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hpma

Employee Outlook
Focus on culture change and patient care in the NHS

WORK   WORKFORCE   WORKPLACE

Championing better work and working lives

The CIPD's purpose is to **champion better work and working lives** by improving practices in people and organisation development, for the benefit of individuals, businesses, economies and society. Our research work plays a critical role – providing the content and credibility for us to drive practice, raise standards and offer advice, guidance and practical support to the profession. Our research also informs our advocacy and engagement with policy-makers and other opinion-formers on behalf of the profession we represent.

To increase our impact, in service of our purpose, we're focusing our research agenda on three core themes: the future of **work**, the diverse and changing nature of the **workforce**, and the culture and organisation of the **workplace**.

WORK

Our focus on work includes what work is and where, when and how work takes place, as well as trends and changes in skills and job needs, changing career patterns, global mobility, technological developments and new ways of working.

WORKFORCE

Our focus on the workforce includes demographics, generational shifts, attitudes and expectations, the changing skills base and trends in learning and education.

WORKPLACE

Our focus on the workplace includes how organisations are evolving and adapting, understanding of culture, trust and engagement, and how people are best organised, developed, managed, motivated and rewarded to perform at their best.

About CIPD

The CIPD is the professional body for HR and people development. We have over 130,000 members internationally – working in HR, learning and development, people management and consulting across private businesses and organisations in the public and voluntary sectors. We are an independent and not-for-profit organisation, guided in our work by the evidence and the front-line experience of our members.

About HPMA

The Healthcare People Management Association (HPMA) is an association for healthcare HR and OD professionals and aims to enable the delivery of high-impact HR in the NHS, by improving the capability, practice and impact of HR and OD practitioners in healthcare. For more information on the APPRECIATE campaign visit **www.hpma.org.uk/appreciate** or to arrange an interview, please contact the HPMA's admin office on **0208 33 44 530** or email: **admin@hpma.org.uk.**

Focus on culture change and patient care in the NHS

Contents

Summary of key findings

Employees' attitudes to working in the health sector

The reasons people are attracted to the healthcare sector

The most commonly cited reasons for people wanting to work in the health sector are what their organisation/profession stands for (30%) and the role the organisation performs (31%). A quarter of respondents cite career opportunities as the reason for working in their profession or organisation; however, a similar proportion say they ended up in the profession or organisation by accident. About a fifth of employees (21%) joined because of the challenge presented by the organisation or profession, while 11% cite salary as a reason.

Pride in the healthcare sector

Despite recent scandals over poor patient care, pride in working for the health service and associated professions is high. Two-thirds of respondents say they would be proud (39%) or very proud (27%) to tell someone they had met for the first time that they worked in the health sector. A further 29% would be neither embarrassed nor proud.

Employee engagement

However, despite the general high level of pride in working for the health sector that still exists, overall employee engagement levels are low compared with other sectors. Under a third of healthcare employees are actively engaged according to the CIPD employee engagement index, which compares with 37% of respondents in the spring 2013 *Employee Outlook* based on a representative sample of people in employment in the UK. Particularly concerning is the very low proportion of nursing staff that are engaged (27%).

Working lives

The survey paints a mixed picture in terms of how employees working in the health sector view their work and working lives. On the plus side, the majority of respondents indicate they are very motivated, with nearly three-quarters agreeing they 'go the extra mile at work' for their organisation. Nurses and doctors are most likely to report this is the case, with caregivers at lower levels, for example healthcare assistants, least likely to. A similar proportion of employees agree they often work more hours than they are contracted, with doctors, followed by nurses, again most likely to report this.

Respondents are also generally positive about their working relationships with colleagues. More than 80% agree or strongly agree they have positive working relationships with colleagues, with little variation across the sample.

Health sector employees generally agree they are satisfied with their job overall, with 60% agreeing this is the case. Nurses and staff in other non-health-related roles and professions are least likely to be satisfied with their jobs, with doctors most likely to agree they have job satisfaction.

On a more negative note, less than half of respondents are happy with opportunities provided by their organisation to learn and grow in their role, with respondents working in non-health-related roles and professions and nurses most likely to say this is the case and doctors most likely to agree they have such opportunities.

In addition, the survey suggests many staff working in the health sector are not happy with their work–life balance. Overall, just 50% of employees in the sector say this is the case, falling to just 36% of nursing staff.

Just over a quarter of respondents report being under excessive pressure every day, which compares with average levels typically of between 11% and 14% reported by respondents to the CIPD's quarterly *Employee Outlook* survey based on a representative sample of people in employment in the UK.

Values

Awareness

The vast majority of respondents are aware of their organisation's values to either some extent (58%) or a great extent (32%), with little variation across occupation groups. Just 6% say they are not at all aware of their organisation's values.

Strength of values

In all, just 6% of health sector employees say that their organisation's values are very strong and are played out in everything

everyone does. Just under half of respondents report they regard their organisational values as strong and that most people in their organisation behave in line with values, while 35% rate them as neither strong nor weak, with organisation values influencing the behaviour among certain teams and levels in the organisation but ignored in others. Only 10% of respondents describe their organisation's values as weak, with some people in the organisation often behaving in a way that is not reflective of these values, and 2% say they are very weak.

Walking the talk
Respondents are generally more sceptical about whether decisions made by senior leaders and managers are always or mostly in line with organisational values than they are in regard to staff at more junior levels.

About half of respondents believe that the decisions made by chief executives are always or mostly in line with organisational values.

In all, 45% of respondents believe senior managers always or sometimes make decisions that are in line with organisation values.

More than half (52%) of employees in the health sector say junior managers sometimes or always act in accordance with organisation values, with little significant variation across occupational groups.

Respondents are more positive still in regard to their attitudes to staff with no managerial responsibility, with 55% reporting that such employees sometimes or always make decisions in line with their organisation values.

When it comes to thinking about themselves, three-quarters of respondents say they sometimes or always make decisions in line with their organisation's values.

Trust in the health service

Dimensions of trust
The findings suggest employees are much more likely to agree than disagree that their employer treats them in a consistent and predictable fashion and that their employer in general has good motives and intentions. Doctors and surgeons gave the most positive responses to these statements. Nurses were least likely to agree and most likely to disagree with both these statements.

Respondents were marginally less confident that their employer has high integrity. In all, 45% of respondents agree their employer has high integrity, with 19% disagreeing. Caregivers and nurses are most negative and again doctors and surgeons most positive in their responses.

A similar proportion of respondents (45%) agree that violations of written rules and procedures are punished, with 18% disagreeing. Doctors and surgeons and staff in non-health-related roles and professions are least likely to agree that breaches of written rules and procedures are punished.

Just 35% of employees agree that their employer is open and up front with them, with a similar proportion disagreeing.

About a quarter of respondents agree their employer does not treat them fairly, with caregivers most likely to say this and doctors and surgeons least likely to.

Attitudes to directors
Three-quarters of employees believe to a great extent or some extent that their senior managers behave in a way that reflects the organisation's values. About two-thirds of respondents believe their senior managers are competent and

a similar proportion think their managers are consistent in their behaviour and have high integrity.

Attitudes to line managers
Employees are significantly more positive in how they assess their immediate line manager against all these criteria. About eight out of ten respondents believe their immediate line manager to some or to a great extent is competent, has high integrity and is open and straight talking. A similar proportion of employees think their immediate line manager is consistent in their behaviour and role-models their organisation values.

Attitudes to colleagues
Respondents are most positive in their responses that relate to the colleagues they work with directly. About nine in ten respondents say they believe to some or great extent that their immediate colleagues are competent, have high integrity and are consistent in their behaviour. More than eight in ten also say their immediate colleagues have concern for others beyond their own needs, are open and straight talking and behave in a way that reflects the organisation values.

Culture change

Culture change initiatives
In all, 44% of respondents say there has been a culture change initiative led by senior managers within the last 12 months to improve patient care in their organisation. Respondents working in non-health-related roles are most likely to say there has been an attempt to change culture (47%), followed by nurses (45%). Caregivers are least likely to believe there has been any attempt by senior managers to lead a culture change initiative in order to improve patient care.

Of those respondents that say there has been a culture change

initiative led by senior managers to improve patient care, 15% judge it to have been very effective and has effected real change in the way most people behave, with a further 49% saying that the initiative has been moderately effective in changing the behaviour of some people.

About a fifth of employees report that the culture change initiative in their organisation has been an ineffective, superficial exercise.

Reward and recognition

There are mixed views on whether the ways in which people are recognised and rewarded support efforts to ensure that employees at all levels are focused on delivering high-quality patient care. One in ten respondents say this is the case and always has been, while a further 12% say yes that reward policies have recently been updated in this way.

In all, 10% say that the way in which people are currently recognised and rewarded does not ensure employees are focused on delivering high-quality patient care but there are plans to change them.

However, 44% say no and they know of no plans to change how people are rewarded and recognised and a quarter of respondents don't know.

Obstacles to improving patient care

When asked to identify the biggest obstacles to improving patient care, the two most commonly reported factors are the quality of leadership at board level (35%) and lack of confidence among staff that whistleblowers will be protected (35%).

The next most frequently identified obstacles are the quality of middle (34%) and line managers (30%), with a further 29% of respondents citing lack of training and development for staff.

Changes that would improve patient care

Greater consultation and engagement with staff is by some way the most commonly identified change which would have most effect in improving patient care. More than half of respondents (55%) identify this having most effect in improving patient care, with little variation across occupation groups.

Nearly four in ten employees cite enhanced whistleblowing protection to protect people in the organisation who challenge when something is not right, again with fairly uniform responses from employees across different occupation groups.

The third most commonly identified change regarded as having the most potential to improve patient care is improved training for line managers/ supervisors of staff involved in patient care (35%), followed by different type of leadership at board level (26%).

Concern over potential future patient care crisis

The survey asked respondents if they are concerned whether further examples of poor patient care, such as the scandal at Mid Staffordshire NHS Trust, will be highlighted in the health sector.

In all, three out of ten respondents say they are very concerned this will happen, while a further 46% report they are somewhat concerned.

In all, 15% say they are neither concerned nor unconcerned and 8% are not very concerned (6%) or not at all concerned (2%). Nurses and doctors and surgeons are most likely to report they are very or somewhat concerned further examples of poor patient care will emerge.

When asked if they are concerned that further examples of poor

patient care could emerge at their organisation, 13% of respondents say they are very concerned and 30% report they are somewhat concerned. A quarter of respondents are neither concerned nor unconcerned, while 23% are not very concerned and 10% not at all concerned.

Nurses are most likely to worry that examples of poor patient care will be highlighted at their NHS organisation, with 16% saying they are very concerned and a third (33%) that they are somewhat concerned.

Mid Staffordshire NHS Foundation Public Inquiry

The survey asked employees working in the healthcare sector which of the main recommendations by Robert Francis QC in his report on the public inquiry into the failings at Mid Staffordshire NHS Trust they would most like to see implemented.

The two most commonly supported recommendations are that individuals should be supported to report non-compliance and should be protected when they do (supported by 53% of respondents), and that healthcare support workers should undergo consistent training and should be regulated by a registration scheme (53%).

More than four in ten respondents (44%) believe student nurses should have direct care experience under the supervision of a registered nurse, while 38% think NHS organisations should agree lists of fundamental standards about patient safety, effectiveness and basic care.

Just over a third of employees surveyed support the idea of creating a code of conduct for those working with elderly and vulnerable patients (37%) and a similar proportion think nurses should be given more representation at leadership levels

within NHS organisations (36%) and that causing death or serious harm to a patient by non-compliance should be a criminal offence (34%).

Bullying/excessive pressure and patient care

A fifth of respondents say they have been bullied or put under excessive pressure to behave in ways that are counter to patient care within the last two years. This rises to 25% of doctors and surgeons and 33% of nurses.

Looking back beyond two years, the overall proportion of respondents that say they have been bullied or put under excessive pressure to behave in ways that are counter to patient care is virtually unchanged, with 20% saying yes and 75% saying no.

Whistleblowing

Only just over half of respondents (58%) say they would be confident in escalating a concern they had over the quality of patient care to senior management. Nearly two-thirds of doctors and surgeons (65%) and nurses (64%) would feel confident in raising a concern they had over patient care with senior management; however, just 53% of respondents working in other non-health-related roles would feel this way.

The survey also highlights significant uncertainty among staff working in the health sector over whether any concerns they did raise over patient care quality would be properly investigated and acted upon. Just 57% of respondents are confident this would be the case. Doctors and surgeons had the most negative perceptions in this respect, with just 42% saying they would feel confident their concerns would be properly investigated and addressed.

Employees' attitudes to working in the health sector

The reasons people are attracted to the healthcare sector

The most commonly cited reasons for people wanting to work in the health sector are what their organisation/profession stands for (30%) and the role the organisation performs (31%). A quarter of respondents cite career opportunities as the reason for working in their profession or organisation; however, a similar proportion say they ended up in the profession or organisation by accident. About a fifth of employees (21%) joined because of the challenge presented by the organisation or profession, while 11% cite salary as a reason (see Table 1).

Other health-related professionals are most likely to report they joined the organisation because of what it stands for and the role the organisation performs. Doctors and surgeons most commonly report they joined their organisation/ entered their profession because it was something they always wanted to do and because of the career opportunities.

More than four in ten nurses also say they joined their profession because it was something they always wanted to do. They are least likely to say they joined because they were attracted by the salary.

In contrast, care-givers are most likely to report that salary is the main reason they were attracted to work for their organisation.

Pride in the healthcare sector

Despite recent scandals over poor patient care, pride in working for the health service and associated professions is high. Two-thirds of respondents say they would be proud (39%) or very proud (27%) to tell someone they had met for the first time that they worked in the health sector. A further 29% would be neither embarrassed nor proud (see Table 2).

Just 5% of respondents say they would be embarrassed or very embarrassed.

Doctors and surgeons (75%) and people working in other health-related roles and professions (71%) are most likely to say they would be proud or very proud to tell someone they had met for the first time that they worked in the health sector.

Caregivers (59%) and nurses (60%) are least likely to say they would be proud or very proud to tell someone they had met for the first time that they worked in the health sector.

Employee engagement

However, despite the general high level of pride in working for the health sector that still exists, overall employee engagement levels are low compared with other sectors. Under a third of healthcare employees are actively engaged according to the CIPD employee engagement index, which compares with 37% of respondents in the spring 2013 *Employee Outlook* based on a representative sample of people in employment in the UK. Particularly concerning is the very low proportion of nursing staff that are engaged (27%) (see Table 3).

Working lives

The survey paints a mixed picture in terms of how employees working in the health sector view their work and working lives (see Table 4 on page 9). On the plus side, the majority of respondents indicate they are very motivated, with nearly three-quarters agreeing they 'go the extra mile at work' for their organisation. Nurses and doctors are most likely to report this is the case, with caregivers at lower levels, for example healthcare assistants, least likely to. A similar proportion of employees agree they often work more hours than they are contracted, with doctors, followed by nurses, again most likely to report this.

Respondents are also generally positive about their working relationships with colleagues. More than 80% agree or strongly agree they have positive working relationships with colleagues, with little variation across the sample.

Health sector employees generally agree they are satisfied with their job overall, with 60% agreeing this is the case. Nurses and staff in other non-health-related roles and professions are least likely to be satisfied with their jobs, with doctors most likely to agree they have job satisfaction.

Table 1: Reasons given by employees for what attracted them to work for their organisation or profession (%)

	All	Caregiver	Nurse	Doctor or surgeon*	Other health-related professionals	All other roles and professions
The salary	11	21	9	*8*	10	12
Benefits package (on top of salary)	6	13	4	*0*	6	8
Recommended by family or friends	6	15	4	*6*	*5*	6
Values/what the organisation stands for	30	34	29	*15*	35	28
Career opportunities	25	25	26	*38*	31	27
The role the organisation performs	31	26	28	*27*	38	27
The challenge	21	19	22	*23*	24	17
I ended up in the profession/organisation by accident – I applied for a job and got it	24	26	14	*10*	16	39
It was something I always wanted to do	30	28	44	*63*	35	13
Status	6	6	7	*17*	6	3
Other	10	11	5	*13*	8	14
Don't know	2	2	2	*0*	2	4

* Italicised to indicate that the sample of doctors and surgeons in the survey was quite small (48) so some care should be taken in the weight given to this data.

Table 2: Proportion of respondents who would be proud/embarrassed to tell someone they had met for the first time that they worked in the health sector (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Very proud	27	23	21	35	34	25
Proud	39	36	39	40	37	40
Neither embarrassed nor proud	29	40	28	23	24	31
Embarrassed	3	2	5	0	1	1
Very embarrassed	2	0	4	0	1	1

Table 3: Proportion of healthcare respondents who are engaged/disengaged (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Engaged	32	30	27	58	35	34
Neither engaged nor disengaged	64	64	70	38	63	62
Disengaged	3	6	3	4	2	4

Employee Engagement Index

Factor	Items included in the factor
Going the extra mile	I will often take on more work to help relieve my colleagues' workloads.
	I will often work for more hours than those I am paid or contracted to do.
Alignment to organisation purpose	I know very clearly what the core purpose of my organisation is.
	I am highly motivated by my organisation's core purpose.
Work–life balance	I achieve the right balance between my home and work lives.
	Approximately how much of the time do you feel under EXCESSIVE pressure in your job?
Relationships with colleagues	I have positive relationships with my colleagues.
Satisfaction with role	My job is as challenging as I would like it to be.
	My organisation gives me the opportunities to learn and grow.
	I am satisfied with the content of my job role.
	Overall, how satisfied or dissatisfied would you say you are with your current job?
Attitude to senior managers	I have confidence in the directors/senior management team of my organisation.
	I trust the directors/senior management team of my organisation.
Satisfaction with line manager/ advocacy	Overall how satisfied, or dissatisfied, are you with the relationship you have with your immediate supervisor, line manager or boss?
	How likely or unlikely would you be to recommend your organisation as an employer?
	I don't think my employer treats me fairly.

On a more negative note, less than half of respondents are happy with opportunities provided by their organisation to learn and grow in their role, with respondents working in non-health-related roles and professions and nurses most likely to say this is the case and doctors most likely to agree they have such opportunities.

In addition, the survey suggests many staff working in the health sector are not happy with their work–life balance. Overall, just 50% of employees in the sector say this is the case, falling to just 36% of nursing staff.

This is perhaps unsurprising given the proportion of employees in the health sector who say they are under excessive pressure every day. Just over a quarter of respondents report being under excessive pressure every day, which compares with average levels typically of between 11% and 14% reported by respondents to the CIPD's quarterly *Employee Outlook* survey based on a representative sample of people in employment in the UK.

Just over half of nursing staff say they are under excessive pressure every day, which is worrying given that evidence suggests that exposure to stress is linked to higher risk of accidents, as well as conditions such as anxiety and depression.

Respondents report generally positive attitudes to their line manager, a crucial relationship linked closely to employee engagement. Almost two-thirds of employees say they are either satisfied or very satisfied with their immediate line manager, with just 17% saying they are dissatisfied. Those employees working in non-health-related roles and professions are least likely to be satisfied with their line manager (58%) and most likely to be dissatisfied (24%).

Purpose

In all, 80% of respondents agree they are aware of their organisation's core purpose. Employees working in non-health-related roles and professions (84%) and doctors and surgeons (83%) are most likely to agree this is the case, while nurses (74%) and caregivers (75%) are least likely to agree (see Table 6).

Fewer than six in ten health sector employees say they are highly motivated by their organisation's core purpose, with nurses least likely to say they are motivated by this (51%).

What is stress?

According to the Health and Safety Executive, stress is the adverse reaction that people have to excessive pressure or other types of demands placed upon them. A certain level of pressure helps people to concentrate and perform better and there is evidence that short-term bursts of exposure to stress can actually boost performance. However, when the pressure people are under consistently exceeds their ability to cope, it becomes stress and can impair people's cognitive abilities. Prolonged exposure to stress is linked to increased risk of accidents and conditions such as anxiety, depression and heart disease. Stress is also the number one cause of long-term absence, according to the CIPD's annual *Absence Management* survey. People's ability to cope with pressure varies depending on a range of factors; however, what is important when identifying and managing stress is an individual's perception of what level of pressure they personally can cope with.

Table 4: Proportion of respondents who… (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Go the extra mile (agree/strongly agree)	71	59	76	75	72	68
Often work more hours than they are contracted (agree/strongly agree)	67	51	77	87	69	58
Achieve the right balance between work and home	50	50	36	48	52	56
Are under excessive pressure every day	26	17	46	19	24	18
Have positive relationships with colleagues (agree/strongly agree)	84	76	84	87	88	81
Say their job is as challenging as they would want it to be (agree/strongly agree)	69	58	75	77	72	62
Think their organisation gives them opportunities to learn and grow (agree/strongly agree)	49	55	48	68	51	44
Are satisfied with the content of their job role (agree/strongly agree)	60	62	58	73	63	55
Are satisfied with job overall (agree/strongly agree)	60	58	56	77	65	56
Would recommend their organisation as an employer (likely/very likely to)	54	55	41	65	57	58
Don't think their employer treats them fairly (agree/strongly agree)	30`	20	34	19	31	28

Table 5: Proportion of employees that are satisfied or dissatisfied with their immediate line manager (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Very satisfied	23	27	22	30	28	19
Satisfied	41	38	40	52	43	39
Neither satisfied nor dissatisfied	19	25	23	9	16	18
Dissatisfied	10	8	8	7	7	15
Very dissatisfied	7	2	8	2	6	9

Table 6: Respondents' knowledge of and attitudes to their organisation's core purpose (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
I know very clearly what my organisation's core purpose is (agree/strongly agree)	80	75	74	83	79	84
I am highly motivated by my organisation's core purpose (agree/strongly agree)	56	57	51	63	60	57

Values

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Awareness
The vast majority of respondents are aware of their organisation's values to either some extent (58%) or a great extent (32%), with little variation across occupation groups. Just 6% say they are not at all aware of their organisation's values.

Alignment
Respondents were also asked to rank the extent they agree or disagree that their personal values match their organisation's values, with 1 representing totally disagree and 10 totally agree. This shows respondents are more likely to disagree that their values match those of their organisation than agree this is the case (see Table 8).

Strength of values
In all, just 6% of health sector employees say that their organisation's values are very strong and are played out in everything everyone does (see Table 9). Just under half of respondents report they regard their organisational values as strong and that most people in their organisation behave in line with values, while 35% rate them as neither strong nor weak, with organisation values influencing the behaviour among certain teams and levels in the organisation but ignored in others. Only 10% of respondents describe their organisation's values as weak, with some people in the organisation often behaving in a way that is not reflective of these values, and 2% say they are very weak.

Walking the talk
Respondents are generally more sceptical about whether decisions made by senior leaders and managers are always or mostly in line with organisational values than they are in regard to staff at more junior levels (see Table 10).

Less than half of respondents (46%) believe that the decisions made by chief executives are always or mostly in line with organisational values. Nurses and doctors and surgeons have the most negative views in this respect, with just 39% reporting that chief executives make decisions that are mostly or always in line with organisational values. Caregivers are most positive, with 51% saying that chief executives always or mostly act in this way.

In all, 45% of respondents believe senior managers always or mostly make decisions that are in line with organisation values, with doctors and nurses holding the most negative views and caregivers and other non-health-related roles and professions having a slightly more positive perspective.

More than half (52%) of employees in the health sector say junior managers mostly or always act in accordance with organisation values, with little significant variation across occupational groups.

Respondents are more positive still in regard to their attitudes to staff with no managerial responsibility, with 55% reporting that such employees mostly or always make decisions in line with their organisation values.

When it comes to thinking about themselves, three-quarters of respondents say they sometimes or always make decisions in line with their organisation's values.

Reasons why values are seen to be embedded
Where employees believe that organisational values are reflected in how some staff behave and make decisions, the most commonly identified reason is that the values are meaningful to employees, with 45% of respondents saying this is a factor. Just over four in ten respondents think that the ease with which employees can translate values into their day-to-day activities is an important factor in values guiding people's behaviours and decisions. A similar proportion of respondents (38%) think that where values are reinforced through performance appraisals and reviews they are more likely to be evident in employees' behaviours and decisions.

Almost a third of respondents who believe that their organisation's values influence staff behaviour say that this is because values are role-modelled by line managers; however, just 14% say values are lived because they are role-modelled by senior managers and just 11% believe that values influence employees' behaviour and decisions because they are role-modelled by the chief executive (see Table 11).

Reasons values fail to have impact
Among employees that report that organisational values are not influencing the behaviour of staff, the biggest reason identified is that there is one rule for senior managers and another for everyone else, with

Table 7: Respondents' awareness of their organisation's values (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
To a great extent	32	30	35	25	31	33
To some extent	58	51	56	65	61	56
Not at all	6	9	5	8	5	6
Don't know	3	4	2	2	2	4
NA – my organisation does not have any values	1	6	2	0	1	1

Table 8: The extent employees agree or disagree that their personal values match their organisation's values and ideals (where 1 equals totally disagree and 10 equals totally agree) (%)

	All
1 Totally disagree	15
2	13
3	17
4	6
5	9
6	8
7	10
8	11
9	7
10 Totally agree	4
Mean	**4.68**

Table 9: How employees in the health sector rate the strength of their organisational values in terms of whether they positively influence behaviour of the people in their organisation (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Very strong: Our values are played out in everything everyone does.	6	9	5	7	8	5
Strong: Most people in our organisation behave in line with values.	47	53	47	56	49	44
Neither strong nor weak: Our values influence behaviour amongst certain teams/levels but are ignored at others.	35	35	36	26	32	37
Weak: Some people in our organisation often behave in ways that don't align with our values.	10	0	9	9	9	12
Very weak: The majority of people in our organisation behave in ways that do not reflect our values.	2	2	3	2	1	1

Table 10: Proportion of respondents who believe that the decisions made by stakeholders at various levels within organisations are always or mostly in line with organisational values (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Chief executive	46	51	39	39	50	48
Executive board	43	47	36	37	47	45
Senior managers	45	58	42	40	49	43
Middle managers	47	52	45	45	52	44
Junior managers	52	56	52	49	58	48
Staff without management responsibility	55	56	53	63	63	49
Myself	75	77	73	84	82	69

Table 11: Reasons for organisational values being evident in some employees' behaviours and decisions (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Our values are meaningful to employees.	45	43	40	45	47	46
Employees can easily translate them into their day-to-day activities.	41	50	43	40	40	40
They are role-modelled by senior managers, for example senior managers behave in a way that reflects our values.	14	21	12	14	15	13
They are role-modelled by your line manager, for example your line manager behaves in a way that reflects our values.	28	33	31	24	27	26
They are role-modelled by the chief executive/managing director, for example the chief executive/managing director behaves in a way that reflects our values.	11	14	8	10	14	10
Values-based behaviours are reinforced through staff appraisals and performance reviews	38	52	41	31	38	35
Other	7	0	8	14	8	6
Don't know	10	5	8	12	11	10

54% of respondents saying this is the case. Nurses and employees working in non-health-related roles and professions are particularly likely to believe that this is an issue (see Table 12).

Just over a third of respondents believe financial considerations being placed ahead of organisational values is a factor in them failing to have an impact on people's behaviour and decisions. Doctors and surgeons (67%) and nursing staff (44%) are most likely to regard this as a key reason for organisation values failing to be evident in people's behaviour and decisions.

Three in ten employees say that organisational values have little effect because there is no recognition when employees do behave in line with values and 28% say that people not being disciplined or dismissed for failing to adhere to values is also a factor in them not influencing staff.

A fifth of employees report that people not understanding organisation values (19%) and values not being meaningful to employees (20%) are also reasons why values fail to influence the behaviour of staff.

Four in ten respondents report that nothing happens to individuals whose behaviour consistently goes against organisational values, while a further 9% believe that these individuals seem to be rewarded or promoted.

A quarter of respondents say that employees who act at odds with organisation values are reprimanded, with caregivers and doctors and surgeons most likely to report this happens and respondents working in other non-health-related roles and professions least likely to (see Table 13).

Table 12: Reasons for organisational values not being evident in employees' behaviour and decisions (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
People don't really understand them.	19	46	20	22	21	13
The values are not meaningful for employees.	20	23	24	22	19	18
There is one rule for senior managers and another for everyone else.	54	38	61	33	49	56
There is no recognition of behaving in line with our organisational values.	30	0	35	33	30	31
Profit is placed ahead of organisational values.	36	31	44	67	38	25
People are not disciplined or dismissed for failing to adhere to organisation values.	28	23	31	11	25	30
Other	7	8	11	0	6	5
Don't know	5	8	5	11	4	6

Table 13: Respondent views on what happens to individuals whose behaviour consistently goes against organisational values (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
They are reprimanded.	25	37	27	33	24	22
Nothing seems to happen to them.	40	33	38	33	39	43
They seem to be rewarded or promoted.	9	5	12	7	9	7
Don't know	16	14	14	21	16	17
I'm not aware of this situation ever happening.	10	12	8	7	11	11

Trust in the health service

Employees in the health sector were asked to respond to a number of questions relating to trust in their employer in general (see Table 14).

Dimensions of trust

The findings suggest employees are much more likely to agree than disagree that their employer treats them in a consistent and predictable fashion and that their employer in general has good motives and intentions. Doctors and surgeons gave the most positive responses to these statements. Nurses were least likely to agree with both these statements.

Respondents were marginally less confident that their employer has high integrity. In all, 45% of respondents agree their employer has high integrity, with 19% disagreeing. Caregivers and nurses are most negative and again doctors and surgeons most positive in their responses.

A similar proportion of respondents (45%) agree that violations of written rules and procedures are punished, with 18% disagreeing. Doctors and surgeons and staff in non-health-related roles and professions are least likely to agree that breaches of written rules and procedures are punished.

Just 35% of employees agree that their employer is open and up front with them, with a similar proportion disagreeing.

About a quarter of respondents agree their employer does not treat them fairly, with caregivers most likely to say this and doctors and surgeons least likely to.

Among the more negative findings are those relating explicitly to trust. More than four in ten employees agree their employer cannot be fully trusted and 48% agree that their employer does not think employees can be fully trusted. Nursing staff are more likely than other categories of staff to agree that their employer cannot be fully trusted, while doctors and surgeons are most likely to think that their employer believes employees cannot be trusted.

A third of respondents agree that their employer works to restore working relationships where trust has been breached; however, almost three in ten disagree (27%).

Employee attitudes to directors

The survey highlights generally negative attitudes towards directors and senior management teams. Just 27% of respondents agree they have confidence in their directors/senior management team, with 40% disagreeing. Confidence is low across all occupation groups, ranging from 35% of doctors and surgeons agreeing they have confidence in their senior management team to just 20% of nurses (see Table 15).

The story is similar in terms of trust in senior directors/senior management teams. In all, 26% of respondents agree they trust their senior leaders, compared with 38% that disagree.

The survey then asked respondents to indicate the extent they thought their senior managers displayed a range of characteristics linked to trust (see Table 16).

Three-quarters of employees believe to a great extent or some extent that their senior managers behave in a way that reflects the organisation's values. About two-thirds of respondents believe their senior managers are competent and a similar proportion think their managers are consistent in their behaviour and have high integrity.

Just over half of employees think their senior managers have concern for others beyond their own needs or that they are open and straight talking.

Attitudes to line managers

Employees are significantly more positive in how they assess their immediate line manager against all these criteria. About eight out of ten respondents believe their immediate line manager to some or to a great extent is competent, has high integrity and is open and straight talking. A similar proportion of employees think their immediate line manager is consistent in their behaviour and role-models their organisation values.

Attitudes to colleagues

Respondents are most positive in their responses that relate to the colleagues they work with directly. About nine in ten respondents say they believe to some or great extent that their immediate colleagues are competent, have high integrity and are consistent in their behaviour. More than eight in ten also say their immediate colleagues have concern for others beyond their own needs, are open and straight talking and behave in a way that reflects the organisation values.

Table 14: Proportion of respondents agreeing or strongly agreeing (disagreeing or strongly disagreeing) that their employer… (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
has high integrity	45 (19)	40 (15)	41 (27)	61 (12)	45 (18)	47 (18)
treats them in a consistent and predictable fashion	55 (20)	58 (15)	47 (25)	66 (17)	58 (19)	59 (17)
is not always honest and truthful	41 (30)	36 (17)	47 (23)	37 (42)	40 (34)	40 (31)
in general has good motives and intentions	66 (14)	57 (21)	50 (18)	69 (14)	68 (12)	69 (11)
does not treat them fairly	27 (45)	33 (30)	29 (49)	21 (65)	27 (45)	25 (48)
is open and up front with them	35 (35)	29 (13)	30 (16)	41 (14)	36 (14)	37 (12)
cannot be fully trusted	43 (31)	36 (25)	53 (21)	33 (40	41 (38)	40 (33)
believes employees cannot be trusted	48 (20)	43 (6)	45 (19)	56 (21)	51 (24)	48 (21)
ensures that violations of written rules and procedures are punished	45 (18)	51 (8)	48 (18)	39 (17)	47 (17)	42 (19)
works to restore working relationships where trust has been breached	35 (27)	40 (17)	33 (30)	35 (23)	38 (30)	36 (25)

Table 15: Proportion of respondents that agree or strongly agree they… (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
have confidence in their directors/senior managers	27 (40)	25 (43)	20 (32)	35 (33)	29 (40)	29 (38)
trust their directors/senior management team	26 (38)	23 (34)	18 (42)	42 (30)	26 (38)	29 (38)

Table 16: Respondents believe that their senior management to a great extent or some extent… (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
are competent	65	62	66	77	71	71
have concern for others beyond their own needs	54	47	51	64	64	57
have high integrity	63	61	60	77	63	62
are open and straight talking	52	37	49	64	54	53
behave in a way that reflects the values of the organisation	72	62	71	86	79	73
are consistent in their behaviour	64	62	60	71	63	66

Overall, half of employees say they feel trusted at work to a great extent and a further 43% say they feel trusted to some extent. Doctors are most likely to feel they are trusted to a great extent, while caregivers are least likely to report this.

Table 17: Respondents believe that their line manager to a great extent or some extent... (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
is competent	84	83	88	94	87	80
has concern for others beyond their own needs	80	75	83	85	82	77
has high integrity	82	81	83	85	84	79
is open and straight talking	80	71	82	85	84	78
behaves in a way that reflects the values of the organisation	86	87	88	91	86	84
is consistent in their behaviour	79	75	75	91	81	79

Table 18: Respondents believe that their colleagues to a great extent or some extent... (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
are competent	92	83	93	96	94	91
have concern for others beyond their own needs	86	73	89	91	90	83
have high integrity	89	81	92	95	92	85
are open and straight talking	86	77	87	90	91	83
behave in a way that reflects the values of the organisation	87	77	88	90	92	85
are consistent in their behaviour	88	79	89	89	90	87

Table 19: The extent people feel trusted at work (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
To a great extent	50	45	51	71	50	47
To some extent	43	43	43	25	45	45
Not at all	4	6	4	4	4	5
Don't know	2	6	2	0	1	3

Culture change

The well-publicised scandal at Mid Staffordshire NHS Foundation Trust and the more recent Keogh Mortality Review, which pinpointed poor care, inadequate staffing and bad management at a range of failing NHS organisations, have put quality of patient care and NHS culture in the public spotlight.

The survey suggests that some health service leaders are looking to lead culture change in their organisations but that much more progress is needed (see Table 20).

Culture change initiatives
In all, 44% of respondents say there has been a culture change initiative led by senior managers within the last 12 months to improve patient care in their organisation. Respondents working in non-health-related roles are most likely to say there has been an attempt to change culture (47%), followed by nurses (45%). Caregivers are least likely to believe there has been any attempt by senior managers to lead a culture change initiative in order to improve patient care.

Of those respondents that say there has been a culture change initiative led by senior managers to improve patient care, 15% judge it to have been very effective and has affected real change in the way most people behave, with a further 49% saying that the initiative has been moderately effective in starting to change the behaviour of some people.

About a fifth of employees report that the culture change initiative in their organisation has been an ineffective, superficial exercise.

Doctors and surgeons are most likely to judge that culture change initiatives have been either very effective or moderately effective, nurses are most likely to regard culture change initiatives as ineffective, while other health-related professionals and respondents working in non-health-related roles and professions are most likely to say that it is too early to judge the effectiveness of the culture change initiative in their organisation.

Reward and recognition
There are mixed views on whether the ways in which people are

Table 20: The proportion of employees that report there has been any culture change initiative led by senior executives in their organisation to improve patient care in the last 12 months (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Yes	44	26	45	42	43	47
No	31	42	36	29	34	24
Don't know	25	32	19	29	23	29

Table 21: How effective employees judge culture change initiative to have been to date (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Very effective – I can see a real change in the way most people behave.	15	7	15	10	14	17
Moderately effective – some people are starting to change the way they behave.	49	64	51	70	47	45
Ineffective – nothing has changed; it has been a superficial exercise.	19	21	25	10	18	18
It is too early to judge effectiveness.	17	7	10	10	21	21

recognised and rewarded support efforts to ensure that employees at all levels are focused on delivering high-quality patient care. One in ten respondents say this is the case and always has been, while a further 12% say yes that reward policies have recently been updated in this way (see Table 22).

In all, 10% say that the way in which people are currently recognised and rewarded does not ensure employees are focused on delivering high-quality patient care but there are plans to change them.

However, 44% say no and they know of no plans to change how people are rewarded and recognised and a quarter of respondents don't know.

Obstacles to improving patient care

When asked to identify the biggest obstacles to improving patient care, the two most commonly reported factors are the quality of leadership at board level (35%) and lack of confidence among staff that whistleblowers will be protected (35%).

The next most frequently identified obstacles are the quality of middle (34%) and line managers (30%), with a further 29% of respondents citing lack of training and development for staff.

Nursing staff are particularly likely to identify the quality of leadership at board level as an obstacle for improving patient care (41%) and lack of confidence among staff that

whistleblowers will be protected (40%). Doctors and surgeons are most likely to identify the quality of middle managers as a problem.

Respondents working in non-health-related roles and professions most commonly identify the quality of line managers as an obstacle to improving the quality of patient care.

Changes that would improve patient care

Greater consultation and engagement with staff is by some way the most commonly identified change which would have most effect in improving patient care. More than half of respondents (55%) identify this having most effect in improving patient care, with little variation across occupation groups (see Table 24).

Table 22: Respondent views on whether the ways in which people are recognised and rewarded in their organisation support efforts to ensure that employees at all levels are focused on delivering high-quality patient care (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Yes, and they always have been	10	11	11	17	9	9
Yes, reward policies have recently been updated in this way	12	13	12	13	10	13
No, but there are plans in place to change them	10	13	11	10	10	9
No, and I know of no plans to change them	44	30	51	42	47	40
Don't know	24	32	15	19	24	29

Table 23: Respondents' views on the biggest obstacles to improving patient care (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Quality of leadership at board level	35	26	41	35	32	35
Quality of middle managers	34	21	36	48	34	33
Quality of line managers/supervisors of staff involved in patient care	30	28	28	27	29	34
Lack of confidence among staff that whistleblowers will be protected	35	32	40	31	32	34
Lack of training and development for staff	29	26	31	33	32	25
Other	34	23	40	33	34	30
None of these	9	9	6	6	9	10

Nearly four in ten employees cite enhanced whistleblowing protection to protect people in the organisation who challenge when something is not right, again with fairly uniform responses from employees across different occupation groups.

The third most commonly identified change regarded as having the most potential to improve patient care is improved training for line managers/ supervisors of staff involved in patient care (35%), followed by different type of leadership at board level (26%).

Nursing staff are most likely to cite a different type of leadership

at board level as a change that would have most effect in improving patient care (31%), while caregiving staff are most likely to identify improved training for line managers and supervisors (38%).

Just 11% of respondents believe regulatory reform would have a significant effect on improving patient care.

Concern over future patient care crisis

The survey asked respondents if they are concerned whether further examples of poor patient care, such as the scandal at Mid Staffordshire NHS Trust, will be highlighted in the health sector.

In all, three out of ten respondents say they are very concerned this will happen, while a further 46% report they are somewhat concerned (see Table 25).

In all, 15% say they are neither concerned nor unconcerned and 8% are not very concerned (6%) or not at all concerned (2%). Nurses and doctors and surgeons are most likely to report they are very or somewhat concerned further examples of poor patient care will emerge.

When asked if they are concerned that such examples of poor patient care could emerge at their organisation, 13% of respondents

Table 24: Respondents' views on the changes which would have the most effect in improving patient care (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Regulatory reform	11	9	15	2	12	10
Different type of leadership at board level	26	26	31	19	24	25
Greater diversity on the board	13	15	18	10	10	13
Greater consultation and engagement with staff	55	55	55	65	53	55
Enhanced whistleblowing protection to protect people in the organisation who challenge when something is not right	38	42	40	35	38	36
Improved training for line managers/ supervisors of staff involved in patient care	35	38	33	29	34	37
Other	29	15	38	29	31	24
None of these – I don't think patient care can be improved	5	4	4	2	5	6

Table 25: Proportion of respondents who are concerned that further examples of poor standards of patient care will be highlighted in the health sector (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Very concerned	31	30	38	31	27	29
Somewhat concerned	46	42	43	48	47	48
Neither concerned nor unconcerned	15	21	10	19	16	16
Not very concerned	6	6	5	2	8	5
Not at all concerned	2	3	0	2	2	1

say they are very concerned and 30% report they are somewhat concerned. A quarter of respondents are neither concerned nor unconcerned, while 23% are not very concerned and 10% not at all concerned.

Nurses are most likely to worry that examples of poor patient care will be highlighted at their organisation, with 16% saying they are very concerned and a third (33%) that they are somewhat concerned.

Mid-Staffordshire NHS Foundation Trust Public Inquiry

The survey asked employees working in the healthcare sector which of the main recommendations by Robert Francis QC in his report on the public inquiry into the failings at Mid Staffordshire NHS Foundation Trust they would most like to see implemented (see Table 27).

The two most commonly supported recommendations are that individuals should be supported to report non-compliance, and should be protected when they do (supported by 53% of respondents), and that healthcare support workers should undergo consistent training, and should be regulated by a registration scheme (53%).

More than four in ten respondents (44%) believe student nurses should have direct care experience under the supervision of a registered nurse, while 38% think NHS organisations should agree lists of fundamental standards about patient safety, effectiveness and basic care.

Just over a third of employees surveyed support the idea of creating a code of conduct for those working with elderly and vulnerable patients (37%) and a similar proportion think nurses should be given more representation at leadership levels within NHS organisations (36%) and that causing death or serious harm to a patient by non-compliance should be a criminal offence (34%).

Three in ten respondents think that a common code of ethics and conduct, based on patient needs and public expectations, should be adopted by all senior managers in the NHS and that boards must be accountable for the presentation of information and standards.

Doctors and surgeons give most support to the idea that individuals should be supported to report non-compliance and should be protected when they do (58%); they are also more likely than respondents in the other occupation groups to say that NHS organisations should agree lists of fundamental standards about patient safety, effectiveness and basic care (46%).

Nurses give most support to the idea that healthcare support workers should undergo consistent training and should be regulated by a registration scheme (60%) and, perhaps not surprisingly, to agree that nurses should have more representation at leadership levels in NHS organisations (58%). Doctors and surgeons are least likely to support this last recommendation (13%).

Respondents in non-health-related roles and professions are more likely than the other occupation groups to support the idea for a code of conduct to be established for those working with elderly and vulnerable patients and to back the recommendation that a common code of ethics and conduct should be adopted by all senior managers in the NHS, which is based on patient needs and public expectations.

Bullying/excessive pressure and patient care

A fifth of respondents say they have felt bullied or put under excessive pressure to behave in ways that are counter to patient care within the last two years. This rises to 25% of doctors and surgeons and 33% of nurses (see Table 28).

Looking back beyond two years, the overall proportion of respondents that say they have been bullied or put under excessive pressure to behave in ways that are counter to patient care

Table 26: Proportion of respondents who are concerned that examples of poor standards of patient care will be highlighted in their organisation (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Very concerned	13	15	16	13	12	13
Somewhat concerned	30	30	33	29	28	29
Neither concerned nor unconcerned	24	28	19	31	26	23
Not very concerned	23	19	21	25	26	23
Not at all concerned	10	8	10	2	8	12

is virtually unchanged, with 20% saying yes and 75% saying no.

Whistleblowing

Only just over half of respondents (58%) say they would be confident in escalating a concern they had over the quality of patient care to senior management. Nearly two-thirds of doctors and surgeons (65%) and nurses (64%) would feel confident in raising a concern

they had over patient care with senior management; however, just 53% of respondents working in other non-health-related roles would feel this way.

The survey also highlights significant uncertainty among staff working in the health sector over whether any concerns they did raise over patient care quality would be properly investigated

and acted upon. Just 57% are confident this would be the case. Doctors and surgeons had the most negative perceptions in this respect, with just 42% saying they would feel confident their concerns would be properly investigated and addressed. Staff working in non-health-related roles and professions have most confidence on this issue (62%).

Table 27: The proportion of respondents who would like to see the following recommendations from the Francis Report into the public inquiry on the serious failings of patient care at Mid Staffordshire NHS Trust (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
NHS organisations should agree lists of 'fundamental standards' about patient safety, effectiveness and basic care	38	36	37	46	37	38
To cause death or serious harm to a patient by non-compliance should be a criminal offence	34	30	29	21	38	35
Individuals should be supported to report non-compliance, and should be protected when they do	53	40	48	58	55	56
Standards should be created by the National Institute for Health and Clinical Excellence (NICE) policed by the Care Quality Commission (CQC)	16	28	16	19	15	14
Student nurses should have direct care experience under the supervision of a registered nurse	44	36	49	46	45	42
Healthcare support workers should undergo consistent training, and should be regulated by a registration scheme	53	51	60	52	52	50
A code of conduct should be established for those working with elderly and vulnerable patients	37	42	22	35	38	45
Nurses should be given more representation at leadership levels within NHS organisations	36	42	58	13	31	28
A common code of ethics and conduct, based on patient needs and public expectations, should be adopted by all senior managers in the NHS	30	28	30	27	26	34
Boards must be accountable for the presentation of information and standards	30	28	30	38	31	29
It should be a criminal offence to make a wilful false statement on issues of compliance or fundamental standards	26	15	17	19	33	29
None of these	5	13	3	10	4	5

Table 28: Proportion of respondents that report feeling bullied or put under excessive pressure within the last two years to behave in ways that are counter to patient care while working in the healthcare sector (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Yes	20	15	33	25	22	11
No	76	83	64	71	73	85
Don't know	4	2	3	4	5	4

Table 29: Proportion of respondents that report feeling bullied or put under excessive pressure while working in the health sector more than two years ago to behave in ways that are counter to patient care (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Yes	20	21	32	17	23	10
No	75	77	63	77	73	84
Don't know	5	2	5	6	4	5

Table 30: Proportion of employees that would feel confident about escalating a concern about the quality of patient care to people at senior management level (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Yes	58	60	64	65	56	53
No	26	23	25	27	28	26
Don't know	16	17	11	8	15	21

Table 31: Proportion of employees that would feel confident over whether their concern would be properly investigated and addressed (%)

	All	Caregiver	Nurse	Doctor or surgeon	Other health-related professionals	All other roles and professions
Yes	57	50	58	42	53	62
No	23	22	24	29	25	19
Don't know	21	28	18	29	22	19

Conclusions

The well-publicised scandal at Mid Staffordshire NHS Trust and the more recent Keogh Mortality Review, which pinpointed poor care, inadequate staffing and bad management at a range of failing NHS organisations, have put quality of patient care and NHS culture squarely in the public spotlight.

Robert Francis QC, the author of the report into the public inquiry at Mid Staffordshire NHS Foundation Trust, made a range of recommendations, including the creation *'of a common culture shared by all putting the patient first'*.

This survey is designed to explore the existing state of play in the NHS in the creation of such patient-centric cultures.

Its findings suggest that while progress is being made in parts of the health service, there are some significant areas for improvement and of concern. For example, a quarter of doctors and surgeons and a third of nurses say they have been put under excessive pressure or bullied to behave in ways that are counter to patient care within the last two years.

In addition, fewer than six in ten respondents say they would be confident to raise a concern about the quality of patient care to senior management and, of these, just 57% would feel confident that their concern would be properly addressed and investigated.

Given this picture, it is perhaps not surprising that a significant proportion of healthcare employees are worried that examples of poor patient care will be highlighted at their NHS organisation, with 43% saying they are either very concerned (13%) or somewhat concerned (30%) about this.

Efforts to change culture to put the patient first will depend to a large degree on the extent employees are engaged. The survey suggests this is an area that healthcare employers need to focus on. Just under a third of employees in the sector are actively engaged, falling to just 27% of nursing staff.

Among the reasons for low levels of engagement are likely to be the high proportion of staff that report they are consistently under excessive pressure, a generally low level of satisfaction with work–life balance and dissatisfaction with learning and development opportunities.

Added to this are generally negative attitudes to senior managers. Fewer than three in ten of respondents say they have confidence in their senior management team and just a quarter report they trust their senior management team.

This dissatisfaction with senior management is likely to be linked to the finding that respondents believe that senior leaders (the chief executive and the executive board) are less likely to make decisions in line with stated organisational values than employees at lower levels of seniority.

Overall, just over half of employees say that their organisation's values are strong or very strong in terms of whether they positively influence people's behaviour, with the remaining respondents regarding them as either neutral or weak in their effect on behaviour.

The most commonly cited reason by employees for organisational values not influencing employees' behaviour and decisions is that 'there is one rule for senior managers and another for everyone else' (54%), followed by a belief that profit is placed ahead of organisational values (36%). Three in ten employees believe a lack of recognition for behaving in line with organisational values and a failure to discipline or dismiss staff for failing to meet values are further reasons for them failing to influence behaviour positively.

The survey presents a mixed picture on what is currently being done within NHS organisations to change culture to put the patient first. More than four in ten respondents say that there has been a culture change initiative focused on improving patient care at their organisation led by senior executives within the last 12 months. Of employees who say there has been a culture change initiative led by senior management, just 15% say this has been very effective, 49% judge it has been moderately successful and a fifth believe the culture change initiative has been ineffective. A further 17% say it is too early to tell.

According to healthcare employees, the biggest obstacles to changing culture and improving patient care are the quality of leadership at board level and the lack of confidence among staff that whistleblowers

will be protected. Healthcare staff also identify the quality of middle and line managers as potentially significant barriers to improving patient care.

In terms of what changes would have the biggest impact on improving patient care, respondents think greater consultation and engagement with staff would make most difference, followed by enhanced whistleblowing protection for staff and improved training for line managers of staff directly involved in patient care.

The survey also asks healthcare employees' views on recommendations on improving patient care from the report into the public inquiry at Mid Staffordshire NHS Foundation Trust.

The suggestions which attracted most support were for individuals who report non-compliance to receive protection (53%) and for healthcare support workers to undergo consistent training and to be regulated by a registration scheme (53%).

There was also significant backing for the idea that student nurses should have direct care experience under the supervision of a registered nurse (44%). This received support from across all occupational groups, including nearly half of nurses.

Almost four in ten employees agree with the recommendation that NHS organisations should agree fundamental standards about patient safety, effectiveness and basic care.

However, as Robert Francis QC stated when he launched his report into the public inquiry, *'there is much in this report that doesn't require a change in the law. It doesn't require anything other than a change in attitude on the part of people.'* This survey reinforces the message that ultimately what will improve

patient care outcomes is a change in behaviour and organisational culture. This will depend on renewed clarity over organisational purpose and values, improved leadership from the top down to the front line to ensure that values are effectively role-modelled, greater engagement and consultation with employees and confidence among staff that they can hold up their hand and challenge if they see something wrong. This is an HR agenda and presents a real opportunity for those in the profession to make a difference.

The Keogh Mortality Review has made some further sensible recommendations to combat poor patient care, including ensuring that: patients, carers and members of the public become more involved in the assessment of their local NHS; nurse staffing levels and skill mix appropriately reflect the case load and severity of illness of patients they are responsible for; junior doctors have more opportunity to act as leaders; all NHS organisations understand the positive impact that happy and engaged staff have on patient outcomes.

One key recommendation that received little publicity highlighted the importance of the boards and leadership of provider and commissioning organisations to confidently and competently use data and other intelligence for the forensic pursuit of quality improvement. This is another area where HR has a crucial role to play. HR can provide a range of data to help gauge culture, from absence rates, staff turnover figures and exit interview data to accident rates, employee engagement survey data, and qualitative and anecdotal information from focus groups and workshops.

Better collection, reporting and analysis of this kind of human

capital management (HCM) data can provide trust boards with key intelligence on how NHS organisations are really functioning and highlight early warning signs which might indicate patient care is being compromised. Good-quality data on stress and absence, appraisals and training and development at Mid Staffordshire NHS Foundation Trust, coupled with an interest by the trust board in this type of management information, could have flagged that there were problems in the trust's culture at a much earlier stage.

In recognition of the need to improve the quality and quantity of HCM reporting in the health service, the CIPD is joining forces with NHS Employers and the Healthcare People Management Association to conduct research into best practice in this critical area.

We will use this to produce guidance for healthcare employers with a view to, over time, improving the quality and quantity of HCM reporting in the NHS to ensure there is smarter use of this kind of data to help improve patient care outcomes.

Background to the survey

YouGov conducted the online survey for the CIPD of 1,021 UK employees working in the healthcare sector between 26 and 30 April 2013. Some care should be taken when considering the data on doctors and surgeons as the sample size was relatively small (48).

This survey was administered to members of the YouGov Plc UK panel of more than 400,000 individuals who have agreed to take part in surveys. Panellists who matched the sample profile (as explained above) were selected at random from the YouGov Plc UK panel and were sent an email inviting them to take part in the survey.

CIPD Outlook Series

The *Employee Outlook* provides a regular update on the attitudes of employees in the UK and the HR challenges facing employers, as well as periodic focus reports on topical issues. It regularly covers attitudes towards management, work–life balance, workload and pressure, communication, and bullying and harassment.

Others in the series

Labour Market Outlook

The *Labour Market Outlook,* published in partnership with SuccessFactors, an SAP company, provides a quarterly update on key HR, economic and labour market statistics. The aim of the survey is to produce an industry-valued benchmark of key HR statistics that can be used by CIPD members, as well as those in government, policy and wider business circles.

cipd.co.uk/labourmarketoutlook

HR Outlook

The *HR Outlook* provides valuable insight and expert commentary on the HR profession. It explores the size and shape of HR functions, comments on the capabilities of HR professionals and outlines emerging trends and future priorities.

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