QI Power Hour with
Dr. Amar Shah
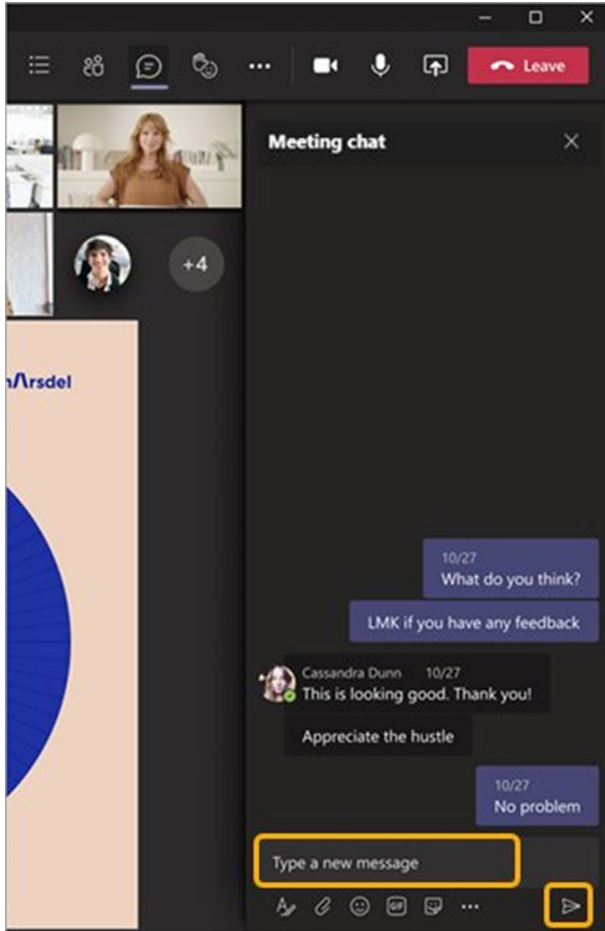
Creating Joy in Work

Land Acknowledgement

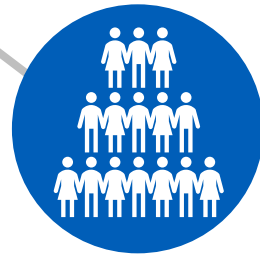# Chat Function

Share **questions, comments,** and **ideas**

Click on the **message bubble icon** to access the chat

Send to **Everyone**

Check out Past QI Power Hour Sessions

Humans Leading Humans:
Human Centered Leadership is Making a Difference

Speaker: Wendy Campbell & Katey Knott from Trillium Health Partners

What does it really take to create a culture of continuous improvement?

Speaker: Dr. Amar Shah

saskhealthquality.ca/training-webinars/qi-power-hour-webinars

QI Power Hour is shared from across Saskatchewan...

Across Canada...

And around the world

Advancing the Patient Medical Home Model in Rural Saskatchewan: Insights from a pilot project in Swift Current

FRIDAY, MAY 23   9 a.m. to 10 a.m. CST

With Dr. Coralie Darcis & Dr. Emmett Harrison

Join our QI Power Hour mailing list

Receive notices about upcoming sessions and registration details straight to your inbox.

Dr. Amar Shah

Dr. Amar Shah is Consultant forensic psychiatrist & Chief Quality Officer at East London NHS Foundation Trust where he has embedded a large-scale quality improvement infrastructure and quality management system. He is also the first National Clinical Director for Improvement at NHS England where he leads the application of improvement across England's health and care system, and the national improvement lead for mental health at the Royal College of Psychiatrists.

Amongst several other titles, Dr. Shah is a talented national and international keynote speaker at healthcare conferences and has published over 50 peer-reviewed articles in the field of quality management.
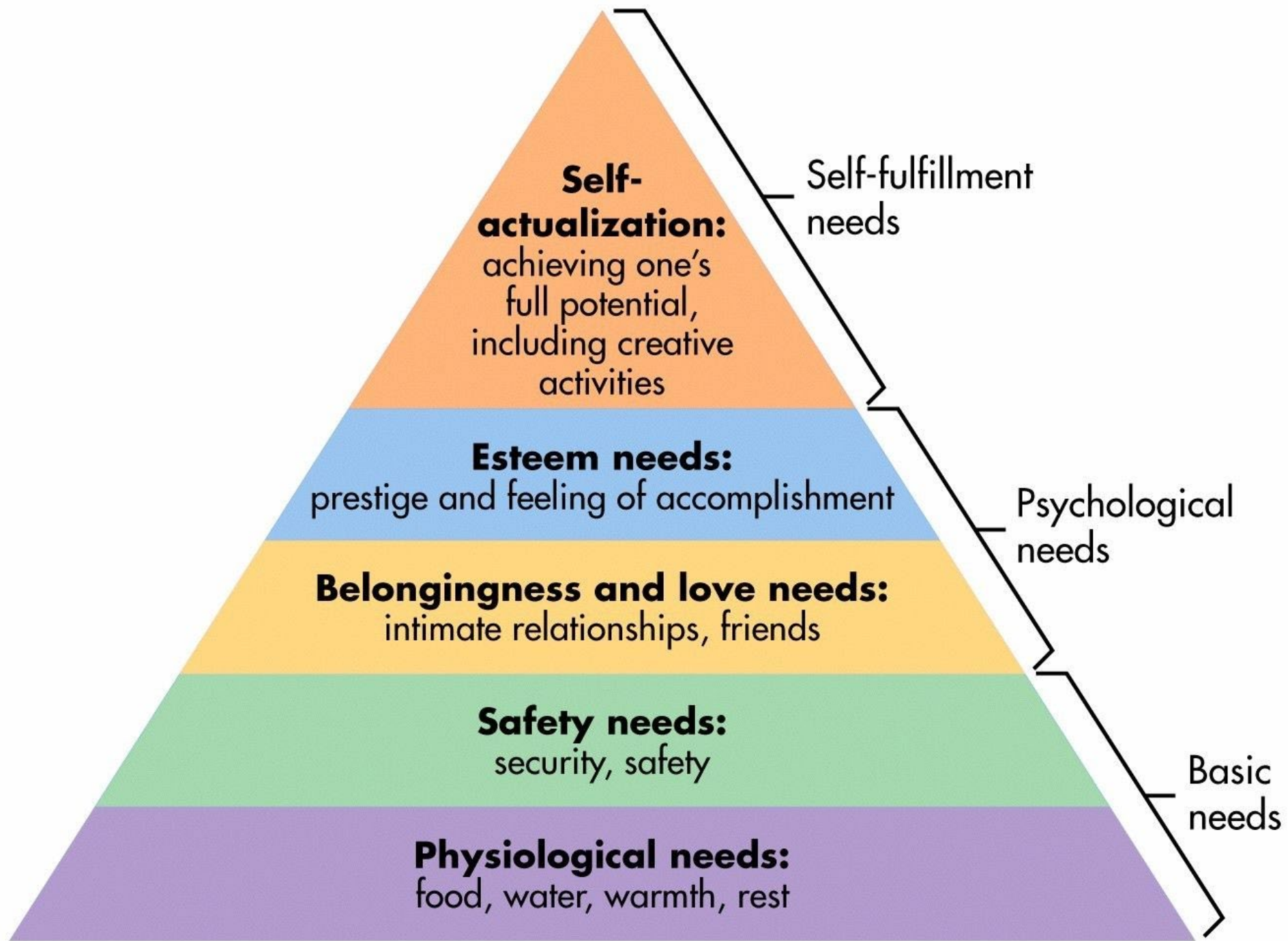
Joy in work

Prof Amar Shah
National clinical director for improvement, England
Chief Quality Officer, East London NHS FT
National improvement lead for mental health, Royal College of Psychiatrists

Demand: Water pouring in, work referred in

Capacity: Plug hole size, resource available
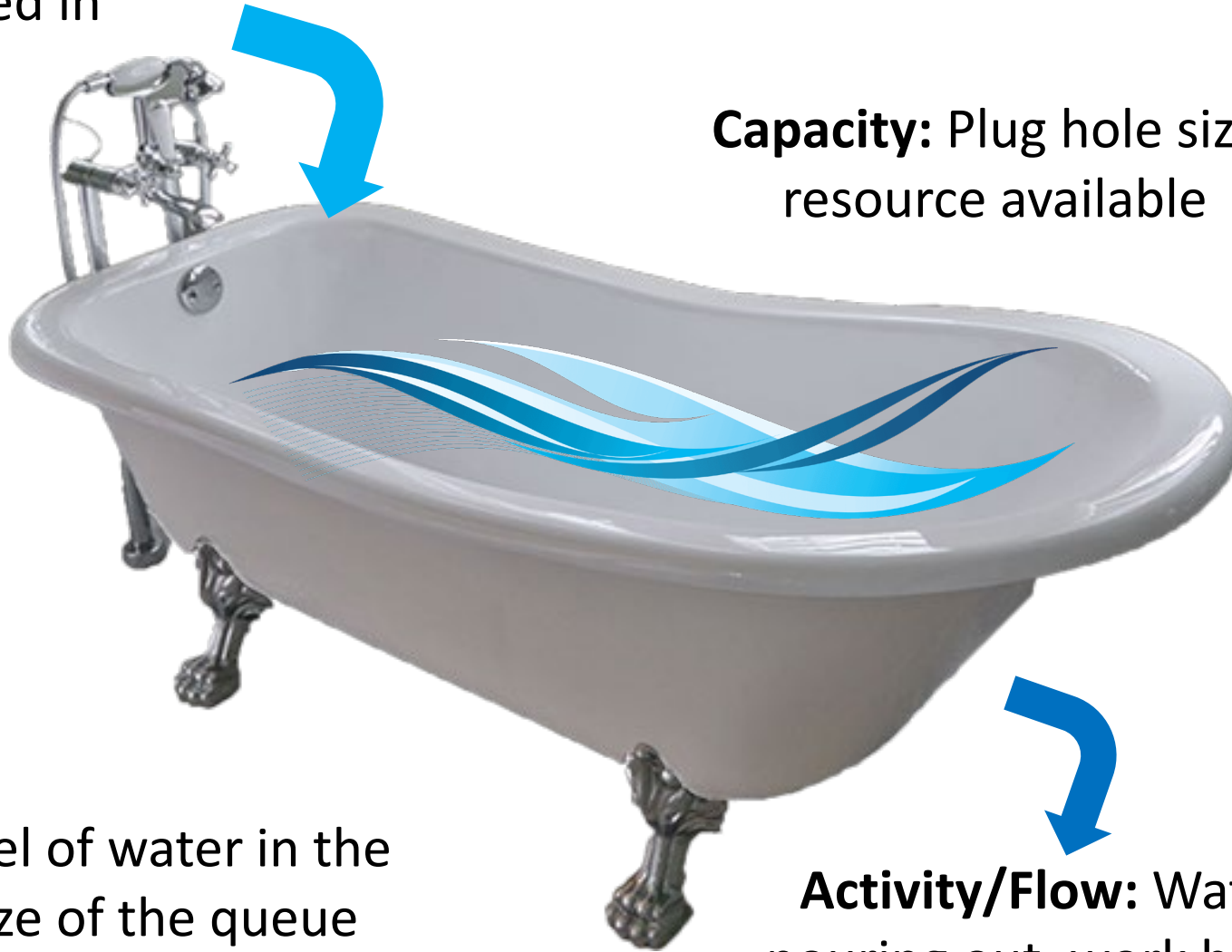
Backlog: Level of water in the bath, the size of the queue

Activity/Flow: Water pouring out, work being done

COMPASSIONATE LEADERSHIP

SUSTAINING WISDOM, HUMANITY AND PRESENCE IN HEALTH AND SOCIAL CARE

MICHAEL A. WEST

Autonomy
The need to have control over one's work life, and to be able to act consistently with one's values

- **Authority, empowerment and influence**
  Influence over decisions about how care is structured and delivered, ways of working and organisational culture
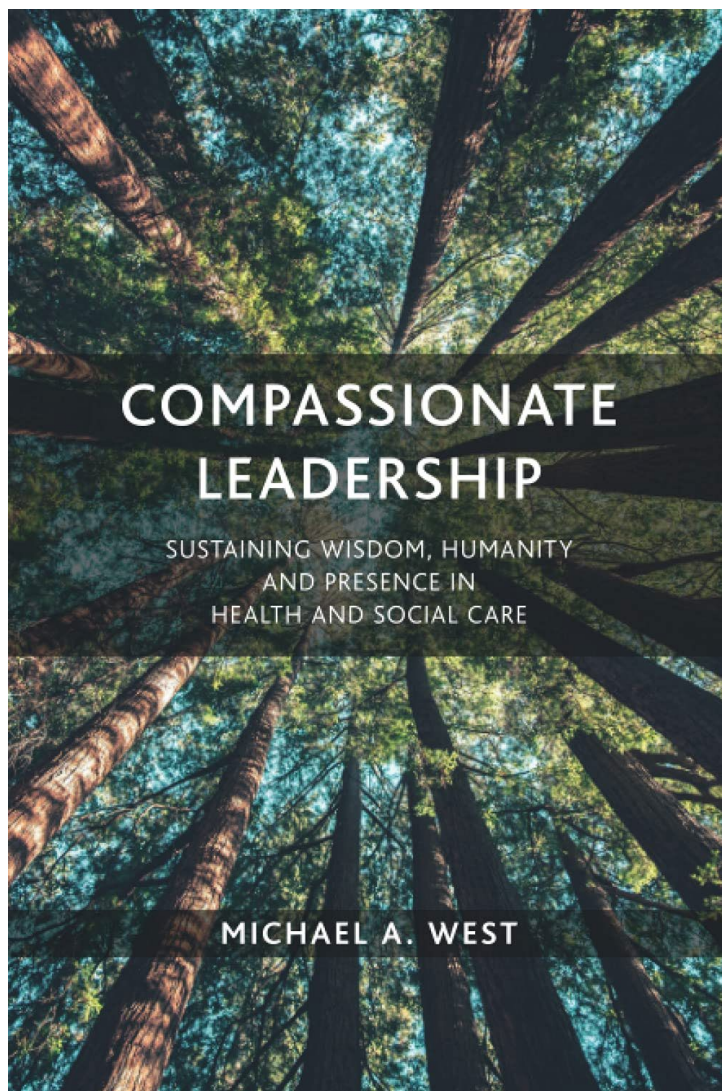- **Justice and fairness**
  Equity, psychological safety, positive diversity and universal inclusion
- **Work conditions and working schedules**
  Resources, time and a sense of the right and necessity to properly rest, and to work safely, flexibly and effectively

Belonging
The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

- **Teamworking**
  Effectively functioning teams with role clarity and shared objectives, one of which is team member wellbeing
- **Culture and leadership**
  Nurturing cultures and compassionate leadership enabling high-quality, continually improving and compassionate care and staff support

Contribution
The need to experience effectiveness in work and deliver valued outcomes

- **Workload**
  Work demand levels that enable the sustainable leadership and delivery of safe, compassionate care
- **Management and supervision**
  The support, professional reflection, mentorship and supervision to enable staff to thrive in their work
- **Education, learning and development**
  Flexible, high-quality development opportunities that promote continuing growth and development for all
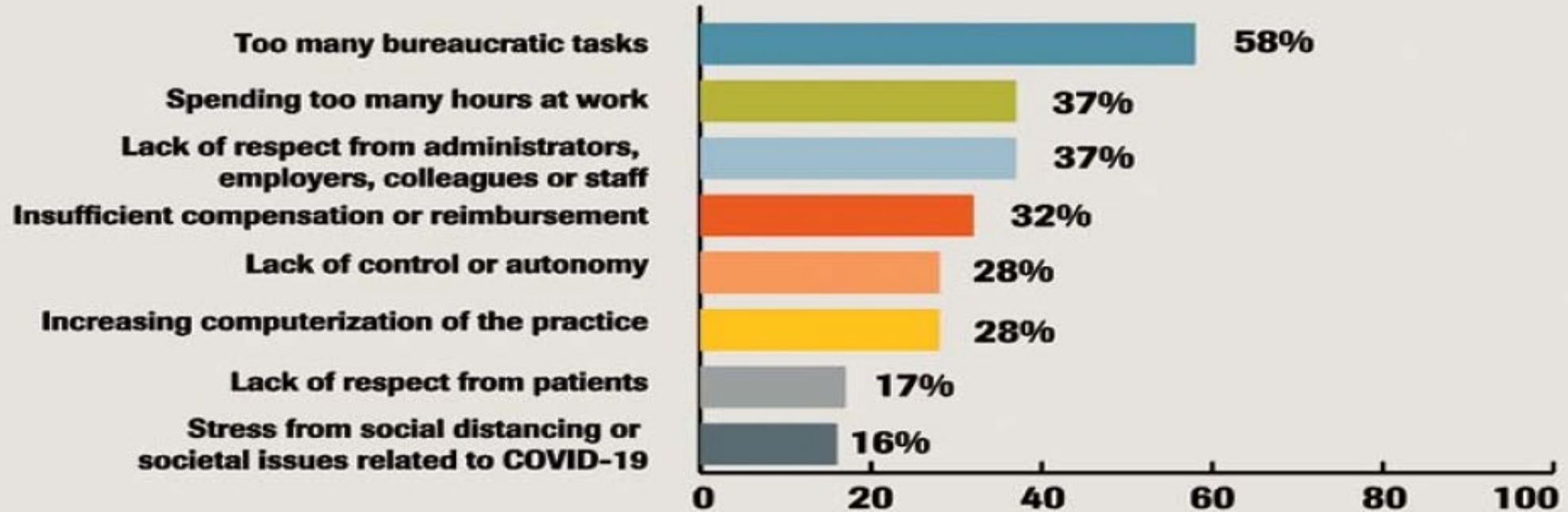
Critical Components for Ensuring a Joyful, Engaged Workforce
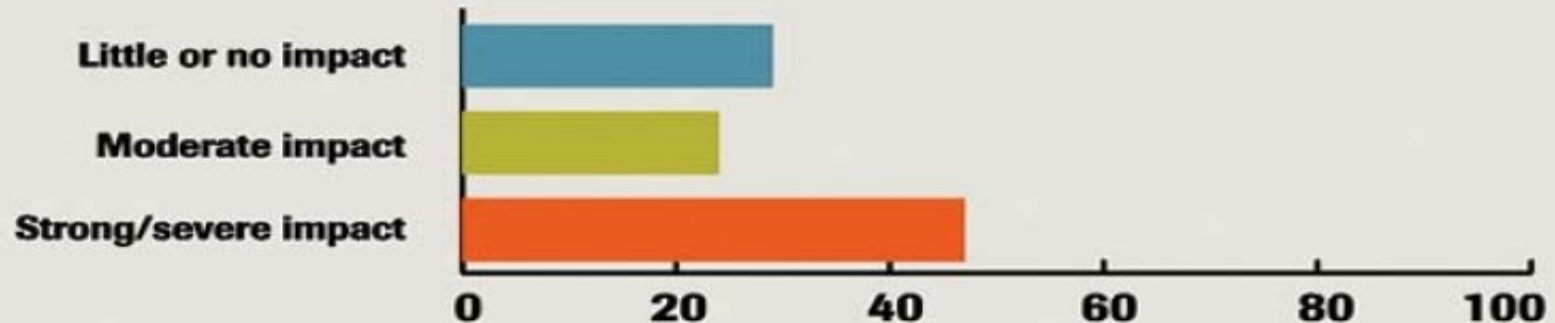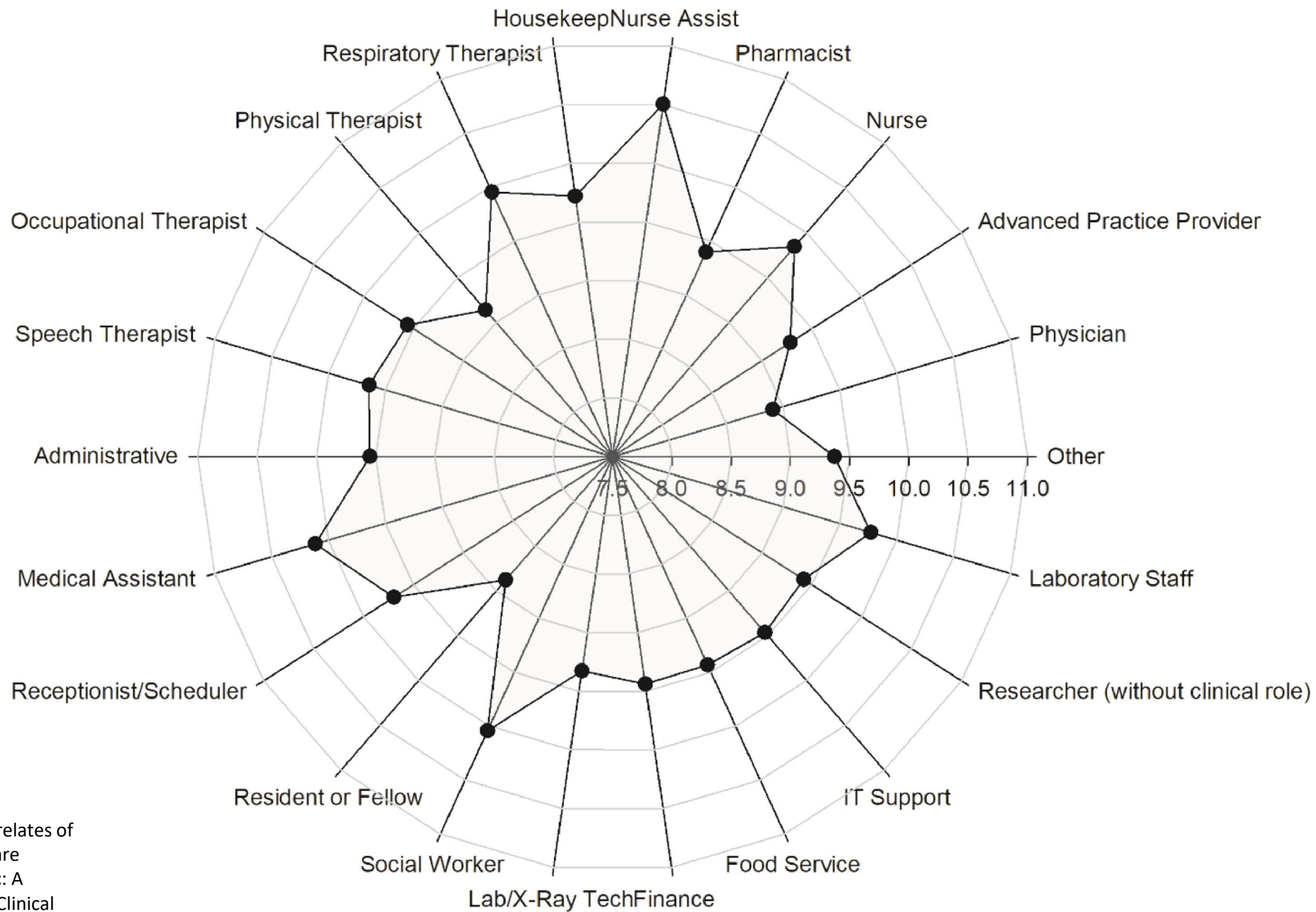*Interlocking responsibilities at all levels*

Doctor burnout

A survey this year of more than 12,000 physicians nationwide by Medscape, a website that provides continuing education for physicians and health professionals, identified what's causing physician burnout. Here's a look at what physicians answering the annual survey told Medscape most causes burnout:

Cause	Percentage
Too many bureaucratic tasks	58%
Spending too many hours at work	37%
Lack of respect from administrators, employers, colleagues or staff	37%
Insufficient compensation or reimbursement	32%
Lack of control or autonomy	28%
Increasing computerization of the practice	28%
Lack of respect from patients	17%
Stress from social distancing or societal issues related to COVID-19	16%

The Medscape survey also asked physicians to rate the severity of their burnout on their lives:

Impact	
Little or no impact	
Moderate impact	
Strong/severe impact	

HousekeepNurse Assist
Respiratory Therapist
Physical Therapist
Occupational Therapist
Speech Therapist
Administrative
Medical Assistant
Receptionist/Scheduler
Resident or Fellow
Social Worker
Lab/X-Ray TechFinance
Food Service
IT Support
Researcher (without clinical role)
Laboratory Staff
Other
Physician
Advanced Practice Provider
Nurse
Pharmacist

7.5 8.0 8.5 9.0 9.5 10.0 10.5 11.0

Prasad et al. (2021) Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. eClinical Medicine, Vol 35 (1 May 2021)
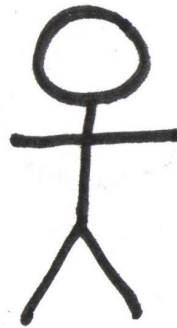
North America Region
10.27

Europe and
Central Asia Region
10.06

Middle East and
North Africa Region
4.68

Southeast Asia and
Pacific Region
13.68

Latin America and
the Caribbean Region
10.51

Sub-Sahara Africa Region
8.94

4.68   13.68

Workload

$+$

Loss of autonomy

$\rightarrow$

Burnout
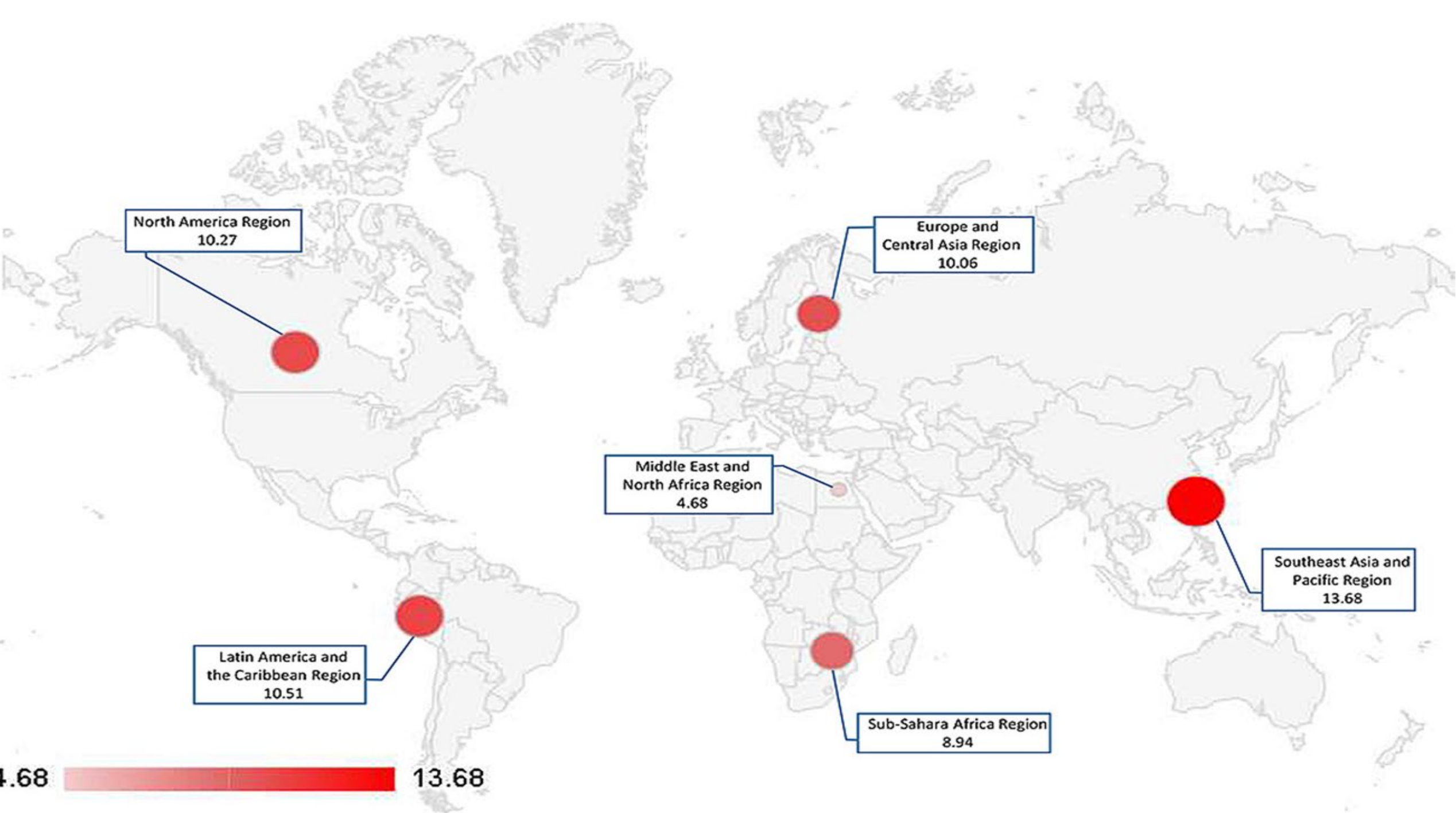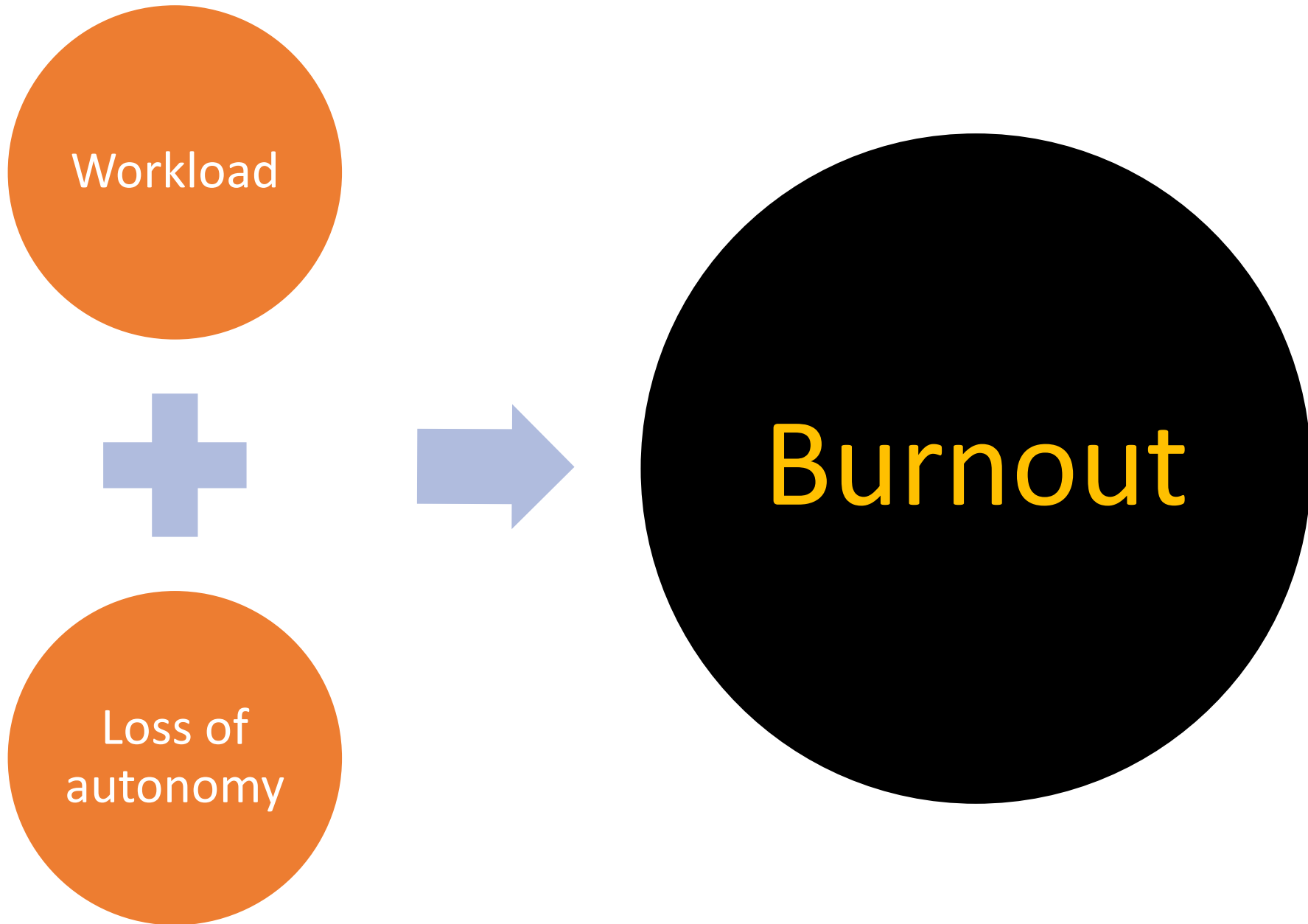
Everything else

Sphere of Influence

Sphere of Control

Autonomy

Autonomy is our ability to make decisions and have a say in the direction of our lives.

#UGUmbrella

Shared Purpose

Co-production

Co-design

} **Doing with**
in an equal and
reciprocial partnership

Engagement

Consultation

} **Doing for**
engaging and
involving people

Informing

Educating

Coercion

} **Doing to**
trying to fix people
who are passive
recipients of service

Learn

Trial

Error
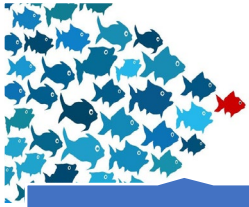
Clinically led

Accessibility

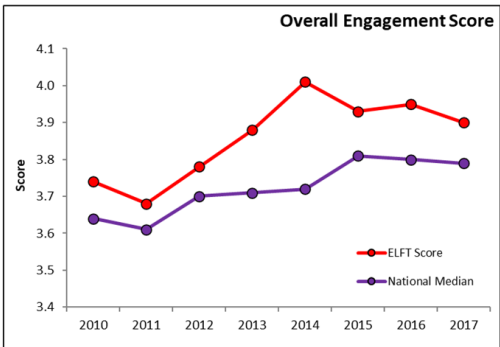People participation

Collective, inclusive leadership

Effective team working

NHS
East London
NHS Foundation Trust

Staff able to contribute towards improvements at work

ELFT Score

Staff Motivation to Work

ELFT Score

Staff job satisfaction

ELFT Score

Overall Engagement Score

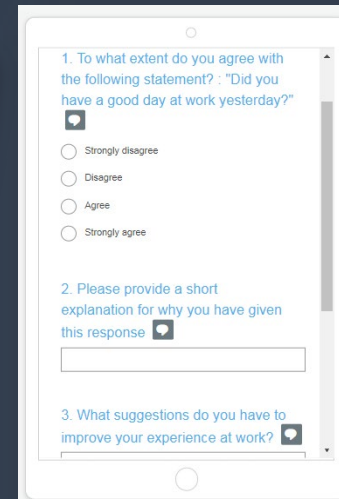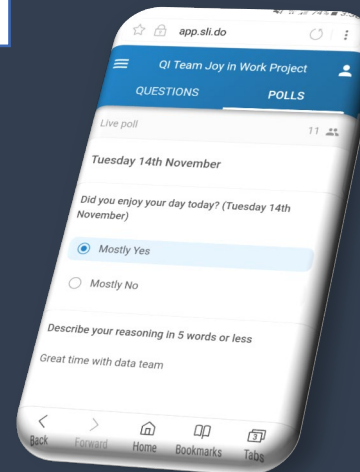ELFT Score
National Median
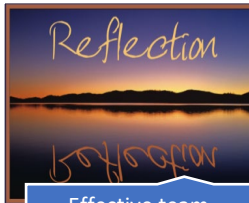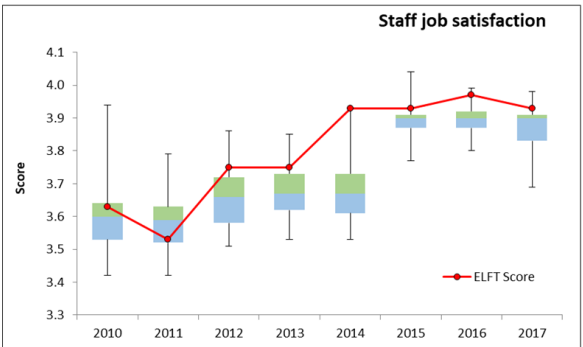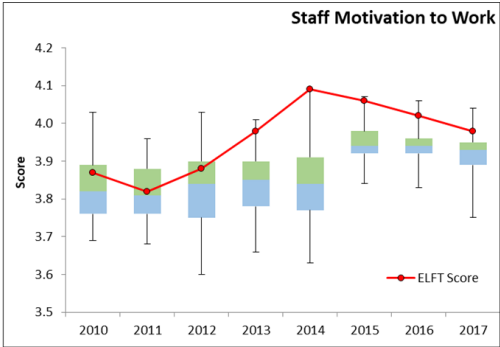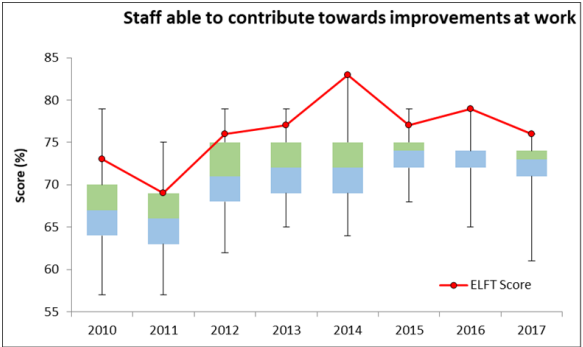
Prototyping... 2016-17

5 teams from different contexts

Co-designed the aim & theory of change

Tested different potential measures

Tested different data collection systems

Provided support from improvement advisor & sponsor

Aurelio M, Ballingall N, Chitewe A et al. Using quality improvement to deliver a systematic organisational approach to enjoying work in healthcare. British Journal of Healthcare Management. 2022. https://doi.org/10.12968/bjhc.2022.0072

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

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).
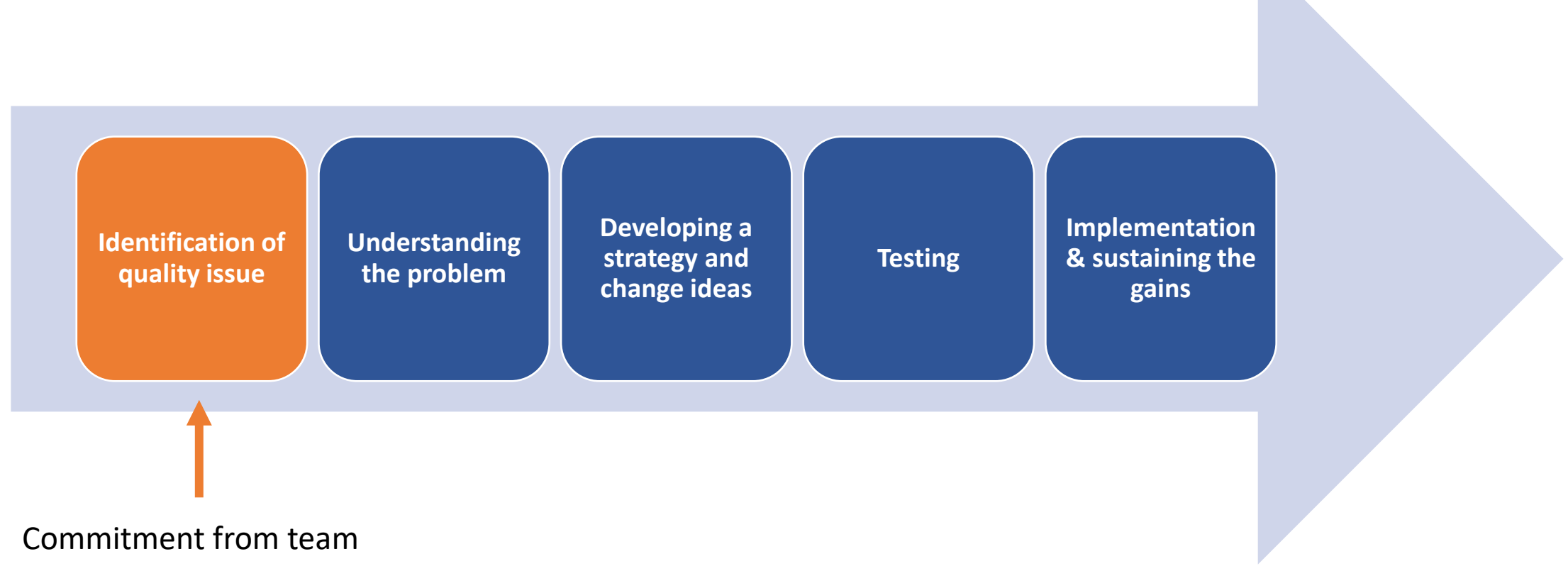
The Boorman (2009) review into NHS staff wellbeing called for a systematic approach to tackling this issue, including system-level and local interventions where staff have autonomy to develop and make changes. Quality improvement has been increasingly used in healthcare to facilitate this, providing 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
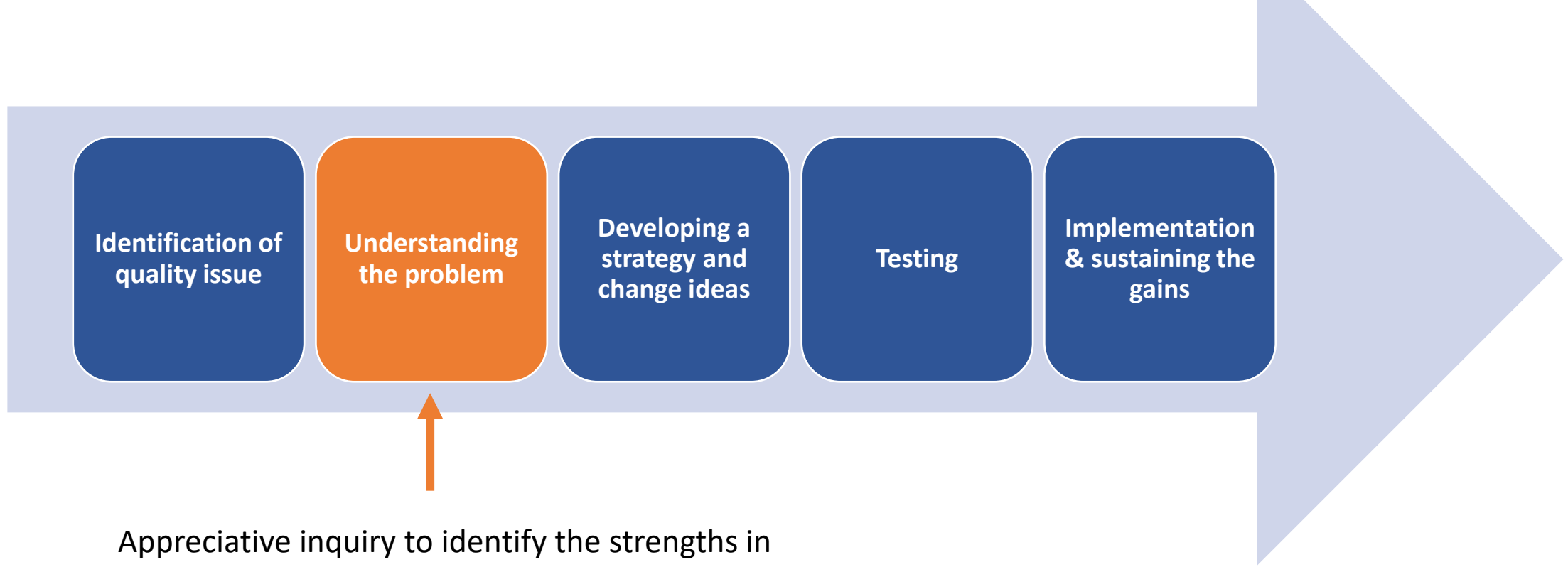
Identification of quality issue → Understanding the problem → Developing a strategy and change ideas → Testing → Implementation & sustaining the gains

Appreciative inquiry to identify the strengths in the team.
"What makes a good day?
"What are the pebbles in your shoe?"

Baseline data collection to understand variation

HOW DO WE KNOW

?

keep it simple.

Narrative — Engage — Visuals — Explain — CHANGE — Enlighten — Data

Forms

SurveyMonkey®

Improve Well.

Pick something meaningful

Measure it regularly

Share the data to spark conversation and curiosity

Take action – develop ideas, and test

1. To what extent do you agree with the following statement? : "Did you have a good day at work yesterday?"

○ Strongly disagree
○ Disagree
○ Agree
○ Strongly agree

2. Please provide a short explanation for why you have given this response

3. What suggestions do you have to improve your experience at work?

SurveyMonkey®

sli.do

app.sli.do

QI Team Joy in Work Project

QUESTIONS   POLLS

Live poll   11

Tuesday 14th November

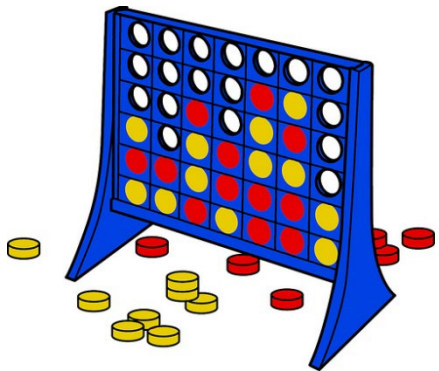Did you enjoy your day today? (Tuesday 14th November)

● Mostly Yes

○ Mostly No

Describe your reasoning in 5 words or less

Great time with data team

Back   Forward   Home   Bookmarks   Tabs

QI PROJECT

Have you had a good day at work today?

Mostly Yes

Mostly No

ImproveWell

Improvements underway

Share your idea for improvement

Have you had a good day?

MOSTLY YES   MOSTLY NO

You selected mostly yes, thank you for sharing.

Would you like to add more?

YES   NO

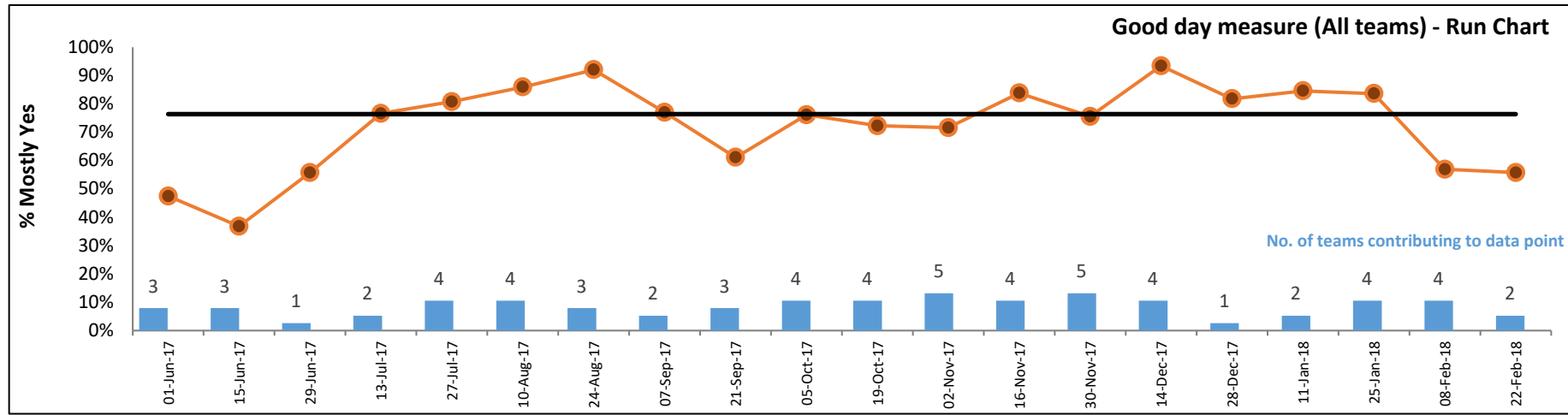My IDEAS   MESSAGES

CCNS Good Day measure Data

Tokens to be emptied each morning at 8am and recorded in the table for the day before

Day/date	Good day	Bad day	Total
Friday 25/1/2019	1		1
Monday 28/1/2019			
Tuesday 29/1/2019	3	1	4
Wednesday 30/1/2019	✓	╱	╱
Thursday 31/1/2019			
Friday 1/2/2019	2	╱	2

Day/date	Good day	Bad day	Total
Monday 4/2/2019	1	—	1
Tuesday 5/2/2019	1	—	1
Wednesday 6/2/2019	1	╲	1
Thursday 7/2/2019	1	—	1
Friday 8/2/2019			

GOOD DAY MEASURE

Good day measure (All teams) - Run Chart

No. of teams contributing to data point
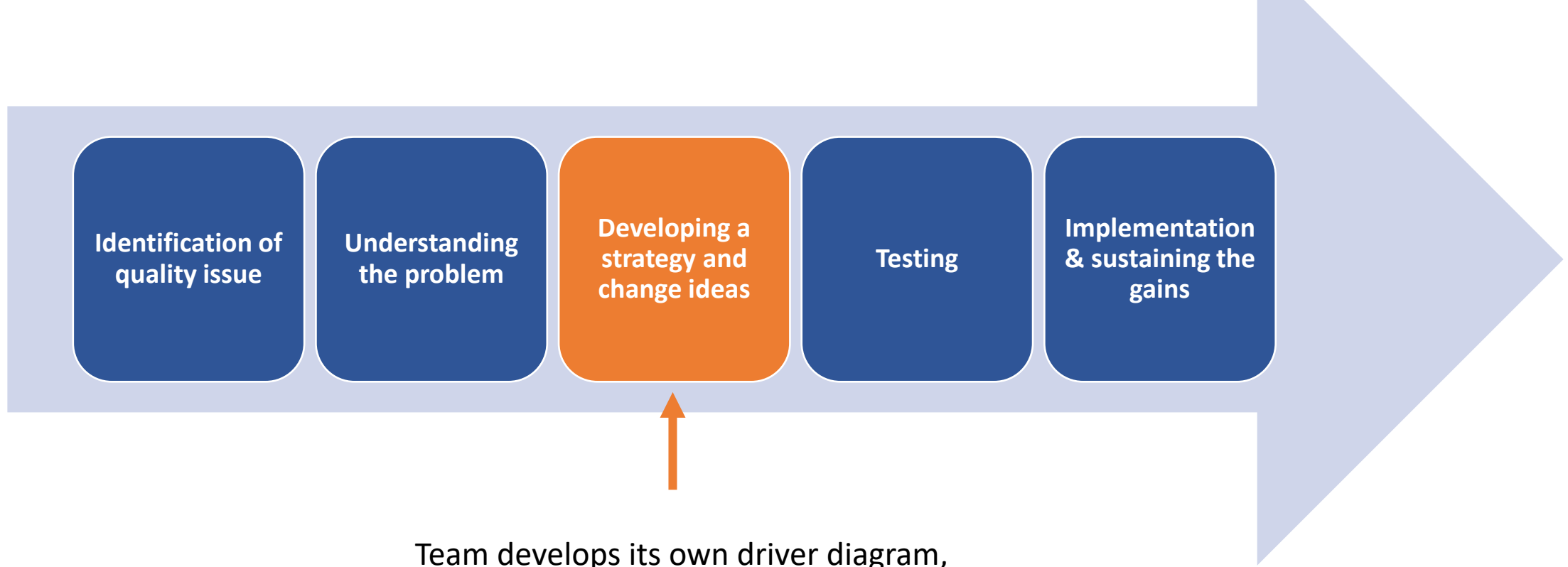
EPCT South data until 20/11/17. Team leaves collaborative in Feb 18

Luton IAPT data until 11/12/17. Team leaves collaborative in Feb 18

Luton IAPT - P Chart

Isle of Dogs - P Chart

QI Team - P Chart

EPCT North West Team - Run Chart

Millharbour Day Shift - Run Chart

Millharbour Night Shift - Run Chart
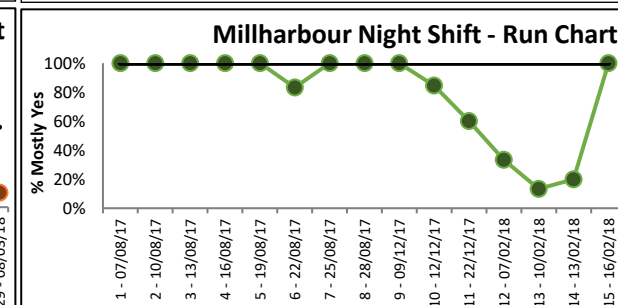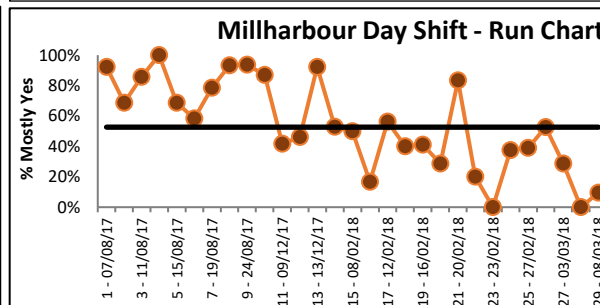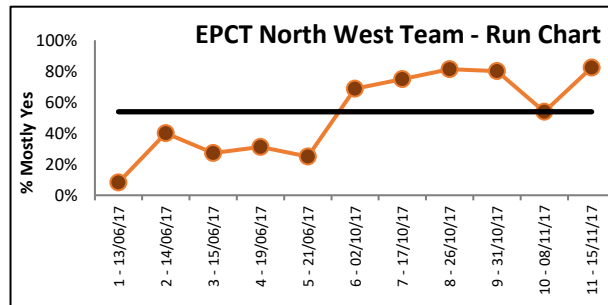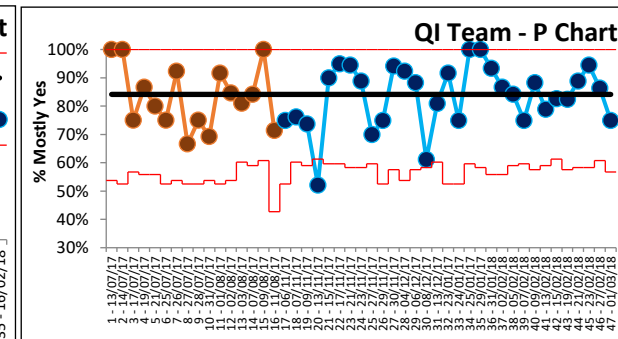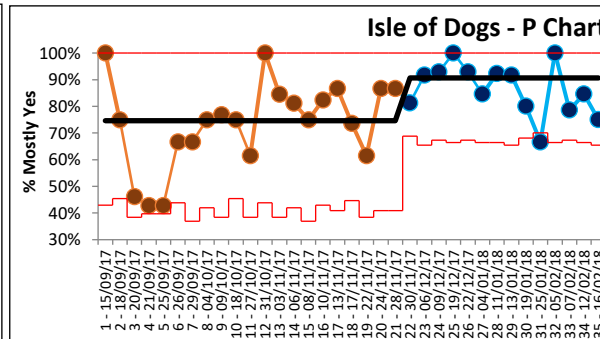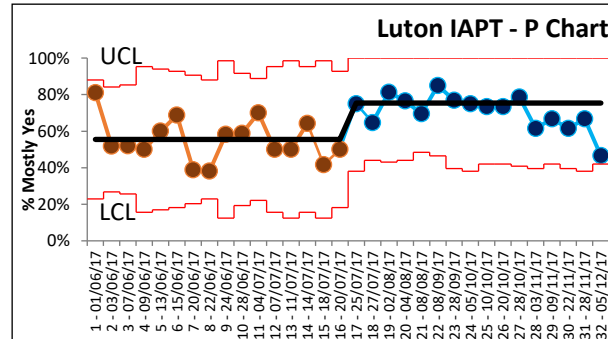
Subgroup = a minimum of 12 responses is required for each subgroup.

2

Identification of quality issue → Understanding the problem → Developing a strategy and change ideas → Testing → Implementation & sustaining the gains

Team develops its own driver diagram, and generates its own change ideas

Joins the learning system to enable sharing and connection with other teams doing this work
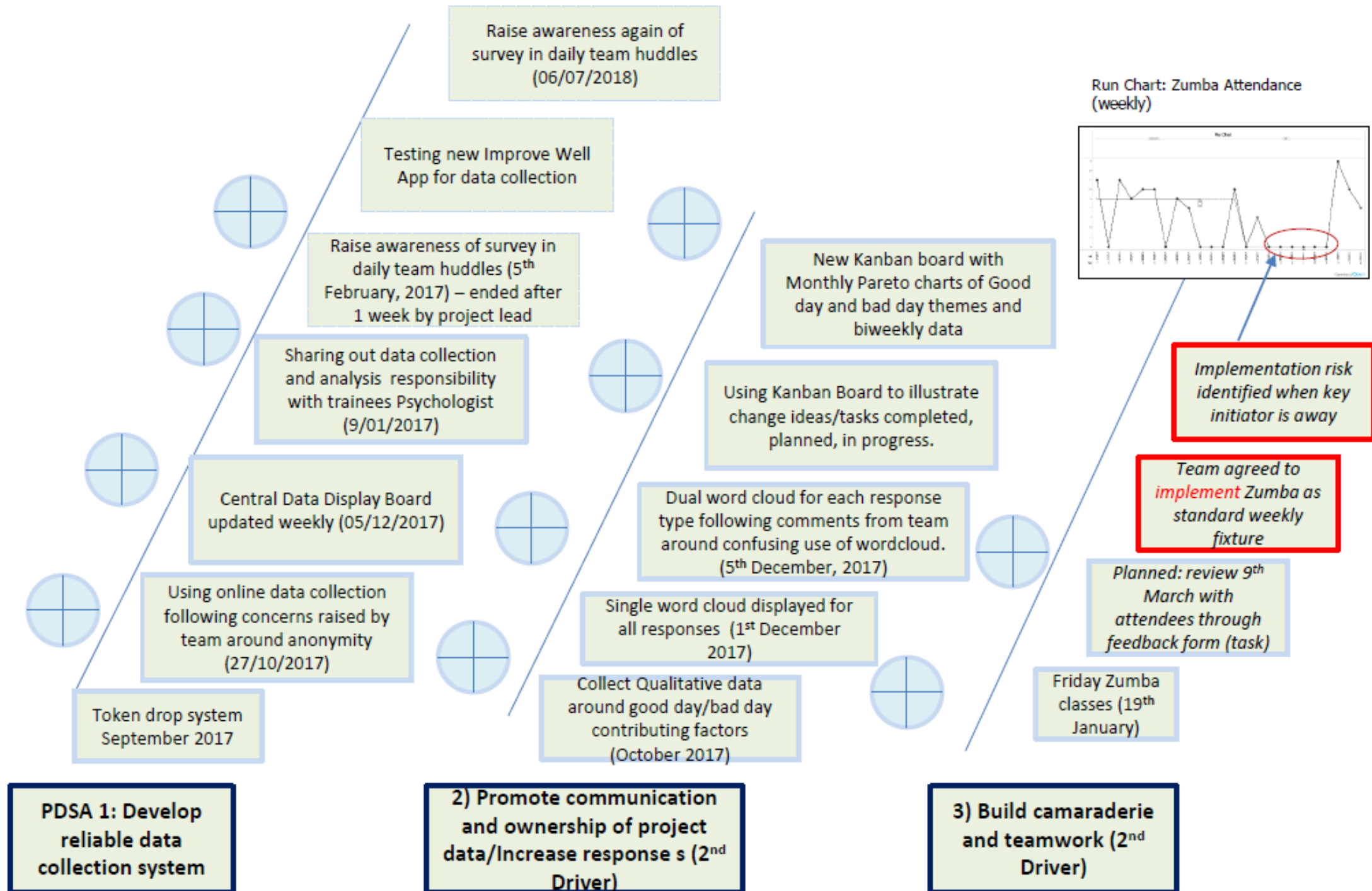
Supporting team health and wellbeing

The essentials
- Recruiting
- Managing the demand
- Basic stuff to work effectively – equipment, support, infrastructure, environment

Removing the pebbles in my shoe
- Ask what would help, and respond
- Reducing unnecessary meetings and work

Reconnecting
- Away days
- Time together in person – for work, and to create camaraderie
- Revisiting our purpose as a team; our purpose as individuals; how we're perceived

Contributing to making things better
- Psychological safety to continually come up and test ideas to make life better for all
- Quality improvement – tackling the big, complex issues that need new ideas

Raise awareness again of survey in daily team huddles (06/07/2018)

Testing new Improve Well App for data collection

Raise awareness of survey in daily team huddles (5th February, 2017) – ended after 1 week by project lead

Sharing out data collection and analysis responsibility with trainees Psychologist (9/01/2017)

Central Data Display Board updated weekly (05/12/2017)

Using online data collection following concerns raised by team around anonymity (27/10/2017)

Token drop system September 2017

New Kanban board with Monthly Pareto charts of Good day and bad day themes and biweekly data

Using Kanban Board to illustrate change ideas/tasks completed, planned, in progress.

Dual word cloud for each response type following comments from team around confusing use of wordcloud. (5th December, 2017)

Single word cloud displayed for all responses (1st December 2017)

Collect Qualitative data around good day/bad day contributing factors (October 2017)

Run Chart: Zumba Attendance (weekly)

Implementation risk identified when key initiator is away

Team agreed to implement Zumba as standard weekly fixture

Planned: review 9th March with attendees through feedback form (task)

Friday Zumba classes (19th January)

PDSA 1: Develop reliable data collection system

2) Promote communication and ownership of project data/Increase response s (2nd Driver)

3) Build camaraderie and teamwork (2nd Driver)

YOU SAID / WE DID 🙂

26 July

* Fans in all rooms
  - Fans have been ordered and should be with us soon
* You asked for the Managers to sign in each morning
  - They all do this now
* The keys on the keyboard in Rm1 faded
  - We put a new keyboard in Rm1
* Need comfy therapy chairs in Room 101
  - We put x2 bucket chairs in Room101
* New headsets
  - These were ordered and George has them
* New 2nd screens in Admin
  - x3 were supplied
* WHITEBOARD PENS IN THE THERAPY ROOMS
  - We carried out an audit on all rooms and new pens and board rubbers were put into the rooms that needed them and more ordered for back-up 🙂

---

* more comfortable / better work chairs

Derek has made available new chairs in Room 205.
He has also carried out an assessment of the chairs on the ground floor and will make changes where needed.
— Thanks Derek :)

* You asked for a "Chill out" Room

Room 102 is now available to LWS staff only to chill out

15 Aug

YOU SAID / WE DID 🙂

18 Oct

* You asked for the "Chill out" room to be left open.
  - Cleaner will now open in the morning and Admin will lock @ the end of the day
* New board rubbers in all rooms
* Take excess furniture from Room 105 - Derek has done this and added therapy chairs
* x2 bucket chairs in Room 103
* Room 101 take out excess furniture - Derek has done this
* x3 new phones - 1- Mobile, 1- Room 103 + 1- Room 207
* Fans in all ROOMS + DESKS now

We Kanban, Can You?

Star of the month

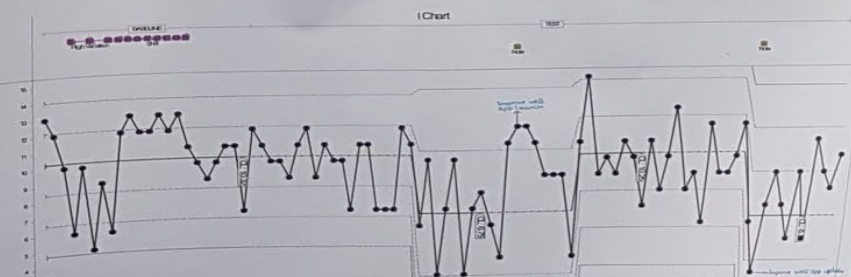WINNING together

I've got that winning feeling!

In Pipeline

Annotating our charts with change ideas $

Want to recognise colleague's efforts?

Clarify what type of decisions can be made by whom/what level of staff/management

Procedural changes – outline management structures

Number of Responses –

To Do Next

08.03.2018

↓ length of time of meetings – not all need 1 hour or 7 steps

S.O.P 30.04.18

Working out

16.03.18

In Progress

Employee of the month

14.03.18
28.03.18

Workstream meetings + project boards
↳ only primary + secondary IPA to attend
↳ other IPA to

Appreciation Box

Upgrading RAM on laptop & O.S to Window10

Updating charts [weekly]

Updating Dashboard (Monthly)

DONE ☺

31.01.18
C2.03.18

Seven step meeting

Tech Survey Completed

Survey Alert
Working out of office feedback

Survey Alert
optional working out of office 1 day / 2 half days week 1

Regular space (drop-in) to troubleshoot IT issues "IT Surgery"

Tech corner every month [Innovations] [Bottlenecks]

360 reviews for manage + senior management

We Care

Has anyone helped you today?
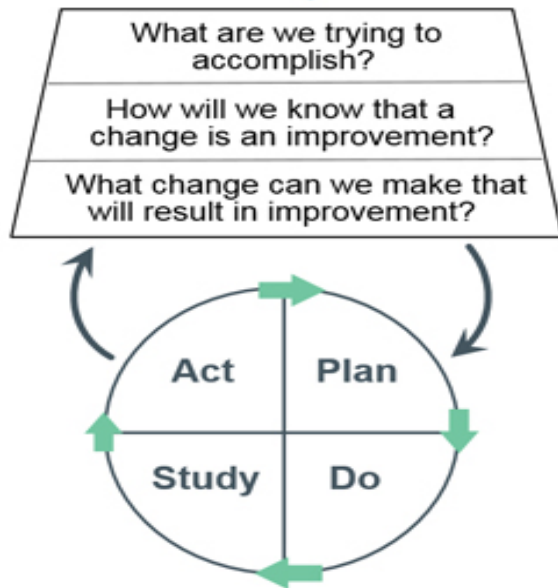
Good Day Measure – Subgroup >=12
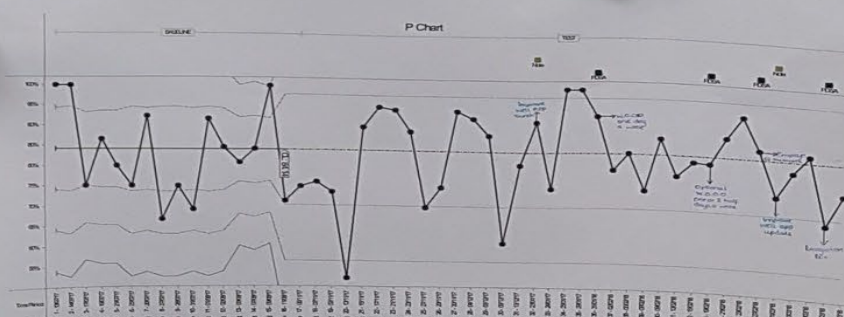
To enhance staff wellbeing and create joy in work
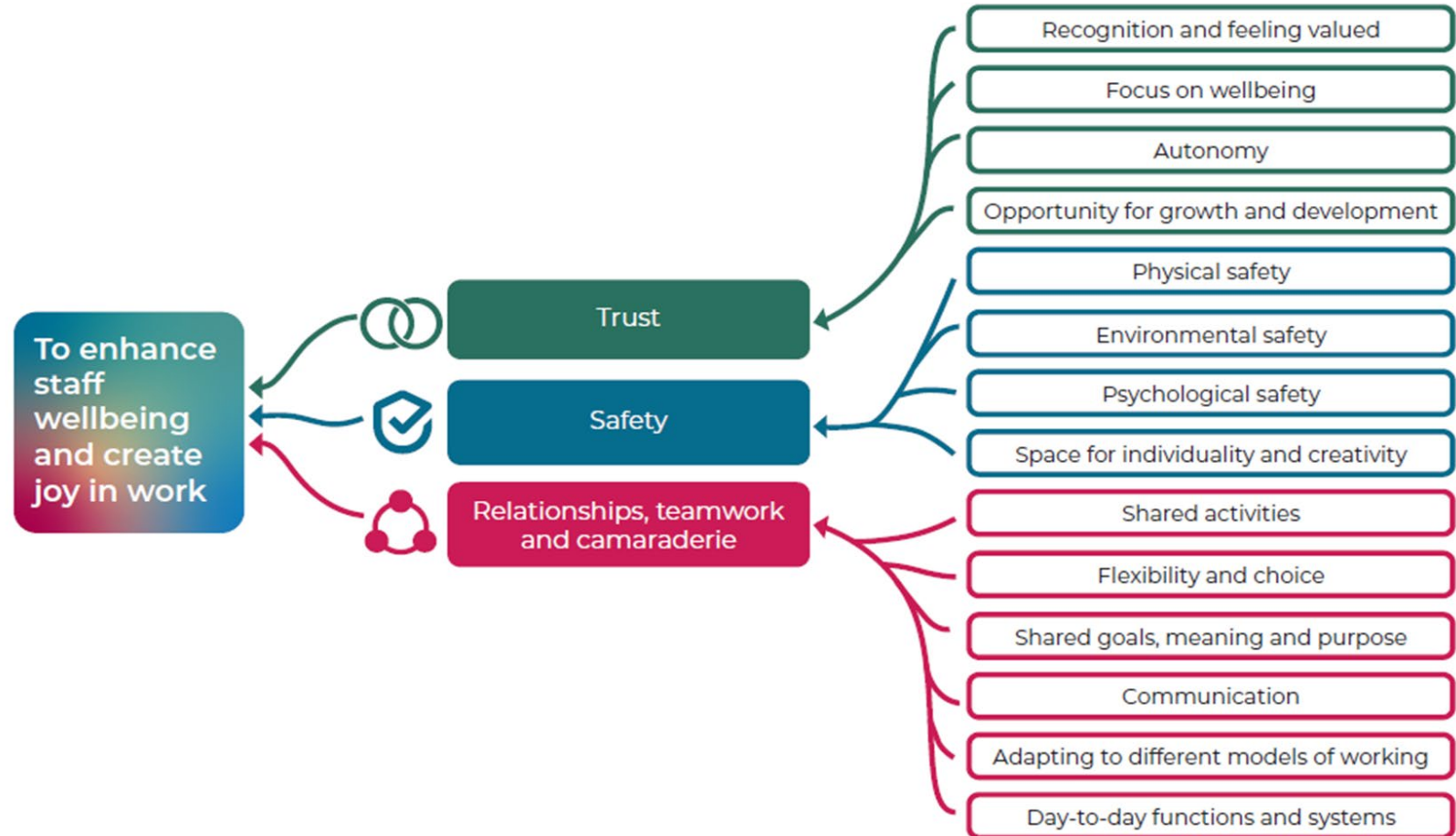
Outcome measures

Collected weekly
- Joy in work
- Burnout
- Recommending team as a place to work

Staff were also asked to complete two validated surveys at the start and end of the programme to measure staff burnout (Mini Z survey) and staff engagement (Gallup's Q12 survey)

Enjoyment at work

In the past week at work, how often have you enjoyed being at work? Please select one of the following*
- ○ Not at all
- ○ Hardly at all
- ○ A few times
- ○ Fairly often
- ○ Frequently

Feelings of burnout

Using your own definition of "burnout", please select one of the options below*
- ○ I enjoy my work. I have no symptoms of burnout
- ○ I am under stress, and don't always have as much energy as I did, but I don't feel burned out
- ○ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- ○ The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot
- ○ I feel completely burned out. I am at the point where I may need to seek help

Recommending as a place to work

How likely are you to recommend your team as a place to work? Please select one of the following*
- ○ 0 (not at all likely)
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 (extremely likely)

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

#EnjoyingWork

RCPSYCH
Enjoying work

How we worked with teams

Appreciative inquiry session to explore what matters to the staff and the team, and what contributes to good days at work

Nominal group technique to generate and select change ideas to test

Fortnightly project team meetings to support teams with their PDSAs and data collection

Bi-monthly learning sets, bringing teams together to share learning

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

#EnjoyingWork

RCPSYCH
Enjoying work

Change ideas

Approximately 145 ideas tested

Common themes:

Sharing appreciation *e.g. positive feedback box; thank you boards*

Making wellbeing business as usual *e.g. discuss concerns in team meetings*

Time and space for reflection *e.g. introducing reflective practice*

Increasing connections within the team *e.g. coffee roulettes; in person away days*

Protected time to focus on wellbeing *e.g. weekly wellbeing hour*
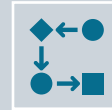
Changing ways of working *e.g. improving handover; communication tools*

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

#EnjoyingWork

RCPSYCH
Enjoying work
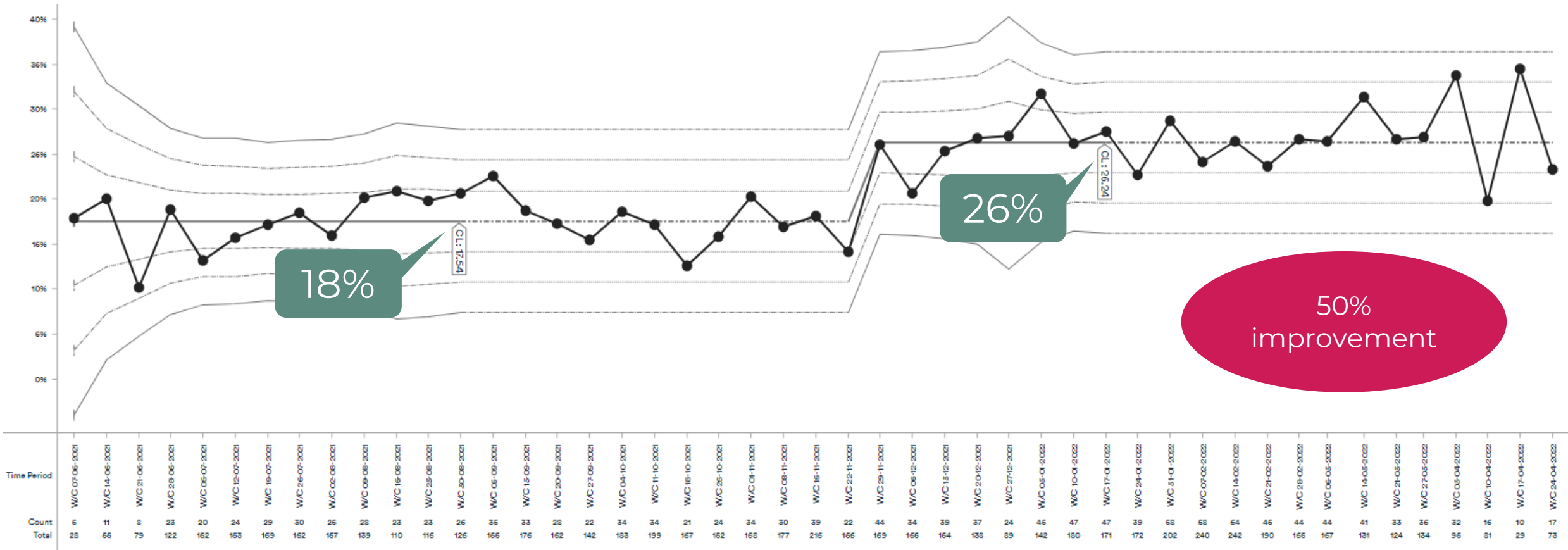
Feelings of burnout
% people who experience **no symptoms of burnout**
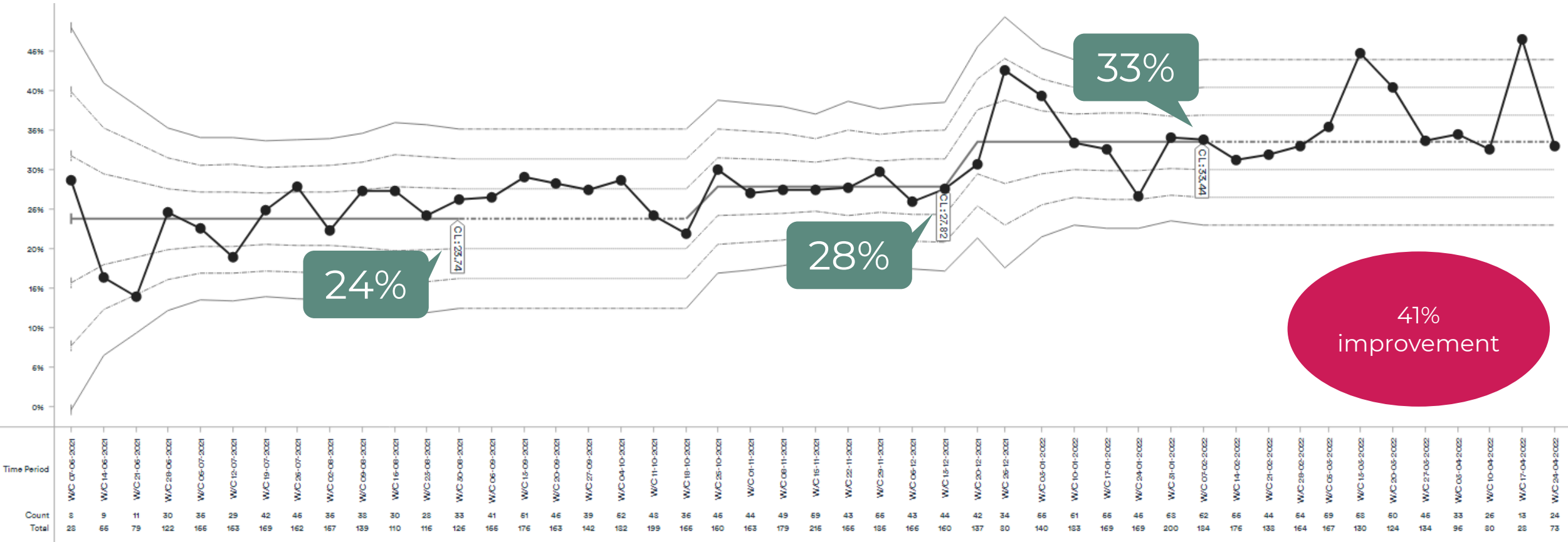
Recommending team as a place to work
% people who are **extremely likely** to recommend their team as a place to work (9 or 10 out of 10)
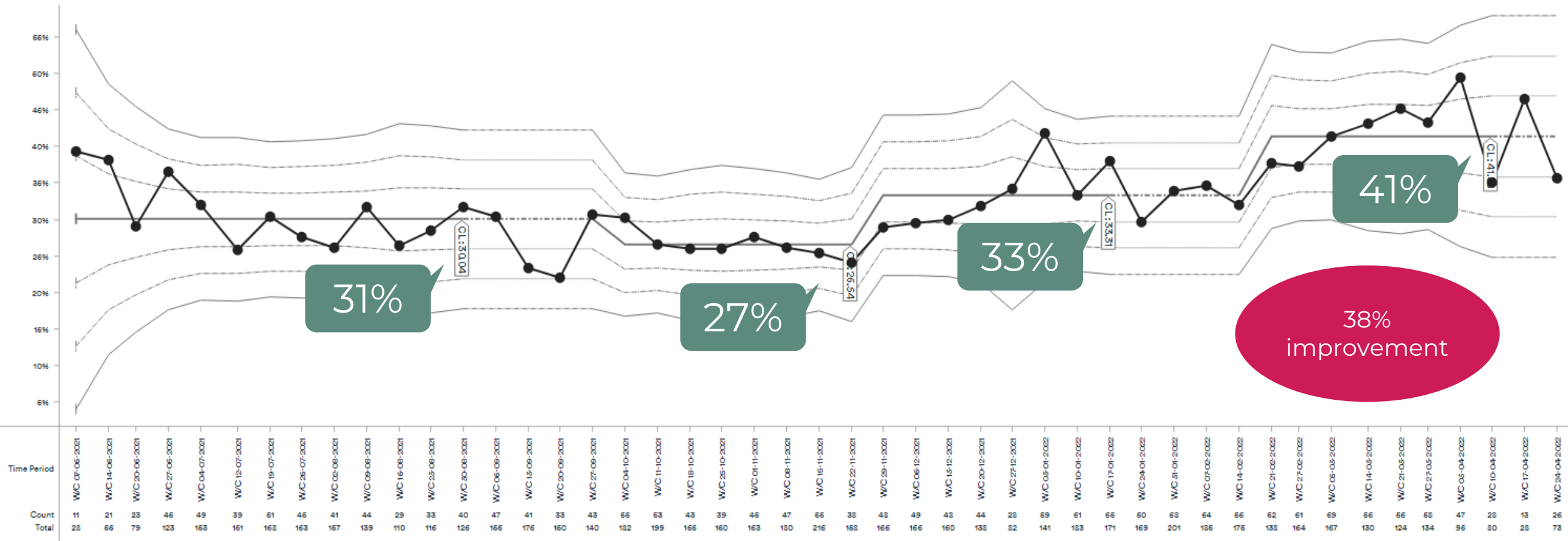
Teams' stories
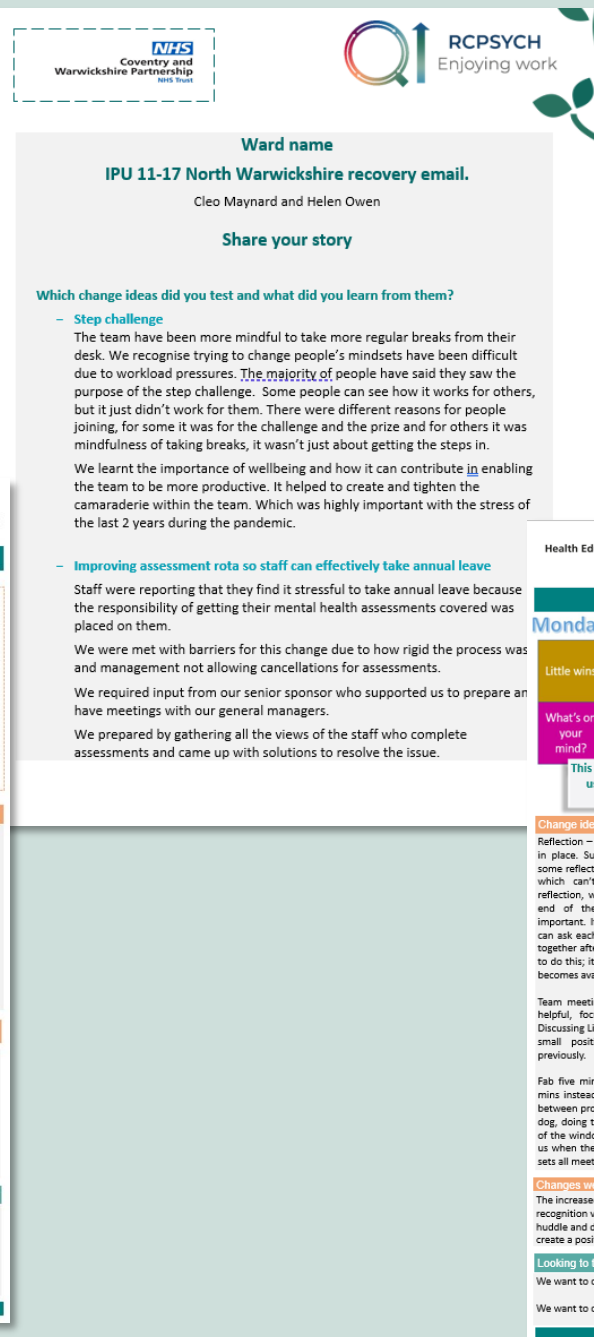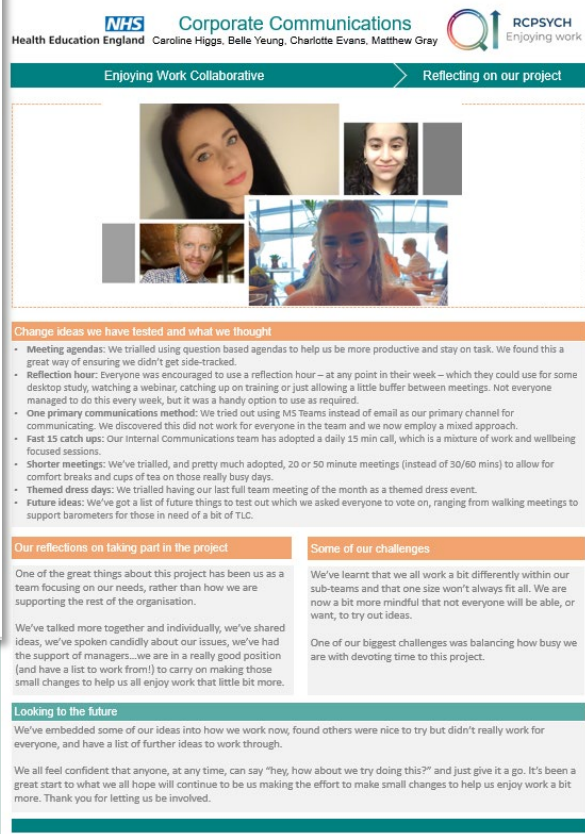
The slide shows multiple project posters under the title.

Key learning...

It is possible to apply the systematic method of QI to joy in work

Measurement is a challenge

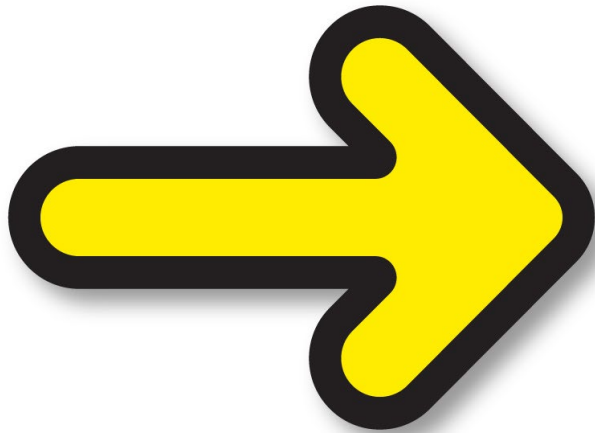Importance of the whole team being part of the work

Whole system

$\updownarrow$

Organisation

$\updownarrow$

➡️ Team

$\updownarrow$
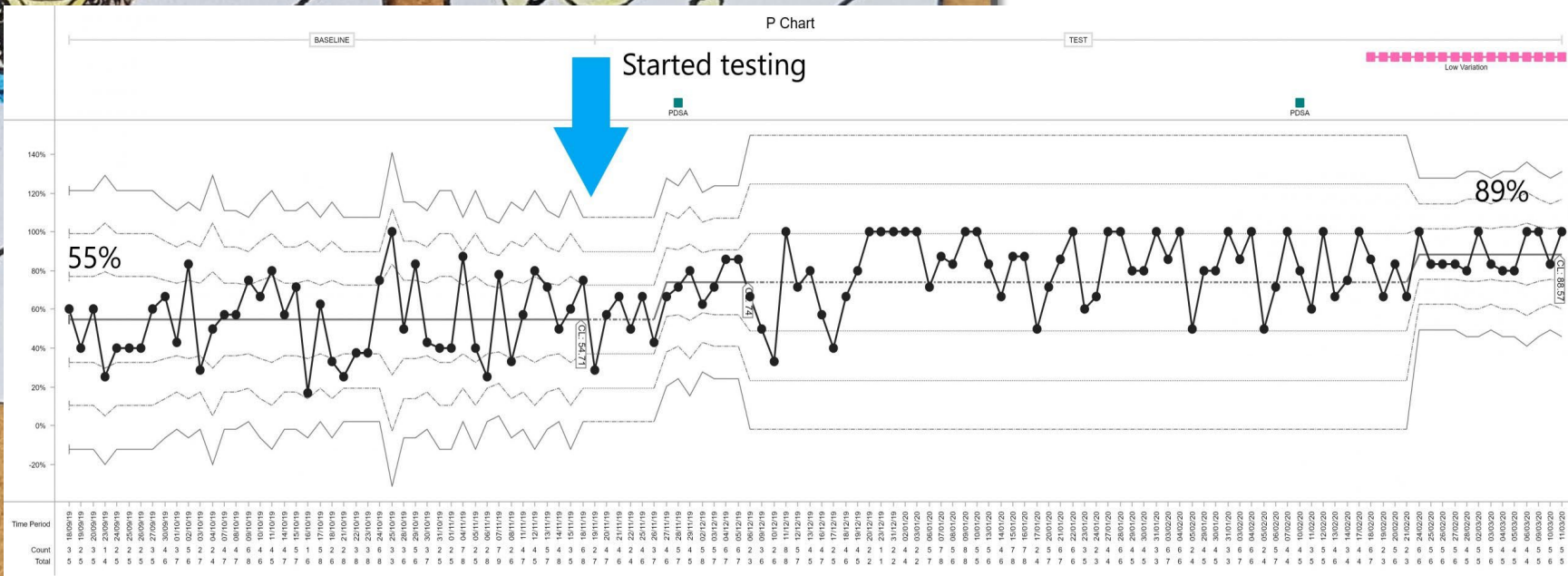
Individual

Good Day Measure
% of staff reporting a good day

Key learning...

It is possible to apply the systematic method of QI to joy in work

Measurement is a challenge
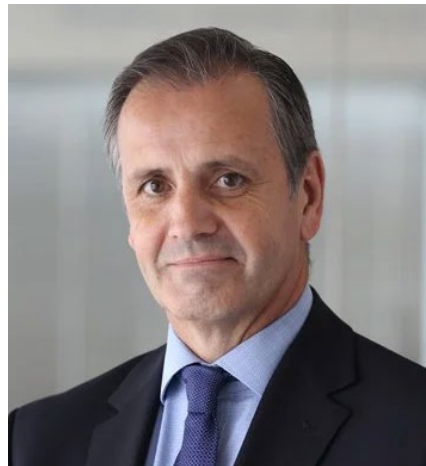
Importance of the whole team being part of the work

Role of leaders is even more critical (and exposed)

The change ideas are highly localised, but the process is scalable

Doing this type of work entirely virtually is less joyful

With Thanks