NHS

SUMMARY OF KEY RESEARCH FINDINGS FROM THE NHS STAFF SURVEY

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1 Introduction

Since the first survey was run in 2003, researchers have examined the data carefully to discover what it tells us about how to improve patient care and staff well-being. This document describes six key research findings, and suggests what NHS organisations can do to learn from these, in order to create better conditions for both staff and patients.

2 Engagement and Outcomes

Did you know…?

A variety of research reports have demonstrated clear links between levels of engagement (a mixture of how motivated staff are, how much they are able to suggest and implement improvements, and how prepared they are to speak positively about their organisation) and a range of outcomes for trusts, including patient satisfaction, patient mortality, trust performance ratings, staff absence, turnover, and spend on agency and bank staff. The more engaged a workforce is, the better the outcomes for patients[1,2,3]; the difference between an average and good trust* on engagement would be equivalent to around a 5% decrease in sickness absence or turnover, or about a 4% decrease in mortality.

In addition, the link with absence and turnover can have serious financial implications. An average-sized, average engagement acute trust spends around £1.7 million more per year on agency and bank staff than one which is good* on engagement[4].

*(*One which is a standard deviation above the mean – typically just inside the top 20% of trusts)*

What can trusts do about this?

- Create cultures where staff are empowered to contribute to decisions that affect them, and to make improvements in their work where feasible
- Ensure that motivation is enhanced by focussing on values of quality care for patients, and that these are espoused not only by senior managers but throughout the organisation

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[1] West, M. A., Dawson, J. F., Admasachew, L., & Topakas, A. (2011). *NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and Related Data.* Report to the Department of Health. http://www.dh.gov.uk/health/2011/08/nhs-staff-management/

[2] West, M. A., & Dawson, J. F. (2012). *Employee engagement and NHS performance.* Paper commissioned for The King's Fund review Leadership and engagement for improvement in the NHS. http://www.kingsfund.org.uk/document.rm?id=9545

[3] Powell, M., Dawson, J. F., Topakas, A., Durose, J., & Fewtrell, C. (2014). *Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data.* Health Services and Delivery Research, 2, 1-336.

[4] Dawson, J. F**.**, & West, M. A. (2018). *Employee engagement, sickness absence and agency spend in NHS trusts.* Report for NHS England. https://www.england.nhs.uk/publication/employee-engagement-sickness-absence-and-agency-spend-in-nhs-trusts/

- Build transparency and fairness across the organisation to generate cultures of high trust
- Give staff the skills, freedom and responsibility to improve the care they provide

3 Team Working

Did you know…?

Team working is particularly important for outcomes: when individuals work in real teams (those with clear objectives, where members have to work closely together to achieve these objectives, and who regularly meet to review their effectiveness), they are less likely to witness errors and incidents, less likely to experience illness, injury or aggression, and less likely to want to leave their jobs. In acute trusts, the more staff working in real teams, the lower the patient mortality and staff absenteeism rates. A 10% increase in real team membership is associated with a drop in mortality of around 6%.[5]

What can trusts do about this?

- Ensure that teams are clearly defined, with clear objectives which all team members are aware of
- Team leaders should ensure all team members are aware of their roles, and how they fit in with the roles of others to achieve the team's objectives
- Teams should be strongly encouraged and enabled to meet regularly to discuss their effectiveness, and how it might be improved

4 Appraisals

Did you know…?

Appraisal is not only a key predictor of outcomes, but also of staff engagement, to the extent that if employees have had an appraisal that does not count as "well-structured" (those where the appraisal was useful in helping improve how staff do their job, where clear objectives were agreed, and which left the appraisee feeling valued by their employer), their engagement levels are likely to be below those of employees not having an appraisal at all.[2]

What can trusts do about this?

- Ensure that line managers are trained in conducting effective appraisals, and that these appraisals form part of a continuous conversation rather than a one-off annual exercise
- Ensure that all staff have an opportunity to feedback on how helpful they found their appraisal conversations and how they could be improved

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[5] Lyubovnikova, J., West, M. A., Dawson, J. F., & Carter, M. R. (2015). 24-Karat or fool's gold? Consequences of real team and co-acting group membership in healthcare organizations. *European Journal of Work and Organizational Psychology, 24,* 929-950.

- Ensure that clear objectives are agreed rather than imposed as part of appraisal conversations

5 Representativeness of Workforce

Did you know…?

The more a workforce is representative of the local community in terms of ethnicity, the more patients report being treated with civility, and the better the outcomes for the trust. This suggests that focussing on civil treatment may be an important driver of performance, particularly where staff ethnicity is not similar to that of patients.[6]

In addition, there can be a negative effect on the well-being of staff too where there is a lack of representativeness; however, this is mitigated where there is a stronger culture of respect and inclusion between employees.[7] There is also an important effect of having senior managers who are representative of the workforce more generally. Where managers are more representative, there is less discrimination throughout the organisation, particularly for employees from a black or minority ethnic (BME) background.[8]

What can trusts do about this?

- Although ensuring a workforce is representative of the patient base is desirable, in practice it may be more difficult to achieve. Therefore the importance of emphasising civil interactions with patients, and particularly awareness of the needs and cultures of all ethnicities, can be essential in preventing difficulties caused by a lack of awareness
- Gather information from a wide range of patients on a regular basis about how polite and kind they found staff to be and ensure that incivility is not more common in staff interactions with those from BME backgrounds
- Create a culture of respect and inclusion not only between staff and patients, but also between different groups of employees. Modelling positive, mutually respectful and inclusive relationships between senior managers and other staff will encourage such relationships at all levels of the organisation
- Ensure that staff from a BME background are given the support and encouragement to apply for more senior positions. This may involve mentoring, training or other support from an early stage, so that sufficient numbers of BME

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[6] King, E., Dawson, J. F., West, M. A., Penny, C., Gilrane, V., & Bastin, L. (2011). Why organizational and community diversity matter: The emergence of incivility and organizational performance. *Academy of Management Journal, 54,* 1103-1118.

[7] King, E., Dawson, J. F., Jensen, J., & Jones, K. (2017). A socioecological approach to relational demography: How relative representation and respectful coworkers affect job attitudes. *Journal of Business and Psychology, 32,* 1-19.

[8] Lindsey, A. P., Avery, D. R., Dawson, J. F., & King, E. B. (2017). Investigating why and for whom management ethnic representativeness influences interpersonal mistreatment in the workplace. *Journal of Applied Psychology, 102*, 1545-1563.

employees have the requisite skills and experience to take up more senior posts when they are available.

6 Discrimination and Equal Opportunities

Did you know…?

Discrimination is reported at exceptionally high levels by several minority groups, particularly black staff, Muslim staff, disabled staff and non-heterosexual staff, even when controlling for all other demographic and work-related factors.[9] Other than the general extent of work pressure felt by staff, the two most prominent predictors of patient experience are the extent to which staff believe their employer acts fairly to all employees (regarding career progression/promotion), and the extent of discrimination experienced by employees. Organisations where staff perceive unequal treatment due to ethnic background, gender, religion, sexual orientation, disability or age, are likely to have significantly lower patient satisfaction. Independently of this, the more discrimination that staff report experiencing in the NHS staff survey, the less satisfied patients are.[10]

What can trusts do about this?

- Promote awareness of discrimination when it is high amongst particular minority groups, and train other staff to act as allies for these groups
- Enable staff from these groups to be involved in developing and evaluating strategies to reduce discrimination
- Ensure appropriate diversity training is not only carried out regularly, but is also conducted effectively, so that staff engage with it and it does not become a tick-box exercise. For example, training that uses perspective-taking techniques has been shown to be particularly effective.[11] This training should also be evaluated
- Ensure cultures of fairness are prominent throughout the organisation. This may require firm approaches taken to mistreatment when it does occur, but also can benefit from a broader sharing of experiences between senior and more junior staff, particularly those from a minority background. Reverse mentoring is one example of a method that can help this

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[9] West, M. A., Dawson, J. F., & Kaur, M. (2015). *Making the difference: Diversity and inclusion in the NHS*. Report by The Kings Fund, commissioned by NHS England. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf

[10] Dawson, J. F. (2018). Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015. Report for NHS England. https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/

[11] Lindsey, A., King, E., Hebl, M., & Levine, N. (2015). The impact of method, motivation, and empathy on diversity training effectiveness. *Journal of Business and Psychology, 30*, 605-617.