

From [the USA](#) to [the UK](#), and from Emergency Departments (EDs) to [throughout healthcare systems](#), the wellbeing of healthcare workers is acknowledged as critical for the workers themselves, the [retention of staff](#) and [for the provision of high-quality healthcare](#). [Staff burnout in EDs in New Zealand \(NZEDs\)](#) is high. We have a problem with staff wellbeing, retention and, by extension, the ability to provide the best care possible.

What can be done?

Assuming healthcare workers are committed, compassionate, highly skilled, knowledgeable staff who come to work to do the best job possible, we theorise that if staff can work to their capacity in a context and culture that facilitates such high-quality work, this may nurture wellbeing.

While frontline staff understand that some things are largely outside their control (e.g., overall health budgets), there are parts of their work that they can, or should be able to, influence. When problems that affect delivery of healthcare are identified by staff, patients, or patient representatives, there is an opportunity to improve. A responsive [learning system](#) is required.

An ideal system ensures that staff and consumers are heard; problems are acknowledged; problems are examined, in partnership with stakeholders, by those with healthcare quality expertise, in a system that meaningfully supports [quality improvement](#) (QI) in [complex systems](#); stakeholders are informed, empowered, and involved in solutions development; a [positive psychological approach](#) is taken by deliberately acknowledging this work as challenging, meaningful and rewarding. Addressing [three factors highlighted by staff](#)- improving the culture of our departments, provide professional development opportunities, and improve the ability to provision HQH- may synergistically improve healthcare and staff wellbeing in a virtuous cycle.

Health Quality and Safety Commission ([HQSC](#)) of New Zealand [documents that](#)

*"All health care workers need to engage in quality and safety improvement efforts appropriate to their role and their sphere of work. Simple quality and safety tools should therefore be part of everyone's skill set in health care."*

Is this the NZED reality? Would greater QI capability using evidence-informed systems improve care provision and, by extension, staff wellbeing? This is our research aim.

Such a system is a [Positive Participatory Organisational Intervention](#) (PPOI). PPOIs work at all IGLO(O) levels of a system: Individual, Group, Leadership, Organisation (and Outside). Nima and her colleagues, with assistance from Emma Mourdant and the team at UCL Partners, have been using [Bedside Learning Coordinators](#) (BLCs) as part of a learning health system at CFH. This is informed by the [early COVID experience at The Nightingale Hospital](#) when rapid improvements in complex systems required such considered approaches. We have modelled our research proposal on their work.

Here is our website for our [research related to workplace wellbeing and quality improvement in emergency departments in New Zealand](#)