Staff Advocacy and NHS Trust Performance

Advocacy of Treatment as a predictor of trust level outcomes

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Contents

Executive Summary

Several studies have focused on service user advocacy of health services as places to receive treatment[1]. On the other hand, employee advocacy of their employer in the form of recommendation as a place for treatment is largely unexplored. Such behaviours of external advocacy can be considered as a demonstration of organisational citizenship behaviours, as well as of employee engagement. This is evident in several definitions of engagement. One such definition states that engagement is *'discretionary effort or a form of in-role or extra-role effort or behaviour'*[2].

The purpose of the present report is to investigate the links between staff Advocacy of trust for treatment and performance in the NHS. Essentially, the aim is to go beyond individual employees' Advocacy of Treatment into analysing the potential effect employee Advocacy has on trust performance. To that end, a measure of Advocacy of Treatment from the NHS Staff Survey was averaged for each trust. This score was then assessed in terms of its relationships to objective trust performance measures that were collected from several sources other than the NHS Staff Survey. It must be noted that the outcomes were measured before or for the same period as staff Advocacy of Treatment. It is therefore not possible to infer that Advocacy of Treatment is the direct cause of these outcomes, but investigating these relationships is still of much interest in evaluating the role of Advocacy of Treatment in the NHS.

Staff Advocacy of Treatment was investigated in relation to the following trust performance measures: Quality of Services, Quality of Financial Management, Absenteeism, Patient Satisfaction, and Patient Mortality.

Results indicate that staff Advocacy of Treatment is related to the Quality of Services provided by the trusts, higher Advocacy being associated to better Quality of Services. Similarly, high average trusts' scores on Advocacy are associated with lower Absenteeism, better use of financial resources, higher patient satisfaction, as well as lower absenteeism and patient mortality rate.

It is difficult to draw definite conclusions from the findings as causality cannot be confidently assumed. Nevertheless, the strong associations between staff Advocacy and trust performance highlight the salience of engagement and advocacy in the context of the NHS and indicate that policies and practices need to be directed towards encouraging and stimulating such attitudes and behaviours.

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[1] Otani, K., Waterman, B., Faulkner, K., Boslaugh, S., & Dunagan, W.C. (2010). *How patient reactions to hospital care attributes affect the evaluation of overall quality of care, willingness to recommend, and willingness to return* .Journal of Healthcare Management, 55, pp. 25-37

[2] Masey, W.H., & Schneider, B. (2008). *The meaning of employee engagement.* Industrial and Organizational Psychology, 1, pp. 3-30. (p24)

1. Background

1.1. Staff Advocacy of Treatment was investigated in detail in the report *'Engagement and its Constructs: Advocacy of treatment'*[3] at the individual employee level. The findings reported suggest that there are significant relationships between staff Advocacy and several potential predictors, such as performance appraisal, team working and supervisor support. Further associations are established in the report with factors such as work-related stress and employee health.

1.2. The purpose of the present report is to go one step further into analysing the relationship of staff Advocacy of Treatment with the performance of NHS trusts. This will shed light on our understanding how this particular facet of employee engagement associates with key indicators of trusts' objective performance. The availability of staff Advocacy data from the 2009 Staff Survey and of a wide range of trust performance data from several sources provides us with a unique opportunity to establish the link between Advocacy and organisational outcomes.

1.3. Specifically, the present report aims to investigate the link between staff Advocacy of treatment in trusts to the following trust performance indicators: Quality of Services, Quality of Financial Management, Absenteeism, Patient Satisfaction, and Hospital Standardised Mortality. *Advocacy of Treatment* refers to the extent to which NHS employees are willing to recommend their trust as a place to receive treatment.

1.4. As this performance data was collected for the same period or earlier to the survey data collection of Advocacy of Treatment measures, we are not able to make inferences about causality of the relationships under study. Further research will be conducted when performance data for later periods becomes available – this will allow for the assessment of the extent to which Advocacy of Treatment directly results in higher trust performance

[3] Dawson, J., Topakas, A., & Admasachew, L. (2010). *Engagement and its Constructs: Advocacy of Treatment.* Aston University, UK

2. Method

2.1. Data from the NHS Staff Survey 2009 on Employee Engagement were used to investigate the suggested relationships.

2.2. The following question from the survey was used as the indicator of staff Advocacy of Treatment: *If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.*

2.3. The trust performance indicators that were used in the analysis are: Quality of Services (Annual Health Check 2008-2009), Quality of Financial Management (Annual Health Check 2008-2009), Absenteeism (July-September 2009), Patient Satisfaction (2007-2008), and Hospital Standardised Mortality (2008-2009). It must be noted that all the outcome data were collected before or at the same period as the Employee Engagement data.

2.4. The statistical technique used for the analysis of the above relationships is Multiple Regression Analysis. Several trust characteristics were included in the analysis as control variables, since these are often related to outcomes. By accounting for the effect these have on the outcomes, we are able to have a better indication of the effect of the Engagement indicators on the outcomes. The control variables for the present analysis were: trust location (London vs other), trust size, and trust type and teaching status (acute teaching, acute non-teaching, PCT teaching, PCT non-teaching, mental health teaching, mental health non-teaching and ambulance).

2.5. These control variables were entered in the form of ‘dummy’ variables, since they are categorical in nature. For example, each trust type and teaching status were considered as a single variable. In the case of the ‘acute teaching’ category a high score (1) indicates that a trust belongs to this category, while a low score (0) indicates that the trust belongs in one of the other categories. A positive association of this variable to an outcome for instance would indicate that trusts in this category tend to score higher on the outcome than trusts in other categories.

3. Results: Advocacy of Treatment as a predictor of trust level outcomes

3.1. Table 3 indicates that staff Advocacy for Treatment is significantly related to all potential outcome measures. Higher trust scores on overall staff Advocacy of Treatment are related to better Quality of Services, Quality of Financial Management and Patient Satisfaction. Similarly, high trust scores on staff Advocacy of Treatment are linked to lower Absenteeism in the trust, as well as lower Patient Mortality.

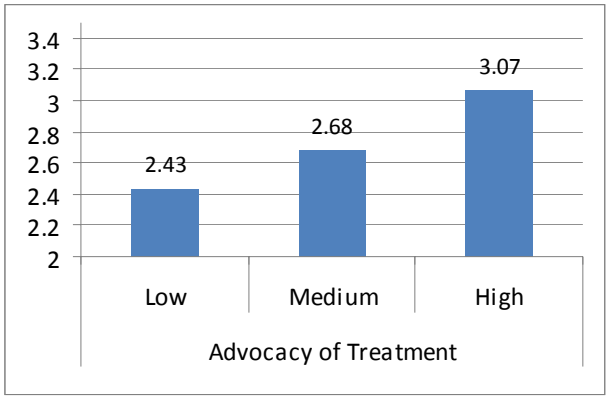
3.2. Graphs 3A-3E demonstrate the nature of these relationships. It is visually evident that these relationships are largely linear.

Table 3: Advocacy of Treatment as a predictor of trust level outcomes (Unstandardised Beta Coefficients)

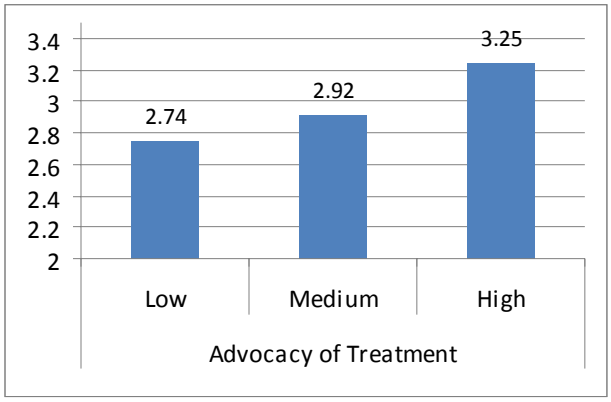
	Quality of Services	Quality of Financial Management	Absenteeism	Patient Mortality	Patient Satisfaction
	(R^2=.259)	(R^2=.393)	(R^2=.409)	(R^2=.195)	(R^2=.688)
Location (London)	-.133	-.148	-.783***	-7.342**	-3.758***
Trust Size	-.000	.000	.000	.000	.000**
Acute/ Teaching	-.303	-.569***	-.985***	-3.384	.578
Acute/ Non-Teaching	-.353**	-.551***	-1.135***		
PCT/ Teaching	-.755***	-.950***	-.631**		
PCT/ Non-Teaching	-.637***	-1.128***	-.892***		
Ambulance	-1.121***	-.625**	.527*		
Mental Health/ Teaching	.320	.337	-.599		
Specialist Status					7.299***
Advocacy of Treatment	**1.399*** **	**1.404*** **	**-.522****	**-12.402****	**8.942*** **

*0.01<p<0.05 ;**0.001<p<0.01;***p<0.001

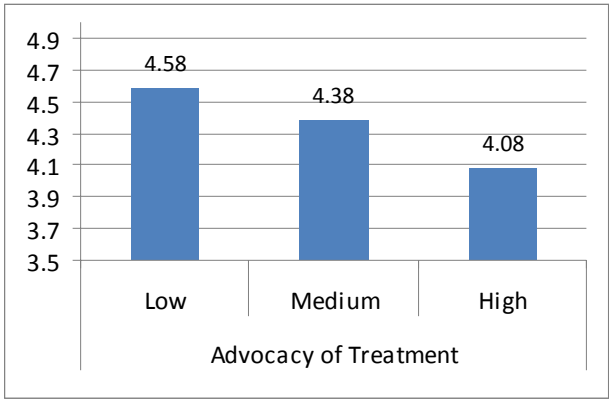
Graph 3A: Quality of Services



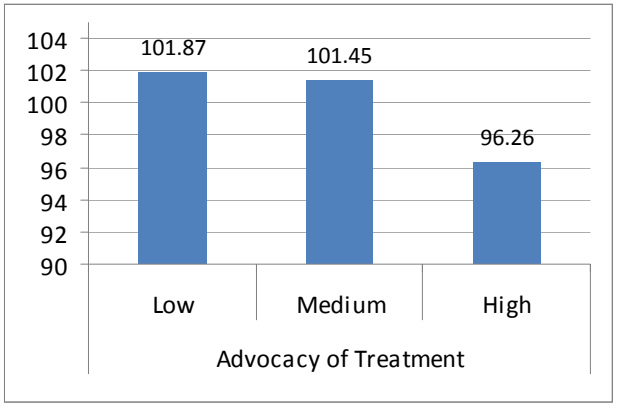
Graph 3B: Quality of Financial Management



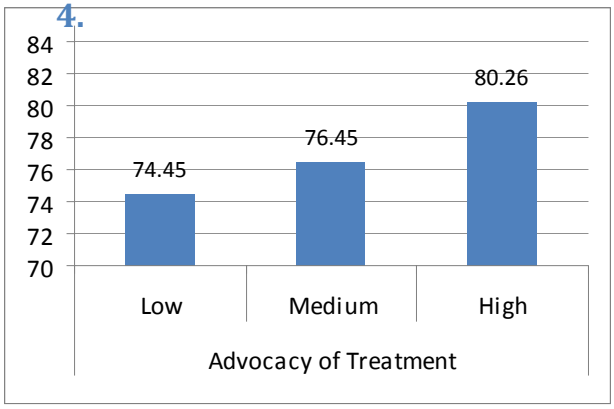
Graph 3C: Absenteeism



Graph 3D: Patient Mortality



Graph 3E: Patient Satisfaction



4. Conclusion

4.1. The report has presented the associations between trusts' employee Advocacy of Treatment with several objective trust performance measures.

4.2. Significant relationships were found for all of the investigated associations, indicating that a certain link exists between Advocacy of Treatment and performance in the NHS.

4.3. Intuitively, it can be argued that Advocacy of Treatment is possibly one of the causes of certain performance outcomes, though this was not possible to either confirm or disconfirm in the present report. Further analysis of longitudinal data may allow for such inferences in the future.

4.4. Conversely, in some cases it is quite possible that what is here considered as the outcome of Advocacy of Treatment is indeed its predictor. Particularly, the association between Advocacy of Treatment and Patient Mortality could indicate that the staff who are aware of the Mortality rates of their trust, or have a general idea of the performance of the trust, are more likely to base their decision to advocate in favour or against their trust on their perception of performance.

4.5. Overall, the report highlights that Advocacy of Treatment is salient in the NHS, since it is associated in many ways to trust performance. Therefore, trusts where Advocacy of Treatment is low could use these findings to motivate the implementation of policies and practices that can enhance Advocacy of Treatment, potentially by increasing employee engagement.