The Culture of Care: Supporting PICU Staff Across European Systems

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Hello and welcome to the WFPICCS world PICU Awareness Week 2026 podcast series. So I'm Janet Mattson. I'm a professor of healthcare science, and I located at the Linnaeus University in Sweden and University of South East Norway. I'm a children's pediatric nurse in as profession, but that's also what I research, and that's also how I'm involved here through espnik, and then with pics, I'm so pleased to have you here. It's an honor for me, and I would like to welcome Rikke Stenkjaer that is a researcher and also a leader at PICU at riks Hospital in Copenhagen, Denmark. And then we have Johan Meijers, that's a senior pediatric intensive care nurse working at as the Lincoln's Children's Hospital in Karolinska University at Stockholm, Sweden, and this year's campaign will focus on a very crucial theme, it's take care of those who care. So this will go as the recognition of the incredible work carried out throughout the world in the pediatric intensive care units, and this is the Nordic contribution to this discussion. We want to highlight the importance of caregivers well being, because it's a fundamental pillar of safe, ethical and sustainable pediatric critical care. So as PICU professionals, we face intense, emotional, ethical and clinical demands every day. So this is a little bit what we are going to discuss supporting the people who provide this care, because it's essential for their own well being, but also for the quality and safety of the care that are delivered to the children and to their families. So I will, together with these two wise people, explore how teams across the world are addressing caregiver well being, how we share experiences, challenges and ideas that we have from the Nordic perspective that can help build healthier and more supportive critical care environments. So we in this podcast will focus on the Nordic perspective. So I welcome you to to fill in. And I thought, if we'll start with you as a leader, what was your goal when taking care of those who cares? What? What did you think? What was in your head all the time?

Rikke Stenkjaer 03:01

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Yes, of course, as a leader or manager, this is the most important part of my daily life. It is to take care of the nurses who takes care of of the critical ill children, so have a structure for the day, so that the nurses feel comfortable and have the right competencies to take care of the sick children, and we have a lot of things that we have implemented, implemented during the years to sort of this problem. So there's something about the daily structure, and then there's something about when it goes wrong, and maybe the nurses are in in some situations where they need some some some special education, or taking care of from a psychologist, or stuff like that.

Janet Mattsson 03:59
You made sure that you had structures in place for those occasions?

Rikke Stenkjaer 04:04
Yes, we have structures for those occasions, but also for the daily life. So every shift is just working. For example, we have implemented a short nursing check in where all nurses who is attending for a shift, they will meet each other and check in so they can see who is on my shift today, who is going to help me if I have a problem with these sort of things. So they gave them a comfort to I'm not alone, even though, if I'm in a single room taking care of a critical child, then I know I have some colleagues who can come and help me. And we also made a body system where two nurses are bodies in the shift, and that's make sure that each nurse can go out and have something to drink or. To go to the toilet and and stuff like that, because sometimes we have very busy shifts, and to have a body which is looking care or taking care of of me, it's it's giving them safety. So that was some of the things, what we have done.

Janet Mattsson 05:18
Yeah, I think that's very important aspect of the taking care of the daily life, to make sure that they actually can come out and have something to eat and drink. That's actually something that I missed sometimes being on the ward a nurse in the critical pediatric critical care unit to actually be able to go to the toilet. I mean basic as that, yeah, and you you won. You have, from your perspective as a pediatric critical care nurse, what's most important for you to feel that you are being taken care of?

Johan Meijers 05:55
I think the most important for everyone is to be seen on the job. And we apply similar cases, like wicked does we have a meeting on the start of the day, later on, on the day, we have a meeting with the doctors who is responsible for the patients at the same day. So, you know, we work in a team with a nurse and a system nurse. We take care of two patients, and it is like Jen and say, not always possible for the nurse to leave the patient in every situation. And we haven't. There aren't that many nurses working in the PQ in Stockholm right now. We have a problem like every other pick you probably have, and it sometimes takes a few hours more to do the shift. You have to work very intensive on your shift with very few moments of rust. You can't really leave the wards for take the rest. You must stay in the box, or you're responsible for the children. If the happy something, you have to join in. So it's not that is to take care. And if you're responsible on a shift, I won't say I'm a leader in the job, but I'm a senior, and sometimes that applies, that you're responsible for the shift, and you take care of the miners, the less experienced nurses, to see how they manage the job. You go around in the water so inform

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them how they doing. If they need some help, you can sometimes support with your expertise, expertise with your experience, but it's not every day you you feel after you've done it very good job and you're going home.

Janet Mattsson 07:53
Let me ask you, when you take care of those younger nurses, do you have in mind that you also kind of discuss with them, to get some sort of of, you know, just peace in mind, to be able to reflect and to to also reflect of, how do I cope? Do I have the strategies to cope with this? Because sometimes it's as we started out with, it's the ethical demanding, or it's demanding on your cognitive ability. You need to have focus and so on. Do you have such a strategy implemented when you know showing the ropes for the new nurses?

Johan Meijers 08:39
I try to it's often too much for them. New in a situation with the children, it's often necessary difficult for most people. So I knew I tried to really focus on what's important for this patient, what the worst thing you can think can happen. Why is the patient in the in the ward? And what do? What can we expect in this situation that sometimes creates ease, not always.

Janet Mattsson 09:06
And how do you think about that? Rikke you had some structures?

Rikke Stenkjaer 09:10
Yes, actually, we daily have a conference only with nurses, and that's because we want to talk about what is going on to be a nurse in this critical area, and that can be some ethical issues, or we can talk about families, or the new research on the area. It could also be in situ learning and like a learning lab, or because sometimes it's the technical devices which are enormous confusing, not having the competencies when you are new. So that can might be the thing that we have to discuss, but sometimes it can also be the ethical things. And if we have some patients in our unit who is in. Who is so critical ill that we have some ethical special ethical situations. We have also ethical discussions with which is interdisciplinary with our physicians and psychologists, and sometimes also somebody who knows more about ethic, to raise questions and to allow us to have different opinions about, should we continue the the treatment, or should we stop or this end of life is is always difficult to emotional, to stand in. So we try to to have these conversations before we take action. And of course, in the end, if we have a shift which is a very emergency, we have debriefing and defusing, and that's how Johan is saying, it's the experienced nurses who's taking care of the more novel nurses to talk them through and so they can go home and cope with better.

Janet Mattsson 11:12
Who's taking care of you as a more experienced nurse Johan?

Johan Meijers 11:16
That's hard to say, um taking care of me, I wouldn't know no the other, the other experienced nurses, we talk with each other.

Janet Mattsson 11:30

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There's no system, no system. I had this. We work in Norway. We work a lot of a lot of our efforts go to in situ sim, in situ simulation, a colleague of mine that actually is very, very lucky with this. We do with the students. We have an actually in situ simulation with with the physicians, with the nurses, and with a patient is affected patients, of course, because we need to do things. But as you know, we just call up in the middle of the day, and then we do a situation, some kind of thing that we need to be prepared for, and also that can happen very quick as it can in the context we are working that's been very well recognized, because when they gone through the in situ sim, the physicians and the nurses, they can connect in another way than they actually are doing in the Clinical because they can recapitulate, and they can also see each other more like colleagues later on, because they have done this challenging task in the context in the in the ward and so on. So that's one of the ways we try to work with it. We also put a mother or father as a person playing in this seat in situ sim. So that's one way of tackling what you are saying, trying to get a little bit resilience, because we think we have an idea from research that we've done that it's very important to to actually train the resilience and to face things that can happen, ethical, physical, or whatever, situations, and then Try to pick up and discuss, how can we actually have strategies, and who can I turn to and find, as you have found already, you want good friends to debunk with that's something that's quite new, and we haven't evaluated it yet, but it's striving to actually take care of the ones who take care, to give them these strategies before they are burnt out or met this horrible situations we sometimes can meet. We want them to be beyond the job for many, many more years. What do you think about that is that something you think would be, you know, a little bit good if done in a more systematic way.

Johan Meijers 14:27
I think it's absolutely, absolutely the way to go. As you know, I'm from the Netherlands. We formerly worked in the Netherlands on the cardiac intensive care we had situations like that, just so, as you described, and if you come in a situation is actually sharp, if you have trained it in your situation. So recognize that another thing is, Richard told us about the meetings about ethics, or maybe mentorship for new nurses we have. Something similar, but not on a daily basis. We have meetings once a month about ethics, and we have mentorship. Recently, think about the last year, half year nurse who was responsible as a mentor for the new one, so if she follows up all the new one with regular discussions like evaluations, how they're doing on the job. So we are missed a lot of nurses. After short time, they've been working on the people for a whole year, half a year, for a whole year, and then disappeared for it was too much for them. So we have both that kind of mentorship for assistant nurses for nurses nowadays, I don't know. I suppose it will work in time, but right now, we don't see the effects of it yet.

Janet Mattsson 15:53
Yes, I will pick up on that, because I think it's very important, and as you have described, Ricky, for the leadership to actually work on this. What do you think that you would like to do but are not able to do as a leader? What would you think will be needed more to get those nurses to stay and also feel seen, feel valued and also be able to be in the world for many years, because that's competencies. Every time we lose one that's been there more than three to five years. I mean, it's it's really a bad thing.

Rikke Stenkjaer 16:34
Yeah, I totally agree with Johan. This is we can have a plan, but in the busy daily life, our plans is not being filled out, right? So I think these discussions are very important to have to keep on the competences in the PICU. We

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have to decide that this is what we want to do, and make the time for it, because that there will never be no patience in our wards just to to have lunch together and drink coffee. So we have to arrange it, and we have to think that this is very important, both as managers, but also as PQ nurses, so that you would come out from the rooms and and join and I also think the interdisciplinary thing is very important, to have different views on situations and to be carried out and helped also you saying the in situ learning. Janet, I think to have some good experiences interdisciplinary is very important, but to have a management who says, Well, this is important today, that you send guys or people will sit together and talk about ethicals, or how you are feeling today, or how to take care of this family, because it's, it's special and very tough to be in so, so I think it's, it is to schedule The time and to to give, yeah, the possibility to to attend these meetings, because sometimes you want to to, but it's it's not happening.

Janet Mattsson 18:29
Yeah, I'm very happy you are bringing that up, because that was a discussion we had actually with with the students in in Norway, to be given the time to actually discuss these matters, because it will give, I mean, you reflect, and you connect back to the research you read, or you think that, do somebody know about this? And and you actually go and maybe you search for a paper, and you bring that paper into your journal club. They have a lot of journal clubs at the different boards here in Norway. And then you you kind of discuss this topic for a while, and have the leaderships saying that this is okay. We give you time for this is we're really felt that being seen, and also a place to develop good quality skills in nursing care. So that's really good. Do you have something the same for taking care of and also putting in the evidence in the clinical thinking in Sweden?

Johan Meijers 19:43
Yeah, we started up with the first meeting we have only last week, but we haven't had it before. No, I don't recognize it, but it's something we all believe it's very useful to do. And another thing, the new nurses and the students on the ward, they've got, we've got, very well existence, they go together with an experienced nurse within an experienced nurse, you say. And then we have the system we tried for some years ago in peer learning, but that was very positive, because in that peer learning systems, peer learning idea, you can discuss situations with the students and with the experienced nurses, so both the students and the experienced learners nurses learn out of these situations. And that's I think we lack in the in the daily, in the daily shift that we discuss with each other, how we cope problems, how we solve problems, how we do things that should we discuss more with each other. So that's learning, learning by doing. On the other hand, you can also have an experienced nurse that someone has read about a problem in in the paper, or can bring the input that way.

Rikke Stenkjaer 21:21
But on the other hand, sometimes we have experienced nurses here who says, oh, not all that academic and all that research. We just want to use our time for the new mechanical ventilator we received yesterday. So they are very focused on the technique and instrumental care, and not so much about maybe the family centered care or the ethical so I think it's a good combination. Is worthwhile that we can say as manager or researchers, you also have to reflect on this part that will give some job satisfaction. I actually think that we can provide them some knowledge that they didn't knew, that they would benefit off, so they can reflect and think differently in in in their daily care. I also think that is motivating.

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Johan Meijers 22:23
If you have the key to that, I would like to get it, because we have the same problem. Some nurses are interested, others aren't.

Janet Mattsson 22:34
I, in some of my research, when I interviewed parents, they think that very good quality in the care in the Piku is when we attend to the child and recognize something that's specific for their child, and also tend to make sure that the child feels, you know, comfort, even as as we can do when we position them or we give them something wet on the lips and so on, or give them a suit or they want and so on. Otherwise, the parents didn't feel it was quite good quality on the care, because they expected us to be top notch on the ventilator, on the dialysis, on all the fluids and pharmacological things. So if we didn't meet those, I mean, they just took it for granted, and if they found that we really didn't end up having this high bar as they expected us to have, they never wanted to leave the room. So a little bit there. How do we work with the nurses to feel that they are kind of accepted by the parents? I think as a nurse myself, I felt that when I had a really good connection with the parents, and we kind of worked together, even though I kind of supported or facilitated more the healthcare issues, but they facilitated how their child wanted to have it. I felt kind of empowered as a nurse, but when that didn't occur, or when I felt they were kind of, you know, because I think we all have experienced it, I felt like I I was useless. I mean, how do we take care of that? This was long time ago, because I'm, I'm coming to an age, but, but there was nobody outside room that really spoke to us about that when we were new. And so is that something you are considering?

Johan Meijers 24:54
I don't know. I think it's a question of perspective. If you're new on the job, it's, it's not really the parents. The family or focused on and maybe that's the key in what we are looking after for God honors involved in academic world, and to see there's more to it than than just a machine, and you can see the effects of it, but you have to experience like you did that you've been set after of the parents, when you do connect with them, and that's not coming in there is coming with the education. It's something that's gonna be experience.

Rikke Stenkjaer 25:33
Yes, I think, and that's that is why we have to provide it to the new and say this is equal importance of knowing how to turn on the mechanical ventilator, and we're talking about so much about family centered care, but it's all research is also describing. It's very difficult to implement and to work with, because there's so many facilitators and barriers, and the care has to be individualized. So I think it's, it's, it's very important to talk about. It's both new and old nurses or old by the experienced nurses. So that we can have that focus us on, on the care, and not only the machines.

Janet Mattsson 26:33
Yeah, I think it's also very important. I've, I've recognized a lot of of the nurses that when they kind of get over the first bump, and they think this is a very good word, and I really like the work here. They need to be, as you were referring to Johan, to be seen, and also to be able to go further, to have some responsibility, and also to be kind of allowed to, as you said, Ricky, to to go really into something, and then kind of be the spokesperson or the person to go to, to have this facilitate this interprofessional work and Teamwork as well. I think that's important

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to be able to take care of yourself as a carer, to have a good input from others, that you are okay and that you also get the time to learn. And as I understood you, Ricky, as a leader, you you really thought about that. Do you have a plan?

Rikke Stenkjaer 27:43
Yeah, we start out every shift very nicely, but sometimes, of course, it goes wrong and nobody gets to the toilet or get something to eat. But we know that is part of our daily life, but we try to structure it. And I think to structure, to get out, to have some reflection with your colleagues. And also, the thing that I haven't mentioned is also the social part. I think nurses are very social. They need some social event, not just to talk about my weekend or my children, but socializing in the nursing care as well. So we, if we go out and have reflection and learning in situ and stuff like that, we also have some part of the social thing that is very important for the nurses to stay in the unit. That's my experience. So we have to, yeah, yeah, to take the time for that.

Johan Meijers 28:52
That's something in that as long as you learn it's interesting.

Janet Mattsson 28:56
Thank you a lot for being there and sharing your perspectives. I think you have kind of summarized from the Nordic perspective, being able to be seen from your leadership, and also be able to have the room to actually think and reflect over what is good nursing care, and how do I build my strategies to be, I mean, be able to also learn new things all the time, and that there is room for that, as Johan pointed out, to be able to develop in the profession. I think those are very important. And the social life. It's more to it to be a good team worker and to really be able to stay at work than just coming to work to actually provide a good social life outside work. Yeah, think that's something of the Nordic way. So I'll thank. Thank you for this, and for you being here, for me being able to to explore this. And I think we are quite we have a view of seeing the same, but I would really like the Danish way of the social life outside to be a little bit more part of our working life as well. I think that builds trust and thank you so much.

Rikke Stenkjaer 30:29
Thank you.

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