RESTORE Workshop

Barriers to resilience among healthcare staff in Ireland in the post-austerity period: A cross-sectional analysis

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Background

**Staff Engagement**: Psychological state or attitude, in which people are positive about traits, such as satisfaction, commitment, and involvement towards their job, role, or organization.¹

### Worldwide

- No unique theoretical framework and major differences in the concept, theory, and mediators related to staff engagement²
- Lack of research on employees’ differences and its influence on engagement²

COVID-19 and Staff Engagement: Necessity of personalised strategies to guarantee the staff engagement into the health sector²
Background

HSE Surveys: “Your opinion Counts”

Ireland

- Policy context for staff engagement: One of the six drivers of the "Framework for Improving Quality in our Health Service"
- HSE surveys on staff engagement: Biannual basis (2014, 2016, 2018)

Survey's Outcomes

1. Not tailored for the Irish Health Care system, workplace approach
2. Dimensions: doesn’t include individual level
3. Just 12/151 questions were utilized for measuring Staff engagement
Methodology: Thesis Aim and Research Objectives

Assess health staff engagement in Ireland by measuring its general trends and the impact that particular features by organisational and individual levels have on the overall employee engagement

Research Objectives

1. To develop an engagement measurement framework and instrument, tailoring it for Irish Health context and drawing on the existing knowledge base of employee engagement

2. Identify employee engagement’s theoretical frameworks and dimensions from the literature and validate their measuring criteria utilising the HSE collected data on Staff engagement

3. Compare and analyse the outcomes obtained utilising the IPSOS model and the new developed theoretical framework.
Methodology: Research Design

Quantitative Phase
- Construction and validation of the theoretical framework
  Construction and validation Model (Mirza et al (2019)).

Conceptualization
- Develop a conceptual definition of the Construct (Scoping review)
- Extraction of suitable data from the HSE datasets on Staff Engagement

Development of Measures
- Operationalisation of the constructs and generation of items to represent the construct

Scale validation
- Formally specify the measurement model
- Assess scale validity: validity of the items (empirical and reflective construct validation)

Qualitative Phase
- Focus Groups

Pilar Integration Process
Scoping review: Results

Flow Chart

Identification
- EMBASE: N=619
- MEDLINE: N=571
- CINAHL: N=292
- Web of Science: N=479
- SCOPUS: N=347

Screening
Total Articles (for title and Abstract screening) N=1818
- Excluded: 1473
  - Duplicates: 95
  - Conferences: 108
  - Opinion Pieces: 76
  - Newsletter: 55
  - Not engagement in health care staff: 742
  - Not measure of engagement: 397

Total Articles (for full text screening) N=345
- Excluded: 190
  - No scientific article: 38
  - No access to full text: 4
  - Not available in English or Spanish: 5
  - Not measure of engagement: 98
  - Not relevant for the review: 45

Studies included that responded to our inclusion criteria N=155

Articles by year of publication
- <2000: 58.7%
- 2000-2010: 35.5%
- >2011: 5.8%
Scoping review: Results

**Employee Engagement as a Multi-faceted Construct**
- **Multifaceted Framework**
  - Measurement instrument: May et al.

**Employee Engagement as a Dedicated Willingness. Organisational Approach**
- **Organisational Framework**
  - Measurement instrument: Barnes & Collier

**Employee Engagement as a Positive State of Mind. Individual Approach**
- **Individual Framework**
  - Measurement instruments: Schaufeli et al. (Utrecht Work Engagement Scale)

**Organisational dimensions:**
- Work and Job related Factors: work interaction, group and inter-group dynamics and management style, communication, work role fit

**Individual Dimensions:**
- Psychological state variables: self-esteem, resilience, positive coping style
- Demographic variables: Age, Sex, years of experience (evaluated through the May et al. scale)
- Work related variables
- Areas of health service, staff category
Secondary Data Analysis: Methodology

DATA SOURCES

A repeated cross-sectional analysis, secondary data and subgroup analysis was carried out utilising the data collected in the last 2 waves (2016, 2018) of the HSE staff engagement surveys (Your Opinion Counts).

DATA ANALYSIS

Descriptive statistics were calculated for generating the baseline characteristics.

Post-stratification or non-response weights were estimated to obtain trustable results and decrease the bias associated with the level of representativeness of the sample.

Ordinal logistic regression: to model the effect of the domains on the engagement of the staff.
Organisational Dimensions of Staff Engagement by level of Satisfaction (HSE-YOC surveys)

- Communication in my organisation: 32.2%
- Training and carer progression in my organisation: 30.1%
- Confident of the strategy of my organisation: 29.9%
- Recognition of the Performance: 28.6%
- Communication with my Management: 22.6%
- Support received from my organisation: 20.5%
- My Role in my organisation: 15.7%
- Professional Opportunities I have in my organisation: 13.5%
- Proud and satisfied with the culture of your organisation: 11.9%
- Dynamic within my organisation: 11.8%
- Quality of care and service in my organisation: 10.9%
- Trust on the Autonomy I have at my work: 7.2%
- Optimistic about my work: 7.2%
- How my organisation deals with misses or incidents: 7.1%
- Motivated with my work: 6.0%
- Security and Pay in my organisation: 5.0%
- My Role in my organisation: 2.6%
- Management of Stress in my organisation: 0.5%
Individual Dimensions of Staff Engagement (HSE-YOC surveys)
Secondary Data Analysis: Results

Disengaged Nurse

OR: 1.20 (CI 95% 1.10-2.27) Ref Category: Acute hospitals

OR: 1.64 (CI 95% 1.30-2.07) Ref Category: Older people’s services

OR: 1.31 (CI 95% 1.06-1.62) Ref Category: No

Contact with patients

OR: 1.31 (CI 95% 1.06-1.62) Ref Category: less than 5 years

Primary Care

CHO: 8

OR: 1.79 (CI 95% 1.31-2.45) Ref Category: CHO 9

Disengaged Doctor

OR: 1.19 (CI 95% 1.17-1.29) Ref Category: Acute hospitals

OR: 4.39 (CI 95% 1.18-6.37) Ref Category: Older people’s services

Years of service

OR: 2.59 (CI 95% 1.06-6.32) Ref Category: CHO 9

OR: 1.21 (CI 95% 1.08-1.36) Ref Category: less than 5 years

CHO: 6

OR: 2.36 vs 3.17 Ref Category: No

Contact with patients

RESTORE Project
Improving the communication strategies are the best approaches for guaranteeing the retention of the health staff.

Enhancing the opportunities of training and Carer Progression.

Health organisations should offer more information on the available services for coping with discrimination and bullying to their staff.

Individual staff characteristics should be included in any instrument/framework that measures staff engagement.

KEY MESSAGES

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References