them would still recommend adult critical care nursing to other nurses, only 6% would not. This percentage was consistent when looking at both TVW and KSS separately as well.

Band 8 nurses were more likely to recommend adult critical care nursing with 88% selecting "Yes". Band 6 nurses were slightly less likely to recommend with 71% selecting "Yes".

Nurses who have worked for the NHS for 1 -2 years were also more likely to recommend adult critical care nursing. Those who have worked for the NHS for more than 10 years had the highest "No" response.



# WHAT DO YOU ENJOY THE MOST IN YOUR CURRENT ROLE AS AN ADULT CRITICAL CARE NURSE?

“*My Colleagues*”

“*When the environment allows, I love being able to provide person centred care to my patients. It is wonderful to see how our hard work can really improve outcomes for our patients*”

“*I enjoy the patient care and I love the team I work with.*”

“*Helping people, knowing little things can make a big difference, especially to someone who is critically ill*”

“*Team work*”

“*Professional autonomy*”

“*The satisfaction when a patient that has been very sick is discharged*”

“*Managing a cohesive team*”

“*I enjoy patient care. I enjoy helping those when they are at their most vulnerable and witnessing their journey to recovery and making a difference to peoples' lives*”

“*Opportunity for learning and development*”

“*The impact my efforts have on my patients*”

“*I don't deliver direct patient care as a Matron but as a Lead I enjoy looking after staff and making sure we have a happy workforce. Currently this is challenging on so many levels.*”

“*I enjoy learning a variety of different skills and gaining a more in depth understanding of the nursing care needs of those who are critically ill.*”

“*I can make a real difference to the patient and family experience during a very stressful time for them.*”

# PUBLICATIONS AND LITERATURE

The findings of this survey are in line with those found in several other studies and literature on the topic of wellbeing and retention in nursing.

"Factors that influence nurses' intention to leave adult critical care areas: A mixed-method sequential explanatory study," by Nadeem Khan

Finds many similarities in the responses to questions around influencing factors of nurses leaving the profession.

"Best Practice Principles to Apply When Considering Moving Critical Care Nursing Staff to a Different Clinical Care Area" - CC3N document

Highlights the issues and potential impact of moving critical care staff to other areas and wards. It also contains guidance and best practice principles.

"Investigating the Effect of Nurse-Team Communication on Nurse Turnover: Relationships Among Communication Processes, Identification, and Intent to Leave" by Kathleen M Propp, Julie Apker, Wendy S. Zabava Ford, Nancy Wallace, Michelle Serbenski and Nancee Hofmeister

Discusses the impact of team communication on intention to leave. It highlights the importance of an open-minded team and communication style. Recommendations include forming discussion groups among patient care teams and implementing mentoring systems.

"Preserving Organizational Resilience, Patient Safety, and Staff Retention during COVID-19 Requires a Holistic Consideration of the Psychological Safety of Healthcare Workers" by Pavani Rangachari and Jacquelynn L. Woods

Discusses the importance of creating an environment of trust, psychological safety and empowerment to enable effective communications regarding patient safety with managers and, as such, learning from them.

"Psychological impact of caring for critically ill patients during the Covid-19 pandemic and recommendations for staff support" by Andrew Bates, Julia Ottaway, Helen Moyses, Marcie Perrow, Sophie Rushbrook and Rebecca Cusack

Highlights the psychological impact of the Covid-19 pandemic and discusses the importance of staff wellbeing support.

"NHS Staff Survey." owned by NHS England and NHS Improvement

The survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is aligned to the NHS People Promise.

"Intensive Care Society Workforce Wellbeing Best Practice Framework"

A best practice framework 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.



# Recommendations

The following information is a detailed description of the Network Recommendations from the Executive Summary.

1

**We urge matrons to share this report with their unit staff and divisional management, and display the infographic accompanying this report in areas accessible to their staff.**

We understand how important it is for the voices of our adult critical care staff to be heard. We will share findings from the report with all adult critical care unit matrons in both Networks, with unit-specific infographics provided to all units with more than five responses. We urge unit matrons to share with their teams.

As well as sharing this report with our unit matrons, we plan to share this report with the Trust's Chief Nurse, NHS England Regional Specialised Commissioners / Retention Managers / Head of Staff Experience.

2

**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.**

There is strong evidence that creating the core conditions to ensure workplaces are safe and supportive improves staff experience and patient care. The Intensive Care Society have created a workforce wellbeing best practice framework to guide senior hospital management and the critical care teams on ways to provide the best possible employee experience within critical care. This also includes an assurance and improvement tool, which we encourage all of our units to complete and self-assess against the evidence based framework.



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

Whilst we recognise that moving adult critical care staff to support other clinical areas may at times be necessary within hospitals, to minimise risk to patient care, we encourage all organisations to risk assess this movement appropriately, acknowledging the potential long-term impact on staff wellbeing and retention.

In 2018, the Critical Care Networks – National Nurse Leads Group (CC3N), developed best practice guidance for moving critical care staff, to apply when considering moving critical care nursing staff to a different clinical care area. This document includes risks to consider, best practice recommendations and an example risk assessment form. We fully endorse this guidance.



**Time for education and professional development is highly valued and we recommend that protected time to facilitate this will enhance patient care and staff retention.**

Career progression opportunities have been highlighted as a factor that many staff feel they do not have access to. Having access to formal and informal education is clearly linked to career progression, however with staffing pressures within critical care units (or even other wards), some units struggle to protect this time for their staff.

We encourage all units to ensure they protect educational opportunities for their staff, and that education teams are staffed to the GPICS standards and have protected time to support their staff.



**Adult critical care nurses represent a specialised and highly trained group and we will 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. A number of 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 Network we will highlight the importance of appropriate salary/banding through our appropriate channels.

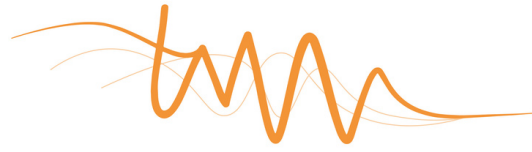


**We will repeat the survey to review trends and make further recommendations.**

Whilst collecting this data has highlighted a number of areas of concern, it has also provided us with some good data to help the Networks understand our units' nurse staff wellbeing and factors that would influence their intention to leave. We aim to repeat this survey in the future to assess any trends in the responses.

The Networks are also currently running a survey for the non-nursing critical care staff to help us understand the wider multidisciplinary team (MDT) workforce. This will help us better understand trends, and potentially any further impact that the Covid-19 pandemic has had on our staff.

# Contact Information



## Thames Valley & Wessex Critical Care Network

Thames Valley & Wessex Operational Delivery Network  
(Hosted by University Hospital Southampton NHS Foundation Trust)  
Tidbury Farm, Bullington Cross, Sutton Scotney, Hampshire,  
SO21 3QQ

Tel: 07920 271537

E-mail: [england.tv-w-criticalcarenetwork@nhs.net](mailto:england.tv-w-criticalcarenetwork@nhs.net)

Website: <https://southodns.nhs.uk/>

Twitter: [@TVWCritCareODN](https://twitter.com/TVWCritCareODN)



## Kent, Surrey, Sussex Critical Care Network

Kent, Surrey, Sussex Critical Care Operational Delivery Network  
(KSSCCN)

Hosted by Medway Maritime NHS Foundation Trust

Email: [medwayft.kssccn@nhs.net](mailto:medwayft.kssccn@nhs.net)

Website: <https://southodns.nhs.uk>

Twitter: [@KSSCCN](https://twitter.com/@KSSCCN)

For queries or more information regarding the data please contact:

[roxanne.burns@nhs.net](mailto:roxanne.burns@nhs.net)



# APPENDIX





# 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*

- Is there anything you would like to add to the options from Question 11?
- 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*

- If you are considering leaving your current position what would be 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 fulfill ethical obligations)*

*Poor Wellbeing Support*

*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 in Other Wards*

*Workplace Bullying*

*Discrimination*

*Other*

If 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 15, 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 in Other Wards*

*Limited Time to Rest In-Between Shifts*

*Workload*

*Other*

**If Other, please specify:**

- Do you think the staff within your unit have high levels of stress as a result of their work?
- On a scale of 1 to 10, how stressed do you think the staff within your unit are currently feeling as a result of work?
- If you answered Yes to Question 17, what do you think are the main factors contributing to the feeling of stress among your Unit's staff? (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 in Other Wards*

*Limited Time to Rest In-Between Shifts*

*Workload*

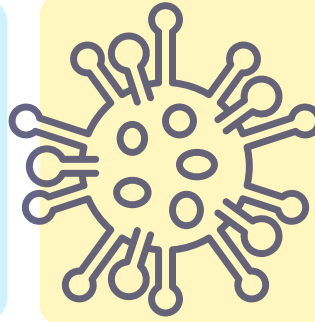
*Other*

If Other, please specify:

- 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 address related to the content of this survey?
- What is your age?
- Please specify your ethnicity

# Critical Care Nursing Staff Survey 2021 TVW and KSS ACC Networks

427 Responses



**51%**

of nurses said that the Covid-19 pandemic made them less likely to stay in their current job



**91%**

feel they are trusted to do their job



**90%**

always know what their responsibilities are



**77%**

are able to do their job to a standard they are pleased with



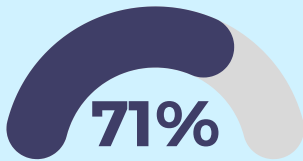
**76%**

feel valued and respected by my colleagues



**51%**

feel valued and respected by management



**71%**  
of nurses feel they have a high level of stress as a result of their work

## What causes your stress?

**1st** - Staff shortages

**2nd** - Being asked to work in other wards



**50%** of nurses are expecting to leave their current ICU in the next 3 years

## Why?

- 1** Lack of recognition through pay awards (**47%**)
- 2** Being asked to work in other wards (**46%**)
- 3** Stressful and traumatic work experiences (**40%**)

## Where?

Out of those expecting to leave **23%** are planning to leave the NHS

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



**74%** said yes