

Introduction to the WHO Year of the Nurse and Midwife: The impact of critical care nurses and meet the new editors

This year marks the 200th anniversary of the birth of Florence Nightingale, and as such, the World Health Organization has, for the first time, designated 2020 as the Year of the Nurse and Midwife.¹ The intention of this designation is to both recognize the contribution of nurses and midwives to the health of the population and to lead the development of a flagship report (in May 2020) on the state of the international nursing workforce. So, what is the state of critical care nursing and its contribution to health care outcomes, and will this need to change in the next decade?

Increasing evidence shows that patient outcomes in both paediatric and adult intensive care are optimized by a higher registered nurse (RN) experience and education level.²⁻⁴ This can be no surprise to critical care nurses (CCNs), but for managers and hospital administrators in an ever-increasing drive to cut the cost of health care, this is vitally important to highlight. CCNs themselves must be aware of their value and articulate this to managers, non-nursing staff, and to the general public. This is not to say that associate nursing roles do not have a place in critical care, but their responsibilities and roles must be monitored to ensure that quality care remains the priority.⁵ CCNs frequently undertake many administrative, clerical, and other tasks that do not require the skill and expertise of a CCN and detract from their important bedside role.⁶ This also comes at a time when nursing roles in critical care in most western countries extend from the traditional bedside, management, and education roles to research delivery, nursing science, and advanced practice.

Concurrently, there are increasing RN shortages reported in almost all countries and increasing evidence of a stressed workforce, many at or near burnout levels.^{7,8} The definitions of "safe and adequate" staffing in a critical care unit also vary significantly across the world, especially across Europe.^{9,10} However, two main effects are associated with inadequate RN staffing, one being is poorer patient outcomes, such as infection, adverse effects of prolonged mechanical ventilation, medication errors, and even mortality. This is coupled with the negative impact of prolonged inadequate staffing on the nursing workforce itself: stress, burnout, poor morale, and subsequent poor recruitment and retention of nurses. This is not simply RN, are not simply RN numbers per patient.¹¹ When examining the optimal RN staffing in a critical care unit, the whole workforce needs to be examined, as well as the skill and capability of the RNs in that environment. The question remains: do we really know the optimal "safe" RN staffing numbers and skill mix required for matched patient acuity? And does this differ for neonates, children, or adults? Or for unit size, type, or geography? The RN4Cast study is the largest ever study of

RN staffing across Europe aimed to refine RN forecasting models with factors that consider how features of work environments and qualifications of the nurse workforce impact nurse retention, burnout among nurses, and patient outcomes.¹² The researchers found that issues of safety, quality, and nurse retention were common to all European countries, but they claim that significant improvements in work environments, such as improved nurse-doctor relations, nurse leadership, and nurse-to-patient ratios, are effective in optimizing and sustaining nurse staffing. They argue, however, that there is an urgent need to establish an RN forecasting method that accounts for the change in the dependency of the population.

In summary, CCNs are an integral component of the critical care team. Without skilled CCNs, clinical outcomes in intensive care units of all types will suffer. As CCNs, we all have a responsibility to educate the public, managers, and non-nurses about the value of the CCN role. Yet, in order to enhance their contribution to improved patient outcomes, CCNs need to be more empowered, within and beyond hospital settings. They need the psychological safety to speak up on behalf of their patient despite official and unofficial hierarchical hospital set-ups.¹³⁻¹⁵ Furthermore, CCNs need to strive to secure and maintain their "seat at the table" in the fora where decisions impacting patients and organizations are taken, a point that was passionately and eloquently articulated throughout last year's BACCN annual conference in Edinburgh.

This is the first edition of the journal with the two new editors: Dr Josef Trapani and Associate Professor Lyvonne Tume. Lyvonne Tume has a background in adult cardiac critical care but has worked for the last 24 years in paediatric critical care and is an experienced clinical nurse, educator, and researcher. Josef Trapani worked in a general intensive care unit for several years and is a senior lecturer with a special educational and research interest in critical care. He has worked for *Nursing in Critical Care* as a peer reviewer, editorial intern, and associate editor for the past 6 years. Our vision for *Nursing in Critical Care* is to preserve the achieved standard for the journal while striving to continue improving its status and impact factor. We want to encourage submissions of research papers, literature reviews, case studies, and quality initiative papers by both established and budding authors. In an effort to facilitate submissions by new authors, in collaboration with Wiley, we are launching a Free Format Submission system that relaxes some of the strict formatting rules until a paper is accepted, thus allowing authors to focus on content and quality. We will increase the online and social media presence of the journal. A new Twitter handle, @NiCCJournal, has been set up to promote the

journal and its authors, disseminate its content, and engage the readership in “networked scholarship.”¹⁶ We are striving to expand the number of reviewers in our pool and to review our editorial advisory board membership, with a view to recruit new and upcoming researchers, as well as maintain the expertise and experience of our existing team. We would also like to have more themed issues, with the plans for upcoming issues focussing on end-of-life care and organ donation; paediatric critical care nursing; the critically ill patient's experience; stress, burnout, and resilience in critical care staff; and early mobilization of critically ill patients.

We would like to conclude by expressing our gratitude to the BACCN and Wiley for trusting us in this role and for constantly supporting and promoting the journal. We thank the Editorial Advisory Board members, our colleagues at the editorial and production offices, and our peer reviewers for their diligent and occasionally thankless work; without their efforts, the journal would not exist. Special thanks are due to Dr Wendy Walker for her hard work and excellent input as editorial intern, associate editor, and special issue guest editor; her camaraderie made journal work more pleasant. Finally, our deepest gratitude to the outgoing editors, Professor John Albarran and Professor Julie Scholes, for impeccably leading this journal for so many years. Under their editorship, the journal grew from strength to strength, locally and internationally, in terms of reputation, diversity, and impact. On a personal level, we would like to thank them for their mentorship, collegiality, and friendship. On behalf of all the readers, thank you, John and Jools.

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