

Increasing Joy in Work in the OHSU Wound Clinic Through Meaningful Connections

ABSTRACT

Clinician burnout is a growing concern within healthcare systems due to significant implications for patient outcomes, provider well-being, and long-term workforce retention (Bodenheimer & Sinsky, 2014; Sinsky et al., 2020). In wound care settings, these pressures are compounded by complex patient comorbidities, high volumes, emotional attachments formed over prolonged care relationships, and exposure to distressing medical conditions (Gupta et al., 2021; Sen, 2019). Despite the strong interpersonal rapport among clinic personnel, systemic inefficiencies continue to erode job satisfaction and emotional resilience. This capstone project applies frameworks from the Institute for Healthcare Improvement's Whitepaper on Joy in Work (Perlo et al., 2017) to explore the impact of meaningful connection and workplace relationships on reducing clinician burnout in the outpatient wound care environment.

Assessment of Team Dynamics and Systemic Barriers

Through qualitative research, including staff surveys and interviews, Phase 1 findings demonstrate that team cohesion plays a central role in building grit and resilience while mitigating emotional exhaustion. However, workflow inefficiencies such as documentation overload, fragmented communication, and limited autonomy in scheduling emerge as consistent obstacles to engagement (Belfi et al., 2023; Dyrbye, 2023; Lai & Fleuren, 2022). Although individual and team confidence in improving workplace climate was reported as moderately high, individual staff members reported hesitancy to voice concerns due to hierarchy/skill and education level differences, or due to lack of psychological safety from past experiences of feeling unheard (Burke, 2017).

Burnout and Moral Injury

Burnout indicators noted after thematic analysis of interviews and surveys included physical exhaustion, depersonalization, and growing cynicism, often driven by administrative burdens and constrained agency in clinical decision-making. More concerning, moral injury emerged as a recurrent theme, as teammates expressed guilt and distress over being unable to provide ideal care due to structural limitations (Čartolovni et al., 2021). These emotional experiences highlight a pressing need for

increasing supportive interventions that promote emotional recovery and restore a sense of purpose.

Proposed Interventions to Promote Joy

Based on staff input and literature review, three evidence-based interventions are proposed: end-of-day huddles to cultivate psychological safety and team recognition (Khanna et al., 2020); acuity-based scheduling adjustments to redistribute workload equitably (Sen, 2019); and structured social engagement through semi-annual team meetings to foster belonging and decrease hierarchy (Meng et al., 2021). These strategies aim to relieve the emotional and cognitive burden of care delivery while promoting sustainable engagement and teamwork. However, the team will meet as a group for Phase 2 to discuss these suggestions as well as other potential options and will decide as a group which interventions will be initiated prior to engaging in Phase 3. Which will include re-administration of the Phase 1 interviews and surveys to determine if the interventions were effective at reducing burdens and improving joy in work. There will then be potential to re-adjust with new interventions as deemed necessary or helpful.

Conclusion

This project underscores the importance of fostering meaningful connections, not only for increasing joy, but also in combating burnout and ensuring healthcare sustainability. By addressing both relational and operational barriers to joy in work, the proposed interventions align with the Quadruple Aim and can be leveraged to improve patient outcomes, reduce clinician turnover, and enhance care delivery. Future phases will focus on implementation, longitudinal assessment, and continued adaptation of interventions to promote resilient and connected clinical environments for increased joy (Sinsky et al., 2020; Perlo et al., 2017).

Keywords:

Clinician Burnout, Workplace Belonging, Healthcare Innovation, Joy in Work Framework, Wound Care, Moral Injury

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