Small things are big things: staff engagement and why it matters

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Experience of care is multi-dimensional

1. Respect for values, preferences, and expressed needs
2. Coordination and integration of care
3. Information, communication, and education
4. Physical comfort
5. Emotional support
6. Welcoming the involvement of family and friends
7. Transition and continuity
8. Access

Based on the Institute of Medicine (2000)
Experience is always a mix of ‘what’ (T) and ‘how’ (R)

1. Respect for values, preferences, and expressed needs (R)
2. Coordination and integration of care (T)
3. Information, communication, and education (T+R)
4. Physical comfort (T)
5. Emotional support (R)
6. Welcoming the involvement of family and friends (T + R)
7. Transition and continuity (T)
8. Access (T)
Example 1: a daughter’s story

Overall, my mother received the best care from staff who *treated and respected her as a person*, rather than stereotyping her as an elderly person who’s not capable of thinking and doing things for herself.

Throughout her time in hospital, staff called my mother by *the wrong name*. We drew this to the attention of staff on the ward; it was important especially as she was suffering from episodes of confusion, but it did not stop.

*Everyday someone from the family would visit her and wipe the wrong name off the whiteboard.*
Example 2: A grand-daughter’s story

“My grandmother was moved twice in the first couple of days. The second move was carried out at 4 a.m. Agitated on being woken, she pulled out her feeding tube. Her dentures were lost in transit and could not be located despite us repeatedly asking staff at the ward she had come from. The lack of dentures left her unable to communicate and increased her difficulty with eating. She developed an aspiration pneumonia which could have been in part due to the lack of dentures. The pneumonia kept her in hospital for almost a month.

When we complained it was not taken hospital seriously.
The two examples lead in different directions

Example 1
• Relational care
• Listening to relatives
• Patient’s records
• Team working
• Handover

Example 2
• Relational care
• Management of patients’ belongings
• Decision-making authority
• Bed management
• Targets and priorities
The balance between T and R is a challenge, but often good R compensates for poor T.

![Diagram showing the balance between T (efficient and impersonal) and R (efficient and personally warm) versus chaotic, rude, indifferent and chaotic and personally warm.](image-url)
Surveys show a positive linear relationship: organisations that do well on staff experience do well on inpatient experience.

Raleigh Veena S et al 2009 Qual Safe Healthcare
Staff experience is the antecedent. It comes first and shapes patients’ experience, not the other way round.

Jill Maben et al. 2012
Staff experience
3 things we know about employee engagement

1. It is measureable
2. It correlates with performance
3. It varies from poor to great
There are real generational differences in attitudes
Plus in healthcare, staff have specific aspirations

1. Compassion satisfaction – pleasure and satisfaction derived from working in a care giving environment

Which requires

1. Belonging to an effective team
2. Supervising and directing positive outcomes
3. Working with dedicated colleagues
4. Feeling psychologically safety

AND

5. High levels of staff engagement
Fostering the capacity to care
“..... 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.”

Seven variables correlate positively with patient-reported patient experience

The well-being bundles

1. Local/work-group climate
2. Co-worker support
3. Job satisfaction
4. Organisational climate
5. Perceived organisational support
6. Low emotional exhaustion
7. Supervisor support
Lessons from the anniversary Schwartz Round

“The support of colleagues is the crucial thing that kept people going. Compassionate relationships with each other were seen as really helping relationships with patients.”

Joanna Goodrich, head of evidence and learning

Summary

1. Caring for patients means actively caring for and engaging with staff
2. There is no one single intervention that works
3. Action is needed on the seven variables in the wellbeing bundles
4. Persistence and continuity of purpose over time
5. The quality of relationships between colleagues and peers is important
Thank you

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