

Rand Butcher
Chief Executive Officer,
The Australian College of Critical Care Nurses (ACCCN)

To: The Department of Health and Aged Care
Australian Government

Subject: National Nursing Workforce Strategy - Intensive Care Nursing Workforce

To whom it may concern,

I am writing on behalf of the Australian College of Critical Care Nurses (ACCCN) to provide input into the development of the National Nursing Workforce Strategy. As an organisation dedicated to advancing the critical care nursing profession, we would like to draw attention to the unique challenges faced by intensive care nurses that contribute to shortages in the workforce. Additionally, we emphasize the significance of the ACCCN Workforce Standards in identifying an evidence-based standard for adequate nursing staffing in the intensive care environment.

Challenges Faced by Intensive Care Nurses:

Intensive care nurses operate in a high-stress environment, dealing with complex and critically ill patients. Bedside clinical nurses are required to fulfil a high percentage of night duty shifts with detrimental effects on their lifestyle and health. Intensive care nurses often work extended hours under emotionally charged circumstances. The demands of this specialized field contribute significantly to burnout and attrition rates. In some instances, inadequate staffing levels compromise patient safety and exacerbate stress among intensive care nurses.

In terms of the intensive care nursing workforce there is need for a critical re-evaluation of the historic premise that has guided the determination of intensive care nurse staffing ratios. The long-standing practice of assigning one registered nurse for each intensive care patient or one nurse for two high dependency patients is outdated and fails to align with the evolving landscape of intensive care practices. As we move forward in healthcare, it is crucial to recognize that patients have become more complex, practices have undergone significant changes, and the environment in which intensive care is delivered has evolved, rendering the traditional staffing ratios inadequate.

Complexity of Patients:

Over time, the acuity and complexity of patients admitted to intensive care units (ICUs) have increased substantially. Patients now present with multiple comorbidities, intricate medical conditions, and a higher likelihood of complications. This heightened complexity demands more nuanced and personalized approach to care, requiring intensive care nurses to provide more specialized attention to each patient.

Changing Practices:

Advancements in critical care practices have led to a shift in the management of patients. Notably, there is a decreasing reliance on sedation to facilitate patient care, with a greater emphasis on maintaining wakefulness to reduce delirium. This change in approach necessitates more attentive and vigilant nursing care, as patients are more aware and responsive, requiring increased monitoring and support.

Single-Room Environments:

The transition to single-room environments in modern ICUs, while beneficial for infection control and patient privacy, poses challenges for traditional staffing ratios. Unlike open-bay configurations, single rooms make it harder for nurses to visually assess and monitor multiple patients simultaneously. This change in the physical layout necessitates adjustments in staffing ratios to ensure that each patient receives the necessary level of attention and care.

To address these factors, it is essential to ensure that there are an adequate number of educated intensive care nursing staff to meet the needs of the critically ill population. There is also a need to ensure that there is an adequate number of extra numerary support staff to assist the bedside nurses and contribute to the overall function and development of the intensive care unit. Support staff include, and are not limited to, access nurse, educators, advanced practice nurses, equipment nurses and research nurses. The requirements for bedside intensive care nursing staff and extra numerary support staff are listed in the ACCCN Workforce Standards document that is currently under review.

Recommendations for Modernizing the Intensive Care Nursing Workforce:

Intensive Care Workforce Standards: One of the key requirements to ensure sustainability of the intensive care nursing workforce is to ensure that there are an adequate number of appropriately trained intensive care nurses and support staff. The ACCCN Intensive Care Workforce Standards outline the requirements for intensive care units. Federal and jurisdictional commitment to a sustainable intensive care nursing workforce is essential for the ongoing effectiveness of contemporary intensive care units.

The ACCCN Workforce Standards outline the essential components necessary for a robust and sustainable critical care nursing workforce. These standards focus on education, professional development, and support structures to ensure the well-being and effectiveness of intensive care nurses. We urge the Australian Government to consider the following key aspects:

Education and Training Programs: It is recommended that the government provides investment in subsidised post graduate education and training programs tailored to the needs of intensive care nurses is vital. This includes initiatives to enhance critical care nursing education at both undergraduate and postgraduate levels.

Mental Health Support: It is recommended that the government recognizes the emotional toll of intensive care nursing and acknowledges that it is imperative to provide mental health support services, counselling, and resources to address burnout and stress.

Support Positions: e.g. Access Nurse, Nurse Educator and Advanced Practice Nurse positions: It is recommended the Federal government and jurisdictions acknowledge the importance of support positions, such as the access nurse, nurse educator and advanced practice nurse, as outlined in the contemporary ACCCN Workforce Standards document. Reasons for supporting these positions are outlined below.

Access Nurse: The creation and support of Access Nurse positions are essential for optimizing patient flow, enhancing communication between healthcare teams, and reducing the burden on intensive care nurses. Access Nurses play a pivotal role in coordinating patient admissions and discharges, ensuring a streamlined and efficient workflow.

Nurse Educator: Nurse Educators are instrumental in fostering a culture of continuous learning and professional growth. By supporting and expanding Nurse Educator positions, we can address skill shortages, improve the quality of care, and enhance the overall resilience of the critical care nursing workforce.

Advanced Practice Nurse: Advanced Practice nursing positions promote optimisation and excellence in intensive care nursing. These positions outline a plan of care while supporting and guiding less experienced nurses to develop and act as a role model for improving intensive care patient outcomes. At times of nursing shortages, the advanced practice nurse is of particular importance for the intensive care nursing workforce.

It is also recommended that any workforce strategy document for the intensive care nursing workforce consider the following:

Patient-Centered Approach: Staffing ratios should be recalibrated to reflect the individual needs and complexities of each patient. A patient-centered approach, rather than a one-size-fits-all model, is essential to provide the high-quality care required in the modern ICU setting. It must be acknowledged that intensive care staffing ratios is a patient centered decision made by experienced intensive care staff.

Skill Mix and Expertise: Recognizing the specialized nature of critical care, staffing ratios should also consider the skill mix and expertise of the nursing staff. Highly trained and experienced nurses are crucial for managing the intricacies of modern critical care.

Technological Support: Embracing and integrating technology, such as advanced monitoring systems and decision support tools, can enhance the efficiency and effectiveness of intensive care nursing, allowing nurses to manage a more complex patient population.

In conclusion, the Australian College of Critical Care Nurses urges the Australian Government to revisit and modernize the historic premise of determining intensive care nurse staffing ratios. The evolving landscape of healthcare demands a flexible and dynamic approach that considers the increasing complexity of patients, changing practices, and the unique challenges posed by the modern ICU environment. By addressing the challenges faced by intensive care nurses and prioritizing the ACCCN Workforce Standards, we can build a resilient and sustainable critical care nursing workforce that meets the evolving healthcare needs of our nation.

Thank you for considering our input. We welcome the opportunity to engage in further discussions and collaboration to ensure the success of the National Nursing Workforce. We look forward to collaborative efforts to ensure that our healthcare system is equipped to meet the demands of contemporary intensive care.

Sincerely,

All the best,



Rand Butcher
CEO, Australian College of Critical Care Nurses (ACCCN)
MACCCN, Honorary Adjunct Associate Professor, Bond University
PO Box 490 | Banora Point NSW 2486
Phone: 1800 357 968
Website: www.acccn.com.au