



The
Point of Care
Foundation

Reflections on staff experience and patient experience: HOPE meeting

Jocelyn Cornwell, Chief executive

July 5 2018

The evidence that staff experience and patient experience are related has been known for more than 10 years

Source: published analyses of findings from NHS annual staff surveys and annual inpatient surveys for regulators

Ref: Raleigh VS, Hussey D, Seccombe I and Qi R. (2008) *Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England.* BMJ Quality and Safety, 18,5 <http://dx.doi.org/10.1136/qshc.2008.028910>

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Staff experience is the antecedent. It comes first and shapes patients' experience, not the other way round

Jill Maben et al. 2012



Maben J, Peccei R, Adams M, Robert G, Richardson A, Murrells T. and Morrow E. (2012) *Patients' experiences of care and the influence of staff motivation, affect and wellbeing. Final report.* NIHR Service Delivery and Organisation programme. <http://www.netscc.ac.uk/hsdr/projdetails.php?ref=081819-213>.

Seven staff variables grouped together form 'well-being bundles'

- Job satisfaction
- Low emotional exhaustion
- Local/work-group climate
- Co-worker support
- Supervisor support
- Organisational climate
- Perceived organisational support



Patients' experiences of care and the influence of staff well-being in acute and community settings

Authors: Maben J¹, Peccei R², Adams M¹, Robert G¹, Richardson A³, Murrells T¹ & Morrow E¹

¹National Nursing Research Unit, Department of Health Policy & Management, Florence Nightingale School of Nursing & Midwifery, King's College London; ²Department of Management, King's College London; ³University of Southampton

Aims

This three-year mixed methods study explored links between (a) patients' experiences of health care, and (b) staff motivation, affect and wellbeing. Objectives were to:

- identify and analyse attitudes and behaviours of staff described by patients as shaping their experiences that may connect with, and be influenced by, staff wellbeing
- determine which particular staff attitudes, affect and behaviours impact on patients' experiences of care
- explore how staff experience work and how this influences their affect, motivation and capacity to deliver high quality care
- identify how context, including different types of organisational arrangements, culture or climate contribute to staff wellbeing and patient care
- explore with staff the issues of emotions at work, emotional labour and customer orientated care

Methods

Our mixed-methods research design comprised multi-level case studies to allow comparison of two microsystems within each of four organisations in two phases:

Phase 1: 2 patient focus groups and interviews with 55 senior managers in 4 trusts

Phase 2: 498 patient experience surveys; 106 patient interviews; 301 (time 1) staff wellbeing surveys (126 at time 2); 86 staff interviews; 206 hours of observation were undertaken in 8 clinical microsystems (2 in each of the 4 case study organisations) – see figure 1

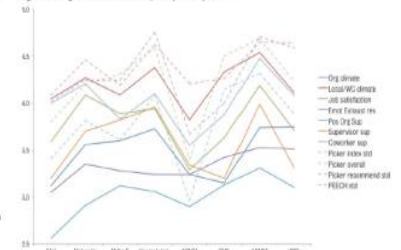
	Provided low performing experience	Provided high performing experience
Substituted Staff (Low Performance)	Emergency Admissions Unit (EADU)	Maternity
Shared Staff (High Performance)	Medicine for the Elderly (MfE)	Haematology
Advanced Community Staff (Low Performance)	Adult Community Nursing Service (ACNS)	Community Mental Services (CMS)
Advanced Community Staff (High Performance)	Rapid Response Team (RRT)	Adult Community and Rehabilitation Care Nursing Service (ACRS)

Figure 1: Eight clinical microsystems in 4 trusts

Key findings

- There is a relationship between staff wellbeing and (a) staff-reported patient care performance and (b) patient-reported patient experience.
- Staff wellbeing is an important antecedent of patient care performance.
- Seven staff variables ("well-being bundles") correlate positively with patient-reported patient experience:
 - local/work-group climate
 - co-worker support
 - job satisfaction
 - organisational climate
 - perceived organisational support
 - low emotional exhaustion, and
 - supervisor support (see figure 2)
- High levels of job demand impact adversely on staff wellbeing, through higher emotional exhaustion and reduced job satisfaction, and impact on patient care.
- Poor relational care characterised low patient experience ratings with staff largely failing to 'connect' with individual patients.
- High levels of job control, job skills, competence and work dedication significantly help to cushion the negative effects of high job demands on wellbeing and dampen exhaustion.
- High levels of social support from supervisors, co-workers and the organisation has a positive effect on wellbeing by reducing exhaustion, while enhancing satisfaction and positive affect at work.
- A strong climate for patient care at the local (team) level can help to reinforce some of the positive effects of individual wellbeing on patient care performance.
- Local climate can also act as a substitute for individual wellbeing: 'making up' for the absence of high levels of wellbeing. Seeking systematically to enhance staff wellbeing is, therefore, not only important in its own right but also for the quality of patient experiences.

Figure 2: Staffing variables that most closely track patient experience



*Statistical evidence did not yet significantly associate exhaustion. All variables that include 'w' in the label have been excluded to a 1-2 scale. *This table is a 1.2. Patient experience is a 5-point scale.

Conclusions

With the exception of one of our eight microsystems (haematology) – where patient experience is good, staff wellbeing is good, and vice versa.



National Nursing Research Unit Does NHS staff well-being affect patient experience of care? (2013) Policy briefing. Issue 39 May

The most recent NHS England 2018 report on 2014 and 2015 staff and patient surveys confirms and adds to previous findings

Headline: “Clear and strong associations between staff experience and how satisfied patients are.”

The most important factors associated with patient satisfaction were:

1. Work pressure felt by staff
2. % of staff believing trust provides equal opps for progression and promotion
3. Staff satisfaction with resourcing and support
4. % staff satisfied with quality of work and patient care they can deliver
5. % experiencing physical violence from colleagues in last 12 months (only 2-3% but has much wider impact)

Dawson J (2018) *Links between NHS staff experience and patient satisfaction: analysis of surveys from 2014 and 2015*. NHS England

Also important findings about black and minority ethnic staff

1. When BME staff thought their role makes a difference to patients, and when they were more able to contribute toward improvements at work, overall patient satisfaction was higher.
2. Where a higher proportion of BME staff experienced discrimination, patient satisfaction was lower (overall patient satisfaction, satisfaction with operations/procedures, and satisfaction with hygiene). This was the case for discrimination from both colleagues and patients/the public.

What do these findings mean for you in your role?

1. Is the evidence relevant? Is it useful?
2. Does it change how you approach your work?
3. What opportunities does it present for work related to staff and patient experience in your organisation?
4. Who can you share it with? How would you share it?
5. What would you like others to do with it? Who?

Thank you



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Jocelyncornwell@pointofcarefoundation.org.uk

[@JocelynCornwell](https://www.instagram.com/JocelynCornwell)