



Healthy Professional Workers Partnership

DELIVERING ON THE QUADRUPLE AIM IN MIDWIFERY CARE:
STAKEHOLDER PERSPECTIVES ON THE MENTAL HEALTH, LEAVE OF
ABSENCE AND RETURN TO WORK EXPERIENCES OF CANADIAN MIDWIVES

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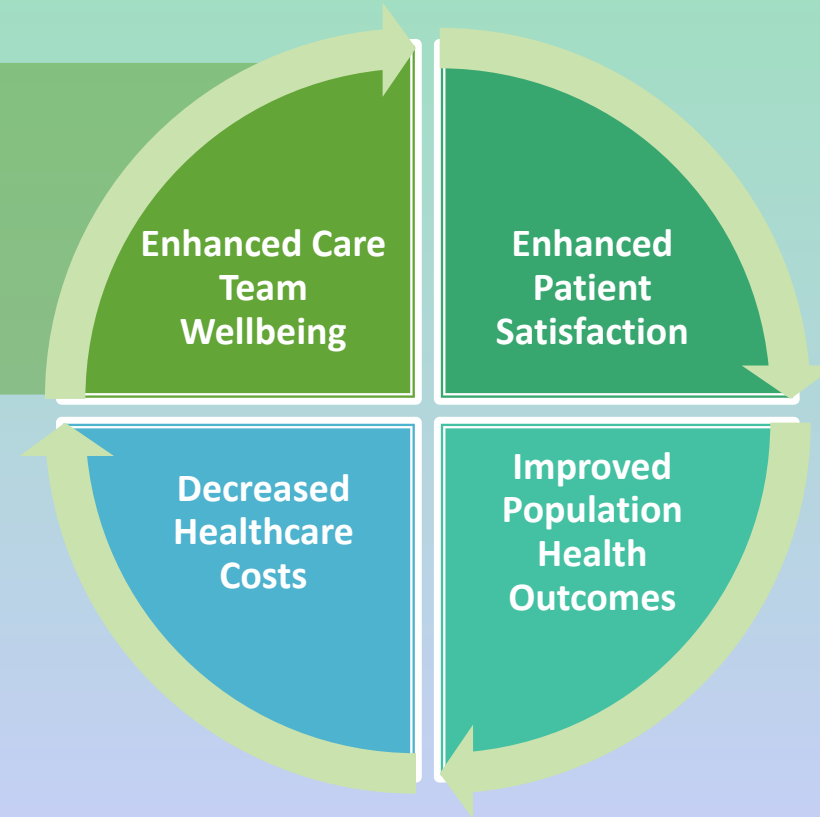
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Background

- Healthcare workers are 1.5 times more likely to take leave due to illness or disability than workers in all other sectors
- Work-related factors contribute to midwives experiencing significant mental health concerns
- Across Canada, the midwifery workforce is exhibiting high rates of attrition



(Bodenheimer & Sinsky, 2014; Clews, 2009; Dorrian et al., 2011; Kitts, 2013; Mollart et al., 2013; Pezaro et al., 2015; Sheen et al., 2016; Rice et al., 2014)











The Healthy Professional Worker Partnership

is a CIHR and SSHRC funded initiative that employs a comparative perspective to examine the gendered nature of:

- mental health*
- leaves of absence, and*
- return to work experiences*

Our Case Studies

<p>ACADEMIA</p>  <p>Learn more</p>	<p>ACCOUNTING</p>  <p>Learn more</p>	<p>DENTISTRY</p>  <p>Learn more</p>	<p>MEDICINE</p>  <p>Learn more</p>
<p>MIDWIFERY</p>  <p>Learn more</p>	<p>NURSING</p>  <p>Learn more</p>	<p>TEACHING</p>  <p>Learn more</p>	<p>LEADERSHIP</p>  <p>Learn more</p>





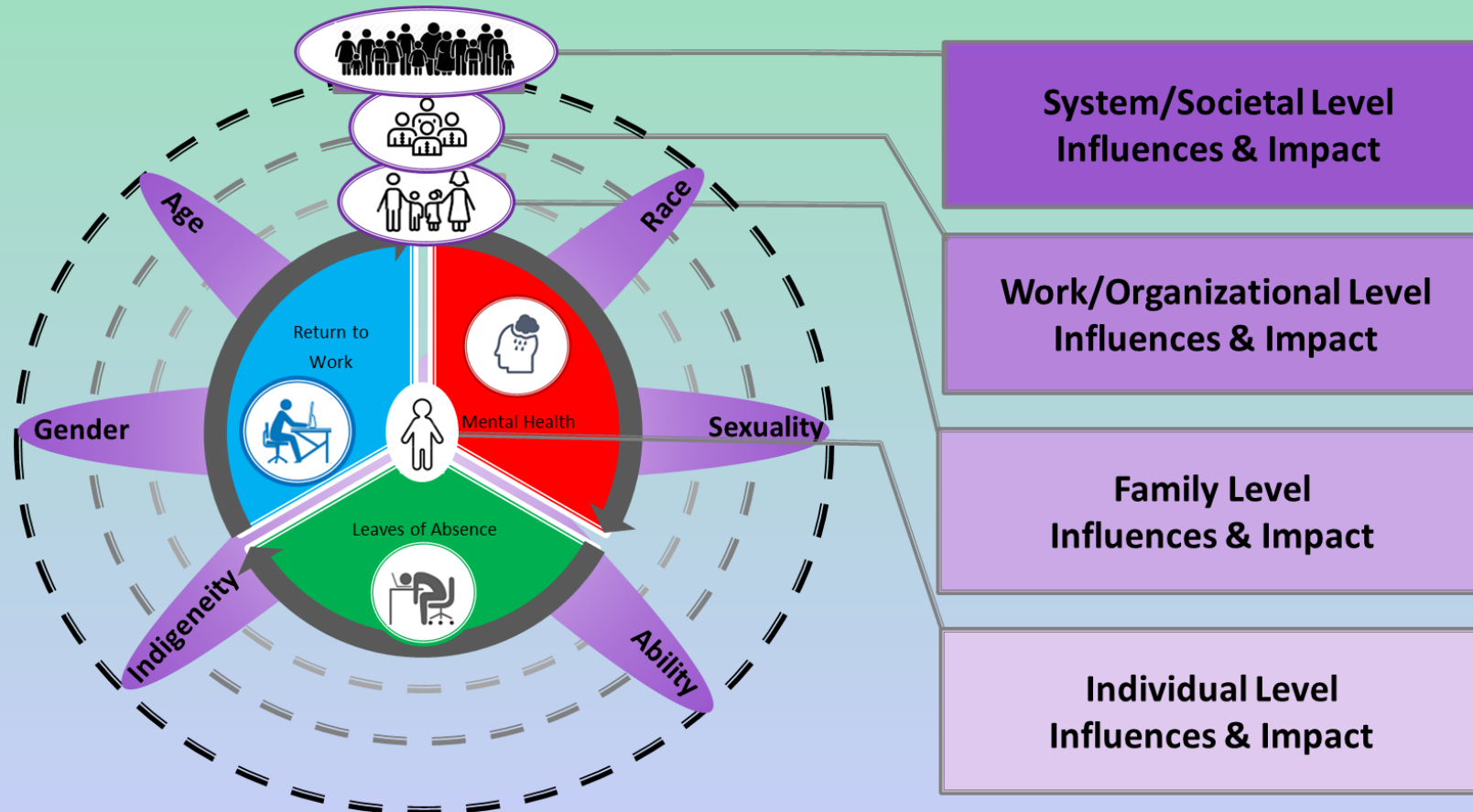
Midwifery Case Study Team

Principal Investigator	Ivy Bourgeault
Midwifery Case Study Co-Leads	Kellie Thiessen & Cecilia Benoit
Midwifery Case Study Co-Investigators	Elena Neiterman, Jelena Atanackovic & Karen Lawford
Midwifery Case Study Trainees	Caroline Chamberland-Rowe & Angela Freeman
Midwifery Case Study Partner Organizations	Canadian Association of Midwives Association of Ontario Midwives
Cross-Cutting Partner Organizations	Canadian Institute of Health Information HealthCareCan Health Canada Mental Health Commission of Canada Statistics Canada Vanier Institute of the Family





An Intersectional, Contextualised Path Model of Mental Health, Leaves of Absence & Return to Work Experiences



Research Objectives

Mental Health

- To understand the mental health experiences of professional workers
- To understand how **personal**, **familial**, **work** and **organizational** factors impact the mental health of professional workers

Leaves of Absence

- To identify the [PFWO] factors that influence workers' decisions to **contemplate** OR **take** a leave of absence from work.
- To identify the antecedents, barriers & facilitators to taking a leave

Return to Work

- To identify the [PFWO] factors that **facilitate** or create **barriers** to return to work
- To identify **interventions** at the [PFWO] level that facilitate healthy return to work

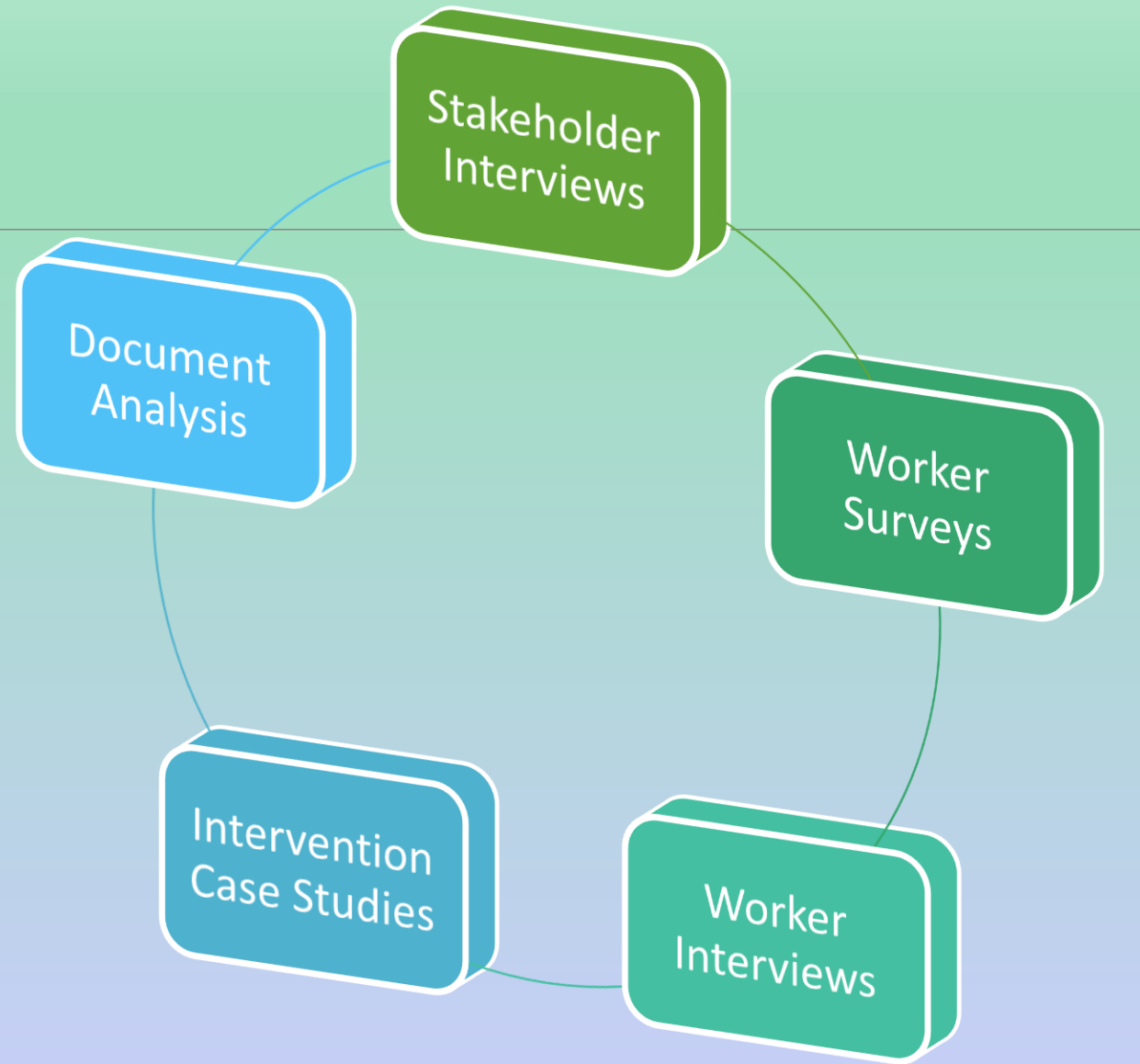
Impact

- To understand the **impact** of mental health issues & leaves of absence on professional workers, their work, their clients/students/patients, their colleagues, their supervisors/managers & their organizations

Gender Based Analysis



Multi-Method Partnership Approach





Methods – Stakeholder Interviews

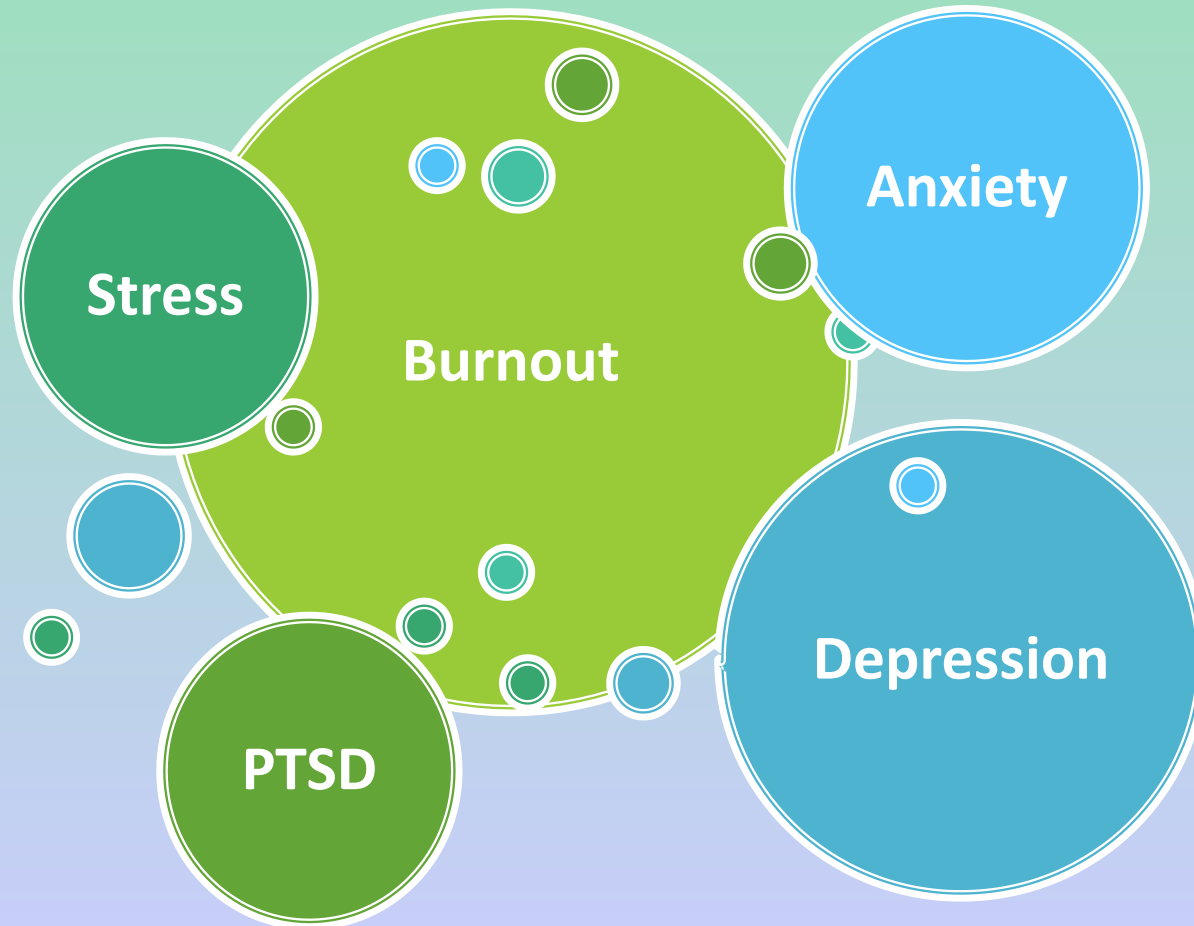
Number of Stakeholder Interviews Completed		19
Targeted Content	<ul style="list-style-type: none"> ✓ Mental Health Issues, Causes and Interventions ✓ Workplace Mental Health Promotion Policies & Programs 	<ul style="list-style-type: none"> ✓ Presenteeism & Absenteeism ✓ Return to Work Factors, Policies & Programs ✓ Gendered Experiences
Targeted Stakeholder Groups Represented	<ul style="list-style-type: none"> ✓ National Professional Associations ✓ Provincial Professional Associations ✓ Regulators 	<ul style="list-style-type: none"> ✓ Insurers/Service Providers ✓ Educators ✓ Managers/Employers ✓ Experts
Provinces/Territories Represented	<ul style="list-style-type: none"> ✓ Nova Scotia ✓ Ontario ✓ Québec ✓ Manitoba 	<ul style="list-style-type: none"> ✓ Alberta ✓ British Columbia ✓ Nunavut





Preliminary Findings

Most Common Mental Health Concerns Among Midwives



Work-Related Factors

- Heavy workloads & lack of work-life balance
- On-call work & lack of separation between work and home life
- Isolating & demanding nature of the work
- Interprofessional Dynamics
- Intraprofessional Dynamics
- Insufficient remuneration
- Colonialism & Discrimination





Preliminary Findings

Work-Related Factors Causing Mental Health Concerns

WORK CONTENT

- Heavy Workloads
- Heavy Responsibility
- Complex clients
- Critical incidents
- Compassion fatigue

WORK CONTEXT

- Interprofessional Dynamics
- Intraprofessional Dynamics
- Professional Integration
- Model of Care
- Colonialism & Discrimination





Preliminary Findings

Personal & Familial Factors Causing Mental Health Concerns



Blurry lines
between the
personal and
professional



Age &
Career Stage



Family Dynamics &
Caregiving
Responsibilities



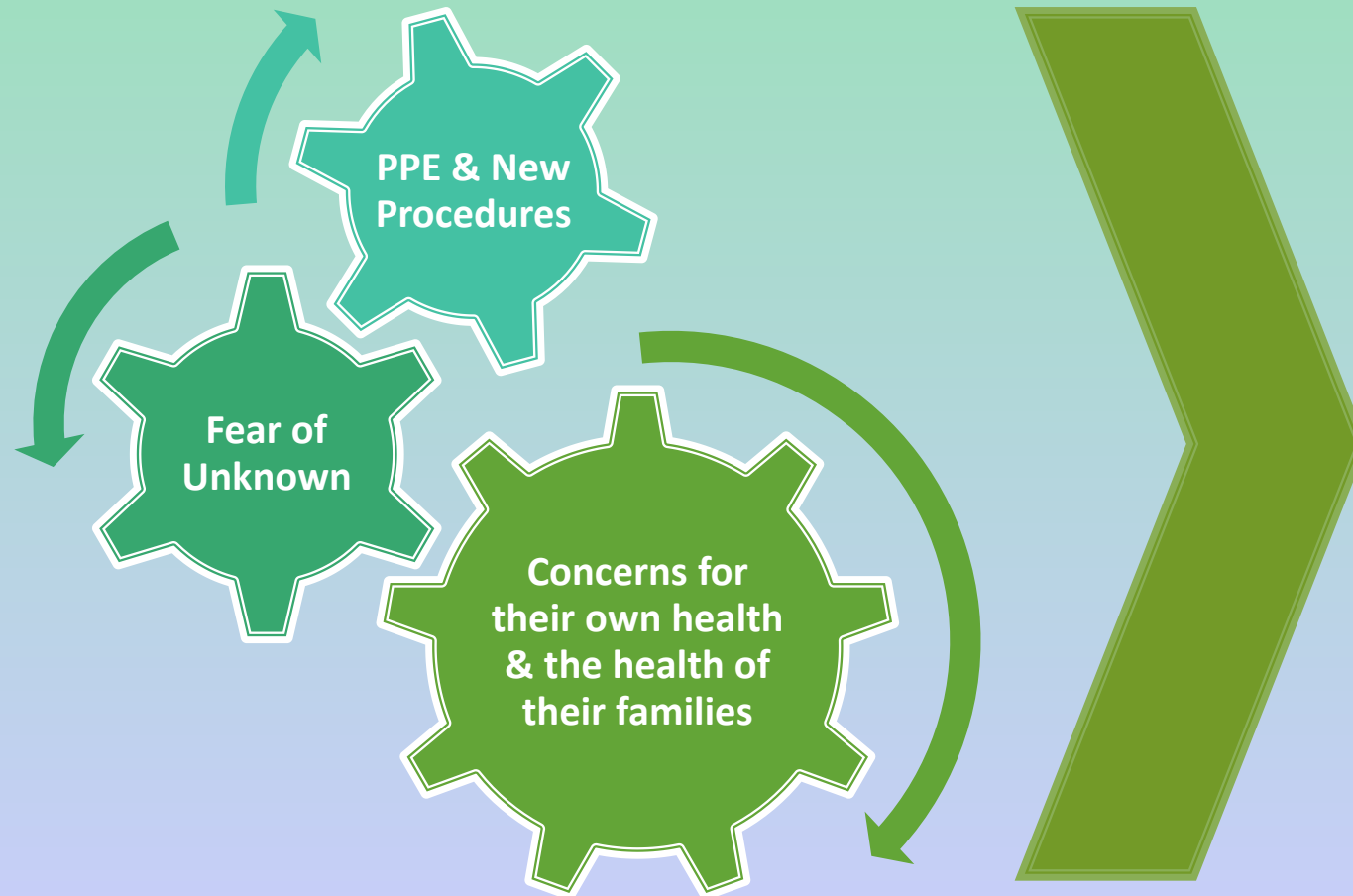
Rural/Urban
Divide





Preliminary Findings

Impact of COVID-19 on Mental Health Concerns



Exacerbating the stress that midwives typically experience in their personal and professional lives





Preliminary Findings

Reasons for Taking Leaves of Absence





Preliminary Findings

Presenteeism & Absenteeism

Lack of support from their practice group

Lack of policies to support leaves of absence or to render a leave feasible for midwives & their practices

Stigma attached to mental health issues

Presenteeism

Midwives continuing to work despite significant health concerns that can negatively impact their productivity & the quality of care they provide





Preliminary Findings

Barriers and Enablers for Taking Leaves of Absence

- Stigma and fear of disclosure
- Disclosure and coordination with multiple work settings
- Financial viability & fear of losing clients
- Difficulty finding coverage of workload
- Guilt associated with additional workload imposed on colleagues

- Reducing stigma
- Working in an urban area with a larger well-resourced team
- Working in an employment model that facilitates leaves of absence





Preliminary Findings

Barriers and Enablers for Return to Work

- Returning to a work environment where the underlying causes of mental health concerns have not been addressed
- Lack of flexibility in the models of care, employment & remuneration
- Lack of support at home and/or at work
- RTW plans that allow for gradual increases in caseload and responsibility
- Flexible models of care, employment & remuneration that allow midwives to limit their caseload and/or scope of practice
- Resilience training





Conclusion

Recommended Interventions



Counselling services with expertise in healthcare & critical incidents



Reactive



Training opportunities for both midwives and managers



Increased resources & support from government to promote better integration



Increased flexibility in models of care, employment & remuneration



Preventative





Thank You

HOW TO ENGAGE WITH THE PROJECT & LEARN MORE



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