What is the impact of staff wellbeing on performance and patient experience?

Professor Jill Maben
14th January 2016
“I know what that person is feeling. Yesterday one of my 17-month-old patients died. I was in the bathroom crying between patients several times yesterday. I’ve cried in stairwells and hallways. It eats at you. Life is very fragile and the pain of losing those we are trying to help becomes a scar that doesn’t go away. It has shaped who I am as a person”.  

doctor, boldwhite
“When it comes to our work, nothing is harder- and I mean nothing- than telling a loved one that their family member is dead. Give me a bloody airway to intubate. Give me the heroin addict who needed IV access yesterday, but no-one can get an IV. Give me the child with anaphylaxis. But don’t give me the unexpected death…… We can only do so much, and we can only hope to do our best. But it’s that moment, when you stop resuscitation, and you look around, you look down at your shoes to make sure there’s no blood on them before talking with the family, you put your coat back on and you take a deep breath, because you know you have to tell a family that literally the worst thing imaginable has happened. And it’s in that moment that I feel. And I feel like the guy in this picture”

An ER doc, Smee
Everyone will say you need to be good at communicating, you need to be good at basic science, but **one of the main things I think you need is resilience**, because you work in a job that knocks you down constantly. You’ve just got to brush yourself off pick yourself up and say, ‘That was bad, that was awful, but here we go again.’ I think if you take it all home with you, and if you take it all on board, you simply wouldn’t be able to come back to work the next day’.

*(Dr P SHO)*
Boorman Report 2009 – *The Impact of Staff Wellbeing on Service Delivery and Outcomes*

... over 85% of staff felt that their health and well-being impacts upon patient care, and virtually none disagreed...

... data correlation also showed some significant relationships...

<table>
<thead>
<tr>
<th>Trust</th>
<th>Absence Rate</th>
<th>Turnover Rate</th>
<th>Agency Spend</th>
<th>Patient Satisfaction</th>
<th>MRSA rate</th>
<th>Health Check – Quality of Services</th>
<th>Health Check – Use of Resources</th>
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<tbody>
<tr>
<td>Trust A</td>
<td>4.21%</td>
<td>10.5%</td>
<td>1.70%</td>
<td>78.9</td>
<td>0.65</td>
<td>Excellent</td>
<td>Excellent</td>
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<tr>
<td>Trust B</td>
<td>4.04%</td>
<td>9.79%</td>
<td>2.96%</td>
<td>76.4</td>
<td>0.88</td>
<td>Excellent</td>
<td>Excellent</td>
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<tr>
<td>Trust C</td>
<td>4.58%</td>
<td>11.65%</td>
<td>1.71%</td>
<td>77.4</td>
<td>1.56</td>
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<tr>
<td>Trust D</td>
<td>4.70%</td>
<td>17.02%</td>
<td>4.57%</td>
<td>67.5</td>
<td>0.95</td>
<td>Fair</td>
<td>Weak</td>
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Source: RAND Europe
Relationships between staff well being and patient experience

• Self evident that patient experiences influenced by staff wellbeing – but little evidence....

• Drawing on mixed methods national study examined link between staff wellbeing and patient experiences of care:
  – which dimensions of staff experience and wellbeing impact on relationships of care?
  – which organisational and contextual factors most shape experience of work and experiences of care in healthcare organisations?
Does NHS staff wellbeing affect patient experience of care?

It may be reasonable to presume that patients receive better care from staff who feel happier in their work. However, little is known about the strength or possible impact of associations between staff wellbeing and patient outcomes including their experiences of the care provided. Previous research has tended to focus on single aspects or one staff group [1,2], or have looked at associations at the whole hospital level, for example using the national staff and patient surveys, and hospital level outcomes [3,4]. Researchers in the NRU have completed a study within the English NHS exploring the links between patients’ experiences of health care and staff experiences at work such as staff motivation and wellbeing at work [5,6]. Staff and patient views were captured at the team/unit level – where possible matching staff to the individual patients they cared for to test associations between staff and patient experience [7].

What do we mean by wellbeing at work?

‘Individual’s subjective experience and functioning at work’ [6] which includes job satisfaction, positive and negative affective reactions (feelings and responses) at work and motivation, emotional labour and issues of emotional exhaustion and burnout.

How did we explore staff wellbeing and patient experience?

We selected eight case studies (four acute and four community) in four different trusts in England: an Emergency Admissions Unit, Maternity Service, Care of Older People ward and Haematopoiesis ward, and two Adult Community Nursing Service teams, a Community Matron Service and a Rapid Response Team.

The study involved 200 hours of direct care observation, interviews with 55 senior managers, 100 patients and 86 staff, and surveys of 500 patients and 300 staff (nurses, health care assistants and medical staff).

What did patients tell us about their experience?

Patients recollected their own and other patients’ experiences vividly in the interviews. They focused largely on the ‘relational’ aspects of their care, i.e. how they felt cared for by staff [8]. Patients wanted prompt, kind and compassionate care. Their views of the relational care they received informed their judgement of whether the care was generally ‘good’ or ‘bad’, and whether individual staff were ‘good’ or ‘bad’ at their job. They made a distinction between staff who seemed to treat their work as ‘just a job’, versus those who regarded it as a vocation, and were clear on the importance of the latter.

In the case studies where patients rated their experience more negatively (elderly care and acute admissions; community nursing service and rapid response team) we consistently found poor relational care and staff largely failing to ‘connect’ with individual patients. Patients and relatives considered that they had limited ability and/or desire to directly question staff about poor care and poor caring behaviours. Some patients commented on the influence of the workplace on staff behaviours towards patients: busy or challenging service areas, a poor built environment and poorly managed wards.

What did staff tell us about their experiences of wellbeing at work?

Staff wellbeing was defined as ‘individual’s subjective experience and functioning at work’ and included measures of job satisfaction, feelings at work, motivation, emotional labour, and burnout [6].

Staff experience varied across the eight case studies. Staff in many settings spoke of high job demand and low control over their work, leading to emotional exhaustion, stress and for some burnout [7,9]. Some also spoke of bullying and an unsupportive work environment resulting in poor wellbeing at work [5,7]. Other staff felt well supported by colleagues and managers and suggested this buffered some of the pressures exerted by the challenges of day-to-day patient care. A multi level analysis of the survey data revealed that both job demands and job resources (support at work) have a strong effect on wellbeing at work [9]. Social support from supervisors, co-workers and the organisation more generally had a positive effect on wellbeing by helping to
Four organisations.... 8 case studies

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<th>‘Low’ performing microsystem</th>
<th>‘High’ performing microsystem</th>
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<tbody>
<tr>
<td>Acute trust 1</td>
<td>Emergency admissions unit (EAU)</td>
<td>Maternity</td>
</tr>
<tr>
<td>Acute trust 2</td>
<td>Medicine for Older people (MfOP)</td>
<td>Haemato-oncology</td>
</tr>
<tr>
<td>Community 1</td>
<td>Adult community nursing service (ACNS 1)</td>
<td>Community matron service (CMS)</td>
</tr>
<tr>
<td>Community 2</td>
<td>Rapid response team (RRT)</td>
<td>Adult community nursing service (ACNS2)</td>
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Staff experiences of wellbeing at work

• ‘Individuals subjective experience and functioning at work’ (Warr 1987)

• Measures of job satisfaction, feelings at work, motivation, emotional labour and burnout
Staff wellbeing an important antecedent

- 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.....
- “it is the experience of healthcare staff that shapes patient experiences of care for good or ill, not the other way round”.

- Seven staff variables (“wellbeing 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
Factors shaping staff experience

- Local work climate key to staff wellbeing and patient experience
  - Demanding work: high-demand work with little control and poor staffing levels
  - Colleagues: A family at work: local work climate
  - Job satisfaction and ability to deliver high quality care
Patients noted the difficulties of caring work....

Gloria suggested ‘I shouldn’t like to work here’ and Rose, reflected: “I think that it must be traumatic in lots of ways. Obviously, they’re faced with a number of people who don't recover, who die. In fact, on the first admission three patients died in the ward I was in, in a week, so that must be traumatic for them to deal with that”.

“everybody in that ward was very ill and they spent so much time looking after them. They could spend an hour changing someone’s dressing or giving them a bed bath or something”

“The paperwork, of course, is so tremendous these days that everybody is filling in forms and charts and everything else which leaves less time by the bedside”.
‘Poppets and parcels’: the links between staff experience of work and acutely ill older peoples’ experience of hospital care

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‘in the end, I feel like I’m being moved around like a parcel, I’m being moved like a parcel from chair to commode to bed. I feel like a parcel and not a person anymore’ (Patient 3).

‘(they’ve) got something that just endears to you and you just feel, ‘Oh, she’s gorgeous.’ You just click with them as well’ (HCA 3).
• Nurses aspire to therapeutic relationships with patients, to....
  – connect with patients
  – get to know individual patients
  – involve patients in their care

Bridges et al 2012
If not...moral distress....

“I think it is like a plastic shield that you put up and I think if you stick at it long enough and you’re in the job long enough, it becomes a natural way”

(Macintosh 2007 Quoted in Bridges et al 2013)
New nurses ideals and values

- Sustained idealists: 8
- Compromised idealists: 14
- Crushed idealists: 4
“Medical students come in with a lot of idealism, they want to be of help and service. And then something starts to happen when they are exposed to clinical care.”

(Hojat et al. Academic Medicine 2009)
….. Really relating to patients takes courage, humility and compassion, it requires constant renewal by practitioners and recognition, re-enforcement and support from colleagues and managers. It cannot be taken for granted.”

Boorman report 2009

Less than 40% of staff believe their service proactively tries to improve staff H&WB, other issues also exist…

- Cultural barriers and management practices
  - Less than half staff believe concerns are listened to
  - Major barrier believed to be management and leadership ‘buy in’

- Staff attitudes and engagement
  - “… would require a massive culture change to see it as a professional duty to take care of ourselves and each other”

Source: Staff Perception Survey, Boorman Review, 2009
Thank you

NIHR report: http://tinyurl.com/jepw8v4

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