

## Background

NHS Lothian provides primary care, community-based care, and acute hospital services for the populations of Edinburgh, Midlothian, East Lothian, and West Lothian in Scotland. The health system serves a population of more than 850,000 people and employs approximately 26,000 staff.

Leaders at NHS Lothian learned about the concept of joy in work and were aware of the epidemic of burnout among health care workers. Simon Edgar, Director of Medical Education at Lothian, said, “The voice of our staff was collectively crying out, ‘Stop, pause, give us help.’” Focusing on joy in work “is ethically the right thing to do, particularly given the nature of the business we are in,” said Amanda Langsley, Associate Director of Organizational Development and Learning.

They were also drawn to the fact that the Institute for Healthcare Improvement (IHI) approach is based on improvement methodology, which is rigorous and has the potential to lead to measurable changes. NHS Lothian thus decided to join the IHI Joy in Work Results-Oriented Learning Network to support their efforts.

### IHI Joy in Work Results-Oriented Learning Network

The IHI Joy in Work Results-Oriented Learning Network is a collaborative of pioneer institutions committed to supporting workforce well-being and improving overall quality of care for staff and patients. IHI strives for a future free of health inequities. Our bold vision is that everyone has the best care and health possible. Realizing this vision requires a focus on attending to the joy of the health care workforce. The Joy in Work Results-Oriented Learning Network allows us to combat burnout at pace and at scale; provide improvement methods and tools for testing our way to solutions; create a learning system across organizations; and disseminate results and lessons learned. Learn more at [ihi.org/JoyResults](https://ihi.org/JoyResults).

## Approach

Langsley and Edgar oversaw the teams that participated in the IHI network. Their objective was to develop the NHS Lothian Joy in Work Network to spread the learning throughout the organization. They held monthly meetings to focus on measurement and also provide additional coaching. “The project was to get the methodology and language and skills into the

organization,” said Edgar. They currently have 62 participants across just over 20 teams throughout NHS Lothian.

One participant was Louise Blyth, a senior charge nurse who oversees a ward with about 70 staff. When she started in her ward in June 2018, there was “quite a negative atmosphere within the ward,” she recalls. She immediately noticed visible burnout and high turnover, and started to try to make improvements. She had “What matters to you?” conversations with staff. “I take the time to listen to staff. What can we do differently that’s going to have a big impact?” Blyth saw the network as an opportunity to continue the work she’d started “to create a culture where staff feel safe, happy, and supported.”

To do so, she and her staff carry out numerous small projects, including one on ward multidisciplinary meetings. Previously, these meetings lacked a clear structure. Now, ward staff meet consistently on a weekly basis, use a template, and make adjustments based on feedback.

The nurses on the ward also started holding “BOSH” huddles at 11:00 AM and 3:00 PM, asking four questions: “B – has everyone had a break? O – are we all OK with our workload? S – are there any sick patients? H – does anyone need help?”

Both of these projects have been successful and improved teamwork and morale on the ward.

## Challenges

There was a great deal of enthusiasm for the work, but the teams struggled at times to prioritize it and not see it as an “extra,” especially given the stresses of the COVID-19 pandemic. Langsley said, “We need to work on positioning the message that this is the real work and it takes effort, but the potential outcomes are worth it.”

Blyth’s ward made remarkable progress even before the network started, dramatically reducing turnover and the number of sick days. But because her ward is now fully staffed, and others are not, her staff are sent out to other units on a daily basis. “That is causing a huge amount of anxiety,” she said. They’ve brainstormed ways to mitigate the situation. One is to wear a badge when on a different unit, conveying: “I’m new here. I’m very experienced at what I do, but I don’t work in this department.”

## Outcomes

On Blyth’s ward, one measure of improvement is the decrease in formal patient complaints. In previous years, there were 17 formal complaints per year. For each of the last two years, only one patient has lodged a complaint. In addition, last year Blyth administered a survey to ask staff on her ward if they felt supported, and 100% replied in the affirmative.

Blyth notes that the COVID-19 pandemic had a silver lining: an increased sense of camaraderie on her ward. “I think we’ve become stronger as a team,” she said. Before, nurses would just look after their own patients. Now, they check in with each other to ask, “How’s your day going?”

## Lessons Learned

Langsley learned that senior leader buy-in and strategic alignment are essential. “Creating a strong narrative for the ‘why’ of this work is needed to connect hearts and minds to the commitment required. This work is the real work, not a project on the side.”

She also noted that the importance of rigor in the improvement methodology — aim statements, Plan-Do-Study-Act cycles (PDSAs), and measurement — to avoid “random acts of goodness” with no clear efficacy.

In terms of the IHI network, the structure of monthly sessions with the network along with monthly coaching sessions, “kept us on track and focused,” said Langsley.

Blyth also found that networking with other organizations around the world is invaluable. “You live in your little bubble in Scotland. In actual fact, people across the globe are experiencing the same things. That was quite reassuring.” And in her work on the ward, she learned that small changes add up: “All those small changes, the impact that the small changes have is massive.” The successes also feed on each other. “The more the staff see the impact those changes have, the more buy-in you get.”

## Next Steps

Langsley and Edgar plan to continue to spread and scale this approach across the organization. They are working to create their own joy in work learning program and developing a curriculum. Joy in work is now part of their Staff Engagement and Experience Framework, which reflects buy-in from senior leadership.

As for Blyth, her next step, she said, is “just continuing on that journey — so that staff feel safe and supported and happy.” Regarding the IHI network, she concluded, “The experience and knowledge will stay with me for life.”

Although it can feel daunting to focus on joy in work in the midst of so many pressing obligations, Edgar said that he realized over time, “This is not a burden. This work is a gift.”