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

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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

* Goals of group established to 'reduce stress' (Guillory and Riggin (1991), Astrom et al (1993), Spencer (1994), Granger et al (1995)), open communication and sharing (Weiner and Caldwelll, 1984) and forum for discussion (Parish et al 1997).

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

Name (optional):   Ward: Job Role:

- ❤ 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?

Group Session	Attendees	How easy was it to attend?	How supportive was your manager?	How supported do you feel at work?	How much impact will the group have on your work?
1	5	7.4	9.4	8	8
2	5	8.8	7.8	8.2	5.8
3	1	10	7	10	10
4	0	0	0	0	0
5	2	8	10	7.5	7.5
6-11	0	0	0	0	0
12	4	7.5	7.8	6.5	8.5
13	1	8	8	8	8
14	7	8.7	9.7	7.7	8.1

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?

* 'spm 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
- Parish C, Bradley L, Franks, V (1997) *Managing the Stress of caring in ITU: a reflective practice group* – British Journal of Nursing Vol 6 No 20