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Schwartz Community Evidence Briefing CLEO WILLIAMSON

**Making the case for improving and
strengthening staff experience**

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2017

Making the case for improving and strengthening staff experience

What's the problem?

1) The NHS has the highest rate of staff sickness absence in the UK

The NHS is the biggest UK employer (1.3 million employees in England) and, as a responsible employer, it should be concerned with the high rates of stress and mental health issues in the workforce.^{1,2}

Stress and mental health issues are the most common causes of sick leave in high-pressure workplaces.³ Together they are the second biggest occupational health problem in the UK after musculoskeletal problems.⁴

Within the larger public sector organisations, sickness rates are highest for those working in the health sector.⁵

Or to put it another way:

- Reported stress of health service staff in general is greater than in the general working population and accounts for more than one quarter of staff absence, which is itself higher than in other sectors.⁶

Or:

- Sickness rates vary within the public sector, and those working in a health authority or NHS trust continuously had the greatest sickness absence rate throughout the 2003 to 2013 period, with around 3.4% of workers' hours lost to sickness in 2013.⁷

Or:

- Self-reported stress of health service staff in general is considerably greater than that of the general working population: around 18% of the British workforce suffer above threshold symptom levels on the General Health Questionnaire, compared to an average of 28% for health service staff.⁸

Some groups of nurses, doctors and managers are particularly at risk. Stress and sickness absence is highest in ambulance trust staff.

Depression levels have been high in healthcare staff for some years; this is not a new problem.⁹

The causal relationship between the emotional work and stress of caring for patients and rates of depression in healthcare workers is not known. But depression and high stress affect the performance of staff in a variety of ways, through the resulting difficulties in memory, decision-making, concentration and irritability, and the links to the abuse of alcohol and other drugs.¹⁰

Burnout is similar to stress, consisting of the three key areas of a lowered sense of personal effectiveness, emotional exhaustion, and depersonalisation (developing negative perceptions about patients).¹¹ Psychodynamic literature discusses depersonalisation as the area that is most likely to limit compassion, or at worst can produce cruelty to patients.

2) NHS staff experience in the workplace

The 2016 NHS Staff Survey involved 316 NHS organisations in England. Over 982,000 NHS staff were invited to participate and responses were received from over 423,000 NHS staff:¹²

Good news:

- 81% were satisfied with the support they receive from colleagues
- 68% said they were satisfied with the support they get from their immediate manager
- 59% of all staff indicated that they often or always look forward to going to work
- Nearly three quarters were often or always enthusiastic about their jobs (74%) and even more (77%) said that time passed by quickly when they were working

Not such good news:

- Only 43% of all staff felt that their Trust values their work
- Only 60% of staff would recommend their organisation as a place to work
- 16% of NHS staff reported physical violence from patients, relatives or other members of the public in the previous 12 months; this figure is higher amongst staff in ambulance trusts (32%) and staff in mental health trusts (21%)
- 28% of all staff reported that they experienced bullying, harassment and abuse from patients, their relatives or other members of the public in the previous 12 months

- 13% of staff reported they had experienced bullying, harassment or abuse from their line manager, whilst 18% reported the same from colleagues
- Black and Ethnic Minority (BME) staff are more likely than White staff to experience harassment, bullying or abuse from other staff (but not from patients, relatives or the public¹³)
- 37% of NHS staff reported that during the last 12 months they have felt unwell as a result of work related stress (though this is at its lowest since 2012)
- The Freedom to Speak Up review of whistleblowing in the NHS led by Sir Robert Francis (2015) found widespread victimisation of staff who spoke up on behalf of patients. Whistleblowers from BME groups are treated significantly worse than White whistleblowers¹⁴
- There is a significant gap between the ethnicity and gender diversity of the NHS workforce (and local populations to whom services are provided) and the composition of Trust Boards and NHS bodies
- The proportion of senior and very senior managers who are BME has not increased since 2008, and has fallen slightly in the last three years¹⁵

Mixed news:

- 69% said their manager takes positive action on health and wellbeing
- However, three in five staff (60%) reported coming to work in the previous three months despite feeling unable to perform their duties or the requirements of their role
- Of those who had attended work while unwell, 92% stated that they had put themselves under pressure to attend; 26% felt under pressure from their manager and 20% from other colleagues to attend

3) The work environment is big and pressured

With the emphasis on targets, financial efficiency, and rapid processing of patients, staff are under stress personally, working in big, very busy, pressurised environments with little opportunity to establish good relationships with their patients and colleagues. We also know that stress is caused by a sense of a lack of control, particularly when staff are working in a 'high demand' environment (see box below). The occupational health literature discusses the interaction of control over work, management style and workload which together predict

stress. It is possible to cope with a high workload in a supportive environment where you have a lot of control.¹⁶

Karasek's Job Demand-Control Model¹⁷

High demand-Low control

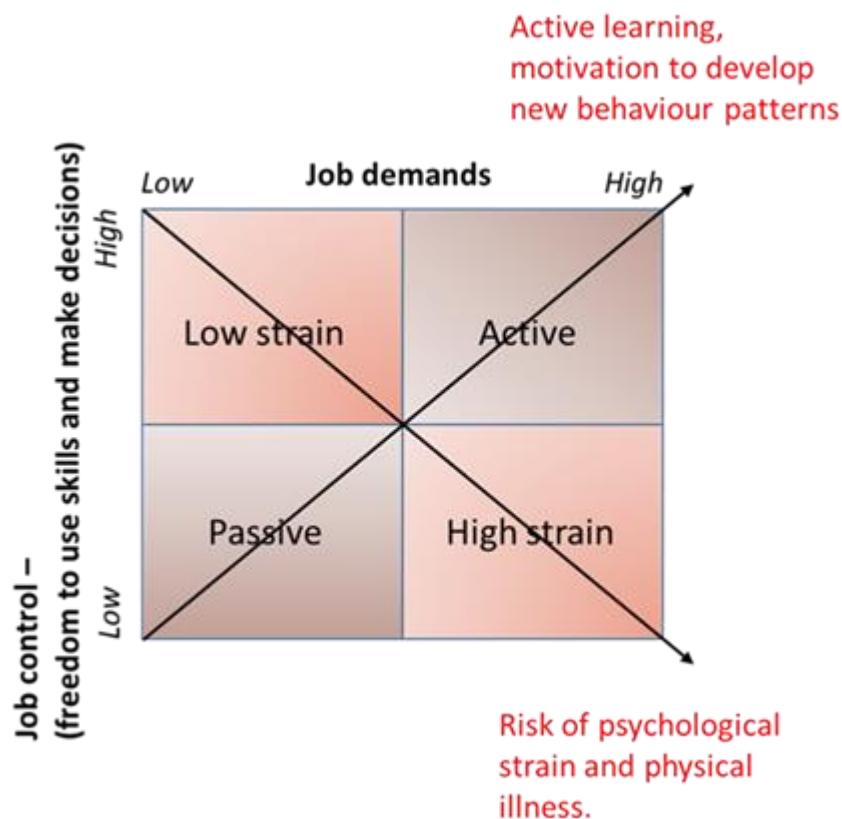
Karasek's High Demand-Low Control Model defines high-stress, unhealthy jobs as those with low control and high demand conditions.

Low control conditions include de-skilled labour and reduced decision-making autonomy. Employees in this position are not given the leeway to make decisions regarding their work or work environment. They also do not have the opportunity to learn new skills on the job or problem solve.

High demand conditions include inadequate time to meet job demands and excessive workload. When asked about their workload, employees in high demand situations often say, "I work very fast and/or hard," and, "There is not enough time to get the job done."

Karasek defines jobs and their associated stress levels by their particular demand-control combination.

Active jobs, in the upper right quadrant, have high demands BUT also high levels of control. These challenging jobs lead to active learning and motivation to develop new behavior patterns. High strain jobs, in the lower right quadrant, have high demands AND low control. These jobs have a high risk of psychological strain and physical illness.



The NHS has been set a target to save £22 billion. The current uncertain environment, with job insecurity, the threat of organisational mergers, and redundancies, all add to the pressure already there for staff.

In recent years hospital activity, especially unplanned work, has been steadily increasing:

- In 2003/4, the number of attendances at A&E was 16.5 million. Since then, the overall number of attendances has increased significantly to 22.3 million in 2014/15, a rise of more than 35% over the period.¹⁸
- For the first time there were over 100 million outpatient appointments in 2013/14 (101.8 million), of which 82.1 million (80.6%) were attended.¹⁹
- The total number of hospital admissions in England grew from 12.6 million in 2006/07 to 14.6 million in 2012/13, an increase of 16%. While some of this increase was driven by our expanding and ageing population, there were 60% more hospital admissions than population change would have implied.²⁰
- NHS acute hospitals have also seen increasing numbers of emergency admissions of (disproportionately elderly) people, accounting for about a quarter of the increase in overall activity.²¹
- If admission rates continue to increase, the growing and ageing population alone means that the NHS will need at least an additional 6.2 million bed days (overnight stays) by 2022. This is equivalent to approximately 17,000 beds, which equates to about 22 hospitals with 800 beds each.²²
- The average length of stay has fallen over the ten year period (2002-2012) from just below 8 days to just over 5 days.²³
- There are now, as of February 2015, 19.5 million accident and emergency (A&E) attendances a year in England, and 85.8 million outpatient attendances a year (over 100 million were scheduled).²⁴
- The number of people working in hospitals over the past 10 years has also increased significantly, with more hospital consultants, nurses and allied health professionals. Non-clinical NHS staff, including managers, porters and administrative staff, traditionally account for about half of all personnel in the NHS, and has also increased.²⁵
- There are now over 1 million full time equivalent staff in the NHS. In the ten years between 2001 and 2011, the number of medical and dental staff in the NHS has risen by 44% and non-medical staff by 16%.²⁶

- However, staff are still over-stretched because of local cuts in staff numbers, staff absence through sickness, and vacant posts.
- The increasing specialisation in medicine, nursing and the allied health professions, in the context of the continuous striving for greater efficiency, has reduced contact time between individual patients and individual members of staff, and patient care has become more fragmented.
- Patients have increasingly complex needs: patients over 65 account for 70% of hospital bed days and 80% of emergency readmissions. Of these older people admitted to hospital, 60% will have a mental disorder (depression, delirium, or dementia).²⁷ There is an increasing proportion of very old patients; those aged 85 or over now account for 25% of inpatients (an increase over the last 10 years from 22%).²⁸

Why does this matter?

1) Stress and related time off work costs the NHS millions of pounds each year

It is estimated that the median cost of sickness absence to each NHS organisation is £3.3 million annually, although this is dependent on factors such as staff mix, pay and deprivation:²⁹

- 90 trusts spent over £1 billion in three years on sickness absence³⁰
- The latest figures suggest that the NHS spends £3 billion on agency and contract staff per year, consistently more than is planned³¹

2) If staff are stressed it impacts on safety:

- Research shows that stress impacts on decision-making and therefore on patient safety³²
- A key study showed up to a third of hospital consultants are estimated to experience psychiatric morbidity at any one time and that they were more at risk of harmful alcohol consumption, impaired clinical risk, and early retirement³³
- Both positive and negative emotions in staff can play an important role in patient safety³⁴
- There is a correlation between safety culture and employee engagement over time³⁵

The Royal College of Physicians cites research that shows:

- Doctors who feel more engaged are significantly less likely to make mistakes
- A study of nursing practice similarly found that higher staff engagement was linked to improved patient safety
- Better staff wellbeing is associated with reduced MRSA infection rates and lower standardised mortality figures³⁶

The Keogh review of 14 trusts with high levels of patient mortality found that these trusts tended to have high rates of sickness absence, particularly among doctors and nurses.³⁷

3) Staff experience impacts on patients' experience

We know that there is a clear relationship between the wellbeing of staff and the wellbeing of patients, with staff reporting that how they feel affects how they care for patients:

- In the Boorman review, it was reported that 80% of staff felt that their health and wellbeing impacted on their care for patients, but only 40% of staff felt that their employer was proactively trying to do something to improve their health and wellbeing.³⁸
- Jill Maben's study showed that staff affect and wellbeing are the antecedent to patients' experience, i.e. that staff experience impacts on patients' experience rather than the other way round.³⁹
- Depression levels in health care staff are high. Depression and high stress affect the ability of staff to provide high-quality care in a variety of ways. Psychology research shows that with depression in particular, people withdraw, perhaps for their own emotional protection. Burnout is at the extreme end of stress, consisting of three key areas: a lowered sense of personal effectiveness; emotional exhaustion; and depersonalisation – which is the area most likely to limit compassion or, worse, to produce cruelty in dealings with patients.⁴⁰
- The NHS is dominated by a pacesetter style of leadership which can have a negative impact on staff sense of control. A good management style can have a positive effect on staff wellbeing.⁴¹

4) Wider organisational benefits:

- Staff experiences are associated with better outcomes for employees and patients. A recent study set out to examine links between staff experience, absenteeism and turnover, and NHS trust performance. Secondary data from a 3 year period (2009-12) were used (national NHS staff survey, absenteeism and turnover records, patient satisfaction, hospital mortality rates and infection rates).
- Overall there was a clear pattern that better staff experiences are associated with better outcomes for employees and patients.
- In particular, negative experiences such as aggression, discrimination or perceiving unequal opportunities were harmful to staff, increased absence, and were linked to lower patient satisfaction.
- The staff survey item that is most consistently strongly linked to patient survey scores is discrimination, in particular discrimination on the basis of ethnic background.⁴²
- Trusts with positive results in staff survey have positive results in patient survey.⁴³
- The concept of staff engagement is current, the research evidence base is increasing,⁴⁴ and shows that the higher the levels of staff engagement the better the outcomes for patients (not to mention the positive impact on staff satisfaction, sickness, absence etc.).⁴⁵

5) Impact on clinical outcomes:

- There is a strong inter-correlation between CQC inspection outcomes, clinical outcomes and NHS inpatient and staff annual surveys
- Trusts with good staff management practices and engagement are associated with lower patient mortality rates^{46,47}
- Trusts with better results in their staff surveys also have fewer hospital acquired infections

Why should we invest in this? / What are the benefits?

1) To reduce the costs of poor staff experience:

- Staff sickness absence: it is estimated that the median cost of sickness absence to each NHS organisation is £3.3 million annually, with 90 trusts spending over £1 billion in

three years on sickness absence alone.⁴⁸ The latest figures suggest that the NHS spends £3 billion on agency and contract staff per year.⁴⁹

- The Planetree organization in *Building the business case for patient-centred care* says, “it is imperative that hospitals create workplace environments where current employees want to continue working and where prospective employees want to be employed ... replacing a single [registered nurse] can exceed \$20,000 ... it is clear that fostering a workplace environment where employees feel valued, recognised, and empowered can have a meaningful impact on a hospital’s bottom line”.^{50,51}
 - The Chartered Institute of Personnel and Development (CIPD) estimates that the cost of replacing staff who leave owing to ill health or poor wellbeing is £4,500 per vacancy.⁵²
- 2) The evidence which shows the relationship between staff and patient wellbeing – i.e. paying attention to staff wellbeing is important for positive patient outcomes – means that an investment in staff is an investment in patients.
 - 3) Investing in staff experience can benefit the whole organisation and its reputation - as a place to work and to be a patient.

What are the solutions?

1) Have a staff engagement strategy:

- An NHS organisation with 3,000 staff could save an estimated £235,000 in staff absence costs by improving levels of staff engagement to match the 10% best performing NHS employers.⁵³
- The King’s Fund concluded that organisations which engage their staff show lower rates of sickness absence and staff turnover, lower patient mortality rates and better patient experience.⁵⁴
- Research has also shown that employee engagement is associated with patient safety.⁵⁵

2) Have a staff wellbeing strategy:

- Three years on from the publication of the Boorman review, less than two thirds of trusts currently have a strategy in place for improving staff health and wellbeing.⁵⁶

- Of the 90 trusts that were able to provide sick pay expenditure figures across the last three financial years, those with a strategy for staff wellbeing saw a rise of 4% in sick pay expenditure while those without a strategy saw a rise of 14%, thereby demonstrating the positive impact such a strategy can have.⁵⁷
- 65% of NHS trusts in England now have a plan for the health and wellbeing of their workforce, up from 41% in 2010.⁵⁸
- Consultancy firm PwC found that healthcare providers can reap £9.20 in benefits from every £1 invested in staff health and wellbeing programmes.⁵⁹
- The evidence for strategies for reducing and coping with stress in order to maintain high quality care (which can be included in a staff wellbeing strategy) can be found in our report *Resilience: A framework supporting staff to flourish in stressful times*.⁶⁰

Such strategies can include:

- Providing supervision, including restorative supervision;
- Resilience training;
- Mindfulness and meditation;
- Encouraging physical wellbeing.

The report provides a framework which sets out a range of interventions to choose from, with associated published research evidence.

There is also a checklist for senior staff and boards to use to support a staff wellbeing strategy.

3) Provide opportunities to reflect

In a busy day, reflective practice is hard to sustain, and our own research with hospital staff revealed that typically they did not talk to colleagues about patients' experience of care or what constitutes 'good care'.

The consequence for individual members of staff if they are isolated is that they reflect on their own or away from work. They may experience guilt, anxiety and possibly burnout, which itself affects relationships with colleagues and patients.

Schwartz Rounds have been shown to:

- increase empathy with patients and colleagues
- increase staff confidence in handling non-clinical aspects of care
- improve communication with patients and colleagues^{61,62}

Staff who attend Rounds have also reported feeling less stressed and isolated.

4) Help to shape good teams

- Teamwork can mediate some of the pressures and help individuals to cope.
- Studies have shown that members of good teams have lower levels of stress. Unfortunately, teamwork does not occur spontaneously and requires conscious work. Although staff do work in teams, they are only loosely organised and we know from the NHS Staff Survey data that staff feel isolated. There is also a lack of supervision and appraisal.
- A large proportion of staff work in ‘pseudo-teams’ – in other words, their teams do not meet the criteria that demonstrate the quality of a team, defined by Carter and West, which include having clearly defined tasks and clear objectives; meeting regularly to review objectives, methods and effectiveness; trusting each other; and having a shared commitment to excellent patient care.⁶³

5) Ensure good leadership, good management and good change management

- The importance of good leadership is increasingly recognized. A recent government policy report stated: “Compassionate leadership means paying close attention to all the people you lead, understanding the situations they face, responding empathetically and taking thoughtful and appropriate action to help.”⁶⁴
- *Resilience: A framework supporting staff to flourish in stressful times* includes the evidence on why it is important to pay attention to good change management (by engaging staff) and good management (for example, by providing management training for all). We found that staff were as stressed by organisational factors as they were by the nature of their work looking after dying people.⁶⁵

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