‘We are not paid to cry’
Developing Staff Support in Critical Care

Nicola Oldcroft
Senior Social Worker
Palliative Care/Intensive Care
Cicely Saunders Institute - Kings College Hospital London
Nicola.oldcroft@nhs.net
Aims

* To explain my role and background to this project
* To talk about the evidence base for developing a staff support group in critical care/intensive care
* To show how the group was started and facilitated
* To reflect on the evaluation process
* To discuss the outcomes from the initial 6 month period of the group
* To consider future developments to improve the support for critical care nurses
Background

* Kings College Hospital is a large teaching hospital in South London.
* Our specialist services are available to patients across a wider catchment area, providing nationally and internationally recognised work in liver disease and transplantation, neurosciences, haemato-oncology and foetal medicine.
* Kings is also a major trauma centre with 4 critical care units.
* There are approximately 950 beds in the hospital with just under 50 of those in ICU.
* Dealings with the major incidents of 2017.
* High rate of death in intensive care and patients often in crisis
* Social work role in intensive care providing support for patients and families – but what about staff?
* Sought to establish history of staff support and evidence base for a group
What was the evidence for starting the group?

* Liaising with nursing staff at all levels in the hospital
* Extensive reading around the topic – where had this been trialled before?
* Considered other things already in place and what had been tried in the past
* Meetings with head of nursing and other senior staff
* 6 month trial initially suggested – March- August 2017
What did staff say about the need for a group?

* ‘there is low morale’
* ‘we have asked for it, but it has never got off the ground’
* ‘it is good to have time out’
* ‘there is a high turnover of patients’
* ‘it is good to debrief about difficult things’
Who is the group for?

* Four intensive care wards with varying specialities – it was decided that the group would be open to all
* Initially thought to be more appealing to junior staff but band 5 up did attend including team leaders, a matron and PDN’s
* However it was clear that it was only for nursing staff at this time
* Nursing students did attend on one occasion
* Promoted through email, posters in common rooms, team meetings and word of mouth
* Open group – how do we ‘name’ it?
* No fixed agenda for each session but guidelines given to attendees
Who would run the group?

* One facilitator - social worker already working in intensive care
* Back up facilitator of colleague who worked in the same team
* Facilitator worked alongside nurses on the ward and joint working outside of the group was common
* Facilitator also new to critical care
* Addition of specialist nurse in July
* Named nurse representative in August
What was the format of the group?

* Started with once monthly meetings
* Monday at 3pm
* One hour in length
* Open discussion with no agenda
* In a meeting room in an administrative part of the hospital
* After 3 months it changed to every Monday at 3pm
* Open Group
* Facilitator waited for full hour, even if no one came
* Staff often did not arrive on time due to things happening on the ward
What were the aims and rules of the group?

* What happens in the Room, stays in the Room!
* No mobile phones or pagers (only in exceptional circumstances)
* Be kind to one other
* Give each other time to speak without interruption
* Help create a safe space to share the tough stuff that we experience working in ITU
* Disagreements are okay – conflict and fighting are not!
* Support is available if something is shared in the group that you need some more time to talk about
* Appreciate that we are all busy and respect one each other for making the time to be here
* No points of view or questions are stupid
How was the group evaluated?

**Evaluation Form**

<table>
<thead>
<tr>
<th>Name (optional):</th>
<th>Ward:</th>
<th>Job Role:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Why did I come today?
- On a scale of 1 to 10...
  a. How easy it was to come to the group?
     1 2 3 4 5 6 7 8 9 10
  b. How supportive were management of attending the group?
     1 2 3 4 5 6 7 8 9 10
  c. How supported do I usually feel working day to day?
     1 2 3 4 5 6 7 8 9 10
  d. How much will this group impact my work with patients and families?
     1 2 3 4 5 6 7 8 9 10
- What was the best part?
- What was the worst part?
- Would you come again?
- Any other comments.....
What happened in the first 6 months?
<table>
<thead>
<tr>
<th>Group Session</th>
<th>Attendees</th>
<th>How easy was it to attend?</th>
<th>How supportive was your manager?</th>
<th>How supported do you feel at work?</th>
<th>How much impact will the group have on your work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>7.4</td>
<td>9.4</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>8.8</td>
<td>7.8</td>
<td>8.2</td>
<td>5.8</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>7.5</td>
<td>7.5</td>
</tr>
<tr>
<td>6-11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>7.5</td>
<td>7.8</td>
<td>6.5</td>
<td>8.5</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>14</td>
<td>7</td>
<td>8.7</td>
<td>9.7</td>
<td>7.7</td>
<td>8.1</td>
</tr>
</tbody>
</table>
What did attendees have to say?

Why did you attend today?

*‘to see what it is like’
*‘to talk about certain issues’
*‘discuss challenges’
*‘after a major incident’
*‘show support to other staff’
*‘to debrief’
*‘I wasn’t on a clinical shift today’
What did the attendees say?

What was the best part of the group?

- ‘being able to talk freely/openly’
- ‘meeting nurses from other units’
- ‘hearing the experience of others and talking about my own’
- ‘sharing views of other staff’
- ‘talking about specific cases’
- ‘feeling that I am valued’
- ‘talking about end of life care’
What did attendees have to say?

What was the worst part of the group?
* ‘not knowing about the group’
* ‘getting away from the wards’
* ‘not enough people attending’
* ‘I am not able to attend during a clinical shift’
* Mostly people commented ‘nothing’

Would you attend the group again?
* Every attendee answered yes to this question.
Discussion

* Low attendance generally across 15 sessions
* Attendance not consistent
* Feedback generally supportive and shows support is there from management
* Every attendee has always been new to the group despite everyone saying they would come again.
* Variability in impact of the group
Discussion

* Feedback also taken from other staff who hadn’t attended
* The most common reasons for not attending:
  • Not knowing about the group
  • Not being able to get away from the wards
  • Not feeling it was needed
What did those who did not attend have to say?

* ‘3pm is the only time I get lunch/break, I would rather do that than go to a group’
* ‘It is not something that has been done before’
* ‘I didn’t know about the group’
* ‘I was not able to get away/short of staff/too busy’
* ‘We are not paid to cry’
* ‘I don’t need it’
* ‘I am fine’
* ‘My uniform is like an armour, it protects me when I’m here and I can detach when I take off to go home’
What are the conclusions and how to do we move on?

* Better publicity of the group
* Offer more than one a week?
* Change time/date?
* Change environment?
* Change facilitators?
* Consider a closed group
* Open to other staff?
* Do we stop the group altogether
‘The need for support is not a sign of professional inadequacy or personal weakness, but rather one of maturity and the recognition that staff need help to work well’
Morrissey (2005)
Thank you 😊
References

• Morrissey, J (2005) Staff support after trauma in A&E; Emergency Nurse vol 13 no 6 october 2005
• Hay D, Oken D The psychological stresses of intensive care unit nursing. (psyhcosom Med 1972;34;109-118
• Oehler JM Organizing a staff support group (Dimensions of critical nursing 1983;2:5; 304-309