

Connected Care: Wellbeing Across PICU Networks in Oceania

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Hello and welcome to the WFPICCS World PICU Awareness Week 2026, podcast series. I'm Jacinta Winderlich, PICU dietitian at Monash Children's Hospital in Melbourne, Australia, and researcher with the Monash University, antc RC and Department of Pediatrics. This is a time of the year when we recognize the incredible work carried out in pediatric intensive care settings around the world. This year, our campaign focuses on a crucial theme, take care of those who care. And today, it is a great privilege to have with us, Dr Liz Crowe, who is the ideal special guest to discuss this important topic. The goal of this year's theme is to highlight the importance of caregiver well being as a fundamental pillar of safe, ethical and sustainable pediatric critical care. PICU professionals face intense, emotional, ethical and clinical demands every day. Supporting the people who provide this care is essential, not only for being but also for the quality and safety of care delivered to children and their families. In this podcast series, we will explore how teams across the world are addressing caregiver well being, sharing experiences challenges and ideas that can help build healthier and more supportive critical care environments, and in this episode, we're focusing on the incredible work being done in Oceania. Let's get started with a warm welcome to you. Liz, could you please tell us a little bit about yourself and your work?

Hi everybody. We've got two Australians on today, so that's pretty exciting. My name is Liz Crowe. I worked as a pediatric intensive care social worker for about 25 years in the hospital here in Brisbane, and then I did a PhD looking at risk and protective factors for staff who work in pediatric intensive care. And that was all staff, the multidisciplinary team, including our administration staff, our you know, researchers, our clinicians on the ground these days. I work as a staff wellbeing specialist at the Royal Brisbane and Women's Hospital, which is a big adults hospital here in Brisbane. And I'm an academic as well at University of Queensland as an adjunct associate professor doing lots of research on wellbeing.

Excellent. Thank you. Liz, as we noted at the start, you're definitely the ideal special guest and bringing together both that clinical experience and the academic and research perspective as well. So what were your thoughts when you found out that this year's World PICU Awareness Week. Theme is caring for

those who care. To be honest, I love it, and I also have a bit of an eye roll. I have a huge amount of frustration around this. Like, obviously, wellbeing is my thing. However, when we look at wellbeing research that's being done in PICU, and in the broader context, on the whole, we're only focusing on negative subject matter. We're only looking at burnout. We're only looking at PTSD. We're only looking at psychological distress, anxiety, depression. We are on the whole, never looking at what keeps people in the organization, what's interesting about the work. When we have done research in PICU, what we have found is that a lot of what, what keeps people in the work is the meaning, meaningfulness of the job. That's not just not what is happening with the patients and how meaningful that work can be, including how in meaningful and important a good death can be so we often think about death as being distressing or traumatic, whereas the research doesn't show that people who are really committed to the process actually really feel quite fulfilled about it, as well as feeling sad. We don't look at the importance of stimulation of the team environment, all the things that actually keep people in there. I guess I'm frustrated and I'm eye rolling, because I think that we are spending an enormous amount of time

looking at individuals, what we can do to be more resilient, or what we can do

to ensure our own longevity, whereas the science is very clearly saying that people who are attracted to pick your work are pretty tough, like they're pretty normally at the top of their game. Whatever your discipline is, you're attracted to the work because you like critical care. You like the fast action pace. You like that. It's stimulating. You like that. It stretches you. What's harming people is the system. So we keep throwing individual solutions to what is a systemic problem, and we're never going to be able to yoga or Cal cold floor our way out of shortfalls and rosters unrealistic, you know, targets for better. Numbers. You know, that's not the way that this is going to work. And so what's actually harming people is normally the system. It's not the work.

Thanks, Les. I really like that idea about focusing on the positives rather than the negatives, and also taking the onus off the individual and focusing on the organization and the service. What are some of the strategies, or what should we be seeing from our organizations and services? Then, based on your work and what you've discovered,

look, there's many components to wellbeing, and definitely, we've got to take some individual responsibility for our own wellbeing, so the things that we can control is united. Who you choose to hang out with your own behavior at work. We know that if you're working with a team leader who's passive aggressive, who is bullying, nitpicking, micro managing, etc, there's no amount of juicing that's going to fix that. But I guess there are things that we can take responsibility for, like making sure we've got allies in the unit. Make sure we're holding people to account, making sure that we're moving every day. That's not necessarily because, you know, everyone's in quick care and type A personalities that you have to run a marathon, but that is, you know, like, make sure you're doing some form of physical activity. Make sure you get good fresh air wherever possible. That's much easier to do in a place like Australia, as opposed to, you know, if you're in the Netherlands and it's freezing cold, or you're somewhere where it's very hot, but make sure you've got some connections with nature. You know, try to look after your sleep. Again, a very a more challenging thing to do if you're on a rotating roster. So there are those things we can do individually, on a team level. There's lots we can do for each other. So that is like mentoring, supporting, bringing your sense of humor to work, not always minding our language where we're

noticing that more and more people are coming into this work sensitized to harm. So people are starting their first day in PICU believing they're going to be harmed by the work. So for those people who are older, like I am, you know, let's talk about what's kept us going, what what attracted us and what has kept us in this challenging environment. Because for most of us, the challenge that paradoxically, the challenge is what keeps us there we would be our well being would be so much worse if we were in a boring old outpatient doing nothing exciting, everything, every single day. So we've got to be careful of the way we use language for ourselves and for others, and we've got to, you know, know what is our responsibility, and then think you know what's not your circus, what's not your monkey?

Great, lots of good tips in there for ourselves, but also our colleagues. I noticed you touched on leadership and senior colleagues there. What does good leadership look like in terms of clinician wellbeing, so either those formally in leadership positions or those with more seniority,

that's a good question. So let's talk about trust and psychological safety. And we know that in terms of leadership, there are three components that you must have to build trust, right? So the first one is, in an environment like PICU in particular, you need leadership where there's clinical competence. So the last thing we need is a team leader or a medical person leading the team who doesn't have clinical competence. They can be the nicest person in the world. We're still not going to have trust. So we we've got to know that they've got confidence that they know what they're asking us to do, that they can help us achieve those tasks. So number two is authenticity. You are who you say you are. So the research shows that people would rather work with a sociopath you know, someone that they know is going to be evil, nasty every single day than someone who's moody. Now that is not saying, please, by all means, bring your best sociopathic self to work. I'm not saying that, but I'm saying that moodiness, where people never know what to expect from a leader, is very destabilizing for a team. So being consistent, being authentic, being who say you are. I get very frustrated when I hear people saying, just be kind. I'm like, Okay, you're not even using a nice tone in your voice. So that's not being kind you know, kindness, compassion that is determined by your team. Psychological safety is determined by your team. It's not because you're saying this is a psychologically safe space. It's determined by the T so as a leader, the third component of trust is empathy, and that means that you are someone who can lean in and have an appreciation that someone else. Is feeling differently to you, that is having emotions that are different to you. And sometimes people say to me, I'm just not a very empathic person. That's okay if this doesn't come naturally to you, but you can still present as an empathic leader if you think you know what Jacinta is, not herself today, she's not her happy go lucky whatever self today. I've got a fantastic nurse on her. I've got a great social worker. I'm just going to have a little whisper in their ear to say, can you go in and check in on Jacinta? And then that's still about caring things. So just to summarize, the three parts of trust that you need to have with anyone is competence and or logic, that people know what what they're doing clinically, they've got the skills. The second is authenticity, and the third is empathy. We could all

certainly strive towards working on those three things in ourselves, and everyone's to benefit from that.

Thank you. So what people want from leadership is not just kindness. They want people who they can trust be engaged with people who will grow them. So I always said say this when, in fact, anyone comes onto the PICU floor, whether they're a nurse, a dietitian, a doctor, we all say the same thing, who is on like, who is the medical

lead today? Who is the nursing lead today, and we're asking that question because that will determine what our day looks like. So you want to be the sort of leader, you want to be the sort of team member that people see your name on the board, they see your name on the roster, and they're excited to work with you, not because the work itself is going to be easy, like, paradoxically, our work is never easy, and it's not a marker of wellbeing. So we are going to feel sad that that's not necessarily harm to your wellbeing. So what we want is people who can really like, help grow us. Help. Be fun, be aware of us, see us as human beings, not just as a person who can take a patient for the day, and then we need to stop, stop talking so much about harm. We've got to be mindful of our language, because, as I said before, paradoxically, the only time in the PICU, whether you're the dietitian, nurse, social worker, doctor, admin, person, that you will be at the top of your game is when someone is trying to die, right? So that stretch will that challenge, it's it's always there for that for us, and that doesn't mean you're going to be harmed by it. Such great points.

I think we all want to be one of those people where everyone's excited and pleased to see that you're rostered on for the team for providing the care in the unit for the day?

Yes, and that's the goal. Like we are actually we can be responsible for that. You can be a great maker or breaker of well being for yourself and for others. I think

we've got one of our key takeaway messages right there. Moving on to without stating the obvious, but what are the potential harms if we don't get clinician well being right? And we don't at all levels consider this? So I

think systemically, one of the big threats we've got around the world is we're not going to have a workforce by the year 2035 I think the prediction is we're going to be 25 million people short for healthcare professionals and the organizations, hospitals and or units who will stay fully staffed are the people who will understand this and create a culture and an environment where people want to stay we did some really interesting research in the UK during covid, and this was at a time where there were lots of deaths amongst healthcare professionals. There were a lot of deaths in the community. This is before we had vaccinations, and before even we had PPE, right in the height and peak of the unknowns. And we spoke to people about, why did you still come to work? And everyone said the same thing, because we were so worried about our team. You know, we wanted to be there for our team. No one talked about the patients. They talked about being part of this team. So we know that fundamental to the whole idea of well being at work is this sense of belonging and connection to the team that people see your skills, respect your skills. They see you as a human being. They remember your dog's name. You have fun when you're with them. You feel safe. You know that they've got your back. That is like fundamental secondly, is this whole idea of meaning and purpose that we're very clear about, why we're there, what we're trying to do, and that doesn't always have to be altruistic. That could be, you know, that we found we find the procedural part of PICU really exciting. That could be, because PICU pays well, and your kid needs new braces. You know, it doesn't have to always be altruistic. And the third is. Mastery of skills, so that people want to know if you've come to pick you you are someone who likes to be extended. That's not harming your well being, that's actually helping your well being. It's who you are, right? You like a little bit of stress. Otherwise you would have went and done another sort of specialty. And so we know that people want to keep learning and growing and and engaging with this work in a stimulating way. So you want to create an environment where learning is constantly happening in the ward round, where you are in a team, where there's constant debriefs, where you

get the chance to think, how could we have done better? Where were the points that we were brilliant? How do we replicate that next time, and where are the things that we actually need to tweak or change?

Excellent that all definitely fits with us. Looking at caring for those who care. I'm interested to know through your work, have you had direct feedback from families and patients in relation to staff well being and when they can see when things are going well or not

during the course of my career, I was surprised, even when people were suffering or were were facing the pending death of their baby or child, how often people would say, I don't know how you do this job, and I think we Should have our own script ready for that question. So the first thing I would always say is, like, there's, there's so many wonderful things about this job, and there are, you know, like the majority in the Western world, in particular in PICU, our mortality rates are less than 3% like, it's all we remember, right? We don't focus on the positive, but 97% of people, you know, they're there, they will take their kids out of there. Now, not all of those children will go in the same way. Some of those children are, you know, irreversibly harmed, not usually not because of us, because of incidences prior to getting into the PICU. However, I think we need to think about like families are watching us, we can't say to them, Hey, you need to go home and rest. You need to eat well, when all they can see is the same faces, people yawning, people caffeinating, people living off sugar. Like we've got it, we've got to mentor and role model for our fight, for our families, but also for each other because all of this, our brains love patterns. Our brains love habits. And we know that. You know, if you work in a PICU environment where everyone eats at the desk in front of the computer, then that's what everyone else will do. These are not good habits for well being. They're not what we want to demonstrate to families. So I think you know, for me, I used to always say the work was incredibly humbling that I have never asked more than my of myself than I've asked of a family member, because I haven't PICU families. Never had the choice to be in that environment. I always had that choice, and I think it's important to remind ourselves that we do have a choice. For some people, PICU is a great place to work just for a small period of time. You know that doesn't mean you weren't a brilliant clinician while you were there, but maybe it's not your forever place because it's too high acuity, or you find it too distressing when you have your own children, it just brings a different, you know, lens to it, or whatever. Then there are other people who come for a significant chunk of times, and then there will be life as, you know, like people who've been there forever. So my husband is a picky consultant. He's been working, you know, in that environment for over 35 years. He absolutely loves it. He's dreading when he is no longer able to be at the pinnacle of his gain, because his messaging to himself, and then his experience of the work is still, I love this work. I love the challenge of it. I love the meaningfulness of it. I love the team that I'm working with. I love the fan leagues and that no one loves it every single minute of every single day. That's unrealistic, but you want to, you want to love it and feel committed and passionate to it most the time. And if that changes, ask yourself, do you need a break? Do you need time off? You know, is it time for a change? Would it be good to go and do some project work? Or maybe your time in PICU has ended, and that doesn't mean it's been a failure. It just means for you, it's time to go and do something

else that's so important. And I think validating for people to hear that it's okay to recognize if it's time for a change or a break or to move on to the next career chapter. So thank you for highlighting that absolutely. Liz, it's great for us to see increasing conversations about staff wellbeing. What's maybe an angle that hasn't been covered enough, or is maybe something more emerging.

So I think in the PICU environment, we probably don't talk enough about the difference between sadness and distress and harm, because they're two separate things. So if I feel deeply saddened by the death or the injury. Injury or the alteration of a family in a child's life because of illness or injury that makes me human, that doesn't make me harmed. So I can feel deeply distressed. Maybe I might even go home and cry. Maybe it might wake me up a couple of times during, you know, the next couple of nights. Again, that doesn't mean I'm harmed, but I should, if it's something that's quite new to me, I should have a level of curiosity to that, to think, Okay, what? What about this case is sitting so heavily with me? Is it because I feel like I've got a level of responsibility I could have done better, something better, differently, ask for my help that might have led to a different outcome? Is it because this child is the same age as my child and I'm over connected, you know, like I'm relating to myself? Is it just because it was really sad, it was a lovely family, and we wanted them to have a different outcome? But that still doesn't mean necessarily that you're harmed. The research around well being, and particularly in somewhere like PICU. Again, the paradox is we can only be at the best of our game when things are going pear shaped, where things are really challenging. But for a lot of people who are listening, if you're honest with yourselves, you like that level of challenge. So that's no harm in terms of the distress kind of grief piece, I guess people say, like, do you get to a point where you're just so burdened by everyone's sadness that it kind of destroys you? And I remember my early 20s, where I used to, I used to, like, hand of heart, drink too much alcohol on the weekends because the PICU work. You know, it was like my coping strategy. I don't drink alcohol at all these days. And it's not because alcohol was a problem. I just it wasn't. It wasn't working for me. It's not. It's not a well being strategy, right to get drunk on the weekend. So I think it's about saying, Do you know what your default is when you're feeling really distressed? You know, because we love habits and patterns, what's your default numbing behavior? Do you tend to have a bad day at PICU and go straight for fast food? Do you tend to shop, gamble over exercise, avoid, suppress, you know, like, what? What's your default and is that serving you? Do you have people that you know that you can go to and just unwind with and unburdened, and my research shows that most PICU staff don't do that with their family and friends unless they work in health. All right, so we do it with it you. That's why the teen is so important. We share those things with others. I mean, some of the things that we see in PICU, and for me in particular, as a clinician, it was the Child Protection stuff that always really cut me to the core, and I would say, impacted my well being for a period of time. What we're what we're bearing witness to. Most people will never even dream of seeing a single incident like that in their entire lifetime. And we do it for a work. It doesn't mean that's going to harm you, but it doesn't mean that you can just, you know, hope that you get to an age where it doesn't impact you, or hope that you're going to be more resilient. Hope this not a strategy. You have to have an actual well being kind of plan for yourself in place for when these sorts of things happen. So I guess if I could give any take home, it would say, if you really want to focus on your well being, focus on three things. Number one, what is the system and what is about you as an individual, right? Because some of the system stuff, you can expend an awful amount of energy, and it's not going to change. And if it is a systems problem, is it something that you can endure and survive, or is it something that is actually going to make you leave be clear about that. Number two is, think you've got to be really self aware to look after your own wellbeing. Like really self aware, know, like, what your default is? Everyone knows that I eat chips when I'm sad or fries when I'm sad. You know that can't be my default. I can't eat fries every single day. So what are the other things that work? So for me, it's music, going from walk outside, having a shower, laughter, you know, all of these things I find very protective of my well being that I need to know like, Oh yeah, look what's happening today. How am I going to booster, look after, protect my own well

being, knowing that that that for that to happen. And the third thing is habit, because your brain loves patterns and loves habits, and you want to make sure that the things that you

continuously do are things that actually help in your well being, not hindering. So we can tell ourselves, lying around when you're not on shift, watching 13 hours of, you know, Netflix or something while eating chocolate is helping your well being, but it's not, you know, like it's not going to energize. You, it's not going to help you solve the problem. It's not going to resolve your sadness. You know, if you've got a bully for a boss, it's not going to cure that. So make very sure that you are having habits that are actually going to help your well being, not hinder them.

Thank you. Liz, lots of great takeaways there. Speaking of takeaway, it's validating to know that you two also eat chips when you're sad, I eat them as well happy and everything in between. So thank you for sharing my default I'm with you.

It's not just sadness, it's happiness. It's like every single thing that's going on, I love chips.

Thanks Liz for those great take home messages and the conversation today, I'm sure our listeners will have gained much from this, as have I we encourage everyone to get involved in World PICU Awareness Week 2026, to check out the other podcast in the series, and we look forward to welcoming everyone here in Melbourne, Australia in September for the World Congress. Thank you.