

accentuating the positive in the
emergency department



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The Beginning...

This is a story of joy, of hope and of compassion in clinical medicine. It is a curious questioning of what encourages us to thrive in the Emergency Department. This story is about re-igniting the passion for our chosen profession and accentuating the positive in the hope that this might enable us to harvest this gold for our own and our patients' wellbeing.



“ I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. ”

Maya Angelou

- * This is our story of joy, hope and compassion in our department.**
- * We used appreciative inquiry to find out what makes us thrive.**
- * Together we designed a future that fosters thriving in the Emergency Department.**
- * We developed recommendations for activities to encourage thriving at work.**
- * A framework to foster and incorporate thriving into all that we do emerged.**
- * This document represents an action plan for thriving into the future.**

In a nutshell...

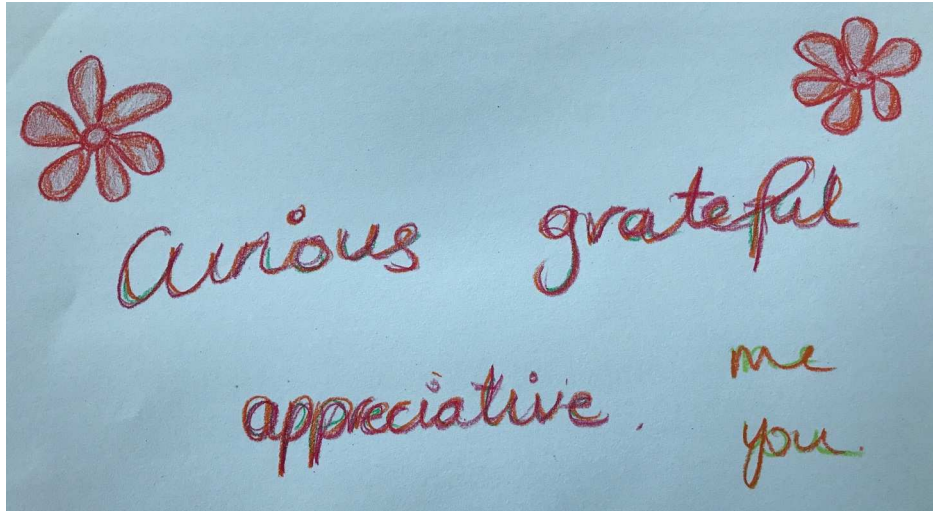


The Emergency Department is a melting pot of almost every aspect of humanity. It can be a place of pain, disease, despair and death. It can be a place of overloaded systems where increasing patient numbers and need can overwhelm available staffing, technological and physical resources. Much of this overshadows other truths about the Emergency Department. That it is also a place of care, of compassion and of excellence where many acts of kindness and genuine heroism occur every day.

It can be a place of deeply meaningful connection, of achievement and joy in learning and teaching.

These positive aspects align well with discoveries from diverse fields of the key components of living a life beyond merely surviving, one of thriving.

This reserach project explores and accentuates the positive parts of life within the Emergency Department in the hope that this may foster thriving and excellence. This was done through a process called Appreciative Inquiry. This methodology utilises four stages to draw out the best of our system and to incorporate these discoveries into dreams



for the future. The next steps design practical and realistic ways of reaching those dreams and embed these designs within the system. Using interviews, storytelling, small group discussions and workshops, as many members of the Emergency Department staff as possible were involved; nurses, doctors, health care assistants and ward clerks.

Within this report lies our collective wisdom gathered within our own context to foster positive wellbeing.

“Gratitude bestows reverence, allowing us to encounter everyday epiphanies, those transcendent moments of awe that change forever how we experience life and the world.”

John Milton

Here you will find...



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“ *The best way to find yourself is to lose yourself in the service of others.* **”**

Mahatma Gandhi

Why thriving?

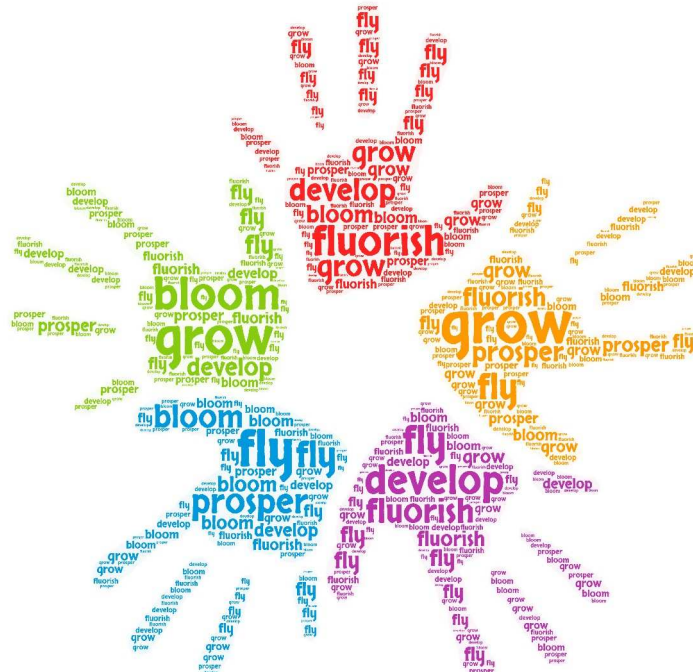
The benefits of thriving, the upward spiral of positive wellbeing, impact almost every aspect of our lives.

Thriving not only enables our own lives to be happier, healthier and more satisfying, it also enables better outcomes in terms of the care we give our patients and the efficiency and effectiveness of our health care systems.

There is abundant literature on the difficulties faced in health care, the high stress and burnout rates, high levels of disengagement and dissatisfaction and even suicide amongst health care providers (Griner, 2013; Poulsen, Poulsen, Khan, Poulsen, & Khan, 2011). A recent report of burnout in medicine puts Emergency Medicine physicians second only to critical care physicians in terms of prevalence (Peckham, 2015). New Zealand data reported last year by ASMS revealed similar trends here in our own population (Chambers, 2016). There is a very real understanding that this stress and burnout has a significant impact not only on our wellbeing as health care workers, but also on the care we deliver to our patients (Griner, 2013; Rothenberger, 2017; Swensen & Kabacene, 2016).

Alongside this is a growing body of literature across diverse fields researching the benefits of wellbeing (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009; Donaldson, Dollwet, & Rao, 2015; Jarden, 2010). Much of this research comes under the umbrella of positive psychology, a branch of psychology that was proposed and developed in the new millennium for the study of a life worth

living, the study of things that allow us to not just survive, but to thrive and flourish. (Jarden, 2010; Molony & Henwood, 2010; Peterson, 2009; Seligman & Csikszentmihalyi, 2000). Several main themes have emerged; positive emotion, positive character strengths, positive relationships and positive groups, institutions and organisations (Peterson, 2009).





It is very interesting to learn and read about the themes and begin to uncover some of the mechanisms of well-being. However what is even more exciting, from a practical point of view, is the realization that it is possible to effect change with this knowledge (Bolier et al., 2013; Meyers, van Woerkom, & Bakker, 2013; Seligman, Steen, Park, & Peterson, 2005). A recent meta-analysis of randomized controlled trials looking at the effectiveness of positive psychological interventions found that wellbeing can be improved (Bolier et al., 2013). Both cross-sectional and longitudinal studies found interventions to have small but sustainable impacts on wellbeing including improved productivity at work and more meaningful relationships. Wellbeing is also associated with improved physical health, healthier lifestyles and more robust immune systems (Bolier et al., 2013; Howell, Kern, & Lyubomirsky, 2007).

We all reciprocally influence our own and one another's wellbeing; with effort and awareness perhaps we can do this in a positive way for the benefit of all.



Thriving in organisations

Academics interested in the performance of teams and organisations have combined many of the concepts of positive and organisational psychology to consider thriving within the work context. There is a very real understanding of the need for engagement of employees and the impact this can have for productivity as well as for the health and wellbeing of employees. Traditionally the approach in management and business has been a deficit model, looking for the problems and trying to solve them. It seems that fixing deficits can only improve things to mediocre (D. Cooperrider & McQuaid, 2012). With the perspective of positive psychology, a radical shift was facilitated. Now researchers and businesses are starting to

ask what is working well here and how can that be harnessed. How can environments be created to foster the thriving of employees, of businesses and of communities (Bakker & Schaufeli, 2008). Within this work a concept of psychological capital has emerged that is comprised of hope, optimism, resilience and self-efficacy (Avey, Wernsing, & Luthans, 2008; Kelloway, 2011). Psychological capital has been found to be positively associated with job performance, job satisfaction and absenteeism (Avey et al., 2008).

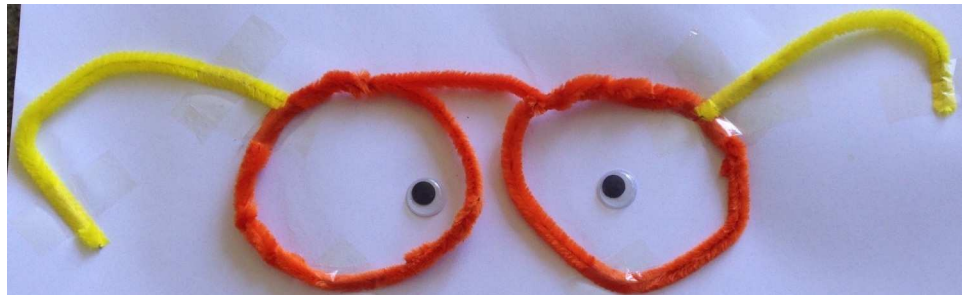
“Don't ask yourself what the world needs. Ask yourself what makes you come alive, and go do that, because what the world needs is people who have come alive.”

Howard Thurman

Organisations are made up of people, each being influenced by and influencing one another. Together they collectively, consciously or unconsciously, co-create the organisational culture in their interactions, their relationships and their experience of the world (Levi, 2017; Lewis, 2011). If change within an organisation is to be successful and sustainable, it needs to be here, within these every day relationships, within the conversations between colleagues and the social networks that make up our daily experiences.

Organisations that focus on positive practices such as compassion, forgiveness, fostering meaningfulness, gratitude and kindness have found improvements in desirable business outcomes

such as profitability, productivity and customer satisfaction (Cameron & McNaughtan, 2014; Swensen & Kabcenell, 2016).



A positive perspective in Health care

In health care organisations, where health and wellbeing are our core business, the realisation that the health and wellbeing of our staff as well as our patients impacts hugely on our industry is only just in the early stages. For many years in medicine we have focused on a biophysical model of health. Huge advances have been made using this perspective in our understanding of medicine, developing complex investigation techniques and advanced treatment options. It has been and will continue to be an important and useful paradigm. Perhaps, in addition, it is time for us to incorporate some of the fuzzier concepts such as emotions, social connections and spirituality into our thinking (Jeste, 2012). These concepts are often difficult to consider in a cause and effect, positivist paradigm. However, widening our perspectives and embracing ideas and knowledge from other paradigms can add a richness and depth to our understanding of the human condition. And in doing so, perhaps even positively impact our own wellbeing and that of our patients.

The Institute of Health care Innovation published a white paper recently looking at joy in work (Perlo et al., 2017). They concluded;

“ Improving joy in work is an underused and high-leverage opportunity where creating environments where people find meaning and purpose while improving patient experience, outcomes and safety as well as organizational effectiveness and productivity. ”



Studies looking, from a positive perspective, at the benefits of wellbeing and thriving within our health care systems are increasing in the literature. Links between optimism and improved performance outcomes were found in a study of nurses (Luthans, Lebsack, & Lebsack, 2008).

A positive association was found between physician job satisfaction and patient adherence to treatment over a two-year longitudinal study

(DiMatteo et al., 1993).

A randomized clinical trial found an intervention involving biweekly discussion groups incorporating shared experiences, mindfulness and reflection improved engagement and significantly reduced overall burnout symptoms (West, Dyrbye, Rabatin, & et al., 2014). A discussion group called 'Doctoring to Heal' was developed and has been meeting since 1996 exploring personal stories, clinical narratives and meaning within the practice of medicine. The benefits have included strengthening of connection with colleagues as well as personal and professional identities and promoting





physician wellbeing (Rabow & McPhee, 2001).

There are also studies in the resilience literature considering the role and fostering of resilience to enhancing the quality of care to patients and the sustainability of the health care workforce (Eley et al., 2013; Ronald M. Epstein & Krasner, 2013; Rutten et al., 2013). Resilience is defined in several ways, but the general theme is the ability to bounce back from adversity in life and to adapt to change (Ronald M. Epstein & Krasner, 2013; Rutten et al., 2013; Zwack & Schweitzer, 2013). Epstein and colleagues (2013) wrote a paper on resilience in physicians indicating that resilience is central to improving care, reducing burnout, medical error and ensuring a sustainable workforce (Ronald M. Epstein & Krasner, 2013). The themes that emerge from many of the studies are the importance of self-awareness, the cultivation of meaning and purpose and the experiencing of positive emotions (Beckman et al., 2012; Feder, Nestler, & Charney, 2009; Rutten et al., 2013; Zwack & Schweitzer, 2013).

So many of the things associated with positive wellbeing are abundant within our Emergency Departments.



Forming high quality connections, the ability to use our strengths, to achieve, the opportunity to be compassionate, to perform acts of kindness, opportunities to feel and receive gratitude all happen every day in our workplace.

What we do matters, it makes a difference in the lives of our patients, their families and the wider community.

Theoretically we should all be thriving and yet it seems, for reasons that are likely multiple and complex, the difficulties and negatives so often overshadow this goldmine of thriving. This project has been about uncovering this goldmine, putting the spotlight on these aspects of our working life that give meaning and purpose, accentuating the positive to find our way forward to thriving and excellence.



How we got there...

This project within our own department has utilised an action research methodology of appreciative inquiry. Action research was developed to bring theory and practice together in the context of real life. The philosophical influences of action research begin as far back as Aristotle. His practical philosophy was aimed at change and the development of individuals and communities, to cultivate virtue and excellence in the act of living.

Aristotle's concept of phronesis, or practical wisdom, remains prudent in modern life and research.

This practical reasoning that combines knowledge with its appropriate application in particular situations, aligns well with action research (Carr, 2006).

Appreciative inquiry was developed by David Cooperrider in the late 1980's to promote and sustain changes within an organisation (Trajkovski, Schmied, Vickers, & Jackson, 2013; Whitney, 1998). Its affirmative approach is a real point of difference from most change and development models that are based in deficit.

This is a method of accentuating the positive to develop dynamic, creative solutions that inspire positive change towards excellence

(D. Cooperrider & McQuaid, 2012; Whitney & Trosten-Bloom, 2010).

Appreciative inquiry is based on the belief that "human systems move in the direction of what they most frequently, deeply and authentically ask questions about" (D. L. Cooperrider, 2012).

Appreciative inquiry follows a four 'D' cycle of discovery, dream, design and destiny. The discovery phase encourages

exploration of what it is that gives life to the human system being studied. This is an opportunity for participants to tell stories about when they and their system are at their best. With this first step change has already begun. The project begins with celebration rather than the despair that usually follows a problems analysis approach.

Dreaming is the phase where the stories in the discovery phase can be shared and used to generate core values and inspire the desired vision of the future (Richer, Ritchie, & Marchionni, 2010). The next phase is designing the path to that vision. It is co-constructed, harnessing the creativity, co-operation and differing perspective of all the participants.

All the while there is a quest to build high quality connections that facilitate discourse, understanding and moving forward as a united group.

The destiny phase enacts the design and developments generated in the earlier phases including thoughts of reflection and sustainability.



Discovery and Dream

Over the past 18 months, wearing my research hat, I have led a process whereby we have been sharing stories of thriving in our department. This started with a small number of one-on-one interviews. These were used as a launching pad for further developing ideas and language to open conversations and gather more stories. The data collected from these interviews will be more fully analysed within my thesis. Stories were then shared in the setting of workshops held with nursing staff, HCA's, doctors and a small group of clerical staff. Participation has been high with the vast majority of emergency nurses

at North Shore Hospital involved and over 80% of senior doctors.

The shared stories revealed notions that are at the heart of our thriving.

These notions were used to inspire dreams of what the department, or an aspect of it, might look like if we noticed and encouraged thriving more often. With arts and crafts and the opportunity to create as a team, the dreams materialised. They

were colourful, often flamboyant, always fun – both in their creation and in the sharing of them. They brought to life the ideas that emerged from our storytelling. Bringing together the stories and dreams, analysis of the data suggests the notions of our thriving can be considered under eight headings. These notions have been separated to look at each one in more detail. In the living of the stories many of the notions were entwined and interconnected. The dreams also represented the weaving together of different threads that come together to foster our thriving.



Page opposite: Word map of notions collected during storytelling.

“Dwell on the beauty of life. Watch the stars and see yourself running with them.”

Marcus Aurelius



Appreciation / Gratitude

In so many of the stories an aspect of appreciation or gratitude shone through. Often it is just simple, small acts that can mean so much; a smile, a hug, a word of thanks from a colleague. Moments of gratitude or appreciation provide a positive experience shared with another and a boost of energy to keep on going. This is not only congruent with the thinking and theory behind appreciative inquiry, the benefits of gratitude are also a common focus in positive psychology research.

Gratitude serves an important social function in strengthening connections, promoting a positive mindset of seeing the goodness in one's life, pro-social behaviour and increasing feelings of self-worth

(Algoe, Fredrickson, & Gable, 2013; Krause, Emmons, Ironson, & Hill, 2017).

In an organisation gratitude can promote trust, high-quality relationships, recognition of strengths of others and pro-social



behaviour. These all have links to improved organisational functioning and performance (Fehr, Fulmer, Awtrey, & Miller, 2017).

There was one story that epitomised much of the impact of appreciation. It was a story of how a message of thanks completely changed the way a very busy shift was remembered. Having finished a shift, feeling exhausted and clinically at the end of her tether, one participant got home to find a message of thanks on facebook – to the staff on that shift, for their teamwork, their care of patients, their support of one another and what a difference it had made being on a very busy shift with such great staff.

Suddenly, this busy shift that had felt like a burden, turned around to feeling like a privilege, something they had survived together to really make a difference.

With an appreciative lens, it is possible to see and appreciate one another at work, appreciate our environment, notice and appreciate all the small moments of awe, the acts of kindness and the compassion that are a part of our everyday in the Emergency Department. Inherent in this



appreciation, both in noticing and experiencing these pro-social acts, lies the generative energy capable of fueling thriving – for ourselves, for our department and ultimately for our patients (Owens, Baker, Cameron, & Sumpter, 2016).



Self-care

Much of our culture in medicine celebrates self-sacrifice. We promote going above and beyond for our patients, seeming superhuman.

And yet, more and more we are discovering that 'putting on our own oxygen mask first' ripples out to impact ourselves, our colleagues, our systems and our patients in a positive way

(Brennan, 2017; McClafferty & Brown, 2014; Rothenberger, 2017).

Our stories of thriving included mention of self-care, of finding a 'happy' place to go to recharge during a busy shift, a quiet room to stop for a moment, a novel into which one can escape during a 15-minute break, eating healthy food, taking time to share some banter with a mate and the importance of sleep. There was also mention of bigger picture self-care in the stories; getting to know oneself, realising that the lens with which we see the world can significantly impact our day and realising the impact we have on one

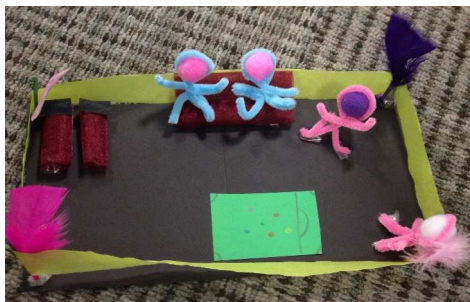
another. Self-care recognises that we have some control over the kind of impact we make (Beckman et al., 2012; Brennan, 2017; Ronald M. Epstein & Krasner, 2013).

There has been considerable research done on mindsets and their influence on our behaviour and our body's response to different aspects of life (Crum, Akinola, Martin, & Fath, 2017; C. Dweck, 2014; C. S. Dweck, 2012; Krause et al., 2017; Whitney & Fredrickson, 2015).



“The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.”

Marcel Proust



A mindset is another word for the lens through which we see the world, the mental frame each person uses to interpret an experience and thereby help direct one's actions and response.

It turns out this lens has a profound influence on our psychology, behaviour and physiology.

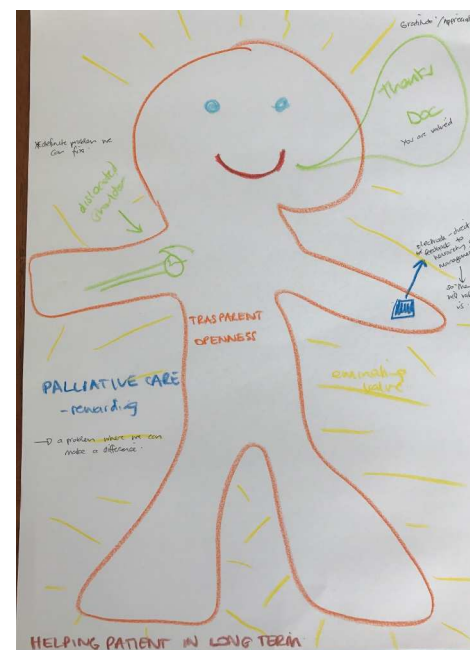
Alia Crum and her research group have looked at mindsets in the context of stress and have found that people who see stress through a lens of enhancement, that is challenges that offer the opportunity for growth and learning, have a positive response to stress psychologically, behaviourally and physiologically (Crum, Peter, & Shawn, 2013). The opposite is true for those who see stress through a lens of detriment.

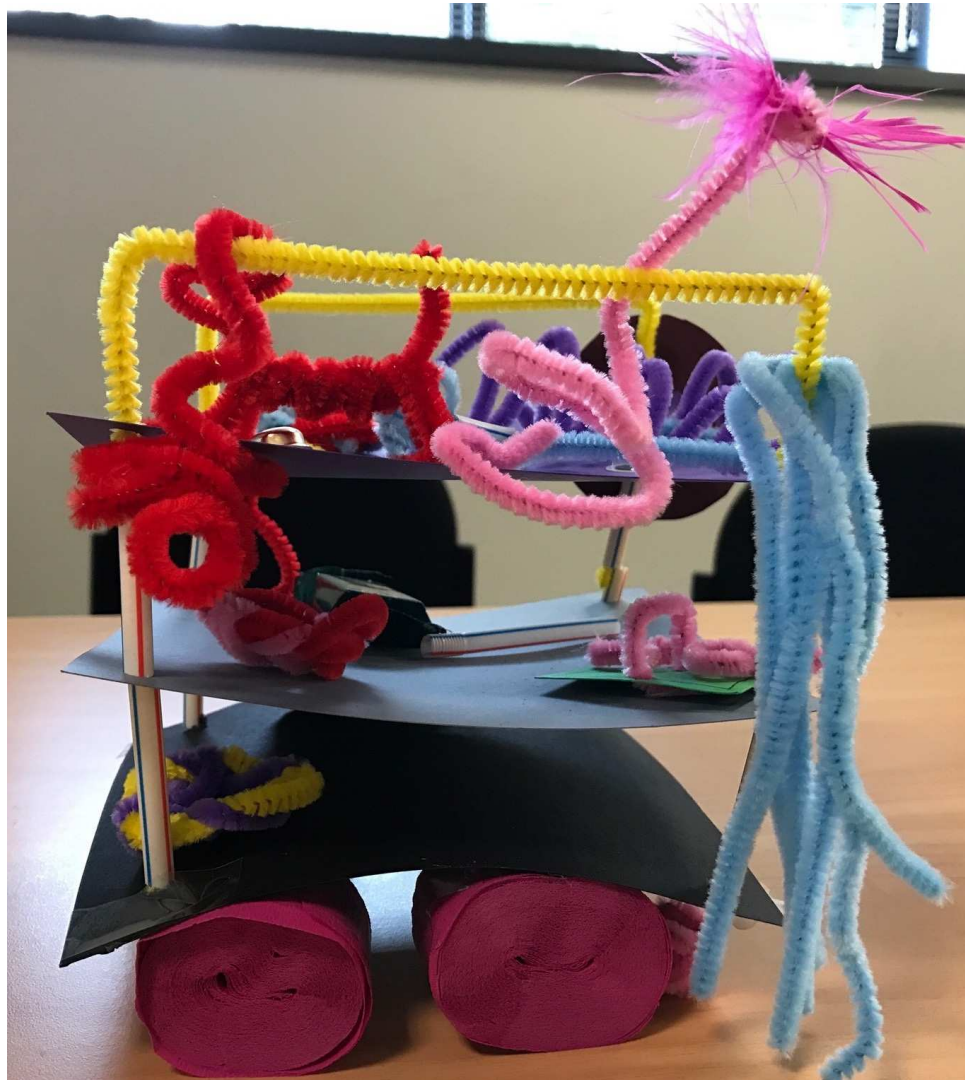
In our stories, we found that learning to understand ourselves, being open to other points of view, being curious and appreciative opened the door to connection, to efficiency, to excellence and to thriving.

One step further in self-care is self-compassion. Some of the stories recognised that when we treat ourselves as we would our best friend, with compassion, understanding and gentleness; this promoted our ability to learn and grow from whatever challenge was causing concern. This rippled out to others, making genuine compassion possible and palpable. It enabled a space for others to see challenges and errors as opportunities for learning and growth.

Dr. Kristen Neff describes three aspects of self-compassion; self-kindness, common humanity and mindfulness. Our being human means despite our striving for perfection and excellence we are not always going to get there. Our failures, our mistakes, our negative emotions do not make us unworthy, they make us human. With self-compassion and reflection we

can learn from and thrive in the midst of difficulties (Neff, Kirkpatrick, & Rude, 2007). The alternative; judgment and shame leads to isolation and misery. Self-compassion, being kind to ourselves also enables us to be more genuinely compassionate and kind to others (B. Brown, 2006; C. B. Brown, 2010).





Fun

Fun is entwined and interconnected within many of the stories of thriving. It shone through and found a significant place in all the dreams that were created. Tickle machines, magic wands and readily available jokes in the dreams were there to ensure fun and laughter were sprinkled through our work days.

Positive emotions seem to be central to optimal functioning. Not only do they reflect the existence of flourishing, they are intimately involved in its development and continuity.

During our evolution as a species, processes that promote our survival have developed. The need to quickly and efficiently deal with threats to our life has moulded and refined our stress response. The survival advantage of social connections has driven an expansive reward system. Positive emotions are important in both systems. They are associated with the efficient return to baseline and buffering of adverse effects of

the stress response (B. Fredrickson, 2001). Further, such emotions drive, expand and harness the advantages of the reward system.

Barbara Fredrickson, a research psychologist, has been investigating positive emotions and their impact on us for over two decades. She developed the 'broaden-and-build' theory of positive emotions suggesting they serve a role in opening our thought-action repertoires, broadening our attention and our thinking to encourage growth and connection. In addition to this broadening effect of

positive emotions, or rather, a consequence of it, we are able to build physical, social, psychological and intellectual resources to use in the future (B. L. Fredrickson, 1998, 2004; B. L. Fredrickson & Joiner, 2002). Positive emotions fuel an upward spiral of thriving.

Fun, humour, banter, joking, playing games – whatever form it shows up as, fun seems to have a way of breaking through barriers, engendering trust, offering comfort and distraction, connecting people and teams, easing stress and rejuvenating energy.

The nurses had stories of turning mundane jobs into games that made their day on busy shifts, their eyes lighting up and the joy and laughter being relived in the telling of each story. There were stories of sharing a joke among colleagues or even using humour in the resuscitation room with patients to help relax the room and put people at ease. Fun is a central aspect of our thriving.





ED is a bouquet of flowers.
• each flower is individual and beautiful
• together they are special but require work.
• eg some flowers need support and others need something small like water.
• despite different backgrounds they come together as a group and become better.

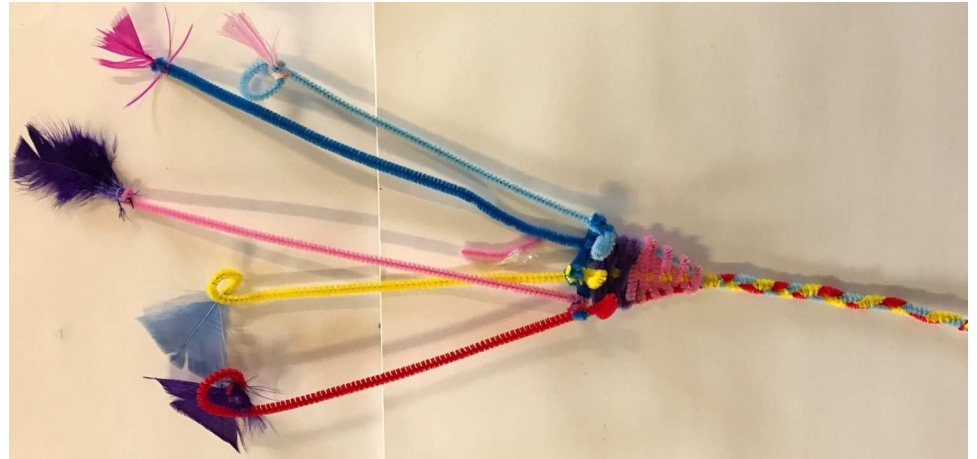
Knowledge and Wisdom

There is something deeply satisfying about the process of learning, of gaining knowledge and experience. Particularly when one is then able to use that knowledge and experience in the service of others. There is a similar satisfaction in sharing that knowledge with others.

Our stories of thriving incorporate knowledge and wisdom in many of its forms.

Stories were shared of the excitement of learning a new skill, of being supported to manage a new clinical situation and of a general thirst for knowledge. Equally there were stories of sharing knowledge, teaching and the thrill of assisting others to grow.

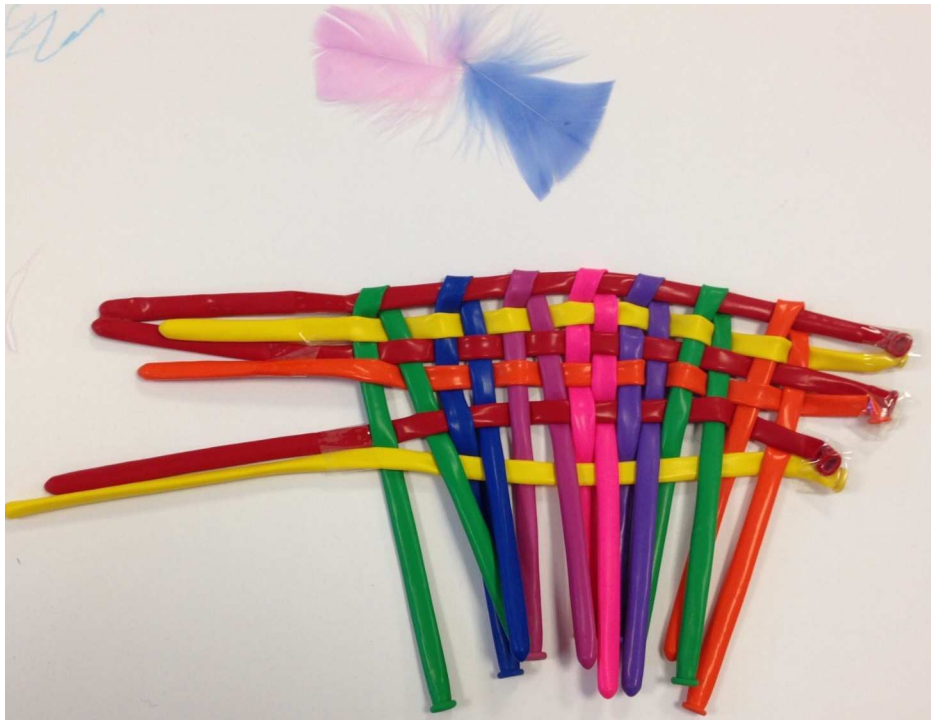
Aristotle had a concept called phronesis, or practical knowledge. Phronesis is an ability to bring skill, expertise, experience, and knowledge together in a unique combination in each new moment to do just the right thing. Some of the most profound stories of thriving involved phronesis.



“The process of education is intimately related to the process of healing. The root word of education -- educare -- means to lead forth a hidden wholeness in another person. A genuine education fosters self-knowledge, self-trust, creativity and the full expression of one's unique identity. It gives people the courage to be more.”

Rachel Naomi Remen

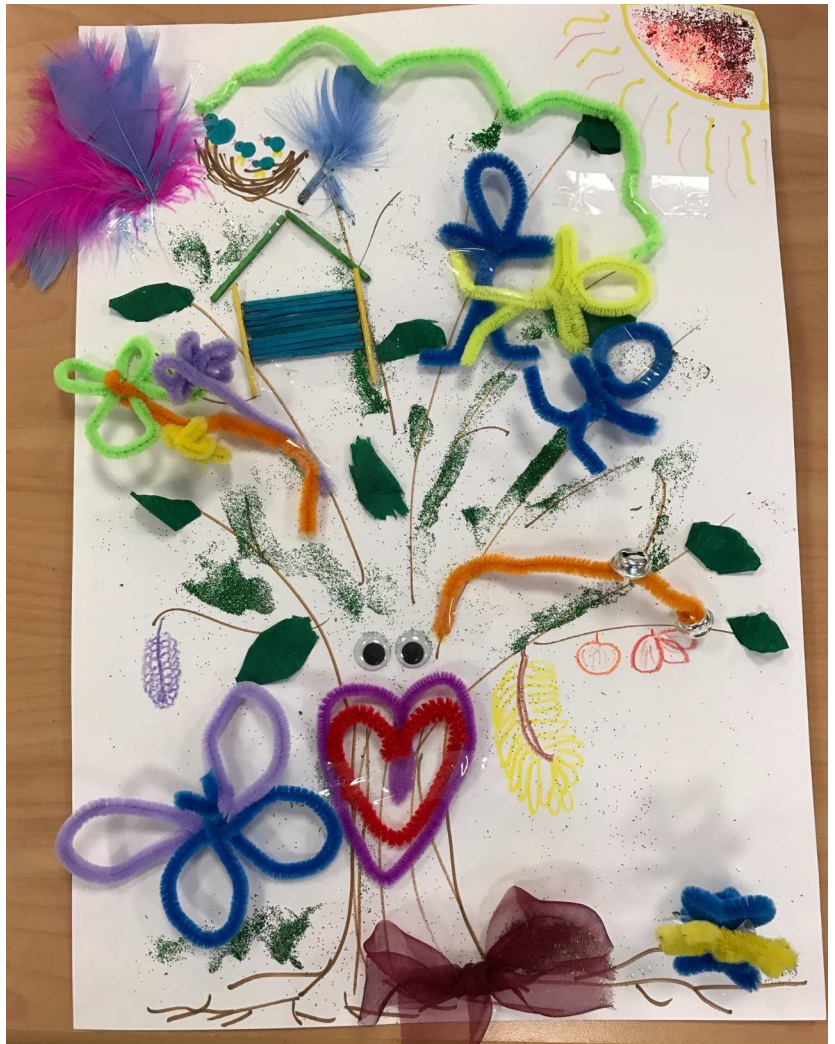
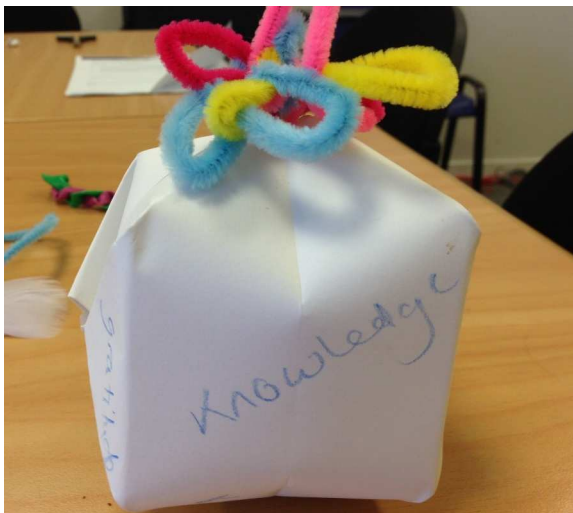
These stories spoke of the coming together of skill, experience, knowledge and strengths emerging as something more, something greater than the sum of each component.



Together being able to make a difference in the lives of our patients and their families.

Our knowledge and skills can have subtle advantages to our health and wellbeing of which we may not be aware. Recently there has been some research to suggest that our bodies have an alternative response to 'fight or flight' in the face of threat, that of 'tend and befriend.' This is a response that is made possible by having the ability and knowledge to help another person (Buchanan & Preston, 2014). From an evolutionary perspective, it is thought to be a maternal type response, to save dependents in times of threat. Interestingly, this type of response creates beneficial physiological changes in our body. The fight or flight response narrows our concentration and readies our body for quick action driven by the sympathetic nervous system. The tend and befriend response, in contrast, seems to enable a broader view, a more creative and co-operative mode encouraging pro-social and altruistic behaviour.

Our practical wisdom can have benefits for our own thriving in more ways than we imagined.





Achievement

We like fixing things in the Emergency Department.

We delight in finding a problem, using our skills and getting a good outcome.

The satisfaction of putting a joint back into place, of reducing an angulated fracture to near anatomic position, of getting an IV line in a patient who tells you no one can ever find a vein, sometimes the more challenging, the more satisfying! Passing an exam, nailing a new procedure, calming an agitated patient, the opportunities for us to achieve are endless. Undoubtedly there is joy in putting our skills to good use for others, however there is also an inherent buzz in the achievement itself.

Achievement and mastery of our environment are central concepts in wellbeing research. Martin Seligman, a psychologist who is responsible for the inception of positive psychology, developed a wellbeing theory founded on five elements: positive emotion, engagement, meaning, positive relationships and achievement (Seligman, 2011). The self-determination theory of

motivation was developed as far back as 1970's and stated three needs for psychological wellbeing: competence, autonomy and relatedness. Developing this work further, Ryff and Singer described six facets of psychological wellbeing including personal growth, environmental mastery, positive relationships, life purpose, self-acceptance and autonomy (Ryan, Huta, & Deci, 2008).

Achievement is clearly central to wellbeing.

Under this umbrella of achievement emerged the feeling of being a hero, that feeling of swooping in and saving the day or saving a life. This particular feeling of achievement is intoxicating, certainly a feeling that promotes wellbeing, with a caveat. There is a risk here of losing touch with our shared humanity. We need to be careful to harness pride in our achievements with just the right amount of bliss while still holding onto our humility and connection with others.

Stories of achievement either as an individual, a team or as the whole department came through strongly in the discovery phase.

“In the middle of difficulty lies opportunity.”

Albert Einstein

The buzz of doing a good job is further amplified when it is acknowledged by others, be it the patient or a colleague.

Achievement and excellence are closely entwined. Being able to give excellent care and coming together as a cohesive team to care for our patients fosters our satisfaction and thriving. There was a lovely story told of noticing a cleaner taking real pride and care with her job, expressing a perspective of being an integral and important part of the Emergency Department team, making sure the space was clean and safe for patients. The story was inspiring and humbling.

It is not only in the heroic or the obvious achievements that meaning and thriving are found, but also in taking care of small things, and realising their importance in the big picture.

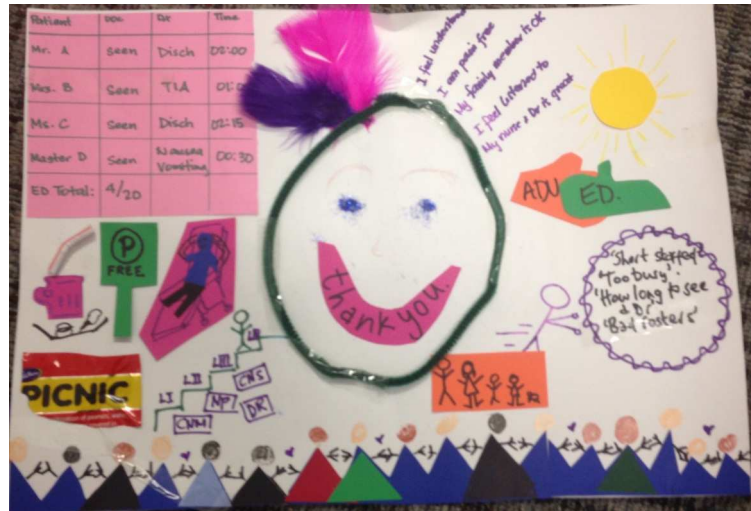


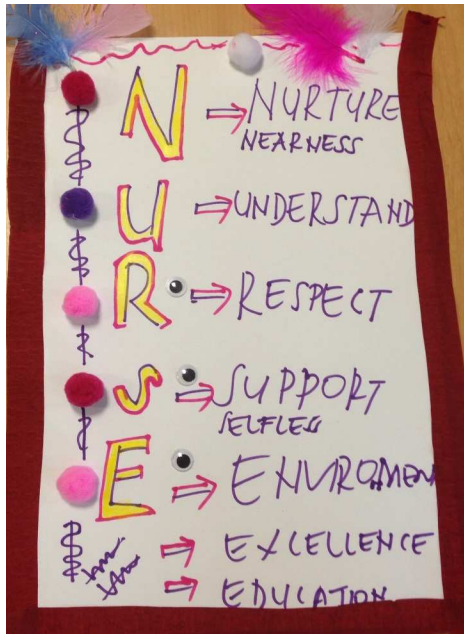
Shared humanity

The recognition and experience of shared humanity and its impact on our thriving is something that pervades many of the other notions, an overarching theme. The stories acknowledging our common humanness give voice to the sense of connection and belonging that drives our thriving. We are a social species, our bodies have evolved to encourage community and belonging as these facets add a significant survival advantage. Many of the things that are associated with our thriving involve others in some way, drawing us back to one another, back to our shared humanity. A powerful expression of this was seen in recognising and meeting basic needs.

The gratitude, connection and innate satisfaction formed in getting a patient a cup of tea or an extra blanket, or ensuring they have access to a urinary bottle was significant.

Similarly, when we look after one another as colleagues and friends. There was a cool story of someone on a very busy shift buying pizza for their colleagues and the





impact this had on morale and cohesion that evening. There were many stories of working nights and sharing lollies or food to get you through the long, busy shift.

There were stories of acts of kindness that still brought tears to those involved and others as they listened. These stories of compassion revealed its role in building connection, trust and mutual respect. They were stories of 'seeing' another person and of being 'seen' for oneself. Linking kindness and compassion with

thriving is not a new concept. Darwin noted both to be essential for survival, involved in the formation and strengthening of the social bonds that connect us not only to one another, but also to our world (E. Seppala, Rossomando, & Doty, 2013). Research looking at compassion and its role in health care is growing at an exponential rate linking compassion and kindness to our thriving and that of our patients (Boyatzis, Smith, & Beveridge, 2013; R. M. Epstein, 1999; Fernando & Considine, 2014; E. Seppala et al., 2013; E. M. Seppala, Hutcherson, Nguyen, Doty, & Gross, 2014; Worline & Dutton, 2017).

The stories acknowledging our shared humanity demonstrate the power in being genuinely seen and heard

(Jung, 2015).

The notion of mattering is a culmination of several different concepts that weave through positive psychology, philosophy and spirituality. Importantly they give us a sense that we belong in some small or large way to this world, to the important people in our lives, to the people around us. They show us that we are worthy of love and connection. Small, simple, humble acts that acknowledge our shared

humanity and our interdependence. Such acts can help make our connection to one another visible and tangible. These small acts say, 'I see you, you matter to me.'

These moments of shared humanity weave together to form our social fabric binding us together, giving us a feeling of belonging, of value.



Connection

Connection is another of the overarching notions, one that is woven through many of the others, a foundation of our thriving. We are social beings, our brains, our bodies, our beings have evolved to reward connection. Connection boosts our thriving; this truth was loud and strong within our stories. Often it was simple, little things that had an impact.

Little things that say, 'I'm here, I've got your back' seem to make such a difference to our days at work.

There were stories about having friends at work and what a difference this makes to our shift. That working with people with whom we are connected, people we trust, people we know have our back, work seems to progress more smoothly and efficiently. There were also stories of bearing witness to connection. Watching an elderly patient's face light up when her family arrives, seeing the connection of patients and their loved ones, observing the strength drawn from this connection to endure and to begin to heal, inspired our own sense of thriving.



“We know from daily life that we exist for other people first of all, for whose smiles and well-being our own happiness depends.”

Albert Einstein

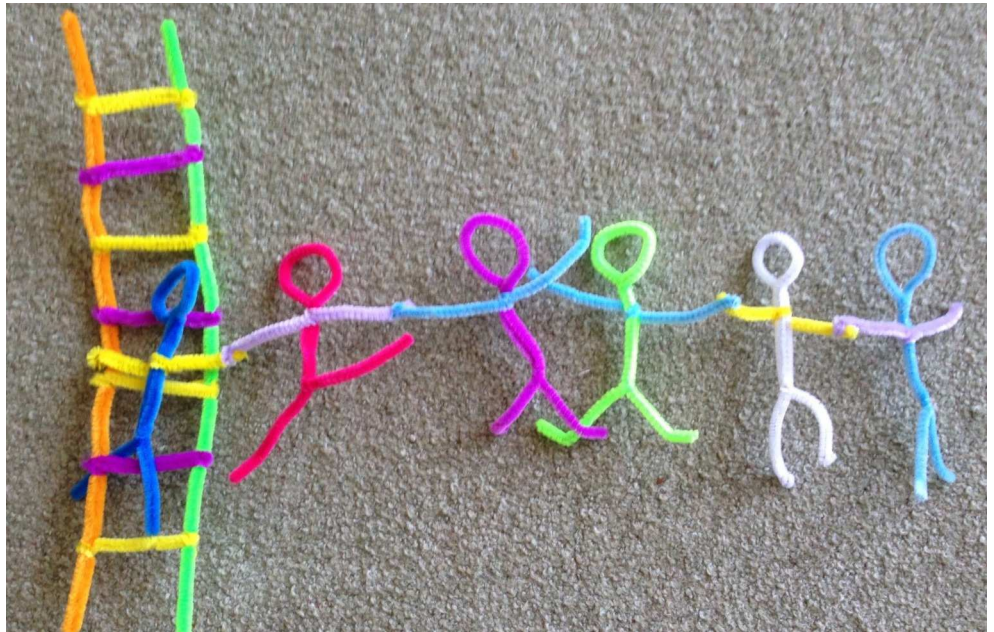
Our connections effect every aspect of our daily lives, spreading good and bad, always subtly influencing our choices, actions, thoughts, feelings and desires (Christakis & Fowler, 2009).

These connections and the bi-directional influence that runs between them are a complex interplay of many considerations including neurobiology, genetics, psychology and evolution.

Our brains have evolved with such exquisite awareness of the behaviours and emotions of those around us that our mirror neurons are activated as if we too were behaving or feeling in that manner (Casile, Caggiano, & Ferrari, 2011; D. Cooperrider & Fry, 2012). We are neurobiologically connected whether we like it or not, influenced reciprocally and unconsciously by one another. This connection is the foundation of the concept of contagion (Bono & Ilies, 2006; Torrente, Salanova, & Llorens, 2013). This is the idea that moods, behaviours, values and happiness, among other things spread throughout our networks (Christakis & Fowler, 2009). For example, being a recipient of, or even simply a witness to, an

“*I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.*”

Brené Brown



act of kindness we are much more likely to 'pay it forward.' I find this outward consequence of the invisible neurobiological connections we have to one another such a hopeful and remarkable design feature of our human race.

Jane Dutton, a positive organisational psychologist believes high quality connections form the key to transforming workplace experiences towards thriving for individuals, teams and organisations (Dutton, 2014). The characteristics of high quality connections are; mutual positive regard, trust and active engagement (Dutton, 2003). These rewarding social connections have also been shown to have positive impacts on health and longevity (Heaphy & Dutton, 2008; Kok et al., 2013).

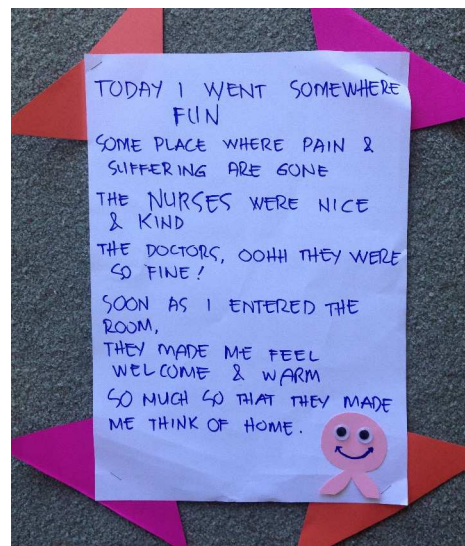
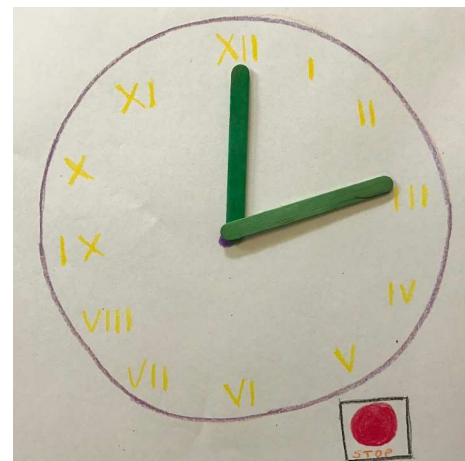
The Harvard Grant Study, a longitudinal study of optimal functioning that has been going for over 75 years, has found that the most important contributor to success and joy in adult life is love (Vaillant, 2015).

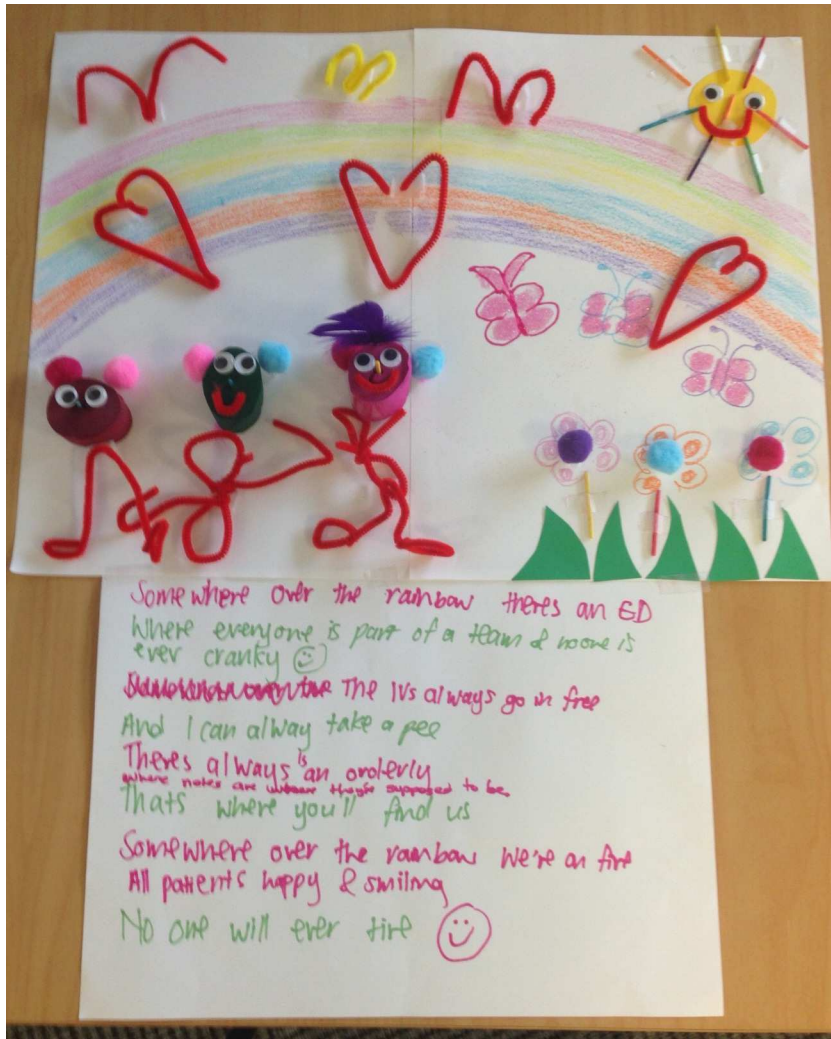
So perhaps it is here, in these small moments of connection that we can begin to influence the culture of an organization. It is here that we can be

cognizant of the words we use, the stories we tell and the feelings we are broadcasting and evoking.

Becoming aware, even when it is not obvious, that our survival and ability to thrive is interdependent upon one another.

We heard in the stories we shared that the feeling of someone having your back, being a part of a cohesive team can change busy, chaotic days in the ED from overwhelming to challenging and sometimes even fun! The workload does not change, the change is within ourselves and between one another. Feelings of support, of being valued, of being respected and appreciated promote pro-social thoughts and actions which then reinforce the connections. Work flow improves, cooperation improves, communication improves. We know from Barbara Fredrickson's work, these positive emotions and behaviours not only feel good in the moment, but importantly in the Emergency Department, they build resources for the future (B. L. Fredrickson, 2004). They build resilience to help us through the often-difficult clinical situations we face. Trust, connection and friendships take time to develop; they need nurturing and valuing.





He aha te mea nui o
 tea o?
 He tangata!
 He tangata!
 He tangata!

What is the most
 important thing in the
 world?

It is people!
 It is people!
 It is people!

Māori Whakataukī





Making a difference

The importance of having a sense that we matter, that what we do makes a difference came through strongly in our stories of thriving. Making a difference seemed to include the full spectrum of activities from a smile to efforts of heroic proportion. The impacts range from a little boost to someone's day to saving a life.

Within this notion of making a difference lies the concept of a meaningful life, an existential desire to know that we matter, that our lives have purpose, that somehow, we have an impact on our world.

Aristotle believed this eudemonia or the 'good life', to be our purpose, the ultimate aim of human life (Schwartz & Sharpe, 2006). Modern wellbeing research has also found meaning and purpose to be central to thriving (Deci & Ryan, 2008; Demir, Özen, & Doğan, 2012; Forgeard, Jayawickreme, Kern, & Seligman, 2011; Jung, 2015; Seligman, 2011). Positive



organisational psychologists have found it to be central to organisational thriving (Dutton, Roberts, & Bednar, 2010; Lewis, 2011; Worline & Dutton, 2017).

Stories of using our strengths, both as individuals and as a team, in the service of others were frequent and powerful. This combination seemed to provide a particularly strong boost to our thriving.

Our stories also spoke of an understanding of our interconnectedness, that together we can often become something more.

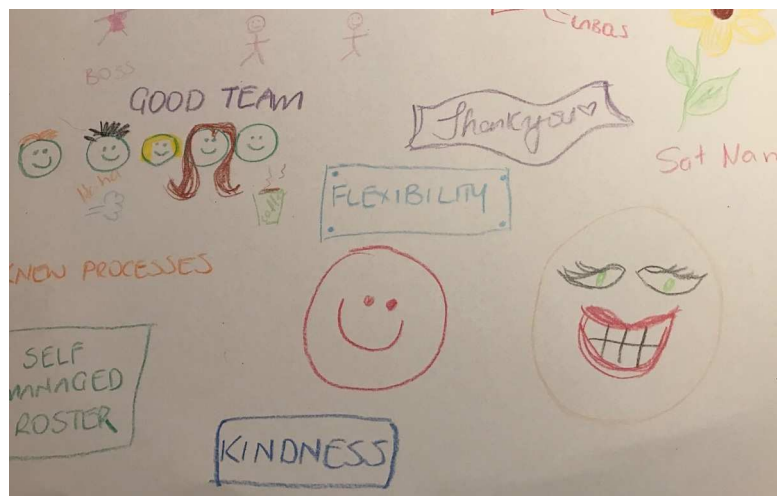
We are like a multifaceted puzzle looking simple and beautiful in its entirety, each piece important in supporting and creating the whole, influencing and being influenced. And the complexity within, a whole that can be unraveled, individual pieces having a beauty, a structure, a grain on their own and yet a sense of nakedness in isolation. So many possible combinations, connections, interactions, perspectives. Each piece, each facet looks different as the puzzle is turned, recreated, reconstructed. How important each piece is, not a competition of stepping over one another but a coming together in communion to become more than the sum of each individual piece.



How important that sense of belonging is to each one of us. How important that sense of being valued, of coming to realise within this interconnected whole we can find our meaning and our purpose.

How dynamic the whole is in forming and reforming, evolving and continually finding our space and place, moulding and being moulded by so many influences. This puzzle, this interconnectedness seems to encompass, to hold many of the other gifts.

Within this interconnectedness there is room for appreciation, achievement, being valued, caring for one another, compassion, helping others and having that sense of belonging to something larger all held together by connection.

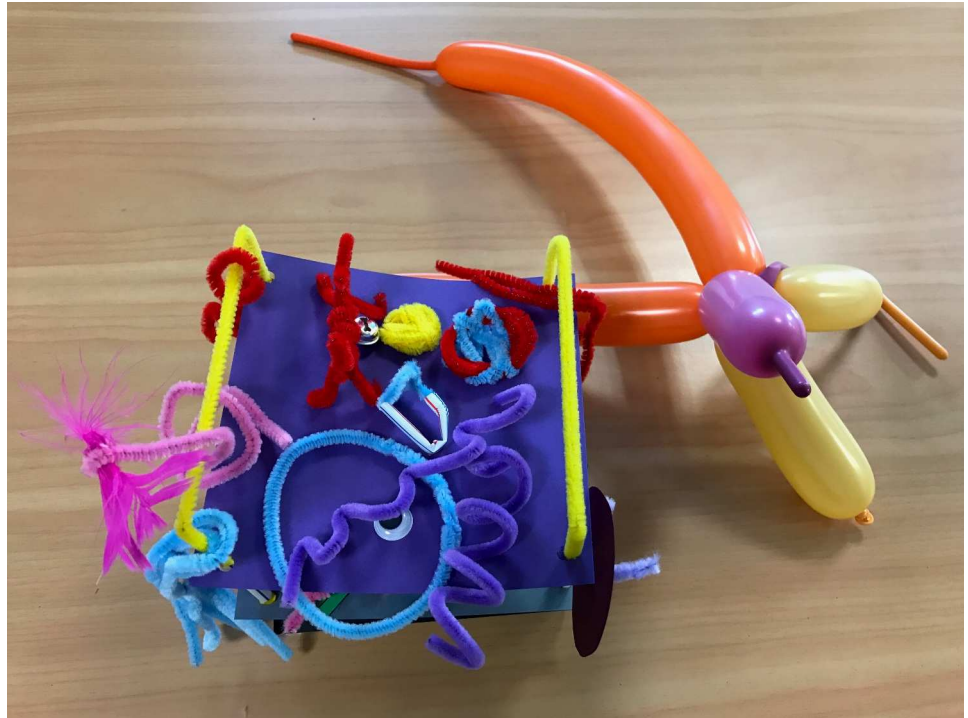






At the very heart of life in our Emergency Department are notions of having a sense of purpose, a deeply held belief that we each have a reason for being, gifts to share, an ability to influence and shape our world and a sense of belonging to something larger than ourselves.

These notions are created and fostered in our connections with one another and with our patients. Herein lies the gold that is ours to fuel our thriving and that of our colleagues, our department, our organisation, our community and our patients.



“A kind gesture can reach a wound that only compassion can heal.”

Steve Maraboli

Design and Destiny

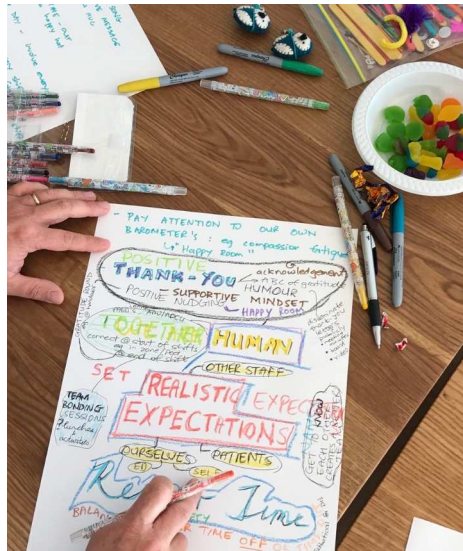
The next two phases of appreciative inquiry, design and destiny, are

an opportunity to take the discoveries and dreams above and turn them into actionable tasks and tangible values.

We then seek to live these values and allow them to influence our direction as a department. The final phase is developing plans for taking these designs into the future in a sustainable way.

Three half-day workshops were dedicated to these phases. Two of the workshops were large groups of 20-30 people, mostly doctors with a smaller representation of nurses. The third workshop was a smaller group, all of them nurses. They all followed a similar structure beginning with a review of the discoveries and dreams that emerged in the earlier phases of the project. This was followed by participation towards creating our future. One table was set up to work through practical designs of ideas to foster our thriving. A second table worked through 'pillars of wellbeing', developing tangible values that are important to our thriving with consideration of how to account for them. The third table tackled the issues of sustainability. Workshop participants cycled through the

tables to enable input on each task. Representatives from each table then presented their ideas to the group. These presentations were recorded and transcribed. The data from the three workshops were combined with data from the first two phases to develop recommendations.



Designing activities

The activities listed here were developed by participants in the Design and Destiny workshops in addition to some suggestions during the first phase discovery and dream workshops.

The task was focused on coming up with practical activities that could be implemented in the department for fostering our thriving.

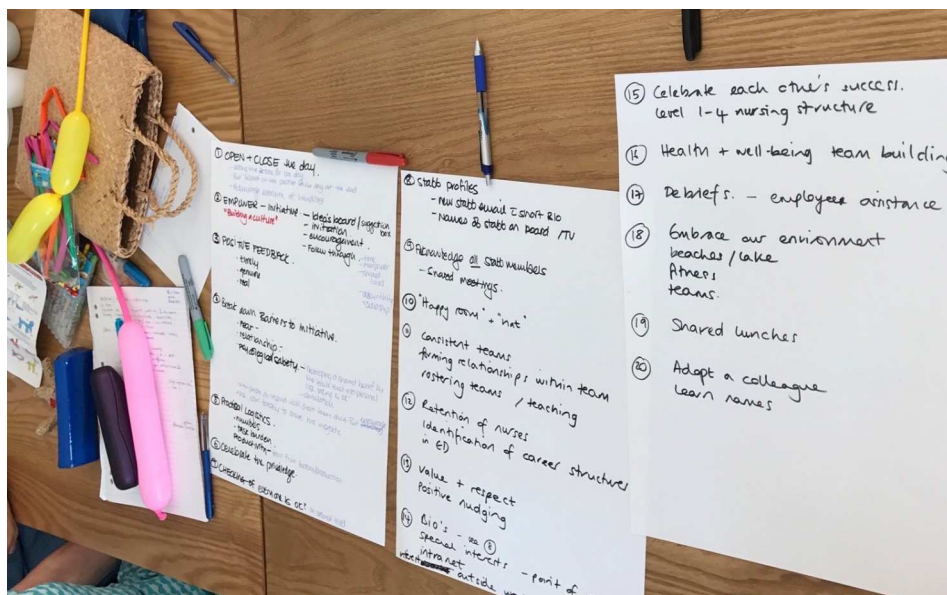
The groups were given a word map of the words and phrases that came through in the discovery phase of this project and they had photos of the dreams created up around the room to help inspire them. Collating these activities brought together the following list;

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

Aristotle

- ★ **Handover**
 - Positive valance
 - Story / case that went well
 - Inclusive of nurses / ancillary staff / new staff
 - Encouraging of one another
 - Games / incorporate fun
- ★ **Anti M&M** – opportunity to share cases or situations that went well, to unpack these and learn from them. Incorporating a shared lunch if possible.
- ★ **Create a happy / time out space**
- ★ **Activities geared to environmental sustainability** – making recycling available in the clinical areas to start
- ★ **Wellbeing days**
 - workshops
 - fun / spa days
- ★ **Photo board** – intro for new staff
- ★ **Celebrate successes** – consider free parking in recognition of success
- ★ **Employee of the week**
- ★ **Recognition of milestones**
- ★ **Departmental dog** – visiting dog
- ★ **Team 'carer'** – designated role to look after staff
- ★ **Healthy food** options for after hours - regular fruit box delivery
- ★ **Newspaper in staff room**
- ★ **Community project / charity** we could get involved with as a department

Activities implemented can be reviewed over time, changed or encouraged depending on their acceptance and integration into our days. This is by no means an exhaustive list. It is hoped generating ideas for activities will be an evolving aspect of our thriving as a department.



“*If I cannot do great things, I can do small things in a great way.*”

Martin Luther King Jr.

Designing 'Pillars of Wellbeing'

Ultimately the aim around 'Pillars of Wellbeing' is for the development of a framework or checklist that gives voice and value to the aspects of our job that promote our thriving. Such aspects that have come though during this project are not easily measured with traditional statistics. We may not even consciously be aware of such notions until we focus on them purposefully. Sometimes we only notice them when they are gone. Robert Kennedy spoke of a similar idea when considering the limitations of GNP in measuring a country's progress (Kennedy, 1968):

...Yet the gross national product does not allow for the health of our children, the quality of their education, or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages; the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage; neither our wisdom nor our learning; neither our compassion nor our devotion to our country; it measures everything, in short, except that which makes life worthwhile...

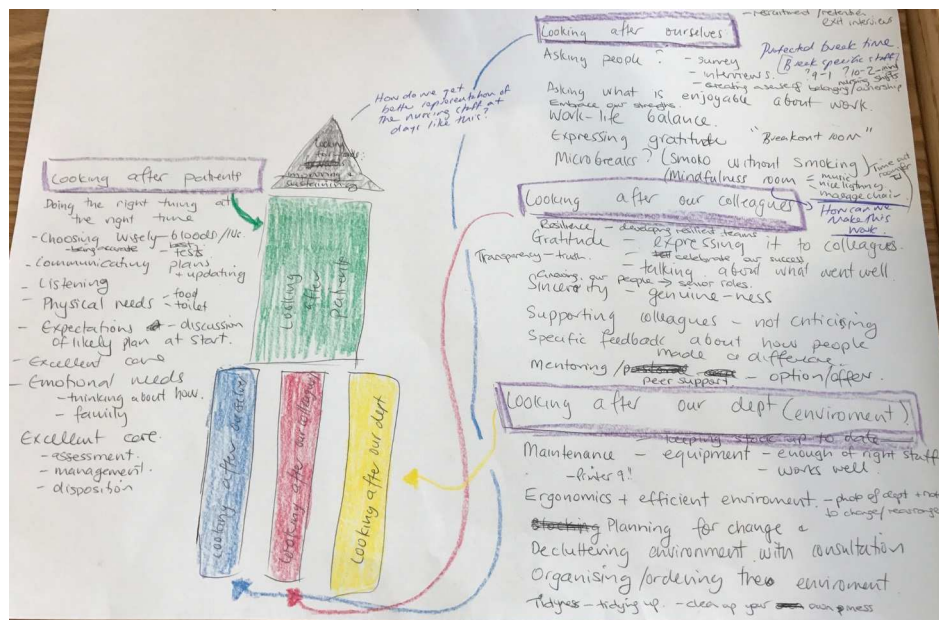
The participants in the design and destiny workshops came up with the concept of a wellbeing rocket. This rocket was based on a foundation of three thrusters to our wellbeing – each thruster was represented by a primary colour;

- * Department
- * Colleagues
- * Self



Sitting on top of these thrusters was the main body of the rocket which represents our patients and on top of that a conical structure, the rocket nose, that directs us into the future, representing sustainability.

Drawing on data from the discovery and dream phases in addition to the suggestions made during the design and destiny workshops, the GCS framework was created. In our everyday work, the GCS or Glasgow Coma Scale is used to assess levels of consciousness. This familiar tool has been adapted to provide a ready structure for considering 'thriving'. The thruster categories that we developed as pillars of our thriving seemed to fit nicely into the letters GCS:



G – representing Global (Department and Beyond)
C – representing Community (Colleagues)
S – representing Self

A framework was then developed incorporating four statements or questions focused around Eyes – what one might see, five around Voice – what one might hear or say and six around Motor – what one might do or feel.

This tool provides a framework to consider the things that help us thrive, the aspects of our job that 'makes it all worthwhile'. It can be used as a checklist in considering the state of our department, our progress and the impact of changes. It brings attention to

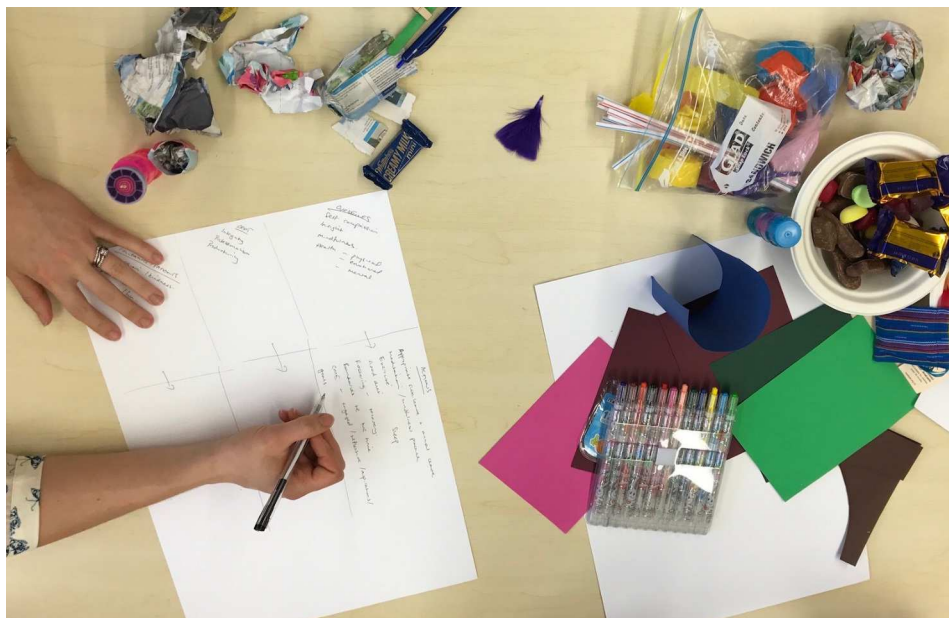
Global Community Self	...the continuum of consciousness into thriving
Eyes (what you see)	<ul style="list-style-type: none"> ★ A work environment that is set up to facilitate excellent work ★ Cohesive, respectful, co-operative inter-professional and intra-hospital care. ★ Harnessing the bliss - celebrating success, sharing what's going well, learning from what's not gone well, having fun ★ Individuals, teams, the organisation making a difference
Voice (what you say or hear)	<ul style="list-style-type: none"> ★ Curious, grateful and appreciative language ★ Timely, positive, constructive feedback ★ Active listening with an openness to other perspectives ★ Pride - speaking well of colleagues, teams, department and organisation ★ Lines of communication where my voice is heard - ideas, suggestions, concerns
Motor (what you do or feel)	<ul style="list-style-type: none"> ★ Have appropriate resources available to do excellent work ★ Time / opportunities to build relationships / connections / trust ★ Feel valued, supported; someone's 'got my back' ★ Fully engaged in my work and departmental projects ★ Have opportunities to grow - use my skills, learn / teach, be challenged ★ Have opportunities for time out - breaks, leave, moments to recharge

the questions: will changes being considered for the department make these aspects of thriving more or less likely? Will they foster thriving? How can we tweak them so they take these factors into account? The GCS could also be used as a starting point for appreciative inquiry interviews with staff to find out how well we, as a department, are doing with respect to fostering thriving.

A shorter version of the GCS, similar to AVPU used in assessing level of consciousness, the HCVU could be used in meetings in the department. It will encourage a consideration of our thriving in every aspect of our work. In this way thriving can become an integrated part of everyday life in our Emergency Departments.

HCVU

- * **Harnessing the bliss** - celebrating success, sharing what's going well, learning from what's not gone well, having fun
- * **Curious, grateful and appreciative language**
- * **Feel valued, supported; someone's 'got my back'**
- * **Using skills / strengths to make a difference**

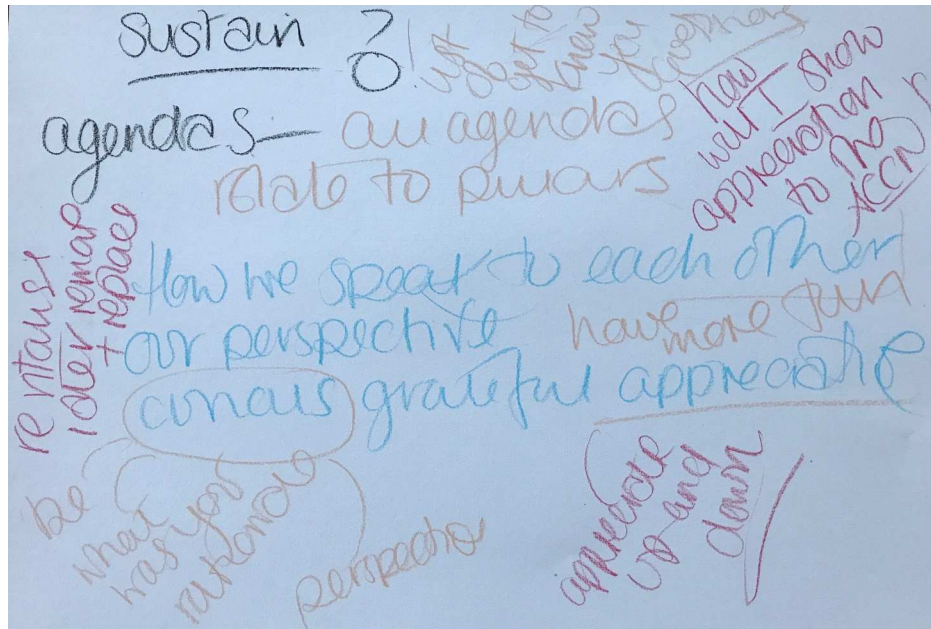


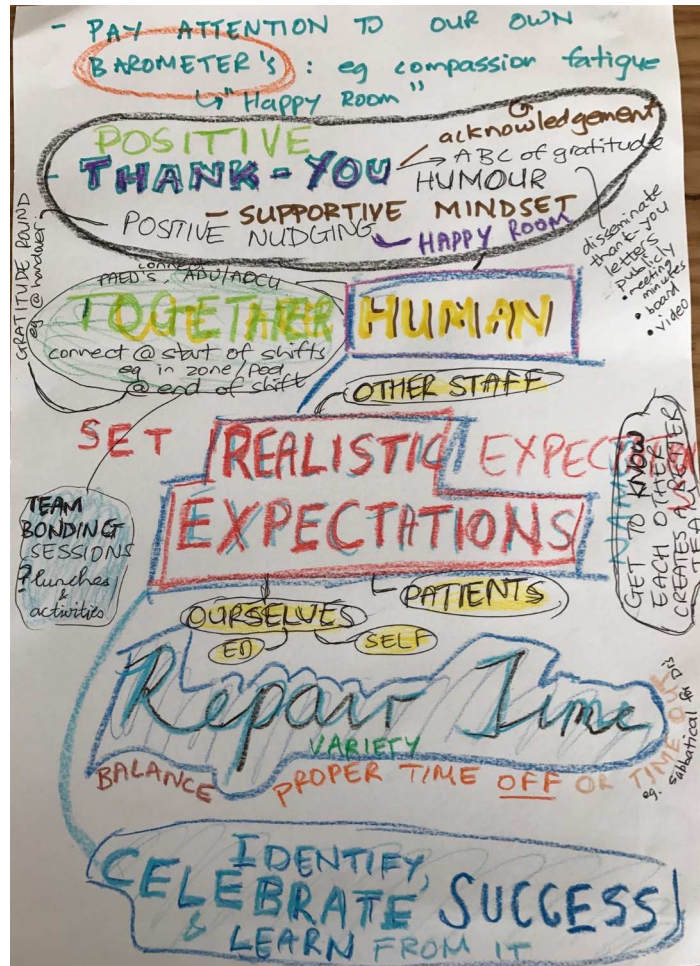
Destiny – Sustainability

The tables at the workshop that worked on sustainability mostly came up with activities we could do to foster wellbeing. There were some suggestions about taking it forward, and certainly a mention of need for consideration of environmental sustainability. The Rocket of Wellbeing designed in the 'Pillars of Wellbeing' table also contributed to ideas of sustainability, the rocket's conical tip representing moving forward.

“The secret of change is to focus all your energy not on fighting the old but on building the new.”

Socrates





*E hara taku toa
 I te toa takitahi,
 He toa takitini*

*My strength is not
 As an individual,
 But as a collective*

(Alsop & Kupenga, 2016)

Recommendations for Sustainability

- * Form an inter-professional wellbeing group or committee to take these ideas forward, ensuring implementation, review and development of new ideas for activities to promote wellbeing
- * Consider having wellbeing or an aspect of it on every meeting agenda throughout the department. For example: how will this impact our wellbeing? Having a story of something that went well or a celebration of a success.
- * Be mindful of language – aiming for curious, grateful and appreciative language.
- * Review the Rocket of Wellbeing six monthly by interviewing a sample of staff.
- * Consider fund-raising streams to fund some of the activities
- * Review and move forward on environmental sustainability of the department

The Wrap Up...

Our core business in the Emergency Department is looking after the health and wellbeing of our patients twenty-four hours a day, 365 days a year. We do this as a team, each member connected to, reliant on and influenced by the others from the ward clerks who register the patients, the nurses, doctors, physios, social workers, orderlies, security and support staff, to the cleaners who clean up after all of us. It is a demanding, often relentless place of need, illness and sorrow. It is a place where one can easily get lost in the busyness, the impersonal and the numbers.

Our Emergency Department is also a place of compassion, kindness, healing, excellence and connection.

It is a place filled with many of the aspects of life that have been found to be associated with a good life, with thriving. Our stories have highlighted these aspects in our own context, our dreams have

creatively drawn us towards a way of being and inspired the designs for our future. Together they have given voice to the often intangible notions that foster our thriving, a voice we can now hear, value and consider in all that we do moving forward.

The collecting of stories, sharing in the joy of colleagues coming together in the workshops, being a part of the fun and creativity that emerged has been a pleasure and a privilege.

We are all remarkable people turning up each shift to do our best. Together we make a difference for one another and for our patients every day.

Spending the past three years celebrating what gives life to our department has been personally illuminating, generative and transformational. An impact from this work is visible throughout the department already. The first Amazing and Awesome (A&A) case was recently discussed during teaching with plans to continue regularly with a review of cases that go well. There are often references to some aspect of thriving at handovers and perspectives



slightly changed to see the challenges in our days rather than potential misery. There is a real effort to be inclusive and introduce teams during handover. Colleagues continue to share stories with me of thriving in our department and their gratitude for the workshops they attended.

There is a growing body of scientific knowledge and evidence that thriving has positive associations in almost every aspect of our lives from the expression of our genes to the health of our communities and environment.

We all reciprocally influence our own and one another's wellbeing (Ahuvia et al., 2015). We so often do this unconsciously and yet with understanding, research and self-awareness, potentially we can co-create environments that enable us to be more conscious of our impact and to foster thriving for ourselves and for others.

*“Wherever the art of medicine is loved,
there is also a love of Humanity.”*

Hippocrates



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Dr. Johanne Egan is an Emergency Medicine Senior Medical Officer at Waitemata District Health Board. This project started as a curiosity about our wellbeing, a dream to recognise all the wonderful people who work in our Emergency Departments and the amazing work they all do. It has become a project of utilising that curiosity and recognition to fuel wellbeing. This work has been carried out in partial fulfillment of a doctoral thesis through the Auckland University of Technology. The work has been done with approval of both the AUT ethics committee and Awhina at Waitemata District Health Board.



Thank you to all of you who turn up and make a difference every day. Please never forget that what you do matters, the gifts you personally bring, the work we do together as a team and the support we provide for one another.

“*You cannot get through a single day without having an impact on the world around you. What you do makes a difference, and you have to decide what kind of difference you want to make.***”**

Jane Goodall

