

**The Relationship between Staff Satisfaction  
and Patient Satisfaction:**

**Results from Wolverhampton Hospitals NHS Trust**

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## Summary

In July 2003, surveys that included measures of staff satisfaction, organisational commitment, and team working were distributed to health care teams working at The Royal Wolverhampton Hospitals NHS Trust, and patient satisfaction surveys to the patients receiving treatment from these teams.

### Findings

- A significant relationship was found between the team working processes, participation, support for innovation and reflexivity, and patient satisfaction.
- Patients were more satisfied when they received treatment and support from teams that had good team processes. These were teams who communicated effectively and made decisions together, whose members took time out to review what they were trying to achieve and how they were going about it; and teams whose members gave practical and verbal support for ideas that would lead to providing new and improved patient care.
- A significant relationship was found between the level of support team members received from their colleagues and patient satisfaction.
- Patients were more satisfied with the treatment they received from teams where members provided each other with high levels of practical and social support.
- There was no significant positive relationship between staff satisfaction and patient satisfaction.
- A significant, positive relationship was found between the level of organisational commitment reported by staff and patient satisfaction. Organisational commitment and job satisfaction are both measures of 'affect', assessing respondents' general affective response to the organisation where they work
- Patients were more satisfied with the care they received from teams where members reported higher levels of commitment to the hospital where they worked.

### Implications

First, we should continue to implement the initiatives within the NHS to improve the work experiences of staff, such as Improving Working Lives. Second, we must develop team based working given the findings from this study and other studies in the NHS on the links between team working and staff and patient outcomes. These include: staff distress; staff retention; effectiveness of patient care; innovation in

patient care; and patient mortality. Third, we need to focus on what we know about the factors that influence how staff feel about the healthcare organisations where they work. Our research reveals there is a very strong relationship between the experience of involvement (as opposed to the existence of trust policies on employee involvement) among staff and their satisfaction.

## **INTRODUCTION**

The agenda for achieving improvements in patient care, outlined in the recent document 'Shifting the Balance of Power within the NHS – Securing Delivery' (Department of Health, July 2001) is to develop a new and more patient-centred service where patients are seen as active partners in their care, and have more influence over their care. Frontline staff in the NHS are critical to achieving this.

Actively engaging with patients in the design, delivery and development of NHS services is an important step towards providing patient-centred, high quality health care and by better meeting patients' needs, ensuring high levels of patient satisfaction. For this to be successful however, frontline staff must be able to engage effectively with patients so they can understand and respond to their needs. Many factors might influence this process, including the extent to which staff are able to develop a shared frame of reference and empathise with patients, and whether staff themselves feel empowered to meet the requirements of the new NHS agenda. Job satisfaction and the extent to which staff feel commitment to the organisation where they work may be an important factor. Service providers who are relatively satisfied with their work and the organisation where they work are more likely to be cooperative, helpful, empathetic and creative in their work since they bring more emotional resources to the interactions.

The research we report sought to answer the following questions:

- What is the relationship between staff satisfaction and patient satisfaction?
- What is the relationship between organisational commitment and patient satisfaction?
- What is the relationship between team working and patient satisfaction?

## **METHOD**

### **The sample**

In July 2003, questionnaires were distributed to members of 65 health care teams working in 33 departments at The Royal Wolverhampton Hospitals NHS Trust, and to the patients being treated by these teams.

### **Procedure**

#### ***Consultation with Trust staff***

An extensive consultation exercise was carried out at The Royal Wolverhampton Hospitals NHS Trust. Between February and May 2003 preliminary meetings were held with staff groups at the two main hospital sites, Newcross Hospital and the Eye Hospital. The purpose of the research was explained and the researchers explored the practicalities of distributing the surveys to staff and patients, and agreed with staff the method that would be most effective. In addition, information stands, situated in hospital restaurants, were used to raise awareness across the Trust about the research. Written information was provided, and the research staff were available to discuss the work.

Visits were made to all departments selected by the Research and Development Department to take part in the research. During these visits the researchers provided information about the project and explored whether staff were willing for their department to be involved. Some departments withdrew from the research at this stage.

### ***Survey distribution***

Each team and department was given an identification number. The surveys distributed to patients receiving treatment from each team were marked with the same identification number.

Over a four-day period, ten researchers distributed questionnaires in Newcross Hospital and the Eye Hospital. The researchers visited all the departments or wards that had been selected to take part in the research. The nurse in charge was asked for permission to distribute the staff and patient surveys. As the research had been so well advertised almost all staff were already aware of the project.

In some departments staff distributed the surveys to patients, in others the researchers were given permission to explain the research to individual patients and ask if they would participate in the study.

## **Questionnaires**

### ***Staff questionnaires:***

*Role clarity* This measured the extent to which staff were clear about the requirements of their work role. Respondents rates three items, 'I have clear planned goals and objectives for my job', 'I always know what my responsibilities are', and 'I always know exactly what is expected of me' on a five item scale from 'strongly disagree' to 'strongly agree'.

*Work demands* This measure assessed the extent to which staff feel they have the time and resources to carry out their work to the standards they want to achieve. On a five point scale ranging from 'not at all' to 'a great deal', respondents rate statements that include 'I do not have enough time to carry out my work' and 'I am asked to do work without adequate equipment to complete it'.

*Attitudes to patients* These items measured the extent to staff have a patient centred approach. On a five point scale respondents rated the extent to which they agreed with statements such as 'It is important that health care professionals help patients make informed choices about their care plans'.

*Organisational commitment* This assessed the extent to which staff feel commitment to the organisation where they work. On a five point scale respondents rated statements such as 'I am quite proud to be able to tell people that I work for this hospital' and 'Even if the hospital were not doing well I would be reluctant to change to another employer'.

*Team working* An assessment of whether individuals worked teams or more loosely defined work groups was made by asking respondents to answer 'Yes' or 'No' to the question 'Do you work as part of a defined team?'. Those who answered 'Yes' were asked to answer 'Yes' or 'No' to four additional questions; 'Does your team have clear team objectives?', 'Do you frequently work with other team members to achieve these objectives?', 'Are there different roles for team members within this team?', 'Do other people in the trust recognise your team as a team?'. Respondents who answered 'Yes' to all of these questions were categorised as working in a team. Those who answered 'No' to one or more questions were categorised as working in a pseudo team, a more loosely defined work group.

#### *Team processes*

These were measured using five dimensions of team working. Four were drawn from the Team Climate Inventory (Anderson & West, 1994,1998) and assess levels of:

*Team participation* : the extent to which members of the team feel they have influence over decisions made in the team, the degree to which team members interact with each other on a regular basis, and the adequacy of information sharing amongst team members. Using a five point scale respondents were asked to indicate the extent to which they agreed or disagreed with items such as; 'We have a 'we are all in it together' attitude', and 'We keep in touch with each other as a team'.

*Clarity of and commitment to team objectives*: the extent to which team members are clear about their work-related objectives, the extent to which they perceive objectives to be worthwhile and shared by members of the team. Using a seven point scale ranging from 'not at all' to 'completely', respondents answered questions about their team's objectives, for example, 'How clear are you about your team's objectives?' and 'How worth while do you think these objectives are?'

*Emphasis on quality*: the extent to which team members engage in constructive controversy to achieve excellence in decisions and actions that they take to provide health care for the local community. This is a measure of the degree to which team members feel that controversy within the team is constructive, and that team members' confidence is confirmed rather than questioned in the process of debate. Using a 7 point scale ranging from 'to a very little extent' to 'a very great extent', respondents indicated how well statements described their team, for example, 'Do you and your colleagues monitor each other so as to maintain a higher standard of work?' and 'Is there real concern among team members that the team should achieve the highest standards of performance?'

*Support for innovation*: the degree to which there is verbal and practical support for the development of new ideas. Items in this scale refer to sharing resources, giving time and co-operating in implementing new and improved ways of carrying out tasks. Using a five point scale respondents were asked to indicate the extent to which they agreed or disagreed with items such as 'Assistance in developing new ideas is readily available', and 'In this team we take the time to develop new ideas'.

*Reflexivity*: the extent to which the team reflects upon objectives, strategies for achieving these objectives, reviews processes and level of performance, and changes its strategies accordingly (West, 1996). Using a 5 item scale ranging from 'very

inaccurate' to 'very accurate', respondents rated statements such as 'The team often reviews its objectives' and 'This team often reviews its approach to getting the job done'.

*Social support* This measured the extent to which individuals receive practical and emotional support from their colleagues. Using a five point scale respondents indicate the extent to which their colleagues provided different types of support, for example, to what extent 'Can you count on your colleagues to listen to you when you need to talk about problems at work?'

*Job satisfaction* Six items were used to measure job satisfaction: 'The recognition you get for good work'; 'your immediate boss'; 'the freedom to choose your own method of working'; 'your work colleagues'; 'the amount of responsibility you are given'; 'the opportunity to use your abilities'. Respondents were asked to indicate how satisfied they were with each of these areas on a five-point scale ranging from 'very dissatisfied' through to 'very satisfied'.

*Well-being.* A ten item measure was used to assess levels of well-being. On a five point scale respondents indicated how often in the previous four weeks they had felt 'anxious', 'enthusiastic' and 'energetic'.

#### ***Patient questionnaire:***

There were two sections to the questionnaire. The first asked respondents to rate on the dimensions 'excellent' to 'fair' the expectations they had about the quality of the health they would receive *before* their contact with the health care team, that is their expectations about the care they would receive. The second section asked respondents to rate the quality of their *actual* experiences on the dimensions 'excellent' to 'fair'. This enabled patients' expectations of care to be taken into account and controlled for in the analysis.

Questions related to experiences of clinical interventions, for example:

- 'Thoroughness of examinations by health care staff'
- 'Skilfulness of health care staff'
- 'Quality of information provided by health care staff'
- 'Explanations of your tests, procedures and treatments'
- 'Quality of the interactions with health care staff'
- 'Health care staff listening to what you say'
- 'Health care staff showing an interest in you as a person, not just an illness'.

## **ANALYSIS**

Each of the key variables measured that was hypothesised to predict patient satisfaction were entered into a regression analysis. This analysis was conducted twice: first with no control variables and second controlling for patient expectations (see Appendix 1).

## RESULTS

In total 213 staff surveys and 229 patient surveys were returned. However, of the 65 teams included in the research, adequate staff data (more than one response) was only received from 42 of these, and adequate patient data from only 39. There were only 26 teams that had complete data sets, that is, sufficient numbers of responses from both staff and patients. The sample used in the analysis, therefore, was 26 teams, data from 144 staff surveys, 151 patient surveys

The analysis explored three main questions. The first two concerned the relationship between how staff felt about their work and the organisation where they work and patient satisfaction, the third, the relationship between team working and patient satisfaction.

1. What is the relationship between staff satisfaction and patient satisfaction? In this analysis the mean level of staff satisfaction in a team was compared with the mean level of satisfaction reported by the patients who had received health care from the members of this team
2. What is the relationship between staff's commitment to the trust and patient satisfaction? In this analysis the mean level of organisational commitment reported by staff in a team was compared with the mean level of satisfaction reported by the patients who had received health care from the members of this team.
3. What is the relationship between team working and patient satisfaction? Here we compared the quality of team working with the mean level of patient satisfaction reported by the patients who had received health care from the team

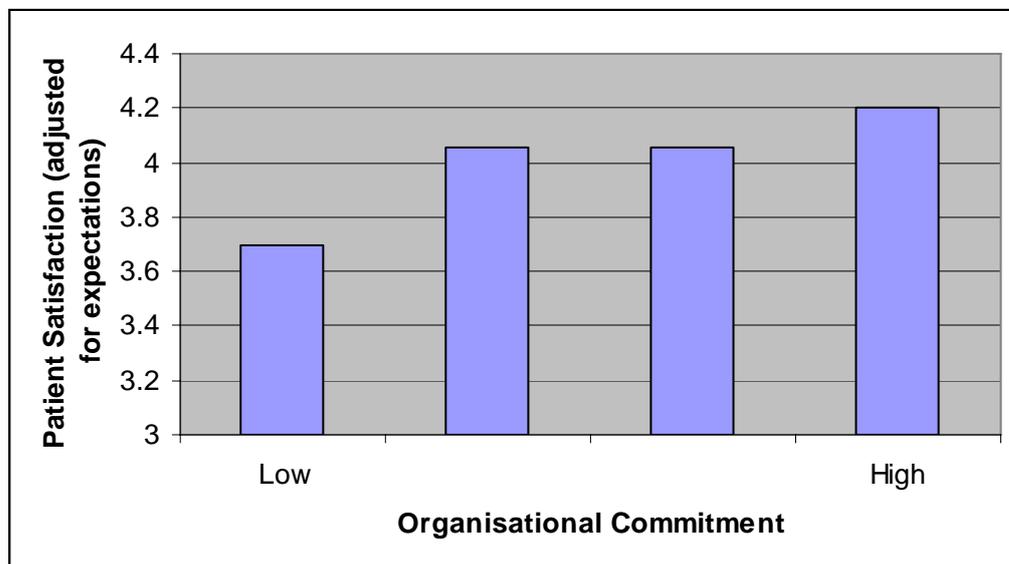
### **1. What is the relationship between staff satisfaction and patient satisfaction?**

There was no a significant positive relationship between staff satisfaction and patient satisfaction. However, when patient expectations were controlled for the effect size was 0.343. It is therefore possible that this result is due to lack of statistical power because of the small sample size. The effect size, 0.343, would be considered a moderate effect with a larger sample.

## 2. What is the relationship between staff organisational commitment and patient satisfaction?

There was a significant positive relationship between the levels of organisational commitment reported by staff in teams and the levels of satisfaction with care reported by patients, as shown in Figure 1.

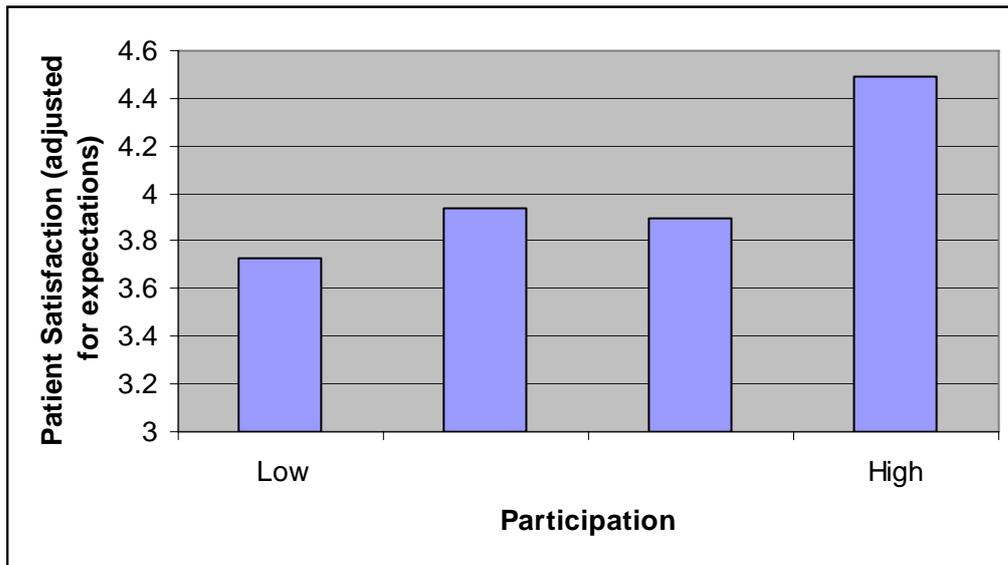
**Figure 1** *The relationship between staff levels of organisational commitment and patient satisfaction*



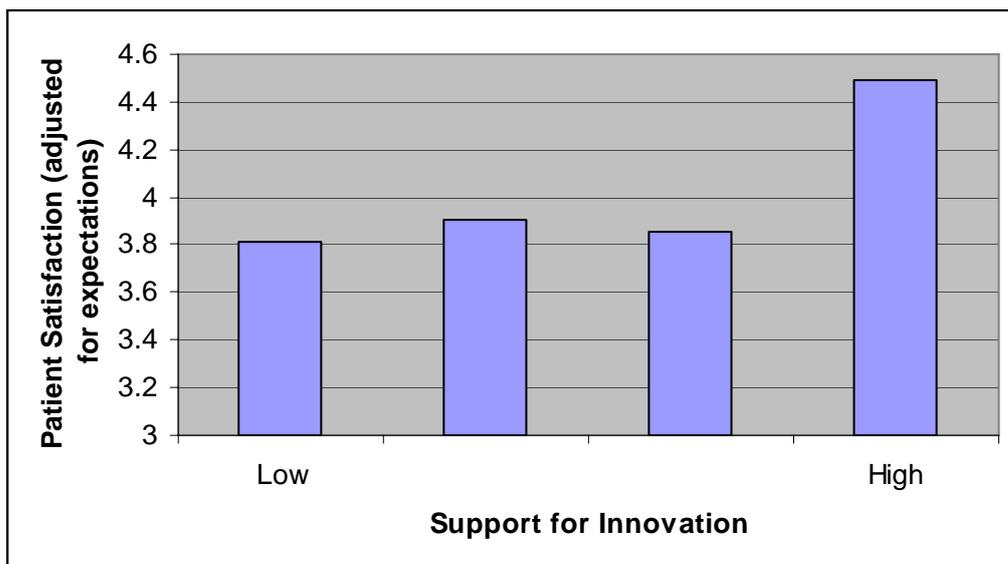
## 3. What is the relationship between team working and patient satisfaction?

We found a significant relationship between team working processes (participation, reflexivity, support for innovation) and patient satisfaction. Patients were more satisfied when they received treatment and support from teams that had good team processes. Specifically these were teams who communicated effectively and made decisions together, whose members took time out to review what they were trying to achieve and how they were going about it; and whose members gave practical and verbal support for ideas that would lead to providing new and improved patient care. These results are shown in Figures 2, 3 and 4

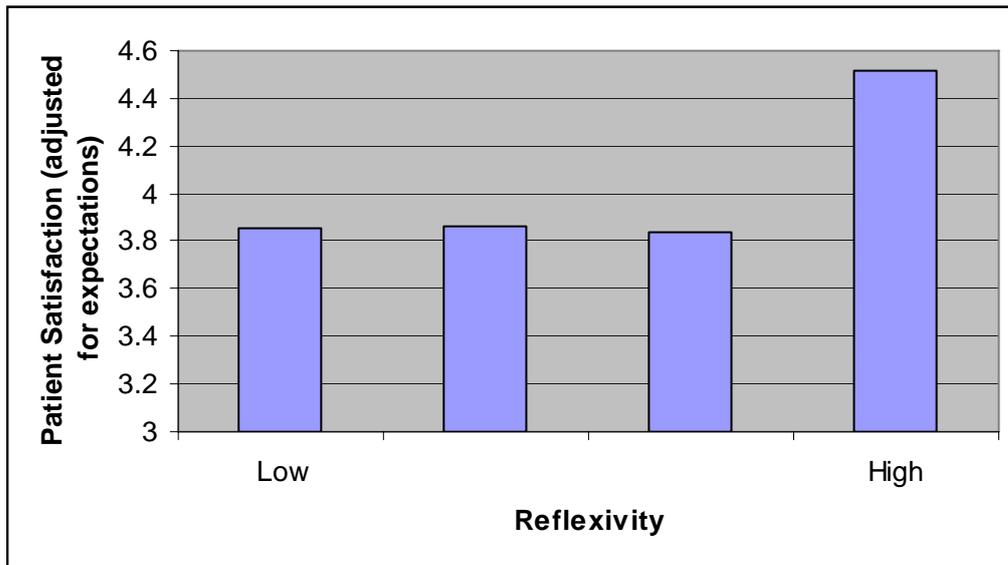
**Figure 2** *The relationship between participation in the team and patient satisfaction*



**Figure 3** *The relationship between support for innovation in the team and patient satisfaction*

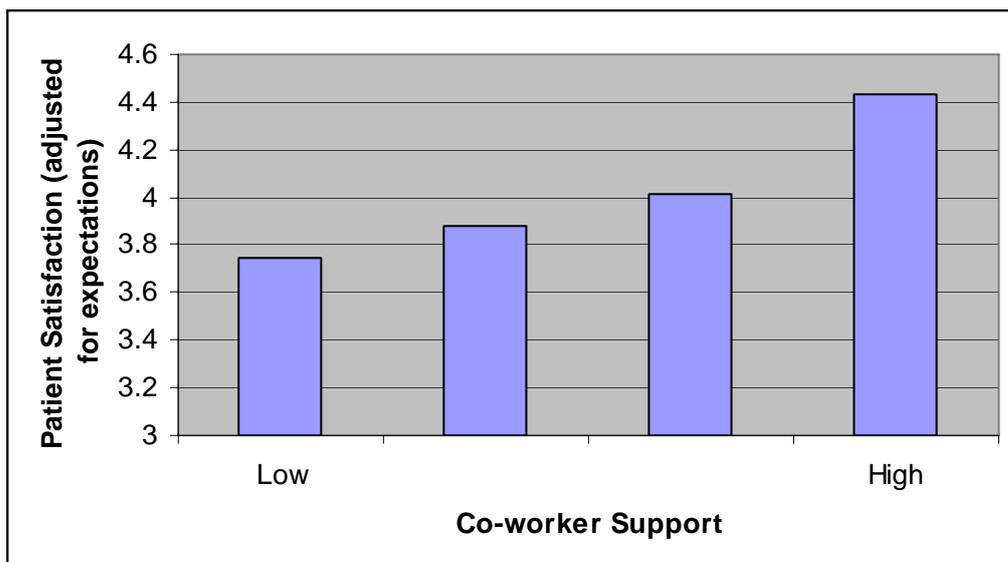


**Figure 4** *The relationship between reflexivity in the team and patient satisfaction*



We also found a relationship between the level of support in the teams and patient satisfaction. Patient who received care from team where team members provided higher levels of practical and social support, were more satisfied with the care provided by these teams. This is shown in Figure 5.

**Figure 5** *The relationship between support from team colleagues and patient satisfaction*



## **DISCUSSION**

The analysis of the data from The Royal Wolverhampton Hospitals NHS Trust did not reveal a significant, positive relationship between staff satisfaction and patient satisfaction. Thus the findings from Nottingham PCT were not replicated. However, the effect size of 0.343 would be considered a moderate effect size with a larger sample and is of a similar magnitude to that found in the Nottingham PCT analysis. It is therefore possible that the result from Wolverhampton is due to the lack of statistical power because of the small sample size.

The results do however, provide further evidence that how staff feel about their work and the organisation where they work influences patients' experiences of care. Both job satisfaction and organisational commitment are measures of 'affect', assessing respondents' general affective response to the organisation where they work. The analysis revealed a significant positive relationship between the level of organisational commitment reported by staff and patient satisfaction. Patients were more satisfied with the care they received from teams where members reported higher levels of commitment to the hospital where they worked.

The results provide further evidence of contribution that effective team working makes to delivering high quality health care. Patients were more satisfied with their experiences of care when it was provided by teams where the members communicated effectively and made decisions together, took time out to review what they were trying to achieve and the processes they used; and teams whose members gave practical and verbal support for ideas that would lead to providing new and improved patient care. In addition, patients were more satisfied with the treatment they received from teams where members provided each other with high levels of practical and social support

## **IMPLICATIONS**

There are clear implications from our research findings. First, we should continue to vigorously implement the initiatives within the NHS to improve the work experiences of staff, such as Improving Working Lives. Second, we must develop team based working given the findings from this study and other studies in the NHS on the links between team working and staff and patient outcomes. These include: staff distress (working in effective teams is associated with lower levels of stress); staff retention; effectiveness of patient care; innovation in patient care; and patient mortality (Borrill et al., 2000; Carter & West, 1999; West et al., 2002). Third, we need to focus on what we know about the factors that influence staff satisfaction in the NHS and examine the extent to which current initiatives are leading to changes in those factors (Wall et al., 1997). For example, our research reveals there is a very strong relationship between the experience of involvement (as opposed to the existence of trust policies on employee involvement) among staff and their satisfaction.

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## Appendix 1

### Regression analysis

Each of the key independent variables was entered into a regression analysis predicting patient satisfaction. This was done twice: first with no control variables and second controlling for patient expectations (which itself accounted for 27.4% of the variance in patient satisfaction). Significant relationships are highlighted in bold.

	No control variable			Controlling for patient expectations		
	$\beta$	$p$	$R^2$	$\beta$	$p$	$\Delta R^2$
Role Clarity	.077	.709	.006	-.075	.687	.005
Work Demands	-.135	.512	.018	-.020	.915	.000
Staff Views of Patients	.096	.640	.009	-.015	.934	.000
Organisational Commitment	.354	.076	.126	<b>.329</b>	<b>.049</b>	<b>.115</b>
TCI – Clarity of Objectives	.388	.050	.151	.326	.061	.105
TCI – Participation	.383	.054	.146	<b>.436</b>	<b>.009</b>	<b>.118</b>
TCI – Emphasis on Quality	.279	.168	.078	.287	.099	.082
TCI – Support for Innovation	<b>.423</b>	<b>.032</b>	<b>.179</b>	<b>.405</b>	<b>.016</b>	<b>.164</b>
Reflexivity	.350	.079	.123	<b>.399</b>	<b>.019</b>	<b>.158</b>
Co-worker support	<b>.470</b>	<b>.015</b>	<b>.221</b>	<b>.414</b>	<b>.015</b>	<b>.169</b>
Well-being	.287	.155	.082	.282	.106	.080
Job Satisfaction	.252	.213	.064	.337	.053	.111