

Using quality improvement to deliver a systematic organisational approach to enjoying work in healthcare

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Abstract

Staff wellbeing is increasingly linked to good outcomes for service users in healthcare. Therefore, it is important for organisations to find ways to focus on wellbeing and staff experience at work. This article shares learning from 5 years of using the Institute for Healthcare Improvement's joy in work framework, coupled with quality improvement methods to enhance staff experience and wellbeing. This demonstrates how teams were brought together in a collaborative learning system to apply quality improvement to enhance joy in work. Key steps are shared for other organisations wanting to undertake this work, including the application of improvement methods to empower teams locally to develop, design and test change ideas, and measure their impact. The design of systems and structures required to meaningfully bring teams together and the type of leadership that enhances this work are also considered. Key learning points for other organisations include the need for improvement principles to iterate the organisational approach, make measurement simple, encourage a bias to action and make the work fun.

Key words: Healthcare; Learning organisation; Quality improvement; Staff wellbeing

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Introduction

Healthcare workers have higher rates of sickness, absence and burnout compared to other industries (Shanafelt et al, 2012). This can affect staff retention and turnover, which comes at financial cost, with increasing evidence highlighting the association between poor staff wellbeing and negative patient outcomes (Hall et al, 2016).

The Boorman (2009) review into NHS staff wellbeing called for a systematic approach to tackling this issue, including system-level and local interventions where staff have autonomy to develop and make changes. Quality improvement has been increasingly used in healthcare to facilitate this, providing a means of devolving autonomy to those closest to the issues at hand, to develop and test solutions for complex problems (Drew and Pandit, 2020).

The Institute for Healthcare Improvement's (IHI) joy in work framework provides an approach to tackling the complex issue of staff experience using quality improvement methods (Perlo et al, 2017). Drawing parallels with the earlier Boorman (2009) review, the joy in work framework proposes interventions at individual, team and system leadership levels (Perlo et al, 2017). The framework consists of nine components related to joy in work, and a series of steps, starting with asking the question 'What matters to you?', identifying the impediments to joy in work, adopting a systems approach and applying quality improvement to support teams to test and measure ideas in a systematic way (Figure 1).

East London NHS Foundation Trust (ELFT), which provides community health, mental health, primary care and specialist services to approximately 1.8 million people across Bedfordshire, Luton and East London, has been applying quality improvement across all areas of its operations since 2014, with support from the IHI. This has included large-scale quality improvement programmes on topics such as reducing violent incidents on inpatient mental health wards and improving access to services (Taylor-Watt et al, 2017; Shah et al, 2018). The intentional shift towards a quality improvement approach to solving problems, involving collaboration between staff and service users at the point of care, has led to an

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Figure 1. Institute for Healthcare Improvement’s joy in work framework (Perlo et al, 2017).

improvement in staff engagement at ELFT since 2010 (Shah and Course, 2018). Despite this, there remains variation across teams and professions.

Following the publication of the IHI’s joy in work framework (Perlo et al, 2017), ELFT decided to apply its quality improvement approach to support teams to work on improving their experience, wellbeing and joy. A total of 86 teams (clinical and non-clinical) from across the trust took part, comprising five cohorts of ELFT’s enjoying work programme from 2017–22. This article describes the approach taken to support teams to apply quality improvement to increase joy in work and design a collaborative learning system to bring teams together. Key learning points for other organisations and healthcare systems are also highlighted.

Methods: the enjoying work programme

A collaborative learning system approach

There are several barriers to effective collaboration and learning in an organisational context, including the traditional hierarchical nature of healthcare (Mohammad Mosadeghrad, 2013). In recent years, there has been a growth in the adoption of a learning systems approach to improve collaboration and learning (Britto et al, 2018). Collaborative efforts rely on the premise that knowledge is constructed through interactions with others who share a common purpose, which expedites learning among a group (Amineh and Asl, 2015). ELFT’s approach to designing learning systems for quality improvement has been developed over several years of experience, with large-scale improvements seen (Shah, 2021a). The core components of learning systems in a healthcare context are shared purpose, shared language of improvement, autonomy, collective leadership, connections and relationships, data and measures to understand variation, and infrastructure to support the learning system (Appendix 1).

Shared language of improvement

Irrespective of the improvement methodology used by an organisation, the application of a consistent approach is key to success (Backhouse and Ogunlayi, 2020). ELFT has been using

the model for improvement (Langley et al, 2009) as its improvement method since 2014. This enables all teams to learn from each other more effectively, as all use a common set of tools and approaches to build their theory of change, test ideas and measure their impact.

Shared purpose

Teams need to have a sense of shared purpose and goals to collaborate and learn together successfully (Seid et al, 2021). All teams at ELFT use a sequence of improvement to help structure their improvement work. Figure 2 highlights the sequence of improvement that teams are supported through during the enjoying work programme, which has been slightly adapted for the application of quality improvement to address joy in work

The first step is for teams to volunteer to join the enjoying work programme. This is done after teams have discussed how staff experience and joy is a priority for improvement. This step enables shared purpose and consensus to be reached from the very start. Applying the rigour of the quality improvement method means that each team then turns this purpose into a specific, quantifiable aim statement. Teams use a variety of methods to keep reinforcing and building on this shared purpose through their work and engagement with the whole team. A common way of communicating this was the use of Kanban boards, a simple visual management tool that displays the flow of tasks, including those in the pipeline, those in process and those that have been completed. Teams were encouraged to use this transparent mechanism to enable the whole team to remain aware of ideas suggested for testing, those being tested and ideas that have already been tested. As an example, the crisis team in Bedfordshire found Kanban helpful in keeping the team engaged and used it to form the basis of their team meetings during the project.

Collective leadership

Although leadership is key to improvement work, the traditional view that this is the responsibility of a select few is not conducive to improvement; instead, there is a need to work across a range of traditional boundaries (Dixon-Woods et al, 2012). Successful improvement is a collective effort that requires the equal sharing and valuing of ideas, knowledge and opinions across a group of people who are tackling a common issue (Reed et al, 2018). This builds on the idea of distributed leadership, where power is shared and leading is the role of many (West et al, 2014).

Achieving this in practice requires teams to be diverse in nature (Rowland et al, 2018). As part of enjoying work projects, teams were encouraged to include different professional groups and levels of seniority. Where possible, this included service users, as they are ultimately the recipients of care, whether it emerges from a joyful or unjoyful work environment. The Isle of Dogs community mental health team in Tower Hamlets had a service user as a full member of the project team, who went on to help the team structure some of their testing. The service user also had experience in yoga and helped to facilitate sessions for the team.

Teams were also encouraged to think about who was best placed to lead the project. While it is often acknowledged that those with more 'official' status often end up leading (Montgomery et al, 2020), the authors believe that one's ability to successfully influence those around them to move to action is just as important as status. As a result, project leadership varied across the teams. Engaging senior leadership is also critical for this type of work, as the team will often require support to change the way they work. The joy in work framework calls for specific interventions at senior leadership level, so ensuring support and involvement at this level is important for long-term success.

As with all quality improvement work at ELFT, teams that wish to work on an issue take a proposal to the local directorate quality improvement forum. In preparation for this, the team gathers views from staff and service users, together with any available quantitative data, to pitch why the issue is important for the team to focus on improving. The quality improvement forum involves senior leaders within the directorate. This forum results in the allocation of a senior sponsor for the project, who actively champions the work of the team.

Autonomy

The application of quality improvement inherently supports the autonomy of the team to identify and address the factors that impact on joy in work. The first step in the joy in work

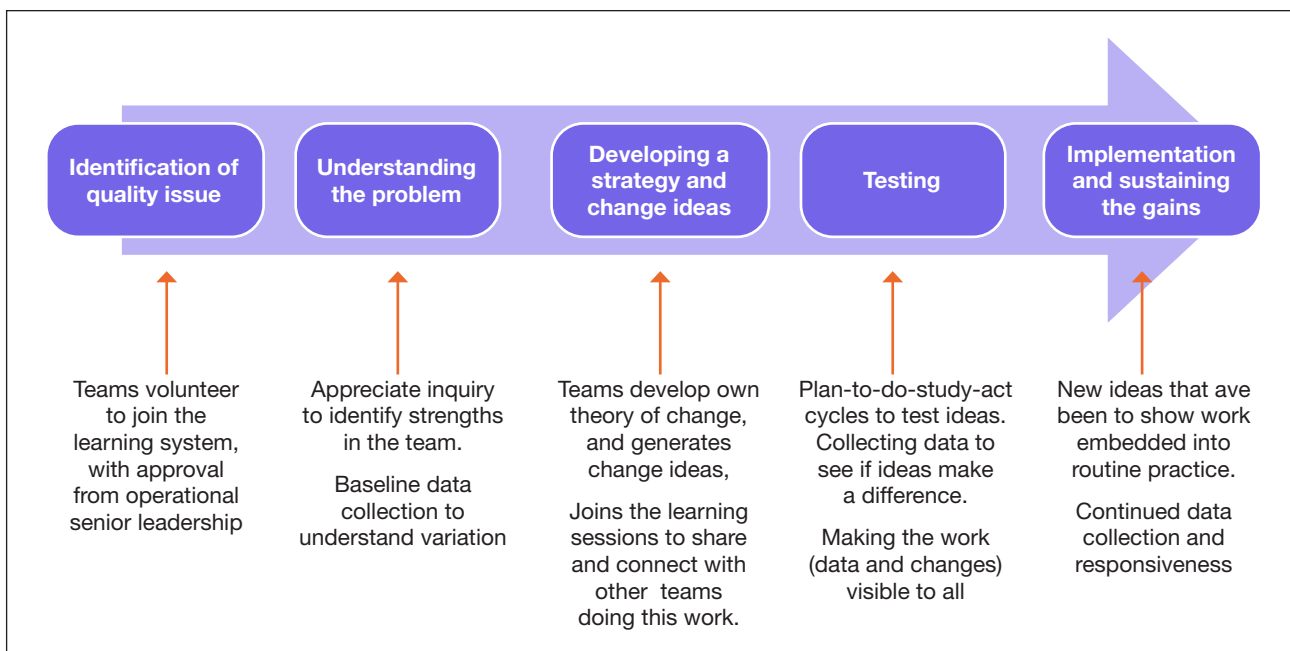


Figure 2. East London NHS Foundation Trust's sequence of improvement for enjoying work.

framework encourages staff to ask themselves what matters to them and their colleagues at work. The second step asks teams to identify impediments to joy, known as the 'pebbles in our shoe' (Perlo, 2017). Both steps support teams to understand the problem that they are trying to solve and the system that contributes to joy in work. In this initial stage of the work, teams were supported to use appreciative inquiry, an assets-based approach which, while acknowledging the challenges in a system, seeks to build on the unique strengths available to a team (Cooperrider and Whitney, 2001). Focusing on strengths allows people to generate new ways of thinking towards a better future (Bushe, 2007). Teams were supported to apply a 'five D approach' (Cooperrider and Srivastva, 1987), comprised of the following steps:

- Define the purpose of the inquiry
- Discover what matters to you, what does a good day at work look like and what are the components that contribute to a good day
- Dream—visualise a symbol of the team if everyone had a good day
- Design, asking what would need to be done differently to make this happen
- Deliver, discussing how the team can take this forward as part of the enjoying work project

This was done in a group setting and could comprise various methods of presentation, including images and models.

Appreciative inquiry helped the teams to create their driver diagram—a one-page visual depiction of the team's theory of change, illustrating the key factors and change ideas that need to be influenced for the team to achieve their aim (Bennett and Provost, 2015). Although many change ideas were developed locally, teams were encouraged to test ideas from other cohorts, the wider literature and the IHI framework. Allowing each team to develop their own driver diagram, unique to their local context and built by the team themselves based on their lived experience of work, helps to reinforce local autonomy.

Teams prioritised the ideas that they wanted to test based on the impact they were expected to have and the ease with which they could be tested. Some teams tested ideas that could be easily trialled ('quick wins') first to build momentum, while experienced teams often chose to tackle more challenging ideas. Plan-do-study-act cycles were used to test ideas rapidly on a small scale to help the team learn and adapt towards full implementation (Langley et al, 2009). For example, a team from Tower Hamlets tested the use of mindfulness to increase team wellbeing. Initially tested as a one-off session, the team then tested this intervention daily at set times. Another team from the Bedford wellbeing service tested positive gossip, where colleagues would share among themselves when they had seen another colleague

do something well. Following the testing of change ideas under different conditions, those that resulted in an improvement were implemented into routine practice.

By using the approach and tools described above, the teams went through an extensive process to understand the problem(s) impacting joy in work in their specific team and operational context. Going through this process together helped the team to achieve an enhanced sense of autonomy and connect to what matters in their daily experience at work (Shah, 2021b). By asking what matters to themselves and listening to each other, they learned what contributed to a good day at work. The experience of working through the sequence of improvement together is likely to be just as effective in supporting joy as the ideas that teams then choose to test and implement.

Data and measures to understand variation

Using data to understand variation is a core component of quality improvement, with a balanced system of outcome, process and balancing measures encouraged (Provost and Murray, 2011). However, the subjective nature of enjoyment at work makes this challenging, with various measurement approaches reported (Khanna et al, 2020; Zhang et al, 2021). At ELFT, several plan-do-study-act cycles were used to develop and test approaches to measuring joy in work. In the first four cohorts of the programme, all teams used a standard outcome measure to help them work towards a common goal. This was the ‘good day measure’—the percentage of people in the team answering ‘mostly yes’ when asked ‘Did you have a good day?’. Initially, this was done by asking staff to put objects in either a ‘good day’ or ‘bad day’ jar at the end of their shift, then cohort two introduced a digital platform to support teams to collect and view this data in a mobile application called ImproveWell (improvement.com).

Feedback from the first four cohorts highlighted that some teams found the good day measure difficult to connect with and, at times, there was a low response rate. To address this, the outcome measure was changed in cohort five to consider three concepts: the extent to which staff saw their colleagues as friendly; the extent to which staff felt they had the resources to do a good job; and feelings of burnout. The first two measures were chosen as previous cohorts had focused most of their change ideas on the IHI joy in work framework (Perlo et al, 2017) domains of camaraderie and teamwork, choice and autonomy, and physical and psychological safety. The third question on burnout was taken from the Mini Z survey, which asks respondents to rate their level of burnout on a scale of 1–5 (1=completely burnout; 5=no burnout) (Linzer et al, 2020). All questions were validated and freely available online.

Data were displayed over time on dashboards created by the quality improvement department using statistical process control charts. These charts are a powerful yet simple analytical tool to help teams understand variation in their system and make appropriate decisions for action (Benneyan et al, 2003). **Appendix 2** shows an example of a dashboard from the first cohort, displaying each team's outcome measure (the percentage of people having a good day). Teams were also asked to undertake a quarterly ‘pulse’ survey, which was based on eight questions taken from the NHS staff survey (NHS, 2022) and the Gallup 12 survey (Gallup, 2022). The Gallup 12 survey is based on 30 years of research in wellbeing and is designed to improve understandings of employee engagement and wellbeing across 12 different questions. Other locally designed process and balancing measures were encouraged if they were deemed helpful for learning. **Table 1** shows the full measurement plan for the programme.

Developing connections and relationships

Several authors have highlighted the importance of bringing people together to share learning as part of quality improvement work (Nembhard, 2009; Nadeem et al, 2013). This is also key to enjoying work, as it helps to develop the sense of camaraderie (Perlo et al, 2017). In the wake of the COVID-19 pandemic, with many teams working differently and more virtually, finding ways to remain connected is even more important.

As part of the design of the learning system, the enjoying work programme at ELFT brought together all teams working on this issue. Each cohort lasted 5–9 months, with learning sessions held every 4–6 weeks. Each learning session lasted between 60 and 120 minutes and, before the COVID-19 pandemic, were conducted in person. The learning sets were typically a combination of didactic teaching, group coaching, group problem solving and sharing stories. Each learning session was orientated around a specific step of

the sequence of improvement (Figure 2). While the sessions provided opportunities to learn and practice applying specific tools, the real power of these sessions was in the opportunities to connect and share learning (Shah, 2021a). This formed a central theme for the design of these learning sessions. For example, in a session around measurement, a theory was shared, followed by an opportunity to think through how this would apply in local areas. The teams were then supported to share challenges and develop solutions together, and teams from previous cohorts were invited to share their learning. In between sessions, teams were given action period work and supported by their improvement coach or improvement advisor.

When the COVID-19 pandemic began, learning sessions were held virtually. An online collaboration channel was set up to encourage teams to collaborate and connect with each other, and teams were encouraged to post questions and answer queries from other teams.

A celebration event was held at the end of each cohort to give teams the opportunity to reflect on their successes and share their journey. Key to this was storytelling, which is an integral part of improvement (McCormack and Milne, 2003). Teams were supported to tell the story of their work through several different mediums. For example, a team from the child and adolescent mental health service in Newham told their journey using puppets, while the trust's medical management team created a 'talking head'-style video.

Infrastructure to support improvement

All quality improvement work requires close support from those with expertise in quality improvement, senior leaders who act as sponsors for the improvement effort, and experts who can support teams to involve people with lived experience of the issue. The ELFT's enjoying work programme was directly connected to the trust's strategy and thus was championed by a board-level executive sponsor. Each team also had a sponsor from their local management team and was allocated an improvement coach or advisor to help them with the rigorous application of the improvement method. Further improvement expertise was provided by the quality improvement department, which designed the learning system and sessions, helped monitor progress of the teams, provided additional methodological support when required and linked the teams, sponsors and the executive sponsor on a regular basis. Support for data collection and data analysis was provided by an information analyst, who assisted teams to develop data collection plans and created online dashboards.

Results

Across the five cohorts, 86 teams enrolled in the enjoying work programme. Of these, 74 completed the programme, with 12 deciding not to continue after starting, as they felt that their local conditions for change did not allow them to participate fully. Overall, 18 teams across the five cohorts saw sustained improvement in their outcome measures, as demonstrated by their statistical process control charts. The learning from this work was shared internally and externally through storytelling on the ELFT quality improvement website (<https://qi.elft.nhs.uk>); 17 stories were shared from the second cohort, 13 from the third, seven from the fourth and one from the fifth. The second cohort was nominated for a Healthcare People Management Association award and was a finalist for a Health Service Journal award.

Table 2 shows a summary of change ideas tested across the five cohorts, mapped against the IHI joy in work framework. By compiling the ideas and concepts that teams chose to prioritise through this work, ELFT has continually revised its overall theory about the areas that relate to joy in work. Figure 4 shows the programme-level driver diagram, created after all five cohorts of the enjoying work were completed.

Discussion

Challenge of measurement

Deciding on appropriate measures of change and data collection systems can divert teams' attention away from testing changes. Developing a simple measurement system that gives teams a regular indication of team sentiment, presented as data over time on run or control charts, is important to help visualise variation. This should be coupled with simple ways of allowing teams to explore more subjective and qualitative aspects of staff engagement

Table 1. Measurement plan for the enjoying work programme at East London NHS Foundation Trust				
Measure	Frequency	Description	Collection methods	Cohort
Good day measure	Weekly	Percentage of people in the team selecting 'mostly yes' when asked 'Did you have a good day?'	Online survey, pebbles in a jar, digital platform	1–4
Response rate	Weekly	Percentage of the team responding to the good day measure		1–4
Pulse survey	Quarterly	Eight questions based on the NHS staff survey and the Gallup 12 survey, covering team recognition; ability to influence change; role autonomy; impact made on service users; availability of resources; burnout; recommending as a place to work; and how friendly the colleagues are	Online survey, digital platform	All
Mini Z burnout scale	Weekly	Using your own definition of burnout please select from the following 5: I enjoy my work. I have no symptoms of burnout 4: I am under stress, and do not always have as much energy as I did, but I do not feel burned out 3: I am definitely burning out and have one or more symptoms of burnout eg emotional exhaustion 2: The symptoms of burnout that I am experiencing will not go away. I think about work frustrations a lot 1: I feel completely burnt out. I am at the point where I may need to seek help	Microsoft forms	5
Question	Weekly	Agreement with statement 'The people I work with are friendly' rated on a 5-point Likert scale (1=strongly disagree; 5=strongly agree)	Microsoft forms	5
Question	Weekly	Agreement with statement 'I have the resources I need to do a good job' rated on a 5-point Likert scale (1=strongly disagree; 5=strongly agree)	Microsoft forms	5

and the narrative of a team's journey. Data collection and interpretation should be kept as simple as possible for teams, ideally enabling them to identify ways of collecting data that would work best for their existing ways of working.

Reducing the burden of data collection and interpretation should be a focus of an organisational approach to improving joy in work. Developing some standardisation in the outcome measure is important to be able to learn across different teams and contexts. An ongoing challenge relates to the collection of daily staff sentiment data in services that operate shift working patterns over 24-hour periods, such as inpatient wards.

A bias toward action

During this programme, the authors found that teams were often tempted to spend much time considering measurement, understanding the problem, or looking for the perfect solution. Any effort to do the above should be balanced with intent to make changes. Teams were encouraged to test out the 'quick wins' first after crowdsourcing ideas for improvement from their wider team. Seeing early successes reinforced to the teams that they could make changes together, which built their confidence, allowing them to test more complex and systemic change ideas. For example, the improving access to psychological services team at Luton started by testing simple ideas, such as someone regularly checking that meeting rooms had the proper equipment for clinic each day. By successfully testing this change idea and developing a habit of meeting regularly, the team were able to later use the learning and structure from this project to successfully manage the transition of the service from ELFT to another provider.

Table 2. A selection of change ideas tested at East London NHS Foundation Trust	
IHI joy in work framework component	Change ideas tested
Physical and psychological safety	Relaxation room on ward; plants in the office; reporting of racist incidents towards staff on ward to police; training on bullying; training in trauma-informed care to help staff develop resilience; anti-racism notice board; creation of a bullying and harassment advisor role
Meaning and purpose	30 minutes of daily reflection time built into staff's workload, with understanding of each team member's role
Choice and autonomy	Flexible work around childcare; opportunity for remote working (pre-pandemic); duration of meetings capped at 50 minutes instead of 60 minutes
Recognition and rewards	Employee of the month; team appreciation; gratitude wall; positive gossip; celebrating positive achievements in line management supervision; WhatsApp celebration groups
Participative management	Use of the seven-step meeting process to guide the running of meetings
Camaraderie and teamwork	Virtual socials; team lunches; team tuck shop; new starter buddy; new starter orientation; 'randomised coffee' trials where colleagues have a break with a member of their team who is chosen at random
Daily improvement	Establish clinical improvement group
Wellness and resilience	Team yoga; family therapy for staff; wellbeing huddles; running group
Real-time measurement	Use of ImproveWell app to capture and provide measures, work-life balance survey

Perlo et al (2017); IHI=Institute for Healthcare Improvement

Bringing joy to work and making it fun is key to maintain staff engagement. During learning sessions, it was important to generate positive energy and inspire the teams' continued efforts. Each learning session had an interactive, fun activity, such as body percussion, while celebrating collaboration. Examples included singing along with the ELFT's One Voice choir and working with art therapists to design other engaging group activities. It was notable that, when the COVID-19 pandemic began and the sessions were run virtually, replicating this joy and creative element to learning sessions was more challenging. **Groups that are contemplating doing this work virtually would need to focus on finding ways to bring joy to the learning and improvement process.**

Focusing on leadership at different levels

This type of work requires distributed leadership (Hardacre et al, 2011), so the programme at ELFT focused on activating agency at several levels. Time was set aside to work directly with project team members, team leads, team managers and local sponsors to promote collective leadership behaviours and the habits of an improver (Lucas and Nacer, 2015). **At a team level, individuals were supported by improvement coaches, who facilitated team meetings regularly and encouraged the use of improvement tools.** At a team management level, leaders were invited to attend learning sessions, providing a separate space to convene and consider how to best support the work. The executive sponsor for the programme regularly liaised with each local team sponsor to offer support and help to unblock barriers. After each learning session, each team was asked to score their sponsor engagement on a scale of 1–5 to help understand where the trust might need to intervene centrally. This helped the executive sponsor to understand which sponsors to prioritise speaking to each month. As this work is complex and can unearth difficult dynamics and tension within the team, every team was given a named person within the trust's human resources department for support if needed.

Improvement principles for an organisational approach

Starting small, with a handful of willing teams, can be helpful in learning how to best support teams in an organisational context and then build on this over time. The first cohort at ELFT consisted of five teams from a range of contexts, including inpatient and community-based teams, those that were co-located and dispersed, and a non-clinical team.

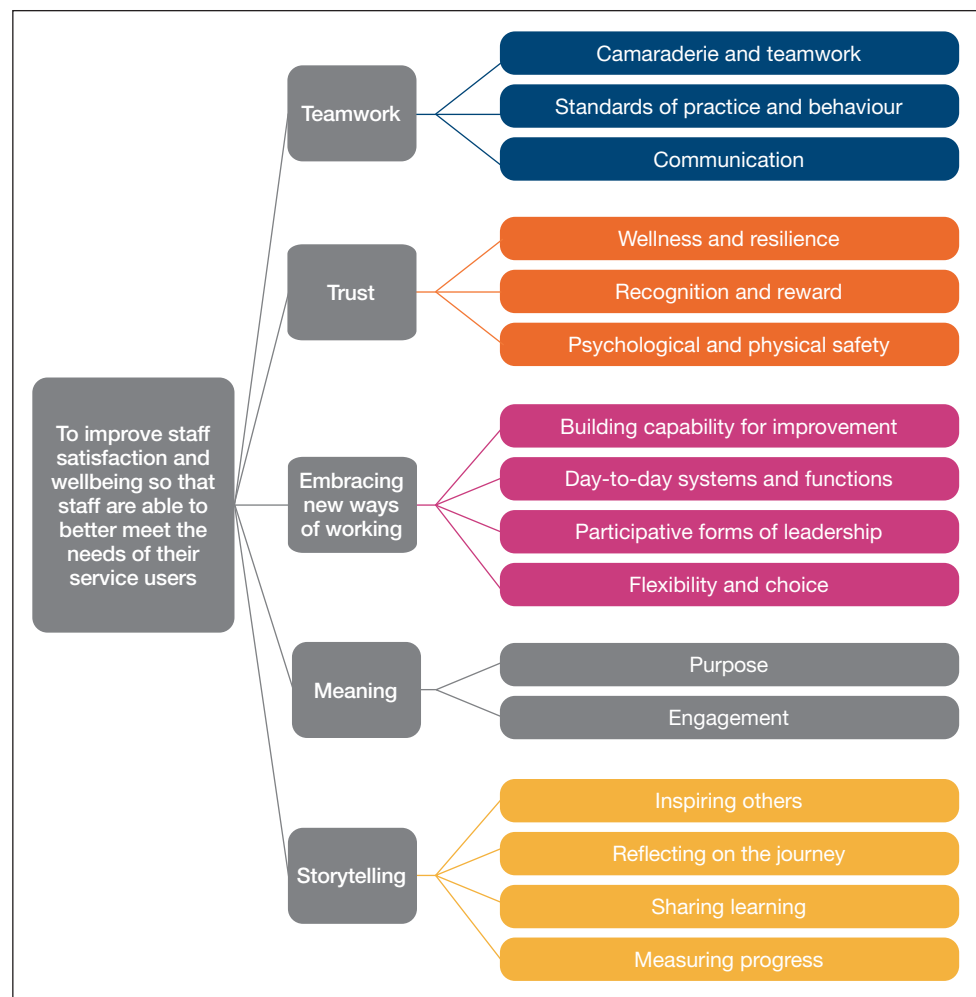


Figure 4. Programme-level driver diagram showing the collated theory of change from all five cohorts of the enjoying work programme at East London NHS Foundation Trust.

Driver diagrams can be useful to develop the programme theory and collect data to evaluate it. At each learning session, feedback was requested on what worked well and what could be improved. This was complemented by a more in-depth evaluation of each cohort, which is summarised in **Table 3**. The evaluation framework for the sessions was based on the Kirkpatrick model, which looks at four domains: reaction, learning, behaviour and results (Paull et al, 2016). Participants in each cohort were asked a range of qualitative and quantitative questions to help with the evaluation. Some data collected as part of routine monitoring of the programme were also used, such as attendance at learning sets, progress of teams along the ELFT sequence of improvement and number of stories of the work told.

Limitations

One potential limitation of this approach is the reliance on self-reported learning from PDSA cycles. Teams were encouraged to use Life QI (<https://qi.elft.nhs.uk/resource/qi-life/>), the trust's online platform for supporting improvement, to record their plan-do-study-act cycles. In the authors' experience, recording these cycles can be challenging for teams, which is reported in the wider literature (Taylor et al, 2014). This could impact the ability to share and generalise the work to other organisations.

The authors also noted that teams sometimes experienced low response rates to data collection. Issues with low survey response rates are well documented and can contribute to non-response bias in reporting results, which can impact validity (Cho et al, 2013). In this work, it was difficult to ascertain if those responding were the same people over time or if there was variation. This could impact how much a wider team engaged in the work and how

Table 3. Key themes from each cohort evaluation

Cohort	Key themes
Cohort one	<ul style="list-style-type: none"> • Support from a quality improvement coach is key in helping teams to use a quality improvement approach effectively • Regular visual communication with the wider team is useful • Work needs to be integrated into regular team spaces
Cohort two	<ul style="list-style-type: none"> • Bringing teams together builds connectedness and provides peer support • Focusing on enjoying work while the team has a heavy workload is challenging
Cohort three	<ul style="list-style-type: none"> • Quality improvement methods give the programme structure and helped teams progress • Measurement is challenging for teams • Tackling a range of areas across the joy in work framework is important
Cohort four (virtual)	<ul style="list-style-type: none"> • When moving to virtual sessions, technology should be kept simple • Data collection works best when owned by whole team and not one person
Cohort five (virtual)	<ul style="list-style-type: none"> • More in-depth teaching on measurement is important • A range of methods for keeping teams involved in the work is needed

much of a difference it was making for them. Anecdotally, the authors believe that a lower response rate could, in part, be a result of survey fatigue (Rogelberg and Stanton, 2007), and would encourage others wanting to adopt similar methods to consider collecting just enough data to know if there has been an improvement (Shah, 2019) to help balance this.

Evaluating the impact of learning systems for quality improvement is challenging because of the complex nature of the interactions occurring (Broer et al, 2010). The authors' approach to evaluation attempted to go beyond this by speaking to the people involved in the work to understand the impact in their local areas. The limitation here is that many of these interactions were with key people in the projects (leads, coaches, sponsors), which may have biased the results to a self-selecting group. The authors would encourage those undertaking similar work to consider appropriate sampling strategies in order to speak to a wider group of stakeholders.

Conclusions

This article presents the authors' learning from applying quality improvement to enhance joy in work over several years at ELFT, supporting 86 teams to work systematically through the issue, identifying what matters to team members, developing and testing ideas, and measuring over time. The work has been challenging but meaningful. Measurement was possibly the most difficult aspect, with an inherent tension between collecting data frequently enough to understand variation in a useful way without over-burdening teams.

Across the five cohorts of the programme, the use of storytelling was used increasingly to balance the use of qualitative and quantitative data to understand whether the changes being tested were leading to improvement. The abrupt switch to virtual methods of connecting and supporting teams at the start of the COVID-19 pandemic has likely influenced the effectiveness of the collaborative learning system. This type of work benefits greatly from the ability to connect in person to provide close support, learn from each other and ensure that the process of enhancing joy is, in itself, joyful.

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Key points

- Quality improvement methods provide a simple and powerful way of enabling teams to make changes to their local systems to improve joy at work.
- Key enablers for joy at work include focusing on leadership at all levels, having a bias towards action and making measurement simple.
- Bringing teams together using a collaborative approach can help them to learn more quickly, while helping organisations to support this type of work effectively.

Conflicts of interest

The authors declare that there are no conflicts of interest.

Declaration of funding

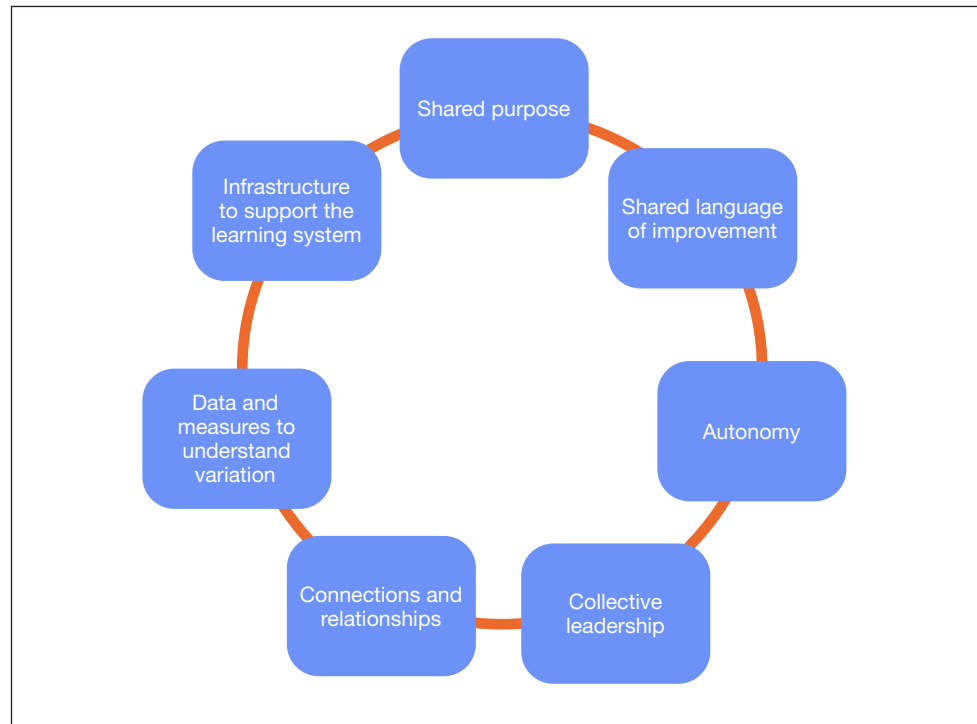
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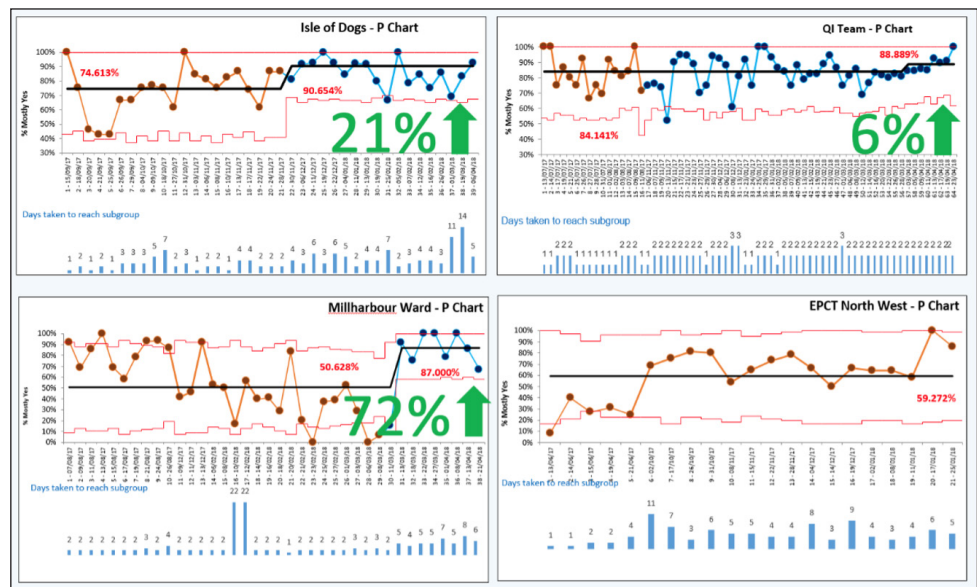
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Appendices



Appendix 1. The components of learning systems for quality improvement (Shah, 2021a).



Appendix 2. Example of dashboard from cohort one of the programme.