The Invisible ICU Patient: Mental Health of PICU Staff in High-Intensity Cultures

SPEAKERS
Raghad Al Abdwani
Head of Division of Pediatric Critical Care
Sultan Qaboos. University Hospital, University Medical City, Muscat, Oman

Marianne Majdalani
Head of Division of Pediatric Critical Care
American University of Beirut Medical Center

Ashley Cowan
Clinical Nurse Facilitator
Sidra Hospital

Caroline McIntire
Manager of Child Life Services
Sidra Medicine

Raghad Al Abdwani 00:00
hello and welcome to the WFPICCS World PICU Awareness Week 2026, Podcast Series. I'm Raghad Al Abdwani, and I'm a pediatric intensivist and the head of PICU at Sultan Caboose, University Hospital, University Medical City in Oman. So this is a time of the year when we recognize incredible work that is carried out by different ICUs around the world. And this year, our campaign focuses on a very crucial theme, which is taking care of those who care. And in this episode, we'll be focusing on the Middle East. So you know, in the PICUs here, we're often having to deal with high stakes situations. We're managing critically old patients. We're often having to break bad news to families and parents, and all the while, we're expected to remain calm and composed, even though we're working under pressure, we try our level best to care for the patients and their families, but then who cares for those people who are providing that care, especially when they begin to carry invisible wounds of their own? And so today, what we'd like to do is really explore the impact of work related stress and burnout on healthcare professionals in the PICU so we're going to try to share with you practical strategies to support their well being, and we're also going to reflect on the role of leadership, so what qualities they should have and the approaches that they can take to help their teams cope, adapt, and even thrive in those high intensity environments. So today, I have the privilege of having with me Dr. Marianne Majdalani, she's the head of division of pediatric critical care at American University of Beirut Medical Center. Marianne's interests revolve around spirituality and its impact, as well as medical ethics. Welcome Marianne.

Marianne Majdalan 01:54
Thank you. Thank you. Rahat. Good afternoon, and thank you so much for asking me to join you on this podcast.

Raghad Al Abdwani 02:00

Thank you. I also have with us the Co-leads of the well being council at Sidra medicine in Doha, Qatar. Ashley Cowan is a clinical nurse facilitator for Child and Adolescent Mental Health Services at Sidra medicine. She is passionate about practicing mentoring and teaching others about well being. Thank you for being here, Ashley.

Ashley Cowan 02:22
Hello. Thank you so much for having us on the podcast.

Raghad Al Abdwani 02:25
And we're very lucky to have with us Caroline McIntire. She's the manager of Child Life services at Sidra medicine. Caroline leads the largest Child Life team across Asia, Africa and continental Europe, focusing on the emotional safety of pediatric patients in the healthcare setting. We're really happy to have you here. Caroline,

Caroline McIntire 02:45
thank you so much. I'm so excited to be here today.

Raghad Al Abdwani 02:49
So I'd like to start by getting a better understanding of the work set up or the environment at the PICUs in the Middle East. So let's start with you. Marianne, how would you describe the environment generally in your PICU, and then maybe tell us or describe how it is, how it's been more recently.

Marianne Majdalan 03:07
Okay, so good afternoon again. Raghad, I think to answer your question, it would be very helpful to describe to our listeners the PICU environments in our region, so our units are fast paced, high acuity, managing a very wide range of complex cases within the multidisciplinary teams, we follow very well established protocols and standards of care that are closely, closely aligned with those of the US and Europe. Now we may occasionally face challenges, whether they're related to resources or context, but we continue to achieve excellent outcomes that are very comparable to international benchmarks, and we're proud of it. So care is also in our region deeply shaped by cultural context and very strong family involvement, which sometimes adds another important dimension to how we practice so this is, in general, back to your question, how I would describe the picture in the recent period. This is where the challenge is. What I think we're experiencing feels like an intensification of what the PICU already is. At its core, it has always been high stakes, emotionally demanding environment, but recently, the weight definitely feels heavier. It's more constant. You walk into the PICU, there's a different rhythm to the unit. Now, the cases are not just complex medically, but often carry many layers that are very difficult for me to express or put in words so you find yourself preparing, not only clinically, but emotionally, before even stepping in to our shift. In addition, there's a quiet awareness among the team. It's kind of, I want to say, an unspoken understanding. We are not verbalizing it, but we all feel it, the sense that what is happening. Outside the hospital walls is not separate from what we are seeing inside, and this connection changes how the unit feels. It becomes more intense, but also, in a way, much more human. So I hope that answers your question.

Raghad Al Abdwani 05:14
Very much. So, Marianne, thank you so much. I feel like it really captures how you know, some of the Picus may be feeling right now in some areas of the Middle East, it's just not just being complex, but it seems like it's more intense, more deeply human, you know. And I think that naturally brings us to, you know, thinking about, how do institutions actually respond to this kind of environment? Actually, I understand that at Sidra medicine, you have a well being Council, and it was formed in 2020 what signals or changes among your staff prompted that initiative?

Ashley Cowan 05:47
Thanks Raghad, that's a really good question. So actually, when we first began reflecting more intentionally at Central medicine, we were looking at staff well being, and that really led to the form formulation of the council around 2022, we looked at it, and we got a few clear and consistent themes. We were noticing that teams were experiencing an impact of winter pressures. So you know, during the winter times, respiratory season, the demands, staffing demands were high acuity was also high and staff were really just given so much of their selves at that time, and they really, really like, shared this strong desire to feel genuinely valued, and they also recognized for their compassion, resilience and like their everyday efforts as well. So this really shaped some of our early wellbeing initiatives. This included the rose awards. This was really meaningful as well, and this led staff to be celebrated to their contributions. I'm sure Caroline's going to touch on that later. And we're also really mindful of staff retention. That's something huge in organizations, so many people love their jobs and their roles, and they really felt deeply connected to their work. But what was missing is they needed that stronger well being, support and reassurance that really what they were doing truly mattered to us and as then, as well as individuals and as part of the workforce, so a powerful moment, moment for us is like when we really recognize that we have a shared voice. So we got staff across the organization expressing similar needs to this. So that's really where the council created this space, and then voices could come together to be heard. And this really helped influence that positive change, something that's really also unique and also plays an important role that we think, is that around 80% of our workforce actually live in a staff compound here. So that is like work and also personal life as well, which overlaps so knowing how vital belonging is and social connection are for well being and resilience, we really saw opportunity and a responsibility as a well being council to actively nurture that and create that sense of connection within our community and within that work community as well. So bringing all those factors together that really led to the formulation and the strong foundation of the well being Council. And it wasn't a reactive measure, it was more what we see as a proactive measure. And we really show that commitment to our staff, that we're supporting them, we're recognizing their contributions as well, and it's really building that strength and connection across the organization.

Raghad Al Abdwani 08:43
Thank you. Ash, that's actually very, very insightful, and it reminds us that behind all these initiatives are real, often difficult, experiences that shape how these teams feel and function. Caroline, perhaps, could you maybe share an experience that really brought home the human cost of working in the ICU. I mean, not just, you know, from a patient's and family's perspective, but really, you know, for this stuff as well.

Caroline McIntire 09:08
Yeah, I want to say that this is not specific to our current organization, but I think that we can, we can see the parallels. So I was working in an organization where we received a transport plane of children who had been evacuated from a hospital immediately after a hurricane, and the children were extremely dramatized, and they arrived alone. Family members maybe weren't able to reach the hospital, or they were missing, or they had died. They arrived without medical records. There was a four year old little boy I remember that had his leg in a plaster a cast, and his first name was written on the cast, and that was the only identifiable information we had for that patient. We had no prior medical information or history, no family history. Another incident that I can think of, a school bus crash, and there were dozens of children admitted, multiple severe traumas, several deaths, and in both instances, staff were significantly impacted. And it wasn't just immediate, it was long term, well well past their shift, so nurses who were parents with children near the age of the children that they were treating, or nurses who had just put their children on the school bus that morning or dropped their children off at school, they really found it challenging to control their emotions during these situations and the secondary trauma for them. And supporting these patients, you could see emotional spillover happening inside of work,

and you heard about it happening outside of work, and the significant impact it was having on their well being. And we see significant parallels to these examples happening right now in the Middle East, just as Marianne alluded to in the beginning of the podcast.

Raghad Al Abdwani 11:09
But like what you described, really highlights how these experiences don't really end at the end of our shift. You know, they actually stay with us for days and even months and so forth. Marianne, perhaps, if you feel comfortable, could you share a moment with us that stayed with you?

Marianne Majdalan 11:26
Yeah, sure. Rahad, so I think a moment that will stay with me, and that happened very recently, is having to go into a room where there was an eight year old boy who was in a car accident, and having to inform him, along with the team, that he had lost all his family members in that accident. So, I mean, I can still, I will never forget the look in his eyes, the questions he had, which for which I did not have any answers, the emotions, this, this, I don't think I will ever forget. And I have to say, for me, it becomes less about a specific moment. It's more about the accumulation of moments. So there are days where we finish a shift and realize that what we've seen in a few hours is something that most people would not encounter in a long time, or will haven't even even encounter it yet. We come back the next day and do it all over again. So what stays with me most are often the quieter moments, the way families would look at you for the assurance, even when the words are limited or the silence, and sometimes it's only the breathing in a room that says more than anything else, these moments, I think they are going to linger and will never, ever be forgotten. For me,

Raghad Al Abdwani 12:40
yeah, that's, that's really deeply moving. You know, that sense of accumulation, I think it really stands out. How does that cumulative weight affect doctors and the wider PICU team over time? Like, when do you think that it actually, you know, crosses into burnout, or even crosses beyond burnout? Is, you know, who defines burnout as a syndrome that results from chronic workplace stress that hasn't been successfully managed.

Marianne Majdalan 13:07
I think what we're dealing with goes really beyond burnout. Burnout implies exhaustion from workload. But this is something much, much, much deeper, more layered, as I mentioned before, it becomes an emotional weight of repeated exposure to situations that challenge your sense of control, your expectations of outcomes, and sometimes even your sense of fairness, to be honest. So there's an element of what I would call moral distress, moments where you wish you could do more or do things differently, but the circumstances do not always allow you to do that, and over time, it's becoming cumulative. So it's not one specific case. It's the accumulation of many moments, many stories, many faces that are going to stay with us.

Raghad Al Abdwani 13:55
Yeah, that's that's a really important distinction, you know, moving beyond burnout to something that's deeper, like moral distress. Caroline, can you explain what moral injury refers to?

Caroline McIntire 14:05
Sure I am happy to be your Wikipedia. Moral moral injury is a lasting psychological, social and spiritual distress that doesn't just result from our actions, but it results from inactions also within that healthcare setting. So it can have a profound impact on wellbeing, cause guilt, shame. It has a significant impact on staff retention, triggers that you may see leading to moral injury, inadequate staffing, lack of resources, and a perfect example of that is what we saw worldwide during covid happen with nursing resources. You see a difference of ethics

between an organization and a caregiver as a trigger for moral distress, decreased empathy towards the. patient, you'll see significant symptoms of depression being experienced in moral injury. Just as Mary Ann said, moral injury goes much, much deeper than burnout, and it has a greater lasting impact for that provider.

Raghad Al Abdwani 15:15
Thank you. Like understanding moral injury, I think, really helps us appreciate just how deep the impact can be on healthcare workers. So I'd like for us to shift towards what helps, because, you know, alongside these challenges that we're facing, there are also meaningful strategies that maybe can help support our teams. So maybe let's discuss some strategies and practical approaches that maybe, you know, have an actual difference, or makes a difference, both from an individual level as well as a team level. Ashley, maybe we could start with you. Could you tell us about the well being Council and how it supported the organization's well being journey.

Ashley Cowan 15:53
Thanks, Raghad, so the well being Council, etc, really plays an important role when it comes to advocacy across the organization, and it is really a key part of our staff's wellbeing journey. And as I talked previously on the buildup of the wellbeing Council, when we were laying that foundation, we really looked at an evidence based practice tool that we can use, like a model and we were looking at and we actually utilize Martin single man's perma model, okay, and that focuses on positive emotion, engagement, relationships, meaning and accomplishment. So using this framework within the council, it really helps us ensure what we do is thoughtful and also sustainable. And like I said before, as well, rather than reactive, we're always trying to be proactive. We're always trying to be a few steps ahead to ensure the staff are feeling safe and heard and looked after at work. So our focus is really on supporting staff retention, preventing burnout before it happens, and building really long term resilience between staff. Just from what we know, staff well being and well being in the workplace really underpins that safe, compassionate and high quality care that we want to give our patients. And yeah, so we really, we looked at that, we went through that evidence based tool, and that is where we lay our foundation.

Raghad Al Abdwani 17:37
Thank you very much. That's a very thoughtful and structured approach, and it shows how you know it important it is to to build embed well being at an organizational level. Caroline, what initiatives have you found effective in supporting adaptability and, you know, protecting staff mental health, for sustainability and patient safety?

Caroline McIntire 18:00
I think it's really important first to say that our council, we don't just have nursing, we have staff from Allied Health, we have staff from finance, we have staff from housekeeping, from security. So that is initially was a key initiative, that the council was really representative of the organization as a whole. So I think that is primary. And then our council has had some great successes, both simple, small initiatives and then larger, much more involved initiatives. I'll share just a few those. A few of the simple ones that we found have been just really effective in small ways. We made mindfulness recordings, we developed them and we had council members record them, and then we placed them on our hospital intranet so they were accessible quickly, and you may even recognize the voice of who recorded it, Staff Recognition initiatives. So many people have heard of gratitude boards. We had gratitude board mate. Gratitude boards made and distributed them towards an area is so that staff could give kudos and shout outs around kind of huddle boards and gathering areas we've had mental health focused celebrations and walks trying to be sure that those things that are important for the community are celebrated through Council support. So you may see us volunteering at an animal shelter. We have a beach cleanup coming up, so we're also getting into the community and doing things that matter for the

council, but it's just that kick start of initiating those things and drawing people in. We have well being huddles that our council members actually will go and lead in different areas to share mindfulness prompts for those instant reset tools and reminders. We have roving treat trolleys that we'll send out during high stress times. And then we've also started with special interest groups that have been really fun, that have focused on socialization and just opportunities to do those. Is easy, kind of de stress things. We have a knitting group of people who like to knit that gather and talk and share at knitting, I don't know hacks, I guess, and a running group or gathering to play board games. So just those simple people connection things, other initiatives that have taken greater coordination and teamwork and definitely require leadership, support staff recharge rooms that you're seeing across the industry, for staff to take short periods of time for some peaceful away and downtime, having promoted psychosocial staff debriefs that shift change so during increased periods of stress, just really trying to promote that shift change debrief opportunity. So there had to be some kind of foundational structures in place of what that would look like or who would do that, we advocated for a 24/7 response line that was available for staff needing support so that they they could have it, whether they were at work, whether they were on leave, or whether they were just at home after their shift. And then lastly, we have this really big thing called Winter wellness, and it's our councils, our Council's annual organization wide event, and we have 20 plus rooms and activities, and it focuses on workplace Well, being and engaging staff, and assuring that leaders are giving staff the opportunity to step away and engage in that activity. So that's one of our really big kind of events that the Council supports. Initiative wise,

Raghad Al Abdwani 21:38
That's a fantastic range of initiatives, you know, from, as you said, simple everyday practices, to more structured, you know, organization wide programs. And it really shows how these small moments or larger systems can really work together to support staff well being, yeah, I love that roving treat trolley idea. I think I'll be running to it all the time. You know, I'm just envisioning the smiles that it bring as it's being wheeled around. I think, you know, often we tend to forget that we're not just defined by our work, but we actually have other interests that we could, you know, connect through. Marianne, from your perspective, what have you found yourself practicing recently to help staff cope?

Marianne Majdalan 22:20
So what we have tried to do is focus on small, consistent actions, rather than large interventions. So what we've made it a conscious effort to check in with each other, not just professionally, but personally. Sometimes it's as simple as asking, how are you really doing? And creating space for an honest answer. So instead of starting rounds in the morning, we're just talking about the patients. We take around 10 to 15 minutes where we sit and ask each other a question, how are we doing? How are we coping? And so on. So it has helped a lot, and we've also normalized that stepping back is okay when needed, allowing staff, allowing residents, allowing faculty to take a moment to pause without feeling like they're letting the team down. It's okay to feel overwhelmed. It's okay to take a break. And interestingly, some of the most, in fact, impactful things have been the simplest, like sitting and having breakfast together, bringing breakfast to the PICU, sitting together for a few minutes, just having some normalcy during the day in the middle of a very intense days. Those has, those really have helped us ground us, and what we have really instituted is having regular meetings or debriefs, as Caroline has mentioned, with a psychologist, where all of us, staff, residents, medical students, faculty, sit together and discuss openly emotions, frustrations, angry, if we are angry, any emotion that comes up. This really has helped the team realize that we're all going through this, but each in our own ways, and we are there for each other at no cost, and we're there for each other.

Raghad Al Abdwani 23:56

Yeah, that really highlights how powerful these small, consistent actions can be. And I think that naturally brings us to the next topic, which is, you know, discussing the role of leadership in shaping an environment that promotes tough well being. So, you know, as you alluded to and mentioned, Marianne, you know, amongst the things we tend to do at the unit is, as you said, is creating that social, psychological safety. And I think it really starts with the leadership, you know, by role modeling make it very acceptable, as you said, to say, You know what, I'm not okay today. Or I need help with this patient, you know. Or I need help in general about something else, encouraging people to take breaks and even annual leaves. We have this say in the unit. We say, Well, every two months, Max, three months, we have to step out for a week. I think another, another one that we do is sharing the load, so even when it comes to patient management. So we have those weekly meetings where we discuss the more complex, more challenging patients and make plans of management together, you know, so that we actually are. Um, make these complex decisions together, and it's not all carried on one person. And as you said, I think even starting from leadership roles is really building those connections with everybody, whether it's senior staff, junior staff and the multidisciplinary teams and support staff. We've also done other things where we've made some practical changes, like adjusting workflow, whether it's more flexible nursing shifts like either eight hours versus 12, and restructuring physicians on call timings to reduce fatigue. So I think, as you said, like you know, so they may seem small, but I think putting them together, they would make a real difference. Caroline, building on that. What do you see as the responsibility of leadership in addressing this emotional spillover that you'd mentioned earlier and its impact on the healthcare providers?

Caroline McIntire 25:51
Leaders have the responsibility to be accountable to learning and understanding the impact of secondary trauma. So I love information processing theory, and I'm consistently reminding healthcare providers that information processing theory, it doesn't just impact your patients, but it impacts you too. So when we're distressed or overwhelmed, our brains don't take in, we don't process or retain information as we normally would. So it's key as a leader, that they not only understand this, but that they're vigilant and aware and recognizing when it's occurring within their teams. So that means being aware of trauma triggers for their staff that might impact during high stress times or situations. It means taking responsibility to advocate for your team, ensuring they have the opportunity to step away for well being breaks that they have well being resources that aren't just available but are really readily accessible. And leaders have a responsibility, this is so big, I think, to appreciate and recognize everyday excellence displayed by their teams, not just when it's high stress periods or situations when leaders don't take accountability for prioritizing nursing and care providers well being. You start to see emotional dysregulation among your staff. You start to see increases in medication errors and patient safety errors. You see time management interruptions. You see the the anxiety and the stress of your staff. You see that amping upwards, and you start to see detachment from the caregiver role for nurses. And so there can often be several layers also between a leader and the frontline staff. So that distance can actually cause a gap in real time understanding of what your team is experiencing, and it can cause a perception problem for your staff, feeling misunderstood, not feeling seen, not feeling validated. So as a leader, these are really small things. There's a couple of small things that I do to try to stay connected. I work really hard to have awareness, and that can look like reassessing communication, how I share information, or how I seek information. So I have one on ones. I think they're a great way to connect with staff. So a few times a year I'll meet with my entire frontline team, and I ask them questions like, What do you really wish that I understood. What do you think I just don't get that I you really wish I understood? Or do you have a simple but meaningful idea of how I can support your well being? And then I have to commit to receive that feedback, to not take offense to it when I ask them to be honest and then actually do something with it, I have to meaningfully action it. Another really simple thing that I implemented was the communication devices we have, the vasera. I moved the batteries to my office, and that helped me remain tethered to my staff. That one simple thing decrease the distance between myself and those line management levels, because now each team member starts or ends their shift by picking up that battery, and it allows me to put eyes on my team members frequently. I can tell if

something's off. Are they sick and they really shouldn't be there. I'm able to greet them. I'm able to check in and just stay connected. Build connection. So those are, those are some considerations I would say, for leaders responsibility.

Raghad Al Abdwani 29:47
Thank you, Caroline, that is great. I think what stands out here is that, you know, Leadership isn't just about systems. You know, it's about presence, as you said, awareness and really being genuinely connected to your team. Marianne, what key skills have you found most important as a leader during this time?

Marianne Majdalan 30:06
Wow, there are so many skills to think about, but I think the ones that have been the most important in this period is for me, the first one is presence. So not being physically present, but being genuinely available. I'm not on call by my colleagues. I'm rounding with them on the unit, just making sure. I'm observing, I'm listening, I'm recognizing when someone may be struggling, even if they don't have to say it out loud. And flexibility has also been very essential. So understanding that we don't all cope the same way, and that leadership cannot be about applying one approach to everyone, but we have to adapt to individual needs, and perhaps more most importantly is vulnerability. It's okay as a leader to say this is difficult. I'm not able to handle it. I need to step out for a minute. This creates for me a culture where others feel safe to express the same. Okay, so it kind of shifts the environment from one where people feel they have to endure silently to one where they feel truly, truly supported. So for all these skills, I think what is the most essential comes in is communication. So if you don't have the good communication tools, I think all of them will be lost, and I think this will sum it up perfectly. Thank you. Thank you that I really highlights the role of presence and flexibility and vulnerability, really in leadership. So I'd like to for us to shift now to another important aspect of our discussion. And you know, at the end of the day, our context here is the Middle East, and it is uniquely shaped by culture, by family structures and even faith. And I think that that can be an important source of strength. Sometimes it can actually have its own challenges. So Marianne, how do you see culture and faith supporting healthcare workers and families during situations, okay. So I think, I think we all know that in our context, in our area, culture and faith are deeply intertwined with how people process difficult situations, okay, so for many families, what I've seen is that faith provides a framework that to make sense of uncertainty and of loss. It offers a form of acceptance, if I want to say but it also is a source of strength and resilience for us as healthcare workers. It can be grounding. It reminds us a lot that the meaning beyond the immediate clinical outcome, something beyond and at the same time, the strong family presence can be both a support and a challenge, but overall, I think what we've all felt that it reinforces that care is not individual, it is actually shared with the families, and that sense of collective support can be very powerful during difficult times.

Raghad Al Abdwani 33:00
Yeah, right, we do tend to see that support coming through. Now you've alluded to the fact that perhaps at times, cultural expectations, possibly even beliefs and the family structure, can make situations a little more challenging, not just for the families themselves or the parents, the mom and dad, but even for healthcare workers. Caroline, what's your take on that?

Caroline McIntire 33:22
Okay, a challenge that can occur in the family structure and culture that I have observed is that everyone feels responsible for the child, and this can be challenging for the staff about who to take direction from, and also in determining who has authority, who do I go to to get authorization for medical decisions and that extended family structure, it also results in a lot of visitors, and that's not a bad thing, but it can be challenging for infection control. It can be challenging for enforcing hospital policy, and when you do that, it can also be

perceived by the family as you not being caring, or you lacking compassion, when that's not the case at all. You just may have different or different priorities. Your priority at that moment may be the patient's safety and something that's occurring while that family's priority in that moment. Maybe I want accessibility. I want access to my to my family member. I want information now and so it can it can create challenges in some instances like this.

Raghad Al Abdwani 34:38
That Yeah, I think that without really understanding the context, it can be easily misinterpreted. So I'd like to take a moment to maybe address some of the common misconceptions you know about the healthcare system, possibly in, you know, in the culture in the Middle East. I think that some people may assume that the healthcare systems in the Middle East are very hierarchical. And of course, you know that would obviously add to the stress and to burn out. I mean, it's not been my experience in Oman. It's actually quite the opposite. You know, we tend to function as one team across all the roles. It doesn't mean matter how senior or junior one is. There's like, a strong sense of community. We support each other. We really genuinely look out for one another. So in many ways, we're actually we function as a family, and I think that really helps protect against burnout. I think another misconception is that some may assume that, because healthcare workers may often work in high stress environments quite frequently, they become less emotionally affected over time. Marianne, from your experience, how accurate is that statement? I think this is definitely a definite misconception.

Marianne Majdalan 35:52
I don't think you become less affected, but you learn how you become more practiced at continuing despite being affected, and I think there's a very big difference between both. So our emotional response does not disappear, if anything, I think it accumulates, but what we learn is how to function alongside it. We compartmentalize it when needed, and how we keep showing up despite everything. And I think the distinction is very important, because it is important to recognize that we are still affected, and I think this is what allow us, allows us to seek support and to support each other, which is essential.

Raghad Al Abdwani 36:28
Thank you. I mean that distinction is really important, that you know, we don't become less affected, but rather learn how to carry it. Caroline, sometimes there's this perception that families in our region are more accepting of the outcomes just because of their faith. What has your experience been?

Caroline McIntire 36:47
Qatar is unique, and it's similar to other parts of the Middle East, but not all. But there can be a really large expat workforce, which means people come from multiple cultural and moral and ethical ethos, and it can lead to this intersection of varied perspectives on what care should look like. And this can add stress to the work environment. It can add distress for the provider. And it's about the current culture that you're working in doesn't always align with what you experienced or what you learned in the culture that you came from. So for me, this is this is very relative in this question. So a few examples are approaches to palliative and end of life care or disclosure of information to a pediatric patient or a sibling that information being withheld. And so it's often, it's often surrounding faith is paramount and why they've made that decision and how they've made it, but it doesn't match with the the culture that I came from and how I would have done it. A final example, faith is interwoven. It's like a thread through all aspects of life in the Middle East, through family and government and finance and school and healthcare, and it's not as integrated like that in the West, within large sections of the population, of people, for example, in Qatar, that are working here. So it may require a perspective shift from the nurse or the caregiver to consider how to prioritize the family's approach to care that is rooted in faith differently than the culture that you came from.

Raghad Al Abdwani 38:39
Thank you, Caroline, there's so much more that we could explore today, but unfortunately, think we're running out of time. But as we come to the end of our discussion, I'd really like to ask each one of you to leave us with one key take home message, maybe we could start with you, Ashley?

Ashley Cowan 38:56
yeah, no problem. So okay, so I think I'll finish with something, um. I've said this really consistently throughout my career, and I don't want to sound cringy or cheesy, okay, but I really, I always say this, and I really believe it to my core that if we're not taking care of ourselves, it becomes incredibly difficult to take care of others in the way they deserve, especially in high acuity environments like the PICU, where the emotional intensity is consistent and the responsibility there is enormous. Well being is not optional there, it's foundational. And research reminds us that burnout is not a personal failing, but it is a predictable response to prolonged emotional and environmental stress. So with that understanding that allows us to move away from any self judgment and move towards more compassion connection and shared responsibility. So we know that when staff feel supported, they feel valued, and they truly feel like they belong, they are better able to sustain like empathy, resilience and presence. So it's not just for their patients and families, but also for each other, like the examples that everyone's been given throughout the podcast. So ultimately, caring for the carer is not separate from delivering excellent care. Is actually essential to it. And if we continue to create cultures where well being is prioritized and that support is normalized and people really feel safe to just pause and look after themselves. Then we protect both our workforce, but then we also protect and care for the heart of everything that we do. And I think all of us on this podcast are really passionate about what we do and the work that we do, because looking after ourselves is really not selfish at all, and it's how we ensure that we can continue to look after others to the best of our ability. So I really, really believe that,

Raghad Al Abdwani 41:05
yeah, I think you really hit it to the core. It's a very powerful reminder that, you know, caring for ourselves is not separate from caring for our patients, but it's really essential to it. Caroline, what would you like to share with us?

Caroline McIntire 41:18
I think that being intentional and proactive about well being can and will have significant impact, not just for you, but for your peers, for your staff and for your organization. If you are involved in something like a well being Council like Ashley and I, all staff deserve to be heard. All staff deserve to be seen in seeing the evidence of that demonstrated back to them by the organization that goes such a long way for an individual to feel validated. And the beauty is, it doesn't have to be big. It doesn't have to be this big organizational process. It can be a simple, genuine gesture that has the greatest impact if we're all functioning from that, that space of awareness and how to foster well being. So I'm going to give a really quick example. We have a security guard at our hospital. His name is Joseph. He is so precious. And one day, when we walked in, he handed out these notes of encouragement to staff who were arriving for duty, and staff still talk about the impact that that had for them. And Joseph is, Joseph is a member of our well being Council, and how he approaches it. He approaches it within the space and the ability that he has. And if we all looked at it that way, it was so beautiful. I think the very last thing I want to do as a leader is I want to challenge other leaders who are listening to this podcast to not just nod and say, Oh yes, oh yes, in agreement, but to do some honest self reflection and identify, where can I do better? Where can I learn? Where can I grow and support staff better around well being, because we can all do better if we're honest about it, when we have unaware leaders that think they're aware, it just stagnates progress. So as a leader, we're key catalysts to change. So I just really challenge the leaders listening commit,

commit to be a part of the solution. Make this a priority. If reflection reveals opportunity, don't keep allowing that problem to fall in between, that space between leaders and staff, step up on behalf of your team and and be accountable to change for your well being and for their well being. So, yeah, thank you.

Raghad Al Abdwani 43:52
Thank you very much, Caroline, that is that call for being intentional and having self reflection in leadership, I think is so important, you know, especially in driving meaningful and lasting change. Marianne, what would be your key take home message?

Marianne Majdalan 44:07
Well, I think my key take home message aligns a lot with what Ashley and Caroline have said. So if there's one message I would leave with is that behind every functioning PICU team, there's a group of individuals who are constantly needing to adapt, not just clinically, but emotionally. So taking care of healthcare workers is really, is not a luxury. It's essential, since the ability to provide compassionate, safe care is definitely directly linked to the well being of those delivering it. So sometimes, even in the most challenging circumstances, it's the tiny, small acts of support, connection and understanding that make a big difference. And as Caroline mentioned, the buy in of the leadership and the full support,

Raghad Al Abdwani 44:56
yeah, that beautifully brings us back to the human side of this work you know, and the importance of these small, meaningful acts of support. So finally, I'd like to take a moment to sincerely thank our speakers today, Ashley Caroline and Marianne. Thank you so much for being here today and for sharing your insights and your thoughts. And I'd like to thank our listeners for joining us today. I really hope that this conversation encourages reflection and action in your own teams and settings. Thank you and goodbye.