

- 1) Participants were asked to explain their understanding of the term long-stay and describe processes associated with caring for that patient group. *(Example question: What is your understanding of the term 'long-stay'?)*
- 2) Participants were asked to describe how the needs of families change over time and the impact on their role in provision of care. *(Example question: What are the needs of long stay patients and their families? How does this compare to short stay?)*
- 3) Participants were asked to reflect on a specific experience of caring for LSPs. *(Example question: Thinking back on your most recent experience with parents of a child who was a long stay patient in ICU, can you describe your experiences in working with the parents or family?)*
- 4) Participants were asked to describe the impact on health care professionals of caring for LSPs. *(Example question: Can you describe the impact of having long stay patients on critical care on other patients in the hospital? Families? Staff?)*

STAFF EXPECTATIONS

- TRAINING OPPORTUNITIES
- HIGH TURNOVER OF PATIENTS
- ACUTE AND COMPLEX
- ACCOMPLISHMENT = MAKING CHILDREN BETTER

CHARACTERISTICS OF LSP

- LSP - NO EXIT ROUTE**
- LSP- REASON AND/ OR EXIT ROUTE
- MEDIAN LENGTH OF STAY (RANGE ACROSS 3 ICUs)
2.8 – 3.7 days

IMPACT ON STAFF

- SENSE OF ACCOMPLISHMENT
- SKILL DEVELOPMENT
- MORAL DILEMMA/ DISTRESS
- BURNOUT
- HOLISTIC/ BASIC CARE
- RELATIONSHIP WITH FAMILY

IMPACT ON UNIT

- PERFORMANCE
- MORALE
- SICKNESS AND TURNOVER

STAFF SUPPORT

Quote 1: "There's a difference in my mind between those patients that are here four weeks but will soon be going and the ones that are really long term where you know that it's very likely that they're here for months, extremely long term patients." (SP02)

Quote 2: "Mostly we talk about more than two weeks on ICU in one episode, but actually in our role one of the things you do is try and scan the population of patients and look for patients who are staying there longer than you would expect them to do for their condition." (SP15)

Quote 3: "The children who come to intensive care now, in modern society are quite different to children who came to intensive care a while back because we can do more medically, and so there's an anxiety that we're going to have more long-stay patients on intensive care." (SP04)

Quote 4: "they [LSPs] often have lots of other issues, primarily relationship issues. And it's always a problem...some of them are easier than others but some of them are really difficult, a real challenge" (SP03)

Quote 5: *“There’s a really good support system now for the nurses here because there’s the psychologist linked to the unit. She does a lot of drop-in sessions, especially based around difficult periods...if they’ve been here a long time and it is quite stressful sometimes to see...and you come into drop-in sessions...she’s always available to go and talk to as well” (SP11).*

Quote 6: *“I mean in theory there is because as a hospital we obviously have psychologists, we have all the chaplains but I think in reality a lot of nurses are hesitant to engage with them just because it’s quite a bold move to stand up and say, actually, I’ve been really affected by this, I want some help. Whereas on the flip side if you’re approached and somebody says you’ve obviously dealt with this patient for a long time why don’t we have a debrief. I think people are a lot more receptive to being approached and it’s almost accepted. It’s almost like, you know, you’ve been involved with this patient a long time, we expect you to have been affected by it, why don’t you come and talk about it? Whereas on the flip side it almost feels like you should be fine, there’s support there if you need it” (SP12).*

Quote 7: *“There’s not always a platform there to be able to do, because that’s the nature of the ward. How busy it is, being able to take away from for a period of time and go and talk to someone is not always feasible. The pace in which you work doesn’t allow you access to do that. In the days off you don’t really want to be-, you don’t want to be thinking about it. So therefore you don’t want to come back in and then talk about it again” (SP06).*

Quote 8: *“I think it’s generally when a patient’s passed away but then you’re not just affected because a patient’s passed away, it’s also because they’re still in that certain condition” (SP12).*