Mobilising health professionals' practical knowing for organisational advancement in the aftermath of critical incidents – change through action research

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Auckland, New Zealand

AUT

Action Research

Collaborative / Participatory

50 health professionals involved!

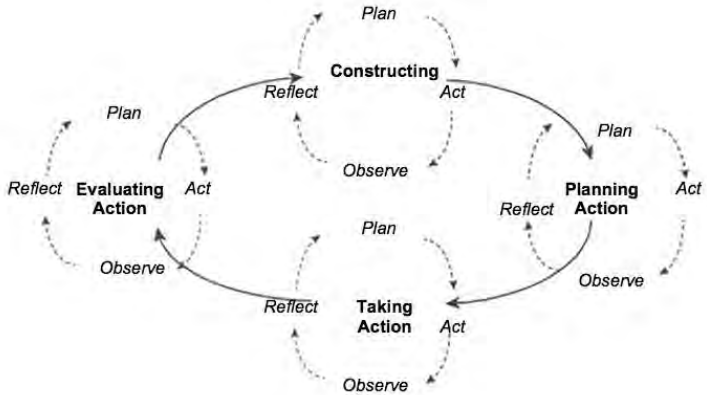
- Core Action group
- Individual interviews
- Group discussions

Pictures from https://www.google.com/

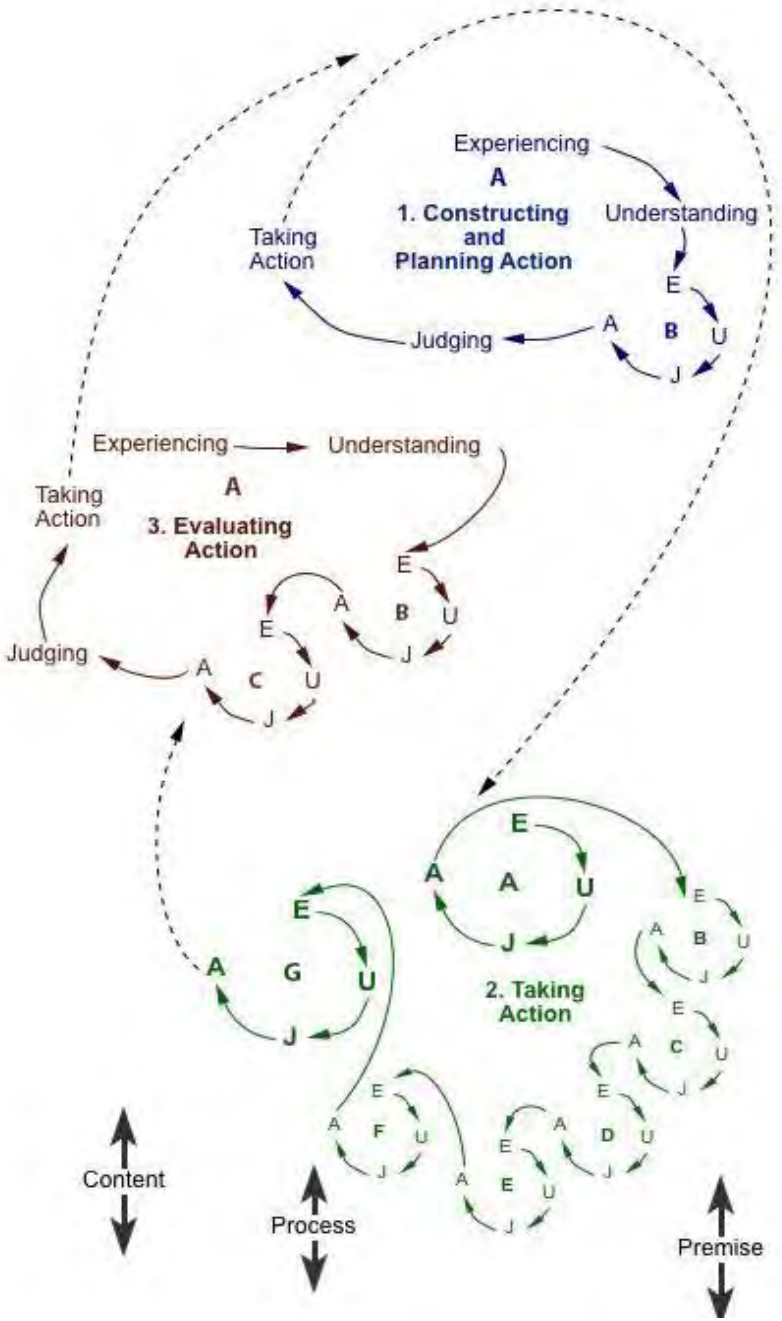
Action Research

Cyclic and reflective

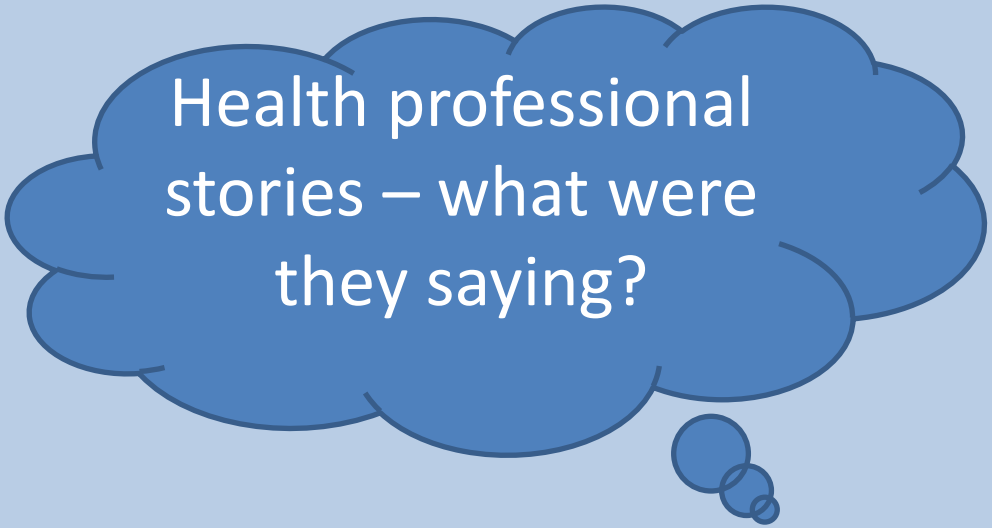
Three phases with multiple cycles



Coghlan & Brannick (2014, p. 38)



Austin (2017, p. 14)



Phase 1

- More distressed than colleagues
- Blamed for poor outcomes
- Critical incidents not talked about
- Showing emotion is a sign of weakness

"I don't know if maybe I'm a private person when it comes to stuff like that. I don't really go around telling people about it, that I just cried last night ... that it affected me as much. I didn't really tell many people until months later when it was ok" (Participant)

Complexity Theory applied

- Emergent properties
- Explanation of behaviour between individuals
- Rules and assumptions
- Areas for change
- Energy

Discussion

Phase 2 – creating an eBook resource

- Champions now visible
- Action group empowered
- Stories gifted
- Reflection on practice
- Specialist knowledge already existed

“energy for the change lies within the system”

(Burns, 2014, p.12)

Practical Knowing

- Local expertise exists on how to address the everyday concern
- The local way – knowledge is socially derived and constructed
- Capturing the uniqueness in practice
- Purpose of developing resource – based on good values

Based on Coghlan's (2016) Philosophy of Practical Knowing

Phase 3 - Evaluation

Everyday concern became visible

I felt like three points I really got from it was everyone's going to have a critical incident at some point, that it's normal to be upset about it and there is support for you if you need it … that came out really loud and clear
(Participant)

Ideal state made explicit

“No I don’t think it is idealistic I just don’t think it happens here” (Participant)

“Gosh it never occurred to me about the effect on people when there is an RCA” (Root Cause Analysis review) (Participant)

Uniqueness of situation - Identifying self

"…it comes into that first page and where you are at. Okay this is me and I really liked how it was written in the first person like I need this at this time" (Participant)

Collaborative action to meet a need

“Something that could potentially fill up a big hole that we’ve got here around critical incidents … everyone has stories…”

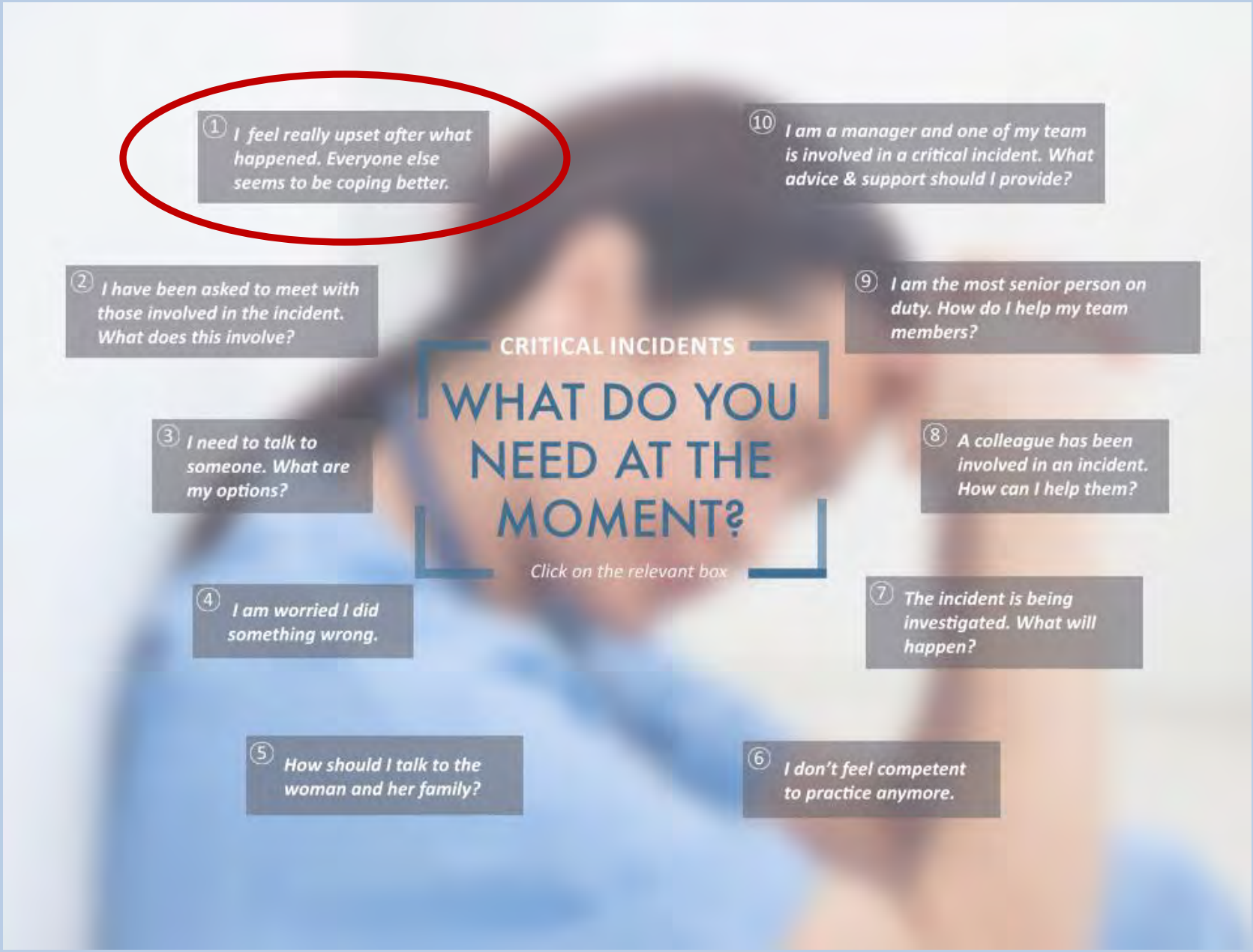
(Participant)

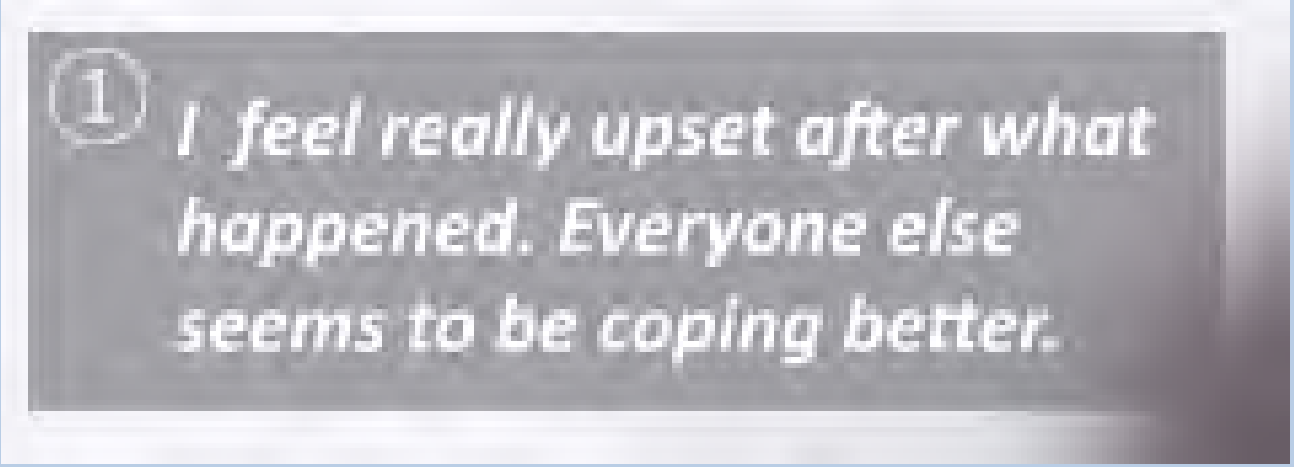
Rules / Assumptions in the complex system:

- Individuals are to blame for critical incidents
- Critical incidents are not talked about
- Showing emotion is a sign of weakness

Modify to:

- **Come to work to provide best care possible**
- **Experiences of critical incidents are shared**
- **Showing emotion is normal**


CRITICAL INCIDENTS
WHAT DO YOU NEED AT THE MOMENT?
Click on the relevant box
1 I feel really upset after what happened. Everyone else seems to be coping better.
2 I have been asked to meet with those involved in the incident. What does this involve?
3 I need to talk to someone. What are my options?
4 I am worried I did something wrong.
5 How should I talk to the woman and her family?
6 I don't feel competent to practice anymore.
7 The incident is being investigated. What will happen?
8 A colleague has been involved in an incident. How can I help them?
9 I am the most senior person on duty. How do I help my team members?
10 I am a manager and one of my team is involved in a critical incident. What advice & support should I provide?


1
I feel really upset after what happened. Everyone else seems to be coping better.

EMOTIONAL EFFECT OF CRITICAL INCIDENTS

Emotional trauma after a critical incident is common and most likely others are hiding the same feelings you have. Listen to others share how they have felt after a critical incident.

Second Victim

The first victim being the woman and her family, the term 'second victim' has been used to describe the health professional's feeling of despair following the realisation that they were involved in an error, the feeling of isolation and the often unsupportive response by colleagues and the health system.

As a heath professional you can manage the majority of experiences in practice. However there may be an event that triggers a significant response or a series of events that eventually leads you to feel there has been one too many.

Local and international studies show that it is common for people to

- Worry about making a mistake
- Be emotionally affected when there is a bad outcome for a woman or her baby
- Feel responsible for that outcome
- Be concerned about what their team members think of them
- Consider resigning after a bad outcome
- Be afraid to talk to their colleagues
- Believe they are the only ones that feel this way.

Health professionals often do not talk about how they feel after a critical incident or the errors they may have made. This may have led you to think you are the only one affected by such events.

"I don't know if maybe I'm a private person when it comes to stuff like that. I don't really go around telling people about it, that I just cried last night ... that it affected me as much. I didn't really tell many people until months later when it was ok."
'Women's Health professional'

Listen to stories from senior health professionals in Women's Health on the next page

STORIES

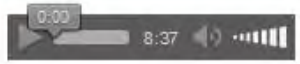
Incidents, adverse events and errors happen to all health professionals at some point in their career.

...and people quite often look quite surprised when I'm prepared to say, well these are the bad things that have happened to me and this is what I was going to do about them, including resign. And actually everyone's had something but if no-one tells you about it ... 'Women's Health professional'

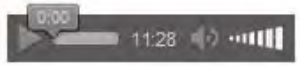
If you want to share your story or talk about how you are feeling click here to go the section on "How to share your story"

Listen to the story of some of our senior staff sharing their stories of when things didn't go as planned and how it affected them.

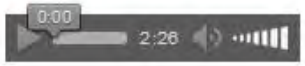
LISTEN TO STORY FROM ALENNA
WOMEN'S HEALTH REGISTRAR



LISTEN TO STORY FROM MAHIA
MAORI MIDWIFERY ADVISOR



LISTEN TO STORY FROM DIANA
RESEARCHER & MIDWIFE



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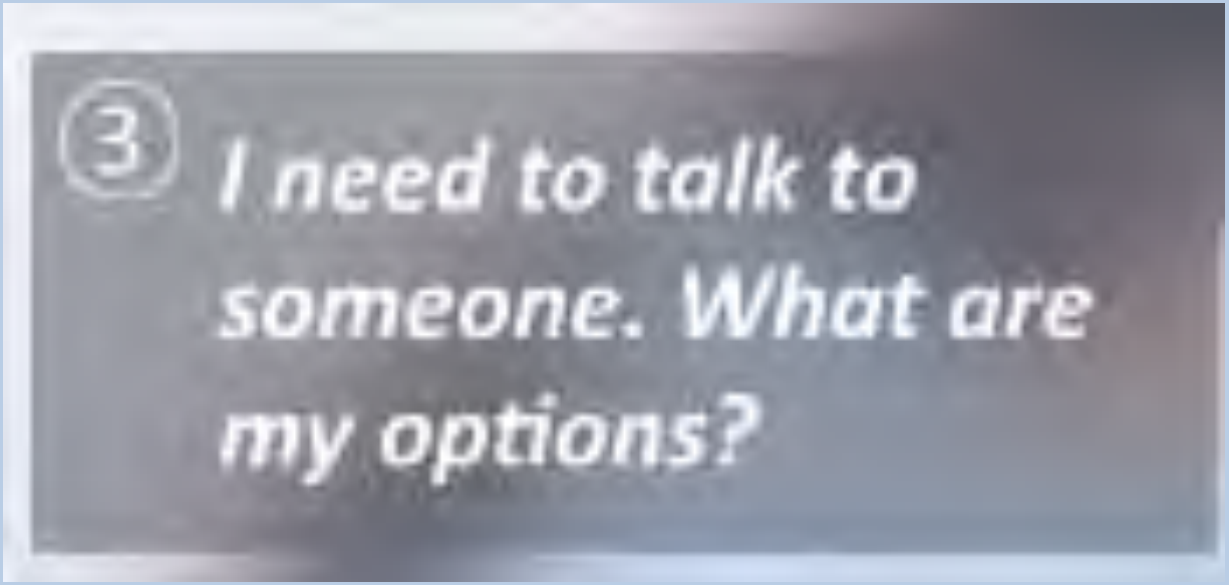
3
I need to talk to someone. What are my options?

Chapter 3

PEOPLE YOU CAN TALK TO

You may feel comfortable talking with a colleague or manager however often you may want someone external to the incident or your service. There are other people you can talk with.

"...I felt like he believed in me. That he acknowledged that I hadn't done anything wrong. That made a huge difference" (Women's Health professional)

You may be wondering if there is anyone you can talk to. Talking to a family member or just keeping quiet often feels like the safest thing to do. This is the case in many healthcare organisations. ADHB Women's Health service is trying to improve the support provided to the health professionals working here.

Talking about an incident can help clarify for you what happened, provide you with emotional support and reassurance and when you are ready an opportunity to reflect on what you could improve. Needing to talk is not a sign of weakness or something new to the 21st Century. Rather the way we work has changed. If you talk to anyone who has been around a while they will tell you stories of chatting in the tearoom. telling stories while knitting on a quiet night. Economic restraints and higher acuity means most people are running from one situation to the next most of the time.

"Sharing with non-judgemental colleagues was reported to ease the emotional burden..." (Ullstrom, 2014, p. 329).

How do I know I need to talk to someone?

Just wanting to is a good enough reason.

You may also;

- Need some emotional support
- Be worried about the care you provided
- Want to reflect on how your could improve
- Find out if others have had similar experiences

If you have any of the following you should seek professional help.

- Thinking about the incident each day for weeks following the event and criticising yourself for things you may have done
- Negative feelings and distressful emotions about the event stay the same or increase in intensity
- There is a need to continue using sleeping medications, and/or using other drugs and alcohol to feel better
- Continuing to lack confidence in an area of work where you previously felt comfortable
- Continuing difficulty to sleep well due to intrusive thoughts that you do not feel in control of, nightmares or flashbacks. These could be emotional, thoughts, visual, verbal or smell....*Continue*

Participant Summary

Participation Type	Number of Participants (50) (7 participants were in more than one group)
Action Group	13
Health professionals - Planning interviews (Phase 1)	8
Content experts (Phase 2) (3 also members of Action Group)	5
Health professionals - Evaluation Interviews (Phase 3)	12
Midwives – survey (Phase 3)	15
Story tellers (all were involved as participants in other parts of the study)	4

Now accessible to all…

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Thank you

I acknowledge the women and their families who are the most impacted by poor outcomes.

Thank you to:

- Health professionals who participated
- Management team who supported the study
- Colleagues and manager at AUT
- Supervisors: Associate Prof Lesley Ferkins, Dr Jennie Swann, Prof Liz Smythe

Study completed as part of Doctorate of Health Sciences

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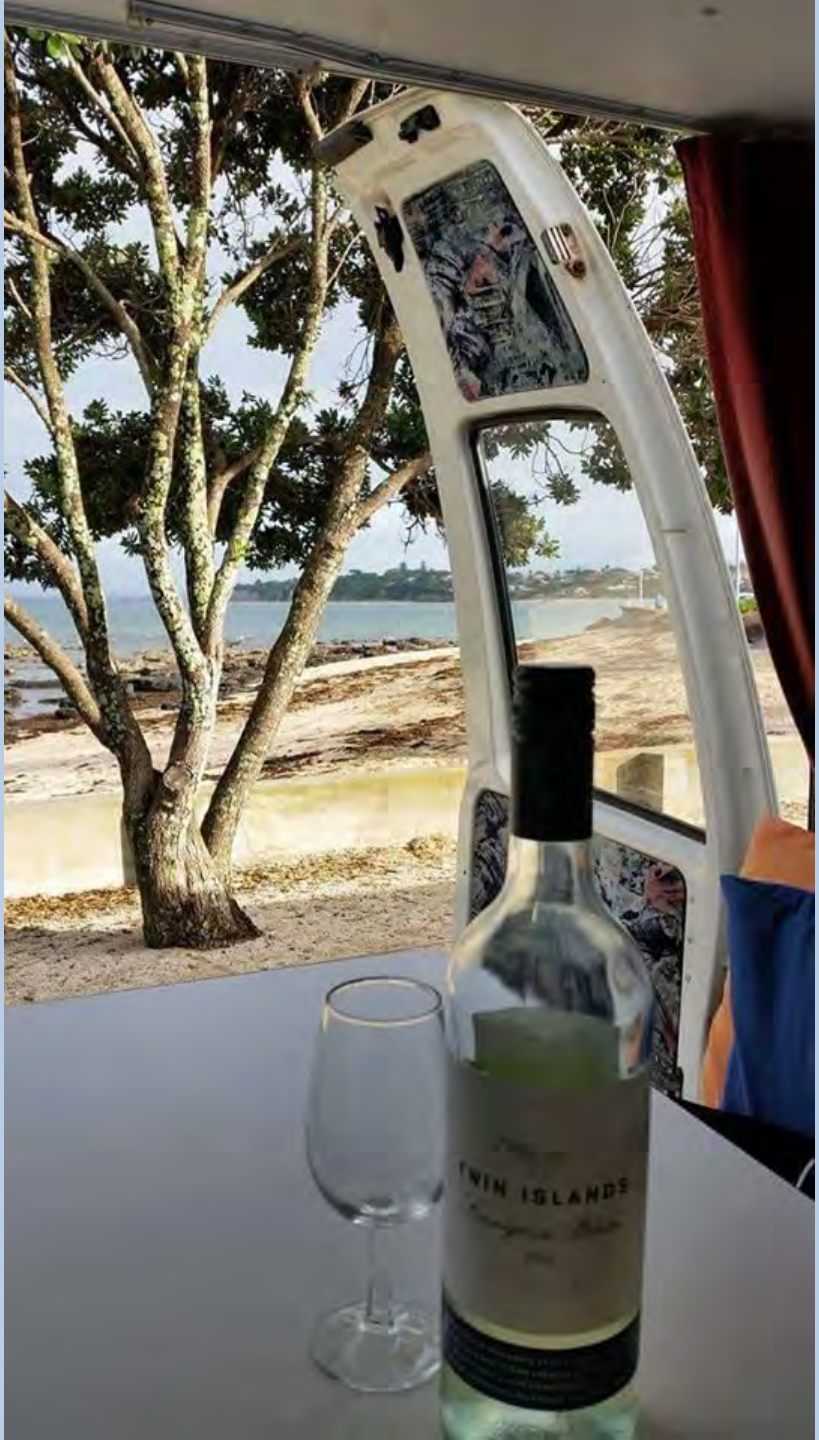
TWIN ISLANDS