

I Can't Get No Satisfaction

Building occupational wellbeing into patient care improvement in the Emergency Department

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INTRODUCTION

Emergency Departments (EDs) are a crucial component of the healthcare system, but ED staff are experiencing high levels of 'burnout'.

Autonomous motivation supports the occupational wellbeing of nurses¹ and doctors² and is associated with better care quality, whereas controlled motivation is associated with poorer care quality, staff burnout and intention to leave.

Autonomy, competence, and relatedness, central tenets of Self-Determination Theory (SDT), have been shown to be universal predictors of optimal functioning, as they increase autonomous, and decrease controlled, motivations.³ (See Figure 1)

AIM

We sought understanding of institutional work and its impact on the individual psychological wellbeing of ED staff to prioritise codesign patient care initiatives likely to promote staff experience.

METHOD

44 semi-structured interviews (18 hours, 46 minutes) with ED staff, comprising 25 nurses, 11 doctors, 3 allied health, and 5 administrative staff from 3 hospital EDs were analysed using abductive logic:

- Negative and positive sentiment about their work was extracted from the data,
- Sentiment was coded to autonomy, competence and relatedness need-satisfaction and need-frustration,
- Negative sentiment was thematically analysed to identify aspects of work causing staff most distress

ACKNOWLEDGEMENT

We acknowledge the Australian Government Medical Research Future Fund (2022:APP2018361), project participants, and project partners:

- Australian Institute of Health Innovation at Macquarie University,
- Western Sydney Local Health District,
- University of the Sunshine Coast,
- University of New South Wales,
- NSW Agency for Clinical Innovation,
- Department of Social Services,
- NDIS Quality and Safeguards Commission and Health Consumers NSW.

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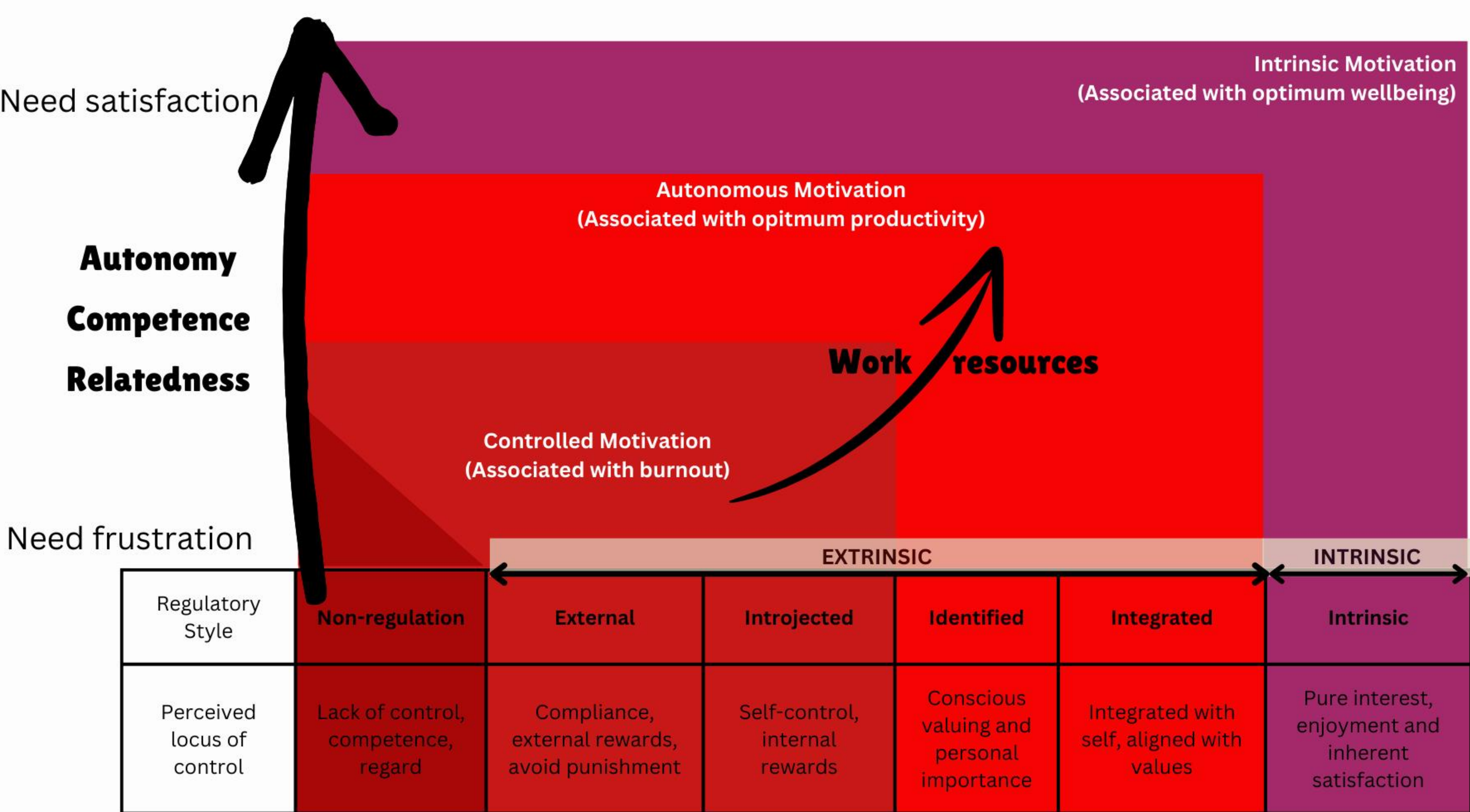


Figure 1 - Graphical representation of the proposed associations between the work motivation of staff and their wellbeing

"People have been hit including site registrars, junior doctors. Again, there's very little support or sympathy."

"I feel like sometimes we make their conditions worse by them coming here instead of trying to help them."

"I think the ED where there are so many metrics that are placed upon us that we have to meet... it feels like us versus them as opposed to what service can we collectively provide to this patient who is acutely unwell."

RESULTS

Psychological need satisfaction was evident when staff:

- Felt competent to perform their prescribed role freely within the overarching model of care,
- Met the standards demanded by their profession, and
- Enjoyed collegial working relationships with other members of the ED team, interdisciplinary colleagues, and patients and carers.

Organisation and system-level external regulatory styles frustrated both physical and psychological needs.

Staff were most distressed when they perceived:

- Threats to their physical or professional safety,
- Wrong-doing or harm (particularly for older adults and mental health cohorts),
- A lack of respect for their work and needs.

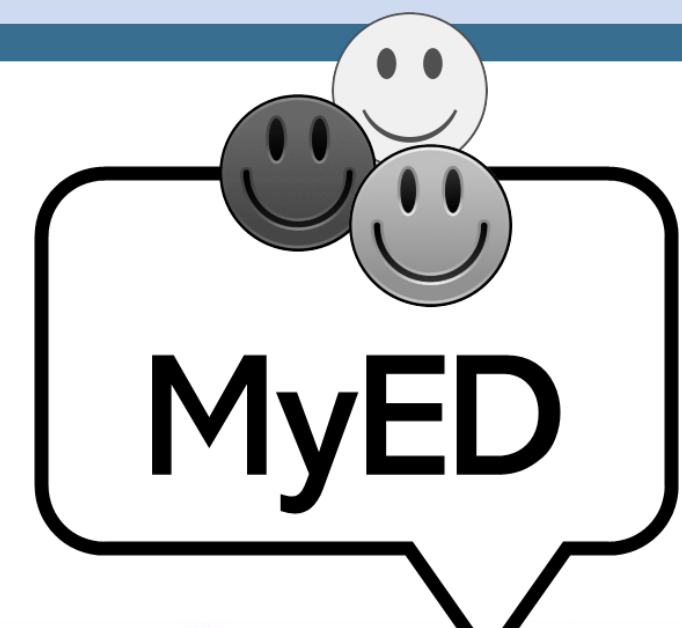
CONCLUSIONS

A system-wide response and transformational system change over the long term is required. Priorities include:

- making the environment safe – physically and professionally,
- embracing collaborative governance and collective practices to bolster institutional relationships and tackle the need for complex service provision,
- affirmative resourcing to build capacity and capability of the workforce,
- re-engineering quality management to empower clinical decision-making and outcomes-based measures, de-implement low-value practices, and retract punitive policy.

"Our problems are not GP patients; our problems are probably not inappropriate uses of ambulances. Our problems are we can't process patients into the complex services that we need."

CONTACT INFORMATION



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