Engagement – Evidence Review

Mansfield (Mansfield, 2007) found that while leaders' **hopefulness** improved employees' job satisfaction and retention rates it did not have an effect on workers' engagement.

Coumont (Coumont, 2007) studied the effectiveness of **Continuous Communication** – a process aimed at giving managers a consistent method of engaging staff through scheduled conversations. Continuous communication was found to have a positive impact on job satisfaction and contributed to improved supervisor and employee relationships.

Simpson (Simpson, 2007) studied 167 nurses and found that **professional status, interaction, task requirements** and **thinking of quitting** were all significant predictors of nurses' work engagement.

Kalisch (Kalisch, Curley, & Stefanov, 2007) found that an intervention aimed at improving teamwork and engagement led to a **lower number of patient falls; improved teamwork** and **lower staff turnover and vacancy rates**.

Wegner (Wegner, 2011) found that there was a strong, significant and positive linear relationship between employee engagement level and **employee retention rate.**

Press (Press, 2011) studied the links between employee engagement and the adoption of lean practices. She found that **trust, communication, involvement with organisational change processes** and **experience with lean practices** all influenced employee engagement.

Rivera (Rivera, Fitzpatrick, & Boyle, 2011) studied 510 nurses and found that the biggest difference between those who were engaged and those who were not engaged was in 'the manager-action index,' with the smallest difference being in the 'salary and benefits index.' However, when all other variables were controlled for, the only significant one explaining the difference between nurses who were engaged and those who weren't was '**passion for nursing.**'

Setti (Setti & Argentero, 2011) studied 206 nurses and doctors in Switzerland and found that energy was primarily influenced by **workload**, involvement by **values** and efficacy by **reward** and that **better health** generally corresponded to higher levels of engagement.

Warshawsky (Warshawsky, Havens, & Knafl, 2012) found that organisational cultures that fostered **good quality personal relationships** supported the job performance of nurse managers.

Hewison (Hewison, Gale, Yeats, & Shapiro, 2013) evaluated staff-engagement programmes in four NHS acute Trusts. His main finding was that **leadership** was crucial if widespread staff engagement was to be achieved. Programmes had greater impact if they were **championed by the Chief Executive** and **effective communication** throughout the organisation was a pre-requisite for engagement. Problems were identified at the level of middle management where a **lack of confidence in engaging with staff** was a barrier to implementation.

Weimer-Elder (Weimer-Elder, 2013) quotes figures claiming that the cost of actively disengaged employees in the US is around $300bn a year. She surveyed groups to find out their levels of engagement and studied what made the most engaged ones different. Weimer-Elder found that highly-engaged employers stayed engaged in part due to the **high engagement of their other workgroup members.** Workgroup members identified themselves as teams based on their interactions and relationships with each other at their department or work unit.

Workgroup members valued, supported, and cared for each other. When **leaders were attuned to their workgroups** and **provided the internal support that teams needed** workgroups saw their leader as being in alignment with the team. Yet for the most part leaders were unaware of their actions and practices that either fostered or hindered the engagement of people who directly reported to them. Employees did not think that leaders always put them first but leaders thought they did. This was particularly true when leaders' responsibilities took them outside the team's work or business-related matters took precedence over employee concerns about providing good patient care. **Leaders who managed a large number of people were not able to foster the interactions and practices most conducive to high engagement on teams.** The sheer number of workgroups and direct reports a leader had tended to preclude an ability to consider how to model what was happening on a highly-engaged team with workgroups that were less engaged.

Simmons (Simmons, 2013) studied 97 front-line nurse managers in New York and found that the more **work stressors** they experienced the less engaged they were but that the more **organisational support** managers received the more engaged they were.

Tillott (Tillott, Walsh, & Moxham, 2013) discusses engagement in relation to the **SCARF model – status, certainty, autonomy, relatedness and fairness.**

Freeney (Freeney & Fellenz, 2013) studied the links between work engagement, quality of care and health in a sample of midwives. Work engagement was a significant partial mediator between organisational and supervisor support and quality of care and was a significant predictor of self-reported general health. **Supervisor support, social support and organisational resources –** mediated by work engagement – explained 38% of the variance in quality of care at the unit level and 23% of the variance in health among the midwives.

Van Bogaert (Van Bogaert, Clarke, Willems, & Mondelaers, 2013) studied 357 psychiatric nurses and concluded that **'practice environment features,'** influenced staff vigour and dedication and demonstrated positive effects on job satisfaction, turnover intentions and perceived quality of care.

Kubicek (Kubicek, Korunka, & Ulferts, 2013) examined the effects of **acceleration-related demands** on people working with older adults. She found that acceleration-related demands associated with updating one's knowledge led to more engagement whereas acceleration-related demands associated with an increasing work pace were related to negative outcomes such as emotional exhaustion.

Fiabane (Fiabane, Giorgi, Sguazzin, & Argentero, 2013) studied work engagement and occupational stress in 110 nurses, nurse aides, doctors and physiotherapists in Italy. She found that the most significant predictors of energy were **workload, mental health and job satisfaction** while the best predictors of involvement were **community, workload, mental health and job satisfaction.** Physiotherapists had the highest levels of occupational stress and disengagement from their work, while nurse aides were the most work-engaged and job-satisfied group.

Havens (Havens, Warshawsky, & Vasey, 2013) studied engagement across different generational cohorts in a sample of 747 nurses. She found that, with the exception of 'absorption,' there were no statistically-significant differences in engagement across generational cohorts and that across all the generations 'professional nursing practice environments,' were significantly associated with nurse work engagement.

Kreindler (Kreindler et al., 2014) studied how four different organisations engaged doctors in change. There was a universal focus on **relationship building** and each organisation emphasised or downplayed professional and/or organisational identity depending on the existing level of inter-group closeness between doctors and managers. An independent practice association sought to enhance members' identity as independent doctors; a hospital, attempting to engage doctors in the community suspicious of collaboration, stressed collaboration among separate equal partners; a developing integrated-delivery system promoted alignment among diverse groups by balancing 'systemness,' with subgroup uniqueness; and a medical group established a strong common identity among employed doctors but practised pragmatic cooperation with its affiliates.

Binney (Binney, 2014) carried out a qualitative study of eight nurses looking at work engagement and turnover intentions. Binney found that nurses were highly engaged in their work but encountered several issues – including **understaffing** – that created work overload leading to burnout and stress. In order to improve the situation concerns regarding understaffing, **job-role stress and nurse-management conflicts** need to be addressed.

Schwartz (Schwartz, 2014) found that the more engaged doctors were the **higher patient-satisfaction scores** were.

Leonard (Leonard, 2014) recommended a managerial approach to increasing employee engagement in improvement with managers and employees taking on the role of patients, evaluating the patient experience and developing strategies to improve patient care and decrease costs. **"By including employees in the change process, employees will take ownership of the change and their role in the change."**

Manning (Manning, 2014) studied the effect of nurse leadership style on work engagement. She found that a **transformational leadership style** was a positive predictor of staff nurse structural empowerment and work engagement. A **transactional leadership style** was both a positive and negative predictor and a **passive-avoidant leadership style** was a consistent negative predictor of empowerment and engagement.

White (White, Wells, & Butterworth, 2014) examined the effects of the **Productive Ward quality-improvement programme** on staff engagement. He found that staff who had taken part in the programme had a modest, but statistically-significant, increase in work engagement. Both clerical and nurse-manager grades and those specialising in caring for the elderly also had higher scores for work engagement.

Keyko (Keyko, 2014) argues that as work engagement enables nurses to have meaningful relationships in their work and subsequently deliver ethical care work **engagement is essential for ethical nursing practice.**

Dacoco (Dacoco, 2015) studied engagement among clinical laboratory scientists. Four predetermined major themes – **needs and expectations; sense of belongingness; competency and recognition; and growth and development** – increased the levels of employee engagement. Three new themes emerged which were **organisational alignment; confidence in senior management and positive organisational relationships.** The newly emerged themes were considered to influence attachment of employees to their organisation, enhance high involvement and create outstanding enthusiasm.

Vizzuso (Vizzuso, 2015) interviewed 23 mid-level hospital managers finding four themes in leader-employee engagement which were: **psychological commitment, expectation realisation, trust actualisation and reduction in the leadership power distance.**

Vyas (Vyas, 2015) studied the effect of **emotional intelligence** on engagement. Vyas found that emotional intelligence predicted the leaders' performance which, in turn, positively and significantly predicted staff's work engagement behaviours.

Mitchell (Mitchell, 2015) looked at the issue of **emotional labour** and employee engagement in a paediatric hospital. She found that 'faking emotions,' and 'hiding feelings' were linked to reduced employee engagement.

Gfrerer (Gfrerer, 2015) found a number of examples of the relationship of empowerment and engagement to **informal learning.**

Wilk (Wilk, 2015) describes the development of a **curriculum** for employee engagement with six core elements including: the background and benefits of employee engagement, theories derived from the literature, communication strategies for engagement, effective recognition strategies, influence of employee health and wellness, and teamwork.

Snodgrass (Snodgrass, 2015) carried out a qualitative study of employee engagement, servant leadership and emotional intelligence interviewing 24 front-line workers. Six themes emerged which were: concept of others, concept of team, environment, leadership, focus on employee, and communication.

Collini (Collini, Guidroz, & Perez, 2015) studied the links between employee engagement and turnover in a study of 5,443 people. Collini found that engagement fully mediated the relationship between respect and turnover and the relationship between mission fulfilment and turnover.

Cziraki (Cziraki & Laschinger, 2015) found that **structural empowerment** partially mediated the influence of leader-empowering behaviours on work engagement.

Strömgren (Strömgren, Eriksson, Bergman, & Dellve, 2016) studied the effect of social capital on work engagement. He found that social capital was associated with healthcare professionals' work engagement and job satisfaction. There were positive associations between all measured aspects of social capital and engagement in clinical improvements of patient safety and quality of care. The prospective analysis showed that increased social capital predicted increased job satisfaction, work engagement and engagement in clinical improvements of patient safety.

Biddison (Biddison, Paine, Murakami, Herzke, & Weaver, 2016) found moderate-to-strong positive correlations between employee engagement and four **Safety** Attitudes Questionnaire domains.

Lewis (Lewis & Cunningham, 2016) found that **transformational leadership** was strongly associated with work environment characteristics that are further linked to nurse burnout and engagement.

Shantz (Shantz, Alfes, & Arevshatian, 2016) looked at data from the 2011 NHS staff survey and found that **training, participation in decision making, opportunities for development, and communication** were positively related to work engagement which in turn improved the quality and safety of care.

Swensen (Swensen, Kabcenell, Shanafelt, & Sinha, 2016) argues that to flourish and be engaged doctors need a degree of **choice, camaraderie, and an opportunity for excellence.**

Poulsen (Poulsen, Khan, Poulsen, Khan, & Poulsen, 2016) studied the variables linked to work engagement in a sample of 553 people working in cancer care in Queensland. He found that **co-worker and supervisor support** were both significantly associated with work engagement. **Having 16 years or more experience, being directly involved in patient care, having children and not being a shift worker** were positively associated with work engagement but **being off sick for six days or more a year** was linked to lower work engagement.

Siller (Siller, Dolansky, Clavelle, & Fitzpatrick, 2016) looked into the links between **shared governance** and work engagement in 43 emergency nurses. She found that there was a significant positive relationship between shared governance and work engagement – as perceptions of shared governance increased, work engagement also increased.

Wang (Wang, Liu, Zou, Hao, & Wu, 2017) studied 1,016 female nurses in China and found that while **extrinsic effort** decreased engagement, **reward, over-commitment, perceived organisational support, psychological capital, hope and optimism** all increased it.

University Hospital Bristol NHS Foundation Trust (Frampton et al., 2017) used a **Staff Participation Engagement and Communication app** to capture staff experience and facilitate feedback. The Trust found that the following year's staff survey showed significant improvements in staff motivation, satisfaction with level of responsibility and involvement and perceived support from managers.

Matziari (Matziari, Montgomery, Georganta, & Doulougeri, 2017) studied organisational practices and values and burnout and engagement in a study of 214 nurses in the North of Greece. Matziari found that **organisational values** were negatively associated with emotional exhaustion and positively associated with dedication. Matziari concluded that "**interventions that are based on changing values have the potential to ameliorate feelings of exhaustion and buffer feelings of dedication.**"

Orgambídez-Ramos (Orgambídez-Ramos & Borrego-Alés, 2017) found that **social support** from one's supervisors and co-workers were both significantly related to job satisfaction.

Rice (Rice, Fieger, Rice, Martin, & Knox, 2017) studied the impact of **employees' values** on work engagement. She concluded that distributive justice was important for everyone and was a powerful motivator for people who had a high intrinsic motivation. The most engaged employees were not those most motivated by extrinsic rewards alone but employees who were primarily motivated by extrinsic rewards alone can be highly engaged when they experience high levels of distributive justice.

Bannon (Bannon & Greenwood, 2017) describes a scheme where staff at the Royal Victoria Hospital in Belfast were re-engaged with quality improvement by being allowed access to the Institute of Healthcare Improvement online open school and involving staff more in improvement projects.

Van Bogaert (Peter Van et al., 2018) found that **balanced work characteristics** such as social capital, decision latitude and workload all had a positive effect on staff's job outcomes and quality of care.

Sexton (Sexton et al., 2018) found that **leadership walk rounds** with feedback led to significantly higher engagement scores.

Silver (Silver, Caleshu, Casson-Parkin, & Ormond, 2018) studied 441 genetic counsellors and found that **mindfulness** was positively correlated with work engagement.

Bhatti (Bhatti, Norazuwa, & Juhari, 2018) found that work engagement (as measured by vigour and dedication) mediated the relationship between job resources (job characteristics, supervisor and co-worker support, participation in decision making and job security) and job performance.

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