

Well-Being During Coronavirus Disease 2019: A PICU Practical Perspective

Peter D. Donnelly, MBBCh, BAO, PGDip (Surg Sci), MSc (Clin Ed), MRCPCH;
Mark Davidson, MBChB, BSc (MedSci), MRCPCH; Neil Dunlop, BN Nursing (Child);
Marie McGale, DipHE Nursing (Child); Eileen Milligan, RGN, RSCN, BSc Nurse Specialist (PICU);
Mark Worrall, MBChB, FRCA, MRCPCH, FFICM; Joanne Wylie, BSc Nursing (Child);
Christopher Kidson, MBBS, MRCPCH, PGCert (Med Ed), MML

Abstract: The importance of promoting well-being for healthcare professionals has never been as important as during the current coronavirus disease 2019 pandemic. It is recognized that the concept of well-being is a multifaceted phenomenon which is influenced by individual, team, and system characteristics. We outline an approach to practically initiating supportive strategies within the PICU using a well-being approach to improve baseline resilience alongside an acute rescue strategy utilizing a peer-support network. These strategies are practical interventions and we share them with the aim of encouraging the international PICU community to use these or other strategies to support their teams. We encourage shared learning and collaboration during these difficult times. (*Pediatr Crit Care Med* 2020; XX:00–00)

Key Words: coronavirus disease 2019; education; pediatric intensive care unit; peer-support; resilience; well-being

As the life-threatening coronavirus disease 2019 (COVID-19) pandemic continues to engulf the world, it has been comforting to see the efforts made by teams all over the world to address the physical, psychologic, and emotional needs of their staff and colleagues as they endure the traumatic burden of delivering healthcare in such a fraught unfamiliar environment (1). Every team and department is recognizing the importance of well-being as an integral part of this protective strategy. Within critical care settings, the impact of consistently being at the “front line” has long been recognized, well before the current pandemic, due to the consistency of pressure, the acuity of presentation, and the variability of patient outcomes (2). Within the sphere of pediatrics, we

must also add to this the need to support patient’s parents and family (3). It is, therefore, not difficult to see the impact this has on staff on a physical, psychologic, and emotional level.

So how can we help? There is an abundance of publications looking at well-being concepts and the rationale behind their use (4–6). It would not be surprising if we see a surge in these publications given the unprecedented stresses that we, and the system, are under. The bigger question remains however, how can we practically initiate strategies within our work place in order to attempt to put these well-being concepts into practice? Through attending to well-being, we aim to boost morale and productivity as well as support systems resilience which in itself improves the perception of experiences and general health. There should be no obstacles to ensuring staff health: proactive engagement to instill preventative intervention is more likely to be upheld, beneficial, and complete than seeking reactive remedial therapy after a crisis. We aim to share the practical changes that have been made in our PICU in an attempt to bring about an improvement in staff well-being.

PRACTICAL CHANGES

A new PICU Well-Being team was created in September 2019. From this initial meeting, two separate strands of care evolved: Well-Being and Peer Support. The Well-Being team aims to proactively promote the concepts previously alluded to: universally creating a safe and supportive environment for the benefit of all members of our team. We also recognized the need for a reactive supportive structure to help those members of staff who have an overwhelming unexpected crisis and so created the PICU Peer Support team.

WELL-BEING INITIATIVES

Making Space Safe

The importance of a space to take a break from clinical work has been described as a time to “lift the clinical armor” when emotion and vulnerability can be shared (7). So how can we

All authors: Pediatric Intensive Care Unit, The Royal Hospital For Children, Glasgow, United Kingdom.

Copyright © 2020 by the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies

DOI: 10.1097/PCC.0000000000002434

achieve this practically? Within our unit, we have a communal staff room yet this is lined with clinical information (probably never read) and the generic discussions are invariably clinically related: what if a member of staff just wants “down-time”? The ergonomics and ambience are not conducive. The first board outlines the changes made and planned by the well-being team to keep everyone up-to-date. The second board highlights offers made available to United Kingdom National Health Service (NHS) staff during the current pandemic. The third board is our “technology board” that suggests apps, podcasts, and other resources that promote well-being. The fourth board has mental health resources and posters as well as the popular “thing to talk about that don’t begin with ‘C’ conversation starter.” We have asked staff to try to refrain talking about unnecessary clinical work in this room with the important caveat that for some people (particularly those who have been working in cubicles), this may be their opportunity to off-load their work-related stresses. We support discretion with this.

Supporting Tea Breaks

It is also known that healthy eating and access to fresh water are important for health and well-being (8). So how can we achieve this practically? In order to promote this, we have relocated our tea-room vending machine to another area of the PICU and we have purchased two large water filters for our fridge to ensure a supply of cold filtered water at all times. During this current pandemic, a number of retailers have generously supplied a range of healthy foods for staff to enjoy. We also wanted to ensure that our staff were comfortable during their break times to ensure their physical well-being was considered. To this end, “Spry” cushions have been brought into the unit. These cushions are flexible and can be moulded to shape and so offer good neck support. They also have capacity for a heat pack or ice pack to be inserted into them for additional comfort.

Reinforcing the Positive

An important strategy to promote good mental health is to reflect upon things that have gone well. Small achievements should be celebrated and shared with the team. So how can we achieve this practically? In our PICU, we have used a laminated wall sticker of a “Positivi-Tree” (**Supplemental Fig. 1**, Supplemental Digital Content 1, <http://links.lww.com/PCC/B383>). This wall sticker of a tree has laminated leaves that are attached via command hooks that can be taken off, written on, and put back up. Each leaf allows a positive message to be shared with the team.

Maintaining That Team Feeling

During the current pandemic, many staff members are being redeployed to higher-risk areas. It is important that these team members are remembered and feel supported by their existing team. So how can we achieve this practically? We have distributed a PICU Team badge to every member of our staff. PICU staff members in other areas of the hospital were delighted to

receive the badge as it recognized that we were still thinking of them as part of our team and they are instantly recognized to have a valuable skill set. A simple phone call to our redeployed staff members, from their line manager, has made them feel remembered and supported.

At the End of the Day

At the end of a busy clinical shift, we want to help our team be able to switch off and prepare for life outside of work. So how can we achieve this practically? We have now rolled out “Thank You NHS” tea cups to allow people to end the day with a cup of tea and a positive message. We also are aware of current pandemic concerns regarding cleanliness for home. In order to address this concern, we have ensured that shower facilities are available. We have received many kind donation of toiletries to facilitate this intervention. As our team leave the unit, they are then met with a “Going Home Checklist” encouraging positive reflection on a job well done.

At the End of the Week

At the end of a busy week, team members often look forward to socializing and having some down time. It is also the time when they may start to think about the difficulties they have had over the last few shifts. We need to support our team through their difficult days but also enable them to have non-work-related social interactions which is increasingly difficult in recent times. So how can we achieve this? The internet has helped us address this issue. We are holding weekly Friday Zoom sessions for “coffee and a chat.” Zoom is the particular web conferencing software used in our institution, but there are many alternatives available throughout the world. All staff members are invited to attend and it is a safe forum for people to discuss their anxieties and concerns as well as share their coping strategies and positive messages. We are lucky enough to have had attendance from our psychology colleagues who are supportive of this service and are using it as a method of exploring future opportunities for well-being intervention. Our use of zoom continues into the social sphere where we encourage weekly non-work-related interaction in the form of a weekly quiz. This allows people to socialize and have fun with their colleagues ensuring at least some interaction in which COVID-19 is not discussed.

RESCUE STRATEGIES INCLUDING PEER SUPPORT

Taking a Minute

Despite all the above interventions and changes we have made, we are aware that for some people, an overwhelming acute stressful event may occur (9). We need to ensure that there is a strategy or system in place to help our colleagues during this time. So how can we achieve this practically? Within PICU, we have created a “Take a Minute” room. This room is a safe haven for people to adjourn. It provides a breathing space for staff to take a minute. Within this room

is a recliner chair, mental health resources, well-being information and pamphlets, links to psychology support, and coloring in books. Before leaving this room, there is a white board on which to write “something you are looking forward to after isolation.” This ensures that our team are leaving the room with a positive thought.

Peer Support

In addition to our new Take a minute room, we are working with our colleagues in the Emergency Department, Theatres and Anesthesia to form a Critical Care Peer-Support Network. This network will consist of a team of staff across these critical care areas who are trained in peer support and crisis management. They will be able to offer support in a trained fashion to all our colleagues and they are, themselves, being supported by our psychology team.

When It Is All Over

In the longer term when this pandemic has moved into a recovery phase, it will be important to facilitate a period of debriefing and reflection. So how can we achieve this practically? We are working closely with our peer-support team, well-being team, and psychology team to enable sessions to be planned for the future. The format of these sessions will be determined by staff need and will adapt and vary depending on the feedback we receive.

CONCLUSIONS

It has been inspiring to see how well-being is becoming an integral consideration in many institutions (10, 11). We must reflect on the positive aspects of our experiences and interventions over recent months and share our strategies and our reflections. This time of COVID-19 pandemic gives us the opportunity to craft and mould our well-being interventions aiming for practical solutions that are welcomed, effective, and sustainable. This is a fantastic opportunity for us to design a novel service that focuses on caring for the staff. We encourage you all to think about the practical changes you can make within your work place but furthermore to reflect on the

changes and share your ideas with colleagues throughout the country. We can do it together.

This work was performed in the PICU, The Royal Hospital For Children, Glasgow, United Kingdom.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's website (<http://journals.lww.com/pccmjjournal>).

The authors have disclosed that they do not have any potential conflicts of interest.

For information regarding this article, E-mail: pdonnelly00@hotmail.com

REFERENCES

1. Zhang Y, Sun Z, Latour JM, et al: Hospital response to the COVID-19 outbreak: The experience in Shanghai, China. *J Adv Nurs* 2020 Mar 25. [online ahead of print]
2. Seaman JB, Cohen TR, White DB: Reducing the stress on clinicians working in the ICU. *JAMA* 2018; 320:1981–1982
3. Doupnik SK, Hill D, Palakshappa D, et al: Parent coping support interventions during acute pediatric hospitalizations: A meta-analysis. *Pediatrics* 2017; 140:e20164171
4. Siffleet J, Williams AM, Rapley P, et al: Delivering best care and maintaining emotional wellbeing in the intensive care unit: The perspective of experienced nurses. *Appl Nurs Res* 2015; 28:305–310
5. Diener E, Scollon CN, Lucas RE: The evolving concept of subjective well-being: The multifaceted nature of happiness. In: *Assessing Well-Being: The Collected Works of Ed Diener*. Diener E (Ed). New York, NY, Springer, 2009, pp 67–100
6. Frey BS, Stutzer A: *Happiness and Economics*. Princeton, NJ, Princeton University Press, 2002
7. Baverstock A, Finlay F: Clinical armour. *Arch Dis Child Educ Pract Ed* 2019 Dec 30. [online ahead of print]
8. Selhub E. Nutritional Psychiatry: Your Brain on Food. Harvard Health Publishing, 2015. Available at: <https://www.health.harvard.edu/blog/nutritional-psychiatry-your-brain-on-food-201511168626>. Accessed April 22, 2020
9. Schneiderman N, Ironson G, Siegel SD: Stress and health: Psychological, behavioral, and biological determinants. *Annu Rev Clin Psychol* 2005; 1:607–628
10. Colville GA, Smith JG, Brierley J, et al: Coping with staff burnout and work-related posttraumatic stress in intensive care. *Pediatr Crit Care Med* 2017; 18:e267–e273
11. Wei H, Kifner H, Dawes ME, et al: Self-care strategies to combat burnout among pediatric critical care nurses and physicians. *Crit Care Nurse* 2020; 40:44–53