

BRIEF REPORT

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Toolkit to promote Paediatric Critical Care staff well-being: a report

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Abstract

Staff working in Paediatric Critical Care globally face many challenges. There has been a plethora of research conducted internationally indicating that staff working in these settings utilise a range of strategies to keep well. The Paediatric Critical Care Society in United Kingdom has created a well-being toolkit for all staff working in paediatric critical care settings both nationally and internationally. This toolkit is novel with 'lived examples' from units across the United Kingdom. The aim of this toolkit is to encourage well-being and normalise well-being discussions in Paediatric Critical Care. The toolkit whilst not an intervention, clearly outlines ten aspects of well-being that are crucial to ensuring that staff working on Paediatric Critical Care remain well. These include but are not limited to; spiritual, safety, psychological, environment, leadership, values and priorities and basic needs. Whilst the authors recognise the size of units internationally varies, these key aspects of well-being do not differ and are applicable to any unit. The authors envisage this toolkit as a resource that units can use for implementation of their well-being ambition and practices in an unexacting way.

Keywords Critical care, Health-care staff, Paediatrics, Well-being, Toolkit

It is widely acknowledged that Paediatric Critical Care (PCC) staff globally have high rates of poor mental and physical well-being [1–3]. Poor staff well-being impacts staff retention, staff morale, sickness, job satisfaction and most importantly patient safety [4]. Therefore, it is important that staff health, safety and well-being is supported. Staff well-being does not only involve improving mental and physical well-being, but also includes measures taken by the organisation to reduce negative pressures like stress. Studies to date have focused on using a wide range

of tools and interventions, such as the role of peer support groups, social activities for staff, and Clinical Psychologist input [5, 6].

The PCC environment is complex, challenging and varies based on geography with respect to resources, staff skill mix, policies and laws and culture. It is a multi-professional setting necessitating multi-disciplinary input. PCC can include Cardiac Intensive Care, High Dependency Care, General (non-cardiac) Intensive Care units and combined units [7]. The breadth of illnesses and age groups that healthcare professionals treat within this setting is variable. Workload presents in combination of planned, unplanned and emergency patterns.

Staff work rotational, unsocial hours within a varied shift pattern, often with long shift times that can negatively contribute to both physical [8] and psychological health [9]. Staffing shortages in PCC are widespread [10, 11].

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The psychological burden of caring for critically ill children and their parents is high, whilst ethical debates about goals of care, treatment, death and parental distress add to staff psychological distress and moral burden [12, 13]. Those in the early stages of their career are shown to experience this distress more intensely and for longer [3]. It is hence a priority to support staff well-being to allow for ensuring good patient care and experience while improving efficiencies.

Well-being can prove quite challenging to implement and measure [14]. With that in mind, the Paediatric Critical Care Society (PCCS) UK has developed this toolkit as a framework to guide PCC units, staff, and managers globally towards achieving sustainable well-being goals that can be replicated across Critical Care community. The toolkit acts as the first step in addressing the pressing call to action to support holistic well-being of PCC professionals.

Staff well-being is multi-dimensional. There are several key components that ensure staff remain well [3, 14]. The toolkit addresses these under the following headings- spiritual, safety, social, psychological, emotional, environment, leadership, values and priorities, metrics, and basic needs. The authors believe that meeting these components holistically will support an individual to thrive at work. This toolkit has drawn upon the literature to date and amalgamated the lived experiences from UK PCC staff to reach its present form [14, 15]. Well-being

is represented as a holistic concept in the form of a tree. The roots and trunk of the well-being tree are integral to any other efforts made by units to improve the health of the branch/es in focus (Fig. 1).

The toolkit is iterative so as to remain relevant, responsive and adaptable to evolving staff needs and ICU environments. Please see Fig. 1. It rests on the foundation of open communication at all levels, organisational buy in and networking amongst units. Some examples in the toolkit include

- Regular senior leadership rounds, engagement in Civility Saves Lives campaign, training and development opportunities for staff (Leadership).
- Conflict resolution workshops, communication course, pastoral care (Safety)
- Removing Barriers Programme at Manchester Foundation Trust which aims to increase the ethnic diversity of the hospital's senior leadership through positive action, conference and network interactions (Environmental).
- Regular annual unit surveys by the psychology team, peer support (Psychology),
- Development of well-being groups, PCCS Masterclass (Networking),
- Research projects related to staff well-being (Research)



Fig. 1 Well-being toolkit depicted as a tree

- Exit interviews, representation of well-being as an agenda item in business meetings (Governance)
- Multi-Faith room for prayers and considering religious beliefs of staff while allocating patients in particular at end of life (Spiritual)
- WhatsApp groups, well-being walks, group mindfulness sessions (Social)
- Professional Nurse Advocates, (Emotional)
- Access to forums for ethical debates (Values)

The toolkit envisions a supportive environment where PCC staff can access and engage in well-being initiatives. An example is the Greatix programme in the Bristol Paediatric Intensive Care Unit. This initiative celebrates success, excellence, and good practice.

Overall, the toolkit emphasises the significance of (1) good governance (2) inclusive leadership (3) civility; and (4) equality, diversity and inclusion initiatives. It promotes robust use of metrics to drive and measure improvement, emphasises on the need for financial commitment for well-being initiatives, and advocates a culture of collaboration and transparency. It encourages units and staff to access existing National and organisational well-being resources and initiatives like PCCS GRID Trainee National Masterclasses UK, Professional Nurse Advocates, ESPNIC Well-being Wednesday initiative amongst many.

The concept of well-being is depicted holistically as an interactive tree, with the main components represented as branches. The trunk and roots of this tree are made of elements that are overarching in their reach and impact- these could be local such as hospital specific management and HR, or National such as government departments or services NHS. PCC units can work their way through this tree and look to develop areas that are prioritised for their unit. The aspirational checklist (Additional file 1) supports the audit process and identifies areas for improvement. In addition, it provides real world examples of practice and serves as a platform to share best practice and lessons learnt from across the UK. These units are located in areas with varying socio-economic and cultural characteristics, hence providing transferability to other centres. The toolkit's iterative design allows the flexibility to be customised to the needs of the unit globally. This toolkit belongs to the unit- for the unit and staff to use as much or as little as they can with the resources available.

Authors propose that when senior employers and departments are auditing the well-being offers to staff, these ten areas are included. Staff can consider which of these domains they may want to prioritise in their own settings; example- for some units with high level of staff burnout, it may be having access to a Clinical Psychologist, while for others, the ability and opportunity for staff

to have reliable and consistent break times [16]. Units could start with one or many initiatives and review their need as they progress through their individual well-being journeys.

Administering this well-being requires operational support and role modelling from senior staff within the wider hospital. Its uptake will be enhanced through local stakeholder engagement- example through well-being groups and networks. Such an approach encourages not only staff to consider their own well-being but also normalises well-being conversations by opening up discussion(s) of well-being amongst staff [14].

The toolkit, although developed for PCCS UK, is generalisable for other healthcare settings and countries. The tool kit can be universally accessed by all via the PCCS website. Its iterative nature means it will develop and mature with time, feedback and evidence of evolving practice.

The authors believe that the way forward is by starting well-being conversations, focusing on well-being and self-care and an organisational culture and commitment of embracing proactive measures for supporting staff well-being. Well-being improvement measures will then potentially translate to improved job satisfaction, patient care, staff resilience, and overall quality of life for PCC staff.

The authors look at the toolkit as a collective and significant step in prioritising PCC staff well-being. It is also a motivator providing support and guidance, inviting staff to explore its resources, engage with peers, and start on their personal and team well-being journeys. The authors recommend further validation of this toolkit in different settings to address staff well-being needs.

We urge that staff working in Paediatric Care settings globally consider their own and their colleague's well-being to ensure that in spite of the challenges faced at work and in their lives, they remain well.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1007/s44253-025-00062-9>.

Appendix 1. Aspirational checklist for Paediatric Critical Care Units adapted from Highfield, D. J. (2020). *Intensive care as a positive place to work: workforce wellbeing best practice framework*. Intensive Care Society.

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Authors' contributions

Authors IB, PD and GS conceptualised the toolkit. DA, IB, ID, PD, and GS all contributed to the structure, format and writing of the toolkit. IB and

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Competing interests

The authors declare that they have no competing interests.

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