Quality improvement in practice—part two: applying the joy in work framework to healthcare

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Abstract

As healthcare systems emerge from the COVID-19 pandemic and begin the process of recovery and rebuilding, it is more important than ever to find systematic ways to ensure that all healthcare staff are focusing on their wellbeing, are able to reflect on new ways of working and find methods to improve their experience at work. This article, the second in a three-part series on the practical application of quality improvement in healthcare, presents four case studies that demonstrate the learning from four healthcare systems that have been applying both quality improvement and the Institute for Healthcare Improvement's 'joy in work' framework to enhance staff wellbeing and experience. These case studies demonstrate the benefits of involving staff deeply in the process of understanding factors that impact on experience at work, developing and testing creative ideas that can make a difference. The ideas that emerged were diverse and highly contextualised to the local service. Ideas related most strongly to four areas: wellness and resilience, daily improvement, camaraderie and teamwork, and recognition and reward. The systematic approach that quality improvement brings is potentially replicable across all healthcare settings, and can provide a way for all teams to have greater ownership and control over their wellbeing and experience at work.

Key words: Joy in work; Quality improvement; Staff experience

Submitted: 13 February 2021; accepted following double-blind peer review: 13 April 2021

Introduction

There is increasing evidence of the relationship between the experience of people working in the healthcare system, the health of the organisation and patient outcomes (Powell et al, 2014). This emphasizes the need for staff experience to become a strategic priority for healthcare systems. At the same time, quality improvement approaches have been used increasingly in healthcare as a way to involve people deeply in the process of discovering solutions to some of the most complex quality and safety challenges, and to equip teams with the autonomy and skills they need to improve patient outcomes (Shah, 2020).

In 2017, the Institute for Healthcare Improvement published a framework for creating and enhancing joy in work (Perlo et al, 2017). This framework brings together evidence regarding the concepts that contribute to better staff engagement and experience. It also supports the use of quality improvement as a systematic way for teams to own the process of change through developing ideas, testing changes and measuring impact. Given the strong relationship between staff experience of work and patient outcomes (Powell et al, 2014), the increasing incidence of burnout within healthcare professionals (De Hert, 2020) and the fact that joy in work relates to the system in which one works, the Institute for Healthcare Improvement proposes that quality improvement methods and tools have a role in its pursuit (Perlo et al, 2017).

The joy in work framework (**Figure 1**) proposes actions at individual level to promote well-being and resilience; at team level to promote camaraderie, teamwork and participative management; and at senior leader level to promote physical and psychological safety, reward and recognition, choice and autonomy, and connection to meaning and purpose.

COVID-19 has disrupted the way in which healthcare teams operate and affected the wellbeing and resilience of healthcare staff. Studies have shown that healthcare staff have been at increased risk of contracting COVID-19 and of burnout as a result of longer working hours and psychological stress (Giannis et al, 2020; Nguyen et al, 2020). This

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Figure 1. The joy in work framework, developed by the Institute for Healthcare Improvement. Reproduced with the kind permission of Perlo et al (2017).

makes a focus on staff wellbeing, resilience, teamworking and a deeper connection to the meaning and purpose in work even more important over the coming months and years.

The study presents the approaches taken and lessons learned by four healthcare systems that have applied the Institute for Healthcare Improvement joy in work framework to improve staff wellbeing and experience. The case study descriptions come from the authors' experiences working at these healthcare systems, or from summary evaluations or narratives of the projects.

Case study one: M Health Fairview

M Health Fairview is an integrated academic health system partnership between the University of Minnesota, the University of Minnesota Physicians, and Fairview hospitals and clinics based in Minnesota, USA. As part of their 2019 strategy, the leaders of the department of orthopaedic surgery focused on administrative support, staff engagement and overall staff effectiveness to enhance the organisation's culture and facilitate innovation. The department introduced a digital platform to encourage staff to submit improvement ideas. These ideas then travel through an 'innovation pipeline' to assess feasibility and potential impact on the organisation.

The department applied the joy in work framework by regularly engaging colleagues in discussions to identify what matters most to faculty and staff. Through the digital platform and regular wellbeing checks, leaders gathered frequent feedback from employees. Within 2 years of introducing the digital platform, 146 ideas were submitted, the majority of which (nearly 30%) related to workplace culture. For example, the idea to form an equality, diversity and inclusion committee was submitted through the platform following the social unrest in the Minneapolis community stemming from police brutality and systemic racism.

From the initial submission, a committee with concrete annual strategies was formed and implicit bias were workshops offered across the department.

Data from 2019 on staff engagement within the department showed a number of improvements:

- 91% of respondents felt that they were encouraged to be innovative in finding more effective ways of doing things, compared to 67% in 2017
- 82% of respondents believed that their department used innovative approaches to improve internal effectiveness, compared to 65% in 2017
- 86% of respondents felt that the department had a strategy and goals that addressed the most important challenges and opportunities, compared to 67% in 2017.

Case study two: East London NHS Foundation Trust

East London NHS Foundation Trust provides mental health, community health, primary care and specialist services to 1.8 million people. Since 2014, the trust has been using quality improvement as a systematic method to enable teams of staff and patients to work through complex quality and safety issues. Applying quality improvement at a trust-wide level led to an improvement in staff experience and engagement at the trust, as demonstrated in the results of the annual NHS staff survey. However, variation remained across teams and professional groups. In 2017, East London NHS Foundation Trust used a quality improvement approach to help achieve the strategic objective of improving staff experience, using the joy in work framework. A total of 38 teams in the trust have now gone through three cohorts of the 'enjoying work programme (Figure 2). This framework applies the quality improvement method to understanding and improving the system that creates joy in work. Teams are supported by improvement coaches, improvement advisors, senior sponsors and organisational development consultants or experts.

In this process, each team develops their own theory of change to describe the ideas and components that they believe are needed to achieve more joy in work. From the theory of change, teams develop and test ideas through rapid cycles of testing and learning. Participating teams use a standard outcome measure to track the experience of the staff within the team, using a variety of data collection techniques, from a digital platform to putting pebbles in a jar to indicate a good or bad day. These data are displayed as statistical process control charts, so that teams can visualise and learn from the variation that occurs
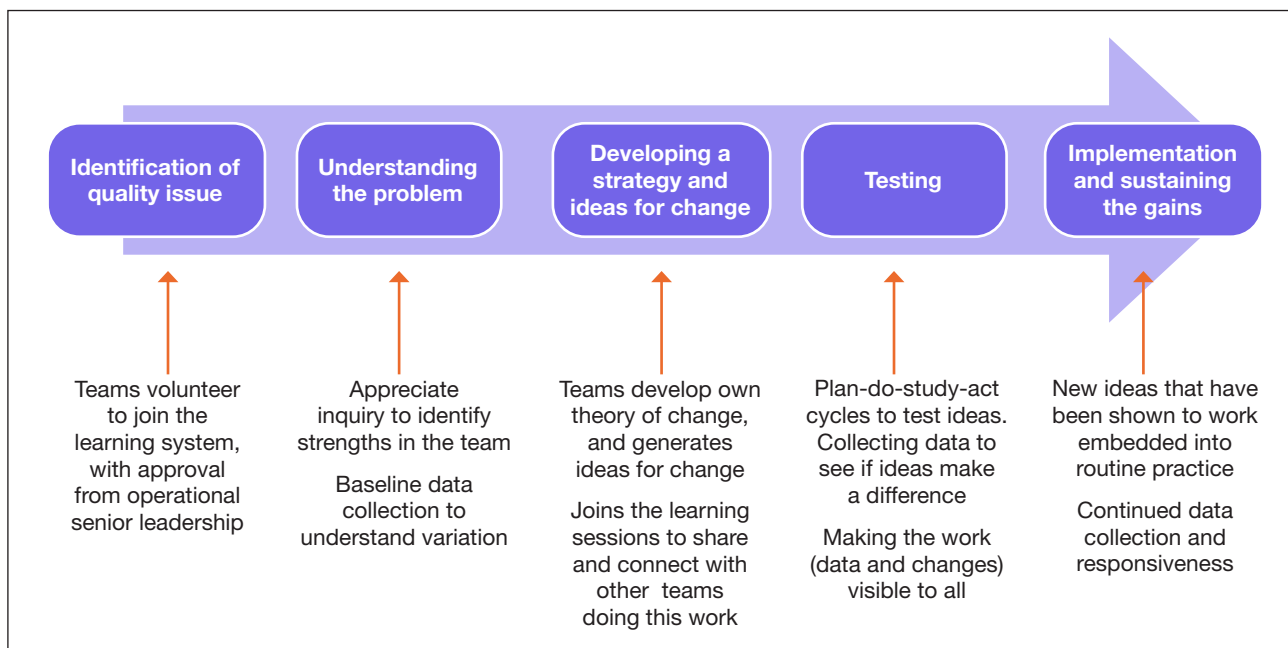

Figure 2. The sequence of improvement for applying the enjoying work programme at East London NHS Foundation Trust.
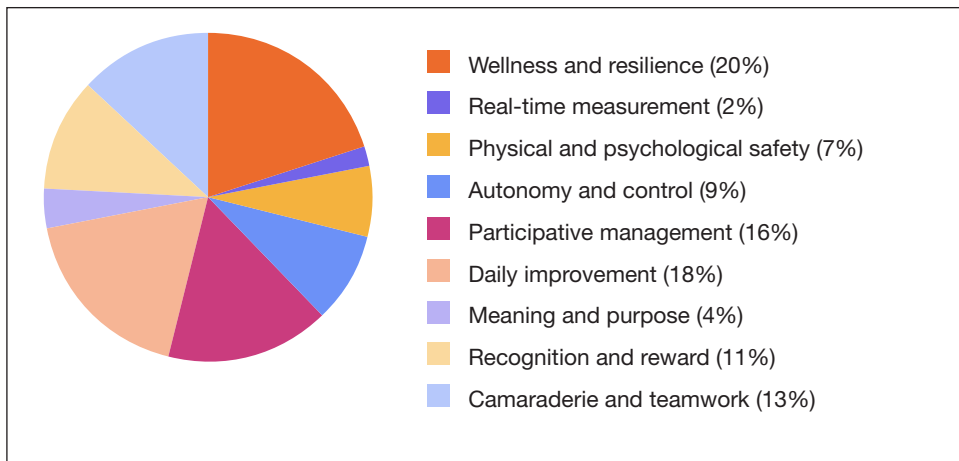
Figure 3. The percentage of ideas relating to each of the nine components of the joy in work framework, tested across the 18 teams participating in cohort three of East London NHS Foundation Trust's enjoying work programme.

from day to day. Evaluation of cohorts one and two in this programme showed that 14 of the total 21 participating teams demonstrated sustained improvement in the percentage of staff who felt that they had a good day at work.

The change ideas that were tested by the 18 teams who participated in cohort three were collected and cross-referenced with the nine components of the joy in work framework to investigate which components were most considered by participants (Figure 3). There was representation across all elements of the framework, although participants particularly favoured ideas that were related to wellness and resilience, daily improvement and participative management, with ideas relating to real-time management being tested the least.

Case study three: Royal Cornwall Hospitals NHS Trust

In response to concerns raised by the Royal College of Midwives, the Care Quality Commission, the local supervisory midwifery officer and midwives internally, an independent inquiry was commissioned into the culture within the maternity services at the Royal Cornwall Hospital Trust in 2016. Fundamental issues concerning leadership and a lack of collaboration in the initiation of change were highlighted. Following the service's Care Quality Commission rating of 'inadequate', the trust committed to taking a radically different approach to quality improvement. In early 2018, the maternity department was one of the first areas to introduce a digital platform to engage staff in identifying ideas for improvement.

With leadership support, the digital platform was launched with a number of champions in each multidisciplinary group, as well as a launch video created by the maternity lead. Several different interventions ensured the pilot's success, including dedicated technical support, efficient response times to staff about their ideas, communication of all submitted improvement ideas, celebration of implemented ideas and a social media campaign to raise the profile of maternity services at the trust.

By the end of the 12-week pilot, 234 improvement ideas had been submitted across the trust, 75% of which were from the maternity department. Based on the ideas submitted, the physical environment was renovated and a 'caring for you' campaign was launched, with a multidisciplinary focus on wellbeing. A healthy workplace committee was also created to respond to all of the ideas raised relating to staff wellbeing. Other improvement ideas submitted by the staff and introduced to the unit included:

- Using of 'calling cards' to leave at the patient's bedside when they were not there, so that vital care could be delivered on their return and patients did not feel overlooked. This was especially important for parents visiting their baby on the neonatal unit
- Introducing 'cuddle coats' for birth partners to wear at the time of birth to promote skin-to-skin contact

- Adding cable ties to emergency grab boxes so that they only need checking weekly or when the tie is broken. This saves time, improves safety and is estimated to have saved £19 000 a year
- Installing digital clocks so that the correct time is visible in every room to improve documentation
- Setting up a perineal follow-up clinic
- Using sterile water injections for alternative pain relief.

In September 2018, the Care Quality Commission rated the maternity services as 'requires improvement' and special measures were lifted. In March 2019, the South West Academic Health Science Network published an independent evaluation report which showed considerable improvement in staff morale and engagement. Overall, 75% of staff who used the digital platform reported feeling able to improve their area of work, compared to 53% across the trust as a whole, while 85% of staff felt empowered to implement ideas for change.

In the 2020 Care Quality Commission inspection, the maternity department was rated as 'good' overall, with comments that staff were committed to continually learning and improving services, and had a good understanding of quality improvement methods and the skills required to use them. In the 2020 NHS staff survey, staff rated the trust in the top 20% in 15 questions compared to eight in 2018, and in the bottom 20% in just 12 questions compared to 34 in 2018.

Case study four: Dragon's Heart Hospital

Dragon's Heart Hospital was formally opened to patients on 27 April 2020 to be the COVID-19 surge hospital in Cardiff, UK, bringing together a workforce from NHS organisations across the region. Building a hospital from the ground up during a global pandemic required a significant amount of planning and coordination, but the team also recognised that providing safe, high-quality care to patients, some of whom were acutely unwell, could only be achieved by empowering everyone in the organisation to contribute.

Dragon's Heart Hospital used a digital platform to ensure that every member of the diverse workforce had an opportunity to be heard and to contribute feedback and insights that could inform continuous improvement of safety and outcomes. Over a 7-week period, over 100 meaningful insights were captured, including 68 ideas for improvement. Feedback was sought on two areas in particular. The first was rapid learning and innovation, with the aim of identifying what was working and what was not, capturing ideas at the bedside and identifying new ways of working. The second was staff wellbeing, aiming to identify what could make the working day better and to understand what mattered most to the staff. The most common themes of ideas included making staff feel valued and supported, ensuring safe patient care, providing the best possible patient and staff experiences, and improving on-site logistics and processes.

The hospital's improvement team took action on all of the 68 improvement ideas, either implementing the ideas themselves or collaborating with the relevant teams. This multidisciplinary approach to improvement led to a variety of teams collaborating with one another, including the workforce team, operations, catering, clinical leads, the clinical board, the infection control team, the patient experience team, contractors and more.

Recognising the importance of two-way communication with staff, the leadership team shared feedback through the digital platform, with 267 messages and seven improvement reports. They developed improvement ideas directly with staff, provided ongoing updates on progress and even checked back after ideas were implemented to ensure that staff were satisfied with the changes. If ideas could not be implemented, the team provided an explanation and alternative solutions. Staff were also given the opportunity to run their own improvement groups; for example, a group of trainee doctors were able to collaborate on 21 improvement ideas.

Discussion

The four case studies demonstrate attempts in different healthcare systems to apply the joy in work framework in practice. The M Health Fairview case study illustrates the leadership components required to create and enhance joy in work across a large organisation, asking

staff about what matters to them, identifying and removing impediments to joy in work, and committing to taking a systems approach to these issues (Perlo et al, 2017). The East London NHS Foundation Trust case study describes the robust application of improvement science, with clear use of a quality improvement method to develop an aim and a theory of change, using rapid learning cycles to test change ideas and implement a standardised measurement plan.

The Royal Cornwall Hospital Trust and Dragon's Heart Hospital case studies demonstrate the application of the joy in work framework within a smaller setting and over a shorter time period. The volume of improvement ideas proposed within these short periods demonstrates the potential value of introducing a simple process for asking staff what matters to them and how to improve their everyday experience in the workplace. The core components in these case studies that appear to have been critical to success were active leadership support, rapid and transparent response to ideas, and the use of a digital platform to generate ideas.

Across the four case studies, the categories of ideas that were generally focused on the four joy in work framework components of daily improvement, wellness and resilience, camaraderie and teamworking, and recognition and rewards. As the development of change ideas revolves around what matters most to staff, and the ideas are generated by staff, it is likely that there will be variation between sites regarding the ideas that staff feel will create and enhance their joy in work. Given the impact of COVID-19 on the health and wellbeing of health and care staff globally (Giannis et al, 2020; Nguyen et al, 2020) and the disruption to usual ways of working, it is likely that this kind of work will continue to focus change ideas on the areas of wellness, resilience and teamworking.

The case studies describe a range of ways of measuring joy, from daily measurement of experience to pre- and post-intervention surveys, with a range of different tools used to understand joy in work. As one's experience at work varies from moment to moment, it will remain important to find a way to capture variation and learn from this in order to understand the factors that contribute to better days, and if the ideas being tested are leading to improvement, while also preventing excessive measurement. Applying improvement science more robustly to this topic would allow teams undertaking this work to develop standard outcome measures to understand the impact of the work, test different methods of collecting data, and find ways to make this data transparent and available to the teams, so that they can learn from variation and continue to build their theory about what contributes to joy in work (Shah, 2019).

Digital platforms to capture ideas and measure staff experience were used across all of the case studies and represent an important means of engaging staff and enabling all to contribute towards this shared goal. Digital platforms can enable rapid sharing of ideas, transparency across a team or department and real-time measurement, all of which are core components of creating and enhancing joy in work (Tolf et al, 2020).

The change ideas were highly localised, which reflects the importance of involving staff to generate ideas that can make a difference within a particular environment. It is likely that the ideas that will impact on joy in work are highly contextual and may not be transferable from setting to setting. However, the process of involving staff in creating and enhancing joy, through the quality improvement method that encourages all to contribute ideas, may be transferable across settings. Each of settings described in the four case studies were

Key points

- The joy in work framework can be applied in a range of healthcare settings to improve staff experience.

- Applying a systematic approach through quality improvement enables ownership by staff, creative idea generation and rigour around testing and measurement.

- Measuring outcomes for joy in work remains challenging, and needs to balance an appreciation of variation with over-measuring and the risks of survey fatigue.

- Digital platforms offer an opportunity to engage staff more easily in idea generation and provides a way to measure how ideas are being tested in real-time.

able to demonstrate improvements in staff experience through the process of applying the joy in work framework and using quality improvement, despite each healthcare system approaching measurement in different ways. This adds to the evidence that there is value in involving staff deeply in the process of understanding factors that impact on experience at work and developing ideas that could make a difference.

Conclusions

Overall, the four healthcare systems discussed in this article demonstrate the effectiveness of applying quality improvement to create and enhance joy in work. With the magnitude of the challenges facing healthcare systems in the wake of COVID-19, including the impact on the wellbeing of healthcare workers worldwide, this approach offers a scalable way to improve psychological safety, wellbeing and experience at work. The quality improvement approach brings an intentional focus on the team leading the change, through understanding and improving the system they work in, towards a shared goal which is developed by the team itself. Enabling teams to lead the process of recovery, renewal and rebuilding, with support and permission from their organisations, encourages a shift away from big initiatives across large, complex organisations, which often fail to resonate with those at the point of care, towards giving teams more autonomy and power to determine how they wish to function, and to develop their own ideas to support wellbeing and enhance joy in work.

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Conflicts of interest
The authors declare that there are no conflicts of interest.

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