



Research Report: A national survey exploring the profile of registered nursing staff working in acute medical units.

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Report Authors: Liz Lees
Liz Myers
Laura Obiols Albiñana
Lynda Oswald
Fran Percival

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STUDY GLOSSARY

Term	Definition
AMU	Acute Medical Unit
ANP	Advanced Nurse Practitioners
CNS	Clinical Nurse Specialist
LOS	Length of stay
NHS	National Health Service
NVQ	National Vocational Qualification
REC	Research Ethics Committee
SAM	Society for Acute Medicine
SD	Standard Deviation
WTE	Whole Time Equivalent

1 EXECUTIVE SUMMARY

This research report builds on previous work entitled 'a profile of nurses working in acute medical units: what is the future' (Lees and Myers, 2010) which examined three key things; why nurses choose to work in acute medicine, why they stay in the speciality and why some nurses leave.

Acute medicine is a rapid growing speciality and alongside this growth is a need to understand and address the evolving workforce issues; in particular the education and potential training to support the nursing development required. With this in mind, the original study from 2010 was enhanced to a multi-site enrolment, totalling 29 AMUs across 9 regions who responded to the survey.

It was conducted between 2010/11 in two phases, namely collection of demographic details followed by details concerning motivations and personal insights into the acute medicine workforce. Survey Monkey (on-line commercial platform) was used for both elements of the data collection. The qualitative data gathered has provided a rich insight into the perspectives of the nurses who work in acute medical units and from this an understanding of the current workforce issues. It is hoped that the research will inform the future recruitment, retention and the shape of the nursing workforce in acute medicine.

Key Messages:

- 67% of the nurses surveyed expressed that they feel very positive about working in acute medicine with only 2% expressing negative aspects.

- Reasons to stay in acute medicine were expressed as positive for the variety of work and experience gained.
- Reasons to leave acute medicine were cited as being due limited career progression, lack of resources (staffing) and lack of recognition of acute medicine as a speciality for nurses.
- Would nurses working in acute medicine make the same choice if they had the opportunity to start their career all over again? 85% of the nurses surveyed said yes, that they would make the same choice.
- It was expressed that acute medicine is not yet adequately recognised outside of the clinical area itself as a developing speciality for nurses. This has consequences for nurse development and recruitment of staff.
- The fast pace, relentless workload and staffing shortages were frequently cited as being the most morale reducing and de-motivating factors. This has consequences for the retention of nursing staff.
- The diversity of patients, challenges and teamwork were frequently cited as morale enhancing and motivating factors.
- The key qualities and skills required to work in acute medicine were defined in the following categories, namely, organisational, communication, clinical and personal skills. For example, personal skills frequently cited were 'keeping calm under pressure'.

- Core areas for skills training were broadly identified across ten areas with arterial blood gas sampling/analysis, CPAP, x-ray interpretation and dementia training forming the most frequently suggested skills areas by those who participated in the research.

Recommendations:

This research paints the current landscape in acute medicine, which continues to need revisiting, amidst technological advances, increased patient acuity, an ageing population, all of which creating an ever-increasing diverse workload. Four key recommendations have been drawn which are clear way-markers to aid the directions of travel for those working to begin to shape the future nursing workforce in acute medicine.

Lead nurses from acute medical units should undertake a skills analysis across all nurse bandings, to identify the gaps and current training needs of their staff mapped against the skill areas, suggested in this research. To keep this work updated it is further recommended that this is repeated yearly, by individual nurses prior to appraisal. This process will assist in identifying personal development plans and continuing professional development, set in context the wider needs of acute medicine.

A thorough understanding of the nursing workload/dependency within acute medical units is urgently required to keep pace with the acuity and volume of patients assessed and admitted. Current workforce tools DO NOT provide sufficient information to ensure acute medical units are able to set their staffing levels adequately/safely. This is a piece of work which would prove valuable alongside the RCN staffing guidance for general wards.

Staffing duty rotas need to be developed to take account of the potential for burn out and high stress levels; it is suggested that adequate time for staff development and CPD are considered with each new rota. It may be possible for AMUs to consider developing different types of nursing roles (new) where management, research, service development and training could be incorporated into job descriptions legitimising the development of supporting professional activities into job plans.

Acute medical units without advanced nursing roles need to consider their development in the context of the skills and training needs analysis. These types of roles provide for clinical career progression and align with increasing patient acuity in acute medicine. Notwithstanding, these roles will need to have a supporting structure in place for continued training and development.

Liz Lees

Nurse Representative (Society for Acute Medicine).

2 INTRODUCTION

This research report builds on a preliminary study by Lees & Myers (2009), which examined the experience of nurses working in two acute medical units. This study identified that the majority of nurses working in AMU were committed to the specialty and had developed skills in the area despite identifying some issues related to workload and lack of career progression. Nevertheless, it was recognised that further in-depth research was needed to gain a robust understanding of the factors influencing nurses' decisions to choose to work in acute medicine, with a view to developing strategies for future recruitment, retention and progression through an acute medicine career pathway.

2.1 Background

Instigating and following a predetermined career pathway remains a relatively new concept for most nurses (Department of Health, 2012). Mitigating factors are multi-faceted to include the failure at a national level to recognise of acute medicine as a specialty for nursing. For example, while it is now recognised for medical staff wishing to pursue a career (Royal College of Physicians, website accessed February 2013) it is not yet widely recognised as a definitive career choice for nurses. Although we have learnt that nurses do see acute medicine as an exciting area to work in, Lees and Myers (2009) revealed that career stagnation was occurring in acute medicine, given the time nurses (> five years) are employed in a particular Banding(s). Pursuing a specific career pathway in acute medicine for nurses requires support at a national level to enable new mechanisms for career progression from Band 5 to Band 8. This means that the current system of waiting for a vacancy to arise and navigating your own career path – through experience gained along the way, before progression can occur is career limiting except for the fortunate few (www.skillsforhealth.uk). Navigation through career options currently relies upon entry

points and academic progression and is contextually applied to settings; for example 'knowledge' and 'experience' may not always be accredited or transferrable. Concentrating upon these issues alone will not enhance or facilitate career progression in acute medicine; specialist career pathways can only be progressed if upon pre requisite academic criteria and experience – there is a recognition and reward through career pathways. Whilst the attention within this report is focussed upon acute medicine it is thought that this is not the only clinical area where problems of this nature exist.

2.2 Rationale of the study objectives

Acute medicine is one of the fastest growing specialties in the UK (Royal College of Physicians, 2012, 2007) but as yet, there has been no exploration of the nursing workforce issues specific to the specialty. There is a need to understand the reasons why nurses choose to work in acute medicine; to explore the factors that encourage them to choose this as a career option and to determine the education and training required to support appropriate professional development specific to the specialty.

3 STUDY AIMS & OBJECTIVES

3.1 Aim

To understand nurses' perceptions of working in AMU to aid development of a workforce strategy to support recruitment and retention of AMU nurses.

3.2 Objectives

- Understand nurses' perceptions of working in AMU.
- Identify factors that would aid nurse recruitment to AMU.
- Understand the value of educational opportunities to AMU nurses.

- Identify factors that would aid the retention of staff.
- Understand the attributes that are perceived as important for the AMU nurse.

4 METHODOLOGY

4.1 Design

The survey was designed to be conducted in two phases:

- Phase 1 – Survey of Acute Medical Units (or equivalent)
This survey covered the nursing establishment in Acute Medicine in each hospital, issues relating to recruitment and retention of nursing staff, day-to-day staffing in the speciality and the structures in place for nursing staff training and development within Acute Medicine.
- Phase 2 – Survey of AMU nurses
This survey covered nurses' personal motivation for joining the specialty, perceived positive and negative aspects of their work, opportunities for education/ training and career progression, and desire to continue in the specialty.

The surveys in both phases were designed for use online using Survey Monkey (www.surveymonkey.com), a commercial secure online survey platform.

Each of the two surveys was designed by the Project Team (comprising two consultant nurses in Acute Medicine and an observational research specialist with experience of questionnaire design) following a standard process:

- Brainstorm general themes to be covered to meet the proposed objectives.
- Draft a list of questions in MS Word.
- Refine question selection, wording, response format, layout and order.
- Incorporate questions into Survey Monkey.
- Test the survey technical set-up in Survey Monkey (correct skip logic etc.).
- Pilot the survey with up to 10 AMU nurse collaborators.

- Amend question wording, response options and layout according to pilot collaborator comments.

4.2 Sample

4.2.1 Respondent eligibility

Respondents for phase 1 were senior nurses working in Acute Medical Units (AMU). One response per hospital was sought from acute hospitals where there was an AMU or equivalent. Respondents for phase 2 were nurses of any grade, working in Acute Medicine. Responses were sought from as many nurses as wished to participate; there was no limit on the number of respondents per hospital.

4.2.2 Recruitment

In Phase 1, a response was sought from one senior Acute Medicine nurse in each acute hospital. Contact was made with these individuals in a variety of ways according to circumstance:

- Where a senior nurse was a member of the Society for Acute Medicine (SAM), they were contacted directly via email by the SAM Administrator with an invitation to participate in the survey. This applied to only a small number of hospitals.
- For hospitals where there was no nurse member of SAM, an Acute Medicine Consultant member of SAM was contacted by email with a request to forward the survey invitation to a senior nursing colleague for completion. This applied to the majority of hospitals. One reminder was sent to the consultants after 3 weeks to encourage participation of nursing colleagues who had not responded.
- Participation in the survey was also invited at the Annual International Conference of SAM in 2011, where volunteers could sign up at a survey stand to receive the survey invitation and link by email.

In Phase 2, responses were sought from all grades of nurses working in Acute Medicine. As in Phase 1, respondents were recruited in a variety of ways:

- Respondents to Phase 1 were contacted directly by email with an invitation to participate.

- Respondents to Phase 1 were asked to forward the survey invitation email to all nursing colleagues in Acute Medicine, and to encourage their participation.
- Respondents to the Phase 2 survey were asked at the end of the survey to supply the name and email address of up to 3 colleagues who may be interested in completing the survey. These individuals were then sent the email invitation.
- Participation was invited at the Annual International Conference of SAM in 2011, where volunteers could either sign up at a survey stand to receive the survey invitation and link by email, or complete the survey directly at the conference, or nominate colleagues to receive the survey invitation.
- All invitees were sent an email reminder 2 weeks after the initial invitation, except where they had supplied their email address at the end of the survey, and so were known to have completed it.
- Participation was encouraged by the offer of inclusion in a prize draw for all participants, with prizes of a free place at the next SAM International conference and books on Acute Medicine Nursing.

4.3 Data collection - survey

Survey responses were collected via the Survey Monkey website for the phase 1 survey between June and September 2011 and for the phase 2 survey between October 2011 and February 2012. The survey questions are shown in appendix 1 (phase 1 survey) and appendix 2 (phase 2 survey).

4.4 Analysis

4.4.1 Qualitative analysis

The data analysis of responses to open questions ('free text' responses) was conducted using a qualitative approach. It was appropriate to use qualitative analysis in order to explore the area and allow for spontaneous findings. Amongst the various qualitative methods available, which differ in the way ideas are interpreted from the data, Thematic Analysis was chosen to carry out explorations. Framework Analysis predefines themes prior

to data scrutiny (Inductive Analysis) whereas Thematic Analysis only allows themes to emerge from the data.

Data was coded, displayed and manipulated throughout the analysis in order to allow for the creation of themes. After gathering the data from the surveys, an initial coding frame was designed. An iterative process was used, through which the codes from the initial coding scheme were further developed. Coding credibility was ensured by an independent researcher who checked for meanings of codes and agreed on themes.

Themes were arranged in matrices in order to evaluate the data as well as to evaluate associations and divergences. Emerging codes were included in the coding matrices. Codes were illustrated using quotations of participants in order to reproduce accurate perceptions. The interpretations of the meanings were validated externally by three independent researchers, who agreed on conclusions.

4.4.2 Quantitative analysis

Analyses are descriptive in nature. Both distributions and descriptive statistics of both central tendency (medians and arithmetic or geometric means) and dispersion (standard deviation, interquartile range) are presented for quantitative variables. Nominal variables are described with frequencies and percentages, while ordinal variables also have medians and interquartile ranges described.

For the quantitative data study databases were developed by pH Associates, using Microsoft ExcelTM, based on the survey questions. The results of the online surveys were downloaded into an Excel spread sheet and then transferred into the databases for analysis. Where data was missing (i.e. questions left blank), the affected analysis was conducted using only those responses recorded. There are occasions in the results section where percentages may appear not to add up to 100%; this is due to rounding.

The following assumptions were applied during data analysis:

Acute Medicine Nursing Workforce Survey Stage 1

- Q4 – 3 Units recorded average monthly acute medical admissions of 40 or less patients. As these figures appear to be too low to be correct they have been excluded from the analysis.
- For Q7., Q8., Q11. & Q12. Where some sections of the question had been completed and others sections left blank it was assumed the figure for the blank section(s) was zero. For example if band 5 – 6, band 6 – 7, band 7 blank and band 8 – 1 had been recorded for Q7 the data would have been included in the analysis as six band 5 nurses, seven band 6 nurses, zero band 7 nurses and one band 8 nurse.

5 RESULTS

5.1 Respondent Demographics - Organisational Survey (Phase 1)

Total sample size (n) = 62. Sixty-two AMU nurses took part in the phase 1 online survey. Where n is less than 62 this is because not all respondents recorded responses to all questions.

Table 1: Job title

Job Title	No.	%
Matron	6	20%
Nurse Consultant	2	7%
Senior Sister	13	43%
Other*	9	30%
Total	30	

*includes: Ward Manager x 2, Sister x 2, Teacher Practitioner, Divisional Nurse Medicine & Surgery, Nurse Manager, Clinical Nurses Manager, Chief Nurse.

Table 2: Hospital Region

Region	No. of AMUs	%
Scotland	2	7%
North West	3	10%
North East	1	3%
Yorkshire & Humberside	6	21%
East Midlands	3	10%
West Midlands	3	10%
London	7	24%
South East	2	7%
South West	2	7%
Total	29	

5.2 Results AMU Workforce Organisational Survey (Phase 1)

Figure 1: Do you have an AMU?

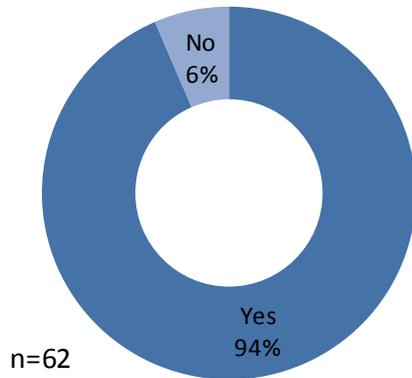
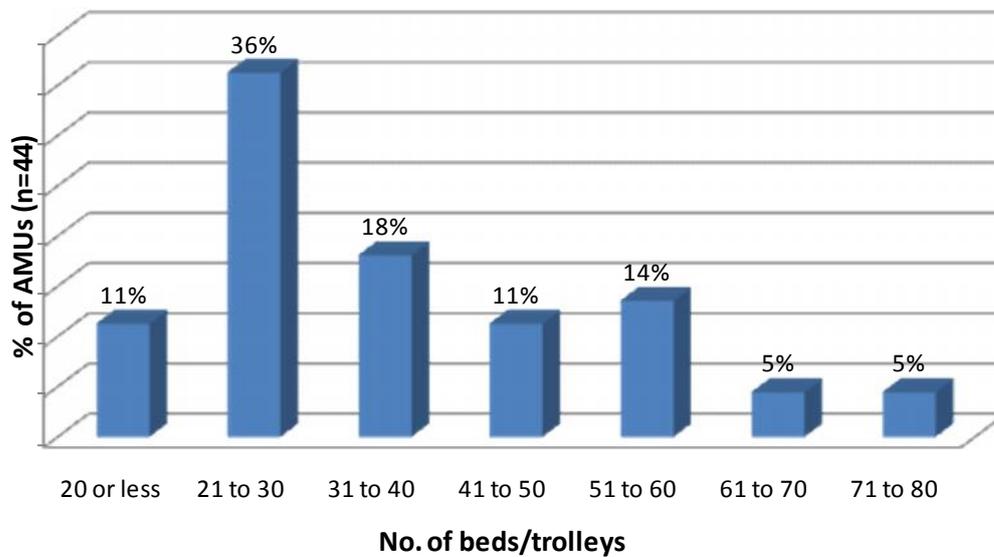
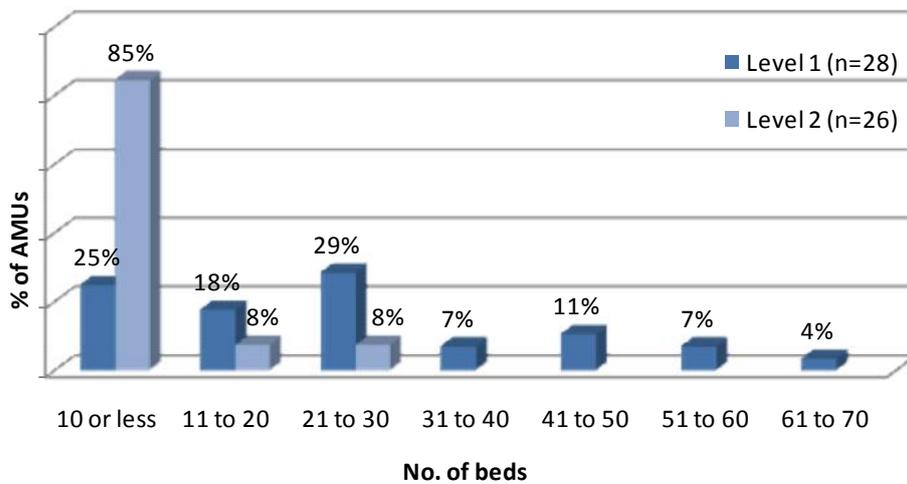


Figure 2: How many BEDS/trolleys does your AMU have?



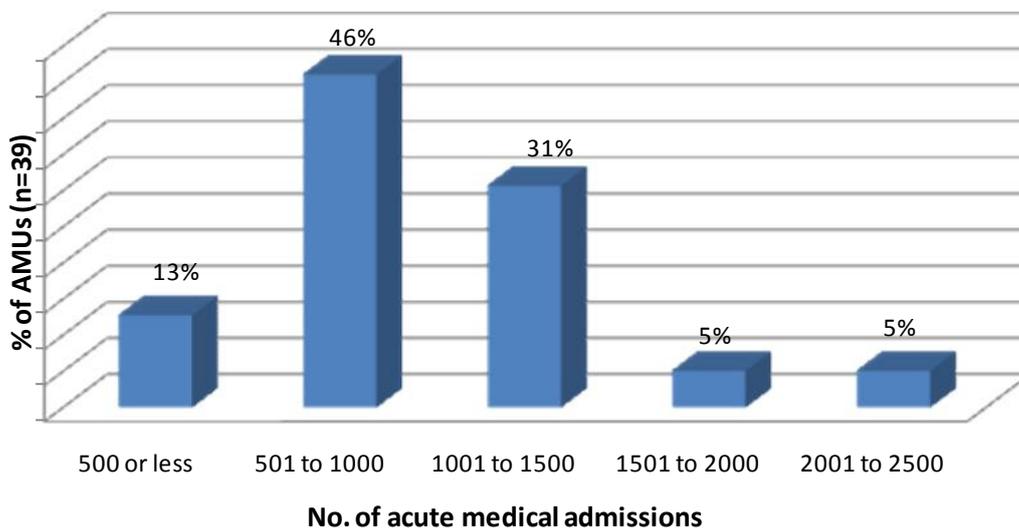
The mean (SD) number of beds/trolleys per AMU was 36.6 (17.0).

Figure 3: How many AMU beds are Level 1/level 2?



The mean (SD) number of level 1 beds per AMU was 25.8 (17.3) and the mean (SD) number of level 2 beds per AMU was 5.1 (7.9).

Figure 4: How many Acute Medical Admissions does your hospital receive each MONTH on average?



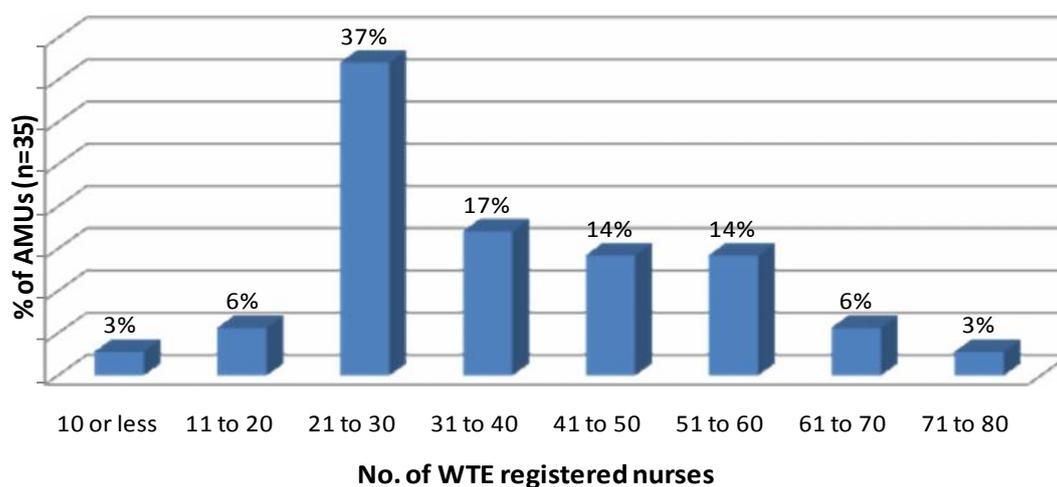
The mean (SD) number of Acute Medical Admissions each month per AMU was 973.2 (515.4).

Table 3: Is the length of patient stay in AMU limited to:

Stay	No. AMUs	%
Less than 6 hours	0	0%
Less than 12 hours	3	8%
Less than 24 hours	4	11%
Less than 48 hours	9	25%
No patient stay limit	6	17%
Other	14	39%
Total	36	

Reasons for responding to length of stay as ‘other’ were mainly due to issues with AMU capacity and flow to downstream wards, but also included clinical reasons relating to the need for side-room facilities.

Figure 5: How many registered nurses (WTE) do you employ?



The mean (SD) number of registered nurses (WTE) per AMU was 37.4 (15.9).

Table 4: How many registered nurses (WTE) do you have in AMU in each band?

No. of registered nurses (WTE) per AMU (n=33)	Band 5	Band 6	Band 7	Band 8
Median	24.0	6.0	1.0	1.0
Mean	26.9	7.7	2.0	0.5
SD	13.5	4.3	2.9	0.5
IQR	17.0 – 37.0	4.0 – 10.0	1.0 – 2.0	0.0 – 1.0

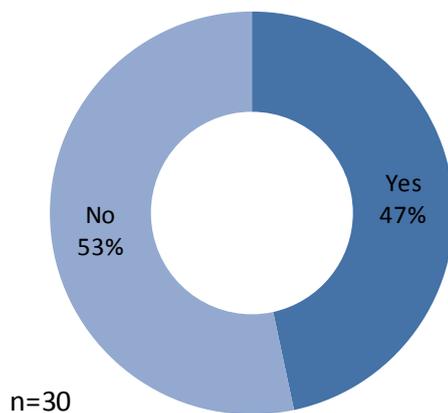
Table 5: How many non-registered practitioners (WTE) do you have in AMU in each band?

No. of non-registered practitioners (WTE) per AMU (n=32)	Band 1	Band 2	Band 3	Band 4
Median	0	12	3	0
Mean	0.4	12.0	3.0	0.5
SD	1.4	8.3	3.4	1.3
IQR	0.0 – 0.0	5.8 - 16.3	0.0 – 4.0	0.0 – 0.0

Table 6: How many non-registered practitioners (WTE) do you employ in your staffing establishment, who have completed NVQ1, 2, 3?

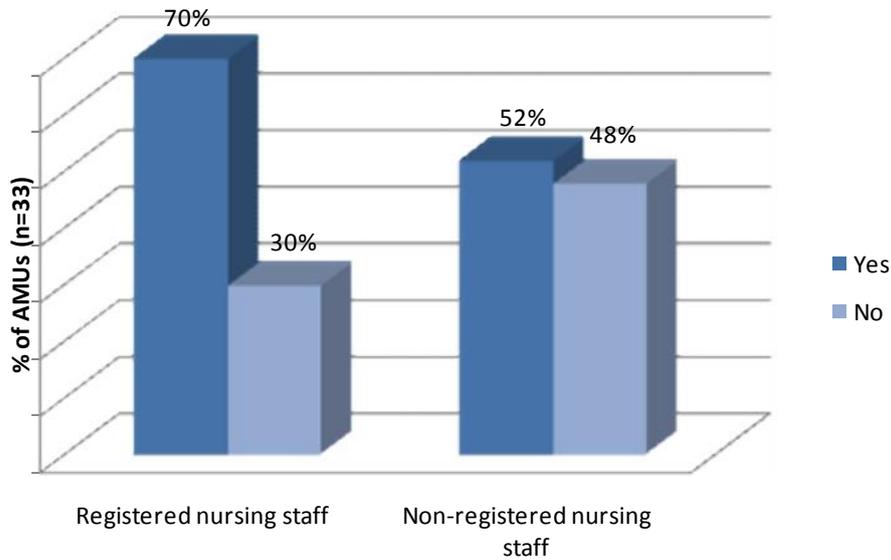
No. of non-registered practitioners (WTE) per AMU (n=29)	NVQ 1	NVQ 2	NVQ 3
Median	0	5	3
Mean	5.2	6.0	3.9
SD	10.7	6.0	4.8
IQR	0.0 – 5.0	2.0 – 8.0	0.0 – 5.0

Figure 6: Do you have a TRAINING framework in place which allows staff to progress from Band 1 to 4?



However 1 respondent noted that, in the current financial climate, there were no band 3 & 4 posts despite a progression framework being in place.

Figure 7: Do you currently have VACANCIES for nursing staff in AMU?



The mean (SD) number of vacancies for registered nursing staff per AMU was 4.9 (6.4) and the mean (SD) number of vacancies for non-registered nursing staff per AMU was 2.6 (1.5).

Figure 6: In the last 6 months, have you used AGENCY staff to fill vacancies for staff in AMU?

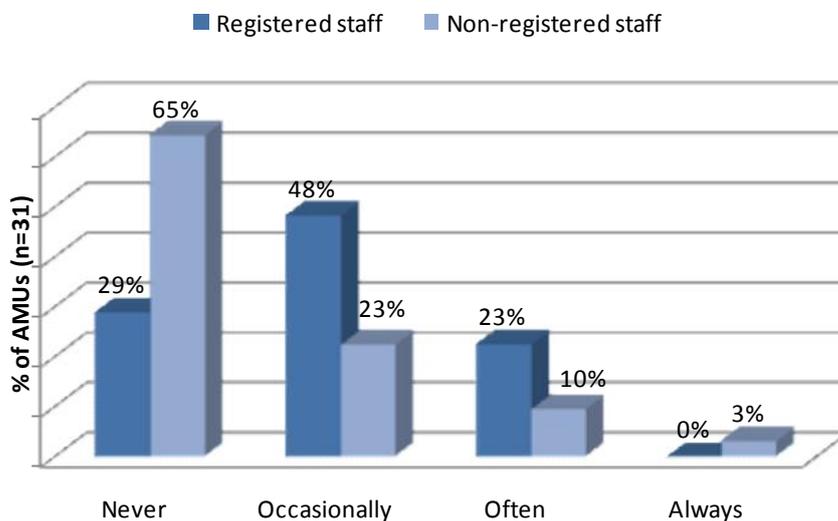


Figure 9: In the last 6 months have you had problems filling VACANT SHIFTS for staff in AMU?

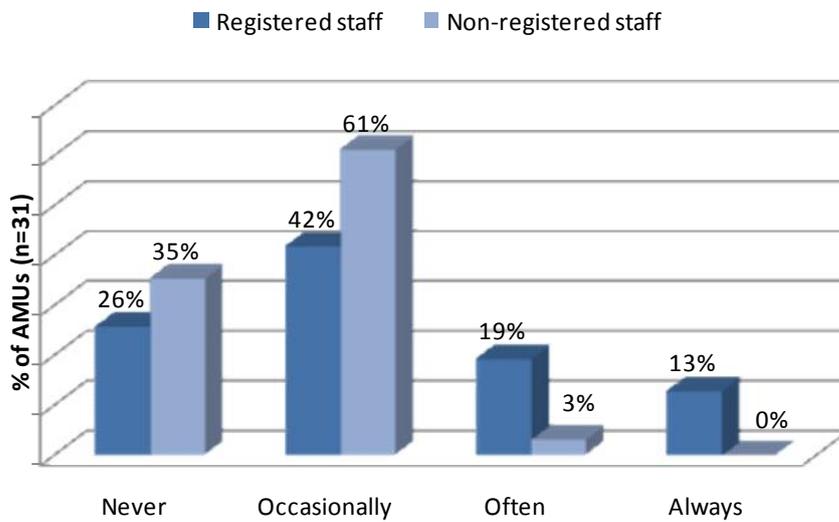
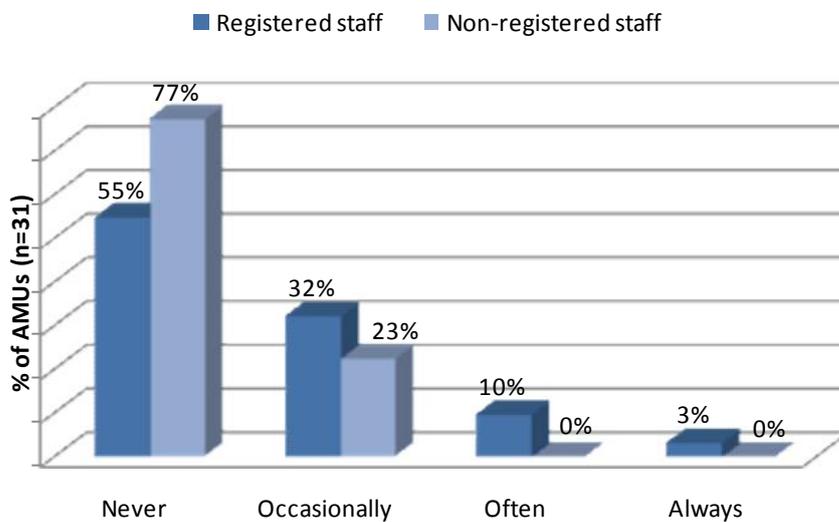


Figure 7: In the last 6 months, have you had problems recruiting PERMANENT staff for AMU?



The free text option provided comments relating to high sickness levels, allowing posts to remain vacant to affect cost-savings, as well as delays in the recruitment process.

5.3 Workforce Survey: Respondent Demographics (Phase2)

Total sample size (n) = 65. Sixty-five AMU nurses completed the Phase 2 online survey. Where n is less than 65 this is because not all respondents recorded responses to all questions.

Forty-three respondents provided the name of the hospital at which they work. These staff were employed at 29 different hospitals. The number of responses from each of these hospitals ranged from 1 to 3.

5.4 Results: AMU Workforce Survey (Phase 2)

Figure 8: Was nursing your first career?

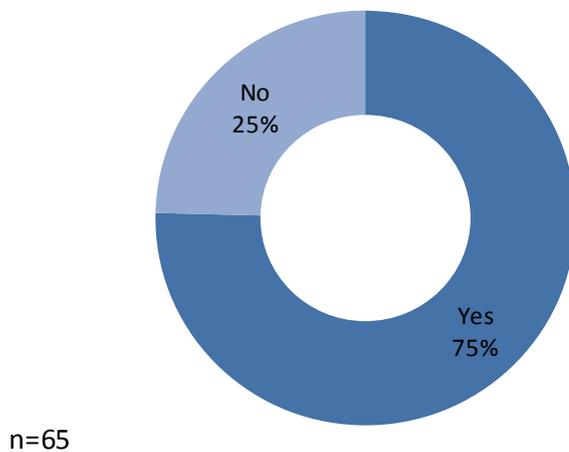


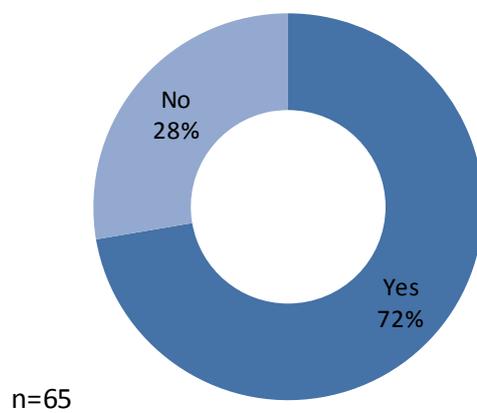
Table 7: How old were you when you started nursing?

Age (years)	No.	%
≤20	40	63%
21 to 25	14	22%
26 to 30	5	8%
31 to 35	4	6%
Over 35	1	2%
Total	64	
Mean	20.9	
Median	19	
SD	4.6	
IQR	18 to 21.5	

Table 8: How long have you been working in Acute Medicine?

(years)	No.	%
5 or less	19	30%
6 to 10	15	23%
11 to 15	19	30%
16 to 20	5	8%
21 to 25	3	5%
26 to 30	3	5%
Total	64	
Mean	10.5	
Median	10	
SD	7.1	
IQR	4.7 to 14.3	

Figure 9: Did you work as a nurse in any other specialties before coming to work in Acute Medicine



Appendix 3 shows the main codes identified in the qualitative analysis and their description.

What factors positively influenced you, and your colleagues, in favour of applying for a job in Acute Medicine?

The first code “positive factors personal” describes reasons that positively influenced nurses surveyed in favour of applying for Acute Medicine. The second code “positive factors colleague” describes respondents’ perception of factors that could have positively influenced nurse colleagues in favour of choosing Acute Medicine. Personal reasons for working in Acute Medicine follow the same pattern as colleagues’ reasons, therefore will be presented together:

The majority of nurses surveyed were drawn to Acute Medicine by the acute nature of patients, the fast pace, the inter-professionalism, the unpredictability and diversity of medical conditions treated. Some nurses joined Acute Medicine because of career opportunities.

Acute Medicine was perceived to be intellectually and emotionally challenging, a good environment to develop and transfer knowledge and skills (career development), a good opportunity to work in a multidisciplinary team, to make a difference to patients and an opportunity to influence the service.

No clear relationship seemed to exist between positive factors and years of practice or previous experience.

“I really enjoy acute admissions, and having opportunities to work with a vast range of medical conditions. I thought the fast pace and quick turnover of patients would be challenging. A good environment to maintain, develop and learn a wide range of skills.”

Participant 19, 9 years in Acute Medicine

“Initially it was to serve as a gateway to working in ED as I thought it would be good experience. However, I learned so much and loved the acute side of it whilst still being able to care for my patients for longer than four hours, so stayed!”

Participant 22, 10 years in Acute Medicine

“The acute care appeals to some nurses. I feel you are either born to nurse acute patients or you are not. I think you have to have a certain nature and stamina with a drive to succeed if you work in an acute medical setting.”

Participant 24, 16 years in Acute Medicine

“The variety of conditions, the pace of the work, different every day. Some thrive on the challenge and pressure.”

Participant 36, 3 years in Acute Medicine

“Dynamic setting that had a broad range of patients with urgent needs. Challenging, intellectually and emotionally.”

Participant 39, 12 years in Acute Medicine

What factors influence nurses against applying for a job in Acute Medicine?

The third code “negative factors” describes reasons that respondents thought might have negatively influenced nurses against applying for Acute Medicine.

In general, respondents described a wide range of negatives that did not contribute to the decision of applying for Acute Medicine. Nurses who had worked for less time in Acute Medicine were, in general, more optimistic about it.

The most common negative factor identified was the fast pace (which is, on the contrary, seen by some as a positive factor making this speciality interesting and highly skilled). The majority of nurses commenting negatively described the limited time patients spend in AMU as affecting delivery of quality care, and poor continuity of care. The perception was that Acute Medicine can be too chaotic, with too much pressure involved and too many unknowns for experienced staff due to the variety of medical conditions and patient presentations encountered.

Some respondents described the lack of career progression and job satisfaction as two of the main negative reasons that influence nurses against applying for jobs in Acute Medicine. Other negative factors listed include: staff shortages, the emotional burden of caring, and poor leadership.

“Lack of essential skills, not able to keep up the pace of critical and busy environment, lack of insight.”

Participant 9, 11 years in Acute Medicine

“Nurse to patient ratios, poor quality care given as a direct result of environmental pressures for acute beds. Very rarely get to spend any length of time with patients; feels more task orientated rather than being able to give holistic care. Compromises often made due to environmental pressures, lack of working equipment, lack of ability to take timely breaks.”

Participant 11, 2 years in Acute Medicine

“Fear of unknown - I feel that ALL student nurses should be given the opportunity to work within acute medicine to gain an insight into the ethos of the clinical area. The ‘constant’ problems with bed management and the acute medical unit taking the ‘hit’ for this on a daily basis. “

Participant 21, 21 years in Acute Medicine

“Not everybody likes the unpredictability of the work and many nurses do not enjoy looking after very sick patients or do not have the skills and experience to do so. Some ward based staff have said that they feel acute medicine on an AMU is like a conveyor belt and that the patient contact is rushed and superficial.”

Participant 36, 3 years in Acute Medicine

“Busy, autonomous. Need to be strong and confident. Not recognised as a speciality by other specialities- few acute medical physicians and not recognised nationally as a nursing speciality.”

Participant 38, 15 years in Acute Medicine

“Extremely busy, patients can be extremely demanding, stressful environment, lack of time to develop due to staff pressures.”

Participant 39, 12 years in Acute Medicine

“It can be stressful for nurses with less experience and lack of opportunities to learn through inadequate mentorship and clinical support.”

Participant 44, 15 years in Acute Medicine

What training courses and/or study days relevant to Acute Medicine have you attended in the last year?

The fourth code “development” describes training courses and/or study days relevant to Acute Medicine that respondents have attended in the last year.

The majority of nurses surveyed had attended:

- ALS (Advanced Life Support)
- ILS (Intermediate Life Support)
- Critical Care / Acute specific courses

- Management Courses (related to governance, risk, ward, incidents, safety, leadership, conflict, complaints, workforce planning, impact, patient flow)
- Clinical Courses (related to medicines, risk, incidents, ECG, anaphylaxis, hypoglycaemia, insulin, dementia, drug therapy in Mental Health, DVT, blood transfer, infection, ultrasound, nicotine, intravenous injection, differential diagnosis)

Other training attended by some included; mentorship related events, advanced nurse practice, Alert and Independent Prescriber as well as WBL and CPD.

“ALS, PGDip Advanced Nursing Practice, Independent Nurse Prescriber. Health assessment skills training.”

Participant 4, 12 years in Acute Medicine

“DVT prophylaxis course, major incident planning, risk assessments, medicines management training, ILS.”

Participant 13, 30 years in Acute Medicine

“SAM Conference. Mandatory training. Developing clinical skills module (MSc).”

Participant 14, 8 years in Acute Medicine

“None within last year.”

Participant 18, 10 years in Acute Medicine

“Attend local meetings, presented at conferences, but have not been able to attend courses for self-development.”

Participant 20, 5 years in Acute Medicine

“SAM conference in London (went to Edinburgh last year as well). I help teach on the ALERT course and have taken on running this while the consultant is away on maternity leave. I do distance learning modules as part of my CPD for non-medical prescribing as well as for my acute care role - recently did a module on managing anaphylaxis.”

Participant 36, 3 years in Acute Medicine

What experiential learning (learning in practice) relevant to Acute Medicine have you received in the last year?

The majority of nurses surveyed had not received formal experiential learning. Some had done mentoring / shadowing, but there was no evidence of any formal system in place for development and experiential learning. The perception of some respondents was that Acute Medicine is not as dynamic as other specialities and that there is little support for professional development and for the majority of nurses.

"My own reading around subjects."

Participant 16, 5 years in Acute Medicine

"None within last year."

Participant 18, 10 years in Acute Medicine

"Consultants always available to answer questions and queries. Generally have to learn on the job."

Participant 20, 5 years in Acute Medicine

"None specific but have had allocated time within the MSc in being mentored by the acute medical physicians."

Participant 21, 21 years in Acute Medicine

"Regularly with the acute medical consultants - recently the insertion of ascetic drains, including observing them and then being observed."

Participant 22, 10 years in Acute Medicine

"None."

Participant 24, 16 years in Acute Medicine

"Shadow matron"

Participant 27, 2 years in Acute Medicine

"Limited opportunities this year"

Participant 30, 15 years in Acute Medicine

"Learning from peers nil shadowing or mentoring"

Participant 33, 1 year in Acute Medicine

"Observation of and supervised practice of higher skilled procedures such as chest and ascetic drain insertion, lumbar punctures."

Participant 35, 12 years in Acute Medicine

"Shadowing consultant in the AMU clinic. Teaching sessions with student nurses."

Participant 37, 11 years in Acute Medicine

"Teaching Acute Medical skills/knowledge to nursing students. Teaching Acute Medicine preparation to junior doctors. Mentored students/ junior doctors. Shadowed AM physicians. In the forces there is little support for medicine as it is a new specialist area not seen as dynamic as ED or ITU so I receive little direct support."

Participant 38, 15 years in Acute Medicine

"None, although I have showed keen interest in mentorship course."

Participant 42, 4 years in Acute Medicine

Table 5: Training & Education needed

n=65 Responses not mutually exclusive	What training & education do you feel you still need to do your current job well?		What training & education would you like to develop your role or for career progression?	
	No.	%	No.	%
Training & Education				
ABCDE assessment and triage	7	11%	4	6%
Administration and weaning of oxygen	4	6%	4	6%
Advanced Life Support	15	23%	11	17%
Advanced assessment skills	15	23%	12	18%
Arterial blood gas sampling	17	26%	13	20%
Audit and change management	9	14%	3	5%
ALERT or MINI ALERT	3	5%	3	5%
Cannulation	1	2%	1	2%
Cardiac monitoring & HDU care of patients	5	8%	5	8%
Chest pain pathway	3	5%	1	2%
CPAP	14	22%	10	15%
Dementia and delirium care	14	22%	9	14%
Discharge planning	1	2%	2	3%
DVT pathway	2	3%	2	3%
ECG recording standard	2	3%	1	2%
ECG interpretation of top conditions	5	8%	3	5%
GP call handling and A&E referrals	7	11%	6	9%
Independent life support	2	3%	-	-
IV therapy	1	2%	-	-
Male catheterisation	5	8%	2	3%
Management /Leadership programme	9	14%	9	14%
MEWS	2	3%	1	2%
Neutropenic sepsis pathway	7	11%	6	9%
Neutropenic sepsis and line care	7	11%	5	8%
Organisation and shift management	3	5%	6	9%
Physical examination skills	9	14%	11	17%
SAD assessment	6	9%	4	6%
Sepsis	2	3%	2	3%
SLT assessment	8	12%	4	6%
Understanding and interpreting blood results	4	6%	5	8%
Venepuncture	1	2%	1	2%
Verification of expected death	9	14%	7	11%
Writing Protocols and Policy	12	18%	10	15%
X-RAY Requesting	9	14%	9	14%
X-Ray interpretation	14	22%	17	26%
Other (please specify)	5	8%	-	-

17 respondents did not record details of any further training or education they felt they needed to do their current job and 28 respondents did not record any training or education they would like for career development. This may be because they did not feel they needed any further education or training or they may have chosen not to answer this question.

Over one-fifth of nurses who did respond identified further training in core skills, namely advanced life support, CPAP, and care of dementia/ delirium patients, to achieve competence in their current role. Advanced assessment skills, arterial blood gas sampling, and X-ray interpretation were the more advanced skills also identified by more than one-fifth of respondents.

What are the best things about working in Acute Medicine?

The fifth code “best things” describes what nurses identify as the best things about working in Acute Medicine.

Participants described the diversity and variety of Acute Medicine, the satisfaction of seeing patients recover, the development of skills, the satisfaction of making a difference and saving lives and the inter-professional relationships as the best things about working in Acute Medicine. Some highlighted the fast pace, the challenging environment, the interesting nature of the speciality and being respected by other colleagues.

“Acute medicine is diverse and unpredictable which in my opinion makes it interesting. Nurses working in acute care need to develop their knowledge in order to provide the level of care required. Developing knowledge and learning advanced skills enables me to do more for my patient. This ensures patients are given more timely and efficient care and that poorly patients are recognised sooner and the appropriate care is given.”

Participant 1, 6 years in Acute Medicine

“Variety and different every day.”

Participant 2, 15 years in Acute Medicine

“I love the business of the day and that the shifts go so fast. You also get to see very sick patients improve over a couple of hours with intensive treatment.”

Participant 4, 12 years in Acute Medicine

“The pace of change. The team I work with. The ability to push boundaries and move forward. The ability to make a real difference to patients in a short space of time.”

Participant 8, 13 years in Acute Medicine

“Working as an ANP within the ambulatory care unit (also lead nurse for thrombosis and anticoagulation service) - the best things are being instrumental in assessing patients with acute medical illness and facilitating same day discharge with review. The work is exciting utilising many of the fundamentals of nursing as well as “extended roles”, it is the hub of the medical floor.”

Participant 21, 22 years in Acute Medicine

“The variety of patients and their conditions. The busy environment. Knowing a little about a lot of conditions rather than specialising in one area.”

Participant 22, 10 years in Acute Medicine

“Challenging environment. Dynamic team. Varied workload, unpredictable, new skills and knowledge.”

Participant 30, 15 years in Acute Medicine

“Job satisfaction from seeing a critically ill patient improve. I am a ward manager and enjoy seeing my staff progress, MDT team ethics”

Participant 34, 8 years in Acute Medicine

“Challenging, variance, teamwork and the autonomy to make changes and drive service improvement. Respected by other colleagues.”

Participant 38, 15 years in Acute Medicine

“The unpredictable clinical environment caring for someone acutely unwell.”

Participant 44, 15 years in Acute Medicine

“Variability of patient conditions, never boring. Managing acutely unwell patients.”

Participant 45, 1 year in Acute Medicine

What are the worst things about working in Acute Medicine?

The sixth code “worst things” describes what nurses identify as the worst things about working in Acute Medicine.

Respondents described pressure, lack of resources and tiredness as the worst things about working in Acute Medicine. This is linked to the difficulty of delivering a good standard of care at the pace that the speciality requires as well as the unpredictable workload, issues with capacity and flow, and the volume of documentation. Lack of equipment, staff

shortages, lack of managerial support, lack of time for training and development and no clear career pathway for nurses to follow were identified as major areas of strain. A minority of nurses also described the fact that acute medicine is not recognised as a unique specialty for nurse and the lower salary compared to other areas of practice.

“Patient care becomes compromised when working under extreme pressure. Interprofessional working and collaboration can be a problem. Stereotypes exist and it can be very hard to break down barriers between professional groups. Accessing community beds and continuing care.”

Participant 1, 6 years in Acute Medicine

“Hectic and pressure to move patients on quickly.”

Participant 2, 15 years in Acute Medicine

“Endless inappropriate admissions. Especially elderly patients from nursing homes who should be managed in the nursing home. Harassment from management and lack of support. Poor staffing levels.”

Participant 3, 10 years in Acute Medicine

“The long days and not enough support from senior medical colleagues.”

Participant 4, 12 years in Acute Medicine

“The politics. Am often blamed for the bottlenecks in the service by those who do not understand it.”

Participant 8, 13 years in Acute Medicine

“At times unsafe care, poor standards of care given, poor documentation.”

Participant 11, 2 years in Acute Medicine

“The constant pressure, lack of resources, lack of staff. Being made to work in unsafe circumstances as we are so busy, yet we are told to get more patients up as they will breach if they stay in A&E. Never get breaks. AMU gets used as HDU when no beds are available, or if the doctors think they are too poorly to be moved to a ward, as the patient will receive better acute care on AMU.”

Participant 12, 14 years in Acute Medicine

“Relentless workload on days - elderly population - lack of resources, staff, beds, feeling out of control! Feeling like it is a dumping ground for all. As an ANP feeling that you have to be all to everyone!.”

Participant 20, 5 years in Acute Medicine

“The pressures from outside, e.g. ED and the wards.”

Participant 22, 10 years in Acute Medicine

“Managerial structure and financial restrictions.”

Participant 24, 16 years in Acute Medicine

“Often stressful, chaotic and difficult to support redeployed staff or new starters as staff need to work under pressure at a fast pace relatively quickly. Bed management.”

Participant 32, 10 years in Acute Medicine

“Stress. No breaks. A&E breeches and targets directly put immense pressure on AAU. Throughput of patients and targets takes priority over patient care. Nothing ever gets followed through as patients are moved about so frequently”

Participant 33, 1 year in Acute Medicine

“Not enough money is spent to improve the patient care”

Participant 37, 11 years in Acute Medicine

“Salary scale compared to A&E staff and other specialist areas. I believe that nurses in Acute Assessment Units mostly work under extreme pressure and we are expected to simply carry on with no extra support.”

Participant 42, 4 years in Acute Medicine

“Not being able to support junior staff due to clinical demands”

Participant 44, 15 years in Acute Medicine

“Not enough time, support or often correct nursing ratio for those considered level 1-2 patients versus level 0 acute admissions. Limited/lack of recognition of acute medicine as a unique speciality in and of itself. There appears to be a lack of understanding that an AMU is not a ward and not A&E, but rather something in between which needs to be run and staffed differently. Limited time and funding to train and develop acute care skills for staff”

Participant 45, 1 year in Acute Medicine

What are the most important reasons why you chose to work in Acute Medicine rather than another specialty?

The seventh code “why acute medicine” refers to the most important reasons why the nurses surveyed chose to work in Acute Medicine rather than other specialties.

Respondents described diversity, variety, acute nature, fast pace and adrenaline as the main reason to have chosen Acute Medicine rather than other specialities. There is an element about job satisfaction (working in a team, seeing patients get better, making a difference,

rewarding) that encouraged the decision of working in Acute Medicine. A minority of nurses decided to apply for a job in Acute Medicine because they saw it as an opportunity for development or role expansion.

“To help patients who are acutely ill, frightened and distressed, then to go home and feel I have made a difference. I also enjoy supporting junior colleagues in this speciality.”

Participant 4, 12 years in Acute Medicine

“I was interested from its inception as it contained all the elements that I was interested in. i.e. ED without the minor injuries and trauma, medical wards without the long stay elements, ITU without the ventilators! When I started nursing it had not been developed. In the early days nurses were very much in charge of the organisation of the acute take as there were no consistent medical teams, only on call physicians who did not usually input actively into the development of the service.”

Participant 8, 13 years in Acute Medicine

“I enjoy acute medicine”

Participant 11, 2 years in Acute Medicine

“Diversity”

Participant 12, 14 years in Acute Medicine

“I enjoy looking after the patients. I feel like every day is a challenge and a learning opportunity.”

Participant 14, 8 years in Acute Medicine

“The variety and being constantly on the go!”

Participant 22, 10 years in Acute Medicine

“I feel that I can make a difference.”

Participant 24, 16 years in Acute Medicine

“I enjoy the pace of work, always love medicine not sure why.”

Participant 25, 18 years in Acute Medicine

“Just seemed the right thing to do at the time. When I first joined was a new venture which continues to evolve.”

Participant 30, 15 years in Acute Medicine

“This was not my chosen path.”

Participant 33, 1 year in Acute Medicine

“Diversity, the challenge of leading a team of such strong characters, job satisfaction, flow of patients, I enjoy the pressure for now!”

Participant 34, 8 years in Acute Medicine

“It relies on teamwork- everyone has to work for it to work.”

Participant 38, 15 years in Acute Medicine

“It is quite rewarding.”

Participant 42, 4 years in Acute Medicine

“The chance to work with more acutely unwell ward based patients where I could use my critical care skills and develop my management skills.”

Participant 45, 1 year in Acute Medicine

What would you say are the personal qualities a nurse needs to work in Acute Medicine?

The eighth code “acute nurse qualities” describes the personal qualities that the nurses surveyed feel a nurse needs to have in order to work in Acute Medicine.

It seems that working in Acute Medicine requires a variety of qualities that can be clustered into the following categories:

- **Communication Skills:** empathy with the patient, good listening skills, good speaking skills.
- **Organisational Skills** (personal): self-management, multitasking, flexibility, adaptability, being able to prioritise.
- **Management Skills** (team): persistence (perseverance), team player, leadership, working to maintain and improve quality, motivation, forward thinking.
- **Personal Skills:** sense of humour, optimistic, calm under pressure, empathy, understanding, persistence (perseverance), strong personality, tolerance, patience, common sense, confidence, hardworking, forward thinking.
- **Clinical Skills:** professional interest in acute medicine, desire to learn and develop, good knowledge and skills base.

“Hardworking. Caring. Interpersonal skills. Desire to learn and develop. Self aware. Optimistic. Assertive. Team player. Good sense of humour.”

Participant 1, 6 years in Acute Medicine

“Keeping a level head and not getting stressed by the workload. Ability to prioritise workload.”

Participant 3, 10 years in Acute Medicine

Empathy, understanding, good listening skills, stamina, able to think on their feet and be fully conversant in many extended skills.”

Participant 4, 12 years in Acute Medicine

“Ability to do 20 things at the same time! Hard working.”

Participant 17, 16 years in Acute Medicine

“Enthusiastic, can cope with the pace! Willing to learn and work within a close team. Willing to expand on clinical skills.”

Participant 18, 10 years in Acute Medicine

“Organised, motivated, professional, interested in acute medicine, good leadership skills, confident.”

Participant 27, 2 years in Acute Medicine

“Calmness under pressure. Excellent communication skills, ability to prioritise, effective positive assertion - to make things happen.”

Participant 30, 15 years in Acute Medicine

“Dynamic, quick thinking, excellent communications skills. Assertive. Good sense of humour.”

Participant 31, 14 years in Acute Medicine

“Good knowledge. Good sense of humour, excellent communication skills, forward thinking and able to prioritise. Able to self manage, time management. Strong personality (particularly when dealing with bed management!).”

Participant 34, 8 years in Acute Medicine

“Ability to recognise sick or deteriorating patients amidst the chaos. Ability to remain calm when those around you are not. Strength to be a patient advocate. Good health. Sense of humour.”

Participant 35, 12 years in Acute Medicine

“Assertiveness, confidence, patience, flexibility, a weird sense of humour. Persistence, self motivated hard working good attitude.”

Participant 36, 3 years in Acute Medicine

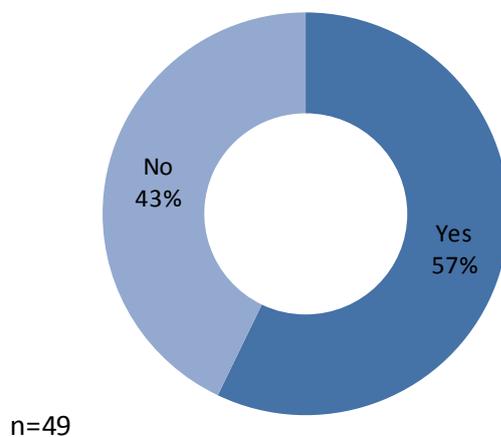
“Patience and versatility.”

Participant 40, 10 years in Acute Medicine

“Enthusiasm, energy, ability to multi-task, high stress tolerance, likes change and the unexpected, flexible, adaptable.”

Participant 45, 1 year in Acute Medicine

Figure 10: Do you have any work/life experience outside nursing that you think has helped you in your work in Acute Medicine?



What work/life experience has helped you in your work in Acute Medicine?

The ninth code “previous experience” describes how work/life experiences have helped surveyed nurses in their work in Acute Medicine. The response rate for this question was not as high as for the previous ones.

Nurses described previous work experience, family experiences, personal experiences and personal values as the things that helped them the most working in Acute Medicine:

- **Previous work / life experience** (dealing with different people, dealing with different situations were logical and empathetic thinking is needed, previous nursing career, critical care, negotiation skills, dealing with situations with high expectation, demanding situations, being a mother)
- **Family experience** (family member cared for in Acute Medicine)
- **Personal experience** (having been an inpatient)

- **Personal values / morals**

Some nurses described balancing their job with their hobbies as a positive influence that helps in Acute Medicine.

“Family members cared for in acute medicine.”

Participant 1, 6 years in Acute Medicine

“I came into nursing later in life than most students. I feel that my work experiences of dealing with many people from different walks of life certainly helped me.”

Participant 4, 12 years in Acute Medicine

“My extensive nursing career and experience in ITU, general medicine and ED.”

Participant 8, 13 years in Acute Medicine

“A parent with heart disease.”

Participant 13, 30 years in Acute Medicine

“I have been an inpatient in hospital a couple of times, the first time when I was 17, therefore I can empathise with the patients. I also have a neurotic mother who has had some kind of medical/mental crisis almost every day of her life which has enabled me to take any kind of trauma or emergency in my stride.”

Participant 14, 8 years in Acute Medicine

“Being a mother. Enjoying my hobbies such as hiking, horse riding.”

Participant 20, 5 years in Acute Medicine

“Many years of experience as a nurse (was ward manager of MAU prior to CNS role) - exposure to variable situations where logic and empathetic thinking is needed.”

Participant 21, 21 years in Acute Medicine

“I am a mother of 3 young children and therefore have to be very organised. As I am used to sorting out arguments at home, it transfers very easily to the work place, as there are strong characters who argue a lot.”

Participant 27, 2 years in Acute Medicine

“Discipline and commitment.”

Participant 42, 4 years in Acute Medicine

“I started my training when I was 27 and before then I had travelled, I believe your own life experiences allow you to develop as a person and manage situations better.”

Participant 44, 15 years in Acute Medicine

Has working in Acute Medicine been different from what you expected? If yes, how has it been different?

The tenth code “acute medicine work expectations” describes in what ways working in Acute Medicine has been, or has not been, different from what was expected by the surveyed nurses.

Opinions with regards to this theme were split – more than half of the participants surveyed expected Acute Medicine to be as it is, whereas less than half of the nurses surveyed found that working in Acute Medicine was different than expected (for most of them it was positively different). The reasons given were similar to those in previous questions.

“No not really.”

Participant 4, 12 years in Acute Medicine

“It has evolved over the years.”

Participant 8, 13 years in Acute Medicine

“Poor staffing ratios for unpredictable workload.”

Participant 11, 2 years in Acute Medicine

“It has been very difficult at times, however the way the MDTs work within acute medicine is excellent, much more of a team than the other areas where I have worked. Nurses opinions seem to be valued a lot more.”

Participant 14, 8 years in Acute Medicine

“Much busier, so much more to learn.”

Participant 20, 5 years in Acute Medicine

“It has given me more opportunities than I imagined and has kept my interest.”

Participant 22, 10 years in Acute Medicine

“It has changed so much over the years, but it is underrated.”

Participant 25, 18 years in Acute Medicine

“Yes, I did not realise it would be so tiring”

Participant 29, 9 years in Acute Medicine

“Yes, more stressful”

Participant 33, 1 year in Acute Medicine

“In some aspects it has become less rewarding as patient care has moved down the list of priorities (although not officially) but in other ways it has become more exciting with increasing opportunities for nurses.”

Participant 35, 12 years in Acute Medicine

“Yes. I never believed that I could work in an area for 15 years and still be passionate about it and want to continually push the service to the next level. I will never be bored of AM.”

Participant 38, 15 years in Acute Medicine

“Is has been better than I expected.”

Participant 44, 15 years in Acute Medicine

“I realised it was even busier than I had thought. I learned that the primary focus appeared to be on EDD and transfer/discharge with limited focus on the more acutely unwell patients. I found out that there appeared to be far too much paper work, especially for those patients staying a brief period. I thought this could be streamlined to allow nurses to spend more time with their patients. I realised just how difficult an area it is to work in (especially for very junior nurses) if adequate senior support was not available. I realised just how challenging it was to balance the needs and expectations of the variety of patients admitted.”

Participant 45, 1 year in Acute Medicine

Figure 11: Overall, how do you feel about working in Acute Medicine?

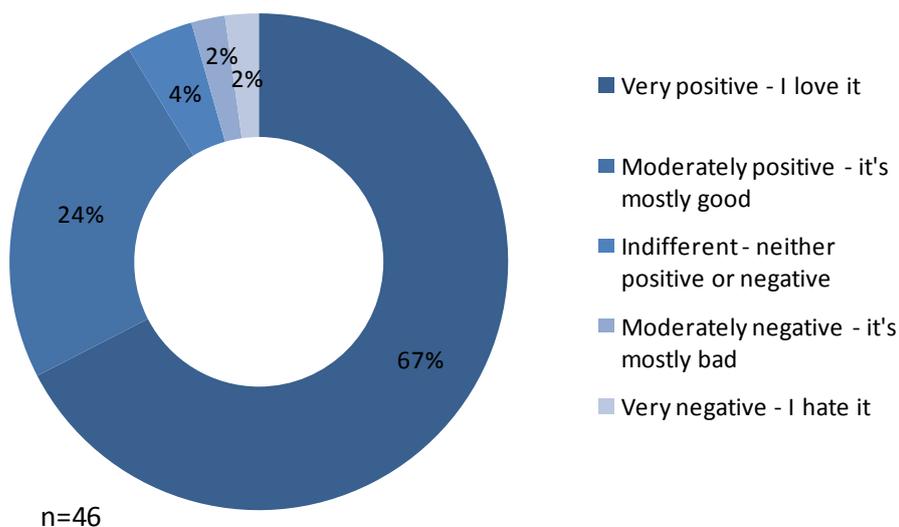
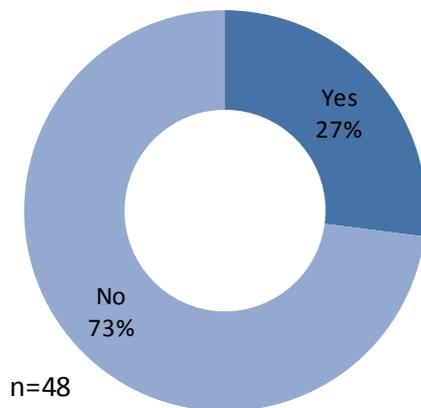


Figure 12: Have you tried to find a job in another specialty since you have been working in Acute Medicine?



Why did/do you want to move?

For those nurses surveyed who had tried to find another job whilst working in Acute Medicine the eleventh code “reasons to move” describes why they decided to do so.

The nurses that responded that they would like to move from Acute Medicine reported that this was due to the lack of staff and working equipment, the lack of motivation, the poor quality of care, the lack of career development opportunities, the excessive pressure (some want to quit nursing in general, not only Acute Medicine), the excessive managerial issues and the excessive expectations and workload. Most of them would like to move in order to develop further and to foster job progression.

“Progression in my role as a nurse.”

Participant 1, 6 years in Acute Medicine

“Poor quality of patient care, unsafe workload, lack of timely breaks, lack of staff to monitor patients whilst on a break, lack of working and available equipment - go home exhausted.”

Participant 11, 2 years in Acute Medicine

“The pressure as a band 6 is even more intense. I have been a band 6 for 5-6 years now and I have watched the unit become more and more compromised due to managerial decisions and lack of awareness of the impact these decisions have on the unit and indeed the NHS. I want to leave nursing not just AMU.”

Participant 12, 14 years in Acute Medicine

“Further experience of the critically ill patient - I worked in ITU for 2 years.”

Participant 22, 10 years in Acute Medicine

“I was drowning in paperwork & management issues, as the senior sister on the unit too much is expected in my trust. We are facing a real crisis in this role as it is becoming more difficult to recruit into, to reach a senior sister position was once a real aim in the profession, it no longer is.”

Participant 25, 18 years in Acute Medicine

“My job role was changed at one point into something that was poorly thought out and ill-defined with no discussion with me at all; this left me demoralised and angry. In the end I worked towards changing the role I was given into something completely different and stayed.”

Participant 36, 3 years in Acute Medicine

“I wanted to further develop my clinical skills in Acute Medicine, and I have by working in medical HDU, which is still part of Acute Medicine.”

Participant 44, 15 years in Acute Medicine

What changes would encourage you to continue to work in Acute Medicine?

The twelfth code “reasons to stay” describes what changes would encourage nurses, who responded they wanted to move from Acute Medicine, to continue to work in this speciality. This question has a low response rate as not many nurses replied they were trying / wanting to find a job outside Acute Medicine.

Participants explained that it would probably be easier to stay in Acute Medicine if there were more opportunities for people to progress and develop, if there was a better nurse to patient ratio, better equipment, and fewer episodes of staff shortages. Other reasons were a managerial focus on quality of care rather than balancing budgets and better strategic and operational planning by managers.

It seems that despite its flaws, most nurses would never consider leaving Acute Medicine.

“More opportunities for people to progress and develop.”

Participant 1, 6 years in Acute Medicine

“Better nurse to patient ratio. On AMU we admit GP admissions and they are among the most unwell, often can take half an hour plus to admit properly. Feel lack of available staff DOES directly influence timely meds, poor quality care. Staff exhaustion. Better equipment, less patients coming through the unit, more staff and the trust returning to a patient centred trust instead of a money sign.”

Participant 11, 2 years in Acute Medicine

“I came back to acute medicine!”

Participant 22, 10 years in Acute Medicine

“More support.”

Participant 25, 18 years in Acute Medicine

“I will probably stay anyway because however bad it gets I am sure that after a few weeks elsewhere I would miss acute med. I wish there was some more joined up thinking in management and a whole-hospital approach to improving patient flows.”

Participant 36, 3 years in Acute Medicine

“Continued opportunities to develop clinical skills. Proper workforce tool to identify staffing needs in acute medicine, thereby retaining workforce.”

Participant 44, 15 years in Acute Medicine

“Getting the nurse patient ratio right. More time and support for training. Streamlining of nursing assessments and documentation. .”

Participant 45, 1 year in Acute Medicine

How do you feel about the opportunities for career progression in Acute Medicine?

The thirteenth code “career opportunities” describes how nurses feel about the opportunities for career progression in Acute Medicine.

The majority of nurses surveyed have negative feeling towards career opportunities and self-development in Acute Medicine. Career opportunities were seen to be either fairly limited, poor, restricted, or non-existent. There is a general feeling that there is not much opportunity for band 5 and 6 staff apart from secondments, unless they aspire to be a ward manager (band 7) or a specialist nurse in a general medicine speciality. At ward manager level a limited progression exists to matron/ lead nurse or consultant nurse with promotion often necessitating a move away from Acute Medicine.

For some nurses their experiences regarding career development have been very positive. These nurses feel that the potential for development of advanced practice roles in Acute Medicine is excellent if you are willing to work hard and look for opportunities.

"Fairly limited."

Participant 1, 6 years in Acute Medicine

"Reasonable."

Participant 3, 10 years in Acute Medicine

"I do not think there are many opportunities for career progression for Nursing on the whole not only in Acute Medicine. I had to move into management to go up the career ladder however; as I now have an operational role I enjoy the best of both aspects."

Participant 4, 12 years in Acute Medicine

"Very positive. The potential for the development of advanced practice roles in this specialty is huge."

Participant 8, 13 years in Acute Medicine

"Poor."

Participant 13, 30 years in Acute Medicine

"There is not much unless you want to be a ward manager or a specialist nurse in a general medical speciality."

Participant 14, 8 years in Acute Medicine

"Good if willing to work hard."

Participant 17, 6 years in Acute Medicine

"No opportunities whatsoever."

Participant 18, 10 years in Acute Medicine

"Poor, however if you have ideas then they should be shared. Quite often I have found you make your own career progression as long as it's sound and contributes. I am a senior ANP with a research/educational background. Where do I go to? "

Participant 20, 5 years in Acute Medicine

"It is there if you need it and go looking for it."

Participant 21, 21 years in Acute Medicine

“Personally they have been excellent. I have had opportunities to study with funding and support to achieve a degree in Specialist Practice and am soon to be commencing my MSc. I have worked through the old grade system D-E to become a sister and am now a nurse practitioner. The opportunities have been there for me to work towards.”

Participant 22, 10 years in Acute Medicine

“I am already a senior ward manager therefore very limited progression i.e. only matron or lead nurse available (or specialist nurses).”

Participant 27, 2 years in Acute Medicine

“Not very good at present. As a Band 6, there do not appear to be any opportunities to progress into ANP roles etc. This is partly due to the fact that as a Band 6 it is not in our job description to undertake nurse prescribing, therefore progression is limited to a managerial Band 7 post.”

Participant 29, 9 years in Acute Medicine

“From a nursing management perspective they are quite poor. Clinical progression to ANP is possible.”

Participant 32, 10 years in Acute Medicine

“They are exciting and I hope, if it gets recognised within nursing as a unique speciality within its own rights, more opportunities will arise.”

Participant 35, 12 years in Acute Medicine

“As an ANP I am outside the main career pathway for AMU staff. There is little visible investment in development of band 5 and 6 nurses beyond the secondment of band 5s into band 6 development posts for 3 months - however actual development is limited to experience in coordinating and I see them receive little structured development out of the experience. There is no plan for developing careers or service development by encouraging staff to consider branching off into something similar such as NP roles.”

Participant 36, 3 years in Acute Medicine

“Very good I have been given opportunity to progress.”

Participant 37, 11 years in Acute Medicine

“Limited- I am constantly informed that I need to consider promotion but this would mean a move away from acute medicine. I never want that. I can do what I want as far as service improvement/ strategy planning etc but this does not move me up the career ladder as such. This is as well as my day job. But I am happy to continue.”

Participant 38, 15 years in Acute Medicine

“Not sure, it is not quite clear cut.”

Participant 42, 4 years in Acute Medicine

"I have been fortunate in that I have progressed to the level I am happy with at present".

Participant 44, 15 years in Acute Medicine

Table 10: What is your current pay band and how long have you been at this pay band?

Pay band	How long have you been at this pay band?				Total	%
	0 to 5 years	6 to 10 years	11 to 15 years			
Band 5	5	2			7	15%
Band 6	10	4			14	30%
Band 7	6	7	4		17	37%
Band 8a	4	2			6	13%
Band 8b	1	1			2	4%
Total	26	16	4		46	

What changes would make the biggest improvement to your job satisfaction in Acute Medicine?

The fourteenth code "job satisfaction" describes changes that respondents reported would make the biggest improvement to their job satisfaction in Acute Medicine.

The nurses interviewed described the following factors that could positively influence job satisfaction in Acute Medicine: career progression, opportunity to develop skills and knowledge, adequate staff and support from management, greater understanding of Acute Medicine by others particularly in relation to capacity and flow issues, improved staff communication and feedback, ability to give a higher standard of care, less documentation, and less pressure on beds. Nurse prescribing, a clearer definition of roles, greater recognition for acute medicine and financial investment were also identified.

"Career progression. Develop skills and knowledge."

Participant 1, 6 years in Acute Medicine

"Adequate staff and proper support from management."

Participant 3, 10 years in Acute Medicine

"More understanding from other wards and departments especially in relation to capacity issues."

Participant 4, 12 years in Acute Medicine

"Greater understanding of AM by other specialities."

Participant 8, 13 years in Acute Medicine

“Improved staff communication from doctors, nurses and all members of MDT. Able to give a higher standard of care. I leave feeling disappointed that the care I give to patients is forced to at times below the ability to being able to provide basic care and proper initial assessments.”

Participant 11, 2 years in Acute Medicine

“Leaving.”

Participant 12, 14 years in Acute Medicine

“Safe staffing levels.”

Participant 18, 10 years in Acute Medicine

“My own clinic, joint role with education/ research. Consultant Nurse perhaps, but not bothered about title.”

Participant 20, 5 years in Acute Medicine

“More staff/patient ratio thereby enabling us to provide higher standards of care.”

Participant 27, 2 years in Acute Medicine

“Being able to do nurse prescribing.”

Participant 29, 9 years in Acute Medicine

“I think there need to be clear guidelines as to what an AMU is, and it cannot be the answer to all things as some trusts would have it. If it is to be used as anything else bar an AMU this needs to be resourced and systems introduced to enable it to function effectively. The team needs clear definitions of their role. More acute physicians. It feels that organisationally blanket risk assessments are being applied to all patients and there is a danger of slow death by drowning from documentation. Staff also require the infrastructure to care for their patients effectively. Improved back door patient flow would have the biggest impact on our AMU.”

Participant 30, 15 years in Acute Medicine

“More feedback.”

Participant 31, 14 years in Acute Medicine

“More downstream beds. Time to support and mentor junior nurses to ensure staff get breaks.”

Participant 33, 1 year in Acute Medicine

“AMU feels to me like it is stuck in the middle between the ED & the Medical Division. ED quality indicators seem to be reducing quality - patients are transferred with initiation of

treatment sometimes. A slightly larger bed base in the medical division would allow for AMU to slow down slightly and improve quality.”

Participant 34, 8 years in Acute Medicine

“If managers stopped harassing the staff who are already working flat out and looked a little more critically at the posts within the organisation that do not deliver tangible benefits or value for money - this is starting to happen.”

Participant 36, 3 years in Acute Medicine

“Recognition of acute medicine and investment by the Trust”

Participant 38, 15 years in Acute Medicine

“Career developments opportunities, better pay and higher staffing levels especially in high dependency areas (level 1).”

Participant 42, 4 years in Acute Medicine

“Workforce tool that captures workload in Acute Medicine to then allow decisions to be made as to how to develop the service for staff satisfaction and retention in Acute Medicine.”

Participant 44, 15 years in Acute Medicine

Figure 13: Do you feel you have a strong sense of specialist identity working in Acute Medicine?

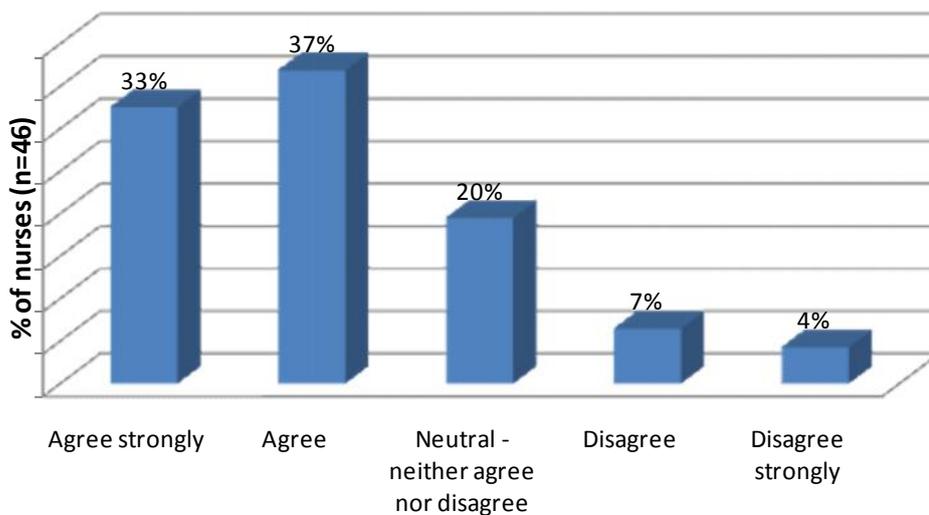
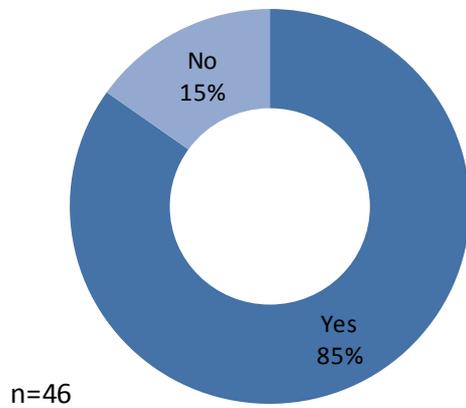


Figure 17: If you were to start your nursing career all over again, would you still choose to work in Acute Medicine?



Despite the many negative comments about the problems of working in AMU the overwhelming majority of nurses would still choose the specialty again.

6 DISCUSSION

6.1 Main findings

Sixty-two nurses senior completed the organisational phase 1 survey. The sample appeared to be representative of all regions of the UK with the exception of Northern Ireland. More than half of the units had between 21 and 40 beds while 35% had more than 40 beds. Thus the units responding appear to be representative of the wide range of units across the country. The majority of units had few level 2 beds with many having none. The lack of provision for level 2 beds is likely to increase the demands on the AMU nursing workforce as they endeavour to provide care for these high dependency patients alongside the relentless pace of admitting and discharging less acutely sick patients. The rate of monthly admissions appeared broadly similar to the size of the units reported. The length of stay in the unit was under 48 hours for just under half of the respondents but it was acknowledged that the intended length of stay was often exceeded. Reasons for exceeding optimum length of stay frequently related to issues of capacity and flow in the downstream wards and inability to transfer patients who required side-room facilities for clinical reasons.

A wide range of WTE registered nurse staffing establishments was reported, perhaps reflecting the differing size and throughput of units, although this cannot be assumed. Anecdotally, we are aware that there is a significant variation in staffing levels even among units of similar size. This is a reflection of the heterogeneity of AMUs. It would have been helpful if we had asked for direct information on staff to patient ratios instead of staffing establishments. The breakdown of nurses per band reflects the lack of opportunity for progression reported in phase 2 of the survey. This is a significant cause for concern as we strive to encourage recruitment into the specialty and to promote retention of experienced

nursing staff. Medical staff have clearly defined progression through the ranks of their chosen specialty that is linked to an educational framework, research opportunities and financial remuneration. Respondents reported a small number of non-registered practitioners within some units. The majority were employed on band 2 and opportunities for progression were limited. It was noted that even when a training framework was in place, attaining a higher banding was impossible due to the current financial situation. Many units reported having current vacancies for both registered and non-registered staff with frequent use of both bank and, to a lesser extent, agency staff to fill gaps in staffing. Worryingly, only 26% of respondents stated that they never had problems filling vacant shifts suggesting that many units are working under strength on a frequent basis. The reasons for vacancies were attributed to high sickness levels, non-filling of posts to meet savings targets, and delays in the recruitment process. This is both a risk to patients and to existing staff due to increased workload and risk of burnout.

Sixty-five nurses from at least 29 different hospitals completed the phase 2 survey. For the majority nursing was their first career which is reflected in the preponderance of entrants aged 25 years or less. Almost half of respondents had more than 10 years' experience in the AMU with three-quarters having worked in another specialty first. This is unsurprising given the relatively new nature of the specialty in many hospitals.

The positive factors which nurses attributed to AMU were the fast pace, acuity, variety and unpredictability nature of the specialty. Team working and strong inter-professional relationships were also highlighted frequently. For many nurses the AMU was reported to be intellectually and emotionally challenging, with opportunities to develop skills and make a difference to patients. However, for other respondents the fast pace and acuity of care

appeared to have a negative effect with too much unpredictability, too much pressure and lack of continuity of care cited. Although there did not appear to be a clear relationship between positive factors, years of practice or previous experience the negative comments above appeared to be related to less experienced staff. When this is considered alongside the questions related to training, education and experiential learning it is clear that more investment and planning is required to meet the needs of AMU nurses. This is borne out by the fact that nurses reported requiring a wide range of training related to core skills to achieve competence in their current role. The acquisition of advanced practice skills was also identified and will be key to developing an appropriate multi-professional workforce for the future.

Most concerning of all were the negative comments cited by many nurses, even those who were positive about working in AMU as a career choice. These comments related mainly to lack of resources, poor management support, lack of understanding of the demands of AMU from other areas within the hospital and externally, and constant demands to maintain flow even at the expense of quality, person-centred patient care. It is no surprise then that the personal qualities deemed to be necessary for the AMU nurse to survive were as much about calmness, persistence and optimism as they were about organisational, management and clinical skills. Despite these considerable difficulties 85% of nurses responding would still choose to work in acute medicine.

6.2 Limitations

The main limitation of this study is the selection of a convenience sample in both phases. Although several approaches were taken to maximise participation in the study the response rates are relatively small and the participants may be more engaged in the specialty due to the methods of sampling. Thus it cannot be assumed that the respondents

were representative of all AMU nurses in the UK. However a diversity of views were elicited giving some confidence in the findings and replicating the results of the previous pilot study.

A further limitation is that AMUs are heterogeneous in nature, varying in size, configuration and throughput, while some are actually combined medical/ surgical assessment units. The size and throughput of the unit and the hospital may have a significant effect on the experience of the nursing staff, which has the potential to bias the results. However the results of the phase 1 study show that a range of sizes of AMU have been captured with a reasonable geographical spread across the UK (with the exception of Northern Ireland).

Another limitation is the design of the questionnaire itself, which may have been interpreted differently by different respondents. The inclusion of free text throughout the phase 2 survey was intended to allow respondents to share their views freely and to allow themes to emerge.

6.3 Comparison with other literature

A general search of the literature was conducted on four databases relevant to nursing, namely Directory of Open Access Journals, the Cochrane Library, CINAHL and SSRN. The search terms included three key words initially – Career, Nurses and Pathways. The search was expanded with the addition of the words, Acute, Acute Medicine, which yielded zero articles of relevant. The search was repeated with the addition of Acute, Challenges, Opportunities and Planning. Eleven articles were systematically reviewed with five of these forming the basis for comparison with other literature.

The challenges which need to be addressed in order to implement a robust career pathway for acute medicine nurses are not dissimilar to findings by Latter et al (2009) in her consideration of the challenges for implementing a clinical academic career pathway in nursing. For example, the general political awareness for supporting career pathways (in this

case nurses working in acute medicine), needs to be raised at a national level and is perhaps of equal importance to any underpinning educational planning required. Latter (2009) found this has been a critical success factor driving the general impetus on Clinical Academic Careers presently (DH, 2012). In addition, a framework for supporting / rewarding the evidence of individual development whilst working in acute medicine, is also critical – as can be seen from this research; nurses may enter acute medicine from a variety of backgrounds. This work is exemplified by Williams and Jordan in 2007 who state that Portfolios are an ‘underused resource’ and should be used as a vehicle to contain the evidence from which to format career plans. This supports the concept of moving away from using them for year on year Appraisals or Nursing Midwifery Regulation on notification of practice and re-registration. If we consider further that the entry point of nursing maybe from a variety of areas to include newly registered nurses, Marsland and Hickey (2003) suggest that despite encouragement in nurse training to pursue an acute career - unless this expectation is matched/equalled by experience in the speciality, we will not achieve nurses who want to climb an acute career pathway. (Acute in this context was not specifically related to medicine rather whole hospital). Finally, if we consider a range of issues as a conglomerate, notably ‘career planning, pathways and opportunities’ it would seem that the extent to which career pathways of nurses truly represent personal choice and opportunity is often limited by the organisation’s response to financial constraints, which in turn limit its organisational vision and capacity to drive change. Notwithstanding the national impetus would seem to be a key driver of change in nurses’ recruitment and career progression (Robinson et al, 2008).

6.4 Recommendations for further research/clinical practice

The findings of this study suggest that there are several critical areas which need to be addressed:

- Lack of formal recognition as a nursing specialty outside acute medicine itself.
- Lack of professional development opportunities and career progression.
- Poor management understanding and support.
- Lack of resources – capacity, equipment and staff.
- Capacity and flow issues in downstream wards leading to bottlenecks in AMU.
- Inappropriate documentation.

7 CONCLUSION

Prior to this study the literature revealed no previous research into factors that aid recruitment and retention within acute medicine settings, related to nursing. This study utilised an online survey design to elicit the views and experience of registered nurses working within AMUs to determine these factors. For the majority of nurses, AMU remains a popular career choice with a strong sense of specialist identity despite the limited opportunities for professional development and career progression. However, the findings of this study suggest that there is considerable work to do to promote the identity of the specialty to managers, the rest of the healthcare community and public. Managers and commissioners holding public purse are responsible for the apportioning of budgets to individual areas. It is hoped that those reading this report will gain an understanding of how nurses feel and use the information wisely to nurture and develop staff. The issues of lack of resources, poor management support, and stressful working conditions require urgent action lest we lose large numbers of highly expert and committed practitioners, with serious consequences for patient care. Lessons can be learnt from developing career pathways for

nursing in academic careers not least raising the national profile of nursing in this acute medicine speciality. The results of this study can also be used in further work and at a local level to understand workforce issues and develop a career framework for nursing in acute medicine, similar to that developed for medical staff.

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Appendix 1: Phase 1 survey

Introduction
<p>Thank you for participating in the NATIONAL AMU NURSING WORKFORCE SURVEY. This survey of senior AMU nurses is the FIRST STAGE of a bigger study which will involve all grades of AMU nursing staff.</p> <p>THE PURPOSE OF THE STUDY is to explore nursing staff's perceptions of the AMU in order to assist in the development of a SAM workforce strategy. We hope to use this information to improve recruitment and retention of AMU nurses.</p> <p>The study is led by Liz Lees and Liz Myers, consultant nurses in acute medicine and nursing representatives on the Society for Acute Medicine (SAM) Executive Council. SAM is the multi-professional national representative body for staff caring for patients in the acute medical setting.</p> <p>Please contact us if you have any questions about the survey: Liz Lees - Liz.lees@heartofengland.nhs.uk Liz Myers - e.myers@nhs.net</p> <p>NO HOSPITAL OR PERSON WILL BE IDENTIFIED in any report of the survey results. Names and contact details will not be disclosed outside the survey team who are all members of the SAM Research Group. Your email address will only be used to contact you if necessary to clarify your survey responses and to invite you or your colleagues to participate in a follow-up stage of the National AMU Nursing Workforce Survey.</p> <p>There are 33 questions in the survey Most are multiple choice answers, so it should only take you about 10 minutes to complete.</p> <p>BEFORE STARTING THE SURVEY It may help you to have information regarding your current staffing establishment, vacancies and training records duty to hand.</p>
<p>1. Do you have an Acute Medical Unit (AMU)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>(Definition - Acute Medical Unit (AMU) - A dedicated facility within a hospital that acts as the focus for acute medical care for patients who have presented as medical emergencies to the hospital or who have developed an acute medical illness whilst in hospital. The exact name may vary between Trusts, e.g MAU, CAU, ACU etc. All of these would be classed as an 'AMU'. If you have more than one AMU (eg separate male and female units), please answer for all units combined.</p>
<p>Thank you for contributing to this survey. As your hospital does not have an AMU there are no more questions for you to answer.</p> <p>Thank you</p> <p>Are you a member of SAM? Membership is open to all professionals in Acute Medicine, whether or not they work in an AMU; it is not expensive and provides educational and networking opportunities with colleagues in Acute Medicine.</p>
Your AMU
<p>2. How many BEDS/Trolleys does your AMU have?</p> <p>Number of beds <input type="text"/></p> <p>Do not include in your total any beds within AMU which are dedicated for use by other specialties, for non-medical patients. E.g pre-op surgical patient assessment</p>

3. How many AMU beds are:

Level 1

Level 2

4. How many ACUTE MEDICAL ADMISSIONS does your hospital receive each MONTH on average?

Number of acute medical admissions

5. Is the length of patient stay in AMU limited to:

Registered Nurses

WTE = Whole Time Equivalent

6. How many REGISTERED nurses (WTE) do you employ in AMU?

Total number of nurses (WTE)

7. How many REGISTERED nurses (WTE) do you have in AMU in each BAND?

Band 5

Band 6

Band 7

Band 8

8. How many (WTE) of each of the following do you have in ACUTE MEDICINE in your hospital?

Consultant nurses

Physicians Assistants

Clinical Nurse Specialists

Advanced Nurse Practitioners

Practice Facilitators

Matron

Senior Sisters

Junior Sisters

9. Are there any other nursing job roles not covered above? Please list them, with number of nurses employed IN ACUTE MEDICINE in each role.

Non registered staff

10. How many NON-REGISTERED practitioners (WTE) do you employ in AMU in your staffing establishment?

(Do not include staff who only visit the unit.)

Number of non registered practitioners

11. How many NON-REGISTERED practitioners (WTE) do you have in AMU in each BAND?

Band 1
Band 2
Band 3
Band 4

12. How many (WTE) NON-REGISTERED practitioners do you employ in your staffing establishment, who have completed:

NVD 1
NVD 2
NVD 3

13. Do you have a TRAINING framework in place which allows staff to progress from Band 1 to 4?

- Yes
 No

14. Do you have a COMPETENCY framework that allows progression from bands 1 to 4?

- Yes
 No

Work patterns

15. What is the work pattern of your full time staff in AMU?

- 2 shift system (12 hours)
 3 shift system (8 hours)
 Combination of 2 and 3 shift systems
 Other (please specify)

16. Do ANY of the nursing staff in AMU have contracts which include the following work pattern variations? (tick all that apply)

- Part time
- Term time only
- Annualised hours
- Flexitime
- Working from home
- Other (please specify)

Vacancies

17. Do you currently have VACANCIES for REGISTERED nursing staff in AMU?

- Yes
- No

Vacancies cont.

18. HOW MANY vacancies do you currently have for REGISTERED nursing staff in AMU?

Number of vacancies

19. Do you currently have VACANCIES for NON-REGISTERED nursing staff in AMU?

- Yes
- No

Vacancies cont.

20. HOW MANY vacancies do you currently have for NON-REGISTERED staff in AMU?

Number of vacancies

Vacancies cont.

21. In the last 6 months, have you used your own BANK STAFF to fill vacancies for REGISTERED staff in AMU?

22. In the last 6 months have you used your own BANK STAFF to fill vacancies for NON-REGISTERED staff in AMU?

23. In the last 6 months have you used AGENCY staff to fill vacancies for REGISTERED staff in AMU?

24. In the last 6 months have you used AGENCY staff to fill vacancies for NON-REGISTERED staff in AMU?

Vacant shifts

25. In the last 6 months have you had problems filling VACANT SHIFTS for REGISTERED staff in AMU?

26. In the last 6 months, have you had problems filling VACANT SHIFTS for NON-REGISTERED staff in AMU?

Recruitment

27. In the last 6 months, have you had problems recruiting PERMANENT REGISTERED staff for AMU?

28. In the last 6 months, have you had problems recruiting PERMANENT NON-REGISTERED staff for AMU?

Your comments

29. Please give any further comments you would like to make, for example if you want to clarify your answer to a question

About You

Finally, we need to know a few details about you so that we know who has completed the survey, and whether the survey results cover the whole country.

Just to remind you, neither you nor your hospital will be identified in any report of the survey. Your email address will only be used to contact you if we need to clarify any of your answers, to send you a copy of the survey results and to invite you to join a later stage of the survey.

30. What is the name of your hospital?

31. What is your name?

Appendix 2: Phase 2 survey

Acute Medicine Nursing Workforce Survey stage 2

Thank you for participating in the NATIONAL AMU NURSING WORKFORCE SURVEY.

THE PURPOSE OF THE SURVEY is to explore nursing staff's experiences and perceptions of working in Acute Medicine in order to assist in the development of a workforce strategy. We hope to use this information to improve recruitment and retention of Acute Medicine nurses.

The study is led by Liz Lees and Liz Myers, consultant nurses in acute medicine and nursing representatives on the Society for Acute Medicine (SAM) Executive Council.

SAM is the multi-professional national representative body for staff caring for patients in the acute medical setting.

Please contact us if you have any questions about the survey:

Liz Lees - Liz.lees@hearts.org.uk

Liz Myers - l.myers@nhs.net

NO HOSPITAL OR PERSON WILL BE IDENTIFIED in any report of the survey results. Names and contact details will not be disclosed outside the survey team who are all members of the SAM Research Group. Your email address will only be used to notify you if you win the prize draw, to contact you if necessary to clarify your survey responses and to invite you to participate in a follow-up stage of the National AMU Nursing Workforce Survey, if you agree to this.

There are 33 questions in the survey

Some are multiple choice answers, but some ask for answers in your own words, so that you can say whatever you like. How long it will take you to complete the survey depends on how much you want to say in your answers, but you should be able to complete it in less than half an hour.

BEFORE STARTING THE SURVEY

Make sure you have time set aside to complete the survey in one sitting - If you log out of the survey before you finish, you will need to start again next time you log in. The survey is set up this way to allow several colleagues to complete the survey from the same computer.

1. Was nursing your first career? (don't count part-time or holiday jobs while in education)

- Yes
 No

2. Was nursing your first choice of career?

- Yes
 No

3. How old were you when you started nursing?

Years old

4. How long have you been working in Acute Medicine?

Years

5. Did you work as a nurse in any other specialties before coming to work in Acute Medicine?

- Yes
 No

Acute Medicine Nursing Workforce Survey stage 2

6. What factors POSITIVELY influenced you IN FAVOUR of applying for a job in Acute Medicine?

7. What factors do you think POSITIVELY influence OTHER nurses IN FAVOUR OF applying for a job in Acute Medicine? (there may be other factors besides those which influenced you)

8. What factors influence nurses AGAINST applying for a job in Acute Medicine?

9. What training courses and/or study days relevant to Acute Medicine have you attended in the last year?

Include distance learning, online and classroom-based courses.

Acute Medicine Nursing Workforce Survey stage 2

10. What experiential learning (learning in practice) relevant to Acute Medicine have you received in the last year? Include Mentoring, Shadowing etc.



11. What training and education do you feel you still need to do your current job well, that you have not yet received and has not been agreed for you? (tick all that apply)

- ABCDE assessment and triage
- Administration and weaning of oxygen
- Advanced Life Support
- Advanced assessment skills
- Arterial blood gas sampling
- Audit and change management
- ALERT or MINI ALERT
- Cannulation
- Cardiac monitoring & HDU care of patients
- Chest pain pathway
- CPAP
- Dementia and delirium care
- Discharge planning
- DVT pathway
- ECG recording standard
- ECG interpretation of top conditions
- GP call handling and A&E referrals
- Independent life support
- IV therapy
- Male catheterisation
- Management /Leadership programme
- MEWS
- Neutropenic sepsis pathway
- Neutropenic sepsis and line care

Acute Medicine Nursing Workforce Survey stage 2

- Organisation and shift management
- Physical examination skills
- SAD assessment
- Sepsis
- SLT assessment
- Understanding and interpreting blood results
- Venepuncture
- Verification of expected death
- Writing Protocols and Policy
- X-RAY Requesting
- X-Ray Interpretation

Other (please specify)

Acute Medicine Nursing Workforce Survey stage 2

12. What training and education would you like to develop your role or for career progression, that you have not yet received and has not been agreed for you? (tick all that apply)

- ABCDE assessment and triage
- Administration and weaning of oxygen
- Advanced Life Support
- Advanced assessment skills
- Arterial blood gas sampling
- Audit and change management
- ALERT or MINI ALERT
- Cannulation
- Cardiac monitoring & HDU care of patients
- Chest pain pathway
- CPAP
- Dementia and delirium care
- Discharge planning
- DVT pathway
- ECG recording standard
- ECG interpretation of top conditions
- GP call handling and A&E referrals
- Independent life support
- IV therapy
- Male catheterisation
- Management/Leadership programme
- MEWS
- Neutropenic sepsis pathway
- Neutropenic sepsis and line care
- Organisation and shift management
- Physical examination skills
- SAD assessment
- Sepsis
- SLT assessment
- Understanding and interpreting blood results
- Venepuncture
-

Acute Medicine Nursing Workforce Survey stage 2

Verification of expected death

Writing Protocols and Policy

X-RAY Requesting

X-Ray Interpretation

Other (please specify)

13. What are the best things about working in Acute Medicine?

14. What are the worst things about working in Acute Medicine?

15. What are the most important reasons why you chose to work in Acute Medicine rather than another specialty?

Acute Medicine Nursing Workforce Survey stage 2

16. What would you say are the personal qualities a nurse needs to work in Acute Medicine?

17. Do you have any work/life experience outside nursing, that you think has helped you in your work in Acute Medicine?

Yes

No

18. What work/life experience has helped you in your work in Acute Medicine?

19. Has working in Acute Medicine been different from what you expected? If YES, how has it been different?

20. Overall, how do you feel about working in Acute Medicine?

21. Have you tried to find a job in another specialty since you have been working in Acute Medicine?

Yes

No

Acute Medicine Nursing Workforce Survey stage 2

22. Why did/do you want to move?

23. What changes would encourage you to continue to work in Acute Medicine?

24. How do you feel about the opportunities for career progression in Acute Medicine?

25. What is your current pay band?

26. How long have you been at this pay band?

Years

27. What changes would make the biggest improvement to your job satisfaction in Acute Medicine?

Acute Medicine Nursing Workforce Survey stage 2

28. Do you feel you have a strong sense of specialist identity working in Acute Medicine?

	Agree strongly	Agree	Neutral - neither agree nor disagree	Disagree	Disagree strongly
I have a strong specialist identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. If you were to start your nursing career all over again, would you still choose to work in Acute medicine?

- Yes
- No

Appendix 3: Primary code descriptions

	Survey Question	Code		Description
1	Q6	Positive factors	Positive factors personal	Factors which positively influenced nurses surveyed in favour of applying for Acute Medicine
2	Q7		Positive factors colleague	Participants' perception of factors that could have positively influenced nurse colleagues in favour of applying for Acute Medicine
3	Q8	Negative factors		Factors which negatively influenced nurses surveyed against applying for Acute Medicine
4	Q9	Development	Training courses year	Training courses and study days relevant to Acute Medicine that the nurses surveyed attended in the last year
5	Q10		Experiential learning year	Experiential learning relevant to Acute Medicine that was received in the last year by the nurses surveyed
			Training and education required	Training and education nurses feel they would need to do their job well that has not been received or has not been agreed for them
6	Q13	Best things		Best things about working in Acute Medicine
7	Q14	Worst things		Worst things about working in Acute Medicine
8	Q15	Why acute		Reasons to have chosen to work in Acute Medicine rather than other specialities
9	Q16	Acute nurse qualities		Description of the qualities that are needed by a nurse to work in Acute Medicine

	Survey Question	Code	Description
10	Q18	Previous experience	Previous experiences that have helped in Acute Medicine
11	Q19	Acute medicine work expectations	Reasons why working in Acute Medicine has been a different experience than expected
12	Q22	Reasons to move	Reasons to look for another job and try to move from Acute Medicine
14	Q23	Reasons to stay	Reasons that would encourage the nurses surveyed to stay in Acute Medicine
15	Q24	Career opportunities	Feelings about potential career opportunities in Acute Medicine
16	Q27	Changes to improve job satisfaction	Changes that the nurses surveyed said could improve job satisfaction in Acute Medicine