

Employee engagement and NHS performance

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This paper was commissioned by The King's Fund to inform its review of leadership in the NHS.

The views expressed are those of the authors and not of The King's Fund.

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Abstract

It has long been recognised that engagement of employees with their work and organisation is a factor in their job performance, but the research evidence for this has been steadily increasing over recent years. In this article we summarise this evidence along with the theories underlying it, paying special attention to research from the health sector. In particular, we examine recent evidence from the national NHS Staff Survey, which has collected data on employee engagement since 2009. We highlight how this is linked to a variety of individual and organisational outcome measures, including staff absenteeism and turnover, patient satisfaction and mortality, and safety measures, including infection rates.

1 Introduction

Managers want to know how to get the best out of their employees, while at the same time maintaining their health, wellbeing and safety. 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.

Of particular importance is the concept of employee engagement, given recent rich evidence about its impact on employee performance in a variety of sectors. In this article we begin by discussing what is meant by engagement and why it is important; we review findings in recent literature about the antecedents and outcomes of engagement (both generally and within health services in particular); and finally, we describe results of our research on engagement using data from the NHS.

2 What is engagement?

The word 'engagement' has taken on a variety of meanings, and it is important that we comprehend these meanings in order to understand both research and practitioner perspectives on engagement – not least because some systematic differences exist between the two. Engagement has been used to refer to a psychological state (eg, involvement, commitment, attachment, mood), a performance construct (eg, either effort or observable behaviour, including pro-social and organisational citizenship behaviour), a disposition (eg, positive affect), or some combination of these. Over the years, researchers have measured employee engagement by using three different approaches: as a description of conditions under which people work, as a behavioural outcome, and as a psychological orientation. It is this latter approach to engagement which is the most common in academic research to date.

Consistent with this approach, Schaufeli *et al* (2002, p 74) described engagement as *a positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption*. Although engagement shares some aspects of job satisfaction and organisational commitment, the concept of engagement is distinct and might be expected to predict a wider range of outcomes. For example, satisfaction among employees is of course desirable, but satisfied employees may not necessarily display vigour in their work. Employees who are committed to their organisations may not always have an in-depth commitment to their job. Moreover, although satisfaction and commitment are related to performance, engagement appears overall to be a better predictor of employee performance.

The concept of engagement can encompass a range of constructs that are already known about within organisational psychology research, including proactive behaviour (Crant 2000), personal initiative (Frese and Fay 2001), and organisational citizenship behaviour, pro-social behaviour and contextual performance (Organ *et al* 2005). Each of these can be seen as a positive behavioural outcome of employee engagement: proactive behaviour can be defined as *taking initiative in improving current circumstances or creating new ones* (Crant 2000, p 436) and is likely to arise from the 'vigour' element of psychological engagement; and personal initiative is closely related to this. Organisational citizenship behaviour (*individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the organization* (Organ 1988, p 4)) is more likely to be an outcome of the 'dedication' component. Pro-social behaviour is similar, but relates to the wider society rather than the organisation specifically, while contextual performance focuses on the goals of the organisation. In each case, the more engaged the employee, the more likely they are to display these behaviours, which will contribute to the effectiveness and health of the organisation above and beyond their core job roles. It is perhaps not surprising, therefore, that some researchers use these behaviours as direct evidence of employee engagement (Macey and Schneider 2008).

Despite this relative consensus within the organisational psychology academic literature, among practitioners the term 'engagement' may be understood slightly differently. Within the NHS in particular, the term is

often used to represent staff involvement in decision-making, or more generally, the openness of communication channels between management and staff in organisations. For example, work carried out by the NHS Institute for Innovation and Improvement has examined the engagement of medical staff (Dickinson and Ham 2008; Ham and Dickinson 2008). 'Engagement' in this research was interpreted as involvement in managerial decisions, and in implementing changes. Indeed, the NHS Constitution itself pledges to *engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families* (Department of Health 2009, p 10). Although this type of involvement may be related to engagement as described earlier, such behaviours do not necessarily guarantee psychological engagement (as defined by Schaufeli *et al* 2002).

Other practitioner definitions of engagement include a combination of some or all of the above elements. In 2007, the NHS National Workforce Projects team defined engagement as:

... a measure of how people connect in their work and feel committed to their organisation and its goals. People who are highly engaged in an activity feel excited and enthusiastic about their role, say time passes quickly at work, devote extra effort to the activity, identify with the task and describe themselves to others in the context of their task (doctor, nurse, NHS manager), think about the questions or challenges posed by the activity during their spare moments (for example when travelling to and from work), resist distractions, find it easy to stay focused and invite others into the activity or organisation (their enthusiasm is contagious).

(NHS National Workforce Projects 2007)

This is closer to the theoretical constructs described in the research literature.

NHS Employers has adopted a broader model proposed by the Institute for Employment Studies (IES), in which engagement is defined as *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, p 4). The IES definition therefore focuses more on an employee's attitude towards the wider context of the workplace (the organisation and its values) as opposed to the intrinsic elements of his or her work role; it is more similar to the concept of organisational commitment. It also suggests that the engaged employee would promote the organisation, acting as an advocate where appropriate. The characteristics of an engaged workforce are summarised as motivation, satisfaction, commitment, finding meaning at work, pride in and advocacy for the organisation. A recurring theme is that engaged workers are prepared to 'go the extra mile' and would exert discretionary effort over and above their normal role expectations (Scottish Executive 2007).

Thus the broad concept of employee engagement includes various related elements:

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- psychological engagement (a positive, fulfilling, work-related state of mind)
 - proactivity
 - enthusiasm and initiative
 - organisational citizenship behaviours and organisational commitment
 - involvement in decision-making
 - positive representation of the organisation to outsiders.

The NHS Staff Survey, upon which our data analysis is based, includes three of these elements. First, it includes the construct of psychological engagement as defined by Schaufeli *et al* (2002), including the dimensions of dedication, vigour and absorption. Second, it includes the idea of influence in wider decision-making. Third, it adopts the concept of advocacy – the extent to which employees would recommend their organisation as a place to work or receive treatment. A key consideration for researchers and managers is whether and how employee engagement influences individual and organisational performance.

3 Employee engagement and performance

The notion of engagement as a psychological state is the dominant orientation in academic research studies. This research has focused in almost equal measure on the outcomes of engagement and its antecedents. The outcomes of engagement are important because they indicate why organisations should strive for engaged employees: these studies demonstrate the business case for engagement.

Recent studies across a range of sectors have found various performance-based outcomes of engagement. Bakker *et al* (2004) found that engagement was linked to both in-role and extra-role performance in a multi-sector Dutch sample, a finding replicated by Schaufeli *et al* (2006); Halbesleben and Wheeler (2008) found similar results for in-role performance and turnover intentions in a multi-sector US sample. A meta-analysis of nearly 8,000 business units in 36 companies found that engagement was also linked to business unit performance (Harter *et al* 2002), and links have also been found with client satisfaction in service settings (Salanova *et al* 2005). Xanthopoulou *et al* (2009) found a link between work engagement of restaurant workers and objective daily financial returns. Engagement has also related to safe working by employees in a meta-analysis of 203 separate samples (Nahrgang *et al* 2011). Many other studies have found links between engagement and performance outcomes; for a review, see Bakker *et al* (2008).

One consequence of poor engagement may be burnout. Indeed, engagement and burnout, which is a negative psychological syndrome strongly linked to stress, are often described as being at two ends of the same continuum (eg, Maslach and Leiter 2008). Just as engagement is characterised by the dimensions of dedication, vigour and absorption, burnout can be characterised by three dimensions: cynicism (indifference or distant attitude to work), exhaustion (depletion or draining of emotional resources) and inefficacy (lack of satisfaction with expectations). Burnout has been linked with a variety of negative consequences for both individuals and organisations, including poor physical health (Leiter and Maslach 2000), depression (Greenglass and Burke 1990), absenteeism and turnover (Firth and Britton 1989; Parker and Kulik 1995), as well as negative consequences for family and marital satisfaction (Burke and Greenglass 2001). Within health care specifically, studies have shown that burnout among nurses is related to patient perceptions of poor care (Leiter *et al* 1998; Vahey *et al* 2004).

Salanova *et al*'s (2005) study suggests that one reason why engagement is linked with performance is through the mediating mechanism of service climate. When employees are engaged, they are more likely to put energy into interactions with clients, and there may be a spillover effect onto colleagues, creating a more engaged workplace generally. This may also be one reason why engagement might have an effect on performance outcomes in health care.

Relatively little research on engagement has been conducted within health services specifically, however, Prins *et al* (2010) gathered data from a sample of 2,115 Dutch resident physicians, and found that doctors who were more engaged were significantly less likely to make mistakes. A study of 8,597

hospital nurses by Laschinger and Leiter (2006) found that higher work engagement was linked to safer patient outcomes. Thus, in addition to core performance outcomes and extra-role activities, engagement would appear to be important for safety as well.

4 Factors predicting employee engagement

Given the evidence suggesting its positive effects, an obvious question for managers is how to develop employee engagement. Research suggests that there are two main sources of engagement: job resources and personal resources. Job resources refers to any physical, social, or organisational aspects of the job that may (a) reduce job demands and the associated physiological and psychological costs, (b) be functional in achieving work goals, or (c) stimulate personal growth, learning and development (Schaufeli and Bakker 2004), whereas personal resources refers to characteristics of the individual employee such as optimism, resilience, and self-efficacy (Bakker 2011).

Job resources that have been shown to influence employee engagement include core characteristics of the job such as the level of autonomy in roles, task identity (performing a complete task from beginning to end with a visible outcome), the variety of skills needed to perform the role, the significance of tasks performed, and feedback received from supervisors and other colleagues. Other job-related factors predicting engagement include perceived levels of support from the organisation and from supervisors, rewards and recognition from employers, and procedural and distributive justice (fairness in organisational processes and rewards) (Saks 2006). By increasing such resources – improving the quality of jobs and the support available for employees – organisations should be able to help improve levels of engagement. This may be done in various ways, but would usually require clear and consistent leadership, and the role of individual line managers and supervisors is crucial (Janssen and Van Yperen 2004), both in terms of day-to-day individual support and management processes such as performance appraisal (Murphy and Cleveland 1995) and development and leadership of work teams (Hackman and Oldham 1976).

Personal resources may be less easy for managers to influence, although research by Xanthopoulou *et al* (2008) suggests that personal resources may mediate the relationship between job resources and engagement – that is, the same job resources that can be used to stimulate engagement can also stimulate personal resources, which in turn affects the level of engagement of employees. Evidence of personal resources linking with engagement includes findings that self-efficacy (people's beliefs about their capabilities to control events that affect their lives), self-esteem (employees' beliefs that they can satisfy their needs by participating in roles within the organisation), and personal optimism are all related to engagement (Xanthopoulou *et al* 2009). Although these are all very much characteristics of individual employees, organisations can create positive and supportive environments which are able to encourage such beliefs from their staff.

There is evidence to suggest that the relationship between resources and engagement is somewhat cyclical in nature. In a longitudinal diary study of school teachers, Bakker and Bal (2010) found that job resources such as autonomy (the degree or level of freedom and discretion afforded to employees over their jobs), leader–member exchange (the quality of the two-way relationship between leaders and their followers), and the extent of opportunities for learning and development were associated with subsequent engagement, and that engagement was subsequently associated with job

performance; however, engagement was also associated with job resources at later time points. This appears to suggest that not only are employees more likely to have high engagement when resources are provided for them, but they are also more likely to be trusted by their supervisors and be given more opportunities for development. It is also important to note that the nature of the job resources–engagement link depends on the setting (Nahrgang *et al* 2011), and hence investigation of particular job characteristics within the NHS would provide insight into how engagement can best be fostered here.

There is relatively little health care-specific evidence regarding the antecedents of engagement, but Mauno *et al*'s (2007) longitudinal study of 409 Finnish health workers found that job control (the extent of control that employees had over the timing and method of their work tasks) was the best predictor of work engagement, ahead of such factors as management quality, self-esteem and time demands, with job security also a significant predictor. Likewise, Hakanen *et al*'s (2005) study of 1,919 Finnish dentists found that job control and qualitative workload (the extent to which employees feel unable to complete all their tasks adequately) were related to engagement. This effect was exacerbated when the level of contact with patients was relatively low, which suggests that interactions with patients may provide a level of intrinsic engagement in its own right.

With this paucity of health care-specific evidence in mind, we turn to the national NHS Staff Survey and examine evidence about both the antecedents and outcomes of engagement. The results presented here are described in more detail in the report, *NHS Staff Management and Health Service Quality*, published by the Department of Health (Dawson *et al* 2011).

5 The NHS Staff Survey

There has been an annual national staff survey in the English NHS since 2003. Every year, each NHS trust selects a sample of its employees, who are sent a questionnaire asking about many different aspects of working experience. The questionnaire has been adapted slightly over the years, and in 2009 specific questions on work engagement were introduced. This article uses data from the 2009 and 2010 surveys, together with some data from other sources.

In 2009, 288,435 questionnaires were sent out, with 156,951 NHS staff responding: a response rate of 54 per cent. These came from 388 different NHS trusts: 167 acute (including 20 specialist acute); 59 mental health/learning disability; 11 ambulance; and 151 primary care trusts (PCTs). In 2010, the figures were similar: again, the response rate was 54 per cent, although the ongoing reconfiguration of PCTs meant there were slightly more organisations (and individuals) in total.

Engagement was measured using three different dimensions: psychological engagement (similar to motivation), advocacy, and involvement. Psychological engagement used three questions representing the components of dedication, vigour and absorption described in Schaufeli *et al*'s (2002) definition: 'I look forward to going to work', 'I am enthusiastic about my job', and 'Time passes quickly when I am working'. Advocacy was measured using two questions: '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 trust'. Involvement was measured using three questions: 'I am able to make suggestions to improve the work of my team/department', 'There are frequent opportunities for me to show initiative in my role', and 'I am able to make improvements happen in my area of work'.

For antecedents of engagement, we focus on two aspects of people management that previous work (eg, West *et al* 2002, 2006) suggests are particularly linked with engagement: appraisal and team working. As well as asking whether or not respondents have received an appraisal in the previous 12 months, the NHS Staff Survey asks whether this appraisal was useful in helping the employee understand how to do his/her job, whether clear objectives were set during the appraisal, and whether the employee left the appraisal feeling valued by his/her employer. If the answers to all these questions were yes, then the appraisal was judged to have been well structured. In 2009, 71 per cent of respondents had received an appraisal, but fewer than half of these (32 per cent in total) were well structured. Likewise for team working, respondents were asked if they worked as part of a team, but if they said they did (as over 93 per cent of respondents indicated), they were also asked whether these teams had clear objectives, whether team members had to work closely together to achieve these objectives, and whether team members met regularly to discuss team effectiveness and how it could be improved. Only 43 per cent of staff answered yes to all these questions; if respondents said that they worked in a team but answered no to at least one of the other questions, then they were said to work in a 'pseudo-team'.

In terms of outcomes, we examined both health outcomes for individuals, and organisational (trust) level outcomes. The health outcomes included ratings of general health, reports of whether or not respondents had suffered from work-related stress, and reports of 'presenteeism' – the extent to which employees feel pressure to attend work even when they are not fit to do so. The organisational outcomes were taken from a variety of other sources (ie, not the NHS Staff Survey), and included the following:

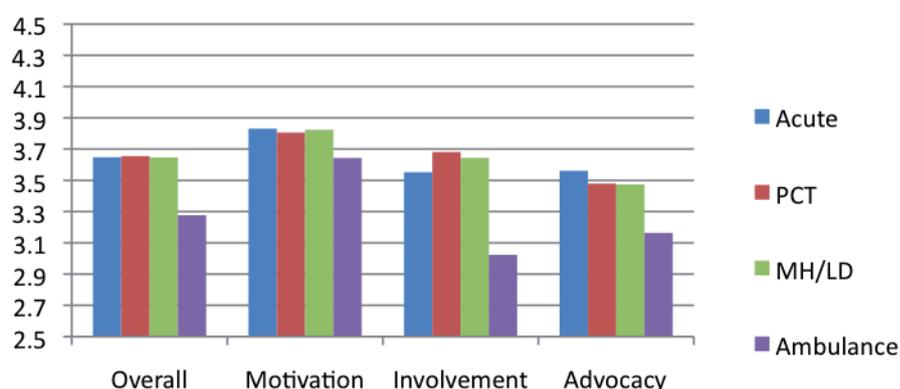
- patient satisfaction (the overall level of satisfaction indicated in the NHS acute inpatient survey; Picker Institute Europe 2011)
- patient mortality (the Hospital Standardised Mortality Ratio, published by Dr Foster)
- Annual Health Check Ratings (from the last year of the Annual Health Check, published in 2009)
- staff absenteeism (as recorded via the Electronic Staff Record)
- staff turnover (as gathered by the NHS Information Centre)
- MRSA infection rates (as published by the Health Protection Agency).

6 Summary of engagement scores

There were significant differences between types of trusts, and staff groups, in terms of engagement levels. Ambulance trusts generally had much lower engagement than others (although the difference was only slight in terms of psychological engagement), with ambulance staff having the lowest scores of all staff groups, while general managers usually had the highest scores of all staff groups. This is indicated in Figures 1–5, which examine all three dimensions of engagement and also an ‘overall’ engagement score composed of the three dimensions combined.

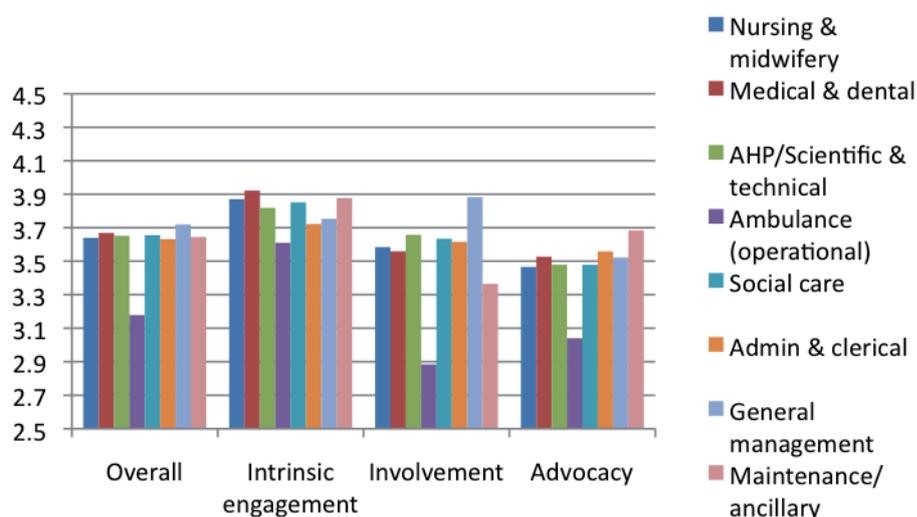
There was also some evidence of decreasing engagement from 2009 to 2010, although the changes were small. Overall engagement dropped from 3.65 to 3.64 across the whole NHS. This is a negligible change, as were the changes in advocacy (3.51 to 3.50) and involvement (3.60 to 3.61). A slightly larger drop for psychological engagement (3.86 to 3.81) may be of greater concern, however, particularly if it is found to be part of a more substantial trend.

Figure 1: Engagement by trust type



Note: MH/LD = Mental health/learning disability trusts

Figure 2: Engagement by occupation



Note: AHP = Allied Health Professional

7 Individual levels of engagement

As expected, appraisal proved to be a key factor in predicting employee engagement. However, as Figure 3 shows, the type of appraisal is important. For all three dimensions of engagement (as well as overall engagement), those employees who had received a well-structured appraisal had far higher engagement than those who had not. Most interestingly, engagement was generally lower among those people who had received a poor quality appraisal than those who had received no appraisal at all. This suggests that an appraisal meeting which is not well-structured can be counter-productive, leaving the employee feeling less motivated about his/her work and organisation. The one exception is for involvement, which is slightly higher among people receiving a poor quality appraisal than those who received no appraisal at all – suggesting that any appraisal meeting is more likely to give some opportunity for communication and suggestions about improvements to the job.

Figure 3: Engagement and appraisal type

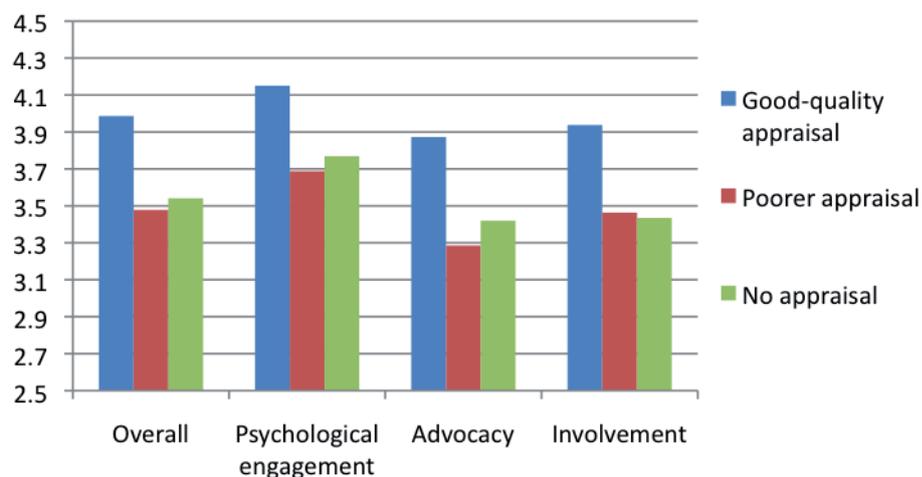
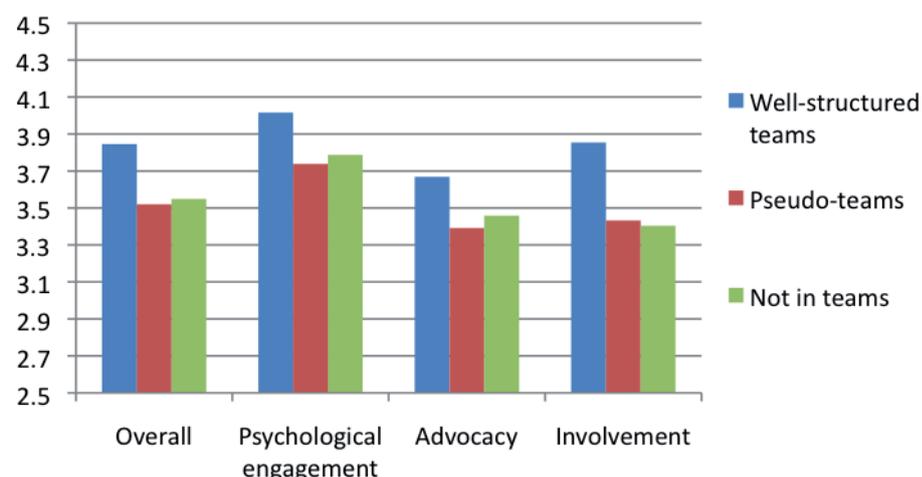


Figure 4: Engagement and team working



A similar set of results was found for team-working. In all cases, those employees working in well-structured teams were the most engaged, with people working in pseudo-teams less engaged (except for involvement) than those not working in teams at all. This is illustrated in Figure 4.

Staff who report that they have an interesting job also report higher levels of engagement, and associations are also found with other aspects of job design – in particular, having good support from the immediate manager, feeling that the role makes a difference, having low levels of work pressure, and having clear job content, feedback, and the opportunity to be involved in decision-making.

Engagement is also linked to the health of staff. Staff with high levels of engagement were less likely to report suffering from work-related stress, and were less likely to feel pressure to come to work when they were not fully fit to do so. Generally speaking, employees who reported higher engagement (in all three dimensions – motivation, involvement and advocacy) were more likely to rate their own health and wellbeing more highly.

8 Trust outcomes of engagement

The quality of patient experience, as measured by inpatient satisfaction in acute trusts, is strongly linked with engagement (as it is with other aspects of staff experience). Patient satisfaction is significantly higher in trusts with higher levels of employee engagement. The main driver for this is the advocacy dimension of engagement, which has by far the highest correlation with patient satisfaction. This may partly reflect the symbiotic nature of staff and patient experience: if staff are aware that patients are largely satisfied with the care provided, they may be more likely to view the quality of care more positively themselves.

Engagement is also significantly linked to patient mortality in acute trusts, both when mortality is measured in the same year as engagement, and when it is measured in the subsequent year. This is still true even when prior patient mortality levels are controlled for, suggesting it is more likely that engagement leads to a decrease in mortality than it is that lower mortality leads to subsequent higher engagement (while not automatically implying a causal relationship). This includes significant relationships with all forms of engagement, suggesting that in organisations where engagement is highest, the levels of mortality are lower. This is such that for an 'ordinary' (one standard deviation) increase in overall engagement, mortality rates would be around 2.4 per cent lower.

According to the 2009 Boorman Review, *NHS Staff Health and Well-being* (Boorman 2009), NHS staff are absent from work for an average of 10.7 days each year, losing the service a total of 10.3 million days annually and costing a staggering £1.75 billion. Total absenteeism equates to the loss of 45,000 whole-time equivalent staff annually. For this reason, any factors that are linked with absenteeism should be of great importance to NHS managers as they could provide the key to increasing both efficiency and quality.

Engagement was also a critical factor in explaining absenteeism. Overall engagement, as well as its three constituent dimensions, were all statistically significant predictors. The effects were such that high levels of engagement were associated with much lower absenteeism than low or moderate levels of engagement. An increase of one standard deviation in engagement would be equivalent (all else being equal) to a saving of around £150,000 in salary costs alone for an average acute trust. Staff engagement is also strongly linked to turnover, with turnover rates approximately 0.6 per cent lower in trusts that have a one standard deviation higher engagement score, all else being equal.

The Annual Health Check (AHC), which was until 2009 the main regulatory monitoring mechanism for NHS trusts, provided two measures of organisational performance: quality of services, and quality of financial performance (previously known as use of resources). Although relatively blunt ratings, the range of different indicators used by the Care Quality Commission (CQC) (formerly the Healthcare Commission) in deriving them ensures that they represent organisational effectiveness in a wide-ranging way.

Both measures were again related to engagement. In the case of quality of services, all three dimensions of engagement were significantly

Figure 5: Absenteeism by engagement

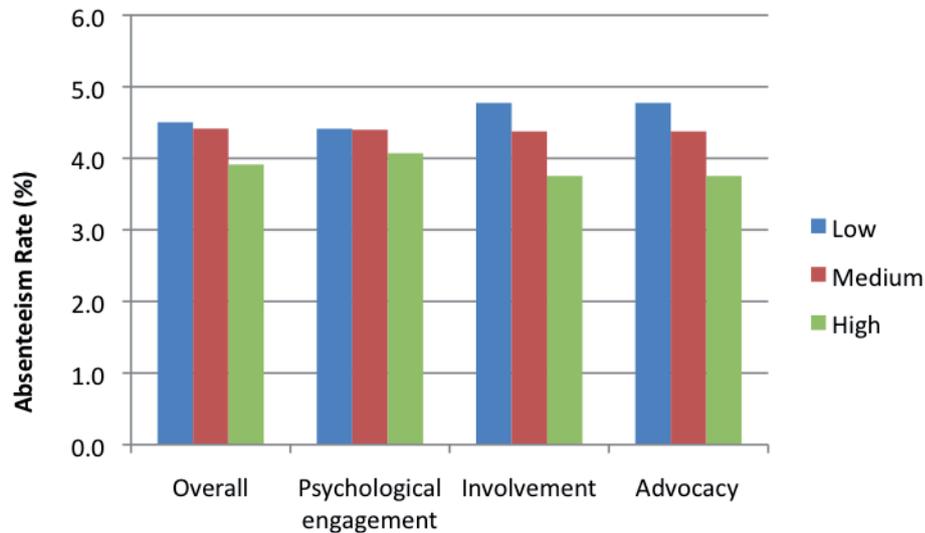
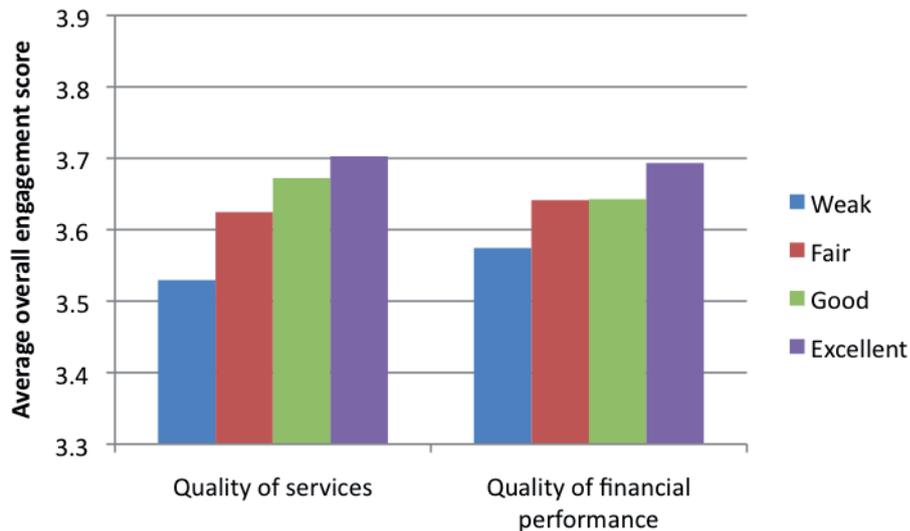


Figure 6: Overall engagement by Annual Health Check performance



associated with the outcome; in the case of quality of financial performance, involvement and advocacy were, but motivation was not. The differences between organisations with differing CQC performance ratings are shown in Figure 6. (It should be noted, however, that due to the timing of the two measurements, the AHC performance variables were released during the middle of the survey period.)

Finally, in trusts where a large percentage of staff felt they could contribute towards improvements at work, infection rates had decreased, reinforcing the value of staff involvement in service improvements and of creating cultures of engagement and innovation. This effect is such that where 10 per cent more staff feel able to make such contributions, there would be on average .057 fewer cases of methicillin-resistant *Staphylococcus aureus* per 10,000 bed days. This may appear to be a small effect, but given the large volume of activity in most acute trusts, this could make a real difference in the occurrence of MRSA infections in hospitals.

9 Conclusions and implications

The results reported here give a clear message about the importance of staff engagement. In general terms, the more positive the experiences of staff within an NHS trust, the better the outcomes for that trust. Engagement has many significant associations with patient satisfaction, patient mortality, infection rates, Annual Health Check scores, as well as staff absenteeism and turnover. The more engaged staff members are, the better the outcomes for patients and the organisation generally.

Engagement can be fostered through good staff management; having well-structured appraisals (where clear objectives are set, the appraisal is helpful in improving how the employee does their job, and the employee is left feeling valued by their employer) is particularly important, as is working in a well-structured team (where teams have clear shared objectives, work interdependently and meet regularly to discuss their effectiveness). Supportive line management is also key here, as is having good job design – meaningful, clear tasks with some opportunity to be involved in appropriate decision-making. These factors are also linked to employee health, which is also important for engagement: high levels of work pressure and stress can lead to disaffection and disengagement.

Other work has shown that these factors are also important predictors of trust outcomes (Dawson *et al* 2011). The proportion of staff receiving well-structured appraisals is related to patient satisfaction, patient mortality, staff absenteeism and turnover, and better performance on the Annual Health Check. Working in well-structured teams is a predictor of patient mortality, staff absenteeism and turnover, and Annual Health Check performance. Supportive leadership from line managers is linked with patient satisfaction, patient mortality and staff turnover.

Other factors that the wider research literature suggests are important include creating a positive work environment in which staff feel valued, respected and supported. Employees also need to have the information necessary to help them do their jobs well, learning opportunities, feedback to build their confidence, support and safety to innovate and develop new and improved ways of providing patient care, and trust in their supervisors and leaders.

At the organisational level, it is necessary to develop cultures of two-way trust. Employees need to feel they can trust their leaders, managers and the system. This will be influenced by what leaders pay attention to, what they monitor, and what they allocate resources to. It will also be influenced by the criteria for recruitment, selection, promotion and disciplinary action. Engagement is fostered when there are relatively flat hierarchies, widespread use of rituals and rites to celebrate contributions and success, and where there is consistent celebration of accomplishment and innovation. Particularly important in health services is that the focus of the organisation's systems and procedures is on improving quality of care, patient safety and meeting patients' needs.

In summary, the findings make it clear that cultures of engagement, positivity, caring, compassion and respect for all – staff, patients and the public – provide the ideal environment within which to care for the health of the nation. When we care for staff, they can fulfil their calling of providing outstanding professional care for patients.

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