

From Overwhelmed to empowerment: Supporting staff returning to work in the ITU setting following long term stress.



Introduction

Covid-19 had a profound effect on healthcare throughout the world and critical care was no exception to this. In addition to dealing with the personal effects of COVID, the combination of the physical and psychological /emotional demands of working in ITU during the pandemic resulted in a high incidence of burnout amongst nursing staff resulting in high sickness levels. This in turn created an environment which was not conducive to staff returning to work.

What was evident from the onset was that physiological fear of returning to work featured highly as the main cause of anxiety for individuals.

Aims and Objectives

Our aim was to develop a therapeutic structured return to work process where staff felt that they would receive the level of support needed to manage the physiological and psychological pressures of returning and working in ITU whilst maintaining their mental health and regaining self-confidence.

Method

A structured individualised approach was used with all staff who had been off on long term stress. This involved having a dedicated senior sister to meet with staff whilst they were off and the staff to be allocated one sister to contact, this reduced their anxiety and supported their psychological wellbeing during this time. During the early stages of the individual's sickness, a discussion took place to agree how often and how we would undertake regular meetings. Thus, creating and developing an open, trusting, and supportive relationship between the employer and employee.

Monthly sickness meetings, were then conducted as per staff preference via TEAMS, telephone or face to face, these were supported by their dedicated senior sister, further facilitating and building of positive relationships.

When staff were ready to return to work, we ensured their dedicated band 7 was on duty to meet with the nurse in an environment which they were comfortable, such as the canteen or costa for a coffee. Over time this gradually build up to walking on the unit and catching up with staff members face to face. This was further supported with the senior sister discussing any fears, concerns and identifying any barriers or issues which could be addressed and eliminated.

Prior to return from long term sick, working shift patterns and phased return discussed and agreed by the nurse and senior sister. During this meeting educational needs and access to system requirements were also identified to support the nurse in a successful return.

Following staff members return to work, weekly catch ups were initially undertaken with an open door policy, to the senior sisters, this was then stepped down as per staff's wishes, as their psychological health improved.

Conclusion

The importance of supporting staff with a tailored therapeutic return to work which was adapted to meet individual needs was essential to a successful sustained return to work.

Key elements of the process was an identified dedicated senior sister to facilitate the development of a trusting and supportive relationship, ensuring that staff did not feel pressurised to come back to work before they were psychologically ready.

Staff returned and remained in work with ongoing one to ones, access to clinical psychologist, and support from the team, staff were offered breaks away from the unit, should they require and pressures allowed to maintain their psychological status.