Paediatric health-care professionals: Relationships between psychological distress, resilience and coping skills
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Aim: To investigate the impact of regular exposure to paediatric medical trauma on multidisciplinary teams in a paediatric hospital and the relationships between psychological distress, resilience and coping skills.

Method: Symptoms of post-traumatic stress disorder, secondary traumatic stress, depression, anxiety, stress, burnout, compassion satisfaction, resilience and coping skills were measured in 54 health professionals and compared with published norms.

Results: Participants experienced more symptoms of secondary traumatic stress ($P < 0.01$), showed less resilience ($P = 0.05$) and compassion satisfaction ($P < 0.01$), more use of optimism and sharing as coping strategies, and less use of dealing with the problem and non-productive coping strategies than comparative groups. Non-productive coping was associated with more secondary traumatic stress ($r = 0.50, P = 0.05$), burnout ($r = 0.45, P = 0.01$), post-traumatic stress disorder ($r = 0.41, P = 0.05$), anxiety ($r = 0.42, P = 0.05$), depression ($r = 0.54, P = 0.01$), and stress ($r = 0.52, P = 0.01$) and resilience was positively associated with optimism ($r = 0.48, P = 0.01$). Health professionals <25 years old used more non-productive coping strategies ($P = 0.05$), less ‘sharing as a coping strategy’ ($P = 0.05$) and tended to have more symptoms of depression ($P = 0.06$).

Conclusion: Paediatric medical trauma can adversely affect a health professional’s well-being, particularly those <25 years of age who make less use of positive coping strategies and more use of non-productive coping. These findings will assist the development of effective and meaningful interventions for health professionals working in paediatric hospitals.