Literature Review

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Literature Review

Employee engagement and wellness is crucial in order to maintain employee satisfaction within a workplace. This has historically been seen as the responsibility of human resources alone. However, it is an integral part of a business strategy and impacts the bottom line of a company. Healthy and engaged employees at a workplace can not only enhance profitability of an organization by more than 21%, but their engagement enhances overall positive feedback for the company as well (Beheshti, 2019).

A dramatic change has been observed in the employer-employee relationship in the last 100 years (Naus, Iterson, & Roe, 2007). Globalism, advances in technology, demographic shifts, and the desire for innovation have given rise to the level of competition between organizations, changing the way they function. It has also dissolved any relationship that existed between employers and employees (Naus, Iterson, & Roe, 2007). A number of organizations and industries, including the healthcare industry, has a high employee turnover with a large number of unsatisfied customers. In an effort to reduce the number of employees and deal with issues relating to employee motivation and engagement, it is essential that ways be devised to motivate as well as engage employees. Motivation is a force that initiates, engaged and even guides employees towards productive and efficient behaviors. Researchers have developed a number of different theories to explain employee engagement. The first part of this literature review involves a review of the theoretical approaches on employee engagement and employee satisfaction

While employee engagement and satisfaction are important for just about any industry, the stakes get a whole lot higher, especially with regards to the healthcare industry. Satisfaction evaluation is a widely used measure to improve healthcare outcomes in individuals. For this purpose, a cross-sectional psychometric study is used by researchers in Wuhan, China (Meng et al., 2018). The primary aim of this study was to measure employee work satisfaction and correlate it with patient satisfaction in fourteen medical institutions. The final sample used in the study comprised of medical staff of 969 and about 668 patients. The factors that effected employee work satisfaction, on the basis of this study, included the work performed along with the work environment they were subjected to and the atmosphere. Lastly, also cited was hospital management, the practicing environment along with the job rewards and bonuses as the reason why employees left dissatisfied about their work. Furthermore, this employee work dissatisfaction was also seen to have detrimental impacts on the patient satisfaction since it was shown to negatively impact the physician-patient relationship, their intercommunication and the services provided by the facilities. They also cited their overall satisfaction with the staff as average. The results of this study show that the healthcare policy makers, along with medical institutions need to work in a collaborative manner to ensure both employee and patient satisfaction.

The healthcare industry is highly competitive, forcing organizations to continue to focus on ways to become and remain the provider of choice (Healthcare Registration, 2011). The success of any industry, including the healthcare industry, depends greatly on the employees who conduct the day-to-day activities that keep the organization running (Roth, et al. 2011). Given the current state of the healthcare industry, which includes fast rising healthcare costs and uncertainties relating to healthcare reform, employee engagement is now more critical than ever.

Healthcare organizations are now being required to essentially do-more-with-less hence; they are requiring and in need of a more productive workforce (Roth, et al. 2011). It is no longer sufficient for employees to just come to work, employees must now be engaged in the task at hand (Roth, et al. 2011). Moreover, since executives, leadership, and managers will be engrossed with fulfilling the requirements of the new changes and transitioning into the new health reform, it will be nearly impossible for them to monitor the day-to-day activities of individuals (Roth, et al. 2011). Therefore, employees will be expected to complete tasks correctly without having the sense of the “Hawthorne” effect; meaning employees will need to be more engaged in their job duties without direct supervision (Roth, et al. 2011).

A sense of uncertainty exists in terms of the future of healthcare landscape, especially considering the amount of pressure being put of leadership teams in an effort to steer the organization in a number of different directions. Thus, it is a well-known fact that the culture of leadership in a healthcare organization will determine the culture that will enable or disable the success of organization. At present, considerable amount of literature exists on healthcare facilities and their ambitions with regard to patient-centered care for community, especially with regard to workplace of choice and quality of care. However, cultural attributes of healthcare that empirically links the culture to healthcare-specific performance outcomes have not been extensively studied.

A study carried out by Owens, and his colleagues (2017) was carried out with the help of cultural index (Cronbach’s alpha = 0.88). The study was carried on corresponding performance through the various measures of health care. The result of data sets was mapped across evaluated variations, compared results, and data sets in performance between main indicators for leaders.

The results highlight the significant outperformance by the tip quartiles as compared to bottom quartiles on culture index. With statistical significance top quartile performed in each domain for value-based purchasing performance, employee engagement, patient experience, and physician engagement. There was a 3.4% lower turnover in top quartile culture index than the bottom quartile performers. In addition, there is the addition of 1% on value-based purchasing in the performers of culture index top quartile. These results indicate the correlation between organizational and culture index performance. By analyzing the outcome of key performance impact, leadership in healthcare can do consideration to the actively steer labor force arrangement and culture in traits that are related to culture index like promoting employee pride, treating patients as valued customers, congruency among organizational values and workers, reassuring the feeling that being a member of the association is beneficial to leverage culture as a competitive advantage (Owens et al., 2017).

After the publication of the report “To Err is Human”, there is an increase in the safety concern of patients. The report indicates that about 98000 patients die due to preventable medical errors. (Thorp, 2012). Patient safety should be the priority of any healthcare leadership especially after becoming the part of the era who has affordable care act and implementing the patient protection. It is the duty of healthcare leaders to increase the sense of safety in patients and to present the positive image of the organization. Research indicates that the engagement of employee is one of the main elements that can increase the safety both for organization and patients. A research lead by Thorp and fellows found the positive link between employee performance and employee engagement at various levels like patient safety, workplace safety, and patient safety culture (Thorp, 2012).

Gallup Q survey and various other instruments were used to find out the relationship between employee engagement and performance. The survey was based on validated, abbreviated, and approved set of questions from the patient safety culture and hospital survey (Throp, 2012). The survey was managed to team at a big tertiary academic medical center in 2007-09. Meta-analysis was used to measure employee engagement with the help of 12-question Gallup workplace audit survey. The findings of the survey indicate that there is the great opportunity for the workforce with high baseline engagement level for additional positive changes in stronger patient safety culture, fewer worker compensation claims, more engagement levels, and fewer part-time workers. Moreover, variables that can increase employee engagement should be controlled efficiently because it can lead to extreme progress in patient safety culture (Thorp, 2012). Moreover, workgroups with no workers’ compensation claims and high employee safety, had a significant increase in patient safety culture at a rate of 4 times the rate of growth when compared to workgroups with workers’ compensation claims (Thorp, 2012). The research conducted by Thorp and his colleagues demonstrated that having high levels of employee engagement decreased workers’ compensation claims and most importantly greatly improved the patient safety culture. The study also suggested that organizations with a high patient safety culture are more likely to have lower rates of preventable medical errors (Thorp, 2012).

It is important to consider the fact that certain initiatives are highly necessary to improve the health care services of various hospitals. There is an increase in the number of concerns regarding patient safety and reducing harm, which requires significant focus from higher authorities and government officials. By keeping in view the above scenario, researchers have made extensive research to determine the performance of ward-based teams. A critical examination of the work engagement of ward-based team is highly necessary to address the concerns regarding patient safety and reducing harm. For that particular purpose, a number of surveys were conducted with 253 members of ward team and 249 members from the control group. After a time period of 12 months, same survey was repeated with 233 ward-team members along with 239 members of control group. A critical examination of these surveys indicated that the health care services regarding patient safety are increased. These surveys demonstrated the importance and significance of the QI program. Through that QI program, the ward members are motivated and engaged in the delivery of better health care services. It is important to examine the purpose of employee engagement to improve overall safety of the patient. If an employee engaged himself to deliver effective health care services, then there are more chances that significant increase would be observed in the overall performance. A clear connection about an activity and employee engagement is observed that indicates lower chance for mistakes. Consequently, if health care organizations want to improve the outcome of health services, then they should increase their focus to improve the entire paradigm of nurses’ engagement. There is an immense need for these health care organizations to implement employee engagement strategies to reduce unnecessary risk to patients. By doing so, organizations can increase their overall performance and HCAHPS score(White et al., 2017).

As demonstrated by the studies conducted above, research indicates that employee engagement is a strong predictor of patient safety. There is a clear connection between employee engagement and the way a task is preformed; the more engaged an employee is with the tasks at hand the greater the chance the tasks will be completed correctly and the lower chance for mistakes. Therefore, in order for healthcare organizations to improve patient safety they must begin by investing in improving employee engagement. By implementing employee engagement strategies, it is possible for employers to reduce unnecessary risk to patients and create a strong patient safety culture. It must also be noted that improving employee engagement is a continuous improvement effort. Although there are costs associated with providing resources for employee engagement, creating an environment where patients are safe outweighs the financial outlay.

Similar to patient safety, employee engagement has a direct effect on patient satisfaction. “Patient Satisfaction is believed to be an attitudinal response to value judgment that patients make about their clinical encounter” (Jackson, et al., 2001). With the implementation of the Patient Protection and Affordable Care Act in full affect, patient satisfaction has become extremely important to many healthcare organizations. Under the Patient Protection and Affordable Care Act, pay-for-performance measures will tie hospital and clinician group payments to consumer satisfaction surveys. Patient satisfaction will be measured by using a questionnaire that will survey, from the patients perspective, how well the hospital or clinical group performed in serving the patient (Affordable Care Act).

Only one percent of the total payments will be reserved by the Medicare organization for the health care settings and teaching hospitals. There will be a defined system of distribution of funds in the form of bonuses and incentives on the basis of their standings over a predetermined scale. Organizations will only be eligible for bonuses when they meet basic two measures efficiently; patient satisfaction over the care delivery and measures taken by them in order to measure and improve the quality of care. 30 percent of the total bonus funds will be allotted on the basis of patient satisfaction standards while 70 percent of the total funds will be determined on the basis of quality of care and clinical measures taken to enhance it. Several organizations are already working intricately and taking advanced measures to guarantee that their scores are better at patient satisfaction. These efforts are being taken in effort to receive greater compensation funds for the organizations. Mainly these organizations are looking into improving the task of employee engagements within the work setting as a strategy to improve patient satisfaction.

Literature has suggested that the employee engagements have a direct correlation with the patient satisfaction (Collins, et al., 2008). It has been proved by a number of research studies that patient satisfaction eventually increases when there are better employee engagements. Studies have also stated that those organization that focus in improvement of employee engagements and make special efforts to improve the interactions at workforce settings result in higher rates of patient satisfaction (Collins, et al., 2008). The fundamental theory that can be formulated based on these findings is that better employee engagements help improve employee satisfaction and determination at the work place which ultimately has a positive effect on the patient satisfaction. Employees who have better work engagements and are content with their work are able to engage themselves in the tasks that they are meant to do. It results in improved attentiveness of the employees towards their patients. Patients perceive that care and thoughtfulness by the employees as valuable during care delivery process. Organizations can only expect the best care provided by the employees to the patients when they are satisfies with their work and engaged well in the imminent task (Collins, et al., 2008).

A survey carried out by the National Health Service (NHS) in England examined the association between organization-level engagement scores and quality ratings by the Care Quality Commission (Wake & Green, 2019). The process of survey is completed by considering a period of four years and over 97 acute NHS Trusts situated in England. The cross-sectional research approach was used by the researcher to conduct this study. Different provider details, staff survey outcomes, and CQC reports were considered as the domains of data collection. The results of this study indicate that NHS acute Trusts with high employee engagement scores have better prospect in case of CQC ratings. The factor of trust also plays critical role when it comes to lower ratings in case of financial deficit. It is also revealed by this study that employee engagement subdimensions have a different form of associations with the paradigm of CQC ratings. The results of the study showed that advocacy score can be characterized as most influential dimension within all the spectrum. A two subdimension model of engagement can be used when it comes to efficient anticipation of overall employee engagement in case of NHS acute Trusts in England. These specific assessments clearly indicate that it is crucial for healthcare leaders to enhance their focus on the overall proportion of workers. This prospect can be used as a proxy for the desired level of work engagement and it can also play vital role to determine actual CQC ratings (Wake & Green, 2019).

In recent times, recruitment and retention are recognized as two major issues concerning the overall approach of healthcare industry. The active role of managers in this context is immensely important concerning the prospects of employee engagement and employee turnover. The phenomenon of employee turnover is also associated with the domain of overall cost of the healthcare industry. It is assessed that the feature of long-term cost is linked with high employee turnover to the consumer. The evidence in the form of research studies also shows that the factor of employee engagement is positively correlated with high employee retention level and low turnover cost (Baldrige, 2011).

In the past, many healthcare executives viewed personnel turnover as necessary and as an inevitable cost of doing business. However, staggering healthcare costs coupled with new budgetary restrictions has caused most organizations to beginning further reviewing retention performance. Many organizations are going through great lengths to determine what can be done to better retain employees and to keep employees more fully engaged. It is widely assumed that the more engaged the employee is, the more satisfied they are with their job and the organization and the less likely they are to leave the organization.

Research has shown that common factors linking high engagement to low turnover rates include: the employee feeling valued by the organization, having a supervisor who is an effective leader, working for an encouraging company, working for an organization where upper management listens to the employees, working for an organization who has implemented effective ways to communicate, and working for an organization in that includes employees in the decision making process (Wagner, 2006). It is critical to recognize that there is no magical way to increase employee engagement and reduce turnover. The common factors referenced above must be implemented in a way that is unique to each organization’s circumstance (Wagner, 2006). It is important that each healthcare organization discover their own formula for success in regard to employee engagement initiatives (Wagner, 2006).

# References

"A Culture That Values Employees." *Baldrige.com* RSS. N.p., 22 Feb. 2011. Web.

"Affordable Care Act." *Patient Protection and Affordable Car Act*. N.p., n.d. Web.

"Employee Engagement Drives Excellence Engaging employees as partners creates competitive edge." *Healthcare Registration* Sept (2011):

"Employee Engagement." *Employee Performance Management*. Talent Keepers, n.d. Web.

Beheshti, N. (2019, January 16). 10 Timely Statistics About The Connection Between Employee Engagement And Wellness. Retrieved August 3, 2019, from Forbes website: <https://www.forbes.com/sites/nazbeheshti/2019/01/16/10-timely-statistics-about-the-connection-between-employee-engagement-and-wellness/>

Blizzard, Rick, D. "The Key to Improving Patient Safety." *The Key to Improving Patient Safety*. Gallup Inc., 7 May 2002. Web.

Blizzard, Rick, D.B.A. "Nurse Engagement Key to Reducing Medical Errors." *Nurse Engagement Key to Reducing Medical Errors*. GPNS Commentary, 27 Dec. 2005. Web.

Currivan, Douglas B. "The Causal Order Of Job Satisfaction And Organizational Commitment In Models Of Employee Turnover." *Human Resource Management Review* 9 (2000): 495-524.

Geyer, S. "Hand in Hand: Patient and Employee Satisfaction." *Trustee* 58.6 (2005): 12-24.

Jackson, Jeffrey L., Judith Chamberlin, and Kurt Kroenke. "Predictors of Patient Satisfaction." *Social Science & Medicine* 52.4 (2001): 609-20.

Kahn, William A. "Psychological Conditions of Personal Engagement and Disengagement at Work." *Academy of Management* 33.4 (1990): 692-724.

Meng, R., Li, J., Zhang, Y., Yu, Y., Luo, Y., Liu, X., … Yu, C. (2018). Evaluation of Patient and Medical Staff Satisfaction regarding Healthcare Services in Wuhan Public Hospitals. *International Journal of Environmental Research and Public Health*, *15*(4), 769. https://doi.org/10.3390/ijerph15040769

Owens, K., Eggers, J., Keller, S., & McDonald, A. (2017). The imperative of culture: A quantitative analysis of the impact of culture on workforce engagement, patient experience, physician engagement, value-based purchasing, and turnover. *Journal of Healthcare Leadership*, *9*, 25–31. https://doi.org/10.2147/JHL.S126381Roth, Tom, and Michael Leimbach. "Creating an Engagement Culture." *- Chief Learning Officer, Solutions for Enterprise Productivity*. Chief Officer Magazine, 1 Jan. 2011. Web.

Schaufeli, Wilmar B., and Arnold B. Bakker. "Job Demands, Job Resources, and Their Relationship with Burnout and Engagement: A Multi-sample Study." *Journal of Organizational Behavior* 25.3 (2004): 293-315.

Thorpe, Jonathon, MD, Waheed Baqai, MPH, Dan Willter, MS, Jim Harter, PhD, Sangeeta Agrawal, MS, and James Pappas, MD. "Workplace Engagement and Workers' Compensation Claims as Predictors for Patient Safety Culture." *Workplace Engagement and Workers' Compensation Claims as Predictors for Patient Safety Culture*. Journal Patient Safety, n.d. Web.

Wagner, Sue Ellen. "Staff Retention: From "satisfied" to "engaged"" *Nursing Management (Springhouse)* 37.3 (2006): 24-29.

Wake, M., & Green, W. (2019). Relationship between employee engagement scores and service quality ratings: Analysis of the National Health Service staff survey across 97 acute NHS Trusts in England and concurrent Care Quality Commission outcomes (2012–2016). *BMJ Open*, *9*(7), e026472.

White, M., Butterworth, T., & Wells, J. S. (2017). Healthcare Quality Improvement and “work engagement”; concluding results from a national, longitudinal, cross-sectional study of the “Productive Ward-Releasing Time to Care” Programme. *BMC Health Services Research*, *17*(1), 510–510. https://doi.org/10.1186/s12913-017-2446-2