

Wellbeing for Healthcare Workers Initiative – Summary Report

OFFICIAL

Burnout is considered one of the biggest epidemics facing healthcare workers around the globe. The Wellbeing for Healthcare Workers Initiative brought together 24 teams from 21 healthcare organisations across Victoria with the aim of decreasing burnout and increasing joy in work.

BACKGROUND

In 2020, Smallwood et al. conducted a national survey of over 9,000 healthcare workers (in frontline roles), 85 per cent of which were Victorian, to understand their wellbeing through the pandemic. An alarming 61 per cent of healthcare workers reported burnout, and 28 per cent reported depression¹. Alongside these individual impacts, burnout is associated with increased medical errors and staff turnover, decreased patient satisfaction, reduced self-confidence in communication skills and workforce attrition.

Given these adverse impacts on care providers, patients, and overall health system performance, there is an urgent need to tackle these issues and achieve sustainable improvements in healthcare workers' wellbeing. Early research shows that staff autonomy and control, physical and psychological safety, and having meaning and purpose in work contributes to a positive experience at work.

The Healthcare Worker Wellbeing Centre (the Centre) was established in 2021 as part of the Victorian Government's Healthcare Worker Wellbeing Package. Led by the Clinical and Professional Leadership Unit (CPLU) at Safer Care Victoria (SCV), the Centre aims to support the wellbeing of all healthcare workers (clinical and non-clinical), including those from hospitals, community health, aged care, and primary care settings.

As part of its work, the Centre has partnered with the Institute for Healthcare Improvement (IHI) to design and implement a statewide collaborative: The Wellbeing for Healthcare Workers Initiative (the Initiative). This program united health service teams from across the state to identify and test new ideas aimed at improving staff wellbeing. It is based on the IHI's global work with healthcare organisations to improve joy in work for all workers.

Phase 1 Initiative of the Initiative aimed to improve the wellbeing of Victorian healthcare workers in participating teams by reducing reported burnout and increasing reported joy by 10 per cent by December 2022.

Phase 1 of the Initiative was held from January 2021 to November 2022 and involved 24 teams from 21 Victorian health services across a variety of healthcare settings.

PROGRAM ACTIVITIES

The design of the Healthcare Worker Wellbeing Initiative, based upon the IHI Breakthrough Series Collaborative model, included three virtual workshops, seven all learner calls, individual and group coaching calls, and an inperson showcase event. SCV and IHI introduced teams to the IHI Joy in Work Framework, taught methods of improvement science, and facilitated collaboration and shared learning amongst teams over the course of the Initiative.

Each team identified changes to test based on IHI's Joy in Work Framework and the in-depth What Matters To You (WMTY) conversations had with their teams. Changes included:

- use of new methods for implementing ward rounds
- conducting rostering reviews
- providing new platforms to improve communication
- offering on-site psychology support and group EAP
- facilitating daily huddles
- fixing broken equipment that contributes to staff frustration or workload
- providing training in Mental Health First Aid
- facilitating team games and challenges
- organising group mindfulness activities and sunshine walks
- bringing therapy dogs into the workplace
- using shout out boards and gratitude trees to acknowledge staff
- designing improved methods for onboarding new staff.

These change ideas were tested by teams using Plan-Do-Study-Act cycles, refined, and implemented in their local environment. Using real time data, teams determined which changes had the greatest impact on their workers and embedded successful changes into their day-to-day systems.

KEY LEARNINGS

A formal evaluation of the Initiative's Phase 1 was undertaken to better understand the work conducted and its impact. Learning and results from this evaluation have contributed to the design and roll-out of Phase 2.

Health services that participated in Phase 1 were able to achieve positive measurable impacts on key healthcare worker wellbeing measures demonstrating that improvement science is a useful method for supporting improvements in wellbeing.

Participating teams from Phase 1 offer the following advice for health services to improve healthcare worker wellbeing.

- Ensure your team is motivated to make changes. This includes staff members outside the immediate core team, including administrative support, who can step in and help where required.
- Start small and scale up. Test changes that you believe will improve wellbeing. Make continuous adaptations based on your local context and then expand their reach.
- Address simple opportunities identified by healthcare workers quickly. It builds momentum and demonstrates that issues are being addressed and wellbeing is being prioritised.
- It takes time to start and maintain this work.
 Time is needed to interact and understand those issues impacting the wellbeing of healthcare workers.
- Don't give up and have faith in the process. It does work.

RESULTS

The Phase 1 Initiative used the Mini Z survey tool to support teams' learning and measurement of results. The primary outcome measures reported by teams were:

- average reported joy
- average reported burnout.

In addition, process measure data was collected using the same survey tool. Concepts measured as part of the process measure set included:

- job satisfaction
- workload control
- feeling of physical safety
- comfort speaking up
- time to complete work.

It is important to consider the context in which the work took place when examining the impact of Phase 1. Teams were working to improve joy and reduce burnout during a period of time when the state's healthcare workers were experiencing increasing burnout levels due to the pandemic¹. Despite this context, 75 per cent of teams actively engaged in testing changes and reporting data as part of the Phase 1. These teams experienced an improvement in one or more of the Initiative's wellbeing measures at an individual team level. Additionally, at an aggregate level, these teams demonstrated a 13.2 per cent reduction in the average reported burnout of their workforce.

RESOURCES

1. Smallwood, N., Karimi, L., Bismark, M., et. al. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: a cross-sectional survey. General Psychiatry 2021;34:e10057 7. doi:10.1136/gpsych-2021-10057