See the person in the health professional: how looking after staff benefits patients

Improving staff experience is an essential step towards providing high quality care. The King’s Fund’s Point of Care Programme shows you how

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The Point of Care programme at The King’s Fund held its first national conference last month. A central theme was the importance of staff experience in improving quality. Here we explore the reasons why staff experience is important and propose practical tips for trusts to support employees. Where staff experience is good, patients’ experience is more likely to follow suit.

INTRODUCTION

With the NHS next stage review (Department of Health, 2008), patient experience became one of three main focal areas for quality improvement efforts in the health service, alongside patient safety and clinical effectiveness.

Implicit in this drive towards high quality, patient centred care is the assumption that staff are able to deliver it. Although research shows that staff want to deliver the same quality of care they would want for themselves and their families (Goodrich and Cornwell, 2008), they often feel they are prevented from doing so, not only because of the pressures of their jobs but also because of workplace systems and routines.

The Point of Care programme aims to improve patients’ experience of care in hospital and to help staff deliver this high quality of care.

Improving staff experience is an important goal in its own right and also one of the main factors in improving patients’ experience of care in hospital.

WHAT HAPPENS WHEN STAFF EXPERIENCE IS POOR?

Consider the following two stories from the points of view of a nurse and doctor respectively (Boxes 1 and 2).

While both describe experiences that may not be everyday occurrences, neither are they unusual. They reveal something about the ways in which staff can feel as if they are left to cope with challenging situations unsupported.

It is telling that both stories relate to experiences that occurred early in their careers. Both illustrate the vulnerability of young doctors and nurses and others new to the caring professions; furthermore, they highlight the need to think especially hard about arrangements to support staff as they enter the professions.

Altruistic motives are often what attract people to the caring professions in the first place, but these tendencies can make staff particularly susceptible to burnout when they are not able to follow through on their intentions (Firth-Cozens and Cornwell, 2009). And this may be the experience of the majority. For example, of 26 nurses who were surveyed at the outset of their careers and again two years later, only two thought they had managed to put their ideals into practice; the large majority thought they had compromised their ideals in some way (Maben et al, 2007). The result is often dangerously high levels of stress, depression and a shutting down of compassion; a term that arose frequently in discussion at our conference was “case-hardening”.

Unfortunately, providing care – particularly in acute hospitals – inevitably involves exposure to highly emotional and stressful situations, to patients who are dying and to the loved ones of patients who have died. Although these challenges are inevitable, a negative response to these experiences does not have to be.

In an ideal world, good staff experience would mean never losing a patient or never dealing alone with a situation in which one feels overwhelmed, powerless or inadequate. In the real world, it would mean feeling supported by colleagues, supervisors and managers and the
organisations to cope with the challenges of working in healthcare and the feelings that result from those challenges.

**WHY FOCUS ON STAFF EXPERIENCE?**

There are a number of reasons why staff experience should be made a high priority. These are summarised in Box 3 and explored in more detail below.

First and foremost, we should want to get staff experience right because it is the right thing to do. The health service should set the example as a good employer that supports its staff and cares about their health and wellbeing. Indeed, it has pledged to do so in its staff and cares about their health and wellbeing. Whether or not trusts take an interest in staff health and wellbeing, there follow "significant benefits to the quality of service to patients, with better outcomes and improved patient experience" (DH, 2009b).

The precise nature of the relationship between staff and patient experience is only beginning to be understood by researchers, but the review provides compelling support for such a relationship, arguing that, where trusts take an interest in staff health and wellbeing, there follow "significant benefits to the quality of service to patients, with better outcomes and improved patient experience" (DH, 2009b).

Raleigh et al (2009) supplied further evidence, finding associations between positive staff feedback and positive patient feedback in the annual NHS patient and staff surveys. This might be generalised to associations between staff and patient experiences. In other words, where staff have good experiences, so too, it seems, do patients.

Third, patterns in staff retention and recruitment are likely to be affected when trusts commit to improving health and wellbeing services for staff. The causality of this relationship has not been determined, but the health and wellbeing review argues that where staff have good experiences, the hospital will gain a reputation as an exemplary employer, in turn attracting and retaining highly qualified staff (DH, 2009b).

Finally, there is the potential for real efficiency gains when trusts focus on improving staff experience. Where there is a commitment to staff health and wellbeing, reductions in sickness and absence, in the use of bank and agency staff and in the costs associated with recruitment and induction are all likely to follow. In the interests of preserving and even improving quality in the NHS as financial pressures mount over the coming years, we hope there will soon be hard evidence to support a relationship which some trusts anomalously have long suspected to be true. A project examining these links led by Jill Maben and colleagues at the National Nursing Research Unit is due to report at the end of 2010.

**PRACTICAL TIPS AND EXAMPLES**

Tellingly, only 40% of staff who participated in the DH (2009b) survey believed their employer was proactively trying to improve staff health and wellbeing. Whether or not belief matches reality, this is nonetheless a view that will need changing if staff are to feel that they work in a supportive environment.

What can team members, team leaders and managers and senior executives do? How should trusts go about improving staff experiences and, as importantly, signal to employees that their experiences matter? At the conference, we heard a number of useful suggestions that may have practical application in improving staff experience.

**Have caring conversations with staff**

Thinking of their own needs and focusing on their own experiences may seem to run counter to the altruistic motives that brought some staff into the profession.

Because of this and because of the time pressures of their jobs, the feeling was strong that, whatever the format, staff need a great deal of support and encouragement to lift their heads from their jobs and reflect on the environment in which they work and on how their experiences could be improved.

Having caring conversations may seem a very basic thing but, without these, we cannot begin to understand the ways our healthcare teams are working and where the key to improving their experiences might lie.

We heard about several projects and strands of work to improve staff experience. The theme common to them all was the importance of giving staff time and space to discuss their experiences of delivering care to

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**BOX 2. A DOCTOR’S STORY**

The following story was told by Dr Robin Youngson (2006) in his keynote address to the Australasian Integrative Medicine Association (AIMA) 12th International Holistic Health Conference:

“When I had been a doctor for eight days, I did my first weekend on call as a house officer. I was continually on duty for 34 hours in which time I had only three hours’ sleep. Of the 15 emergency patients I admitted, six died.

“I vividly recall cycling home five miles on Monday evening. I had held my emotions in check for the whole duty period but I was overwhelmed with grief and shock on being released from duty. I wept uncontrollably during the journey home. My wife was shocked and horrified – she scarcely recognised the husband she had sent to work three days earlier. It was only the beginning of a long process of brutalisation.”

In a recent presentation to a joint policy event at The King’s Fund with the NHS Confederation – see Youngson (2009) for an excerpt of the discussion – Dr Youngson described how during this same first weekend on call, he was presented with a young woman with a severe spinal injury whom he felt scared to treat by himself. When he saw Youngson (2009) for an excerpt of the discussion – Dr Youngson described how during this same first weekend on call, he was presented with a young woman with a severe spinal injury whom he felt scared to treat by himself. When he}

**BOX 3. WHY FOCUS ON STAFF EXPERIENCE?**

**Focusing on staff experience:**

- Is the right thing to do;
- Makes a difference to patients;
- Has the potential to improve on staff retention and recruitment;
- Has implications for trust costs.
patients. These different forums for caring conversations had different levels of formality and embeddedness within the organisation. They ran from informally gathering nurses together during a shift to ask them to reflect as a group on what it was like to care for patients in their ward, to asking staff to complete the sentence “I feel valued when...” on a postcard, and turning the responses into a poster displayed on the ward.

The idea of 360 degree feedback was suggested as a way that staff can give feedback to and receive it from colleagues, both those more senior and those more junior, to promote a spirit of cooperation with the objective of improving the experiences of staff as a team.

In The Point of Care’s own work, piloting Schwartz rounds (see tinyurl.com/schwartz-rounds) for the first time in England, caring conversations take the form of a multidisciplinary forum in which staff reflect on their experiences and on the feelings and ways of coping that these experiences might prompt. These slightly more formal mechanisms may be additionally important as they signal to staff that the organisation values their health and wellbeing.

Don’t exhort staff to work harder/better
Most staff are likely to feel they are already working as hard as they can and to the best of their abilities. Asking staff to work harder may well have the unintended consequence of demoralising them and making it feel more difficult for them to do their daily jobs.

Instead, leaders need to find ways to help staff feel enabled to work competently and compassionately. In turn, this should improve their job satisfaction.

Support staff with mentors
Another suggestion for improving staff experience was to mentor staff to show compassion towards themselves.

If research shows self criticism is a predictor of depression (Gilbert, 2009), then staff who are less forgiving of their own shortcomings may be the ones most susceptible to case-hardening and an eventual inability to show compassion towards patients. Formal mentoring programmes might aim to match employees with mentors outside their line management so that, again, any feedback staff are given feels less like a criticism and more like it stems from the spirit of cooperation.

CONCLUSION
When it comes to improving staff experience, everyone can make a difference, no matter where they are placed. Looking after ourselves and our colleagues and articulating the importance of caring for staff are essential steps towards enabling practitioners to provide excellent patient care.

However, it will be necessary to go further. Just as for patients’ experience, strategies for improving staff experience will need to be integrated into trusts’ articulated values and objectives. This is necessary to start to counteract what the DH (2009b) review calls the "deep-rooted cultural issues that are endemic in the NHS, such as a culture of long hours and high levels of bullying and harassment". This calls for staff health and wellbeing "to be seen as central to the NHS and recognised as a crucial issue at board level as much as at ward level”.

As such, staff experience is the next item for boards to place on their agenda for improving quality.

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REFERENCES

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