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Critical care

The role and responsibilities of critical care therapy support workers: A national survey

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Abstract

Background

Guidelines for the Provision of Intensive Care Services (V2.1) recommend therapy support workers are considered as part of the multidisciplinary rehabilitation workforce. An understanding of their contribution to the workforce is required to guide the future direction of this role. This study explored the role responsibilities of therapy support workers currently employed in United Kingdom (UK) critical care units.

Method

In this cross-sectional study, a bespoke online survey was completed by therapy support workers employed in UK critical care units. Participants were recruited during October 2023 via the Association of Chartered Physiotherapists in Respiratory Care and professional networks employing snowball sampling.

Results

Sixty-two respondents completed the survey. Most were employed at Band 4 level (74%, n=46) and worked fulltime (63%, n=39). Sixty percent (n=37) described their role as a combination of physiotherapy and occupational therapy. A wide range of rehabilitation activities were undertaken by the respondents. Physical rehabilitation tasks including mobilising (58%, n=36) and repositioning patients (44%, n=27) were predominant. Twenty-six percent(n=16) intended to remain in their role, with the same number being unsure what job role they would pursue in the future. A lack of standardised training, education and competency achievement was identified.

Conclusion

The wide range of activities and interventions delivered by the therapy support workers demonstrates their varied and valuable contribution to the critical care workforce. Further work is required to ensure the provision of relevant training and career development, this would support the desire of those who wish to further their career in the critical care speciality.

INTRODUCTION

Allied health professional (AHP) support workers work under the delegation of registered AHPs in the United Kingdom (UK).[1] Support workers often hold relevant professional qualifications and their role can be either uni or multi-professional.[2]

The Guidelines of the Provision of Intensive Care Services (GPICS V2.1)[3] provide standards and recommendations for the UK critical care workforce. However, only the physiotherapy chapter makes direct reference to the roles of AHP support workers, noting that these should be considered as part of the multidisciplinary workforce.[3] Previous studies exploring the AHP workforce in critical care have reported the presence of AHP support worker roles but make limited reference to scope of practice, responsibilities and training requirements.[4-7]

The primary aim of this study was to identify the contribution of Critical Care Therapy Support Workers (CCTSW) to the critical care workforce, by exploring their role and responsibilities.

Secondary aims were to:

1. Describe the demographic characteristics of UK CCTSW.

2. Explore the current training, education and competency frameworks provided to UK CCTSW.

METHODS

STUDY DESIGN AND DATA SOURCE

In this cross-sectional observational study, and the absence of any existing validated tool, the researchers (ED and CM) designed a bespoke electronic survey using Microsoft Forms. Survey questions were informed and developed from the researchers' clinical experience, current literature,[8-10] and written feedback provided by members of the UK AHPs in Critical Care Group (NAHPCCG). The survey was piloted by two experienced CCTSW from the host NHS hospital trust, providing verbal information on completion times, ease of access and minor refinement of questions.

The survey consisted of 37 items, divided into five sections. These were: 1) Demographics (13 questions); 2) Role and responsibilities (13 questions); 3) Professional development (8 questions); 4) future career plans of respondents (2 questions); and 5) job satisfaction (1 question).[1] The survey used a mixture of multiple-choice questions (n=19), Likert scales (n=6), rating scales (n=1) and open text boxes (n=11). Some questions allowed respondents to select one or multiple options (Questions 17, 21, 33) with the opportunity to explain or give an alternative response in an open text box as required. Further survey details can be found in supplementary material, File 1.

The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines have been followed to report this study.[11]

PARTICIPANTS

Participants were recruited using a purposive target audience and snowball sampling. Electronic advertisements were shared via the Association of Chartered Physiotherapists in Respiratory Care (ACPRC), East Midlands Critical Care Network, NAHPCCG and social media (Platform X). Weekly reminders were sent. The survey was open for four weeks throughout October 2023. No incentives were offered for survey completion.

CONSENT

Participants were provided with an electronic link to a participant information sheet. They were asked to confirm they had read this prior to consenting as a mandatory question. No personal identification details were collected.

DATA HANDLING

Data were extracted from Microsoft Forms to an Excel spreadsheet. Descriptive statistics were used to analyse quantitative responses, including rounding to nearest whole number for frequency and percent of responders. Content analysis was used to analyse responses from free text boxes by the researchers (ED and CM) using the five step approach described by Vears and Gillam, (2022)[12] see Figure 1.

RESULTS

DEMOGRAPHICS

Sixty-two CCTSW completed the survey, with responses received from across the UK apart from Northern Ireland and the Northeast of England. The overall response rate is unknown, given the lack of information regarding the overall workforce. The only metric tracked on survey completion was the mean time to complete the survey, this was 19 minutes. Of those who completed the survey, 71% (n=44) were aged over 30 years of age and employed at Agenda for Change Band 4 (74%, n=46). A third (34%, n=21) were educated to degree level with 37% (n=23) in post for 2-4 years. Further demographic data is provided in Table 1.

ROLE AND RESPONSIBILITIES

Most respondents (60%, n=37) described their role as being a combination of occupational therapy and physiotherapy, just over half (57%, n=35) reported that they spent between 60-100% of their time each week delivering physical rehabilitation interventions. A minority of responders had roles wholly in speech and language therapy (3%, n=2) and dietetics (3%, n=2).

Over 60% (n=38) of respondents reported working in multiple clinical specialities, aligned with the working pattern of the overarching therapy service, including general surgery (36%, n=22), acute medicine (29%, n=18), cardiothoracic surgery (27%, n=17) and respiratory medicine (26%, n=16). Only 19% (n=12) respondents reported their job role solely involved delivering therapy to patients in critical care. Despite this variation, around half of respondents (54%, n=34) reported spending >75% of their working day delivering therapy or undertaking tasks related to patients in critical care.

Clinical activity was separated into assessments and rehabilitation tasks. Assessments encapsulated physical, cognitive and functional tools. Fifty-three percent (n=33) of respondents reported performing mobility assessments independently and 32% (n=20) independently performed the Chelsea Critical Care Physical Assessment Tool. See Table 2 for the most frequently reported clinical assessments performed independently by CCTSW. Further information is available in supplementary material file 2, Table 1.

For rehabilitation tasks, CCTSW were predominantly involved with physical rehabilitation, 58% (n=36) reported being involved in mobilising patients. The most frequently delivered physical rehabilitation tasks can be seen in Table 3. Further information can be found in supplementary material file 2, Table 2. Respondents reported completing these activities daily, either in conjunction with another member of staff (76% of days) or independently (61% of days).

The majority of CCTSW reported that their role was 'not applicable' in recovery services such as follow up clinics

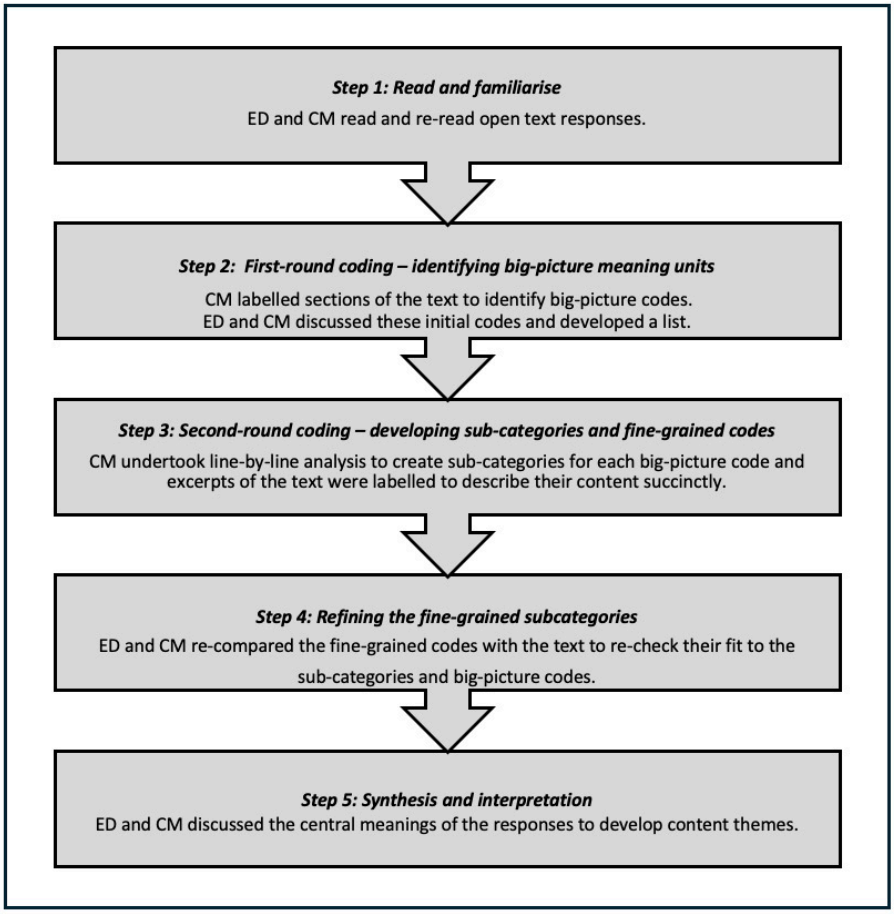

Figure 1. Five step approach to content analysis

(76%, n=47) and post-critical care rehabilitation classes (81%, n=50).

For non-direct patient tasks, writing patient diaries (40%, n=25) and inputting data (44%, n=27) were reported with the highest frequency. Further information is provided in supplementary file 2, Table 3.

TRAINING AND EDUCATION

Most respondents (74%, n=46) reported not having any support worker specific training, although 24% (n=15) reported attending a critical care therapy support worker study day provided by the ACPRC. Where training did exist, the focus was tracheostomy care and exercise rehabilitation.

Competency frameworks were related to physical rehabilitation tasks including use of hoist equipment (90%, n=56) and issuing walking aids (86%, n=53), see Table 4. Further information on competency achievement is provided in supplementary file 2, Table 4.

Support through critical care therapy support worker (TSW) networks was rare, with only 11% (n=7) responders reporting involvement. However, respondents suggested that they felt appropriately trained and prepared for the role (visual analogue score: median=7, IQR 5-7).

JOB SATISFACTION AND FUTURE CAREER PLANS

Based on content analysis of free-text responses, the overarching themes related to job satisfaction were progress of long-term patients; helping patients achieve their goals and regain independence; building relationships with patients and their family; individualising patient care; and learning from registered staff.

However, only a quarter of respondents stated they intended to remain in their critical care TSW job role (26%, n=16) with a similar number unsure what job role they would pursue in future (26%, n=16). Of those considering future opportunities, 18% (n=11) reported that they would like to become a registered physiotherapist and 11% (n=7) a registered occupational therapist. The remaining respondents described the critical care TSW role as a bridge for making a career decision about what healthcare profession role to pursue.

DISCUSSION

This study is the first to explore the demographics, roles and responsibilities and future career aspirations of CCTSW in the UK. The results may be used to inform the future role

Table 1. Demographic details of survey respondents

Characteristic	Number of respondents % (N=62)
Age (years)	
18-20	0% (0)
21-30	29% (18)
31-40	36% (22)
41+	36% (22)
AfC Banding	
Band 2	3% (2)
Band 3	19% (12)
Band 4	74% (46)
Band 5	3% (2)
Highest level of education	
GCSE	5% (3)
NVQ	19% (12)
A Level	11% (7)
Undergraduate Degree	34% (21)
Post graduate Degree	10% (6)
Apprenticeship	7% (4)
Other	15% (9)
Hours of employment per week	
Full-Time	63% (39)
Part-Time	37% (23)
UK geographical region	
Northern Ireland	0% (0)
Scotland	2% (1)
Wales	3% (2)
England	0% (0)
North East	3% (2)
Central	3% (2)
North West	5% (3)
Yorkshire and Humber	13% (8)
West Midlands	15% (9)
South East	16% (10)
London	18% (11)
East Midlands	23% (14)
South West	
Length of time working in critical care therapy support worker role	
Less than 1 year	19% (12)
1 year	13% (8)
2-4 years	37% (23)
5-7 years	8% (5)
7-10 years	10% (6)
> 10 years	13% (8)

Key: *AfC = Agenda for Change*

Table 2. Most frequently reported clinical assessments performed independently by CCTSW

Variable	Number of respondents % (N=62)
Mobility	53% (33)
Chelsea critical care physical assessment tool	32% (20)
Functional e.g. washing, dressing	16% (10)
Orientation	13% (8)
Post intensive care unit presentation scheme	11% (7)
Sedation	11% (7)

development, education and training need and assist the design of competency frameworks.

The utilisation of CCTSW to provide and support rehabilitation interventions has previously been shown to reduce ventilation days, overall critical care length of stay and improve patient experience.[13,14]

DEMOGRAPHICS

Our findings suggest the critical care TSW role is established in most regions in the UK, particularly across London, the Southeast and East Midlands (with similarities in roles and responsibilities). Our findings provide insight into

Table 3. Most frequently reported tasks and treatments delivered by CCTSW

Variable	Number of respondents % (N=62)
Mobilising patients	58% (36)
Repositioning patients	44% (27)
Passive range of movement	40% (25)
Bed exercises	36% (22)
Hoisting patients out of bed	36% (22)
Goal Setting	36% (22)
Cycle Ergometry	26% (16)
Humanising activities	26% (16)

Table 4. Most frequently reported formal competencies achieved by CCTSW

Variable	Number of respondents % (N=62)
Using hoist equipment	90% (56)
Issuing walking aids	86% (53)
Performing passive movements	81% (50)
Assessment e.g. chart reading	77% (48)
Using exercise equipment	68% (42)

current models of working and profession specific biases towards occupational therapy and physiotherapy.

ROLES AND RESPONSIBILITIES

Much of the focus of critical care TSW activity was on direct clinical activities. Furthermore, and perhaps reflective of the professional profiles, significant focus was on provision of physical rehabilitation. Similar findings were reported from other clinical specialities, particularly musculoskeletal settings.[4]

Respondents also reported involvement in occupational therapy activities such as supporting patients with activities of daily living, delirium management and humanisation activities. This finding is interesting in the context of previous research exploring therapy workforce in critical care, which suggests many services having either none or minimal occupational therapy services, and very high therapist to patient ratios.[15-18] Involvement in direct clinical activities traditionally undertaken by registered dietitians or speech and language therapists was rare. The reasons for this are unclear but may be a result of the survey distribution approach or be reflective of existing AHP practice in critical care.

The findings indicate that the critical care TSW role is currently predominantly in the critical care unit itself, but there is scope for this role to expand if services continue to develop. It is also reflective of the national provision of post critical care recovery services within the UK.[19] There was limited involvement in patient case conferences or completion of patient diaries. This is reflective of previous research within critical care[15] but in contrast to findings from musculoskeletal settings where administrative tasks were more common.[4]

TRAINING, EDUCATION AND FUTURE DEVELOPMENT

Whilst critical care TSW roles appear to be present in most areas of the UK, there is need to ensure adequate training, competency completion and ongoing professional development. Similar findings have also been identified outside of critical care, with support workers reporting frustrations with the lack of specific training and career progression.[4, 6] The recent release of the Intensive Care Society AHP Capability Framework includes supportive and assistive levels of practice.[20] Given its release after the completion of our data collection, future research should explore the impact of the capability framework, and its utilisation by CCTSW.

Many respondents suggested a desire to become registered therapy staff. This potentially creates a two-fold challenge; 1) how to support CCTWS looking to progress to professional degree programmes, and 2) how to ensure adequate staff retention. With most participants only in post for less than 4 years, and similar numbers looking to progress out of the role, continuous cycles of recruitment and training to fill roles may be challenging. This is clearly an area for future development.

LIMITATIONS

At present, it is unknown how many TSWs work in the critical care speciality in the UK, the researchers were therefore unable to calculate the overall response rate. The number of responses from the devolved nations was poor (5%) and no responses were received from the Northeast of England or Northern Ireland. The researchers do not know if this is because they do not employ CCTSW or if the survey invitation failed to reach them. Similarly, the bias toward those undertaking physiotherapy activities may be a true reflection (particularly given the larger physiotherapy workforce) but may also be a result of the survey distribution approach.

Alternative approaches to data collection should be considered for future research.

CONCLUSION

This survey shows the critical care therapy support worker role exists in most regions of the UK, with greatest focus on provision of physical rehabilitation. The wide range of clinical and non-clinical activities undertaken by the respondents to our survey highlights the beneficial contribution CCTSW can bring to the AHP rehabilitation workforce. This survey suggests they make a significant contribution to the workforce and their impact on patient and organisational outcomes should not be underestimated.

Ongoing work is needed to ensure an adequate career structure for CCTSW, including the provision of training and development. This should be aligned with national capability frameworks. This would support the desire of CCTSW to further their career in the critical care speciality in conjunction with demonstrating their contribution to the critical care workforce.

Key Points

1. At the time of this survey the CCTSW role was present in most regions of the UK and their roles and responsibilities were similar.
2. The majority of CCTSW work in a combined occupational therapy and physiotherapy role in the acute setting with a predominance of delivering physical rehabilitation tasks.
3. Further research exploring the contribution of CCTSW to the critical care workforce and how to effectively train and develop those in the role is required.

ETHICS STATEMENT

Ethical approval was obtained from University of Nottingham, Faculty of Medicine and Health Sciences Research Ethics Committee. (Ref: FMHS 378-0923).

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DECLARATION OF INTEREST

The Authors declare that there is no conflict of interest.

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SUPPLEMENTARY MATERIALS

Supplementary Material File 1 - Survey Questions

Download: https://acprcjournal.scholasticahq.com/article/147697-the-role-and-responsibilities-of-critical-care-therapy-support-workers-a-national-survey/attachment/311263.docx?auth_token=jGTD80zWsQ7K6NMKDMns

TSW Survey Supplementary Material 2 - Results Tables

Download: https://acprcjournal.scholasticahq.com/article/147697-the-role-and-responsibilities-of-critical-care-therapy-support-workers-a-national-survey/attachment/311262.docx?auth_token=jGTD80zWsQ7K6NMKDMns