Beyond Technical Skills: A Psychosocial Support Strategy to Strengthen Human Factors in ECLS Units

Fernanda Saboya MSc, Fernanda Oliveira Queiroz De Paula PhD; Sandra Campos RN, Luciana Tagliari MD; Briana A. Ferreira MD; Gabriel F. Santiago MD; Eduardo Fontena MSc MD; Camila M. Bessa PT MSc; Wdielle M. C. Oliveira PT; André C. Ávila PT; Aloysio Saulo M. I. J. B. B. Junior MD; Lucas S. Cruz RN; Ligia N. Matos RN MSc

Hospital Copa D'or, Rio de Janeiro, Brazil

Introduction: ECLS (Extracorporeal Life Support) teams work in environments of high complexity, decision-making under pressure, and exposure to human suffering. These factors are associated with psychosocial risks, impaired psychological safety, moral distress, and occupational well-being. An institutional strategy focused on strengthening human factors and non-technical skills was implemented across three ECLS intensive care units: Cardiovascular, Lung, and Pediatric. This study aimed to identify psychosocial factors affecting teams and describe a support initiative promoting psychological safety and preventing moral distress. Methods: A structured psychosocial support program was established, including a clinical psychologist providing 10 hours during day and night shifts. Between February and May 2026, participant observation and active listening identified intervention domains. Activities included consultations, case discussions, debriefings, conflict mediation, and interventions. Results: Access to a psychologist was identified by 40 professionals as a need. Three domains emerged: relationships with patients and families; conflicts, ethics, and clinical decision-making; and communication, institutional culture, and recognition. Difficulties recognizing suffering among patients and families, stereotypes, moral judgments affecting relationships, and defensive mechanisms influencing clinical decisions were observed. Disagreements regarding therapeutic limits, proportionality of interventions, and palliative care were associated with moral distress. Communication misalignments, conflict-management challenges, unclear responsibilities, tensions regarding shared family care, and salary disparities were identified. In the Pediatric ICU, expansion of family assessment emerged as a need. Conclusions: Structured psychosocial support promoted psychological safety, human factors, non-technical skills, communication, and prevention of moral distress in ECLS teams, with benefits for care quality, patient safety, and sustainability of critical care delivery.

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