Measuring employee engagement and interpreting survey results

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1. Introduction

Employee engagement is an important part of the organisational mission of the NHS. It has been positioned as:

> *"a key ingredient in helping the NHS meet the range of current challenges that it faces. Effective staff engagement will be essential to help meet the financial challenges and improve productivity…The importance of staff engagement is recognised by its inclusion in the staff pledges which are part of the NHS constitution"* (taken from www.nhsemployers.org).

Thus, employee engagement is considered a crucial driver of staff morale and performance within the NHS, and has been shown to be important to the performance of NHS Trusts, e.g. reduced absenteeism and better quality of services (West and Dawson, 2012). If engagement has the potential to increase the morale and performance of employees, then NHS Trusts should carefully examine engagement scores across its workforce and the key factors that influence these scores. In particular, it is important to consider how the results of engagement surveys can be interpreted and used to identify actions that managers can take to foster engagement within their teams and departments. Therefore this paper is aimed at those (within HR, OD or internal communications) involved in the interpretation and communication of NHS staff survey results within their Trusts. The purpose of the paper is to discuss key issues of defining, measuring and understanding engagement, and to position the NHS staff engagement measure within these discussions. Ultimately it aims to give evidence-based advice to those who use the results from the NHS staff survey on how to develop suitable engagement strategies based on annual engagement scores.

2. Defining Engagement

Firstly, it is important to have a clear definition and understanding of engagement as a concept. The preliminary findings from the NIHR evidence synthesis (Truss et al, forthcoming) suggests that there a range of definitions of, and perspectives on, engagement even within the academic literature. Despite this, the synthesis identified the most prevalent definition used by the research community was that of engagement as *"a positive, fulfilling, work related state of mind"* (Schaufeli, González-Romá and Bakker's, 2002, p.74). This perspective views engagement as a positive psychological experience when carrying out work activities and work tasks, and refers to feelings of vigour (e.g. energy), dedication (e.g. enthusiasm), and absorption (e.g. feeling immersed).

In contrast, a review of the literature from the practitioner domain (e.g. CIPD, IES, Kenexa) found that the majority of definitions being used in practice would consider engagement as a general positive attitude towards the *organisation*, rather than a positive experience related to *work* activities or the job role (Holmes et al, forthcoming). For example, Kenexa (2008, p.5) defines engagement as "*the extent to which employees are motivated to contribute to organisational success, and are willing to apply discretionary effort to accomplishing tasks important to the achievement of organisational goals*". However, it was also highlighted by Holmes et al (forthcoming) that many consultancies and survey houses have fuzzy definitions of engagement. This may reflect the fact that most consultancies sell commercial services related to engagement survey products, and so, to be competitive, they develop their own definition that is adapted for their target market.

NHS Employers has adopted the Institute for Employment Studies (IES) definition of employee engagement: *"a positive attitude held by the employee towards the organisation and its values"* (Robinson, Perryman and Hayday, 2004, p.4) and specifies that "*engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in"* (NHS Employers, 2013). This views engagement as a deep connection that employees have with all aspects of their work life: their job, people they interact with at work, and the organisation that they work for. In this sense, the NHS defines engagement as both a psychological experience at work (i.e. the dominant view within the research community), and as a broader relationship with the organisation (i.e. the typical view taken by practitioners).

3. Measuring engagement

As there are many definitions of engagement in use, there are also many different measures of engagement. Typically a measure of engagement will ask respondents to rate a number of questionnaire statements, according to how much they agree-disagree with them or how frequently they experience the feeling or thought each statement refers to. Any measure of engagement should correspond with the particular definition being used, and should be valid in terms of content (i.e. should fully capture the defined construct). Preliminary findings from Truss et al's (forthcoming) show that engagement has been measured in many different ways.

The most commonly used measure, within the research community has been the one associated with the definition of engagement as a *"positive, fulfilling, work related state of mind"* (Schaufeli et al, 2002, p.74). This is known as the 'Utrecht Work Engagement Scale' (UWES; Schaufeli and Bakker, 2003), which captures feelings of vigour (e.g. '*At my work, I feel that I am bursting with energy'*), dedication (e.g. *'I am enthusiastic about my job'*) and absorption (e.g. *'I am immersed in my work'*).

However, there is a developing field of other ways to measure engagement. There are several measures associated with the definition of engagement as the authentic expression of one's preferred self at work (Kahn, 1990; Truss et al, forthcoming). The most recent of these is Soane et al's (2012) 9-item ISA engagement measure that captures three components: intellectual engagement (e.g. '*I focus hard on my work'*), social engagement (e.g. '*I share the same work values as my colleagues*'), and affective engagement (e.g. '*I feel positive about my job*'). In their study, the ISA measure seemed to be more powerful than the UWES in predicting performance indicators.

Some researchers have attempted to examine whether engagement can be differentiated between engagement with the job versus engagement with the organisation. Saks (2006) developed two 6-item questionnaire scales: job engagement (e.g. *'This job is all consuming, I am totally into it'* and *'I really throw myself into my job')* and organisation engagement (e.g.*'One of the most exciting things for me is getting involved with things happening in this organization'* and *'Being a member of this organization makes me come alive')*. This measure focuses on activated emotions such as feeling alive and exhilarated (Fletcher and Robinson, 2013).

Within the practitioner community, a vast number of measures have been developed, perhaps due to the commercialisation of survey products by consultancies and survey houses. These tend to capture various aspects of an employee's engagement with the organisation rather than with work. For example, IES (Robinson et al, 2004) has developed a 12-item measure that covers: a) pride in the organisation (e.g. *'I speak highly of this organisation to my friends'*); b) belief in the organisation (e.g. '*I would be happy to recommend this organisation's products/services to my friends and family'*); c) a

willingness to go beyond what is required (e.g. *'I try to help others in this organization whenever I can'*); and d) an understanding of the 'bigger picture' (e.g. *'I find that my values and the organisation's are very similar'*). However, within the NIHR evidence synthesis, few studies utilising such measures were found in peer-reviewed publications, and the majority were not of good research quality (Truss et al, forthcoming). Only one measure by Swanberg et al (2011) was included; this captured engagement via three dimensions: cognitive (e.g. *'It would take a lot to get me to leave CitiSales'*), emotional (e.g. *'I really care about the future of CitiSales'*) and behavioural (e.g. *'I would highly recommend CitiSales to a friend seeking employment'*).

Within the NHS, employee engagement is measured as a multidimensional attitude via three dimensions (West and Dawson, 2012). This represents both engagement with *work* (i.e. motivation) and with the *organisation* (i.e. advocacy and involvement):

a) **Motivation**: This reflects an enthusiasm for and psychological attachment to the activities of the job. In the 2013 staff survey[1] these appeared as q5a, 5b and 5c: *'I look forward to going to work'*, *'I am enthusiastic about my job'* and *'Time passes quickly when I am working'*.

b) **Advocacy**: This signifies a belief that the organisation is a good employer as well as service provider and is worthy of recommendation to others. These appeared as q 12c and 12d in the 'your organisation' section of the 2013 staff survey: *'I would recommend my Trust as a place to work'* and *'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'*.

c) **Involvement**: This refers to employees feeling that they have opportunities to suggest and make improvements to their own job as well as to the wider workgroup or organisation. These appeared as questions 7a to 7d in the 'opportunities to develop potential at work' section in the 2013 staff survey: *'I am able to make improvements happen in my area of work'*, *'There are frequent opportunities for me to show initiative in my role'*, *'I am able to make suggestions to improve the work of my team/department'* and *'I am involved in deciding on changes introduced that affect my work area/team/department'*.

This combination of dimensions reflects a broad representation of engagement that considers a range of perspectives and measures. The motivation dimension corresponds with the most commonly used measure of engagement directed towards the job (i.e. UWES – Schaufeli and Bakker, 2003): they both capture an emotional and energetic connection with work activities, such as feeling enthusiastic about work. On the other hand, the advocacy and involvement dimensions reflect core aspects of measures that capture engagement with the organisation, such as the IES (Robinson

[1] See NHS (2013) in reference section

et al, 2004) and Swanberg et al's (2011) scales. All of these measures aim to assess the extent to which the individual feels psychologically and behaviourally involved with the organisation, such as suggesting ideas and wanting the organisation to succeed; as well as the degree to which the individual would recommend the organisation as a place to work and as a provider of good quality services. However, by combining such different aspects of engagement into a composite 'employee engagement' score it may be capturing a general attitude rather than a unique concept (Newman, Joseph and Hulin, 2011). This could be problematic because it may significantly overlap with other well-established attitudes such as job satisfaction or organisational commitment (Fletcher and Robinson, 2013).

Despite this, the three dimensions of the NHS employee engagement measure may be particularly important within the NHS context, given the vast array of different staff groups: clinical professions, corporate roles such as Finance and HR, technical staff groups, and support roles such as housekeeping. Staff groups may have different engagement profiles because of their differing occupation or profession. Having a finer grained view of engagement (i.e. as dimensions) allows a Trust to examine such differences. For example, West and Dawson (2012) found, when comparing different staff groups, that medical and dental staff had the highest levels of motivation, yet average levels of advocacy and involvement; whereas maintenance and ancillary staff had the highest levels of advocacy, lowest levels of involvement, and above average levels of motivation. Therefore measuring engagement as a whole construct, and as distinct dimensions, are both useful within the NHS context. Although HR practitioners may be familiar with the overall engagement measure, there may not be full awareness of the three components of the measure and how these are calculated. The benefit of examining both 'overall engagement' and the 'components of engagement' is highlighted by Rhian Bishop, Staff Engagement Lead, at Sheffield Teaching Hospitals NHS Foundation Trust:

> "In order to better understand where action is required, we re-calculate the staff engagement score by utilising the template found in the NHS employers toolkit. This breaks down the overall staff engagement score into the three component elements. Through this process we identified that the area for improvement, within the Trust as a whole, was staff involvement, and, subsequently, focused our efforts in this area, for example introducing staff suggestion boxes and using the Microsystems coaching academy approach. We also calculated these component scores (i.e. motivation, involvement and advocacy) for each directorate; again using the template within the NHS employers toolkit. Although staff involvement was identified as an area for improvement for the majority of directorates, it showed us that the Trust staff engagement score was masking a wide variation of scores. Knowing which directorates were weaker at staff engagement has enabled us to not only share good practice across the Trust but to also focus resources such as team development work, in directorates where the staff engagement scores were the lowest. Being able to calculate reliable directorate level staff engagement scores is dependent on having good quality data so for this reason the Trust undertook a full census NHS staff survey in 2013 and will do so again in 2014 - If we only did what we are required to, as many Trusts do, we would only survey a sample of 850 staff so with a response rate of 50% the directorate level data is insufficient to be able to calculate scores".

4. Presenting and interpreting engagement 'scores'

Managers often want to know whether their staff, overall, are engaged or not. In practice, there are different ways of presenting these 'overall' results, all of which have the benefit of yielding a single figure or number that can be used for monitoring and comparisons:

- Simply add up the percentage of those who express a positive view by selecting either the 'agree' or 'strongly agree' options in response to the engagement statements.
- 'Net' scores, where the percentage expressing disagreement/strong disagreement is subtracted from the percentage expressing agreement/strong agreement.
- A mean average score, derived via the allocation of 'scores' to each response category (eg with a five-point scale, 'strongly disagree' is allocated 1, 'disagree' 2, 'neither agree nor disagree' 3, 'agree' 4 and 'strongly agree' 5).

None of these methods are problem-free. The first ignores the distribution of those who strongly disagree, disagree or are neutral; the second discounts the size of the neutral pool; and the third assumes that the distance between each response category is equal. For all these reasons, it is recommended that the distribution or breakdown of employee responses for each statement is examined carefully, in addition to using the overall engagement indicator score.

The NHS staff survey uses the third way (i.e. mean average) of presenting engagement scores (see www.nhsstaffsurveys.com for more information). It does this by firstly calculating, for each individual, the mean score for each dimension of engagement. For example, if a respondent were to score 3, 3, and 4 (of a 1 – strongly disagree to 5 – strongly agree scale) for the three statements that measure the involvement dimension then their average score for involvement would be 3.33. The next stage is to calculate the respondent's overall engagement score by averaging the 'mean' scores across the three dimensions. For example if the mean score for psychological engagement, involvement and advocacy were 3.50, 3.33, 4.00 respectively then the overall engagement score would be 3.61.

To produce the Trust's overall engagement score, a weighting procedure is used. This is because NHS Trusts vary in the proportions and distributions of staff groups, and response rates overall and for each staff group; without weighting, the results might not comparable for benchmarking purposes. This may not seem problematic, but it has been found that staff groups differ in the way they perceive aspects of their work environment (Morgeson and Humphrey, 2006). More specifically, within the

NHS overall staff engagement levels seem to vary across staff groups. West and Dawson (2012) found that ambulance staff had the lowest engagement scores in 2009/2010 whereas general managers had the highest engagement scores. Therefore, these effects may distort the overall engagement score for a Trust, and so may misguide further interpretation of what that score means. A weighting procedure is often used in these circumstances to 'correct' for any distortions caused by other factors. The NHS staff survey applies a formula to each respondent's overall engagement score based on which staff group and type of Trust they belong to (e.g. nurse in an acute Trust, general management in an ambulance Trust etc). For each Trust, the 'weighted' scores across the sample are then added together and divided by the number of respondents from the Trust to gain an overall engagement score for the entire Trust. This adjusted score represents the average level of engagement for the Trust, having accounted for the distribution of staff groups. This is then used to categorise and benchmark the Trust against other Trusts as well as itself in the past (see next section).

The results of the NHS staff survey for each Trust are made available via publicly released reports that summarise the key findings and benchmarking results for that Trust (see www.nhsstaffsurveys.com for access). The findings present the weighted average scores for the Trust rather than the distribution of scores. More information on the distribution of scores for each question in the NHS staff survey can be found on spreadsheets that detail the results of each question for every Trust in the NHS (see the 'detailed spreadsheets' section on www.nhsstaffsurveys.com).

5. Categorising and benchmarking engagement 'levels'

Some survey providers will categorise the respondents into groups (e.g. 'engaged', 'unengaged' and 'disengaged') based on their engagement indicator scores. This labelling can be useful when analysing survey results and making comparisons between different groups (for example, by location, area of work, grade, type of contract etc). However, there is a danger of moving on from simple labelling, towards making assumptions about the people with these labels (Fletcher and Robinson, 2013). The reality is that all 'engaged' people are not the same, and neither are all the 'unengaged' or 'disengaged' people. Any advice about the best ways of tackling low engagement scores, or the likely benefits of different interventions, should be treated with caution if the basis of the advice is nothing more than the engagement scores themselves (Fletcher and Robinson, 2013). Currently, the publicly available National NHS staff survey reports do not categorise respondents into groups based on their engagement score. However, individual Trusts may use their data to categorise their workforce in this way. If a Trust does choose to categorise their employees into engagement 'groups' e.g. highly engaged, moderately engaged, disengaged etc, then, it should be careful in how it views the 'attributes' of each group, and how it communicates this information to managers. This may seem common sense, but it may be tempting to attribute more stable characteristics such as personality or behavioural traits to these categories, when actually the results are about how people feel at a particular point in time. Despite this, it may be useful to see the distribution of engagement levels across the organisation, and to conduct further analysis to understand whether 'groups' differ in what factors may (dis)engage them. This may help with developing an engagement strategy that can be flexed to meet the needs of different groups.

The annual staff survey reports compiled for each NHS Trust includes benchmarking data. This can be used to inform organisational and people management strategies as it enables the Trust to position and visualise themselves within the national NHS context. This is reflected by Steve Trenchard, Chief Executive of Derbyshire Healthcare NHS Foundation Trust:

> "The NHS Staff Survey and in particular the engagement measure is an important indicator that our Trust Board uses to gain assurance. It provides an indication of how aligned our workforce is to the values and vision of our strategy and the overall direction of the Trust. The scores provide helpful benchmarking with other trusts which of itself provides the Board with some assurance when compared to others"

However, benchmarking can sometimes be used ineffectively or in detrimental ways. This may particularly be the case if the organisation focuses exclusively on its relative position within a 'league' table of organisations without considering how

important differences between itself and other Trusts may be influencing benchmarking results, such as differences in organisational culture, work practices, relative size and rate of growth/change. Benchmarking should be used to supplement findings, rather than be the focus of findings.

The NHS staff survey reports use both internal and external forms of benchmarking. The internal benchmarks are a) the Trust's levels of engagement and other key findings indicators (KFs) in the *previous year*, and b) the levels of engagement and other KFs *across the different occupational groups* within the Trust.

The first shows whether the Trust has reduced, similar or improved levels of staff engagement, satisfaction, morale and wellbeing since the previous year. This may be a useful indicator of progress, improvement or success associated with interventions or initiatives. However, relying on this information alone is not sufficient to 'prove' whether a strategy has been successful, and yearly changes may be caused by other, more general, factors that affect the NHS as a whole. Therefore, combining this data with information on overall trends within the NHS, and with other sources of 'evidence', such as interviews with staff and data on sickness absence/staff turnover/ patient outcomes, is recommended.

The second, using the un-weighted scores, indicates which occupational groups within the Trust have the highest/lowest or typical/atypical levels of engagement, satisfaction, morale and wellbeing. It may be useful to identify which groups or teams may be particularly vulnerable, and in need of an intervention to foster engagement. However, it would be necessary to examine wider trends within the NHS and other healthcare organisations to see whether these issues are specific to the Trust or are symptomatic of general occupational differences that may need addressing at an NHS-wide level.

The external benchmarks are a) the Trust's level of engagement and other KFs *compared with the national average* for that type of Trust in that year, and b) the Trust's level of engagement and other KFs *compared with the best performing Trust* for that type of Trust in that year.

Comparing with the national average provides the Trust with an indication of where it 'ranks', within the NHS as a whole, in terms of staff engagement and other key indicators of morale and wellbeing. If the Trust consistently outperforms the average NHS Trust on a range of indicators, then this may suggest that it has a highly motivated, engaged and productive workforce. On the other hand, it may be that the organisation has enforced a 'hard' approach to increasing engagement that focuses, exclusively, on productivity and performance, which may be detrimental to morale and wellbeing in the long term (Jenkins and Delbridge, 2013). It may also be that employees 'have' to engage because they feel more insecure and uncertain about their long-term job prospects. To try to make their situation more stable and secure, employees may 'pretend' to engage and may make more effort to 'look good' to

their employer (Gourlay et al, 2012), yet this may lead to stress and burnout in the long-term if the employee is not receiving anything in return from the organisation (Schaufeli and Salanova, 2011). Therefore, managers may want to understand how wider tensions and issues that are affecting their staff may be influencing the Trust's benchmarking score.

Comparing against the best performing Trust may be a useful way to identify how a Trust can become a 'top' or 'best practice' organisation for engagement and morale. However, this assumes that the 'best performing' Trust and the other Trusts have the same environmental, cultural, historical, and patient configuration conditions. In reality no two Trusts would be the same, and so consideration should be given to how NHS Trusts may differ in terms of context and what impact these differences have on the scope and approach to foster engagement. It is recommended that those responsible or involved in developing an engagement strategy take regular opportunities to share insights about initiatives, practices and the local context with other Trusts to develop a fuller understanding of what might work and what might not for their own Trust. NHS Employers has a range of resources available to facilitate such opportunities (see www.nhsemployers.org)

6. Identifying actions to foster engagement via the NHS staff survey

NHS Employers state that *"acting on staff experience information collected from the NHS staff survey is important for delivering improvements for staff and patients"* (NHS Employers, 2013). And as Steve Trenchard, Chief Executive of Derbyshire Healthcare NHS Foundation Trust notes:

> "The important task is to be able to demonstrate to our workforce that the Board is taking palpable steps to improve the conditions in which we work. It's a bit like a large-scale "You Said We Did" exercise. Having specific feedback for individual professional groups, or service lines, helps us to triangulate other information to ensure we provide the best support and workforce interventions to colleagues in times of challenge, change and improvement."

Therefore, every Trust should develop an 'engagement strategy' that links with their overall workforce strategy, and is supported by senior management and the Chief Executive. Effort should be made to involve various staff groups (e.g. operational managers and clinicians) when developing and implementing such a strategy.

The results from the NHS staff survey should be carefully examined. Many of the key factors that influence engagement are assessed by the survey. By identifying which areas need improving, which groups of workers are particularly vulnerable, and which areas are particularly strong the Trust can develop an overall strategy based on reliable evidence.

The NHS staff survey measures a vast range of work-related perceptions, from aspects of physical safety to personal development to relationships with line management. This may make it difficult for Trusts to identify particular areas on which to focus a strategy, especially when limited budgets and resources make such strategic decisions even more important. Trusts must identify the areas which have the most potential to raise engagement scores (i.e. motivation, involvement and advocacy) significantly and directly, and are most likely to be cost-effective and efficient to implement. Preliminary findings from the NIHR evidence synthesis (Truss et al, forthcoming) highlight the following areas are most likely to help foster engagement within organisations (note any reference to the NHS staff survey refers to the 2013 version; NHS, 2013):

6.1 Organisational-level actions

Implementing organisational practices and communication activities that demonstrate to employees that the organisation genuinely cares about their wellbeing, morale and performance.

Employees are more likely to be engaged when they feel that their organisation values and respects them as individual human beings, and perceives that the organisation is endeavouring to meet their psychological needs and desires. Alongside the engagement indicators, the 'your health, wellbeing and safety at work' section (qs 14, 15, 18, and 22) would be useful to examine here (i.e. KF 15, 20, and 27). If a significant proportion of employees feel that the organisation has not met their basic health, safety and wellbeing needs through its policies and practices; and perceive that they are unable to communicate these needs adequately or safely to the organisation, then they may feel a lack of engagement. Therefore, for an organisation with these issues, an engagement strategy may be tailored towards creating more consistent, clearer, and fairer policies and practices designed to meet the health, safety and wellbeing needs of its workforce. An underlying element to this may be two-way communication. NHS Employers (2013) view good communication as *"key to maintaining an engaging culture within an organisation, whether this is from senior leaders keeping staff informed of business developments to managers telling their staff about things that affect their work"*.

Involving employees within higher-level decision-making and organisational processes.

Employees are more likely to be engaged when they feel that they can input into decisions or changes that may affect their work, and perceive that senior managers will listen and act on their views and suggestions. Alongside the engagement indicators, the scores from the 'senior management' section (q 11) and 'raising concerns at work' (q 19) would be useful to examine here (i.e. KF 21). If, on average, employees perceive that their senior managers do not involve staff in decisions and are ineffective and uncommitted to patient care, and feel unable to raise concerns to higher levels of management, then employees may feel low levels of engagement. An organisation suffering with such issues may want to focus their engagement strategy on improving internal communication practices, developing senior managers' capabilities to involve and communicate with employees about decisions that affect them, and building formal processes through which employees can give feedback, raise concerns or make suggestions to higher levels of management. Enabling involvement is a core factor within the staff engagement star framework (see www.nhsemployers.org for more detail).

6.2 Team/Workgroup-level actions

Developing line management capabilities to provide supportive and empowering supervision as well as to demonstrate inspirational leadership behaviours.

Engagement may be particularly boosted when line managers are able to communicate to their staff the wider meaning and significance of their work to the organisation and to patients; and when line managers provide their staff with the resources, information and equipment needed to perform their jobs well. Alongside the engagement indicators, the scores from the 'opportunities to develop potential at work' (qs 7e, f and g), 'contribution to patient care' (q 9), 'line management' (q 10) and 'your organisation' sections (qs 12a, 12b and 13) may be useful to examine here (i.e. KF 1, 2, 3, 9 and 24). If, on average, employees feel that they do not have adequate resources or equipment to do their jobs, feel unable to provide a meaningful and high quality service to patients, and feel that the organisation does not prioritise the care of patients, then they are likely to experience low levels of engagement. Therefore, enabling and empowering employees to perform well in their jobs and to deliver a high quality, meaningful service may be especially important. An organisation's engagement strategy may, therefore, focus on these elements by raising the competencies and capabilities of line managers, so that they are able to enable and empower their direct reports. These aspects are largely covered by two factors (i.e. great management and making every role count) within the staff engagement star framework (see www.nhsemployers.org).

Strengthening the relationships and sharing of resources within workgroups and departments.

Teams may be able to develop a strong climate of engagement by supporting, trusting and encouraging one another. In addition, West and Dawson (2012) found that, within the NHS, well-structured teams were more engaged than pseudo-teams and those not in teams. Alongside the engagement indicators, the 'team-based working' (q 4) and 'your health, wellbeing and safety at work' sections (q 17, 20, 21 and 23) may be useful to examine here (i.e. KF 13, 14, 16, 17, 18, 19 and 28). Employees that feel that their workgroup/team does not communicate well and does not share the same goals, or have experienced discrimination, harassment, bullying, abuse or violence whilst at work may not be highly engaged. Therefore, organisations with these issues may want to focus on developing an engagement strategy that focuses on fostering a positive social climate and sense of team identity. Interventions aimed at stopping incidences of harassment and violence, developing social support systems, and improving team-level recognition, reward and performance management practices may be part of this type of strategy. Some of

these aspects, specifically around health and wellbeing, are covered by the staff engagement star framework under the 'promoting a healthy and safe work environment' factor (see www.nhsemployers.org for more detail).

6.3 Individual-level actions

Opportunities for training and personal development that are focused on strengthening employees' capabilities to perform well.

Alongside the engagement indicators, the scores from the 'personal development' section (qs 1 to 3) may be useful to examine here (i.e. KF6, 7, 8, 10, 26). If a notable proportion of employees have not received or had access to training or a development review in the last 12 months; are viewing the training and development opportunities they have received as not helping them to perform better; and are feeling that such opportunities are of little value or are unrelated to their job, then this could be limiting their level of engagement. In addition, West and Dawson (2012) found that good quality appraisals significantly boosted engagement levels within the NHS. Therefore, increasing the access and quality of training, learning and development via good quality appraisals and one-to-ones could be an important aspect within an engagement strategy for such an NHS organisation. Personal development is a core part of the staff engagement star; a framework to improve staff engagement within the NHS (see www.nhsemployers.org for more detail).

Redesigning or reconfiguring job roles to increase intrinsically motivating elements.

In addition, discussing the individual's job role preferences and interests, perhaps through one-to-one sessions or supervisions, and how the organisation can better meet these, such as by expanding the job role or developing a career progression plan. Alongside the engagement indicators, the scores from the 'job design' and 'job satisfaction' sections (qs 6 and 8) may be useful to examine here (i.e. KF 1 and 23). If, on average, employees perceive that they do not have clear and achievable goals, feel generally unsupported and unrecognised by others around them, perceive that they do not have a lot of choice over how they work and have little responsibility for their work; then employees may not be engaging in their work as fully as they could be. Therefore, improving the setting and implementation of work goals, the rewards and recognition of employees, and the autonomy and responsibility given to employees, may form a crucial part of an engagement strategy for an organisation experiencing these problems.

Although the suggestions above have focused on 'problem' or 'low-scoring' areas, it may be that a different approach may suit your Trust. It is inevitable that staff engagement within a Trust will change over time, and that the approach to fostering engagement will also need to adapt in light of these changes. Hendrika Santer Bream, Change Manager at Guy's and St Thomas' NHS Foundation Trust, reflects on how the approach taken to improve engagement within her Trust has moved from a focus on low-scoring areas indicated by the survey to a focus on the high-scoring areas:

> "At Guy's and St Thomas' we have been interested in improving staff experience as well as staff engagement for a number of years. Back in 2004/2005 we had very disappointing staff surveys and our action planning at that time was focussed on addressing specific low scores. Later, our staff survey results started to improve and also our thinking developed. By 2010 we were still concentrating on developing action plans that would address the specific scores where we underperformed but we were trying, as far as possible, to have actions that would address several scores in one. So, for instance, developing our work on values and behaviours would address several key findings at once. Now our staff survey findings are generally excellent – over the last few years we have been well above average on all three of the Key Findings that make up the overall staff engagement score, and are now the 4th best for acute Trusts. Therefore, we are taking a slightly different approach this year by looking at the positives and our strengths - recognising what we have achieved and identifying what we have done to achieve that. From this 'Appreciative Inquiry' approach, we aim to develop a very small number of interventions to address a couple of areas of concern, yet the focus will be on what is good already and trying to build on that. This way we hope to change the perception about our overall levels of engagement (i.e. from paying attention to what is wrong to paying attention to what is working) and at the same time continue to refresh our approach to engaging our staff."

7. Summary

To summarise, employee engagement has been defined and measured in many different ways. Despite this, the NHS has a clear and consistent way of understanding, assessing and interpreting engagement within their healthcare context. Adopting Robinson et al's (2004) definition of engagement as a 'positive attitude towards the organisation and its values', the NHS measure of staff engagement includes psychological engagement, advocacy, and involvement dimensions. Engagement scores are presented using a mean average calculation that is weighted to account for occupational differences across the Trusts. The results of the annual NHS staff survey are made publicly available and these reports make use of internal and external benchmarking to aid interpretation of the findings for each Trust. Trusts can develop engagement strategies that focus on training and development, job and organisation design, line management development, communication practices, and team-level wellbeing and reward initiatives.

8. Case study on ‘The WWL Way’ at Wrightington, Wigan and Leigh NHS Foundation Trust

Andrew Foster – Chief Executive, and Nicole Ferguson – Staff Engagement Lead

The staff engagement journey at Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) started over 15 years ago with ‘Staff Involvement Delivers’ – a partnership initiative between HR and Staff side. We needed staff to be engaged with what was happening within the Trust. Our “Conversations with” events gave staff opportunities to raise issues and concerns directly to Directors, and “walkabouts” gave Directors more insight into the particular challenges the front-line was facing. In 2011 our NHS staff survey results were, on the whole, below the national average; with only a minority of indicators above the national average. Therefore, we decided to further energise staff engagement through the Listening into Action (LiA) programme and a partnership with Unipart. LiA focused on large-scale staff listening events with Directors and embedding staff engagement at the team-level by enabling staff to run their own listening events and localised service improvements. The partnership with Unipart initiated a cultural change programme using lean methodology.

From reflecting on these experiences, we have developed our unique brand of staff engagement – ‘the WWL Way’. This has expanded and enriched our approach to fostering engagement; with a focus on sustainability and collaboration. Our approach is underpinned by the way we view engagement as a ‘pathway’ to delivering excellent patient care (see figure 1). Through staff feedback, we gauge levels of staff engagement (feelings and behaviours), and identify the factors that help us better understand what enables improved staff engagement, which we call our “9 staff engagement enablers”. This in turn leads to a number of impacts on patient care such as higher patient satisfaction and lower absenteeism.

This pathway feeds into the broader ‘WWL Way Model’ (see figure 2). The nine enablers of staff engagement are the foundations on which interventions, events, toolkits and monitoring activities are based. This model provides a structure for understanding staff engagement more deeply. We use feedback from our staff pulse check surveys and listening events to focus our efforts in the right places, and respond to the ever changing needs of staff. We are also using the model to identify specific staff engagement issues within teams, through the Staff Engagement Pioneer Teams Programme, and our staff engagement toolkit now offers teams a choice of solutions to apply locally. In addition, we want staff to find and promote new ways to improve engagement, with support and advice at every step in their journey.

The impact of the WWL Way is clear to see. In addition to major improvements in our national staff survey scores in 2012/2013, we have seen significant reductions in sickness absence (down from 4.62% in April 2012 to 4.17% in Dec 2013) and expenditure of temporary staffing (down from £15 million in 2011/2012 to £12 million in 2012/2013). Our journey has involved a long-term commitment to our staff and our patients. Staff engagement takes time and investment and above all needs active participation from senior leaders to ensure the WWL Way becomes embedded as 'the way we do things around here'.

Figure 1. The WWL Staff Engagement Pathway

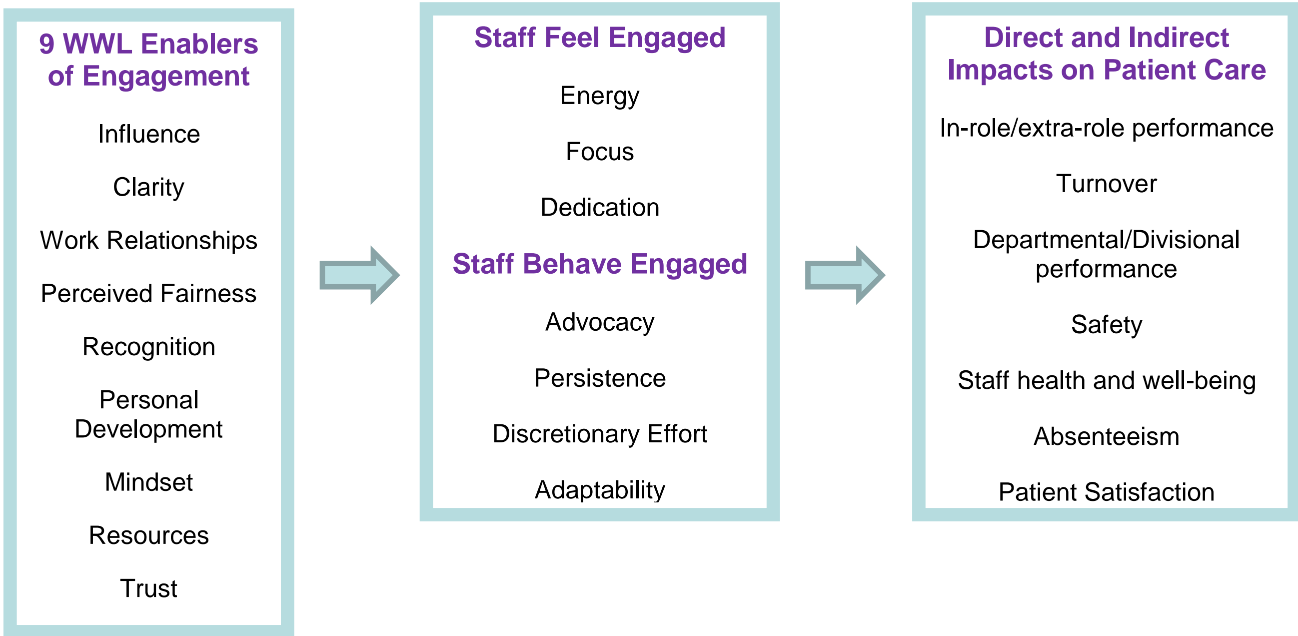
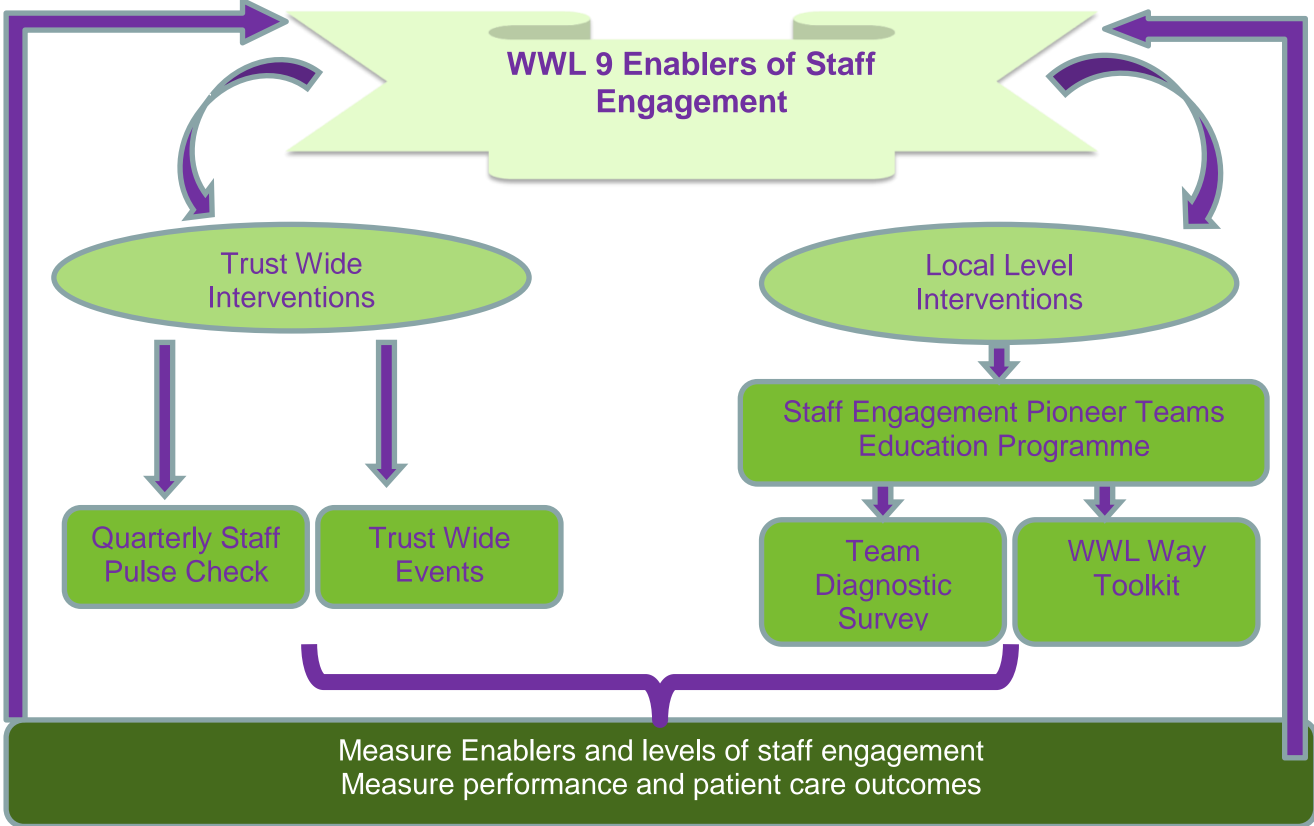


Figure 2. The WWL Way Model



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