

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 NNRU 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 Haemato-oncology 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

reduce or cope with feelings of exhaustion and at the same time enhance satisfaction and positive affect (feelings and responses) at work [9].

Work dedication was consistently positively associated with higher levels of wellbeing, including lower exhaustion and higher job satisfaction and relative positive affect [7]. High job skills and competence were also identified as important in that they helped to reduce or minimise emotional exhaustion [7].

Is there a link?

Individual employee wellbeing is an antecedent, rather than a consequence, of patient care performance. That is, if staff wellbeing at work is good, it is likely that staff will perform better in their jobs, rather than the other way around.

Analysis of our staff and patient experience surveys indicate seven staff variables ('wellbeing bundles') which are linked to good patient-reported experience. These are:

- good local (team)/work-group climate
- high levels of co-worker support
- good job satisfaction
- good organisational climate
- perceived organisational support
- low emotional exhaustion
- supervisor support

A strong climate for patient care, particularly at the local level (the ward, unit or staff team), can amplify some of the positive effects that individual wellbeing can have on patient care performance. A good local climate can also act as a substitute for individual staff wellbeing in the sense of 'making up' for the absence of high levels of wellbeing in terms of performance.

Conclusions

This study strongly suggests that there is a relationship between staff wellbeing and staff reported patient care performance and patient-reported patient experience. Seeking systematically to enhance staff wellbeing is, therefore, not only important in its own right but can also improve the quality of patient experience.

Key points for policy

The study has demonstrated the importance of investing in and supporting individual staff wellbeing at work, to enable staff to deliver high quality patient care. It highlights the importance of investing in the local work climate and wider organisation to support staff wellbeing and patient care performance through:

- **Good team leadership** - team leaders have a critical role in setting values, behaviours and attitudes to support the delivery of patient-centred care. Supportive local leadership and supervision needs to be in place.
- **Supportive teams** - Attention needs to be given to the nature and quality of the team environment.
- **Monitoring staff absence** - high sickness absence may be indicative of a poor local work climate and organisational and wider contextual issues. Sickness absence levels should be seen as a barometer of wellbeing issues that affect patient care quality.
- **Resourcing Occupational Health Departments** to work together with organisational development (OD) departments to view staff experience, such as staff absence, as an organisational rather than an individual issue. Thus rather than tackling high sickness levels in a reactive and punitive way, staff wellbeing is proactively managed and supported in organisations to ensure care quality.
- **Organisational good governance practices re staff wellbeing** - A strategic approach to improving staff wellbeing is likely to have a positive impact upon patient care experience. Examples include high sickness absence highlighted at board level and measures taken through OD to manage them, and the appointment of a board executive champion for staff health and wellbeing to ensure staff wellbeing gains greater prominence in NHS trusts.

References and information

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