

General Information

QILS4WoWe@NZEDs Intervention

Project title:

Positive Participatory Organisational Intervention to Reduce Burnout in New Zealand
Emergency Department Staff – Multisite Study

Researcher introduction

My name is Mike Nicholls and I am a doctoral student at The University of Auckland, and an Emergency Physician at Auckland City Hospital Emergency Department. I am undertaking PhD research under the supervision of Professor Stuart Dalziel, Dr Natalie Anderson, Dr Rebecca Jarden and Dr Vanessa Selak.

Project description

This research project is looking at burnout and workplace wellbeing.

This forms part of the PhD for the lead investigator (MN) and the initial components of the overall project: Prospective, Multicentre, Mixed Methods Before and After, Insider-Led, Quality Improvement Learning System Intervention to Improve Emergency Department Workforce Wellbeing in Aotearoa New Zealand. (QILS4WoWe@NZEDs)

The problem

The wellbeing of staff in New Zealand (NZ) Emergency Departments (ED) is critical to staff retention and provision of excellent care for patients and whānau. Recent evidence indicates that there are problems with the wellbeing of ED staff. High levels of burnout were documented in a 2020 survey of almost 1400 ED staff from 22 EDs around NZ.¹ This is a threat to healthcare in NZ. Similar problems are found world-wide. In the US, for example, healthcare worker burnout and workplace wellbeing have been identified as two of the five healthcare priority areas by the US surgeon general.²

The causes of burnout are complex and multifactorial, and solutions are not straightforward. While it is probable that many potential solutions are out of the control of those most affected, NZ ED staff have identified three factors they believe contribute to their wellbeing:

- a culture of wellbeing,
- professional development opportunities, and
- the ability to provide high quality healthcare.³

How these aspirations are to be achieved in NZ EDs is unproven.

From organisational psychology and improvement literature three features of successful workplace wellbeing interventions are important:

1. interventions must be appropriate for the context,
 - What may work in one setting may not work in another without appropriate modification - one size does not fit all.
2. interventions must target multiple levels within an organisation
 - Interventions for workplace wellbeing are most effective when targeting multiple levels throughout an organisation, including at the individual healthcare worker- (HCW), group-, leadership-, whole of organisation- and outside the organisation-levels.
3. staff most affected must be meaningfully involved with improvement.⁴
 - Frontline staff, and healthcare consumers, are positioned to identify and contribute to prioritising areas for improvement.

Outside the NZ ED context, exemplar healthcare organisations (HCO) with consistently high measures of HCW wellbeing, that take a continuous quality improvement approach, and that provide high quality healthcare, (for example, East London Foundation Trust⁵) approach workplace wellbeing with these three important features.

A Multilevel Intervention

We propose a **multilevel intervention**, that targets three organisation levels (the individual, the group, and the system levels), that is adaptable to local context, and involves frontline staff and healthcare consumers. We hypothesise this will reduce HCW burnout and improve staff wellbeing by improving workplace culture, provide professional development opportunities, and improve the provision of high-quality care.

Individual-level component

will consist of a positive psychological intervention available to all ED HCWs at participating sites. Individual HCWs will choose one of 3 positive psychological interventions and participate in what seems most appropriate for them. These are a mindfulness intervention,⁶ three good things,⁷ or a looking forward⁸ intervention. These will be available online.

Whānau/team/group/department/culture-level component

Local champions will decide which group-level intervention their department will use: either a Learning from Excellence⁹ or Clinical Event Debriefing¹⁰ intervention.

System-level component

This intervention has several important features that may ultimately empower staff and healthcare consumers to effectively, and efficiently, contribute to improve the quality of healthcare deliverable within their ED and improve workplace wellbeing. This is the Quality Improvement Learning System (QILS).

Features include mechanisms for:

- consumers and frontline staff highlight issues that are important to them and affect quality of care;
- triage and prioritisation of those issues;
- allocation of resource to improvement work;
- staff to lead and participate in improvement work; and
- feedback to staff and consumers.

While each feature of QILS will be adaptable to each context and informed by the most up to date NZ ED-based research, the important features will be present in all cases.

Building capability for improvement will include training and coaching in Quality Improvement (QI) methods, with an emphasis on the local and ED contextual factors. Training and coaching will be delivered online by an expert. Monthly meetings of all Local Champions Group (LCG) personnel will be opportunities to share lessons and build nationwide camaraderie required for sustainability. An estimated 50 hours of training, coaching and project work over 12 weeks (4 hours per week) from March 2023 will be required of each LCG member.

Intervention Sites

There will be 8 ED sites enrolled, from which there will be 900 HCW participants. Sites will be enrolled in waves from March 2023. Interventions will take place over 12 months. Intervention sites will be chosen based upon various criteria, including results from our recent Assessment of Baseline Capability survey, interviews, and focus groups.

In addition to the support of the ED Leadership group, and wider healthcare organisation Quality, Wellbeing and Executive groups, a **Local Champions Group (LCG)** will be critical to success at each site. The LCG will have up to 5 personnel and be a diverse composition of the local ED team, including one or more of senior doctors, nurses, other ED team members, consumers, and mana whenua. The LCG will be in the best position to understand local needs, liaise with local leaders and the investigators, and oversee many parts of the intervention in their ED. Each member of the LCG will attend the training and coaching program.

It is envisaged that ultimately this work will be incorporated into "business as usual" for members of the LCG. For example, SMOs involved in quality and/or wellbeing portfolios may use their non-clinical time for this work. While each ED will be different, initial set up costs may include the requirement for usual FTE be made available to some members of the LCG.

Each site will have a **Local Investigator (LI)** who may also be members of the LCG. With the support of the investigation team, LIs will lead the collection of data at their ED. All those who qualify are encouraged to be named authors of this work.¹¹

Assessment methods

Methods of assessment are surveys of all ED staff at participating sites of baseline and repeat measures of burnout and wellbeing, including staff engagement and empowerment. To clarify the content and fidelity of the interventions a process evaluation will be conducted at each site.

Study Website www.woweated.com

This will be a location for sources of information for all stakeholders.

Our diverse team has considerable experience and success with research.

Contact details

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For any concerns regarding ethical issues you may contact the Chair, the University of Auckland Human Participants Ethics Committee, at the University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: ro-ethics@auckland.ac.nz

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