Strength in the System: Caregiver Wellbeing in African PICUs

SPEAKERS

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Charlyne Kilba 00:03
Hello and welcome to the WFPICCS World PICU Awareness Week 2026 Podcast Series. I'm Charlyne Kilba, pediatric intensivist at the Greater Accra Regional Hospital in Ghana, and it is a great privilege to be here with my colleagues from across Africa. I'd allow them to introduce themselves. Ireen?

Ireen Machira 00:31
Hi I'm Ireen Machira, a registered nurse working in the pediatric ICU in the Mercy James center in Malawi, thank you.

Charlyne Kilba 00:39
Thank you, Ireen. Rohini?

Rohini Patil 00:42
Hello everyone. I am Dr. Rohini Patil. I am a pediatric intensivist. I work here in Nairobi at the Nairobi hospital in Kenya. Thank you.

Charlyne Kilba 00:53
Susan?

Susan Zakariah 00:55
Hello everyone. I'm Susan Zakariah, a pediatric emergency and critical care specialist working at the Korle Bu Teaching Hospital, Ghana

Charlyne Kilba 01:06
Thank you, Susan. Brenda?

Brenda Morrow 01:08
Hello, I'm Brenda Morrow. I'm a professor in pediatrics and child health and a physiotherapist working at the Red Cross war memorial Children's Hospital in Cape Town, South Africa, thanks.

Charlyne Kilba 01:20
Thank you all for being here today so the world PICU Awareness Week is a time in the year when we recognize the incredible work being done in the pediatric intensive care units around the world. And this year, our campaign is focusing on a very crucial theme, take care of those who care. Now, our goal is to highlight the importance of caregiver wellness that's a fundamental pillar of safe, ethical and sustainable pediatric critical care. And we all know that working in the P ICU is challenging across the world, but in low resource settings, the challenges are even more enormous, and usually as we try to tackle them, we focus mainly on factors directly related to improving patient care and much less on the well-being of caregivers. But supporting the people who provide care is essential, not only for our caregiver's well-being, but also it directly impacts the quality and safety of the care that we deliver to children and their families. So, in this episode, we will explore how teams across Africa are addressing caregiver well-being or share experiences challenges and some ideas that we hope would help all of us build healthier and a more supportive work environment for all our caregivers. So, we'll get right into Ireen, what does being taken care of at work mean to you? What should it entail?

Ireen Machira 03:00
Thank you, Charlyne, as for me, being taken care of means having enough people on duty as the patient and nurse or doctor ratio should be something that is reasonable to make sure that people are able to emotionally recover instead of rushing from one critical care, one critical patient to another, so having enough people on Juda is one of the ways you can take care of health workers. Thank you.

Charlyne Kilba 03:31
Thank you. Ireen, what about you? Susan, what would make you feel cared for at work, or what makes you feel cared for at work?

Susan Zakariah 03:42
Thank you. Charlyne, you know that PICU is a fast paced, high stress environment, so when we talk about wellness, we're not really talking about the absence of stress, because that's not realistic. It's more about finding

a sense of peace. In spite of it, the PICU is an ecosystem. It involves the patients, their families and the health care team and the well-being of each member deeply affects the other. Importantly, wellness is multi-dimensional. It includes systemic support as well as mental, physical, emotional, financial and spiritual well-being. I think at its core, wellness in the Piku is about creating an environment so that everyone, not just the patient, but those caring for them, can function, cope and even thrive in the midst of their intensity. Thank you.

Charlyne Kilba 04:42
Thank you very well put Susan. Brenda, what does being cared for translate to an everyday work for you?

Brenda Morrow 04:50
I think there are a number of factors, but for me, the most important one that impacts on on my feeling of wellness and well-being and. And is really a feeling of belonging. It's being seen and being valued within the interdisciplinary PICU team as an equal and important member of that team and having a voice to be able to express my feelings and my opinions within that space. I think that that is the most important aspect for me, although there are a number of other factors as well. Thanks Charlyne.

Charlyne Kilba 05:23
All right. Rohini, anything else you would want to add on?

Rohini Patil 05:30
Well, I totally echo with the thoughts that have been just expressed. Yes, for me, again, it is recognizing the emotional and the psychological impact that comes when you're caring for critically ill children, particularly you know, in situations, mainly life limiting illnesses, or when you know, you know, most of them medically futile, kind of situations where you still have to continue giving care. So, this really creates significant moral distress for most of the healthcare providers, and this might go a long way in kind of creating burnout in the staff. So, I think it is so important for us to just maintain that kind of resilience and health balance, you know, a healthy balance between professional and personal lives. So, I think psychosocial care would mean a wellbeing for me. Thank you.

Charlyne Kilba 06:36
Thank you all. So, as we're deliberating on caring for our teams, Ireen, can you share with us one of the day-to-day experiences as a nurse in the pediatric ICU in Malawi that adversely affect your well-being that we should look at addressing in our efforts to care for our carers?

Ireen Machira 06:59
Yes, thank you, Charlyne and one of the most common incidents that we face in Malawi is that we have increased workload. It might happen that on a shift we have a patient that was admitted, and maybe unfortunately, they have passed on, and immediately we have to take in another patient, because we have limited beds, so this increased workload leads to emotional exhaustion, as people do not have time to process their emotions or just find a place to vent out. So, we move with unresolved stress from one patient to the other, which can affect even the delivery of care that we give to patients. Thank you.

Charlyne Kilba 07:47
Thank you for sharing that. Indeed, it can be very emotionally draining. And unfortunately, this is not a rare occurrence with a high turnover and high mortality rates in most pediatric ICUs in Africa. Susan, you are the only intensivist on your unit that's a heavy load. Can you share one of the I can imagine, many things that affect you and colleagues like you that you would want to bring to our attention?

Susan Zakariah 08:18
Thank you, Charlyne. So, we have to make really difficult decisions every day in Ghana, we have only 0.1 to 0.3 PICU beds per 100,000 population, which is woefully inadequate. Imagine you have one free PICU bed and you receive simultaneous calls from two units within the hospital on one hospital outside asking for a PICU admission for an ill child. How do you as a human being with finite knowledge and understanding decipher which one of these children has the best chance of survival. This is not a hypothetical situation. It's an all too frequent challenge that puts a heavy emotional burden on the team, because every child is precious. At times you are unable to cater for the needs of a child, or you have to prioritize one child over another when you cannot help all children equally, it makes you feel helpless, sad and sometimes guilty. Another challenge is the financial structure of our health system. Many essential interventions, like central lines, blood gasses, medications require out of pocket. Payment is heartbreaking when a child's survival depends on something basic their family cannot afford. And permit me to add to the point Ireen made about limited staff, this is something you Charlene can identify with being the only. In service in a facility means you're essentially on call 24/7, and that makes it difficult to step away or rest, which affects overall well-being.

Charlyne Kilba 10:15
Yes, as as you spoke, a lot of it resonated so so much with me. Like we do have very difficult situations in most of our facilities with limited bed spaces, very few trained staff, and yet we have the highest burden of of death and as such, critically ill children in most of these low resource settings, so definitely, a lot of emotional and physical stress on on everybody in the team. Rohini, is it any different for you? I know you work in a private hospital in Nairobi. Is it any different from the picture in Malawi and in Ghana?

Rohini Patil 11:02
Thank you, Charlyne. Yes, I do work in a private setup, and on many days, I can say we are fortunate. We have a multidisciplinary team. We probably have just enough resources to deliver good care. However, one situation, we just you know, all this sense of stability and so to say luxury just disappears very quickly, is a state of brain death. Child, you know, as a tertiary center, we receive referrals where families just arrive with the hope that a higher-level facility will have answers to it. Yet we know the brain death situation is so devastating here in Kenya, I think the problem really is that we do not have clear legal framework around brain death. And so what really happens is the family and the ICU team, we can kind of end up in, you know, painful, long limbo, because we have to continue full ICU care indefinitely, you know, and that could involve multiple resuscitation and all that you know, knowing that this is completely futile. It can be so emotionally draining, and at times it reaches a point where now the family is also quite financially strained. So, this can take a lot of heavy toll, toll on the caregivers, and that involves everybody, the doctors, the nurses, the wider supporting clinical team. So, because, because we are asked, you know, to keep doing everything while, while, also the reality, we know that there is no recovery ahead, yeah, so I think that that's what actually is of concern to me. Thank you.

Charlyne Kilba 13:05
Yes, working in PICU, especially within our settings, is indeed very challenging, and this emphasizes the need for awareness and intentionality about caring for the carers. So, I'll just start with with you, Rohini, since you literally just sharing, finished sharing your challenges, can you also share any interventions that your team, your unit has put in place that has helped to address some of the challenges that have been raised.

Rohini Patil 13:43
Sure Charlyne, thank you for that. So, as I said, the acute conditions of you know, resuscitation or sudden destabilization can create quite a bit of emotional rain to the team. So, we do quite a bit of debrief in such situations. And when I say debrief, it's actually just trying to give a safe space for the members of the team to just release the emotions, you know, and also to try and reflect on on, of course, what what went wrong, what went right? That is part of it, but actually just trying to give them space to vent out their emotions. I think that is very helpful. Secondly, you know, at times the major frustration comes from when the team feels like we are not really doing our best. Probably we know that, you know this case, we really can't afford care. So, in that situations, we try and involve the team in the family conferences, where we sit down and we try and talk to the family, give them a lot of detailed updates. What that does to us is it. Helps us bridge, you know, understanding and also identify what kind of support this family would need. Would it be spiritual, psychological, social? So by doing that, we could offer some, some kind of care to the family, even though we are not able to offer cure and that kind of gut feeling could actually help us to know that we are still trying to provide some kind of care to this family. Lastly, during our handover sessions, we we try to support a form of kind of a structured reflection, especially in the nursing team, and it's so nice to see this in our unit. They take a moment after they have really handed all handed over, all the technical aspects, all of that, we just take a moment to share how hard or how easy a few aspects of care have been. In this particular case, what it does is it just gives a sense of, you know, a bit of prepares this next staff who is entering into the shift. And overall, I think it's just trying to look out for each other. A lot of leadership also comes into play, just trying to make sure that that one member of your team is taken care of you know, just frequent check ins into them, checking, trying to check on them, if they're doing fine. I think all of this is what we are currently trying to do in our unit. Thank you.

Charlyne Kilba 16:36
Thank you Rohini. Susan, as a relatively young unit, what interventions have you implemented that have been beneficial to your team?

Susan Zakariah 16:46
Thanks Charlyne. So for many of us in Ghana and I believe in Africa, it starts with spiritual well-being, and prayer is important, especially when we're making difficult decisions and as a team, we actually pray before rounds, because we recognize we need extra grace to make it through, to cope, indirectly, we try to address the challenges that make us struggle so capacity building so that there are more trained people to care for their patients. We collaborate across ICUs as much as possible to distribute patients who need care. If I don't have a bed, Charlene is the first person I'll call and vice versa. We also involve the relevant staff specialists when making difficult decisions, so that no one carries the burden alone. We raise funds for patients in need, and in my facility, we have an annual advocacy campaign protect my little lungs, and it was really born out of heartbreak,

tears shed after one too many completely preventable deaths. We kept seeing children who aspirated after being phosphate, or kids who after accidentally ingesting a poisonous substance, were given palm oil to drink, a local remedy that unfortunately can cause severe lung injury. So, this campaign was our way of turning that pain into action and raising awareness to help prevent these avoidable tragedies. More direct coping mechanisms we use involve watching out for each other. If we realize one person on the team is struggling after a mortality, a close friend of the person will be called to come in and help comfort the person. It's considered an in-house emergency. We have team building activities. At least annually we do something fun together as a unit. This year, we rented an Airbnb for the whole day and had activities, fun games and food, and talking about food eating does wonders, and culturally, we also like dancing, and that's a great way to relieve stress. We also celebrate the positives with a fan board that highlights memorable moments. It has pictures of our patient survivors and encouraging Bible verses and even lighthearted awards within the team in our most recent board staff were nominated for things like never come shift, foodie and calm during a good so these are some of the things we do collectively to help our well-being. Thank you.

Charlyne Kilba 19:45
Thank you very much for sharing that I'll definitely be taking the fun board home with me. Yes, Ireen, are there any other interventions that haven't been spoken about? Year that your team has instituted to help cope with the emotional and physical strain of working in the pediatric ICU?

Ireen Machira 20:10
Yes Charlyne at message James, they hired a professional therapist for one-on-one consultations with health workers, which helps us to alleviate stress and prevent us from experiencing burnout. And as a unit the PQ, we also have tea parties, what we call tea parties every Monday, where we just sit down and chat over tea on what everyone is experiencing and any areas of concern. Thank you.

Charlyne Kilba 20:42
Thank you very much Ireen. Brenda, it's obviously a very high pressure, very emotionally, physically draining place to work. Can you share any additional interventions that we can adapt to help build our resilience, because, as Susan said, that stress doesn't go away. We just have to learn how to to manage it better, so that we were able to live the best lives we can and the very difficult situation. So, any tips on building resilience as individuals and as teams?

Brenda Morrow 21:24
Yeah, thanks. Thanks, Charlyne. I think you know, my colleagues have really spoken very, very personally about the challenging aspects of PICU work across the continent, and it clearly affects all of us very deeply. It's deeply personal. It's emotional, and unfortunately, as you've said, and as my colleagues have said, many of the stresses really cannot be changed, because the nature of the job is that we are dealing with critically ill and dying children and their families every single day. But I think we've heard some examples of how we can maybe change how we relate to those stresses. How can we find meaning in what we do? And they different ways that we can do that through through things like debriefing, which we've heard about, and building these support structures within the PICU workplace. And I think we can look at this from an individual and from a team based perspective, because all of us need to work on building our own resilience so that we can physiologically and

psychologically adapt to and withstand all the challenges that we face in the PICU so similar to a rubber bouncy ball, we all need to be able to bounce back after we experience a particularly stressful incident or a stressful period, for example, like Rohini was describing, if nurses are required to take care of a child who is already brain dead, that may introduce considerable moral distress, there's really good evidence, I think, that healthcare professionals with strong, healthy resilience are significantly less likely to develop burnout, post-traumatic stress disorder, depression and anxiety. But to prevent that, we have to be proactive. We need to prevent the moral distress, rather than waiting to treat the complications once the damage has already been done. So, all of us need to be thinking about a resilience plan. And there's a saying that I love that really captures this. If you listen to your body when it whispers, you won't have to hear it scream. So individual resilience we can all try and build through self-care, self-awareness and maintaining a healthy work life balance, which we've also heard our colleagues already doing to a certain extent. I think some people might think this is simple, but it actually is not. It requires very deliberate ongoing attention. We actually need to be very self-aware. We need to identify our own personal strengths and our own risk factors for burnout. We need to pay attention to setting professional and personal boundaries and becoming more aware of our own emotional responses, especially during stressful times. We also need to be realistic. We need to look at the expectations that we have of ourselves and of others, and again, try and find meaning in our daily work. And I think when things get difficult, we need to prioritize being kind to ourselves. And I think that's often difficult. We all are givers. We all are so focused on on other people always, that actually prioritizing ourselves is sometimes challenging, but we do need to take the time to rest and restore in whatever way is genuine, genuinely meaningful for you. So, for some people, that's exercise or being outdoors. For example, myself, for others, as Susan was saying, there's spiritual practice, and Ireen was also saying spirituality, it might be music, dancing, journaling, art, or just spending time with your family and the people you love. It actually doesn't matter what you do. It really relates to the intention being. Behind it. So, if we are going to be practicing true self care, we have to have ongoing attention to multiple aspects of our well-being, and that's physical, it's psychological, emotional, spiritual, social, nutritional, even making sure that we are well nourished, that we are strong, to be able to care of others. Because if you neglect any of those aspects, there will be a cost to ourselves, and that will impact on our patient care as well. And then there's another dimension as well, because focusing only on our own individual resilience is not going to prevent staff burnout. If the work environment is also not appropriately supportive, or if the workload is simply unmanageable and expectations unreasonable, it's not reasonable to expect an intensivist to be on call 24/7, throughout a year. That that is not something that is sustainable in the long term, and we can't build our way out of a broken system just through personal willpower alone. Much as we would like to be able to do it, we really need to quite systematically build the resilience of the whole PICU team, individually and together, and that needs to be an active and intentional process. And that process would include providing all staff categories, from the cleaners up to the intensivists, with information, training and education that they need to build their own personal resilience. But it also needs the managers to redesign the systems to look at their work rosters, to allow all individuals to have sufficient downtime to make sure that the schedules are reasonable and the shift patterns and the workloads are equal and equitable. So, we need to be creating both formal and informal programs. And I love the idea of team-based team building programs of press prayer, if that is appropriate for your setting. But these are all programs and systems that really genuinely support your team. They allow everyone's voices to be heard and respected. It's not a box ticking exercise. It should be a core part of how every unit operates. And so a closing word, I think working, working for me on resilience, both individually and as a team, I think is challenging, and we can acknowledge that, because it does require self-reflection, commitment and a willingness to invest in

something that is quite difficult to objectively measure, but I think that we do have sufficient objective evidence that working on resilience is worth it, because we've seen that a happy and healthy workforce is an effective workforce, and clearly both our staff and our patients across the entire continent are worthy of that investment. So Thanks, Charlyne for for listening to that.

Charlyne Kilba 27:46
Thank you all so much for sharing your experiences with the broader critical care community, highlighting challenges that cut across most of Africa and ideas on how we can improve our well-being. We cannot, after all, pull out of empty vessels, and we need to be able to listen to our body when it whispers so it doesn't have to scream to get our attention. So, let's be intentional about taking care of those who care. And I hope that all of you who listened in have gotten a few tips as to how to promote the caregiver's wellness. Thank you for joining. Thank you for listening. Thank you all for your contributions.