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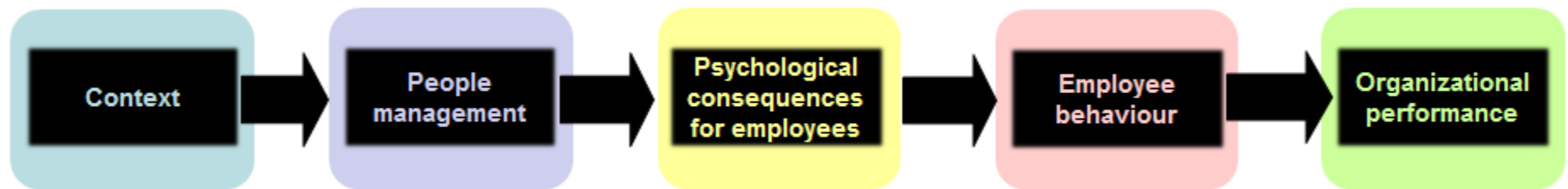


# The importance of work engagement for NHS staff

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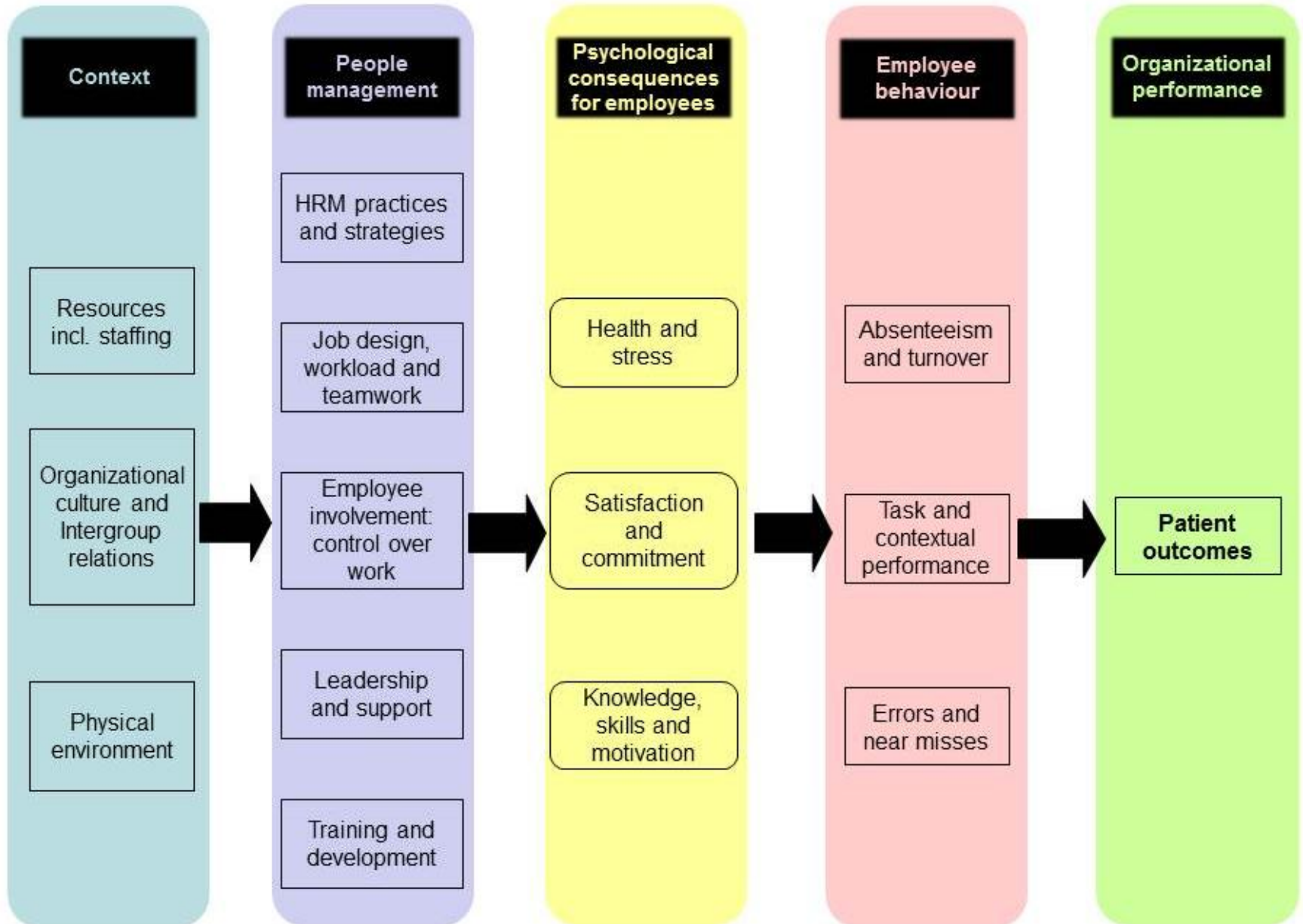
# Staff experience



*Source: Michie & West (2004)*



# Michie & West (2004)





# Staff Engagement

*“Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in.”*

*NHS Employers, Staff Engagement Toolkit*

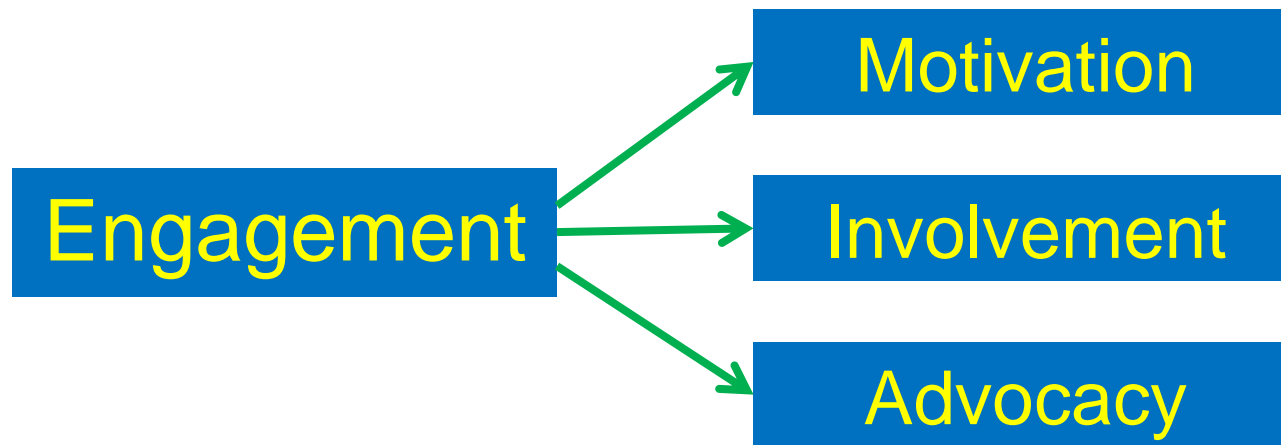


# NHS National Staff Survey

- Run annually since 2003
- Annual returned sample of over 200,000
- Data used by individual “trusts”, Care Quality Commission, Department of Health, Unions, other national & local bodies
- Includes questions on many different areas of employees’ experience, including working practices, HRM, errors & incidents, health & well-being, bullying & violence



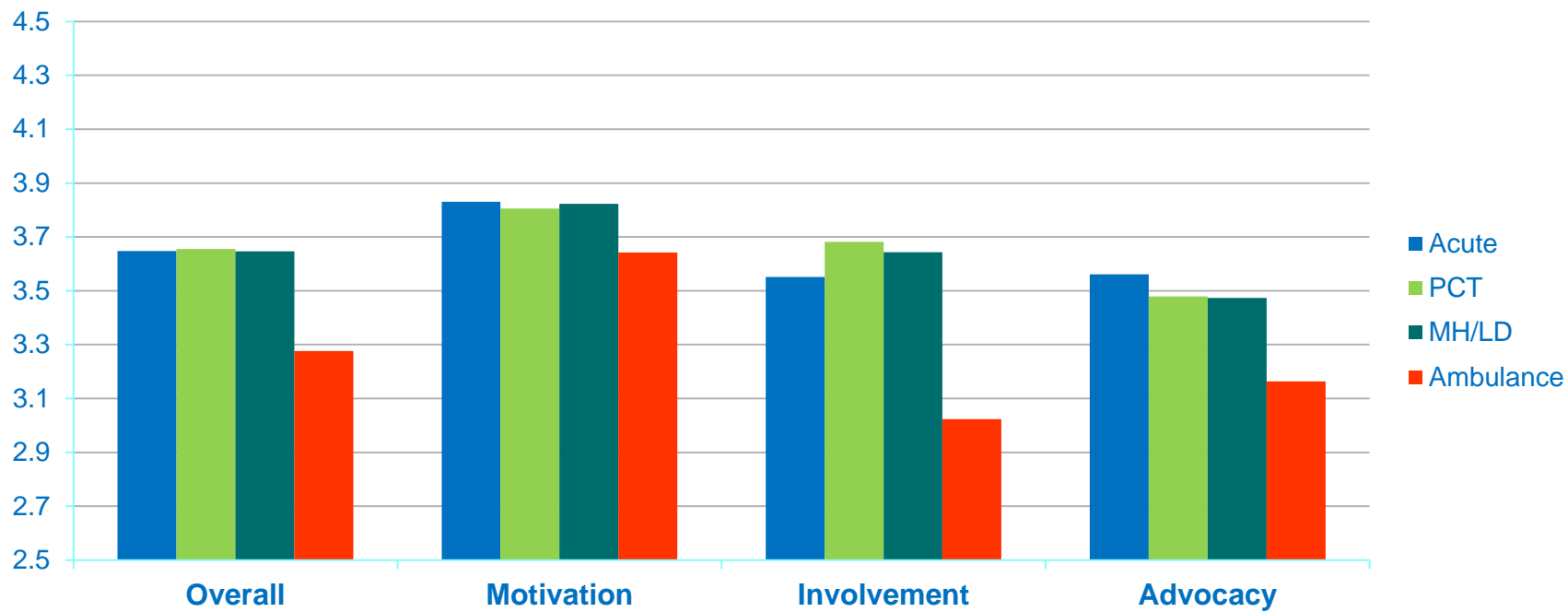
# Engagement in the NHS Staff Survey



- First measured directly in 2009 survey

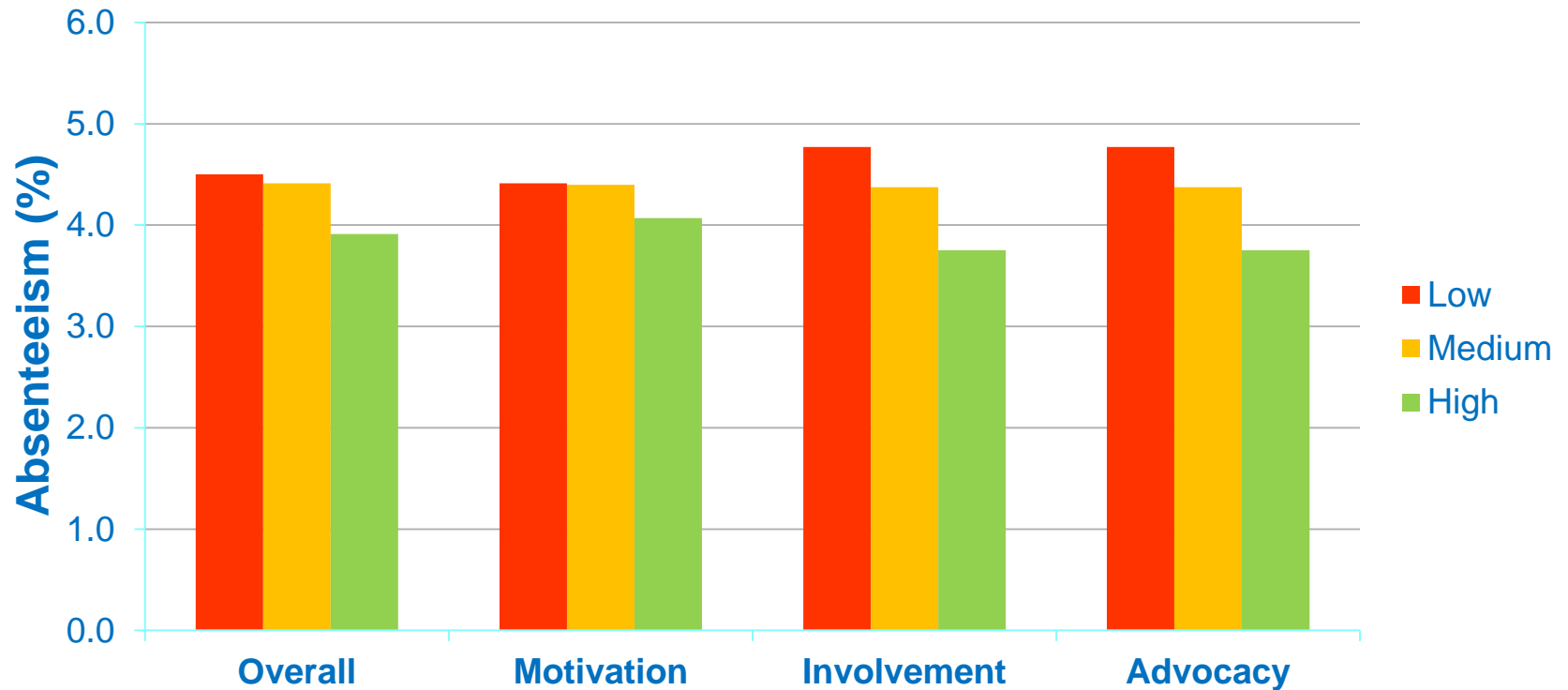


## Engagement by Trust Type





## Staff Absenteeism by Engagement

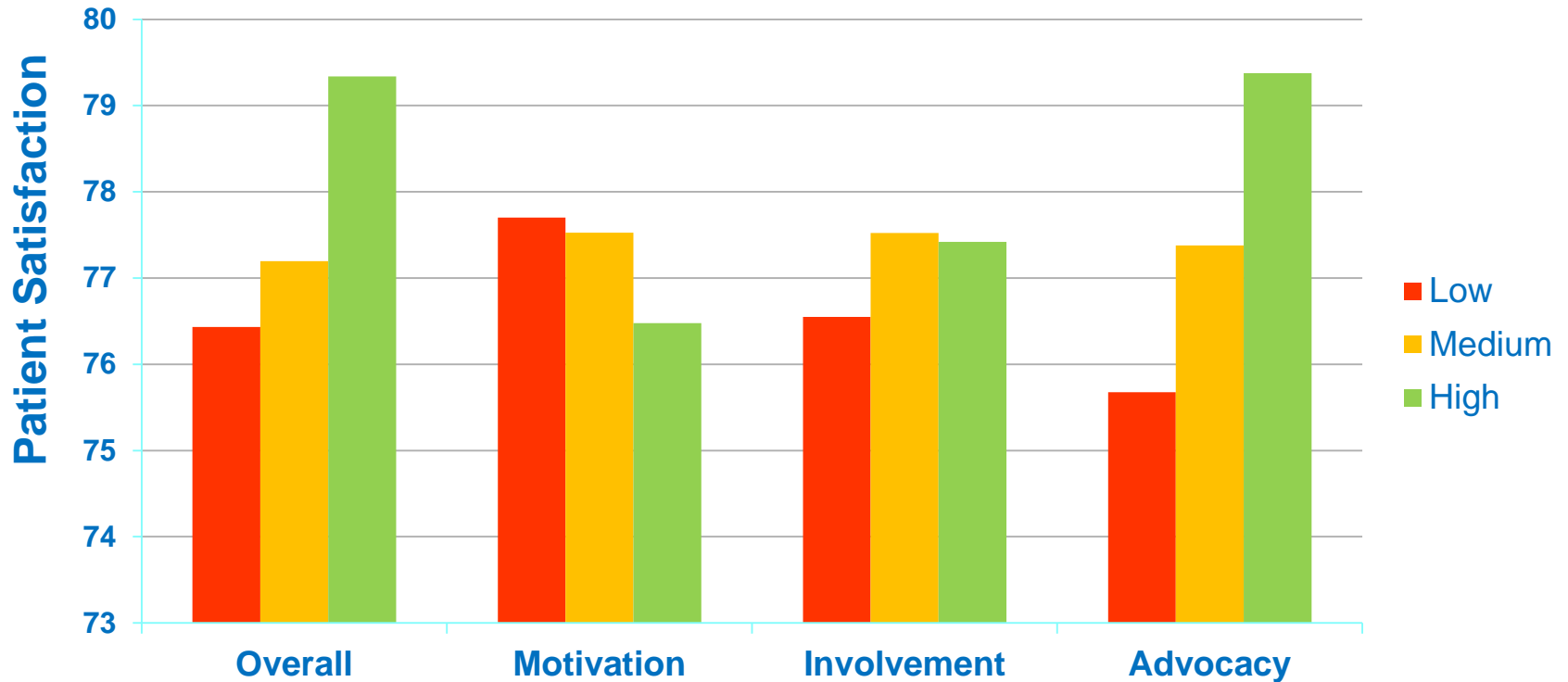


- For an “ordinary” (1 s.d.) increase in overall engagement, this is equivalent in an average acute trust to a saving of around £150,000 in salary costs alone





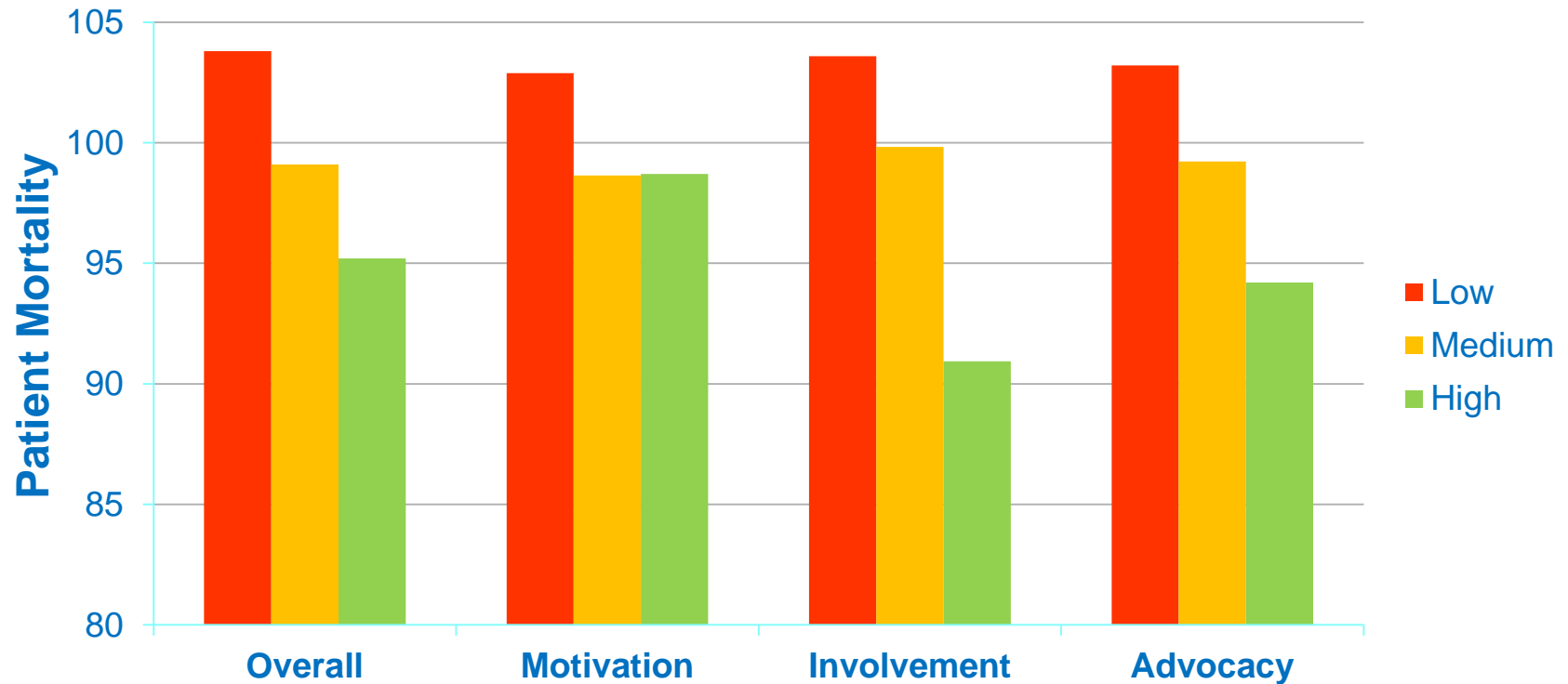
## Patient Satisfaction by Engagement



*Although there appears to be an inverse relationship for “motivation”, this is not statistically significant. The positive relationships are, however.*



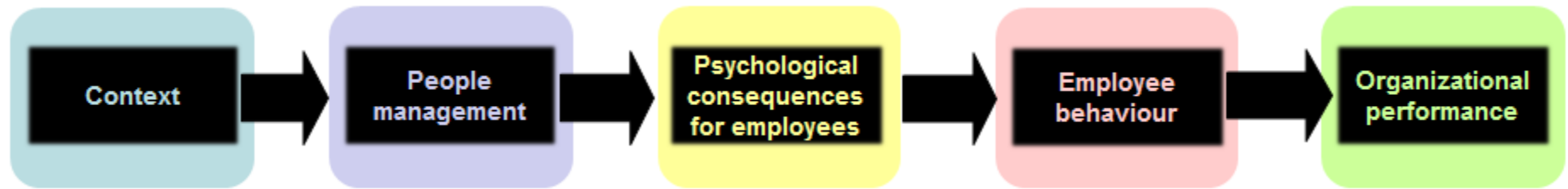
## Patient Mortality by Engagement



- For an “ordinary” (1 s.d.) increase in overall engagement, mortality rates are around 2.4% lower, all else being equal

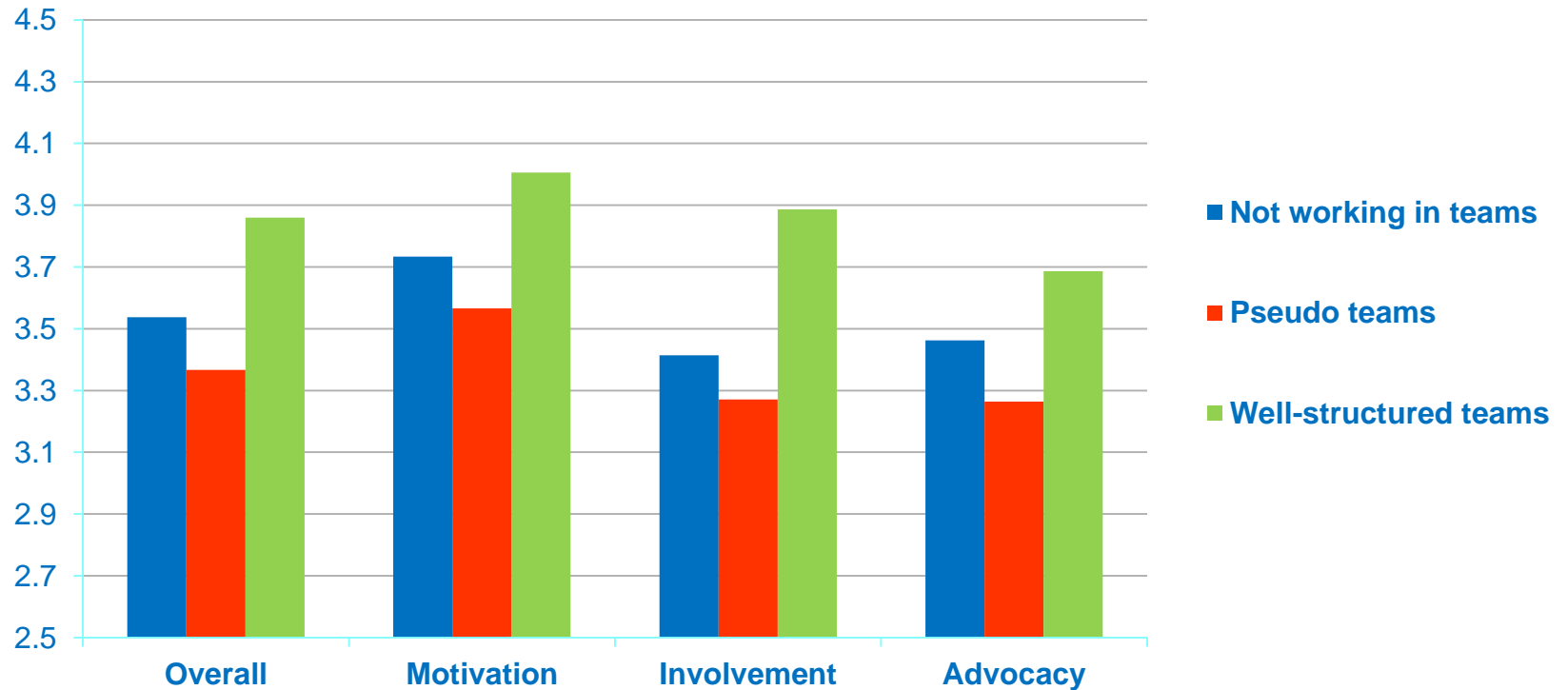


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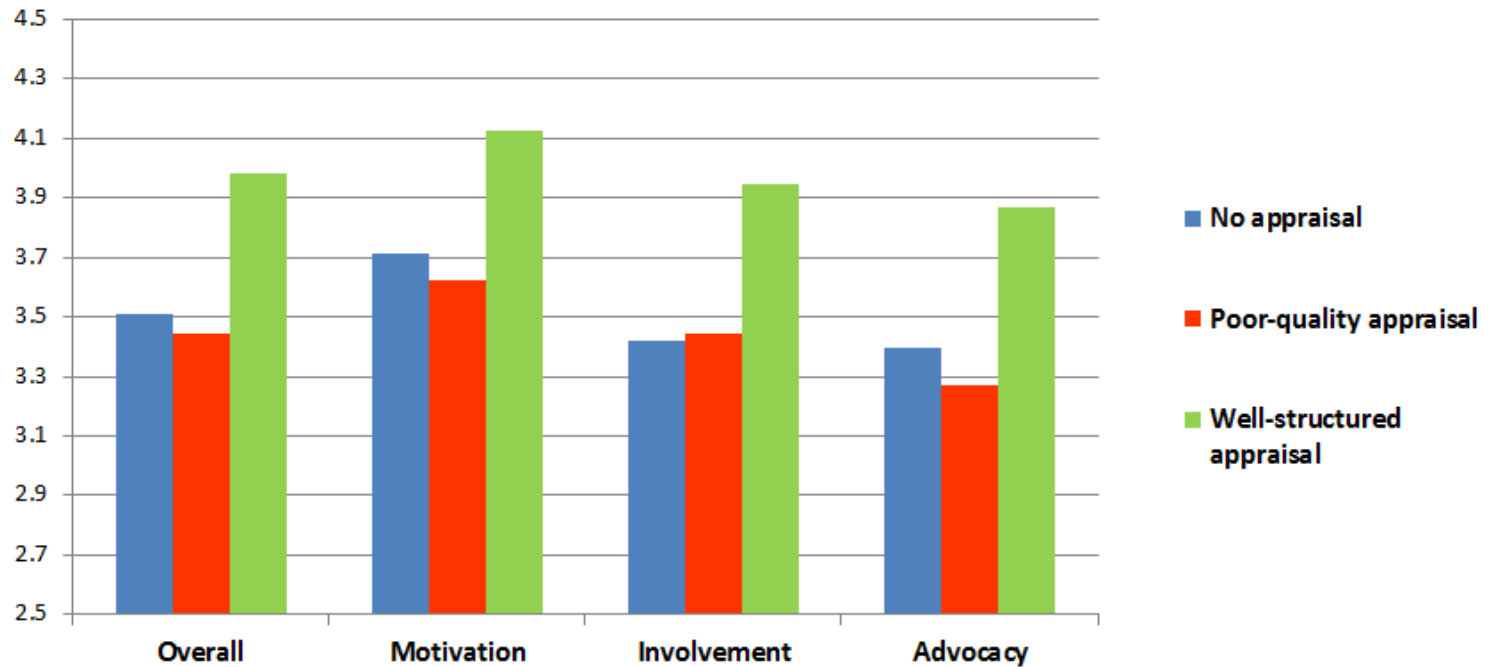


# Engagement & Team Working



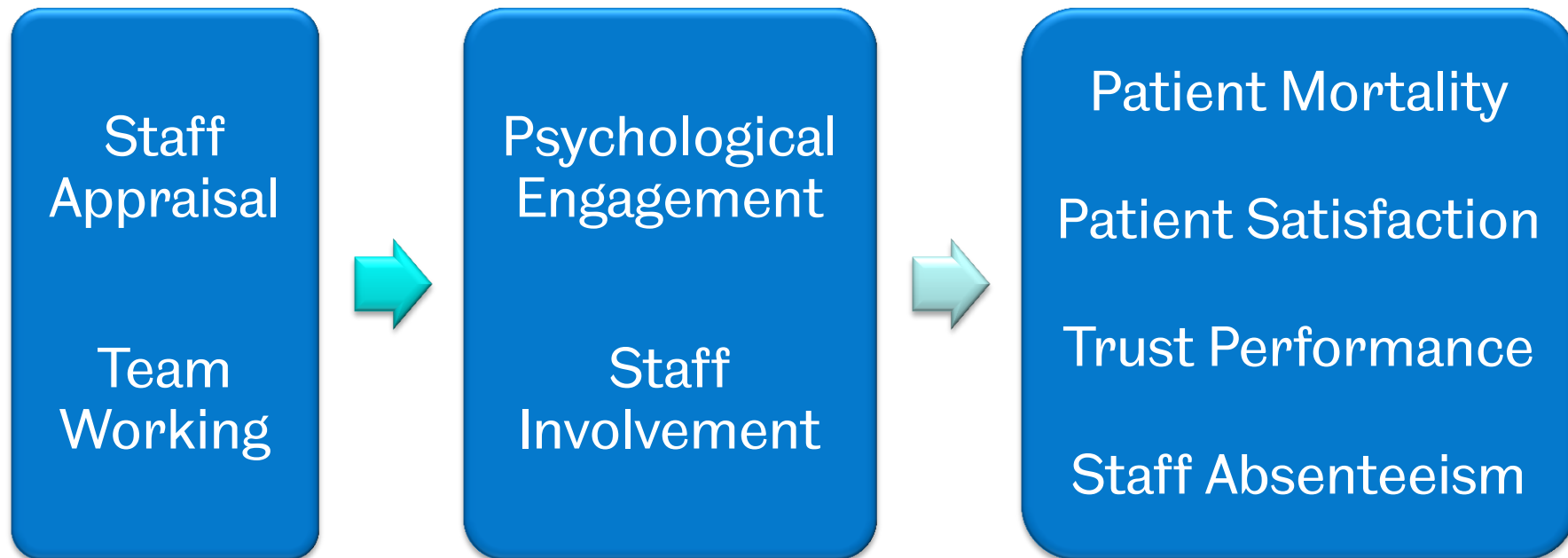


# Engagement & Appraisals



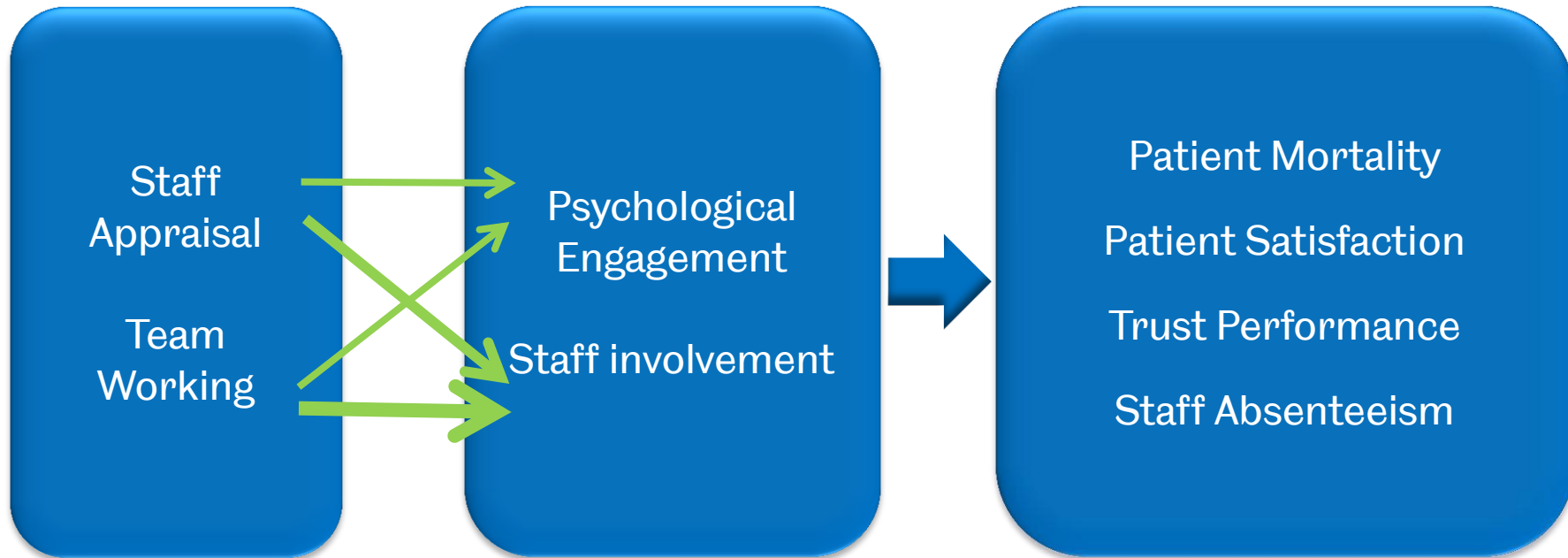


# Mechanisms





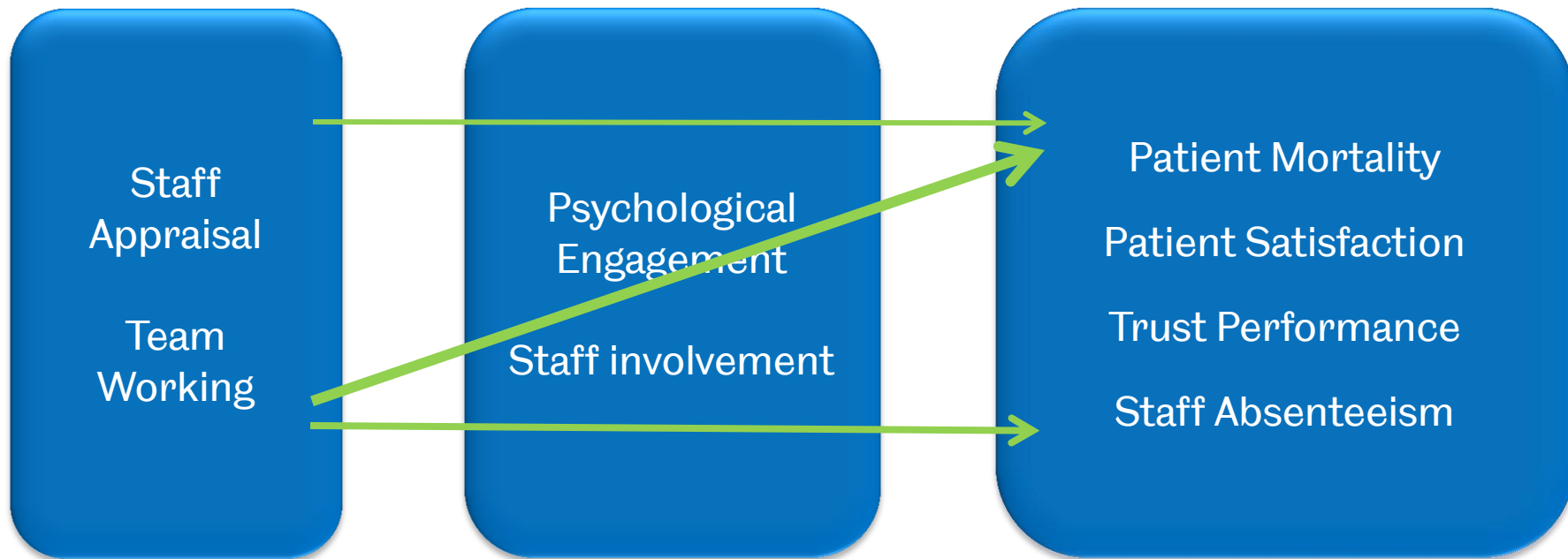
# Results: 1



- HRM practices predict engagement, particularly involvement ( $p < .001$ )



# Results: 2



- HRM practices predict mortality and absence



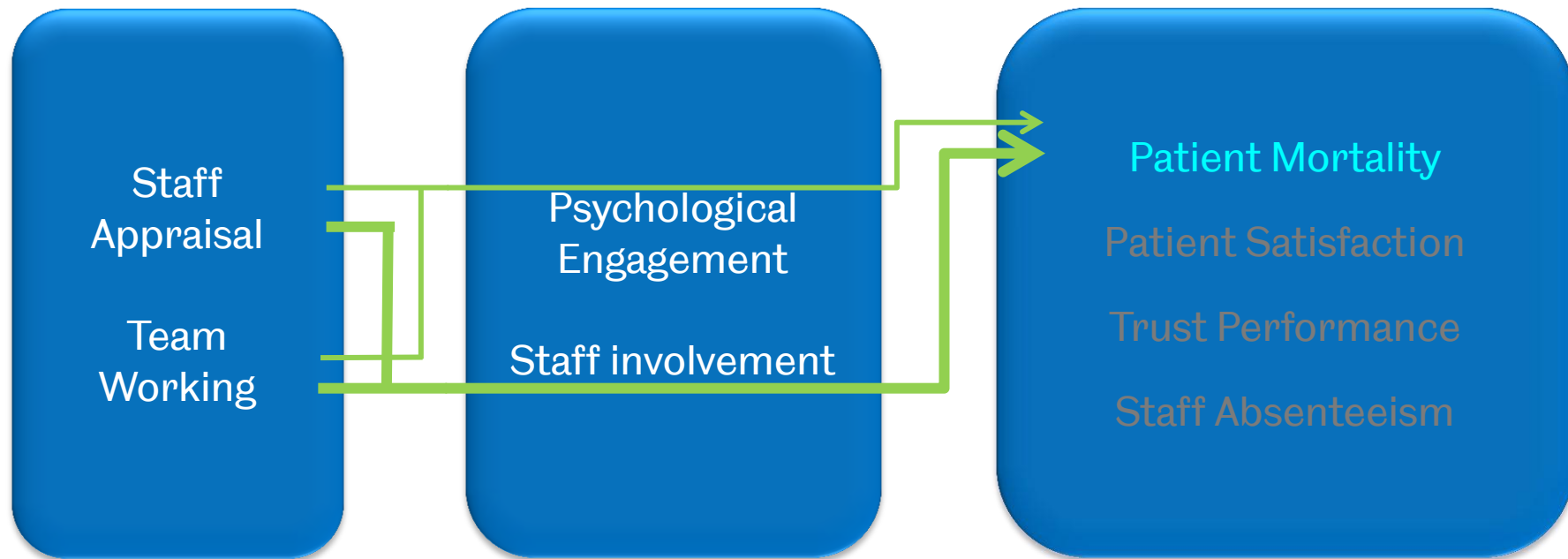


# Results 1 & 2: Summary

- Strong relationships between HRM practices and both engagement variables
- HRM & mortality results mirror previous results
- Team working predicts staff absenteeism
- However, no direct effects of HRM practices on other outcomes



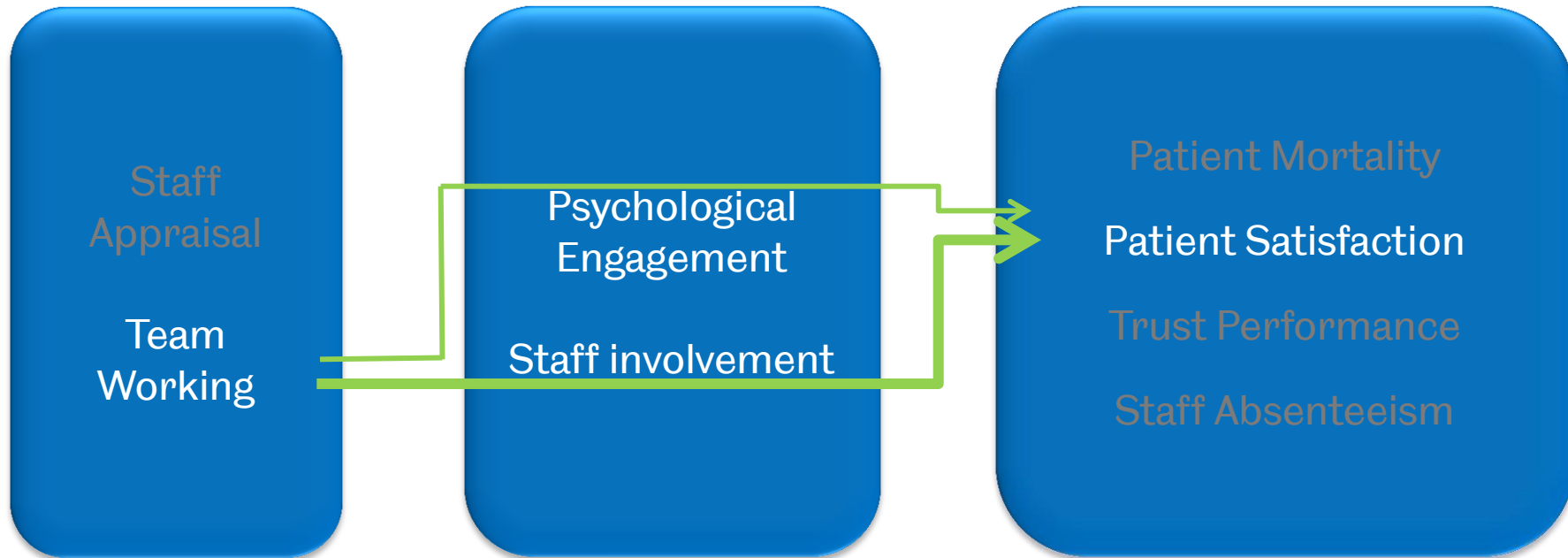
# Results: 3 (Mediation)



- Significant indirect effect of HRM variables on **patient mortality** via engagement; involvement stronger effect ( $p < .001$  for both)



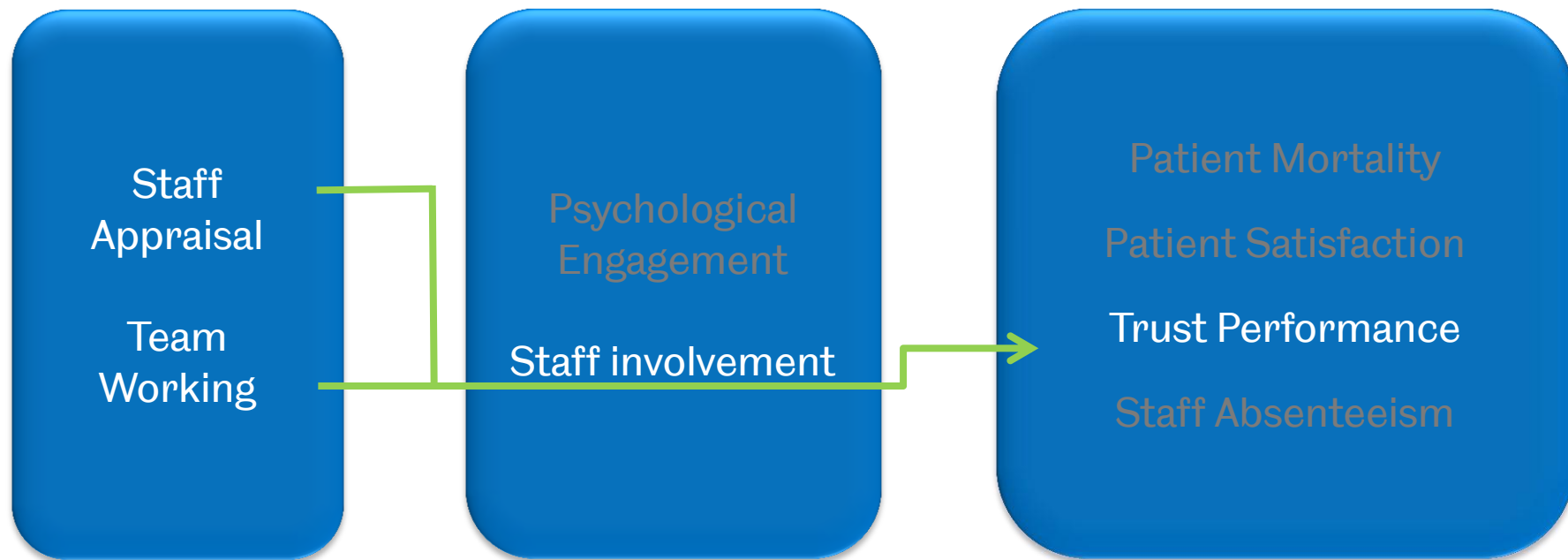
# Results: 4 (Mediation)



- Significant indirect effect of team working on **patient satisfaction** via engagement ( $p < .001$ )
- Appraisal not significant



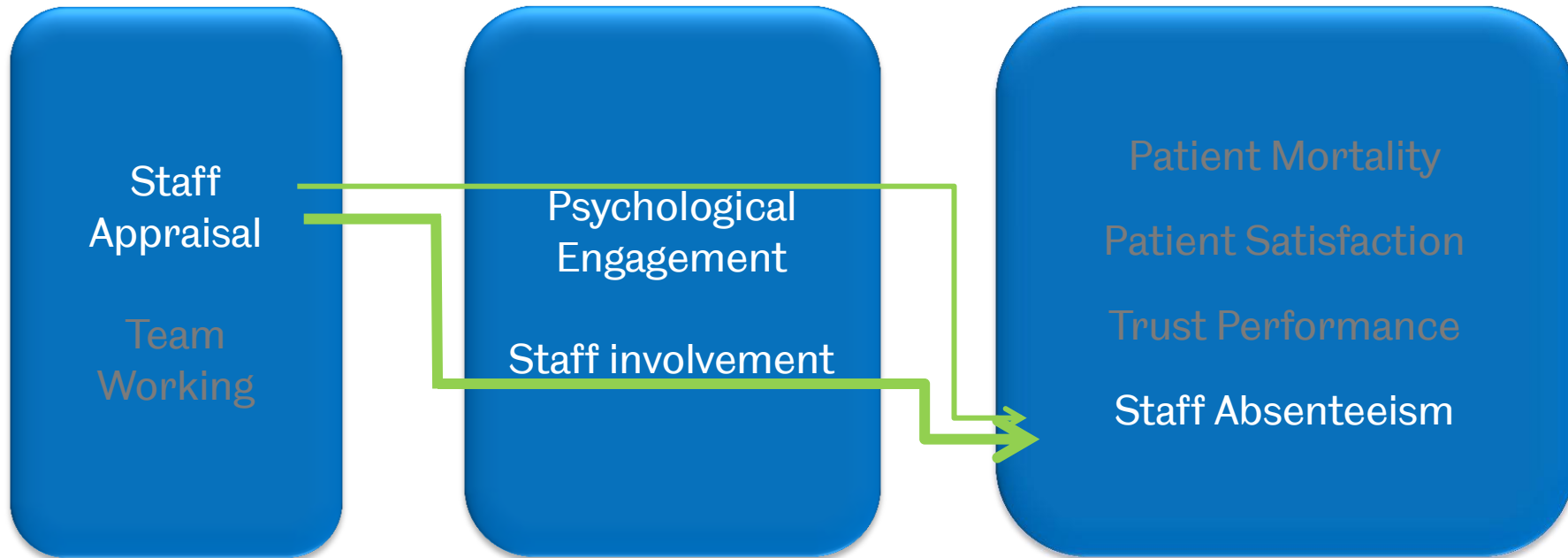
# Results: 5 (Mediation)



- Significant indirect effect of HRM on **Annual Health Check ratings** via involvement ( $p < .001$ )
- Psychological engagement not a significant mediator



# Results: 6 (Mediation)



- Significant indirect effect of appraisal on **staff absence** via engagement ( $p < .001$ )
- Team working not significant



# Other predictors of engagement

- Single strongest predictor of (low) engagement and other well-being measures is **perceived unequal treatment** by trust
- Other **negative experiences** are also strong predictors: discrimination, bullying/harassment, work pressure
- Good **job design** and **opportunities to develop** strong positive predictors, however



# Conclusions & Implications

- Engagement is at least one factor explaining why HRM practices are important in hospitals
- The extent of involvement in decision making and being able to innovate is particularly important
- HR practices should be tailored to allow and encourage such involvement