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Facilitators, barriers and opportunities in workplace wellbeing: A national survey of emergency department staff

Natalie Anderson [a,b,*], Fofoa Pio [c], Peter Jones [a,b], Vanessa Selak [a], Eunicia Tan [a,d], Sierra Beck [e,f], Suzanne Hamilton [g,h], Alice Rogan [g,e], Kim Yates [i,a], Mark Sagarin [j], Adam McLeay [k], Alistair MacLean [l], Eugene Fayerberg [m], Luke Hayward [n], Arthur Chiang [o,e], Alastair Cadzow [o], Natalie Cadzow [o], Suzanne Moran [p], Mike Nicholls [a,b]

[a] Faculty of Medical & Health Sciences, University of Auckland, New Zealand
[b] Emergency Department, Auckland City Hospital, Auckland District Health Board, New Zealand
[c] Malatest International, Auckland, New Zealand
[d] Emergency Department, Middlemore Hospital, Counties Manukau Health, New Zealand
[e] Division of Health Sciences, University of Otago, New Zealand
[f] Emergency Department, Dunedin Hospital, Southern District Health Board, New Zealand
[g] Emergency Department, Christchurch Hospital, Canterbury District Health Board, New Zealand
[h] Emergency Department, Wellington Hospital, Capital & Coast District Health Board, New Zealand
[i] Emergency Departments, North Shore & Waitakere Hospitals, Waitematā District Health Board, New Zealand
[j] Emergency Department, Taranaki Base Hospital, Taranaki District Health Board, New Zealand
[k] Emergency Department, Southland Hospital, Southern District Health Board, New Zealand
[l] Emergency Department, Tauranga Hospital, Bay of Plenty District Health Board, New Zealand
[m] Emergency Department Whangarei Hospital, Northland District Health Board, New Zealand
[n] Emergency Department, Hutt Hospital. Hutt Valley District Health Board, New Zealand
[o] Emergency Department, Timaru Hospital, South Canterbury District Health Board, New Zealand
[p] Emergency Department, Rotorua Hospital, Lakes District Health Board, New Zealand

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ABSTRACT

Introduction: Emergency department (ED) staff face daily exposure to the illness, injury, intoxication, violence and distress of others. Rates of clinician burnout are high and associated with poor patient outcomes. This study sought to measure the prevalence of burnout in ED personnel as well as determine the important facilitators of and barriers to workplace wellbeing.

Method: An anonymous online survey including six open-ended questions on workplace wellbeing was completed by 1372 volunteer participants employed as nurses, doctors, allied health or nonclinical roles at 22 EDs in Aotearoa, New Zealand in 2020.

Responses to the questions were analysed using a general inductive approach.

Results: The three key themes that characterise what matters most to participants' workplace wellbeing are: (1) Supportive team culture (2) Delivering excellent patient-centred care and (3) Professional development opportunities. Opportunities to improve wellbeing also focused on enhancements in these three areas.

Conclusion: In order to optimise workplace wellbeing, emergency departments staff value adequate resourcing for high-quality patient care, supportive and cohesive teams and professional development opportunities. Initiatives in these areas may facilitate staff wellbeing as well as improving safety and quality of patient care.

1. Introduction

A considerable body of literature has identified high rates of burnout amongst healthcare providers in general [1] and Emergency Department (ED) staff [2,3]. Poor workplace wellbeing is associated with numerous adverse health outcomes for affected staff [4], as well as reduced patient

* Corresponding author at: University of Auckland, School of Nursing, Private Bag 92019, Victoria Street West, Auckland 1142, New Zealand.
E-mail address: na.anderson@auckland.ac.nz (N. Anderson).

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safety [5] and quality of care [6,7]. It is more important than ever to support ED staff as they face escalating daily pressures associated with high workloads, complex patient presentations and mass-casualty events [8].

Historically, research into clinician workplace wellbeing has been somewhat problem-focused, with emphasis on exclusively quantifying burnout, compassion fatigue and associated adverse effects. A solution-focused approach is needed, and there is a call for greater understanding of workplace wellbeing and the promotion of resilience [9], to identify and optimise both individual and organisational solutions which increase joy and professional fulfilment, and enable staff to thrive at work [10]. Work in emergency care settings requires interdisciplinary and collaborative approaches, so it is valuable to look beyond emergency doctors and nurses to consider the workplace wellbeing of all ED team members.

Workplace wellbeing is a poorly defined construct [11] lacking in reliable and validated survey instruments. Just as the World Health Organisation (WHO) defines wellbeing as more than the absence of disease [5], workplace wellbeing is more than the absence of burnout. In healthcare, it is associated with efficiency of practice, a culture of wellness and personal resilience [12]. A healthy workplace has been characterised by the WHO as "one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace" [13]. In order to help make EDs healthier workplaces, we need to understand existing barriers to and facilitators of workplace wellbeing. This paper reports findings from a national survey of nursing, medical, allied health and nonclinical ED staff working across 22 EDs in Aotearoa, New Zealand (NZ). This paper sought to determine the most important self-reported facilitators of and barriers to workplace wellbeing among ED staff.

2. Method

2.1. Design, setting and recruitment

Data were collected in an anonymous online survey investigating workplace wellbeing in EDs across NZ from 9 March 2020 to 3 April 2020. All EDs in NZ, defined as dedicated hospital-based facilities providing 24 h care within NZ's public-funded universal healthcare system [14,15], were invited to participate through email and phone contact with departmental research leads. Staff from all disciplines (including nurses, doctors, cleaners, orderlies, clerical staff and others) who worked at least one shift per fortnight at one or more of the participating EDs during the survey period were invited to complete the survey. Local site champions were encouraged to use a tailored approach to recruitment, including posters, brief presentations at handover times, and promotion through social media and emails.

2.2. Survey instrument

The survey included a combination of closed and open-ended questions on wellbeing, as well as questions regarding demography and role. Participants also completed the Copenhagen Burnout Inventory [16]. Findings from the survey's quantitative data are reported elsewhere. In order to determine the facilitators of and barriers to workplace wellbeing identified by ED staff, the focus of this paper is the qualitative data gathered in response to the six questions in Table 3. The development of these six questions was informed by The Framework for Improving Joy in Work by Perlo et al. [17] and Bohman [12] and piloted in a single-site study conducted in 2018 [18].

2.3. Data analysis

Data analysis was undertaken from a pragmatic epistemological position [19,20] using a general inductive approach [21]. FP used Microsoft Excel™ to organise and code data, identifying dominant, consistent and inconsistent themes within and across all 22 EDs. FP has significant experience analysing qualitative data and a background in public health. She was chosen to lead the data analysis as the only research team member who was not working in ED. FP protected the anonymity of participants by de-identifying responses before sharing and discussing them with the wider research team. Her involvement also facilitated a balance between insider and outsider perspectives [22].

This research paper was written in accordance with the widely-adopted Standards for Reporting Qualitative Research [23].

3. Results

Of a total of 25 NZ EDs invited to participate, 22 (88%) agreed. These participating ED sites included NZ's largest, major referral EDs attached to teaching hospitals and treating over 100,000 patients per year through to smaller rural and remote EDs seeing fewer than 10,000 patients per year [14,15]. The participating EDs are classified below, in Table 1.

A total of 1495 staff members from these 22 participating EDs around NZ started the survey, with 1372 completing it in full, within the survey period. Only 8 of the EDs were able to provide robust data on staff numbers and demography, so it was not possible to calculate an accurate response rate or assess representativeness of the sample across the 22 participating EDs. Most participants were female (n = 678, 63%), NZ European (n = 799, 59%), and aged between 20 and 39 years (n = 743, 54.2%) and over half the cohort were nurses (n = 711, 52%). Select grouped demographic data is provided in Table 2.

Completion of all questions was optional, but as shown in Table 3 there was excellent engagement with the five main open-ended questions, with the majority of participants responding to all of these. Comments were quite succinct, averaging 1–2 short statements per question, ranging from a few words to several paragraphs. A smaller number of participants chose to expand on additional issues or restate the things they felt most strongly about, providing lengthier responses to the final question.

To provide a coherent and actionable analysis of a data set > 100,000 words, key themes from all six questions are reported here under three summary domains: "Facilitators: What matters most?", "Barriers: What gets in the way?" and "Opportunities: What can be done?" Table 4 presents an overall summary of these findings.

3.1. Facilitators: What matters most?

There were three clear themes in this domain, capturing what was most important to participants' workplace wellbeing. Participants valued positive workplace culture, the feeling of satisfaction that comes with providing holistic, high-quality patient care and access to professional development opportunities including training and supervision.

3.1.1. Working in an inclusive, safe and supportive team

The most dominant theme across all domains was the importance of team behaviours. Participants valued working with respectful, approachable and supportive colleagues and expressed feelings of

Table 1
Participating Emergency Departments by Australasian College of Emergency Medicine (ACEM) Classification [15].

ACEM Classification	Description	Departments		Participants	
		n	%	n	%
Level 4	Major referral	5	22.7	605	44.1
Level 3	Urban district	4	18.2	383	27.9
Level 2	Regional or rural base	8	36.4	243	17.7
Level 1	Rural or remote	5	22.7	141	10.3
	Totals	22	100.0	1372	100.0

Table 2
Participant demographics.

	n	%
Age group		
20–29	378	27.6
30–39	365	26.6
40–49	287	20.9
50–59	246	18.2
>60	87	6.3
Not provided	6	0.4
Gender		
Female	1071	78.1
Male	287	20.9
Other[a]	14	1.0
Ethnicity		
NZ European	799	58.5
Māori	102	7.5
Asian	101	7.4
Pasifika	42	3.0
Other[a]	322	23.6
Occupational group		
Nurse	711	51.8
Doctor	364	26.5
Non-clinical[b]	191	13.9
Allied health[c]	106	7.8

a Other = Different identity or not provided.
b Non-clinical roles included administration, cleaner, security and orderly.
c Allied health roles included healthcare assistant, radiographer, physiotherapist, phlebotomist & social worker.

Table 3
Open-ended questions and responses.

Question	Responses		Total word count	Average word count per response
	n	%		$\overline{X}$
What matters the most to you in your role working within ED?	1086	79.2	15,754	14.5
What gets in the way of what matters the most to you in your role in ED?	1048	76.4	20,059	19.1
What can be done to improve the culture in ED?	1000	72.9	22,846	22.8
What can be done to improve the efficiency in ED?	968	70.6	22,870	23.6
What can be done to improve your personal resilience?	941	68.6	19,658	20.9
Are there any other comments about any issues raised or anything you think is important?	338	24.6	13, 185	39.0

satisfaction and pride in belonging to the ED team. Colleagues were described as a source of inspiration, practical support, knowledge, skills, humour and friendship.

My work colleagues are a huge part of what makes my work enjoyable. Staff are sensible and caring and kind to each other…I enjoy coming to work because my colleagues are fun to work with and care about me. [Nurse, Level 4 ED]

Having a good team of colleagues that are approachable, helpful, knowledgeable and treat each other (and patients) with respect [Nurse, Level 2 ED].

Some participants noted the importance of leaders modelling values like inclusion, kindness and clear communication.

We have a great supportive culture within our department and try to be mindful that this is always maintained. Our [leader] is excellent at facilitating this. [Nurse, Level 2 ED].

Table 4
Key themes in each summary domain.

Domain	Key themes	Illustrative quote
1. Facilitators: What matters most?	*1.1 Working in an inclusive safe and supportive team*	The nursing and medical team are amazing, they are skilled, respectful, work collaboratively, in often difficult circumstances. The culture is generally supportive. [Nurse, Level 3 ED]
	1.2 Providing high-quality patient-centred care	Having the space and time to treat the patients with the time and dignity that they deserve. [Doctor, Level 2 ED]
	1.3 Learning and development opportunities	Progressing with training and learning new skills [Doctor, Level 3 ED]
2. Barriers: What gets in the way?	*2.1 Teamwork and leadership issues*	The attitudes of others make it hard to enjoy my work. [Allied Health, Level 4 ED]
	2.2 Constrained resources	Very limited resources and often the ED is left 'alone' because we can't close and we can't stop operations when resources are not available to support us. [Doctor, Level 1 ED]
	2.3 Insufficient professional development opportunities	Lack of time for education and development. [Nurse, Level 2 ED]
3. Opportunities: What can be done?	*3.1 Encourage and strengthen supportive teams*	Celebration of good practice, encouraging and noticing supportive people. [Allied Health, Level 3 ED]
	3.2 Improve resourcing	If we had more staff, we would feel more valued and we would be generally happier in all aspects of our job. [Nurse, Level 1 ED]
	3.3 Increase learning and development opportunities	Seniors who support juniors to try and manage more complex patients as opposed to simply taking over. Involving juniors in trauma situations to broaden their experience. [Doctor, Level 1 ED]
	3.4 Provide a resilient workplace	I think healthcare workers are remarkably resilient. It's the team / system / global industry stuff that needs improvement. [Doctor, Level 3 ED]

3.1.2. Providing high-quality patient-centred care

The second theme describing what matters most was providing high-quality patient-centred care. Participants relished having the time, resources and support from colleagues to care effectively and holistically for patients.

Being able to give patients the care they need, with the right tools (equipment, access to tests, etc.) in a clinically appropriate manner. [Doctor, Level 4 ED].

Doing the best I possibly can for the patients I see, both in terms of medical care and the interpersonal/holistic aspect. [Doctor, Level 3 ED].

3.1.3. Learning and development opportunities

The third key facilitator of workplace wellbeing was opportunities for education and professional development. Participants valued upskilling, senior supervision, new challenges and advancement.

The ability to pursue meaningful non-clinical work, such as education, research and process improvement. [Doctor, Level 2 ED].

The chance to develop my skills, learning, education, improvement in my skills. [Nurse, Level 2 ED].

3.2. Barriers: What gets in the way of what matters most?

Demonstrating convergence with the themes in domain 1, the three

key themes characterising barriers to workplace wellbeing were: Teamwork and leadership issues, constrained resources and insufficient professional development opportunities.

3.2.1. Teamwork and leadership issues

Participants' feelings about existing teamwork and leadership were a clear point of divergence although clearly important to participant wellbeing. Whilst some participants commented on the inclusive and supportive teams they worked in, others cited problems with incivility and exclusion.

Some [colleagues] are obstructive and rude and make teamwork near impossible, which is both unpleasant and bad for patient care. [Doctor, Level 1 ED].

Of particular note were the number of observations of a disconnect between managers and the realities of the clinical setting.

Senior management are disconnected to the workplace. They give lip service to compassion and valuing staff. [Doctor, Level 3 ED].

Senior management continually pushing more work onto the staff without knowing about what is happening in the department. [Allied health, Level 1 ED].

3.2.2. Constrained resources

Participants expressed frustration that they could not work to the standards to which they aspired, as a result of insufficient resources. Participants felt upset that the quality of their care was often compromised by a lack of time, staff and other resources.

Time constraints, not enough staff, not enough resources. This disables me from being able to provide a high holistic level of care for my patient. It often means I am only able to provide the most basic of care as that is all that time allows. Prioritisation of medical care often means that I am neglecting other aspects of the patient's health such as emotional, psychological and social. [Nurse, Level 4 ED].

Feeling rushed… not being able to spend enough time with a patient who needs it because you also have 3 other sick patients. You often feel the pressure to admit, assess, test and discharge. Never enough time to properly connect with patients and find out what the root cause of the presentation is. [Nurse, Level 3 ED].

3.2.3. Insufficient professional development opportunities

Professional development opportunities were highly sought-after and scarce. That scarcity was a key barrier to wellbeing in some occupational groups. Whereas emergency medicine specialists have good access to leave and funding to pursue professional development, nurses and allied health workers do not share this privilege, as evidenced by participant response:

Every member of staff [should be] given opportunity for ongoing education and training, not just a select few. [Nurse, Level 1 ED].

Many participants noted that education was often de-prioritised due to high clinical workloads.

Critical staffing levels have meant less available opportunity for education. [Nurse, Level 3 ED].

Due to [understaffing] study days to upskill my cohort were pushed back…[It] has a major impact on my patients waiting longer than necessary. [Nurse, Level 3 ED].

Working in a demanding and uncertain context, both doctors and nurses noted there were insufficient opportunities for quality supervision from senior staff.

Lacking supervisors/role models to be able to get feedback from & to be able discuss cases / issues / topics with. [Doctor, Level 3 ED].

3.3. Opportunities: what can be done?

Participants were generous with their ideas when asked how to improve culture, efficiency and personal resilience in the workplace. This data set was the largest, with over 65,000 words outlining priority interventions, resulting in four key themes. Echoing issues raised in the previous two domains, many suggestions were focussed on a need for change at the organisational level, rather than the level of individual resilience.

3.3.1. Encourage and strengthen supportive teams

The importance of good team support was one of the most dominant and recurrent themes. Participants wanted to feel valued and work in a safe environment of mutual respect. In a demanding and uncertain clinical context, it was important to be able to speak-up and ask questions without the risk of retaliation or exclusion.

Create a supportive and friendly environment where people feel they can ask questions if they are not sure, particularly if they are new to the department. [Nurse, Level 4 ED].

One of the specific areas where staff wanted more support was in response to verbal abuse and violence.

There needs to be more done about verbally abusive or agitated patients or relatives. It would be nice if there were big signs in the waiting room letting people know the wait times, and stating if you are verbally abusive, we will not see you. There are many times I do not feel physically safe at work when dealing with angry relatives/or patients, this is likely to be why I will leave ED. [Nurse, Level 4 ED].

Support from management for staff when we are treated badly by the public. I would like to know that the department backs me up. [Nurse, Level 3 ED].

3.3.2. Improve resourcing

Many participants noted there was a need for increased staffing, particularly for more doctors and more nurses. Safe staffing was considered central to the wellbeing of both staff and patients.

Adequate staffing (allows for adequate time and patient care to be delivered, reduces stress, allows for increased education etc). [Nurse, Level 4 ED].

Have a culture where we are valued, and our wellbeing is important. Show us that this is the case by fighting for extra staff when we are busy or short staffed. [Nurse, Level 4 ED].

Participants commented on increasing workloads and felt frustrated that it had become more important to work quickly and efficiently than it was to provide compassionate, high-quality care.

Pressure to complete tasks to ensure patient safety takes priority and therefore unable to take time/be compassionate with patients. [Nurse, Level 4 ED].

3.3.3. Increase learning and development opportunities

Participants recommended prioritisation of professional development, including orientation of new staff, formal supervision, senior feedback, debriefs, promotional opportunities, and simulation training.

Time for education and training that is uninterrupted this would allow newer staff to learn from more experienced team members. [Nurse, Level 1 ED].

Providing new staff members with a good orientation and setting them up on study days etc. so that they are confident and competent in our department. [Nurse, Level 2 ED].

Management and leadership being more supportive of staff professional development as a whole. [Doctor, Level 4 ED].

3.3.4. Provide a resilient workplace

Finally, it is important to note that – although participants were specifically asked what would help with personal resilience - many commented that they were already resilient. What was needed was not individual 'wellness' training but organisational, system-wide interventions and improved support within the team.

The issue is the level of the pressure, and the system needs to change to ease it - all the resilience in the world won't make clinicians able to cope with departments that are chronically overloaded and under-resourced. I find it kind of insulting when people suggest we need to become more personally resilient - the SYSTEM needs to be funded so it

is resilient enough to cope. [Nurse, Level 4 ED].

We are the champions of resilience dealing with what we do on a daily basis without adequate staffing therefore I think we are some of the most resilient healthcare professionals around. [Nurse, Level 1 ED].

I do not agree with the concept of resilience -instead of making us feel inadequate for not being "resilient enough" please ask what can be done to make things more efficient and improved at work to ensure better patient safety and flow through the department, and to ensure we feel valued and important in the role we fill. [Doctor, Level 4 ED].

4. Discussion

The findings from this research identify key facilitators, challenges and opportunities in ED staff wellbeing. There was remarkable convergence in the themes across all three domain areas. ED staff in this study were eager to provide high-quality care, work collaboratively and improve their skills and knowledge, but felt frustrated and overwhelmed in workplaces which do not adequately support this.

These findings build on other research which has identified contextual and social factors including workplace culture, resourcing and the nature of work as key determinants of emergency clinician workplace wellbeing [e.g. [24,25]]. Interventions at an organisational level, but informed and led by ED staff - could be most effective in reducing burnout [26]. Other researchers have concluded that high workloads are a key occupational stressor for emergency clinicians [27].

Many participants in this study commented on the value of professional development opportunities. A recent review suggests self-actualisation is a key factor associated with high job satisfaction in ED nurses [24]. Other researchers have noted an association between a growth mindset and engagement with work in emergency staff [28]. Although most emergency doctors are entitled to paid, nonclinical and continuing medical education time, nursing and allied health education is often self-funded, and undertaken on rostered days off.

A key convergent theme in the three domains is the importance of teamwork and leadership. Effective teamwork has well-established links to both patient safety and staff wellbeing [29]. In contrast, rudeness and incivility and other disruptive behaviours are associated with poor individual and team performance [30,31] and reduced work satisfaction [32]. Less is known about how to achieve a safer, more inclusive work environment where patients, family and staff feel valued and managers have strong lines of communication with clinicians.

Of particular note is the consistent sentiment that, in order to enhance wellbeing and decrease burnout, departments, hospitals and healthcare systems must implement systemic and organisational change rather than emphasise the need for individual staff resilience. While interventions focused on personal resilience may be useful for novice health care professionals [33] trainees [34] or those experiencing emotional distress in response to critical incidents [35] participants in this study asserted that ED staff are already demonstrating resilience by contending with daily exposure to suffering, uncertainty, high-stakes decision-making, violence and distress. More importance should be placed on system improvements to encourage supportive team behaviours and mitigate stressors including workplace violence [36–39] the ED environment [40] and the nature of ED work [41]. To quote the title of a recent opinion piece by Douros [42]: "Burnout is the canary in the coalmine, the solution is not stronger canaries."

4.1. Implications

This research provides clear, actionable findings which may help to guide ED leaders, managers and decision-makers as listed below:

- Recognise, reward and encourage supportive, inclusive team behaviours.
- Take action against violence and abuse from patients and family members.
- Ensure ED staff have the resources to provide the high-quality patient-centred care they aspire to deliver.
- Prioritise learning and development opportunities, considering these an essential investment in the wellbeing of both staff and patients.

4.2. Strengths and limitations

This paper draws on findings from the first multidisciplinary, multi-site survey of NZ ED staff wellbeing. Use of bespoke recruitment methods - lead by local site champions - helped to achieve a large number of responses, although the majority of participants were nurses and doctors. The resulting large and relatively diverse sample of participants is a strength, but it also presented challenges. Analysis of qualitative data suggested a few points of divergence in responses between sites and disciplinary groups. Although analysis of between-groups differences is beyond the design and scope of this paper, it is important to acknowledge both the heterogeneity and self-selected nature of our sample. There was clear convergence in the key themes reported in these findings, although responses from some sites raised more specific challenges associated with team culture, leadership or resourcing. Anticipating the importance of feedback on site-specific issues, each participating site received a bespoke report which summarised quantitative and qualitative findings from that department, including an infographic similar to Fig. 1. Undertaking and reporting a sub-analysis for each site was labour-intensive but facilitated dissemination of actionable key findings, whilst protecting participant anonymity.

4.3. COVID-19 pandemic

The recruitment period for this survey coincided with the emerging threat of the COVID pandemic and New Zealand's first lockdown [43]. This may have affected study results, including participant numbers and responses. In the few responses which alluded to the pandemic, participants highlighted a desire for training, clear guidance and communication and adequate personal protective equipment. Reflecting the broader themes in our findings, participants were most concerned about having the knowledge, skills and resources to provide safe, quality care.

5. Conclusion

ED staff continue to work in challenging conditions. They continue, perhaps because of the things that matter most – a commitment to the team and a desire to care effectively for patients in a job that offers challenge and growth. The findings from this large multi-site survey identified clear priority areas for intervention which require a system-wide approach. These findings resonate with healthcare wellbeing research suggesting social and organisational factors – as well as personal strategies - are key to a resilient workforce. In order to thrive at work, staff need to feel safe and supported in their teams, challenged by professional development opportunities and sufficiently resourced to provide patient-centred care. Prioritised funding and targeted interventions in these areas will be critical to improving both workplace wellbeing and optimising patient care. The solutions identified in this paper are both intuitive and simple. However, their implementation will remain elusive in the absence of targeted funding as well as the cooperation of those in leadership.

Ethical statement

Ethical approval for the overall study was obtained from the Auckland Health Research Ethics Committee (Ref: AH1195). Locality approvals were also obtained for each of the 22 sites participating in this study. Care was taken to remove any identifiable information from illustrative quotes.

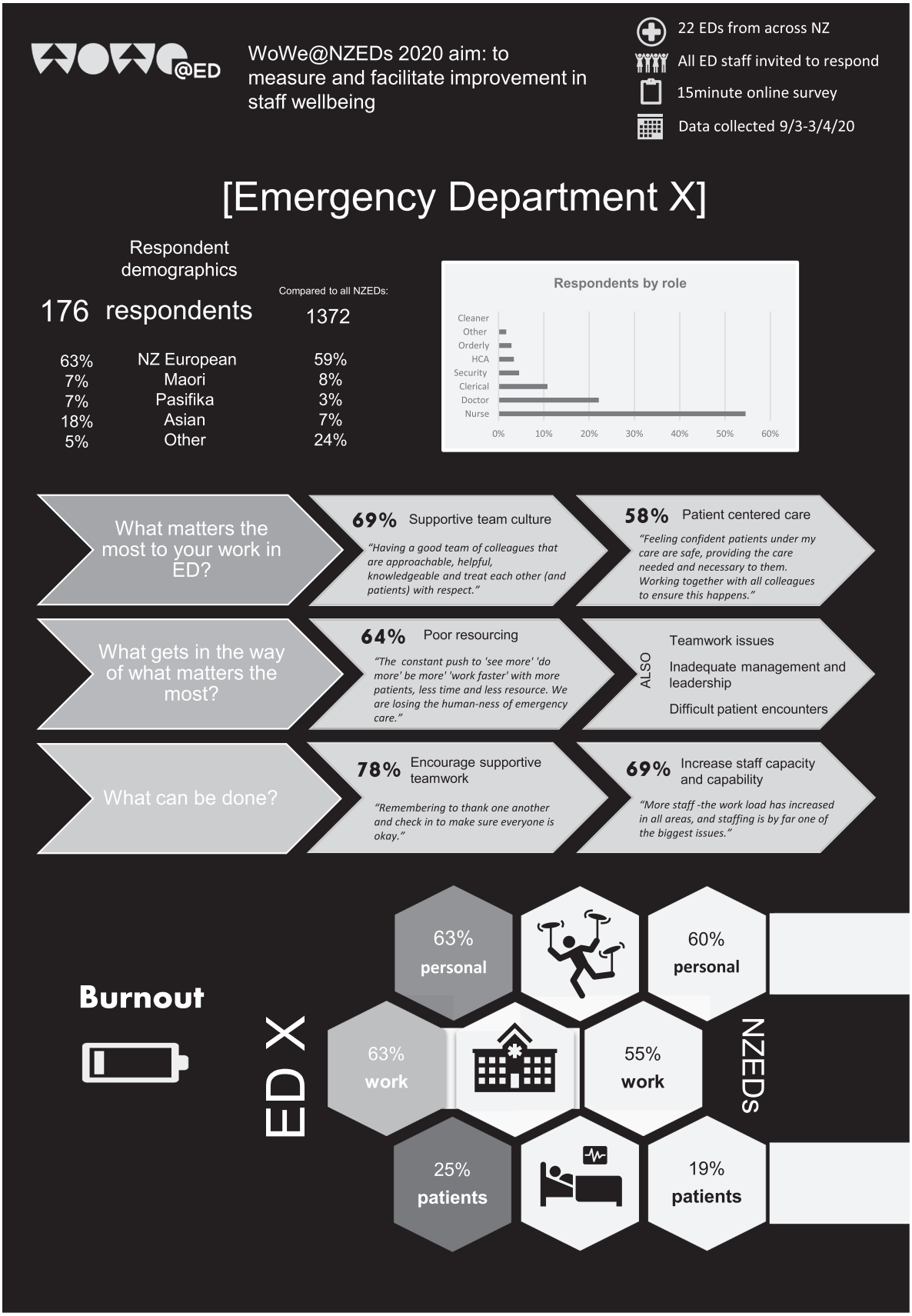

Fig. 1. Example of site-specific summary infographic.

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CRediT authorship contribution statement

All authors were involved in conceptualization, data curation, investigation, project administration, resources & Writing - review & editing NEA PJ FP VS and MN were involved in all of the above as well as formal analysis, funding acquisition, methodology, project admin & /or supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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