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## PICU Team Member Innovative Support PlanIntentional caring practices to mitigate moral distress, secondary trauma, andburnout in the Intensive Care Unit.

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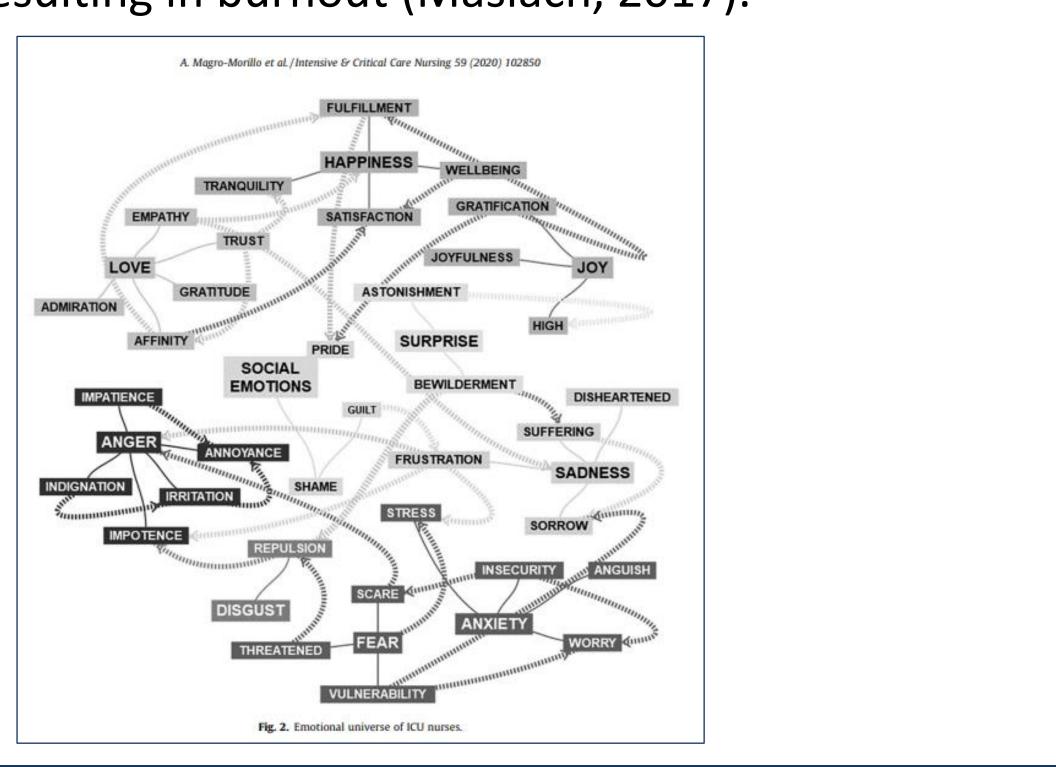
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# Situation

PICU staff frequently verbalize feelings of moral distress, anxiety, and exhaustion related to repeated exposure to complicated, ethically challenging situations and the intense nature of work in the PICU. Stressors associated with complex long term patient cases, patient deaths, medical errors, and adverse events are compounded by factors like the COVID-19 pandemic, high patient acuity, and workload burdens (Magro-Marillo et al, 2020). Collectively, these situations increase cumulative stress which can result in emotional exhaustion, depersonalization and decreased personal achievement resulting in burnout (Maslach, 2017).



## Background

Cultivating resiliency practices can improve overall well-being of the individual and lessen burnout and turnover. Burnout has been found to increase risk of error, decrease family satisfaction, increase turnover and costs to the organization plus have high emotional burdens for the individual (Yang & Hayes, 2020). Promoting ways to foster a sense of belonging, authenticity and connection to meaning/ purpose while processing difficult situations can help mitigate the damaging effects of stress (Denning et al, 2021 Rajkumar, 2021). Though the hospital offers a program (RISE) that promotes resilience, integrated ethics, staff support, and engagement, this service was historically under-utilized in the PICU. Reasons for under-utilization were hypothesized as awareness, scope and accessibility.

Magro-Marillo, A., Boulayoune-Zaagougui, S., Cantón-Habas, V., Molina-Luque, R., Hernández-Ascanio, J., & Ventura-Puertos, P. E. (2020). Emotional universe of intensive care unit nurses from Spain and the United Kingdom: A hermeneutic approach. Intensive & Critical Care Nursing, 59. https://doi.org/https://doi.org/https://doi.org/10.1016/j.iccn.2020.102850 Maslach, C. (2017). Finding solutions to the problem of burnout. Consulting Psychology Journal: Practice & Research, 69(2), 143–152. https://doi-org.lopes.idm.oclc.org/10.1037/cpb0000090 Rajkumar, R. (2021). Harnessing the neurobiology of resilience to protect the mental well-being of healthcare workers during the covid-19 pandemic. Frontiers in Psychology, 12. https://doi.org/10.3389/fpsyg.2021.621853 Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. Psychotherapy. https://doi.org/https://doi.org/https://doi.org/10.1037/pst0000317 Denning, M., Goh, E., Tan, B., Kanneganti, A., Almonte, M., Scott, A., Martin, G., Clarke J.Sounderajah, V., Markar, S., Przybylowicz, J., Chan, Y., Sia, C.-H., Chua, Y., Sia, C.-H., Chua, Y., Sia, C.-H., Chua, Y., Sia, C.-H., Chua, Y., Sim, K., Lim, L., Tan, M., Sharma, V.,...Kinross, J. (2021). Determinants of burnout and other aspects of psychological well-being in healthcare workers during the covid-19 pandemic: A multinational cross-sectional study. *PLOS ONE*, 16(4), e0238666. https://doi.org/10.1371/journal.pone.0238666

# **PICU Team Member Innovative Support Plan** Intentional caring practices to mitigate moral distress, secondary trauma, and burnout in the Intensive Care Unit. Ginny Leinweber, Kendel Richards, Jessica Roumillat, Leslie Leach, Elaine Beardsley

Assessment





The PICU and RISE leadership teams met to identify specific PICU needs and develop a multifaceted plan to support all roles with expanded focus. That plan included a survey of PICU staff to assess their knowledge of the RISE program and gain insight into what situations cause the most stress.

# Implementation

After the assessment the PICU and RISE leaders implemented the following components: re-education on RISE services and the plan for strategies to support staff; implementation of monthly virtual RISE sessions that offer safe spaces to discuss relevant themes or events; staff rounding by RISE team members, PICU nursing, and medical leadership to foster intentional discussions; utilization of trained RISE 1:1 peer supporters following adverse events; extra resilience education offered to PICU leaders and staff; structured debriefings immediately after codes/deaths; increased deployment of facility dogs during staff support rounding and acts of appreciation such as food to support them through difficult times.





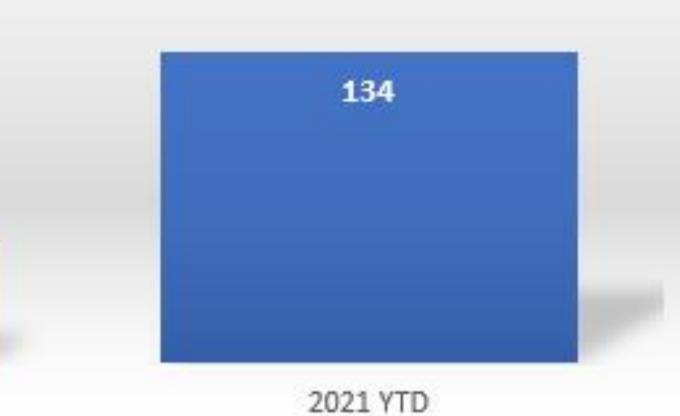
In 2020, RISE did 52 interventions in C11/C12 consisting support sessions, rounding, education and peer 1:1. In 2021 (January to September), RISE did 128 total interventions including training an additional 6 employees for peer support. This is a 158% increase from 2021 (partial) from 2020. The 2021 EIE showed the PICU remains in the 60<sup>th</sup> percentile for employees who say that their leaders care and create a trusting and open environment. Also, rounding comments emphasize the staff's acknowledgment of departmental efforts.

> C11 and C12 RISE Interventions (Rounding, Sessions, 1:1, Education) 158% increase from 2020 to 2021

52 2020

Continue to offer a multifaceted approach surrounding RISE support to staff and identify ways to broaden accessibility to all shifts and days. Even though evening sessions were offered, future work involves expanding night shift coverage and offering more rounding presence. By encouraging team member use of the Wellbeing Index, an online tool designed to measure burnout, provide valuable resources, and allow users to track progress over time, de-identified aggregate data may help guide future efforts to support PICU staff. Preliminary data shows that our critical care staff show higher levels of distress when compared to other areas in national benchmark data during COVID. Having a proactive approach can support staff during this very difficult time.

## Results



# **Future Implications**

References: