

ENHANCING WELLBEING IN EMERGENCY DEPARTMENT ALLIED HEALTH CARE COORDINATORS: A MULTIFACETED INTERVENTION APPROACH – A PRACTICE NOTE

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ABSTRACT

This practice note outlines a structured, team-based intervention to address clinician burnout within a metropolitan Care Coordination team within one health organisation. This twelve-month project (April 2023–2024) was implemented in collaboration with Safer Care Victoria (SCV), utilising the Institute of Healthcare Improvement's (IHI) Joy in Work (JIW) framework aiming to improve clinician wellbeing and burnout. [1,2]

Strategies included a wellbeing survey [3,4] adapted from the Mini Z survey, What Matters to You (WMTY) [5] clinician interviews, and the impact-effort matrix [6] prioritisation tool. This approach targeted burnout drivers and established a sustainable framework for employee support by emphasising feedback, high-impact interventions, and resilience through collaboration.

Targeted interventions like reviewing orientation documents, team learning sessions, and updating clinical resources led to a decrease in the team's mean Mini Z [4] scores of perceived burnout. Challenges during implementation highlighted the need for a toolkit to support this project in other settings where knowledge of quality improvement methodology may be limited. The initiative established a potential replicable model for addressing burnout, though its broader effectiveness remains under evaluation.

KEYWORDS

emergency department, allied health, team-based intervention, wellbeing

PROBLEM/ISSUES

Burnout among ED employees has been identified as a global issue, with prevalence estimates ranging from 49.3% to 58%. [7,8] Addressing clinician burnout is essential for building a sustainable workforce for an aging population. [9] The Monash Health ED Care Coordination team functions as an interdisciplinary Allied Health team, with

shared physiotherapy, occupational therapy, and social work competencies to deliver comprehensive discharge planning for patients with complex clinical and social needs presenting to one of three EDs within the healthcare organisation. The team consists of up to 22 employees. Baseline data from the first six surveys averaged 2.1 indicating moderate stress without burnout symptoms. The mean score from the first six Mini Z [4] surveys completed by staff was 2.1 indicating "moderate stress without burnout symptoms". Anecdotally, initial attempts to adopt existing

well-being initiatives such as team dinners and quarterly newsletters yielded little perceived impact. Consequently, the team collaborated with SCV to develop a measurable approach to identifying burnout drivers and delivering targeted interventions. [2,10]

INTERVENTION/APPROACHES

The JIW1 framework describes nine predictors of burnout: real-time measurement, physical and psychological safety, meaning and purpose, choice and autonomy, recognition and rewards, participative management, camaraderie and teamwork, daily improvement, and wellness and resilience. [1] The approach combines qualitative and quantitative data collection with an action prioritisation tool to deliver targeted interventions. Fortnightly surveys are conducted during implementation to assess each initiative's effectiveness, enabling real-time adjustments.

For this project, the validated Mini Z survey, [3,4] adapted by SCV, was an anonymous quantitative tool deployed fortnightly to monitor burnout levels. The survey consisted of fourteen items assessing nine JIW [1] framework components. In this project, the initial six surveys established a baseline to identify team concerns, with later iterations narrowing to nine items to focus on emerging trends. The survey served as a feedback loop to adapt interventions. However, overlapping projects contributed to survey fatigue, resulting in a three-month participation gap partway through the project. The average participation rate for the year was 36.6%.

WHAT MATTERS TO YOU CONVERSATIONS

WMTY [5] conversations were one-on-one sessions facilitated by the project lead, conducted during the first and sixth months to collect anonymised qualitative data categorised under the nine JIW [1] predictors, deepening the understanding of clinician experiences. Four standardised, open-ended questions invited employees to share their views:

1. What matters to you at work currently?
2. What would make your shift easier/more enjoyable?
3. What would make work less stressful?
4. Do you have any other thoughts?

The impact-effort matrix [6] enabled clinicians to collaboratively rank potential solutions by impact and effort after collecting WMTY responses. [1]

In this project, high-impact, low-effort solutions, such as weekly team updates communicated via email, were implemented immediately to generate quick wins and boost morale. Concurrently, high-impact, high-effort initiatives, like a revised onboarding protocol for new and supervising employees and updated clinical resource tools, were prioritised for phased implementation.

After the 12-month project, the mean Care Coordination team Mini Z [4] Score was 1.57 indicating staff perceived burnout was "little to no stress with no burnout symptoms"

This approach addressed immediate concerns while laying the groundwork for sustainable improvements.

Given the project's success within the Care Coordination team, a toolkit was developed to replicate the initiative in other allied health settings across the organisation to equip employees with varying quality improvement experience. Challenges such as survey fatigue were addressed by recommending monthly surveys integrated into team meetings, reducing workload. The toolkit's effectiveness is currently being trialed and evaluated.

LEARNING

To guide similar wellbeing projects in healthcare environments.

- **Employee Engagement is Essential:** Engaging employees in problem identification and solution-building processes proved to be a motivator and source of innovation. Clinicians appreciated having their voices heard and involved in shaping solutions, which increased their commitment to the interventions.
- **Holistic Data Collection Enhances Insights:** Combining the quantitative data from the Mini Z [4] survey with qualitative insights from WMTY [5] conversations offered a comprehensive understanding of burnout. While the survey quantified burnout, conversations revealed deeper personal factors driving it. Using the impact-effort matrix [6] further enabled the team to prioritise actions. This approach supported decision-making and stakeholder engagement, ensuring interventions were targeted and effective.

- **Continuous Feedback Loops Foster Resilience:** Establishing regular feedback mechanisms with leadership sustained the momentum of the wellbeing initiatives. Routine discussions enabled timely adjustments, ensuring strategies remained responsive to evolving needs. These feedback loops also reinforced a culture of trust, collaboration, and adaptability within the team.

IMPACT FOR PRACTICE

This structured, team-based approach to addressing burnout demonstrated benefits for the Care Coordination team and provided a potential replicable model for broader application. The integration of the JIW [1] framework, adapted Mini Z [4] survey, WMTY [5] conversations, and the impact-effort matrix⁶ fostered a comprehensive understanding of burnout while enabling targeted, high-impact interventions. Continuous feedback loops and collaborative decision-making in enhancing employee engagement and resilience.

The toolkit highlighted the initiative's potential scalability, offering a resource for allied health teams to adapt to their unique contexts. This approach aligns with the goals of promoting clinician wellbeing, optimising patient care, and supporting a sustainable workforce.

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