

‘We choose medicine as a profession in order to help other human beings. It is the connection between practitioner and patient that becomes the foundation of the healing relationship and it is exactly that bond which has inherent in it both the possibility of clinician and patient well-being and the risk of burnout.’

(excerpt from National Academy of Medicine’s ‘Expressions of Clinician Well-Being Art Exhibition 2019, Taking Action Against Clinician Burnout, A Systems Approach to Professional Well-Being)

**‘People are not passive recipients of innovations.  
Rather...they seek innovations, experiment with them, evaluate them, find (or fail to find) meaning in them, develop feelings (positive or negative) about them, challenge them, worry about them, complain about them, ‘work around’ them, gain experience with them, modify them to fit particular tasks, and try to improve or redesign them – often through dialogue with other users.’**

Greenhalgh et al, Milbank Q 2004

***HIWBRIS*** (IRAS 346499)

***Healthcare Innovation, Wellbeing and Burnout:  
Researching possible Interactions and Solutions***

**Dr Mick Button**

Consultant Clinical Oncologist, Velindre Cancer Centre

Associate Medical Director (Workforce) Velindre University NHS Trust

Bevan Commission Associate

PhD Student, Swansea University School of Management



# BURNOUT / WELLBEING



*“a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Characterized by three dimensions:*

- feelings of energy depletion or exhaustion;*
- increased mental distance from one’s job, or feelings of negativism/cynicism related to one's job;*
- reduced professional efficacy.” (ICD 11)*

Bad for patients

- Directly and indirectly

Bad for staff

- Physical and mental health, time off work, impacts on quality of care, sustainability of services

Wellbeing and engagement – positive emotional states

- Good for patients, staff and healthcare

Related to the fundamentals of day-day working life

- Demands vs resources, quality of care given (moral injury), working environment (physical and organisational), culture, stress
- Feelings of autonomy, belonging and competence felt to be important for clinical staff wellbeing

# INNOVATION

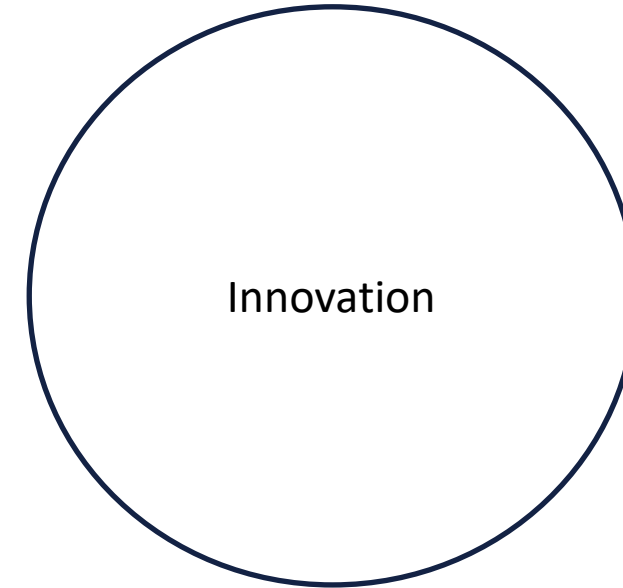
Felt to be essential for healthcare

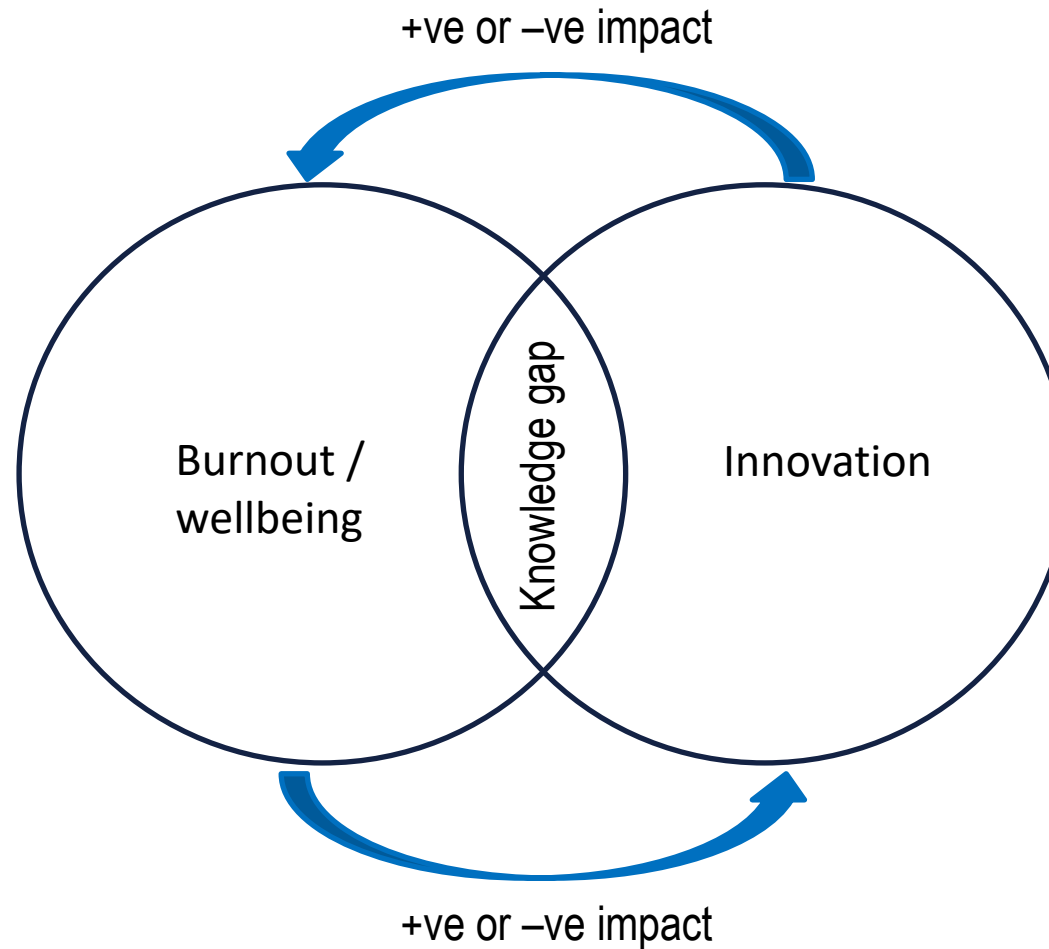
Additional to operational pressures

Definition for this work:

*“a novel set of behaviours, routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost effectiveness, or users’ experience and that are implemented by planned and coordinated actions”*

(Greenhalgh et al Milbank Q. 2004 Dec; 82(4): 581–629.)





### **Knowledge Gap**

- Most healthcare innovation research doesn't feature burnout/most burnout/wellbeing work doesn't feature innovation
- There is research (mainly outside healthcare, limited scope) showing positive/negative interaction
- Given the high prevalence of burnout in healthcare and the importance of innovation...

# RESEARCH SCOPE



## Clinical staff

- Higher levels of burnout than other staff groups

- Greatest need + most likely to find any interactions?

## Innovation

- Could apply to research, transformation, improvement – wider ‘change’ or agility in healthcare

## Wider implications

- Wider healthcare: oncology could be an exemplar

- Details may vary in different healthcare systems

- Beyond healthcare – other resource limited areas eg social care, education

# CONCEPTUAL FRAMEWORK

Over-arching framework, agnostic of healthcare system, professional group, speciality etc

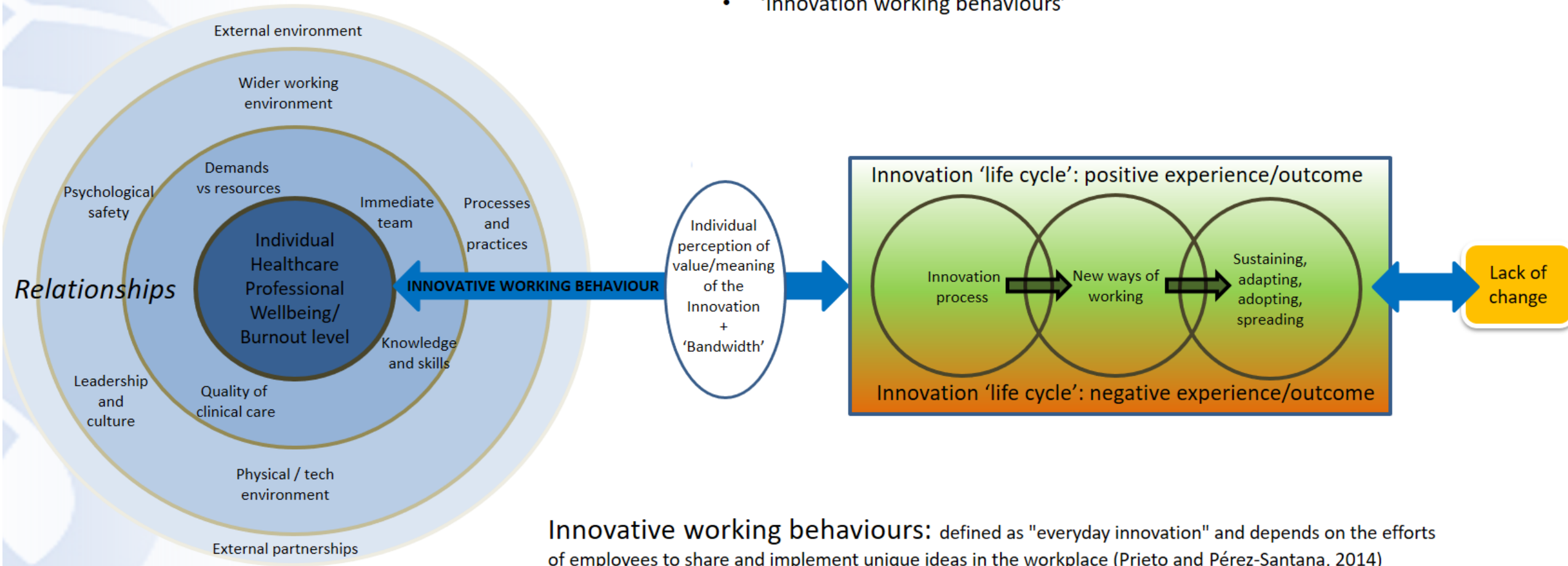
Then can adapt this for specific local factors?

Can view innovation through an organisational perspective

- Inputs, processes, outputs

Or an individual employee perspective

- for this research: healthcare professionals
- 'innovation working behaviours'

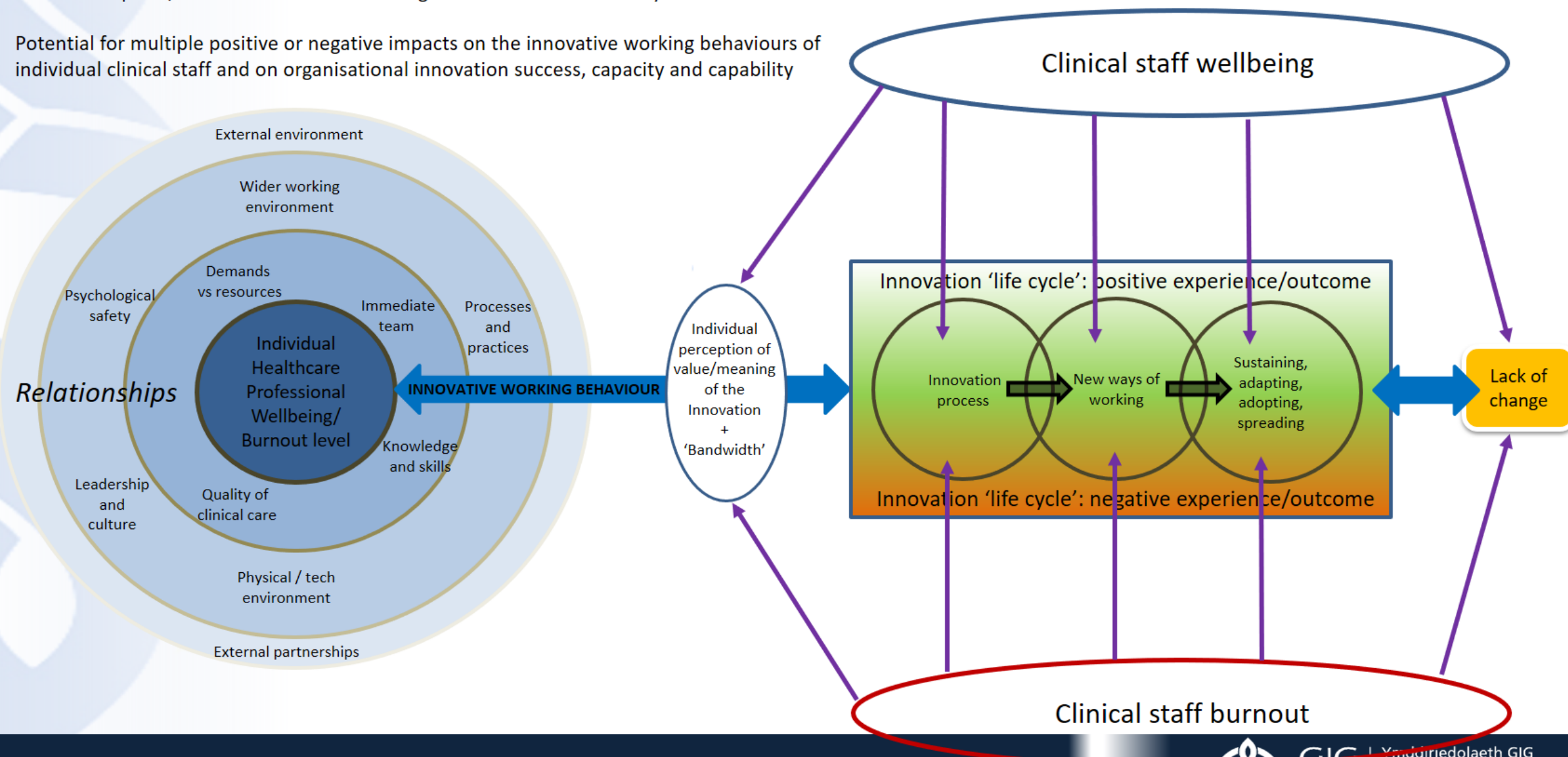


**Innovative working behaviours:** defined as "everyday innovation" and depends on the efforts of employees to share and implement unique ideas in the workplace (Prieto and Pérez-Santana, 2014)



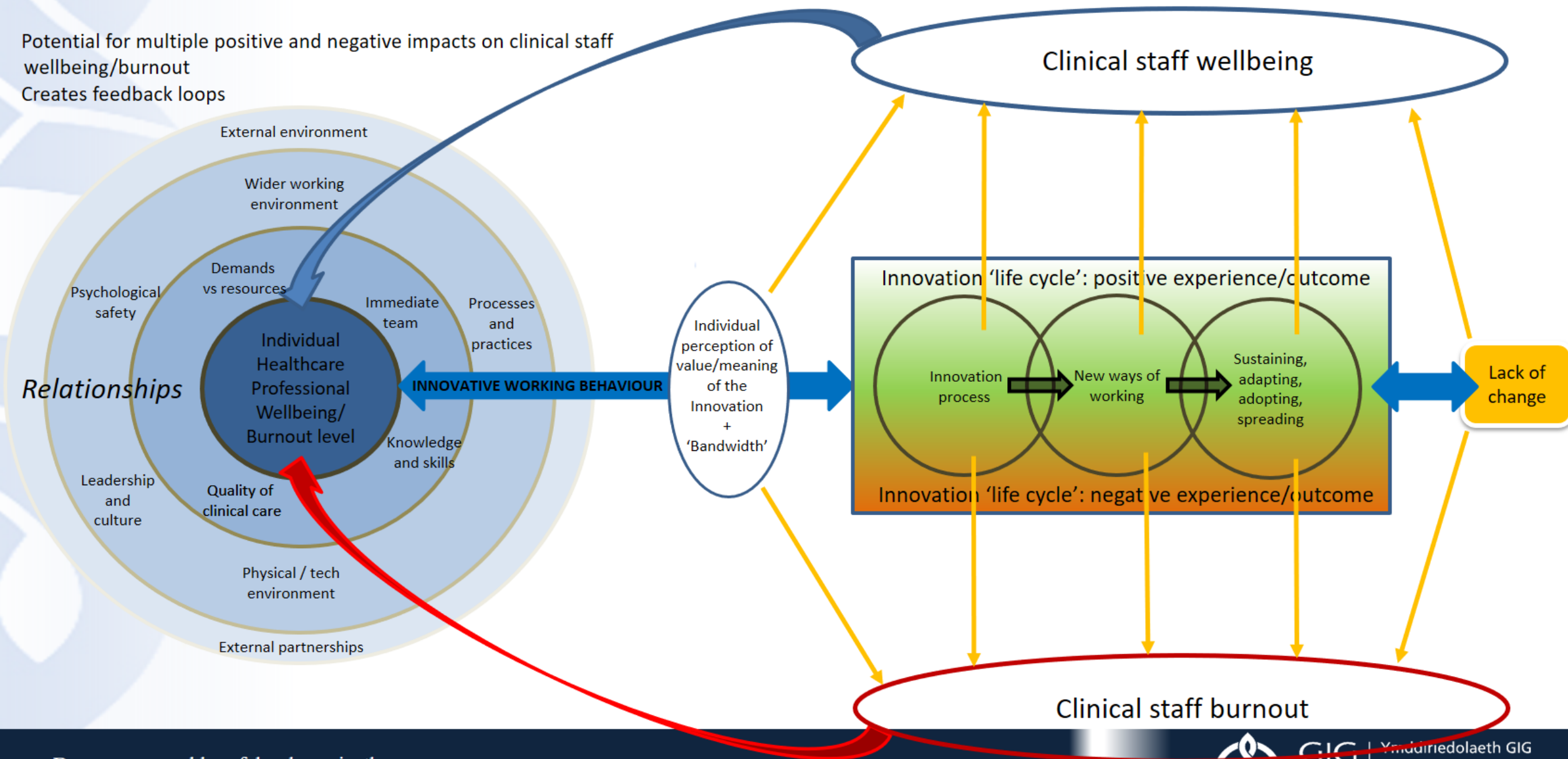
# Clinical staff wellbeing/burnout has the potential to impact innovation

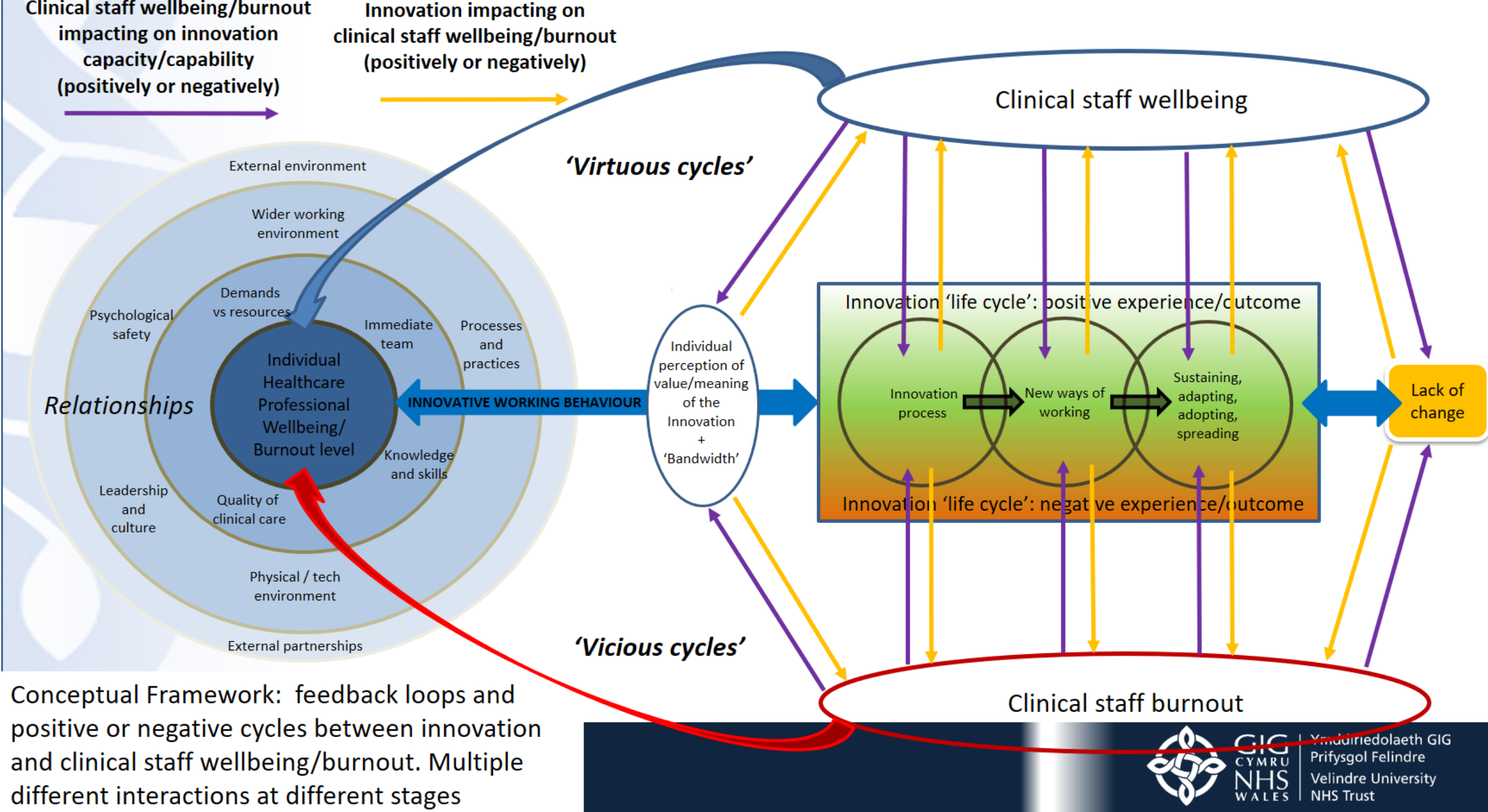
- Different impacts/interactions at different stages of the innovation life cycle
- Potential for multiple positive or negative impacts on the innovative working behaviours of individual clinical staff and on organisational innovation success, capacity and capability



# Innovation has the potential to impact clinical staff wellbeing/burnout

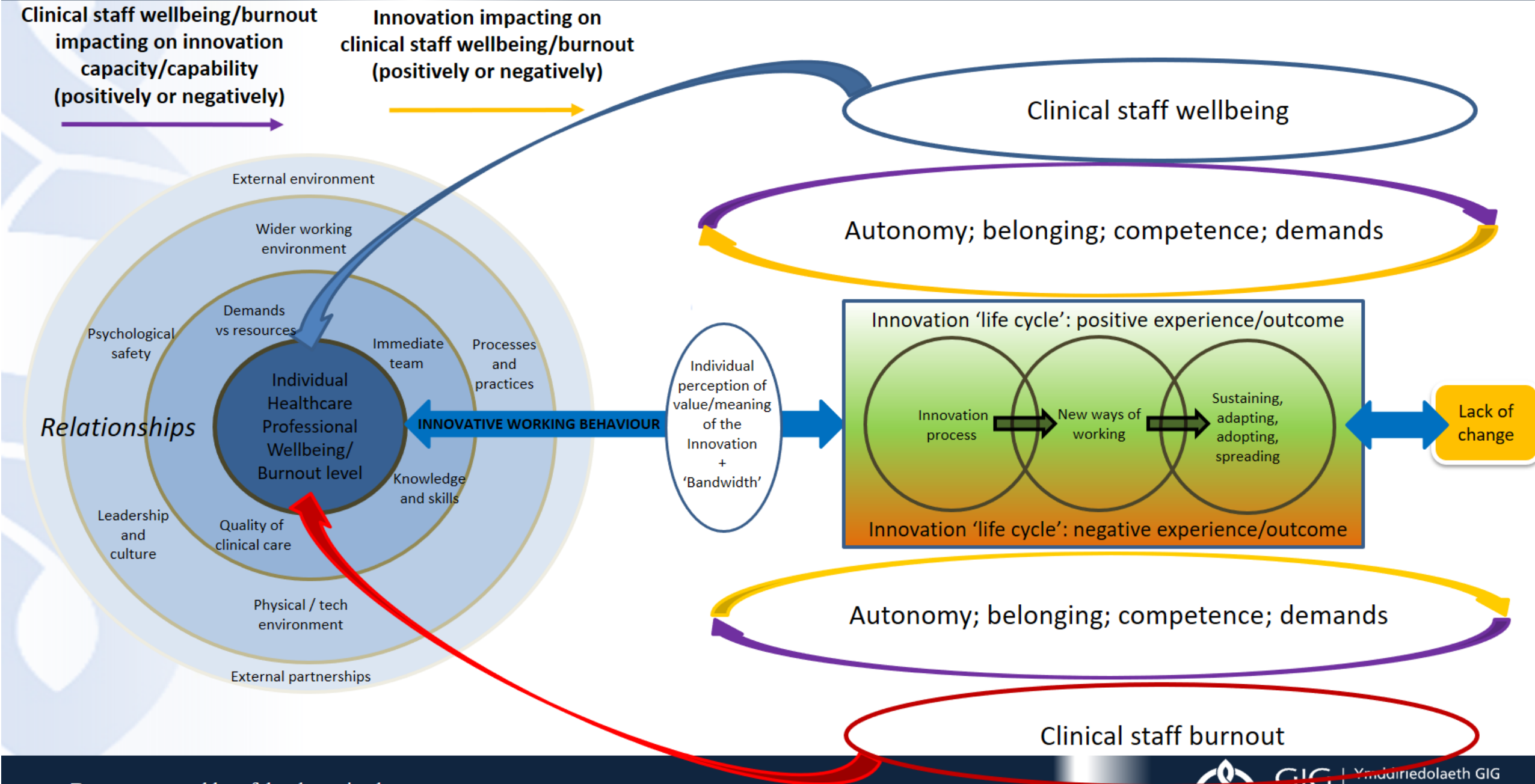
- Different impacts/interactions at different stages of the innovation life cycle
- Potential for multiple positive and negative impacts on clinical staff wellbeing/burnout
- Creates feedback loops





GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

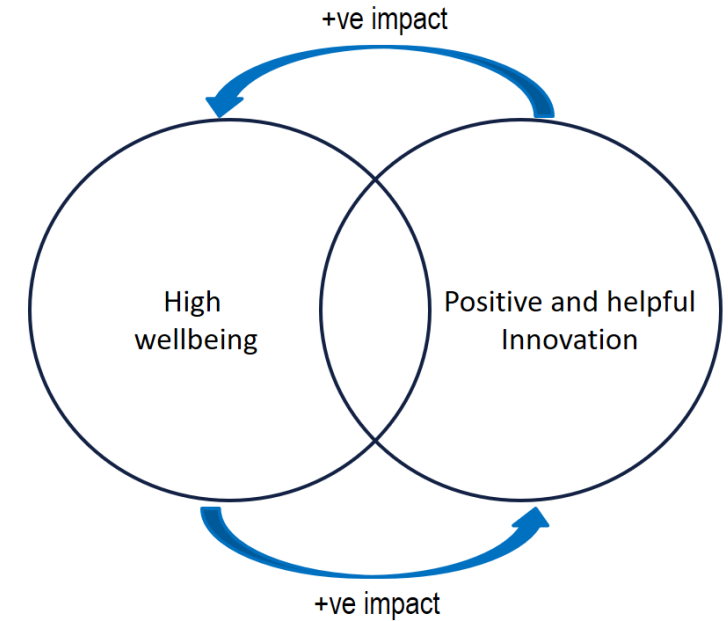


Our Conceptual Framework: feedback loops and positive or negative cycles between innovation and clinical staff wellbeing/burnout. Multiple different interactions at different stages mediated through concepts such as autonomy, belonging, competence and demands on staff time

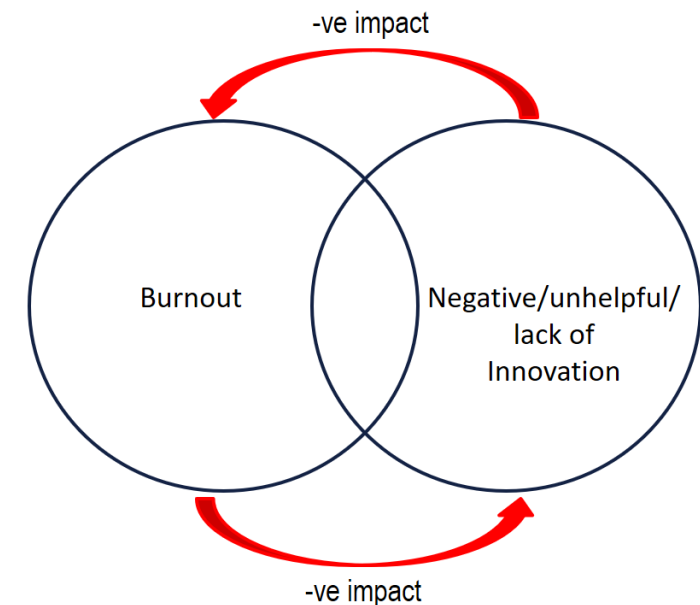


# Summary

- ♦ Researching the rich, complex and detailed interactions between healthcare innovation and healthcare professional wellbeing/burnout.
- ♦ Integrating these to create new knowledge, insights and solutions
- ♦ This won't be the whole answer to the problem of burnout
  - ♦ Important
    - ♦ Importance of innovation, wellbeing and the high levels of burnout prevalent amongst healthcare professionals
  - ♦ Beneficial
    - ♦ Patient care; individual healthcare professional; system level
  - ♦ Practical solutions
    - ♦ Improve: clinical care; innovation capacity/capability/quality; and healthcare professional wellbeing
    - ♦ Deliver greater value from innovation
  - ♦ Oncology is perhaps an exemplar of this?
    - ♦ Rapidly changing speciality; highly emotive subject area; staff are struggling



Virtuous rather than vicious cycles



# THANK YOU

Questions/discussion

