

Engagement within the NHS

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What is engagement?

The importance of developing a culture of engagement is increasingly recognised. A wide spectrum of literature and discussion focuses on evidencing the impact and developing engagement across a diverse range of organisations and sectors. This is also apparent within the healthcare sector.

Engagement is the active and positive contribution of an individual within their normal working roles to maintain and enhance the performance of the organisation which itself recognises this commitment in supporting and encouraging high-quality care.^{1,a}

Under the term engagement within healthcare there are equally important subsections of this, including medical, clinical, and staff engagement.^{2,b}

It is helpful to also note that engagement is different from leadership. Medical and clinical leadership refer to a formal role with specific management responsibilities.

What is the problem with engagement in the NHS?

Engagement with medical, clinical and wider staff within the NHS is poor.

There is increasing evidence and acknowledgement of the link between poor engagement with risks to safety and outcomes for patients.

The NHS is currently facing unprecedented pressures and needs to adapt to these challenges. Without successful engagement with NHS staff, actions to address urgent issues are unlikely to be effective and the quality of care offered to patients is at risk.

- a This is taken from Spurgeon's 2008 widely recognised definition for medical engagement. The definition has formed the basis of the development of the medical engagement scale that has been widely used in the NHS in England and Wales, as well as in Malta and Australia.
- b Medical refers to engagement with doctors at all levels in both primary and secondary care, and in all healthcare settings. Clinical engagement includes those who are involved in actual observation and treatment of patients. For example, doctors, nurses, physiotherapists and physician assistants. Staff engagement refers to all staff that work in the NHS, including doctors, nurses, physiotherapists, porters and administrative personal.



What is the evidence that links medical, clinical and staff engagement with risks to patient safety and poor outcomes?

The King's Fund reported in 2014 clear and growing evidence of the direct relationship between engagement and clinical performance.³ This conclusion has been widely reflected in other literature on the subject, both from within the UK and internationally. For example, a worldwide study by Grimes and Swetteham in 2012 concluded that 'a world class high performing health system can be realised only when physicians are engaged'.⁴

Within the UK, the medical engagement scale (MES) has played a significant role in highlighting the link between engagement and organisational performance.⁵ The scale has demonstrated the consistent positive relationship between engagement and organisational performance. It is difficult however to evidence causality between the correlation. It cannot be assumed that the relationship between engagement and organisation performance is a cause and effect. There is however a robust and well recognised argument that engagement is critical to organisational performance.⁵ This argument is not only acknowledged within the healthcare sector but also more widely across other sectors and organisations.

There is evidence that improving engagement can have positive financial implications for organisations. A recent article reported that Barts Health NHS Trust used clinician engagement with procurement to deliver significant financial savings. In 2013, following clinician engagement, Barts Health NHS Trust reduced costs on ICDs (implantable cardioverter-defibrillators) by £6 million, on pacemakers by £1 million and orthopaedic prostheses by £750,000. This was achieved through practical and cultural changes to engagement with clinicians. For example, clinicians, suppliers and procurement specialists met to identify the best product for use within the organisation. This led to clinicians and procurement staff working together to deliver transparent and open negotiations with suppliers that balanced evidence-based clinical needs and product availability.⁶

An engaged workforce can also reduce safety risks for patients. A study of more than 2000 Dutch doctors found that those that were more engaged were significantly less likely to make mistakes.⁷

Is medical engagement within the NHS poor?

Our members report increasing levels of disengagement. A BMA UK-wide survey in 2016 found that three quarters of respondents did not feel able to positively influence the fortunes of the NHS. Nearly half did not feel that their contribution was valued by managers.⁸

Furthermore, in 2015 the BMA's Scottish Consultant Committee commissioned research by the Universities of Dundee and Glasgow on the changing experience of the work of consultants. The research reported that while consultants were highly engaged with their jobs, with their clinical colleagues and with the values of the NHS, they also regularly experienced significant frustration and disengagement at work. It also highlighted that consultants were struggling to input effectively into local service development and clinical priority setting.⁹

In 2016 the NHS in Wales undertook a MES survey to gain an understanding of the situation and to develop a baseline of data for future work. The survey found wide variation of engagement across organisations and by branches of practice. It also showed overall poor levels of engagement within the NHS in Wales. These findings echo the UK-wide results for the MES.¹⁰

^c The MES was jointly developed by the Institution of Innovation and Improvement and the Academy of Medical Royal Colleges in 2008. The MES database has about 10,000 doctors and 100 UK NHS Trusts and Boards on it.

Why should we address the problem?

It is essential that engagement within the NHS is improved if it is to successfully address the challenges it currently faces from changing and increasing demand.

The risk of not engaging is too high. In 2015, Sonola studied clinical services and hospital reconfiguration in England; the findings demonstrated a significant proportion of proposals were not implemented because of public and/or clinical opposition.¹¹ It is important to note that engagement is input and not necessary agreement. Therefore, engagement can oppose proposals, but it can do this alongside looking for other solutions. Effective and collaborative working within the NHS is essential for delivering a sustainable future healthcare system.

Good engagement not only improves organisational performance and reduces risks for patients, it has a direct and positive effect on the workforce as well. It improves job satisfaction and reduces the risk of burnout.¹²

What are the challenges we will face in addressing the problem?

As noted by the Academy of Medical Royal Colleges in 2011, engagement is often challenging but the evidence has demonstrated that it offers reliable benefits.¹³ There are a range of challenges that are consistently raised in relation to engagement, they include:

- Engagement takes time. There is a need for a cultural shift, rather than one off engagements to fulfil a specific purpose
- Engagement as a two-way conversation. Commentators have reflected that engagement needs to be both with staff and the organisation's management; without this, engagement is severely limited.¹⁵
- It should not be assumed that engagement is agreement with an idea. Good engagement should encourage support, challenge and new ideas of how to address an issue
- Recognition of the difference between medical leaders and medical engagement. A recent study identified that there was often an engagement gap between medical leaders and their medical colleagues¹⁶
- Poor engagement with junior doctors. The MES highlighted low engagement with junior doctors. There could be many reasons for this, including frequent rotation through different NHS organisations, lack of time for training and personal development because of heavy service demands, or poor links with leaders within an organisation. This is however a significant risk, and the consequences of not engaging with the future workforce are highly problematic¹⁷

What is next?

The BMA is looking to work with NHS organisations to improve engagement at a local, regional and national level. To find out more please contact: info.policy@bma.org.uk.

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