CHILDREN BY CHOICE

POLICY BRIEF · 2026

Supporting teams working in abortion care

The potential of Reflective Practice to address burnout, vicarious trauma, stigma and moral distress.

OUR POSITION

Reflective Practice is an evidence-based, cost-effective way to sustain the people who provide abortion care, and it is ready to implement now.

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Why this paper, and why now.

The people who provide abortion care carry a distinct psychological load. On top of the demands shared across healthcare (long hours, exposure to human suffering, moral distress) they navigate the stigma attached to work that is contested and often hidden. Left unaddressed, this drives burnout, vicarious trauma and professional isolation, harming workers, patient outcomes and the sustainability of the workforce.

There is a practical, evidence-based response: **Reflective Practice –** structured, facilitated reflection that helps teams make sense of and learn from the emotional and moral dimensions of their work. It is already embedded across health systems in Australia and internationally, and recommended by bodies including the Royal College of Obstetricians and Gynaecologists as a stigma-reduction strategy for abortion care.

What the evidence shows

- Reflective Practice reduces burnout, moral distress and the effects of vicarious trauma, and improves job satisfaction and retention.
- It is well-regarded and cost-effective - over 98% of staff in one evaluation would recommend it, and investing in workplace mental health can save up to $16,000 a year per workplace.
- Success depends on organisational support: protected time of around two hours a month, skilled facilitation, and a culture of safety.
- Children by Choice is piloting a best-practice model with abortion-care teams in Queensland through 2026, funded by Clinical Excellence Queensland.

About Children by Choice

Children by Choice is an independent non-profit Queensland-based organisation that has been championing the reproductive rights of woman and pregnant people for over 50 years.

Funded by the Queensland Government, we offer a range of services to both pregnant people, the wider community and health care practitioners.

A workforce under strain

Healthcare work carries unique risks.

Healthcare workers face ongoing exposure to long working hours, physically demanding and hazardous environments, and human suffering.[1] Prolonged exposure to these stressors can lead to physical and emotional exhaustion, burnout, vicarious trauma, and reduced compassion toward patients and colleagues.[2–4]

These conditions negatively impact worker wellbeing, patient outcomes and workforce sustainability.[2,3] Workers also increasingly experience and report moral distress, which further contributes to stress, fatigue and burnout.[1]

For abortion care, the risks are amplified.

Burnout, vicarious trauma and moral distress are particularly relevant for those doing stigmatised, morally contested work. Healthcare workers employed in abortion care have unique and amplified needs, and stigma can exacerbate emotional exhaustion, stress and other workplace harms- increasing the risk of burnout in this workforce.[5–10]

Isolation compounds the harm.

Many healthcare workers providing abortion care report feeling isolated, describing scarce opportunity to share their work-related experiences and emotional responses with colleagues.[6,11,12]

For abortion providers in rural and regional areas, geographic isolation can compound and reinforce their feelings of professional isolation.[13]

SOLUTIONS ARE NEEDED

Healthcare workers employed in abortion care deserve supports in the workplace to overcome the interrelated challenges of burnout, stigma, vicarious trauma, moral distress and isolation.

KEY DEFINITIONS

The language we use.

Four interrelated concepts sit at the heart of this paper. Together they describe the pressures the abortion-care workforce carries- and what Reflective Practice sets out to ease.

Abortion stigma

Frames abortion as morally wrong and socially unacceptable.[14] It discredits and delegitimises abortion clients, providers, and the service itself.[15,16]

Burnout

Workplace-related mental and emotional exhaustion caused by chronic workplace stress.[17]

Moral distress

Occurs when a person knows the morally or ethically right action to take, but feels powerless to do so because of institutional constraints such as limited resources or policies.[18]

Vicarious trauma

The process of cognitive change that results from indirect exposure to information about traumatic events and experiences.[19]

A response already exists: Reflective Practice

An intervention to reduce burnout, moral distress and the effects of vicarious trauma and professional isolation already exists. Implementing Reflective Practice in abortion care could counteract these harms and have far-reaching impacts, as it has done in other fields of healthcare.[20–22]

Potential impacts include increased workforce retention and improved organisational culture and patient outcomes.[20–31]

> “Reflective Practice is a process where a person or a group of people are invited to step back from the immediate and intense experience of their work, and to make sense of, and then learn from, such an event.[34]

Two conditions make it work.

Protected time

Approximately two hours per month, ring-fenced for staff to participate.[1,29,32]

A supportive culture

A positive work culture that actively supports and enables attendance.[1,29,32]

What Reflective Practice involves

01 A structured process of regular, in-depth reflection on clinical practice, including future and past actions, thoughts, beliefs, values, behaviours and emotions.[22,34]

02 Reflection can focus on day-to-day practice, be triggered by a challenging clinical encounter, or anticipate a complex situation.[3]

03 It is led by a trained facilitator, and can be conducted with individual participants or in group settings.[35,36]

04 In a group, participants take turns listening and reflecting, supported by facilitators trained to create a confidential and non-judgemental space for sharing.[37]

NOT THE SAME AS DEBRIEFING

While similarities exist, Reflective Practice is not debriefing. Debriefing addresses the impacts of a specific experience or critical incident, and is generally a short-term or one-off activity. Reflective Practice is ongoing and structural.[22,33]

RECOGNISED AS AN ESSENTIAL CLINICAL SKILL

The Nursing and Midwifery Board of Australia names reflection a core component of professional nursing and midwifery practice,[38] and the Australian Medical Council names it a core professional value and quality for doctors.[39]

Where it is already used

Reflective Practice is embedded in health systems and named in guidelines, but it is not yet systematically integrated across the Australian health system.

Across Australia

Used in every state and territory across abortion care, midwifery group practices, mental and sexual health, nurse navigators, emergency departments, oncology, palliative care and Aboriginal medical services- using a range of models. Recommended by the Victorian Government and Queensland Health as a solution to workplace burnout.[1,24]

Internationally

Regularly employed within the United Kingdom's NHS[40] and the United States hospital system.[41]

For abortion care

The United Kingdom's Royal College of Obstetricians and Gynaecologists recommends Reflective Practice as a potential stigma-reduction intervention for abortion care workers.[42]

APPLIED ACROSS TEAMS IN THESE SETTINGS[25,26,43]

- Acute hospital & surgical wards
- Obstetrics & gynaecology
- Community health
- Mental health
- Drug & alcohol and family violence services

The transformative potential for abortion care.

Implemented with protected time and a work environment that supports attendance, Reflective Practice offers a feasible way to address burnout, moral distress and stigma- for abortion-care teams and the broader healthcare workforce alike.

Through ongoing reflection, workers can gain

- Knowledge, confidence and skills to recognise (and then process) their feelings about, and reactions to, their work.[1]
- Support to enhance psychological safety, develop self-awareness, and manage workplace stressors- building professional development and sustainable practice.[29,34,37]

Reflecting on the specifics of abortion care can

- Help providers align their practice with their beliefs, ensuring personal values and professional obligations are compatible.44
- Provide space to discuss and reconcile issues of judgement toward clients,44 reducing stigma and improving outcomes for providers, patients and organisations.21,23,44,45

When providers can reconcile the moral and emotional weight of their work, stigma loses its grip and providers, patients and organisations all benefit.

The benefits, at every level

Reflective Practice is an established, acceptable and cost-effective strategy[20,22,28,29,43,46–48] and its benefits compound, from the individual clinician to the team to the whole health service.

98% of staff surveyed in a UK children's hospital would recommend reflective rounds to colleagues.[49]

$16k a year saved per workplace by investing in workforce mental health.[50]

FOR HEALTHCARE WORKERS

Wellbeing & skills

- Less workplace stress,[28,29] moral distress,[43,47,48] burnout[20,28] and vicarious trauma.[22,46]
- Greater job satisfaction and sense of feeling valued at work.[28,29]
- Stronger clinical skills and patient care, including emotional presence and self-awareness.[1,22,23,27,34,51,52]
- More empathy and less judgement toward clients and patients.[24,30,31,46,51]

FOR TEAMS

Cohesion & trust

- Greater multidisciplinary group cohesion, trust and morale.[20,22,24,25,30,34,37,53]
- Better conflict resolution.[23,30]
- More balanced power dynamics among healthcare teams.[1,37]
- A shared, patient-centred way of making sense of difficult work.[30]

FOR THE WORKPLACE

Retention & quality

- Improved workforce wellbeing and resilience.[20,22,24]
- Decreased staff turnover and reduced absenteeism.[22,29]
- Better patient and service outcomes- more accurate triage, fewer hospitalisations, shorter stays.[54]
- Stronger safety and quality assurance through better adherence to guidelines and protocols.[22,26,46]

Recommendations for implementation

Evidence points to three sets of considerations for successful integration- organisational, facilitator, and implementation.

Organisational considerations

Feasibility, impact and effectiveness all depend on organisational support. Without it, Reflective Practice is less likely to succeed.[25] Leadership should allocate:

- Regular, ongoing protected time for staff to participate.[1,29,37,45,46]
- Financial resources for expert facilitation.[37]
- Private physical spaces to host sessions.[55]
- A work environment that enables ongoing participation.[1,29,32]
- Staff and funding to maintain continuity of care during sessions.

Facilitator considerations

It is critical that facilitators have adequate training, skills and support to deliver Reflective Practice.[34,56]

Facilitators must:

- Participate in their own Reflective Practice, and model self-reflection and self-awareness to participants.[27]
- Encourage participants to focus on feelings, emotions and physical sensations- including mental images- rather than cognition or problem-solving.[57]

Implementation

Monthly

Regular and ongoing - ideally at least once a month, and for at least two hours, depending on staff availability.[28–30,45,46]

Closed

Groups can be open or closed, but often work best closed where regularity and familiarity build trust among participants.[58]

Flexible

There is no one-size-fits-all approach; frequency and length should be designed with feasibility in mind.[28]

THE ESSENTIAL INGREDIENT · A CLIMATE OF SAFETY

Group culture drives attendance and engagement.[37] Facilitators must foster a climate of safety- where participants can speak openly, without fear of consequences.

- Establish and maintain clear ground rules and norms.[35,37,46]
- Define the roles and expectations of both facilitators and participants.[27]
- Address power dynamics directly where needed, particularly for multidisciplinary teams.[37,59]

Our pilot model.

In collaboration with the University of Melbourne, we have developed a Reflective Practice model grounded in best-practice principles and the research literature- designed to be logistically and operationally suitable for implementation across Australian contexts, states and territories.

The model is currently being piloted with healthcare employees working in abortion care in Queensland, in response to workforce feedback that solutions to burnout were urgently needed. The pilot is funded by Clinical Excellence Queensland and delivered by Children by Choice throughout 2026.

Participant feedback is collected through surveys throughout, supporting ongoing assessment and evaluation of the model's effectiveness.

PARTNER
University of Melbourne

FUNDER
Clinical Excellence Queensland

DELIVERED BY
Children by Choice

COHORT & YEAR
Queensland abortion-care staff, 2026

What happens next?

REVIEW
Assess facilitator and participant feedback; refine the format.

SCALE
Offer to public hospital abortion-care staff, funded by Queensland Health.

EXTEND
Make available fee-for-service to private and community sectors, informed by a cost analysis.

SECTION 06 · OVER TO YOU

Could Reflective Practice support your team?

Wherever you sit on the floor, in management, or across a health system there is a concrete next step.

IF YOU ARE THE WORKFORCE

Reflective Practice is an opportunity to strengthen your connection with colleagues and patients, and to reflect on and process the challenges of your work.

Share this with colleagues or management, and consider whether Reflective Practice might meet your team's needs.

IF YOU ARE MANAGEMENT

A Reflective Practice framework can improve workforce wellbeing, reduce the costs of absenteeism and turnover, and lift quality of care and job satisfaction.

Weigh the benefits and feasibility for your workforce, and explore how to allocate protected time and resources to support delivery.

IF YOU LEAD A HEALTH SYSTEM

Reflective Practice helps meet your psychosocial-safety obligations under the Managing Psychosocial Hazards at Work Code of Practice, and aligns with the National Nursing Workforce Strategy and the National Mental Health Workforce Strategy 2022–2032.[60,61]

State and Federal governments can invest in pilots or studies to test and evaluate Reflective Practice as a solution to burnout and stigma in your context.

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