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Commentary: A Wellbeing Champion and The Role of Self-Reflective Practice for ICU Nurses During COVID-19 and Beyond

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The purpose of this commentary is to highlight the importance of an intensive care unit (ICU) wellbeing champion, who promotes self-reflective practice and self-care to protect staff wellbeing. The wellbeing champion provides peer-to-peer support, delivers psychological first aid and through the "Look, Listen and Link" approach, signposts staff towards professional assistance when needed. Our ICU nominated a wellbeing champion from within the nursing team to take a bottom-up approach to staff wellbeing during the COVID-19 crisis where the stress levels in ICU are notably high [1].

Impacts of COVID-19 on Wellbeing in ICU

The COVID-19 pandemic has caused an excessive strain on global health care systems: ICU nursing staff have been at the front and centre of this crisis. During the pandemic, many ICUs extended beyond their walls and the ICU nursing workforce rapidly expanded with redeployed staff helping to meet the pandemic demands. In these extraordinary times staff faced divergence from established procedures. The patient to ICU nurse ratio increased alongside supervision of redeployed non-ICU nurses and staff dealt with escalated end of life decisions attributable to a high ICU COVID-19 mortality rate of 40% to 52% [2].

It is apparent that ICU nursing staff are exposed to high levels of stress prior to COVID-19; additionally, evidence suggests, over 80% are at high risk of burnout [3], compassion fatigue, and emotional exhaustion [4]. These risks could be even higher during the COVID-19 pandemic, further challenging the ICU nurse's wellbeing and resilience [1]. Furthermore, redeployed staff placed in unfamiliar work environments with minimal training cannot be expected to develop resilience in an unprecedented crisis. Following the first wave of the pandemic, redeployed staff have returned to their usual work environments, leaving some ICUs with increased bed capacity and a reduced workforce in preparation for a second COVID-19 peak, causing anxiety among ICU nurses [5]. In addition, ICU nurses continued to spend prolonged periods in personal protective equipment (PPE) with the growing evidence of physical effects of extended time in PPE [6]. These unparalleled changes challenge the ICU nurses' wellbeing.

Another factor affecting wellbeing is increased exposure to moral distress among frontline ICU staff during COVID-19. Moral distress can be defined as uncertainty, tension, constraint, conflict and dilemmas experienced by healthcare workers in a crisis [7]. Nurses in ICU are often exposed to moral distress, which causes feelings of guilt, frustration, anger and sense of injustice when their moral codes are compromised [1, 7, 8]. Furthermore, such moral

distress could lead to long-lasting mental distress including post-traumatic stress disorder (PTSD) and depression [1]. Mentally distressed care staff will have limited capacity to support and offer compassionate care to patients [4]. It is evident that these wellbeing risk factors are intensified for ICU nurses during the prolonged COVID-19 pandemic; consequently, the ability to support, normalise psychological response and offer psychological first aid [9] can be challenged. Measures to address wellbeing during COVID-19 and into a future beyond COVID-19 need to be identified and implemented.

The Wellbeing Champion Role

Nurses may be reluctant to speak openly with managers [10], a wellbeing champion provides approachable peer to peer support, encourages individual wellbeing and signposts nurses towards professional help within the organisation. Staff wellbeing requires (a) an organisational "us", (b) a team/unit "we" and (c) an individual "me" approach [4] for supportive workplace wellbeing. In our ICU, a wellbeing champion was identified from within the nursing team. They were supported by the nurse manager and a dedicated psychologist from the embedded psychology department and undertook psychological first aid training. Working alongside ICU nurses our wellbeing champion shares the complex emotional state of uncertainty in a rapidly changing work environment allowing for empathetic support. Being in the 'same shoes' as colleagues provides the opportunity to be curious, to ask open questions, to listen and to guide colleagues to draw their own conclusions (while carefully considering and observing dynamics among colleagues). Our wellbeing champion's local unit knowledge and awareness of key staff concerns helped tailor support for colleagues [3]. Wellbeing websites and Apps (both on tablets and computers) were highlighted to intensive care nurses strengthening vital peer support and camaraderie during these unprecedented times. The unit wellbeing champion guided colleagues towards

individual wellbeing initiatives and a self-reflective practice focusing on positive coping skills and mechanisms to amplify positive mindsets. Lastly, the wellbeing champion provided the ICU nurses with a reflective diary to record their individual thoughts, feelings and awareness during the staff recovery period after the core COVID-19 phase [11]. This self-reflective practice along with weekly email reminders encouraged ICU nurses towards self-care to enhance their wellbeing ownership.

Self-Reflective Practice

Surviving and thriving in adversity is known as personal resilience, which involves the ability to bounce back after stressful events [12]. Resilient workers have increased awareness of their feelings such as anxiety, fear and grief in challenging times. Staff wellbeing and resilience are strongly related to each other. A systemic review of resilience interventions [12] identified that recognition and awareness of the positive thought process alongside reflective practice can enhance resilience.

Reflective clinical practice is identified as an essential professional requirement by the Nursing and Midwifery Council (NMC) [13]. Peer-reflective discussion is useful to deepen shared learnings and practice improvement. Through professional reflective practice, nurses can revisit their lived feelings, thoughts and behaviours (whether they are positive or negative) to convert these experiences to future resources, relating to their ‘professional self’ [13]. The concept of personal practice, self-refection of professional and personal self, a core strategy used in psychology to develop therapist skills, interpersonal qualities, self-awareness and wellbeing can be used for nurses [14]. As proposed in the Personal Practice Model for Nurses (figure 1), a self-reflective practice to identify one’s own motivations, thoughts, feelings and behaviours can enhance personal and professional growth [14]. Maintaining a

good balance in the Personal Practice Model between professional reflection and personal reflection can help enrich wellbeing and resilience [14].

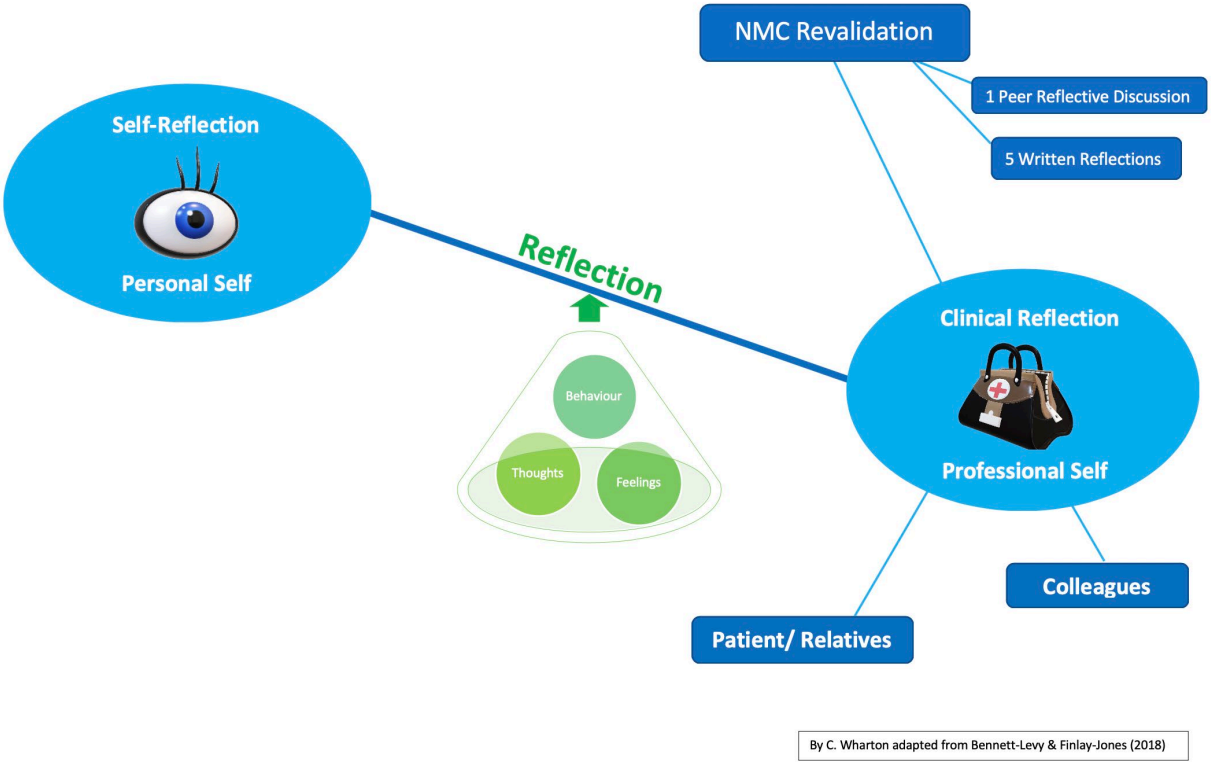

Fig 1 The Personal Practice Model for Nurses: Adapted with permission from Professor James Bennett-Levy.

Reflection encourages self-care and compassion cultivating a positive mindset. The practice of mindfulness, which involves being fully present in the moment free from distraction or judgment, enhances reflection. Mindfulness can develop the ability to self-sooth and reframe negative thoughts positively, improving compassion for self and others, which are essential for wellbeing [15]. It is suggested self-care is inadequately recognised by nurses [4] but nurses cannot care for others without caring for themselves. Whilst critical care nurses are normally frequently highly resilient [12], the majority were ill-prepared for the prolonged working challenges of COVID-19. To ensure staff wellbeing during and after the COVID-19 pandemic the Intensive Care Society and the British Psychological Society

published recommendations for organisations, leaders and managers [9, 11]. The ICU wellbeing champion customised the selection of wellbeing resources and quick self care exercises by adapting to the evolving needs of ICU nurses. This can aid the passage through the disillusionment and exhaustion phase [9] while the personalised self-reflective practice supported nurses in the recovery phase.

Conclusions

In the midst of this unparalleled global health crisis, the world witnessed the innovations, adaptability and the vital contributions nurses make to the public healthcare system. In particular, the importance of supporting intensive care nurses' wellbeing has been highlighted across various media platforms. When managed well, adversity can bring new knowledge, strength and change, which are requisites for transformative personal growth [12]. Individual wellbeing coupled with a robust workplace wellbeing programme incorporating team/unit and organisational support systems can enhance quality patient care. A bottom-up approach to wellbeing practice is still in its infancy and requires further evaluation for effectiveness in the longer term. Innovative evidence-based practice will shape intensive care units into a future beyond COVID-19. This commentary has sought to highlight the potential value of a wellbeing champion in the delivery of peer-to-peer support guiding ICU nurses towards self-reflection and wellbeing ownership. We hope the points discussed here will assist other ICU's to utilise this process to protect their staff's wellbeing, leading to an enriched patient care experience in any future crisis and beyond.

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