

Ten evidence-based reasons for embedding values-based 'Enabling Environments' in health care

Human beings are inherently social: they need honest, positive connections with others to survive and thrive in the workplace. *Enabling Environments* (EEs) are workplaces which can demonstrate 'relational excellence' and be expected to confer the following benefits:

1. EEs improve quality of care and thus measurable patient outcomes

- Patient and doctors' satisfaction are positively correlated (Haas et al, 2000)
- Physicians' job satisfaction positively influences patients' adherence to treatment and self-management of chronic illness (Di Matteo et al., 1993)
- Doctors are more empathic when personally well (Shanafelt et al 2005)
- Job satisfaction and employee wellbeing are associated with work performance, productivity, and hence the quality of healthcare (Lundstrom et al 2002)

2. EEs promote wellbeing of patients, optimizing conditions for recovery

- Engagement is "A positive attitude held by the employee towards the organisation and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organisation. The organisation must work to develop and nurture engagement, which requires a two-way relationship between employer and employee." (Robinson et al., 2004)
- There is a strong body of evidence that demonstrates the importance of employee engagement in healthcare. It is linked not just to employee wellbeing, but also to patient satisfaction and clinical outcomes .Employee engagement is therefore vital to high quality care in the NHS. (West & Dawson 2012)

3. EEs enhance workforce engagement

- When organisations recognise and legitimise virtuous behaviours (as when courageous or compassionate acts are recognized and applauded), virtuousness becomes self-reinforcing and it fosters resiliency against negative and challenging obstacles (Cameron et al., 2004 p 9)
- Enablement is contagious: exposure to positive behaviours evokes positive emotions leading to replication and hence improvement in organisational performance (Seligman, 2002)
- Turnover is lower where environments facilitate work engagement and involvement of staff in decision-making processes (Rondeau & Wagar, 2012)
- In the NHS staff survey, the level of support from immediate line managers predicts staff sickness absence and patient mortality, and staff levels of work-related stress predict trusts' sickness absence levels (Topakas et al., n.d)

4. EEs reduce staff sick leave

- Engaged staff have lower levels of absence and 'presenteeism' turning up for work unwell and unable to work productively (West and Davidson' 2012)
- Better staff health and wellbeing is associated with improved patient outcomes (including reduced MRSA rates, lower standardised mortality rates and increased patient satisfaction) (DH, 2009)
- Analysis of NHS staff survey and outcome data linked better staff experiences (particularly those associated with better well-being and better job design, and more positive attitudes about the organisation generally) to lower levels of absenteeism with some evidence that the relationship is causal (Powell et al., 2014)

5. EEs are good for the organisation's bottom line

- High levels of social capital are associated with greater cooperation, employee commitment and reduced transaction costs
- Employees translate positive experiences into relationship with service users Customer satisfaction is related to the subjective well being of employees (Johnson & Gustaffson, 200)
- Staff turnover is lower where employees are engaged (West and Davidson 2012)
- Enhancing the ability of staff nurses to support each other can result in a more supportive work environment and may improve nurse retention (Medland et al.,)

6. EEs are good for the organisation's reputation

Positive workplaces give rise to more unsolicited compliments from patients and families (Machin, et al., 2010).

7. EEs reduce the risk of adverse outcomes

Work related stress reduces standards of patient care and increases mistakes (Firth-Cozens & Greenhalgh, 1997)

 Dissatisfied doctors have riskier prescribing profiles, less adherent patients and less satisfied patients (Williams & Skinner, 2003)

8. EEs support positive mood; positive mood promotes more flexible problem solving, robust decision-making and enhanced analytic precision

Interviews with CEOs and senior leaders of 35 U.S. health services known for their patient experience
improvement initiatives linked compassionate care to lower staff turnover, higher retention, recruitment of more
highly qualified staff, and reduced costs from shorter lengths of stay, lower rates of rehospitalization, better
health outcomes, and fewer costly procedures. http://www.theschwartzcenter.org/media/Building-Compassioninto-the-Bottom-Line.pdf

9. EEs nurture the collaborative ethos that is fundamental to effective teamwork

- Delivery of health care is complex and fundamentally dependent on the collaboration of workers from a range of backgrounds. The quality of teamwork and communication within teams predicts patient safety (for review see Manser, 2009)
- poor team work is associated with an increased risk of complications and death among surgical patients (Mozzocco et al., 2009)_
- coworker support correlates with patient experience (Maben et al., 2012)

10. Enabled, healthy workers are more productive workers and are better at handling adversity.

- Organisations that work with their staff to provide healthy and safe work combined with a caring environment perform better, and deliver reliably by promoting the health of their workers (RCP, 2012)
- The quality of care provided is predicted by the engagement of healthcare workers, as well as by the support they receive from others (colleagues, supervisors and the organisation more widely) (DH, 2009).
- A study involving multiple-case studies across the NHS found a relationship between staff wellbeing and various dimensions of staff-reported patient care performance and patient-reported experiences. (Maben et al., 2012)

The fact that job satisfaction, organisational commitment, turnover intentions, and physical and mental wellbeing of employees are predictors of key organisational outcomes such as effectiveness, productivity and innovation means there are multiple reasons to encourage such positive employee attitudes. This applies even more so in health services, where the attitudes of employees are likely to directly affect the quality of the patient experience.

(West & Dawson, 2012 p. 5)

References

Department of Health. *NHS Health and Well-being. Final Report*. Crown copyright, 2009.

(www.nhshealthandwellbeing.org/FinalReport.html)

Dromey J. (2014) Meeting the Challenge: Successful Employee Engagement in the NHS www.ipa-involve.com

Firth-Cozens J & Greenhalgh J. (1997) Doctors' perceptions of the links between stress and lowered clinical care, *Social Science & Medicine*, Vol. 44, pp. 1017-22.

Haas J, Cook F, Puopolo A., Burstin HR & Clearly P (2000) Is the professional satisfaction of general internists associated with patient satisfaction? *Journal of general internal medicine*, 15, 122-128.

Laschinger HK, Leiter MP (2006). The impact of nursing work environments on patient safety outcomes: the mediating role of burnout/ engagement. *Journal of Nursing Administration*, vol 5, pp 259–67.

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=08-1819-213

Machin, T and Goh, H. E. and Patrick, J. and Jury, C. (2010) Establishing links between organisational climate, employee wellbeing and historical patient outcomes. In: 27th International Congress of Applied Psychology, 11-16 Jul 2010, Melbourne, Australia.

Manser T (2009) Teamwork and patient safety in dynamic domains of healthcare: a review of the literature *Acta Anaesthesiologica Scandinavica*, 53, 2 1 143-151

Mazzocco K, Petitti DB, Fong KT, et al. 2009. Surgical team behaviors and patient outcomes. *American . J. Surgery* 197(5):678–85

Medland J, Howard-Ruben J, Whitaker E. (2004) Fostering psychosocial wellness in oncology nurses. *Oncol Nurs Forum* 31(1):47–54

NHS Employers Staff experience and patient outcomes: What do we know?http://www.nhsemployers.org/~/media/Employers/Publications/Research%20report%20Staff%20experience%20and%20patient%20outcomes.pdf

Powell M, Dawson J, Topakas A, Durose J and Fewtrell C. Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data. *Health Serv Deliv Res* 2014;2(50). DOI: 10.3310/hsdr02500

Robinson D, Perryman S, Hayday S (2004). *The Drivers of Employee Engagement*. Institute for Employment Studies. Report 408

Rondeau, K., & Wagar, T. (2012). Employee high-involvement work practices and voluntary turnover: does human capital accumulation or an employee empowerment culture mediate the process? Examining the evidence in Canadian healthcare organisations. Paper presented at the Organisations Proceedings of the European Conference on Intellectual Capital.

Royal College of Physicians (2012) *Implementing NICE public health guidance for the workplace: Overcoming barriers and sharing success.*

www.rcplondon.ac.uk/sites/default/files/documents/shipreport.pdf Shanafelt TD, West C, Zhao X, Novotny P, Kolars J, Habermann T, Sloan J. (2005) Relationship between increased personal well–being and enhanced empathy among internal medicine residents. *J Gen Intern Med.* 20(7):559–564.

Topakas A., Admasachew L., and Dawson J. *NHS staff survey scores as predictors of trust outcomes a multi-method longitudinal analysis.* Birmingham: Aston Business School, n.d.

West M, and Dawson J (2012). *Employee Engagement and NHS Performance*, The Kings Fund