

Sparking Joy: Enhancing Emotional Agency, Engagement, and Reducing Burnout in the Pediatric ICU

This project expands on earlier efforts by applying evidence-based strategies from the Institute for Healthcare Improvement's Joy in Work (JiW) framework to strengthen psychological safety, enhance connection, and foster a sustainable culture of well-being among Pediatric Intensive Care Unit (PICU) providers (Perlo et al., 2017). The OHSU PICU was selected for this work due to its proactive engagement with past initiatives and its leadership's commitment to improving team dynamics.

This phase of the three-phase project focused on impacts of two quality improvement (QI) interventions, identified in phase 2. They were a weekly gratitude moment at the beginning of team meetings and a survey tool to collect data about the sign-out process. The proposed next steps are to support further emotional agency and engagement among provider staff in the PICU, while supporting overall well-being and alleviating burnout.

Methods

This qualitative study utilized QI project data, interviews, and surveys to explore. A total of 32 sign-out reflection entries were analyzed, with additional context provided by interviews with 14 PICU providers. These interviews also examined the perceived impact of the gratitude moment intervention and explored self-efficacy. Following the interviews, 10 providers completed a Likert-scale survey designed to measure emotional agency, engagement, and burnout. Together, these data sources offered a comprehensive view of factors influencing joy in the PICU.

Key Findings & Recommendations

Data synthesis revealed four central themes that influence joy among PICU providers. First, systemic disillusionment and overwhelm emerged as a barrier, driven by fragmented communication systems and minimal provider input in decision-making processes. A facilitator of joy was team cohesion and connection, which highlighted a strong desire for deeper interpersonal relationships and a sense of shared purpose. Feedback and collegiality, a continued theme from the previous phase, pointed to the need for psychologically safe and structured feedback mechanisms. Lastly, building momentum reflected the importance of visible progress and continuous engagement to reinforce well-being practices.

To address these themes, four targeted interventions are recommended. These include: streamlining communication platforms and standardizing workflows to reduce cognitive burden and improve clarity; fostering team connection through initiatives such as peer support programs, informal gatherings, and protected time for relationship-building; training staff in psychologically safe feedback practices using structured tools like DESC for conflict resolution and I-PASS for clinical handoffs (Agency for Healthcare Research and Quality, 2017); and co-creating solutions with providers, recognizing small wins, and making progress visible to sustain long-term engagement and trust in improvement efforts.

Conclusion

To address these challenges, this project recommends a multi-faceted strategy: streamline communication, foster meaningful connections, normalize psychologically safe feedback, and engage providers in shaping initiatives that impact their work. These evidence-based approaches

aim to strengthen emotional resilience, team cohesion, and restore a sense of agency, ultimately cultivating a more supportive, connected, and sustainable PICU environment where providers can thrive and deliver compassionate, high-quality care.

Team members

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References

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