

# Role of Integrated Health Psychologists in Supporting the Mental Health and Wellbeing of Ob-GYNs: Responding in Times of Moral Distress

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## BACKGROUND

US physicians are experiencing an epidemic of exhaustion and moral injury. Indeed, **40–75 percent of Ob-Gyns experience some form of professional burnout** (e.g., losing control, conflicting demands on time, or diminishing sense of worth)

Higher burnout rates is associated with:

- Decreased satisfaction with work-life balance
- Decreased satisfaction with professional wellbeing.
- Increased risk for depression, anxiety, substance abuse, cardiovascular disease, and suicide.



Ob-gyn providers experience unique challenges including:

- Erratic on-call schedule
- High-patient need
- Quality metrics (burdensome paperwork and clinic schedules)
- Maternal and fetal mortality
- Malpractice concerns

6/2022 - **The overturning of Roe V. Wade posed risk for exacerbation moral injury and exhaustion** as ob-gyn providers practicing Colorado (an unrestricted abortion access state) anticipated an influx of out-of-state patients at medical clinics that provide abortions.

## AIMS

In response to moral distress and fear for the mental health and wellbeing of ob-gyn faculty, the Department of Psychiatry at University of Colorado, School of Medicine offered support/listening groups for the department of ob-gyn faculty.



**Purpose:**

- To process impact of overturning of Roe v. Wade
- Provide brief intervention
- Validate and identify concerns related to influx of out-of-state patients and navigating legal concerns.

## METHODS

Two clinical health psychologists, integrated in inpatient ob-gyn setting and outpatient ob-gyn setting

**Eligibility Criteria:**

- Open to all CU Obstetric and Gynecology faculty
- Voluntary and self-selected participation
- 3 support listening/sessions across 3 months
- Individual Consultations offered
- Facilitated by two clinical health psychologists specializing in reproductive health
- Leadership faculty were invited

**Procedure:**

- Scheduled across 3-month period
- Identified ideal times – during grand rounds presentation/early morning, lunch hour and late afternoon
- Provided framework for session
  - Privacy, Non-judgmental and safe space
  - Transparency around reporting non-identified aggregate feedback and discussion themes to leadership
- Open ended questions
- Facilitation/re-direction
- Assess for, and educate about maladaptive coping

## RESULTS

**First group** – ~18 participants

**Second group** – ~5 participants

**Third group** – High level leadership attendance

**Themes noted across groups**

- Managing strong personal reactions in professional spaces
- Criminalization
  - Fears for legal recourse
  - Practicing in restrictive states
- Erosion of Reproductive Rights
- Professional Ethics Challenges
  - Terminology, documentation of care/procedures
- Clinical training implications
  - Adequate/available curriculum for trainees
  - Desire for OB specialization
- Anticipatory burnout

## DISCUSSION

**Clinical Implications:**

- Community building and culture of sharing
- Leadership awareness of faculty stress
- Improvement in relationships and disclosures
- Enhancing provider trust in role of integrated health psychologists
  - Potential for increase in patient referrals and programmatic support

**Limitations:**

- Participant self-selection
- Leadership/supervisor present in groups
- Quick response to need; anecdotal data
- Unable to formalize review/evaluation of response

**Future Directions:**

- Opportunities for support sessions separated by role
- Needs assessment
  - Identification of preferred methods for faculty support
- Program development
  - Standard incorporation of health psychologists in facilitating conversations about socio-political/systemic challenges
  - Utilization of evidence-based protocols including mindfulness stress reduction groups for medical doctors
- Routine evaluation of provider functioning/satisfaction with work-life balance

## REFERENCES

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