

Introduction

- ❖ Recent research, which explored the use of quality improvement methods in the COVID-19 pandemic response, found that quality improvement (QI) principles were utilised during the crisis management period, albeit without direct intention.
- ❖ With frontline staff having experienced unprecedented pressure during the pandemic, a focus on QI is essential to support the planning and delivery of healthcare away from crisis management to proactive ongoing service improvement.
- ❖ There has been a lack of research into if/how well the many changes implemented during COVID-19 have been sustained. Given the increased exhaustion and burnout reported by staff [1], this research into the sustainability and resilience of not only healthcare workers, but of QI projects, is timely.
- ❖ This study extends our previous work [2] by investigating the sustainability of the changes implemented by healthcare staff during COVID-19 in Ireland as well as the resilience of the healthcare staff themselves through the various waves of COVID-19.
- ❖ **Our aim:** To explore healthcare staff experiences of QI and the sustainability and resilience of both quality improvement initiatives and healthcare staff during the on-going pandemic response.

Method

- ❖ Narrative inquiry was used to explore the real-world experiences of healthcare workers through using their own words and telling their story. As with other forms of qualitative research, narrative inquiry allows thematic patterns to emerge when exploring the lived experiences of individuals [3].
- ❖ Staff working within a healthcare setting in Ireland during COVID-19 who had experience of QI were recruited for this study. Participants were recruited via three different avenues: (i) re-interviewing previous participants; (ii) a recruitment call through the QCommunity of Ireland online catch up, and the Quality and Patient Safety (QPS) Ireland Network Map and; (iii) a recruitment call via social media (Twitter).
- ❖ The interview guide consisted of questions covering topics such as if/how participants’ ways of working changed during the pandemic, if the participant considered the changes and initiatives that were implemented successful, how staff are currently feeling, and what they felt staff needed at that moment to effectively manage and sustain quality and improvement initiatives.
- ❖ Informed consent was obtained from each participant prior to the interview. The interviews were conducted remotely over Zoom throughout March, April and May of 2022. The interviews were audio recorded, transcribed verbatim and pseudonymised.
- ❖ Qualitative thematic analysis was employed to analyse the data [4].
- ❖ An ethical approval exemption was granted by University College Dublin’s Human Research Ethics Committee – Sciences (HREC-LS), under the Low-Risk Study criteria (reference: LS-E-22–30).

Results

- ❖ Narrative style semi-structured interviews were conducted with each of the eleven participants.
- ❖ Sample characteristics are detailed in the table to the right:
- ❖ Four key themes were evident;
 - ❖ (i) From fear to exhaustion;
 - ❖ (ii) maintaining person-centred approaches to care;
 - ❖ (iii) Covid-19 as a medium for change, and;
 - ❖ (iv) staff resilience and appetite for quality improvement.
- ❖ In the **first theme**, participants described how feelings of fear, anxiety, stress, and uncertainty were felt by healthcare staff at the beginning of the Covid-19 pandemic.

Characteristic	N
Number of participants	11
Pandemic redeployment experience	5
Leadership/supervision/management responsibilities	6
Previous exposure to service improvements	11
Have since left direct healthcare practice	2
In a patient-facing role	5
Years of experience	
15 – 20 years	2
21 – 26 years	5
27 – 32 years	2
33 – 38 years	2

Results (cont.)

- ❖ This fear decreased as the pandemic went on and was replaced by a sense of exhaustion. This was reported to be due to working longer hours to manage the crisis, but also as a result of the cumulative impact of the on-going and systematic issues that pre-dated the pandemic such as limited resources, increasing waiting lists and being short staffed on the frontline.

“They’re exhausted. They’re stressed out. You know the way everybody says ‘oh they’re exhausted’, but in actual fact, you can see it”
- ❖ The **second theme** highlighted that despite the risks presented by the COVID-19 pandemic and the changes that were made to care delivery processes, there was a continued focus on the importance of person-centred care expressed by the participants.
- ❖ Participants conveyed that COVID-19 was a **powerful catalyst for rapid change** through flattened hierarchies and devolvment of responsibility to the frontline, but that some pre-COVID bureaucratic 'red tape' was returning which was affecting people’s ability to drive change, and affected motivation.

“Like before you could have been a year waiting to get something approved. Then, with COVID it went that you were able to get it approved literally within the week, whereas now, we have gone back till about six or seven months, so I just hope that they’re (senior management) as open to trialing things”.
- ❖ Finally, while participants outlined a **great sense of pride** in their involvement in the health service response, it was felt that the psychological toll and impact on staff in term of burnout, exhaustion and frustration was important to acknowledge and address to support on-going quality improvement efforts and sustainability of these efforts.

“The people that stood up when it mattered, I feel that they will have learned a lot from experience. It’s amazing how adaptable we can be. It’s amazing how streamlined we can be when we think about what is the priority for patients and residents”.

Discussion

- ❖ The study explored healthcare staffs experience of quality improvement and the sustainability and resilience of both quality improvement initiatives and healthcare staff during the on-going pandemic response.
- ❖ A growing body of literature explores how healthcare staff felt during the Covid-19 pandemic. However, as the waves of Covid-19 have peaked and declined, it is vital to examine how the feelings of burnout and disillusionment will affect engagement with quality improvement in the future. It is also worth noting and examining the feeling of purpose and pride participants expressed from working through the Covid-19 pandemic.
- ❖ The results of this work identified three key learnings; (i) insight into integrating learning into policies and practice; (ii) the role of collective leadership and devolving/sharing power; and (iii) key drivers/factors that promote sustainability of QI interventions.

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