

Taking action at Victoria's frontline: our healthcare professional wellbeing challenge

Our time together

- 11.35 The state-wide imperative to improve health care worker wellbeing
- 11.45 IHI Joy in Work Framework
- 11.55 What Matters To You?
- 12.15 The SCV/IHI Healthcare Worker Wellbeing Initiative
- 12.30 What was the impact? What did we find?
- 12.40 Reflection Activity
- 12.45 Q&A



Introductions – Two Truths and a Lie

Derek

I was a keen amateur
boxer

I enjoy singing karaoke

I can recite all of the
poems of Robert Burns



Smallwood et. al national survey

In 2020 researchers conducted a national survey of 9000 Healthcare workers to understand their wellbeing through the pandemic

85%

RESPONDANTS WERE VICTORIAN HEALTHCARE WORKERS



Burnout is associated with increased medical errors, poor patient health outcomes, decreased patient satisfaction, reduced self-confidence in communication skills and greater staff turnover workforce attrition



REPORT BURNOUT



REPORT DEPRESSION

Given these adverse impacts on care providers, patients, and health system performance, there is an urgent need to tackle this issue and achieve sustainable improvements in health care worker wellbeing.

Why Joy in Work?





This is a big (and global) issue

ALL CLINICAL PROFESSIONALS ARE AT RISK OF BURNOUT.

35–54%

nurses and
physicians

45–60%

medical students
and residents

in the United States have substantial
symptoms of burnout.

Taking Action Against Clinician Burnout: A Systems Approach to Supporting Professional Well-Being, NAM 2019

Future Proofing the Frontline – supporting health care workers during crises

9518 responses

Assoc Prof Natasha Smallwood

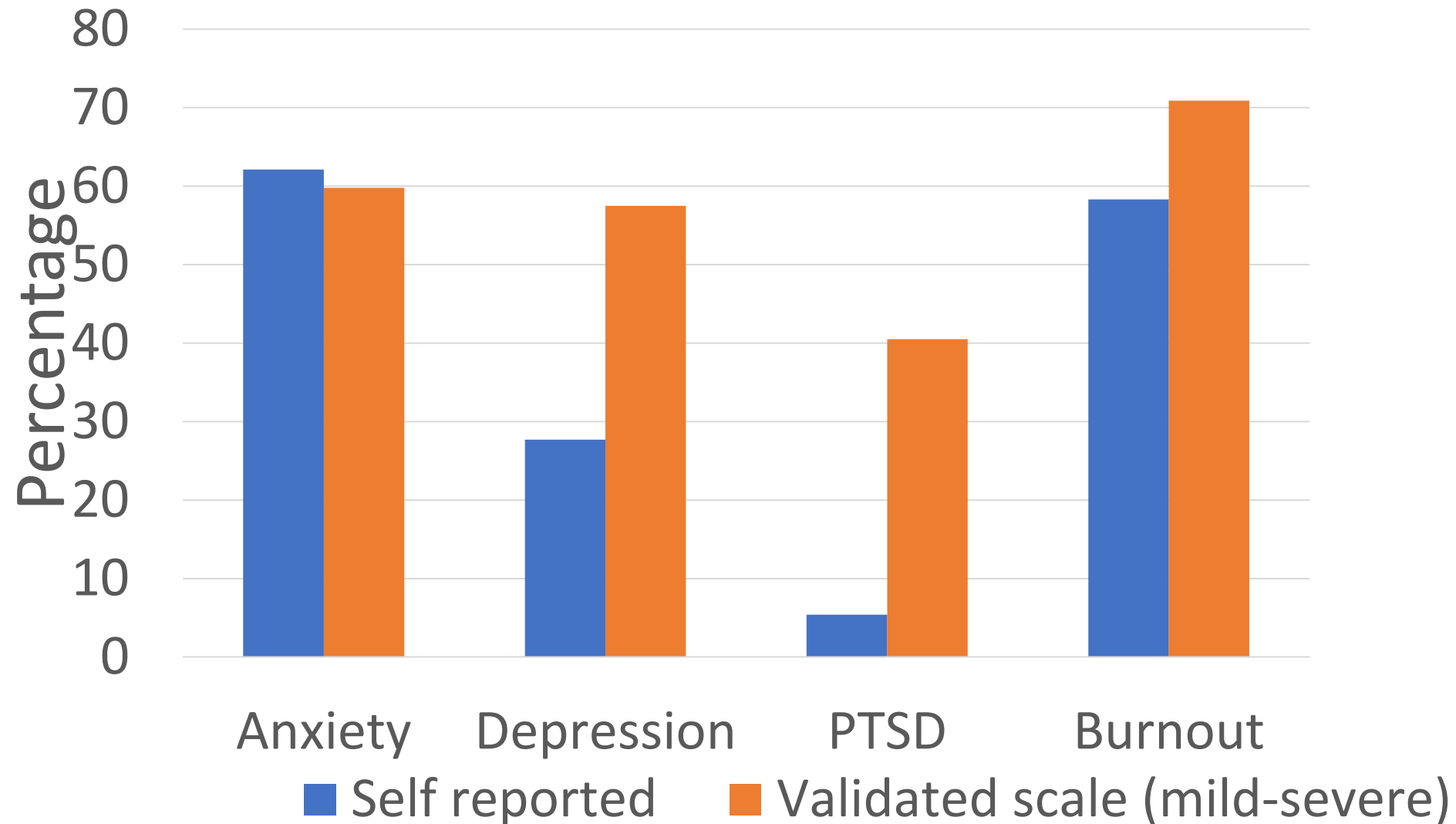
BMedSci BMBS MSc AFRACMA FRCP FRACP PhD
Respiratory Physician – Alfred Hospital & Monash University

Prof Karen Willis

BA, MA(Hons), GradDipHealthPromotion, PhD
Public Health, Victoria University



Prevalence of Mental Illness



How to create a joyful, engaged workforce

Outcome:
↑ Patient experience
↑ Organisational performance
↓ Staff burnout

4. Use improvement science to test approaches to improving joy in your organisation

3. Commit to making *Joy in Work* a shared responsibility at all levels

2. Identify unique impediments to *Joy in Work* in the local context

1. Ask staff “what matters to you?”

Source: Perlo J, Balik B, Swensen S, Kabacene A, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2017.
<http://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>



Critical Components for Ensuring a Joyful, Engaged Workforce

Interlocking responsibilities at all levels



What matters to you?

21 participating teams in 17 health services



the Alfred



Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia



the women's
the royal women's hospital
victoria australia



PORTLAND DISTRICT HEALTH
Our Community Your Health



STAWELL REGIONAL HEALTH

South West Healthcare



The Royal Melbourne Hospital



StarHealth



VASEY RSL CARE



Wimmera Health Care Group



Yea & District Memorial Hospital



Model for Improvement



Aim is clear and numerical

**By December 2022, we will improve the wellbeing of
Victorian healthcare workers in participating teams
by
reducing burnout and increasing joy by 10%**

Reported joy.
Reported burnout.
Overall, I am satisfied with my current job.
I feel a great deal of stress because of my job.
I have control over my workload.
I feel physically safe and free from physical harm.
I feel comfortable speaking with managers or leaders when mistakes happen about how the <u>error</u> or harm happened.
I have enough time to complete my work.
The amount of time spend on work outside of rostered hours is...
The atmosphere in my primary work area is...
My professional values are aligned with those of my department leaders.
I feel a sense of meaning and purpose in my daily work.
I feel that I have a system of support among my team members when there is an adverse event or after a traumatic event or harm occurs.

Empower everyone

**Reduce
burnout and
increase joy
by 10% by
November
2022**

Psychological
and physical
safety

Trauma and mental health first aid training

Create a peer support network where staff can
connect, debrief and socialise

Rostering risk assessment tool to highlight
roster rules which are likely to impact on mental
health

Meaning and
Purpose

Ask team members WMTY each month

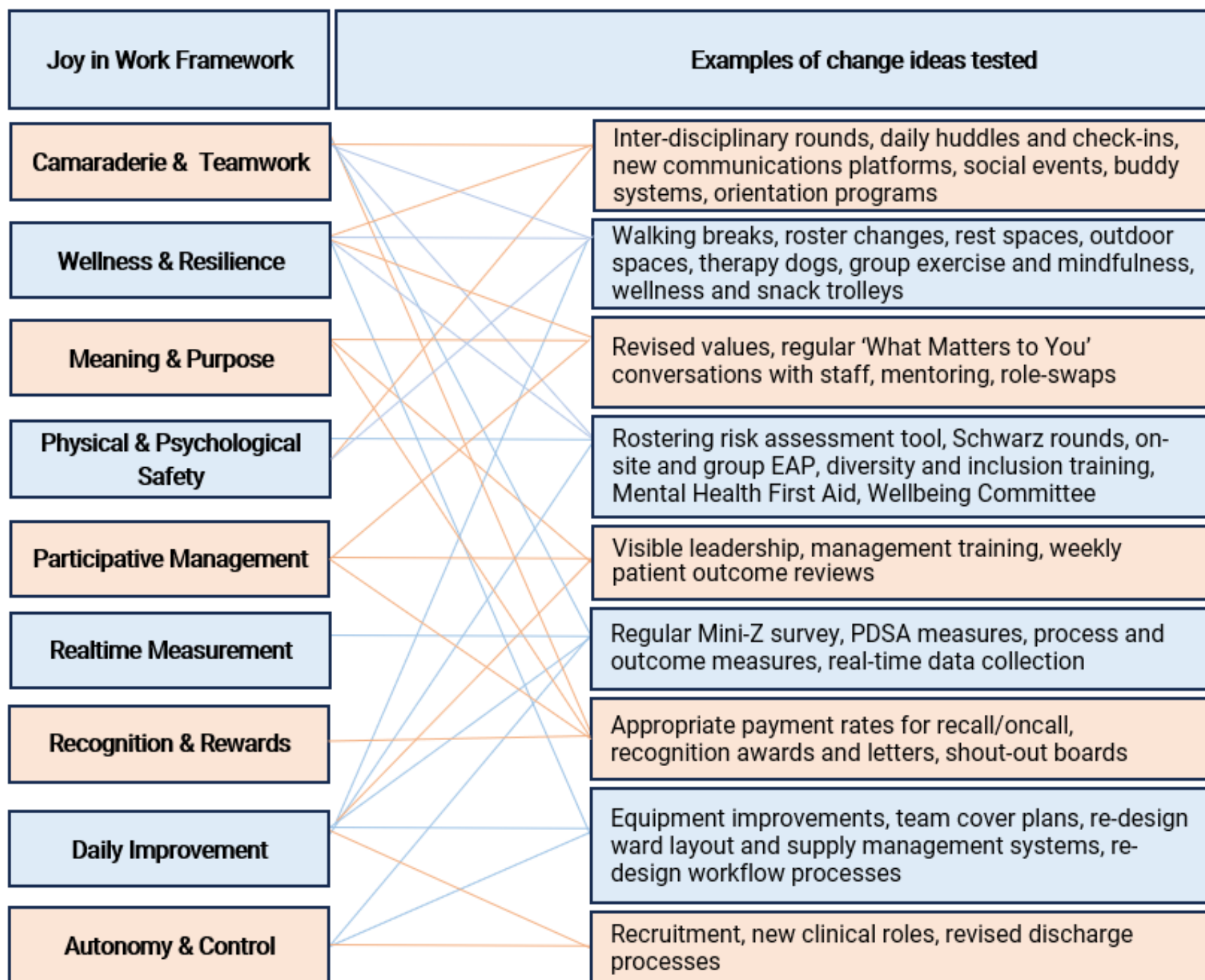
Alternative scheduling/rostering systems for
staff to offer flexibility whenever possible

Camaraderie
and Teamwork

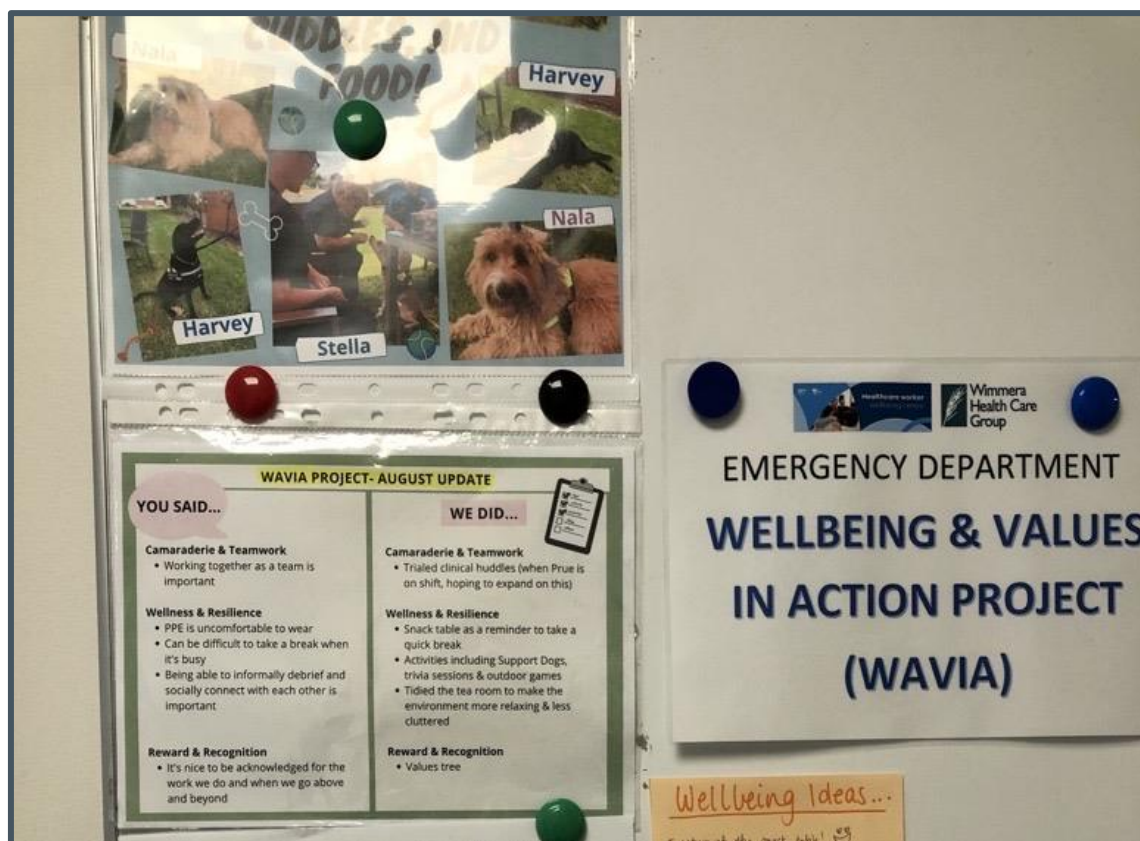
Improved communication via new platforms

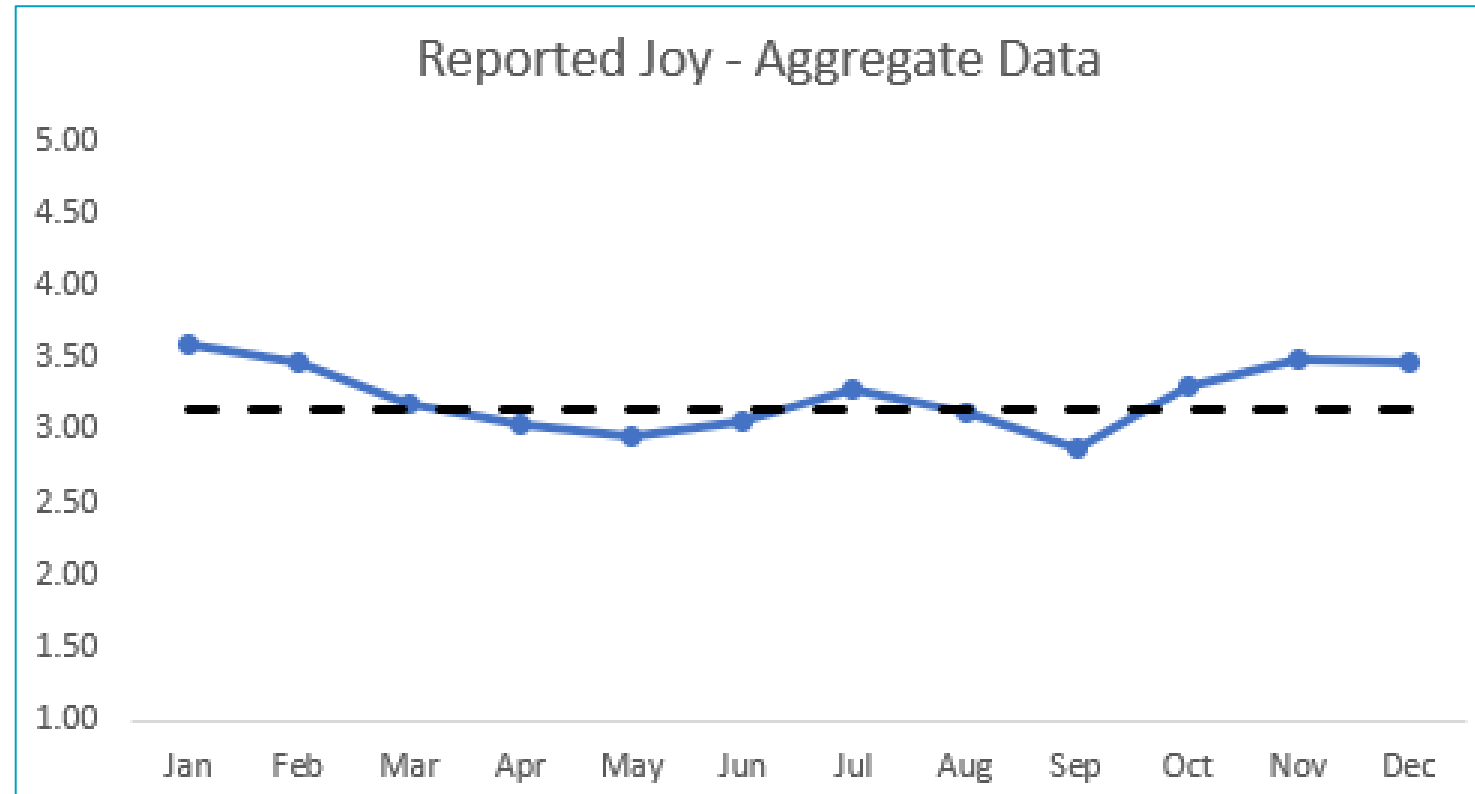
Daily huddles

Managerial training on visible leadership

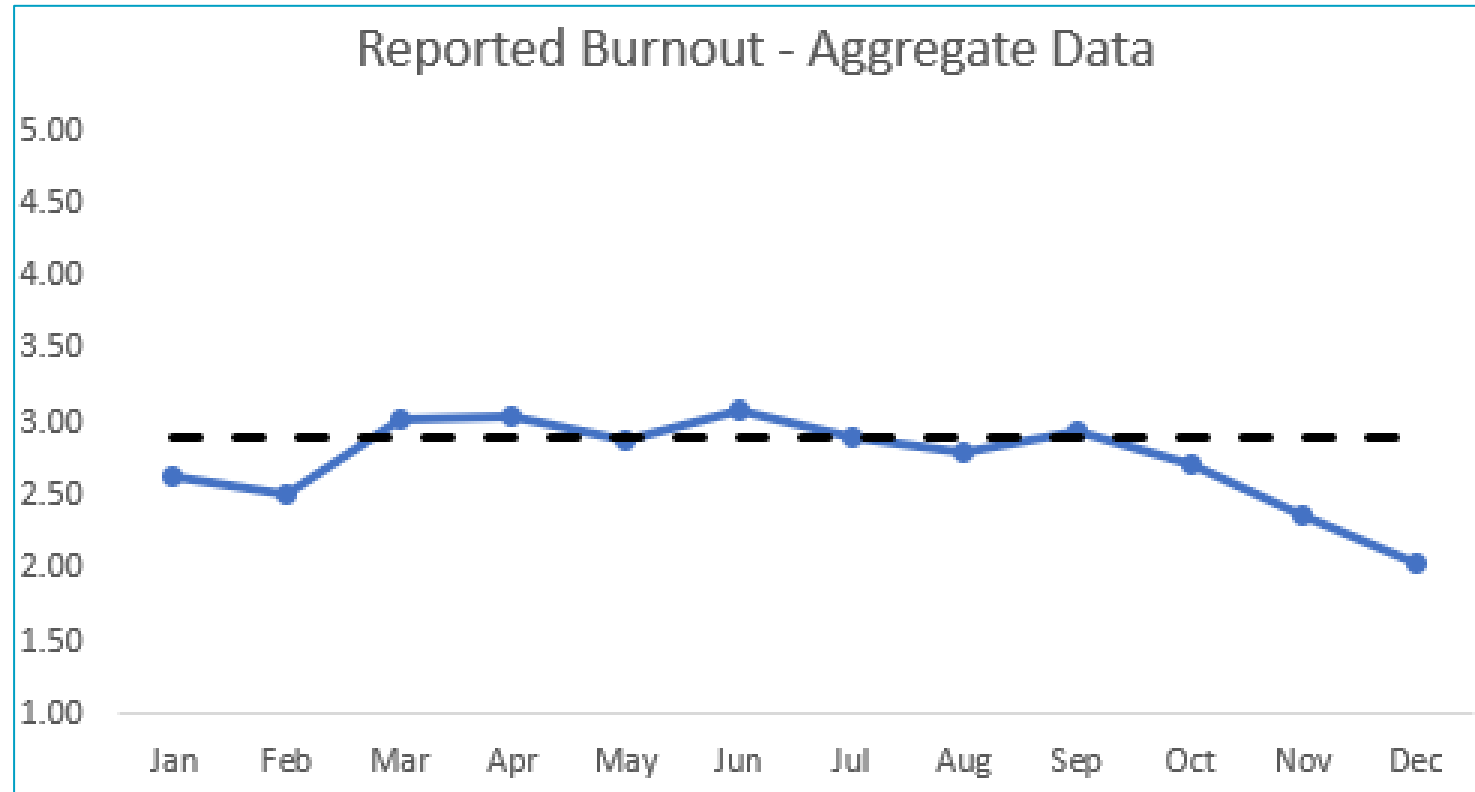


Collaboration and story telling





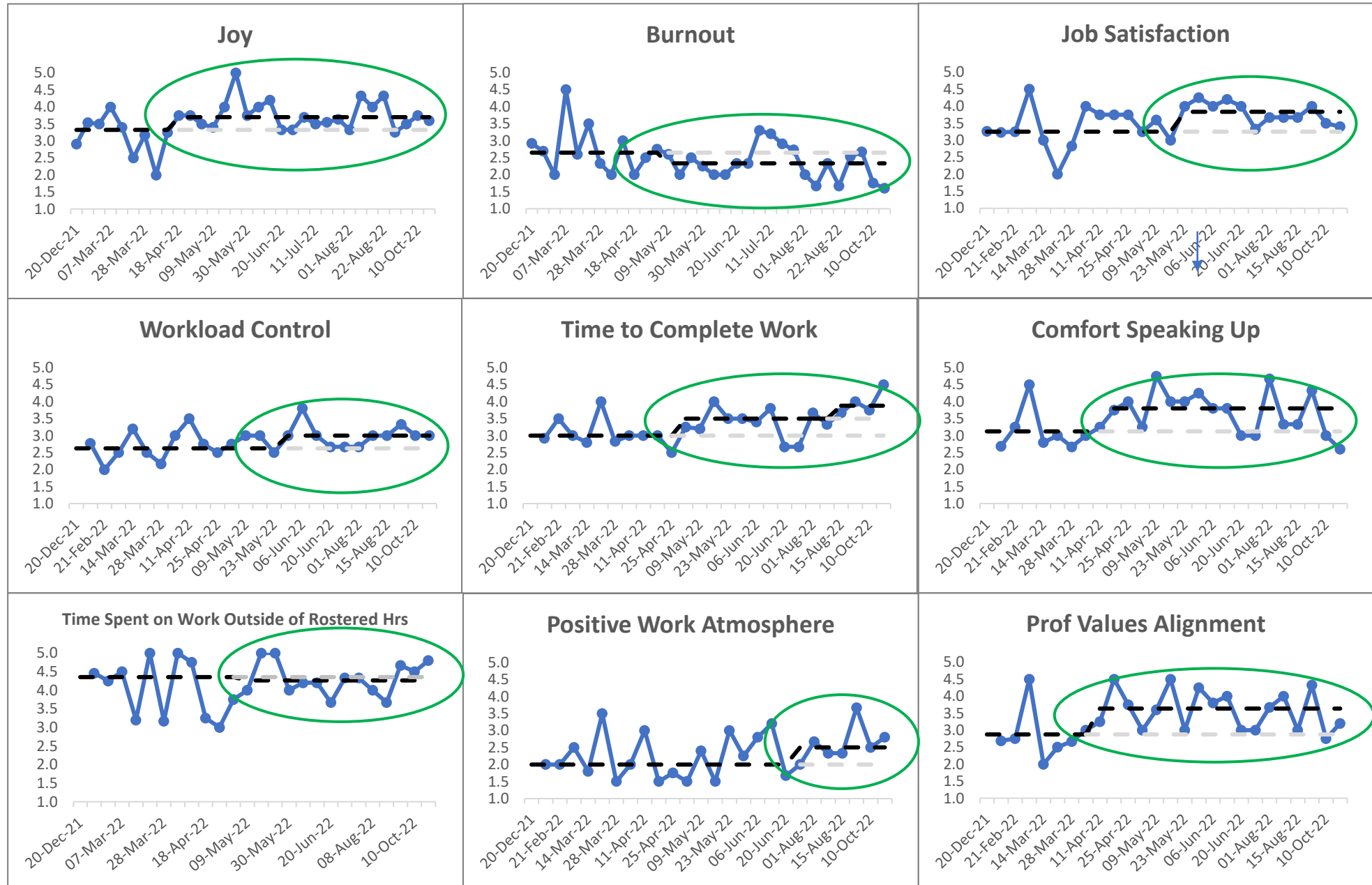
As assessed via the adapted Mini-Z Survey Tool



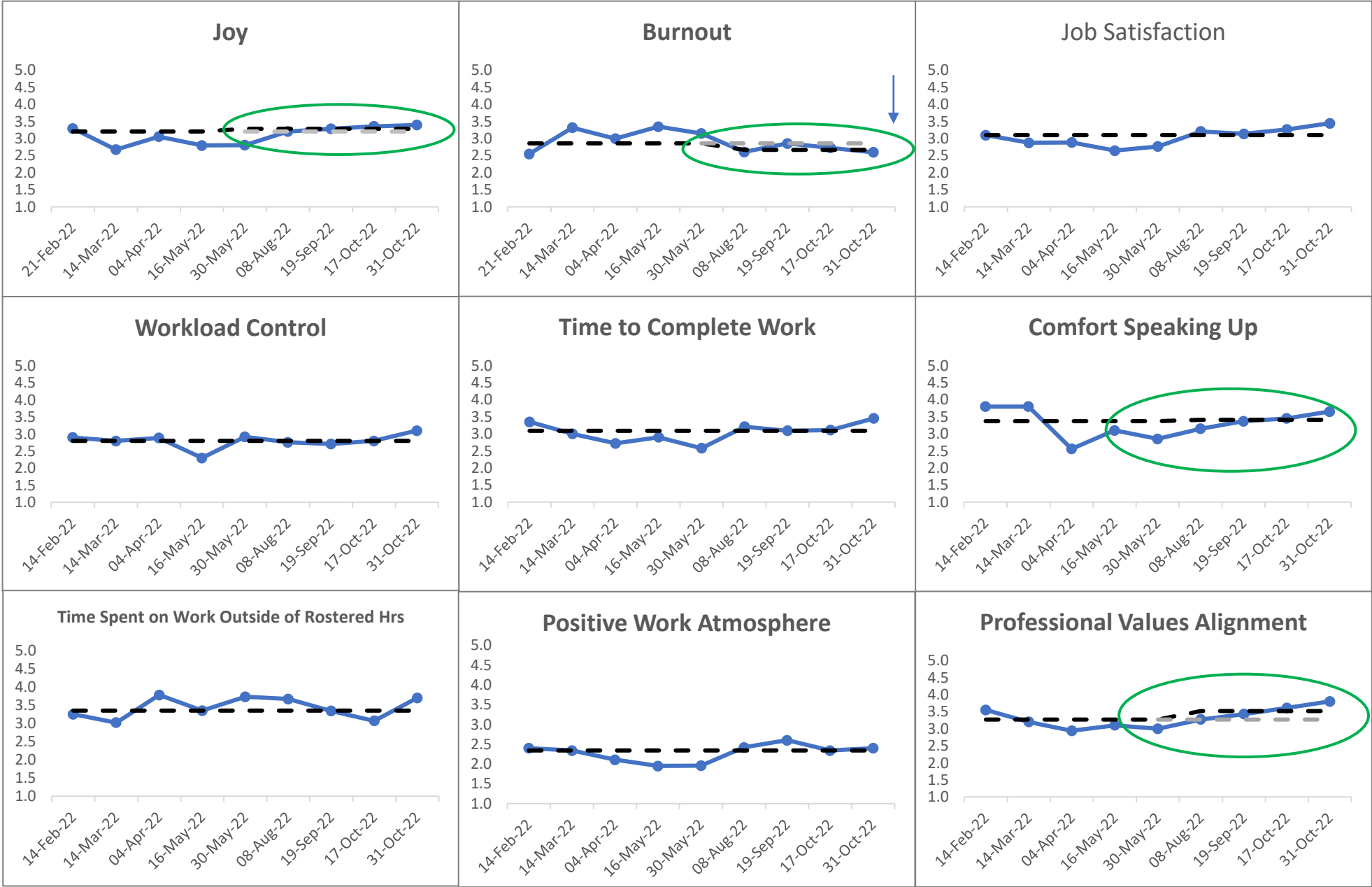
Direction
of
Good

As assessed via the adapted Mini-Z Survey Tool

Regional example



Metro example

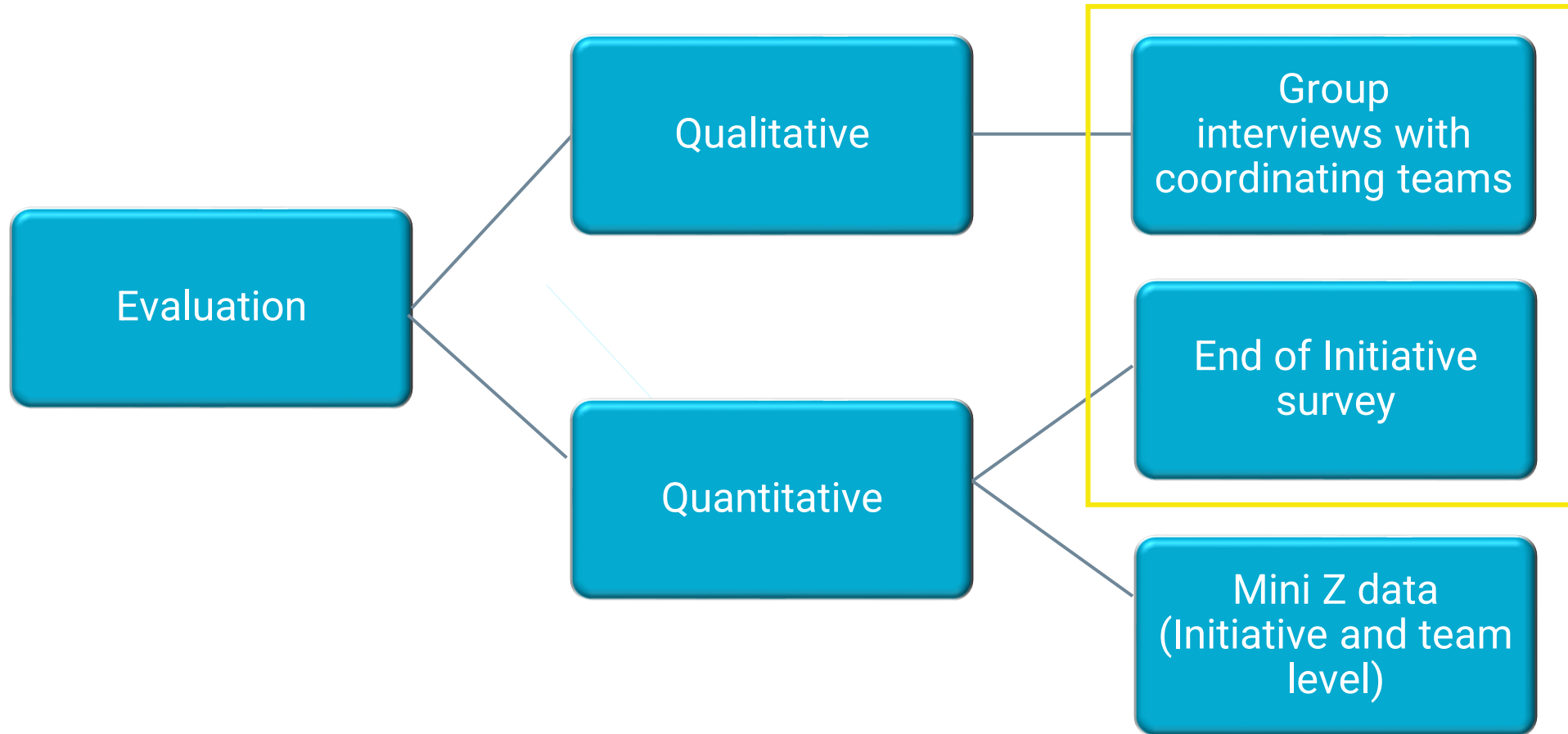


Evaluation of Wellbeing for healthcare workers Initiative: Phase 1

Acknowledgements:

Eleanor Sawyer, Chantelle Bartlett, Emmalee McArdle, Joanne Nguyen, Anna Hochman, Ian Hutchby and Lloyd Provost and all participating coordinating teams who provided input into the evaluation.

Evaluation components



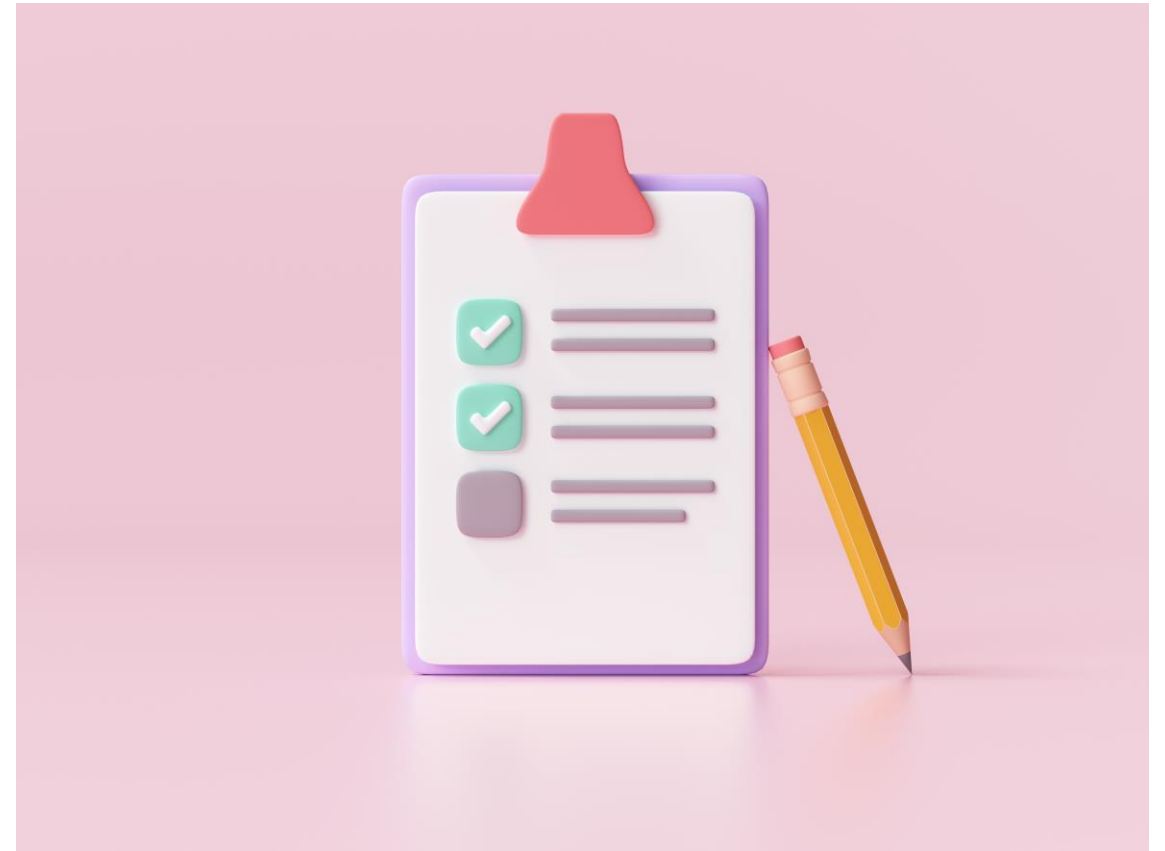
End of Initiative survey

Who did we survey?

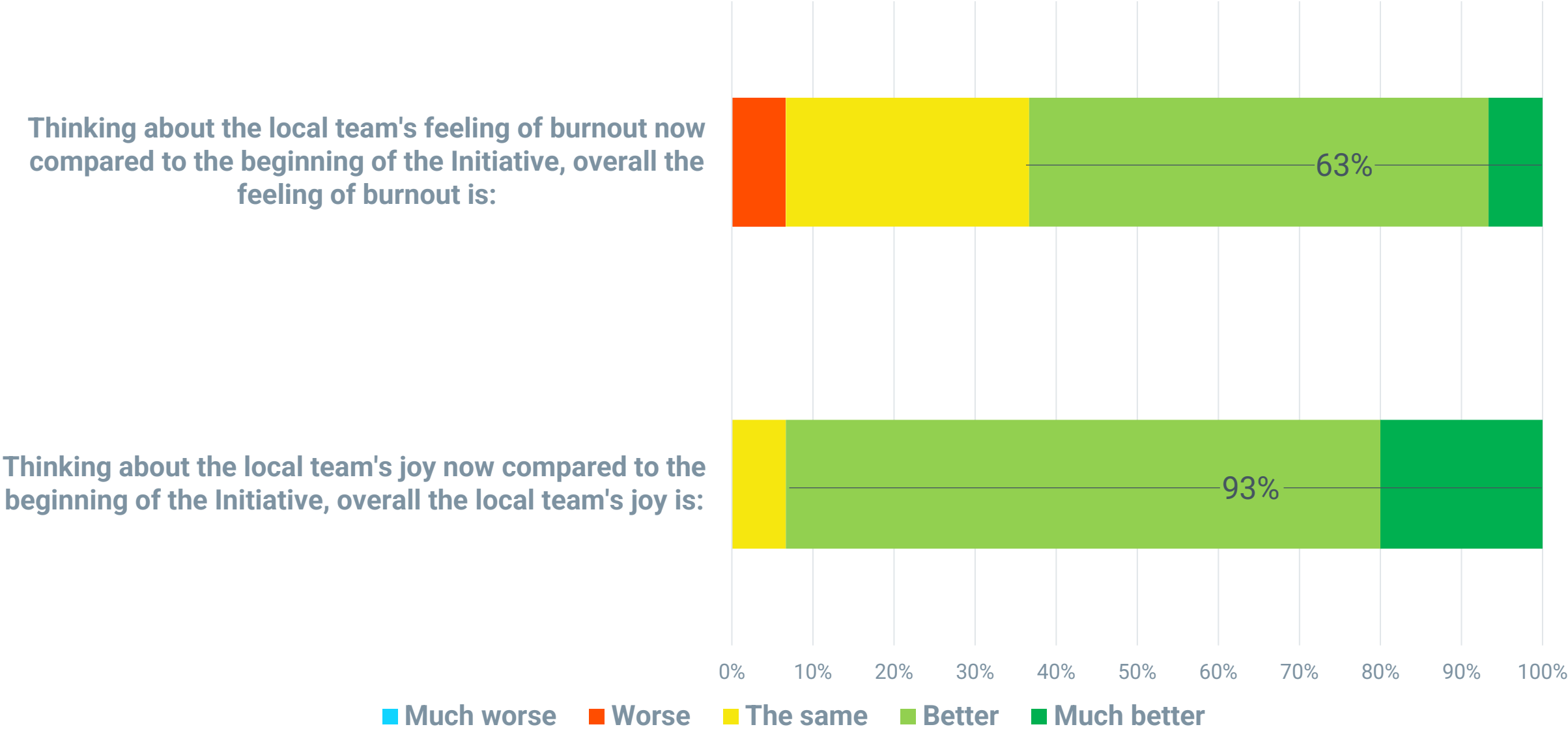
- Individuals involved in coordinating the Initiative at their organisations.

Who responded?

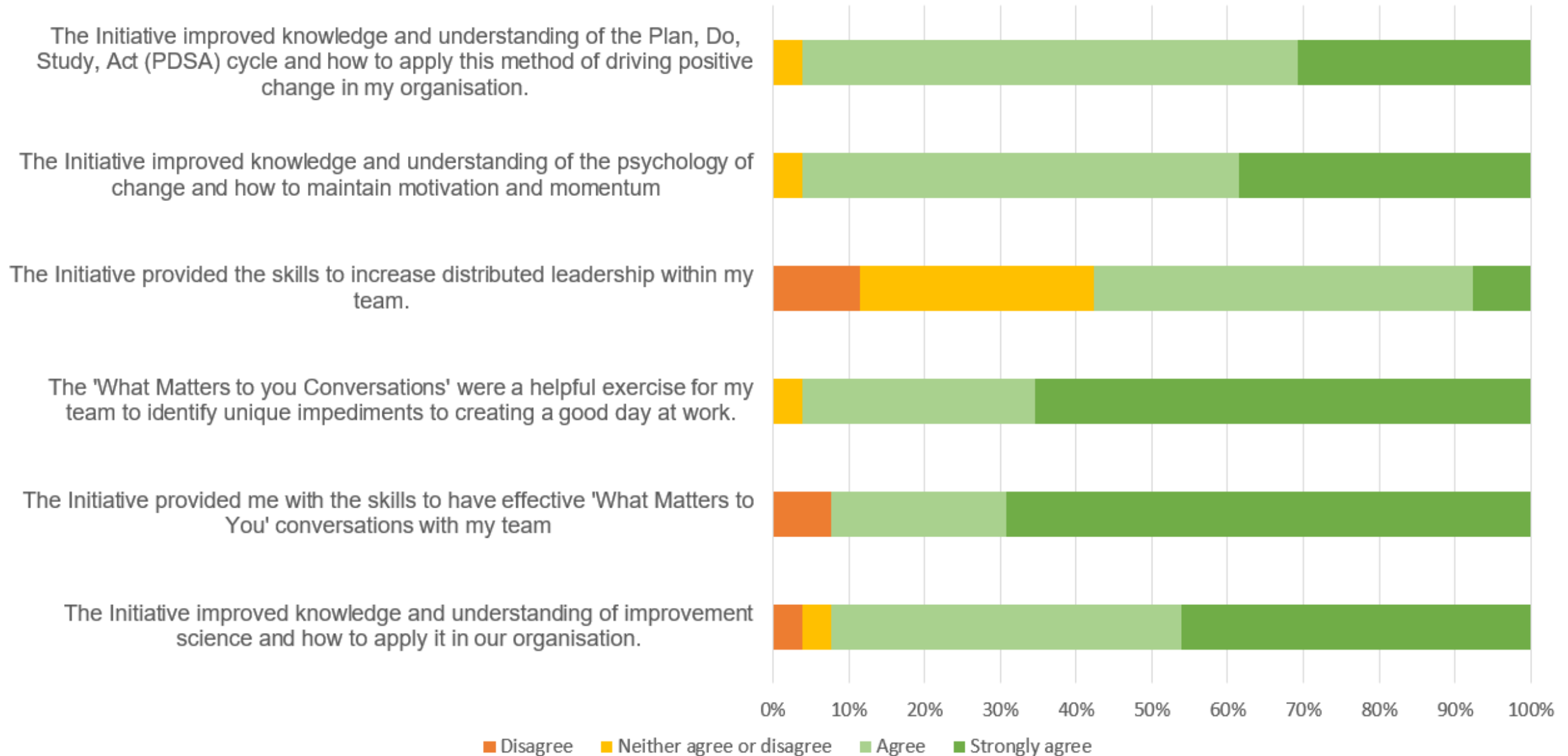
- 50% of coordinators (n=30)



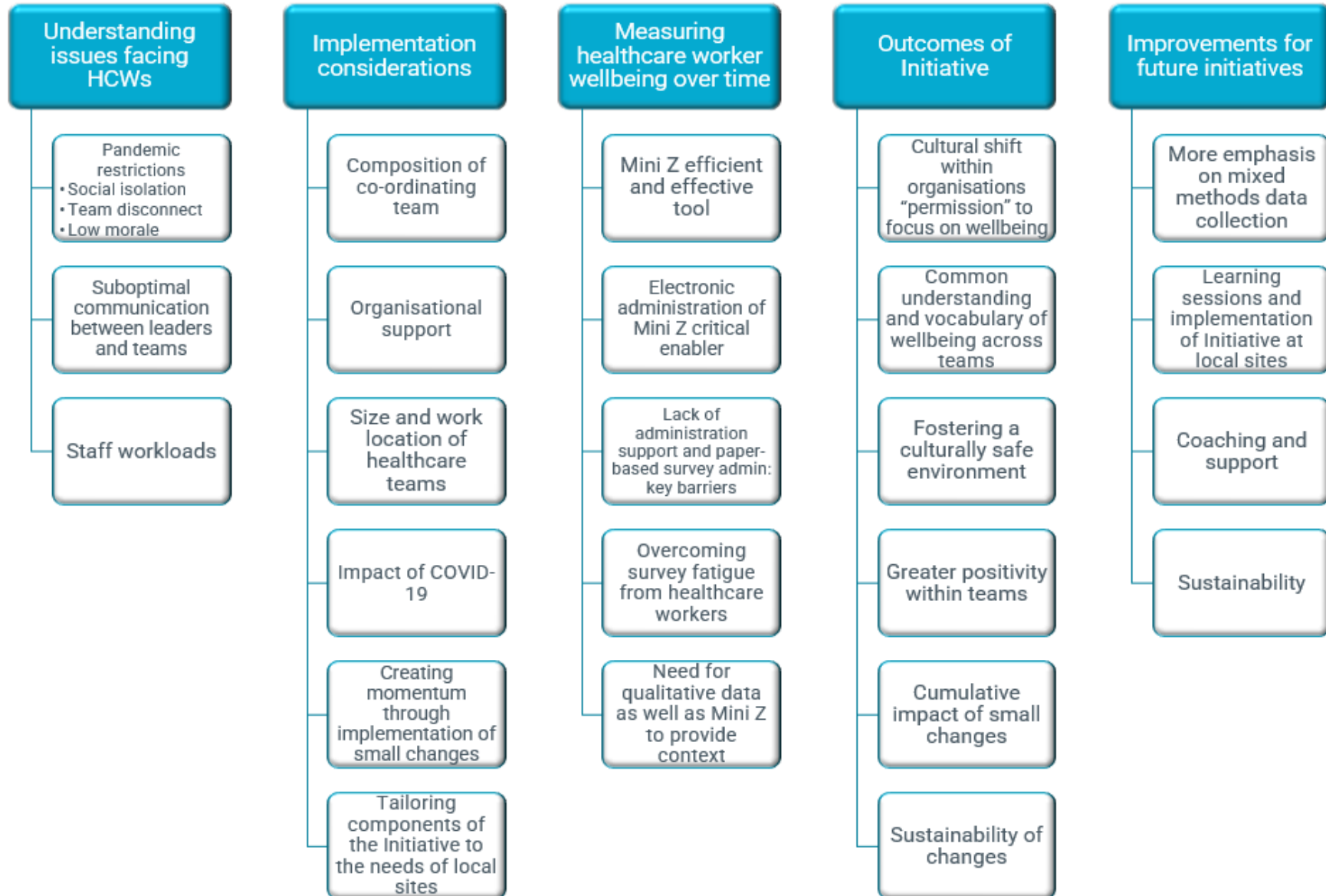
Overall impact on burnout and joy at work



Knowledge and skills gained from Initiative



Key themes



Understanding issues facing HCWs

Feelings of social isolation and disconnectedness from colleagues

Fatigue, low morale and high absenteeism

Poor teamwork cohesiveness and connectivity

"... pre-pandemic, I knew every single person in this department...during the pandemic, we had quite a few people start and there are people who I still, to this day, have never had a conversation with because of the COVID restrictions we had in place, where we feel very separated, we weren't having all of these social events, gatherings...." (Metropolitan acute team)

Implementation considerations

E N A B L E R S



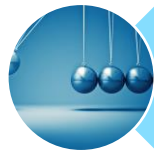
Multidisciplinary coordinating team



Protected time/job flexibility



Leadership/organisational support



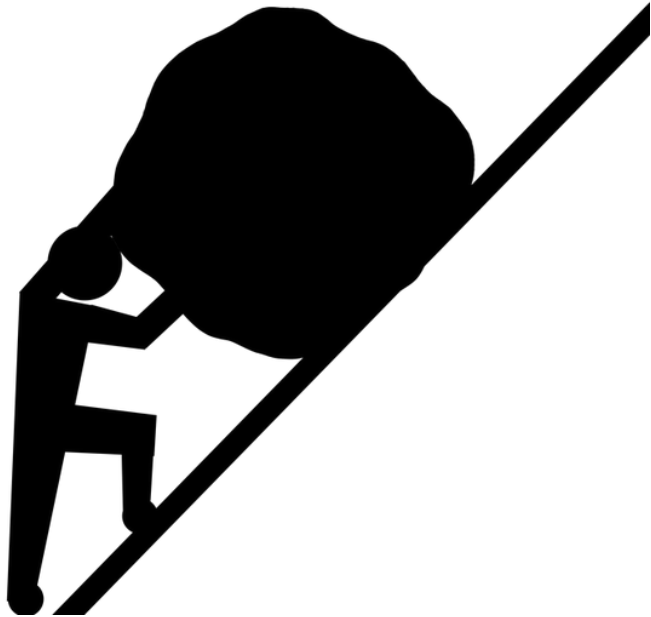
Building momentum – implementing small changes quickly at the beginning



Digital tools to assist regular measurement of HCW wellbeing

Implementation considerations

B
A
R
R
I
E
R
S



Lack of staff and time

Disparate teams

Reliance on paper-based/manual survey for measuring HCW wellbeing

Lack of leadership/organisational support

A catalyst for a cultural shift about prioritising wellbeing at work

“...the initiative gave us a permission to do it where we didn’t have to just go to work and do our job and get it done... I think it was really nice to have the permission to go, “You know what? Actually, this [wellbeing] is just as important to make sure that we don’t forget who we are and why we’re here in the first place”.”

(Regional acute team)



Common language and understanding of wellbeing

"I think one of the biggest impacts it's had is it's made 'wellbeing' part of our vocabulary. I think before the pandemic and before this project, people's ideas of wellbeing was doing yoga and meditation and things like that. Whereas I think we've now got some more sophisticated language and understanding of wellbeing...so I feel like that is probably one of the major benefits we've had, is that people now have that vocabulary, have that knowledge and understanding of how important it is to make sure that we're working in a way where we're not going to burn out...and that's not necessarily something that is very quantifiable, but I think it's definitely made quite an impact..."

(Metropolitan acute team)



Fostering an environment where HCWs felt safe to raise safety issues

“People also brought up other things that they wouldn’t have otherwise, such as interactions they might have had with patients that were not in accordance with our values, perhaps racism or a sexist tone. It’s not okay that that has occurred, but they were able to bring that up and debrief...otherwise the team leader wouldn’t have been aware that had occurred.”

(Metropolitan acute team)



Process of Initiative gave HCWs a sense of being heard and valued

“Having someone outside of their team listening and making time, and to help build those relationships. Team members that I didn’t know before I know would come to me if there was an issue, so I think that really helped some of the relationship stuff and making people feel seen and heard, and that someone was looking into some of their issues.”

(Regional acute team)



Sustainability of changes into the future

“We had such good outcomes and now I think it’s to keep it going. We’ve talked about putting it through our OH&S committee as a standard item and we will continue to do the ‘What matters to you?’ conversations and the Mini Zs and see what we need to implement along the way. It’s given us a really simple, good structure, going forward.”

(Regional community team)



Reflection Activity

Q&A Session