Healthier Midwives for Healthier Families: Designing a Solution to Support Midwives through Psychologically Traumatic Professional Events.

Welcome Introductions

- **Sally Pezaro**
- PhD Researcher at Centre for Technology Enabled Health Research (@CovUni_CTEHR) at Coventry University.
- Passionate about Mental Health & wellbeing for Healthcare Professionals
- PhD Project: The development and evaluation of an online intervention designed to support midwifery professionals experiencing psychological distress.
- Supervisors: Dr. Wendy Clyne, Dr Andy Turner, Dr. Emily A Foulton.
- Advisors: Clare Gerada & Elizabeth Bailey

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Why is this project important?

- Safe, high quality and cost effective health care is intimately linked to good staff health, wellbeing (RCP, 2015).
- Traumatic work environments in maternity services, may be associated with stress, vicarious trauma and anxiety (Romani et al, 2014)
- Currently, there is a paucity of support for midwives, who could be at an increased risk of psychological distress due to the fact that they are independent practitioners, working in an area of high litigation (Strobl et al, 2014; RCM, 2014, NHSLA, 2014).

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What are we hearing?

"I suffer from a condition called being 'Human'"
(Conway et al, 2009:3)

"I am close to having a break down in mental health"
(McHugh et al, 2014:106)

"I didn't come in to the Health Services to be mediocre and fail"
nhsemployers.org

"Blaming, scolding and punishing really have no place in the treatment of any illness"
(Fisk et al, 1990:128)

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What are the current UK facts

- Poor mental health = ¼ of staff sickness absence. (Boorman, 2009).
- 38% per cent of NHS staff in England report having suffered work-related stress and/or being unwell as a result of work-related stress over the past year (NHS Staff Survey, 2013).
- Only 57% of NHS trusts have a policy to support mental wellbeing (Sloan et al, 2014).
- 68% of NHS staff in England report having attended work at least once in the previous year when they did not feel well enough to perform their duties (NHS Staff Survey, 2013).
- Fewer than half (44%) of NHS staff in England report that their employer takes positive action on health and wellbeing. NHS staff survey
- Many of the trusts identified that stress and mental health issues had overtaken musculo-skeletal disorders (MSDs) as the main reason for sickness absence (NHS Employers, 2014).

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The Midwife as the 'Second Victim'

Albert Wu @withyouDrWu

Coined the phrase 'Second Victim'

- Where the health professional involved in an unanticipated adverse patient event is traumatised by the event. They then become the 'Second Victim' (With the patient being the first victim).

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The impact for the 'Second Victim'

- Professional insecurity
- Changes in professional attitudes
- Burnout
- Post traumatic stress
- PTSD
- General stress symptoms
- Anger
- Substance abuse disorders
- Compassion Fatigue
- Insomnia
- Anxiety
- Effect on family life
- Depression
- Impaired conduct
- Increased risk of both personal & professional adverse outcomes
- Death by Suicide

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Midwives in Psychological Distress

- **What might be the cause?**
- Adverse patient incidents (Never Events/Critical incidents/obstetric emergencies)
- Medical Error
- Whistleblowing
- Workplace Suspensions
- Regulatory investigations
- Bullying
- Aggressive patient behaviours
- Psychologically unsafe working cultures

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What are we not hearing?

Margo – A 49 year old nurse with a reputation of being grumpy, rude and uncaring. Disinterested in professional development and snaps at students.

John – A newly qualified A&E nurse. Easily startled, looks tired and bewildered at times. John has recently made a medical error and shows a marked lack of confidence, yet he often offers to do extra shifts.

Emily – A midwife currently under investigation due to a patient complaint following a critical incident. Her behaviour is markedly changed, she is jumpy and avoidant of certain situations. She doesn't want to talk about it.

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Are Midwives Suffering in Silence?

Although many health professionals feel impaired in one or more important areas of functioning, relatively few seek help.

"It is ingrained in us that the person who shouldn't suffer is the patient. Trying to make it so whatever you do they're not the ones who suffer" (Wilkinson, 2015).

- Healthcare Professionals may not be prepared to admit that there is something wrong for fear of losing their jobs, being suspended or having to suffer regulatory processes. Punitive systems drive secrets underground, and paradoxically put patients at risk (Moberly, 2014:1).
- In a context where psychological distress is not given any credence, midwives may find it difficult to voice their own upset (Wallbank, 2013).
- Healthcare professionals may find it easier to mask their ill health.

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Barriers to Help Seeking

“We see the pressure from the inside but don't show that to the patient until the breaking point comes.” (Wilkinson, 2015).

Some barriers to seeking help include, but are not limited to:

-lack of service provision

-stigma

- An individual’s inability to recognise mental ill health in either themselves or other people.

-limited finances

-Poor accessibility

(Renton et al, 2014).

-Burnt out staff may hold a distorted view of the ‘self’ as their symptomology enhances feelings of depression, devaluation and an inability to prioritize self-care or recognize their own health needs and issues.

-Those in psychological distress generally refrain from socially interacting and feel isolated.

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How can this PhD Project Help?

Project Title: The development and evaluation of an online intervention designed to support midwifery professionals experiencing psychological distress.

- Every few seconds, someone in the UK will use the search terms 'Depression, stress and anxiety' within internet search engines (Downie, 2015). Some of these searchers may be health professionals, seeking help anonymously online.
- Midwives may seek confidential support in an online community which upholds the principles of mutual trust and amnesty.
- The intervention can be tailor made to suit the needs of the healthcare professional, away from patient centred services.
- Peer support, evidence based therapies and story sharing can be facilitated by an online community, and may prove to be a welcomed alternative to face to face therapies.
- Using an online intervention to distribute support for those experiencing psychological distress may also promote help seeking and disclosure through anonymity and amnesty (Wootton et al, 2011).

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PhD Project Plan

Project Title: The development and evaluation of an online intervention designed to support midwifery professionals experiencing psychological distress.

- Literature Reviewing
- Identify Project Stakeholders & User Groups
- Needs & Feasibility Analysis
- Ethical Considerations to be explored
- Delphi Study **(Can you take part?)**
- Intervention Design & Development Process
- Pilot Testing of the Intervention **(Can you take part?)**
- **If this tool proves to be effective in supporting midwives in psychological distress – How can we take it forward?**

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Thank You

How can you get involved?

Want to make this happen?

I will be recruiting midwives, academics, clinicians and other experts to join a Delphi panel and a pilot testing group

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Presentation Limitations

Presentation Limitations: There is a paucity of evidence in the literature relating to the impact of and consequences for midwives in psychological distress. Therefore, many of the academic references used, relate to alternate or broader healthcare staff populations . It is also of note that Midwives may be grouped alongside nursing populations within some of the literature retrieved.

However, in the absence of any relevant literature, it is assumed that there may be some aetiological and consequential outcome similarities between alternate groups of healthcare professionals and midwives, as midwives report similar levels of Psychological pain (Sheen et al, 2014).

I hope that my future research will address these gaps within the literature.

Thank you for Listening

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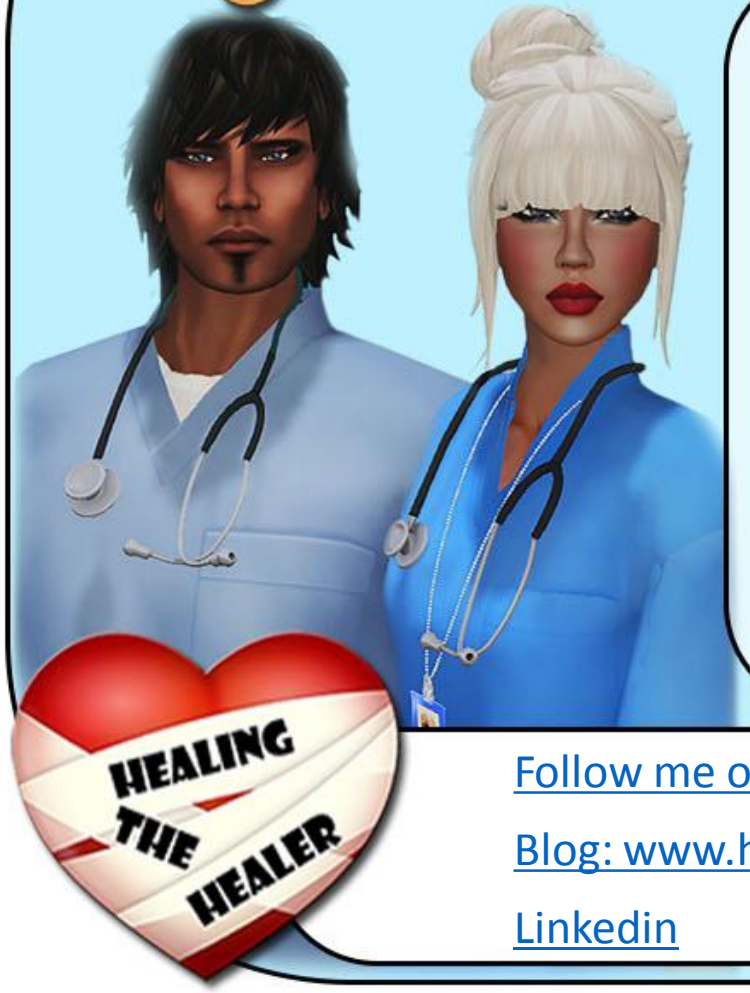

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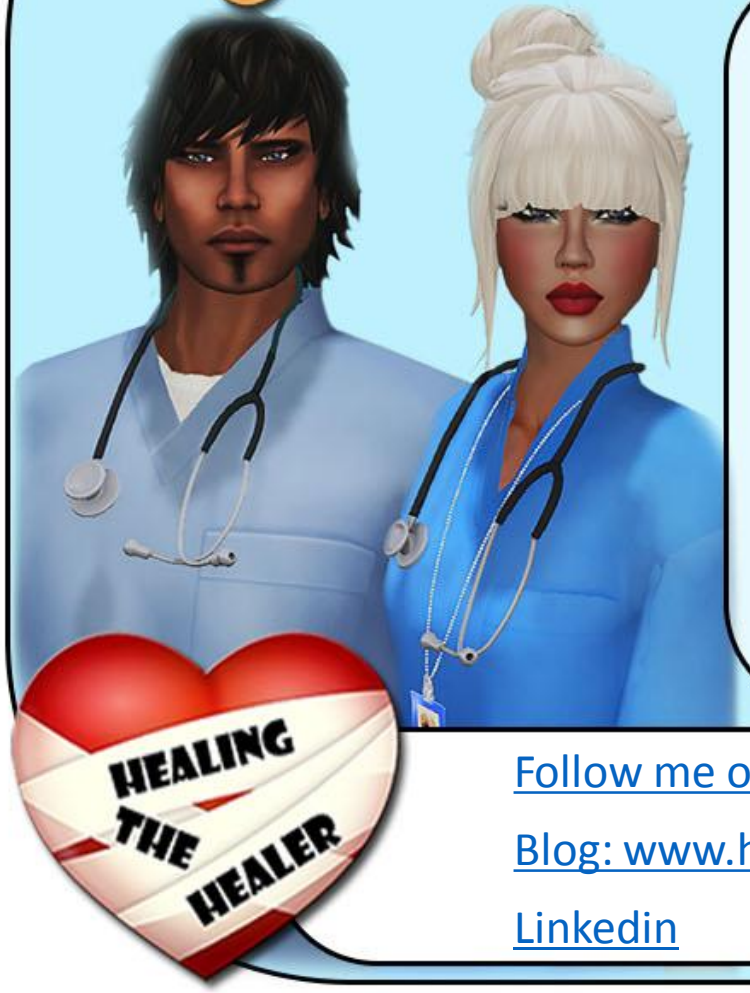

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