



Changes in Employee Engagement in the NHS 2009-2010

**Anna Topakas
Lul Admasachew
Jeremy Dawson**

Aston Business School, Aston University

Table of Contents

Executive Summary.....	3
1. Introduction	4
2. Average Change in Employee Engagement 2009-2010	7
2.1. Overall Change	7
2.2. Change by Occupational Group	8
2.3. Change by Age.....	18
2.4. Change by Gender.....	22
2.5. Change by Ethnic Background.....	23
2.6. Change by Tenure	30
2.7. Change by Managerial Status	33
2.8. Change by Type of Employment (Full-time vs. Part-time)	34
2.9. Change by Trust Type.....	35
2.10. Change by Occupational Group within Trust Types.....	38
3. The Link between Changes in Employee Engagement and Changes in Outcomes	63
3.1. Engagement and its relationship to Work-related Injuries and Job Satisfaction	64
3.2. Engagement and its relationship to Experiencing Physical Violence from Patients or Relatives and from Staff	65
3.3. Engagement and its relationship to General Health and Well-being, and Presenteeism	66
3.4. Engagement and its relationship to Work-related Stress and Intention to Leave	67
4. Appendix – Broad Categorisation of the NHS NSS Occupational Groups.....	68

Executive Summary

The primary aims of this report are to assess the levels of change in employee engagement in the NHS between 2009 and 2010, and to investigate the association of this change with important work-related outcomes.

The analysis uses data from the NHS National Staff Survey that measures three components of engagement: staff advocacy, motivation and involvement. An additional overall engagement indicator was also analysed; this is a composite score of the three sub-dimensions of engagement.

The mean scores on the engagement indicators in 2009 and 2010 are compared on the overall sample, as well as on respondents' work and demographic groups separately. Overall there is a minor decrease in overall engagement, staff advocacy and motivation between the two years and a slight increase in involvement.

Findings suggest that members of the General Management occupational group tend to have the highest engagement in both years while the lowest levels of engagement are reported by Paramedic and Ambulance Services Staff. In terms of age, the younger employees appear to be less engaged than the older ones. Female employees score higher on the engagement indicators than males in both years. The analysis by ethnic group unveils that employees of mixed ethnic background report the lowest engagement levels, while Asian employees the highest. Employees with less than one year organisational tenure are the most engaged tenure category, with those working 11-15 years being the least engaged. Consistently, employees in managerial positions report higher levels of engagement when compared to employees in non-managerial positions. Full-time employees score higher than part-time on all engagement indicators apart from motivation. Finally, the comparison by trust type shows that employees of Acute Specialist trusts report the highest engagement levels, with the lowest being among employees of Ambulance trusts.

The correlations of the changes in employee engagement with the changes in outcomes were conducted by trust type. Trusts were divided into four broad categories; these are Acute, PCTs, Mental Health and Ambulance trusts. Overall engagement is significantly related to job satisfaction, in Acute, PCT and Mental Health trusts. With work-related injuries the correlations are significant for Acute and Ambulance trusts. Further, there is a relationship between overall engagement and experiencing physical violence from patients or relatives and from staff in PCTs. Overall engagement is significantly related to employees' general health and well-being in all trusts, and with presenteeism in Acute, PCT and Ambulance trusts. Similarly, overall engagement is related to both work-related stress and intention to leave the organisation in Acute, PCT and Ambulance trusts.

1. Introduction

- 1.1.1 Employee Engagement is becoming a popular topic for both academics and practitioners as evidence accumulates on its effect on positive work-related outcomes. One of the most popular definitions of engagement is provided by Schaufeli and colleagues, who view engagement as “... a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” (2002, p.74)¹.
- 1.1.2 The present report aims at providing a detailed overview of trends in employee engagement in the NHS and assessing the relationship of employee engagement to important work-related outcomes.
- 1.1.3 Employee engagement was measured by the NHS National Staff Survey (NSS) on two occasions thus far, in 2009 and 2010. The conceptualisation of engagement in the NSS encompasses the definition provided by Schaufeli et al. (2002), and extends it to include other relevant aspects of employee engagement. The relevant survey questions were combined to produce four Engagement indicators are used as the focal point in the present report. These are Overall Engagement, which was computed as a composite score of three sub-dimensions of engagement, namely Staff Advocacy, Motivation and Involvement. Table 1.1 provides a brief description of the engagement sub-dimensions.

Table 1.1: Engagement sub-dimensions as defined for the purposes of the NHS NSS

Dimension	Definition
Staff Advocacy	Staff recommendation of Trust as a place to work or receive treatment
Intrinsic Engagement	Staff motivation at work
Involvement	Staff are able to contribute towards improvements at work

- 1.1.4 Section 2 of the report deals with the average levels of engagement in the NHS in 2009 and 2010 as well as the change in engagement levels from one year to the next. It provides a detailed breakdown of engagement levels using the key sample characteristics; namely: occupational group, age, gender, ethnic background, tenure, managerial status, type of employment (full-time and part-time), trust type and occupational groups within the different trust types.

¹ Schaufeli, W. B. , Salanova, M. , González-Romá, V. and Bakker, A. B. (2002) The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, 3 , pp. 71-92

- 1.1.5 The findings of the means comparison indicate that there was a small decrease between 2009 and 2010 in employee engagement on all indicators, apart from involvement. Involvement increased between 2009/2010.
- 1.1.6 Of the occupational groups, Paramedic and Ambulance Services staff reported the lowest employee engagement across all indicators in both 2009 and 2010. The highest overall engagement in both years was reported by members of the Management group.
- 1.1.7 In terms of age, overall engagement was highest among the older employees and lowest among the youngest.
- 1.1.8 Looking at broad ethnic background categories, we observe that the highest overall engagement across both years is reported by Asian employees, and the lowest by employees of mixed ethnic background.
- 1.1.9 When comparing employee engagement on the basis of organisational tenure it can be concluded that engagement is highest across all indicators in both years among those employees who have worked less than 1 year in their trust and lowest among those with 11-15 years of tenure.
- 1.1.10 Overall, employees in managerial positions consistently report higher engagement than those in non-managerial positions.
- 1.1.11 Full-time employees score higher than part-time on overall engagement, advocacy and involvement in both years, while part-time employees report consistently higher motivation levels.
- 1.1.12 The comparison of engagement levels by trust type shows that the least engaged employees across all indicators and in both years are those working in Ambulance trusts. The highest scores on most indicators are reported by employees of acute specialist trusts.
- 1.1.13 Section 3 of the report deals with the association of employee engagement to work-related outcomes in each trust type. The trusts are categorised into 4 broad categories; namely, Acute, PCTs, Mental Health and Ambulance. The analysis was conducted by correlating the change between 2009 and 2010 on each of the engagement indicators with the equivalent change on the outcome measures. The outcome measures included in this analysis are: job satisfaction, work-related injury, experiencing physical violence from patients or relatives, experiencing physical violence from staff, general health and well-being, presenteeism (working while feeling unwell), work-related stress, and intention to leave the organisation.
- 1.1.14 The findings indicate that all of the engagement indicators are significantly related to job satisfaction in both Acute trusts and PCTs. Overall engagement and staff advocacy are significantly associated with job satisfaction in Mental Health trusts.
- 1.1.15 Overall engagement is negatively related to work-related injuries in Acute and Ambulance trusts. Additionally, in Ambulance trusts staff advocacy and motivation are negatively linked to work-related injury. Involvement is linked to work related injury in Acute trusts.

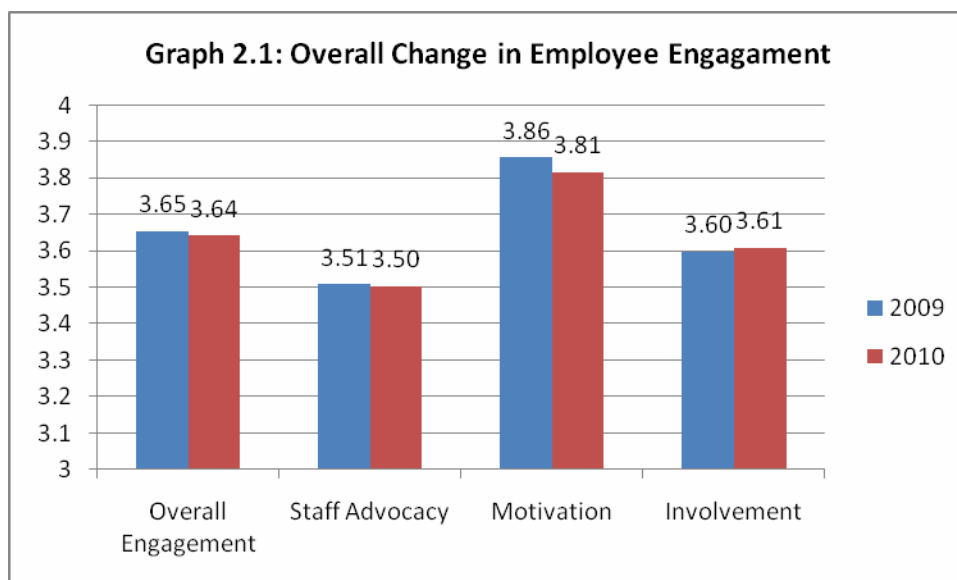
- 1.1.16 Staff experiencing violence from patients or relatives in the last 12 months is associated to overall engagement and staff advocacy in PCTs. The same is true for staff experiencing physical violence from colleagues in PCTs.
- 1.1.17 Overall engagement and motivation are associated with employees' general health and well-being in all trust types. In Acute, PCTs and Ambulance trusts staff advocacy is linked to general health and well-being. The relationship is also found for involvement in Acute trusts and PCTs.
- 1.1.18 All of the engagement indicators are significantly linked to presenteeism in Acute trusts and PCTs. In ambulance trusts there is a link between overall engagement, staff advocacy and motivation to presenteeism.
- 1.1.19 All of the engagement indicators are negatively linked to work-related stress in Acute trusts and PCTs. The same relationships are found in Mental Health trusts for staff advocacy, motivation and involvement, and in Ambulance trusts for overall engagement, staff advocacy and motivation.
- 1.1.20 Finally, all of the engagement indicators are negatively related to employees' intention to leave their organisation in Acute trusts and PCTs. The same relationship is found in Mental Health trusts for staff advocacy, and in Ambulance trusts for overall engagement and involvement.

2. Average Change in Employee Engagement 2009-2010

- Section 2 deals with the changes in employee engagement in the NHS between 2009 and 2010 by comparing the mean scores on the engagement measures in the two years.
- Initially the change is assessed on the overall sample, followed by a breakdown on the basis of key sample characteristics; namely, occupational group, age, gender, ethnic background, tenure, managerial status, type of employment (full-time and part-time), trust type, and occupational groups within different trust types.
- The mean scores reflect the average responses on a 1 to 5 scale, with 1 indicating low scores on the measure and 5 indicating high scores.

2.1. Overall Change

- 2.1.1 Graph 2.1 presents the mean scores on the overall engagement measure, as well as its three components for the years 2009 and 2010. In producing the means the overall 2009 and 2010 samples from the NHS NSS were used.
- 2.1.2 A slight decrease from 3.65 to 3.64 in overall engagement is observed between the two years.
- 2.1.3 This decrease can be better understood by inspecting the changes on the individual components of the engagement measure. Staff advocacy of their trust as a place to work and receive treatment decreased by .01, similar to overall engagement.
- 2.1.4 A much larger decrease of .05 is observed for staff motivation.
- 2.1.5 On the other hand, staff involvement increased by .01.



2.2. Change by Occupational Group

- This section is concerned with changes in employee engagement scores for each of the various occupational groups employed by the NHS.
- The first part compares 2009 and 2010 mean scores for the 39 occupational groups, as they are divided and termed in the NHS NSS. It must be noted that the 'Emergency Care Assistant' category was added to the survey in 2010; therefore data for the year 2009 is not available for this occupational group.
- In the second part the 39 occupational groups are combined into 8 broader categories on the basis of the nature of the jobs (see Appendix). These are then compared in terms of their mean scores on engagement.

Narrow Categories of Occupational Groups

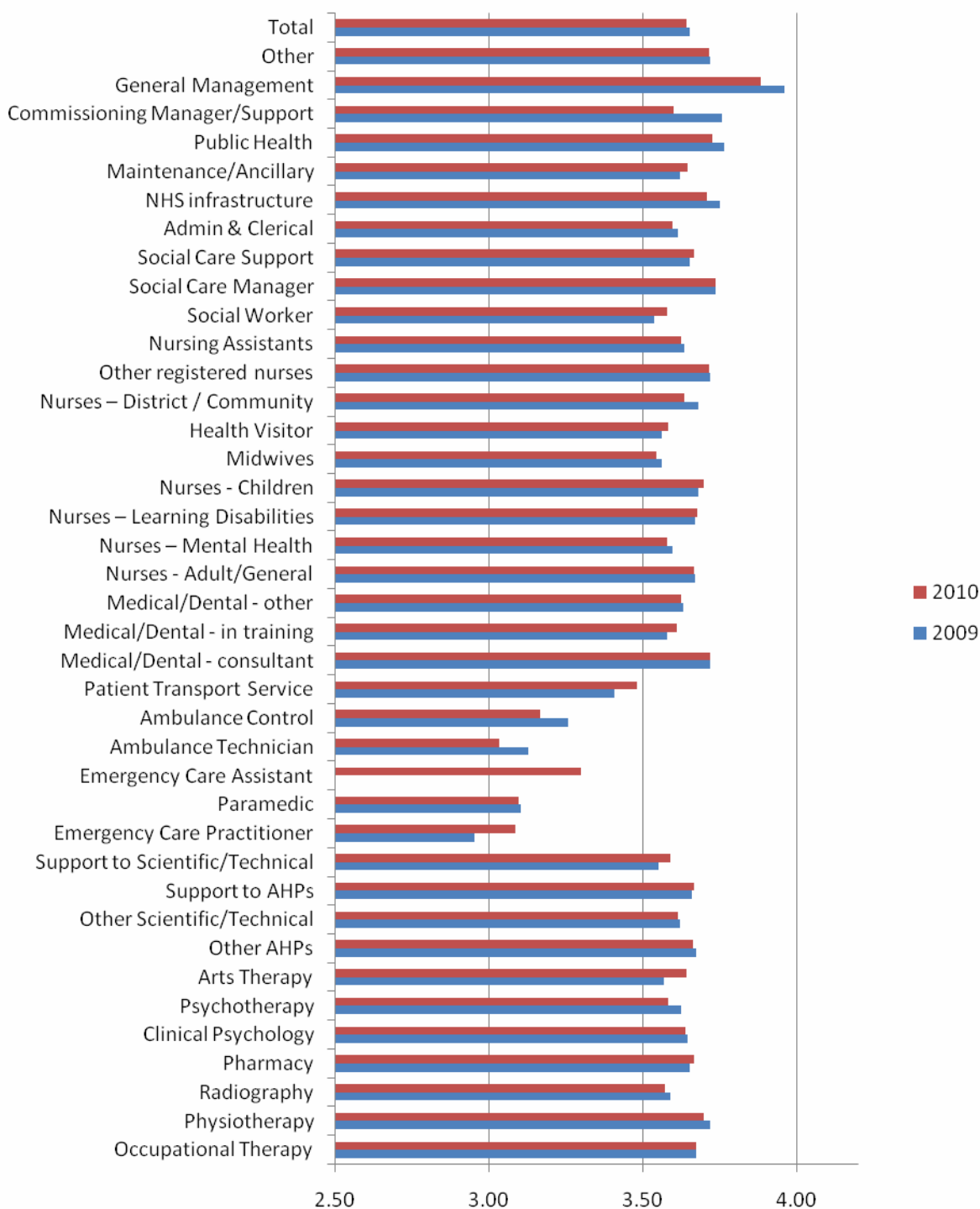
- 2.2.1 Table 2.2.1 presents the mean scores on the 4 engagement indicators for the 39 occupational groups.
- 2.2.2 The lowest scores on overall engagement in 2009 were reported by Emergency Care Practitioners, while in 2010 it was Ambulance Technicians. On staff advocacy Paramedics reported the lowest score in 2009, while in 2010 Ambulance Technicians were the group with the lowest score. The lowest scores on motivation for the two years are recorded for Emergency Care Practitioners and Ambulance Control respectively, while on involvement Ambulance Technicians reported the lowest scores in both years.
- 2.2.3 The highest score on overall engagement, staff advocacy and involvement for both 2009 and 2010 are reported by the General Management group. The Maintenance / Ancillary group had the same score as General Management on staff advocacy in 2010. The highest scores on motivation are reported by the Patient Transport Service Group in both 2009 and 2010.

- 2.2.4 The highest positive change in reports of overall engagement and staff advocacy is observed for the Emergency Care Practitioners (increase of .14 and .23 respectively), which is also the group with the lowest overall engagement in 2009. In terms of motivation, the Support to Scientific/Technical function had the highest positive change of .03. While the highest improvement on involvement of .11 is observed for the Arts Therapy group.
- 2.2.5 The highest negative change on both overall engagement and staff advocacy is reported by the Commissioning Manager / Support group (decrease of .16 and .22 respectively). Ambulance Technicians reported the highest negative change on motivation (.21), while Ambulance Control were the group with the highest negative change on involvement (.11).
- 2.2.6 The changes by narrow occupational group categories are visually displayed on Graph 2.2.1 for overall engagement, Graph 2.2.2 for staff advocacy, Graph 2.2.3 for motivation and Graph 2.2.4 for involvement.

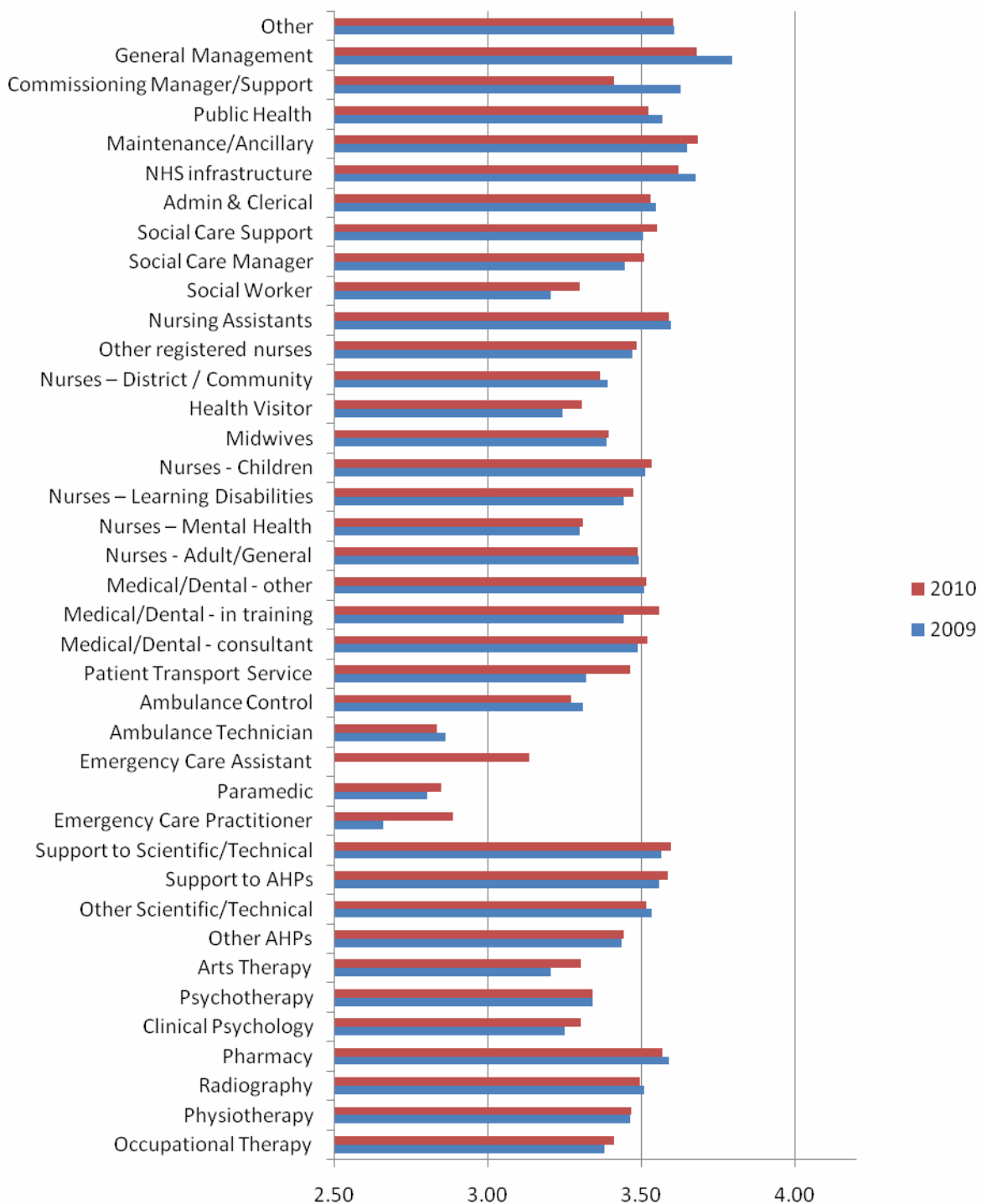
Table 2.2.1: Change in Employee Engagement by Occupational Group (narrow categories) <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
Occupational Therapy	3.68	3.67	3.38	3.41	3.88	3.85	3.77	3.75
Physiotherapy	3.72	3.70	3.46	3.47	3.93	3.89	3.76	3.74
Radiography	3.59	3.57	3.51	3.50	3.77	3.73	3.49	3.49
Pharmacy	3.65	3.67	3.59	3.57	3.73	3.74	3.65	3.69
Clinical Psychology	3.65	3.64	3.25	3.30	3.85	3.82	3.84	3.79
Psychotherapy	3.62	3.58	3.34	3.34	3.93	3.89	3.60	3.51
Arts Therapy	3.57	3.64	3.21	3.30	3.85	3.86	3.65	3.76
Other AHPs	3.68	3.66	3.44	3.44	3.86	3.84	3.73	3.71
Other Scientific/Technical	3.62	3.61	3.53	3.51	3.72	3.70	3.61	3.63
Support to AHPs	3.66	3.67	3.56	3.59	3.90	3.89	3.53	3.53
Support to Scientific/Technical	3.55	3.59	3.56	3.60	3.71	3.74	3.39	3.44
Emergency Care Practitioner	2.95	3.09	2.66	2.89	3.35	3.43	2.85	2.95
Paramedic	3.10	3.10	2.80	2.85	3.60	3.51	2.90	2.93
Emergency Care Assistant		3.30		3.14		3.94		2.82
Ambulance Technician	3.13	3.03	2.86	2.83	3.73	3.52	2.79	2.74
Ambulance Control	3.26	3.17	3.31	3.27	3.47	3.33	3.00	2.89
Patient Transport Service	3.41	3.48	3.32	3.46	4.03	4.02	2.87	2.97
Medical/Dental - consultant	3.72	3.72	3.49	3.52	3.99	3.96	3.68	3.69
Medical/Dental - in training	3.58	3.61	3.44	3.56	3.89	3.86	3.40	3.41
Medical/Dental - other	3.63	3.62	3.51	3.52	3.96	3.91	3.44	3.45
Nurses - Adult/General	3.67	3.67	3.49	3.49	3.90	3.88	3.63	3.63
Nurses – Mental Health	3.60	3.58	3.30	3.31	3.82	3.79	3.67	3.65

Nurses – Learning Disabilities	3.67	3.68	3.44	3.47	3.85	3.83	3.72	3.73
Nurses – Children	3.68	3.70	3.51	3.54	3.87	3.90	3.65	3.66
Midwives	3.56	3.54	3.39	3.39	3.85	3.81	3.45	3.43
Health Visitor	3.56	3.58	3.24	3.31	3.89	3.88	3.55	3.56
Nurses – District / Community	3.68	3.64	3.39	3.37	3.99	3.91	3.67	3.63
Other registered nurses	3.72	3.72	3.47	3.48	3.99	3.95	3.70	3.71
Nursing Assistants	3.63	3.63	3.60	3.59	3.90	3.87	3.41	3.42
Social Worker	3.54	3.58	3.21	3.30	3.85	3.82	3.56	3.62
Social Care Manager	3.74	3.74	3.45	3.51	3.96	3.87	3.81	3.84
Social Care Support	3.65	3.67	3.51	3.55	3.89	3.86	3.56	3.58
Admin & Clerical	3.61	3.60	3.55	3.53	3.78	3.74	3.52	3.52
NHS infrastructure	3.75	3.71	3.68	3.62	3.74	3.67	3.84	3.83
Maintenance/Ancillary	3.62	3.64	3.65	3.68	3.86	3.88	3.35	3.36
Public Health	3.77	3.73	3.57	3.52	3.89	3.80	3.85	3.86
Commissioning Manager/Support	3.76	3.60	3.63	3.41	3.80	3.63	3.84	3.76
General Management	3.96	3.88	3.80	3.68	3.99	3.90	4.10	4.07
Other	3.72	3.72	3.61	3.60	3.92	3.89	3.63	3.66

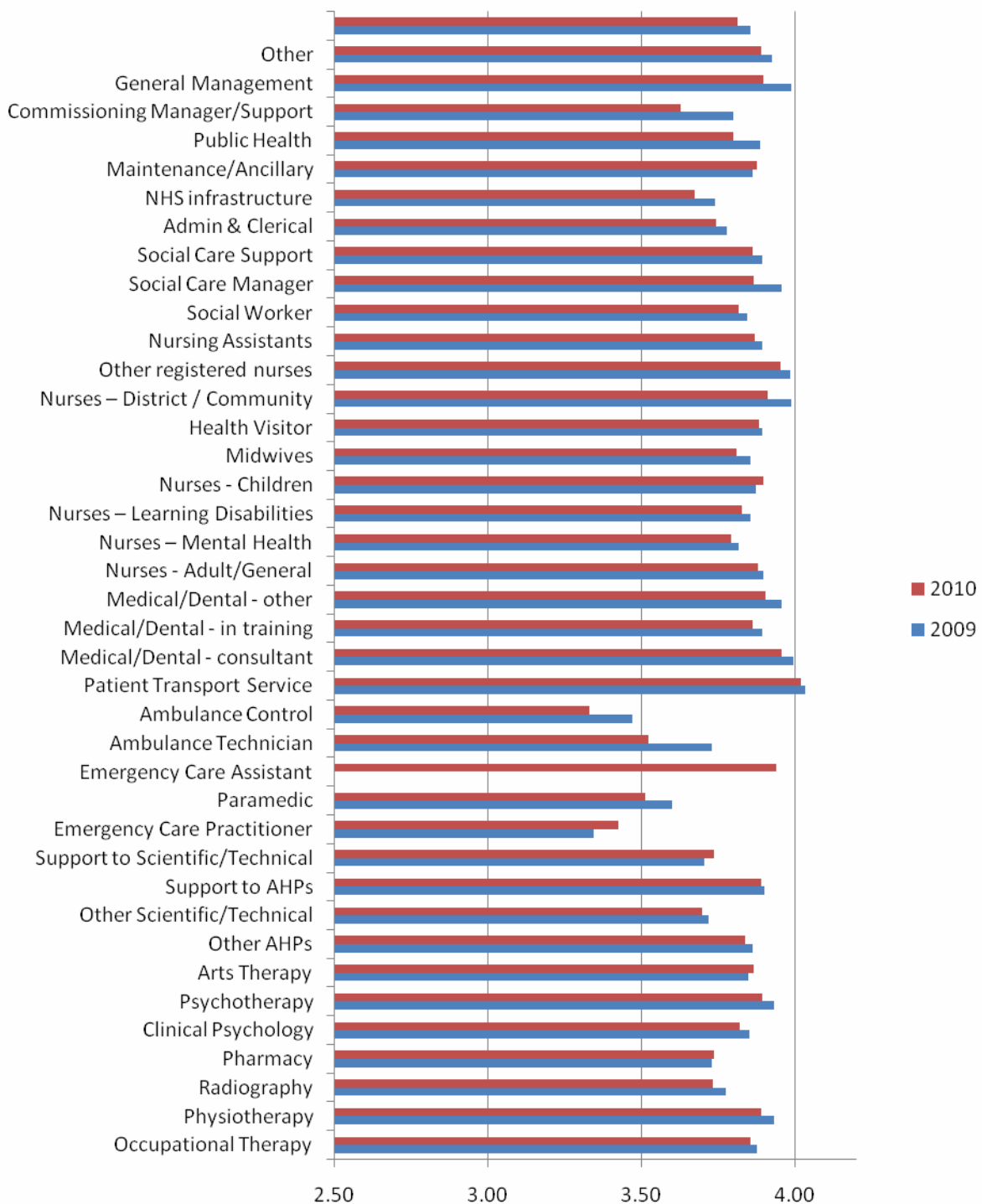
**Graph 2.2.1: Change in Overall Engagement by Occupational Group
(narrow categories)**



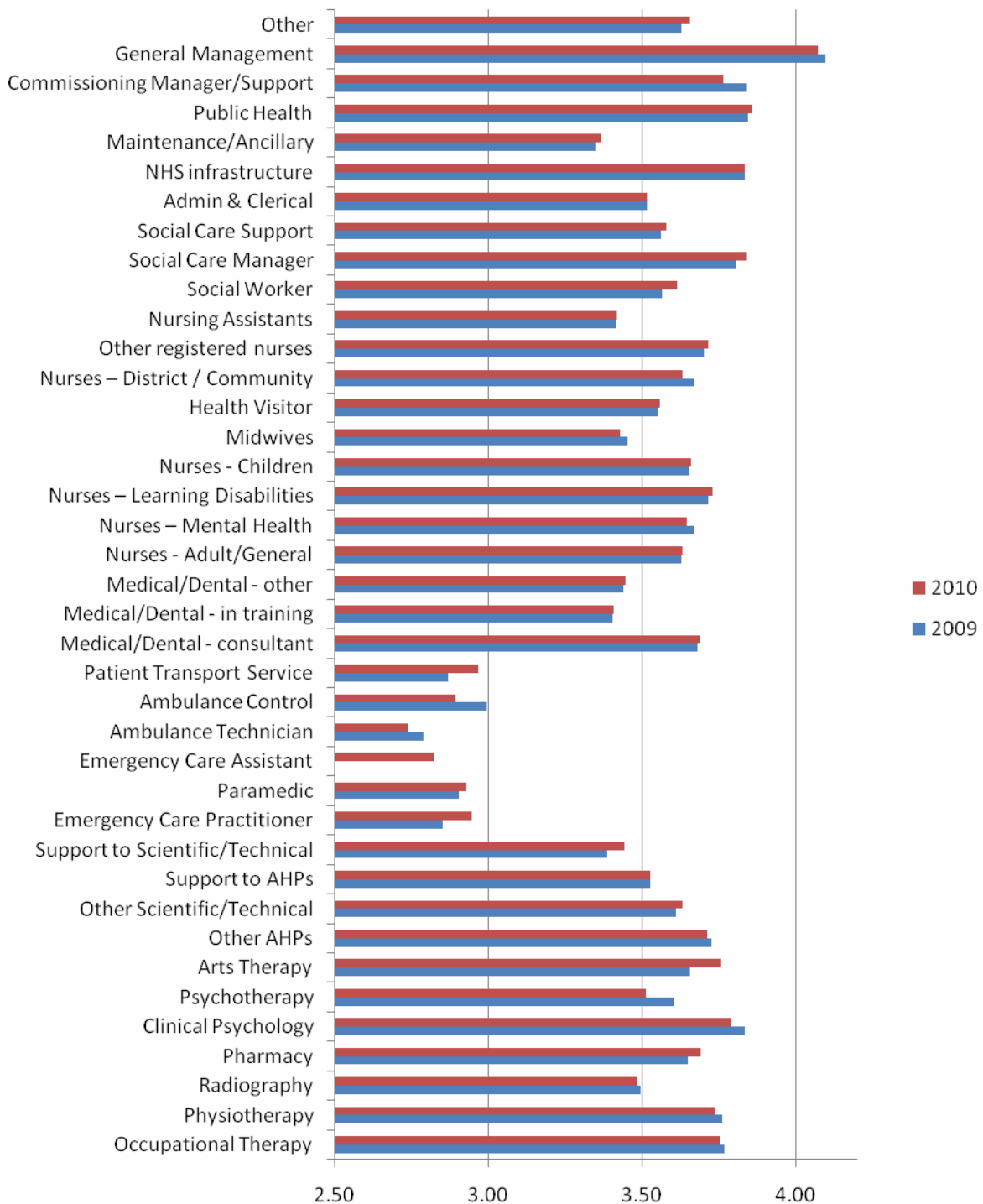
Graph 2.2.2: Change in Staff Advocacy by Occupational Group (narrow categories)



Graph 2.2.3: Change in Motivation by Occupational Group (narrow categories)



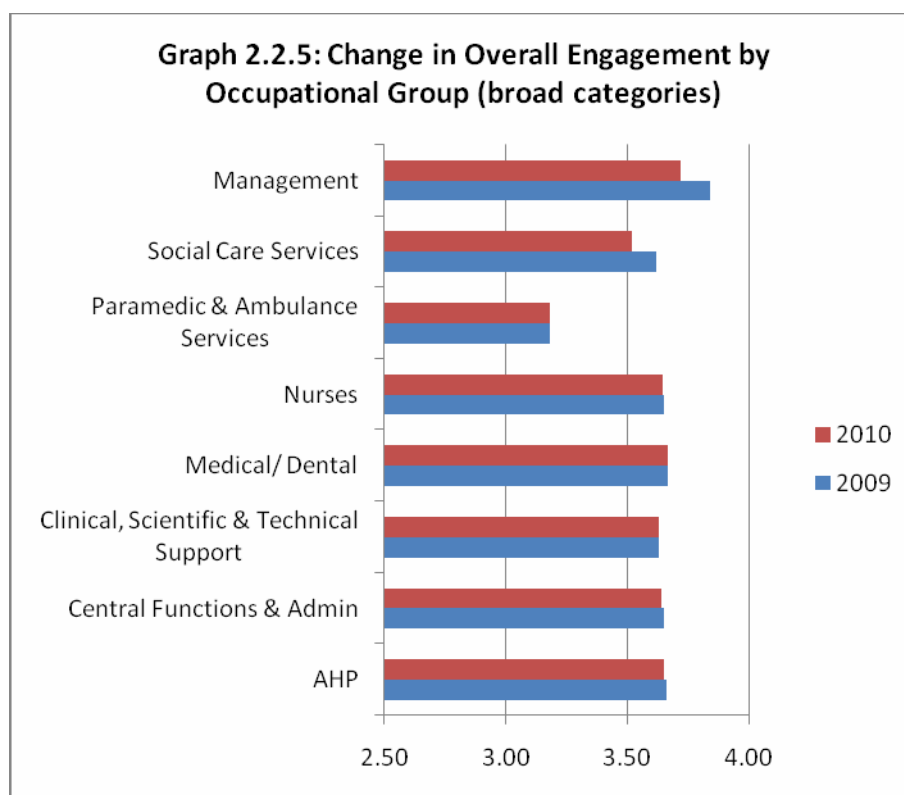
Graph 2.2.4: Change in Involvement by Occupational Group (narrow categories)



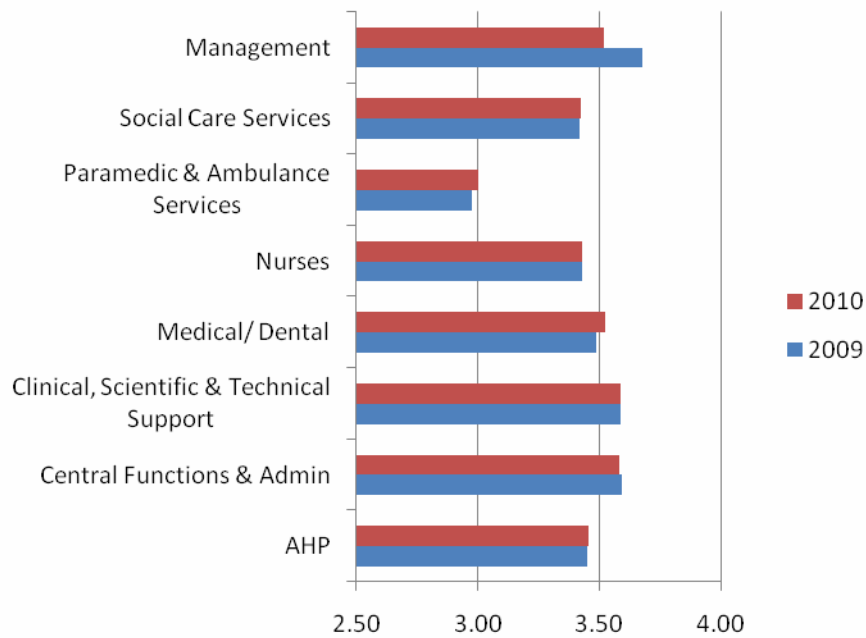
Broad Categories of Occupational Groups

- 2.2.7 Table 2.2.1 presents the mean scores on the engagement measures for the 8 broad occupational group categories.
- 2.2.8 The Management group had the highest score on overall engagement in both 2009 and 2010, on staff advocacy in 2009 and on involvement in both years. The highest score on staff advocacy in 2010 is reported by the Clinical, Scientific and Technical Support group, while motivation was highest among the Medical/ Dental professionals in both years.
- 2.2.9 The lowest scores across both years on all engagement indicators are observed for the Paramedic and Ambulance Services occupational group.
- 2.2.10 The highest positive change between the two years on overall engagement (.00) and staff advocacy (.04) is observed for the Medical / Dental group. It must be noted that this reflects no change on overall engagement scores between the two years, which is also true for the Clinical, Scientific and Technical Support group. Motivation levels decreased for all occupational groups, with the least decreased observed for the Clinical, Scientific and Technical Support group (.02). Central Functions and Administrative staff had the highest improvement in involvement between 2009 and 2010 (.01).
- 2.2.11 The highest negative change is observed among the Management group for both overall engagement (.12) and staff advocacy (.15), while Social Care Services staff had the highest negative change on motivation (.16) and involvement (.14).
- 2.2.12 Graphs 2.2.5 - 2.2.8 show the changes in the mean scores for overall engagement, staff advocacy, motivation and involvement respectively.

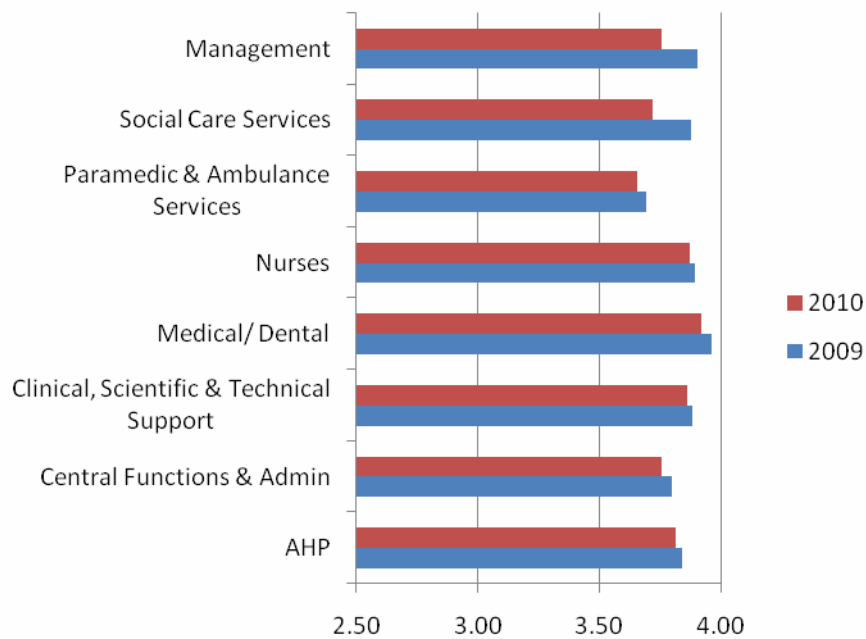
Table 2.2.1: Change In Employee Engagement by Occupational Group (broad categories) <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.66	3.65	3.45	3.46	3.84	3.81	3.70	3.69
Central Functions & Admin	3.65	3.64	3.60	3.58	3.80	3.76	3.57	3.58
Clinical, Scientific & Technical Support	3.63	3.63	3.59	3.59	3.88	3.86	3.43	3.44
Medical/ Dental	3.67	3.67	3.49	3.53	3.96	3.92	3.55	3.56
Nurses	3.65	3.64	3.43	3.43	3.90	3.87	3.63	3.63
Paramedic & Ambulance Services	3.18	3.18	2.98	3.00	3.69	3.66	2.88	2.88
Social Care Services	3.62	3.52	3.42	3.42	3.88	3.72	3.56	3.42
Management	3.84	3.72	3.67	3.52	3.90	3.76	3.94	3.88

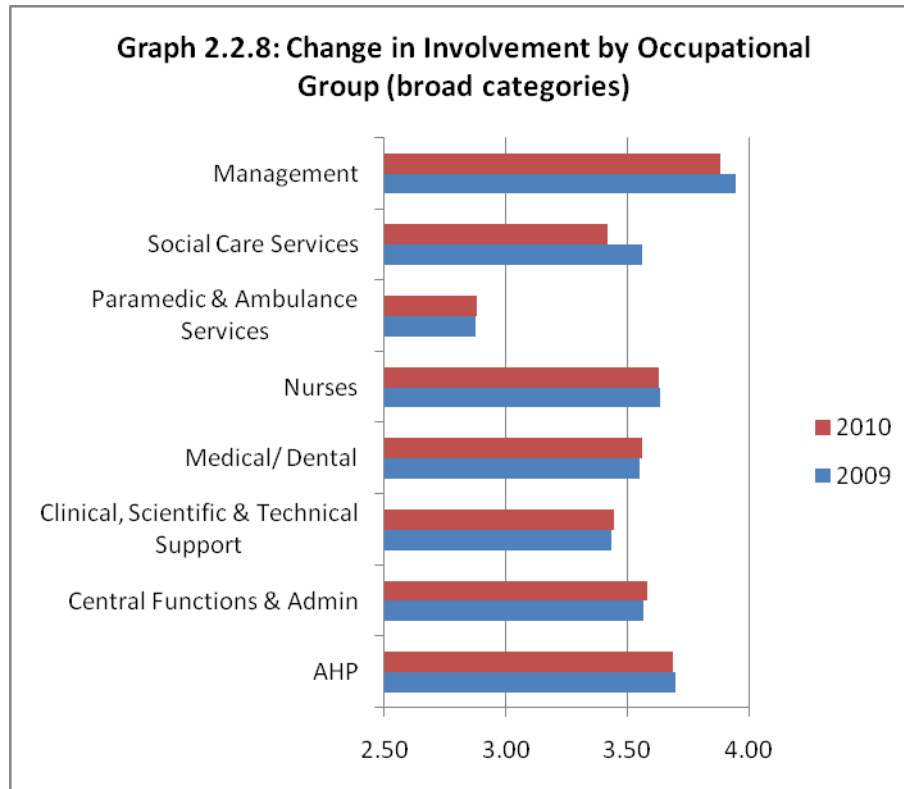


Graph 2.2.6: Change in Staff Advocacy by Occupational Group (broad categories)



Graph 2.2.7: Change in Motivation by Occupational Group (broad categories)

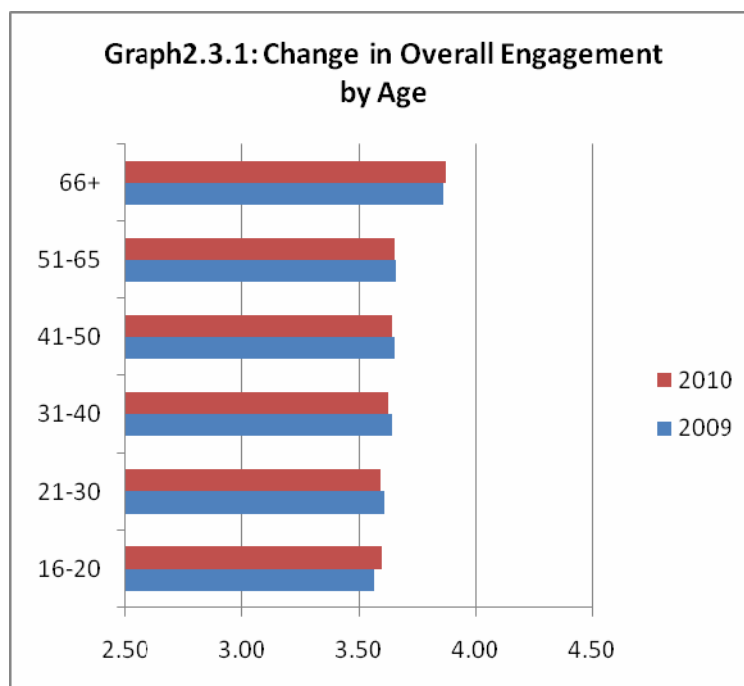


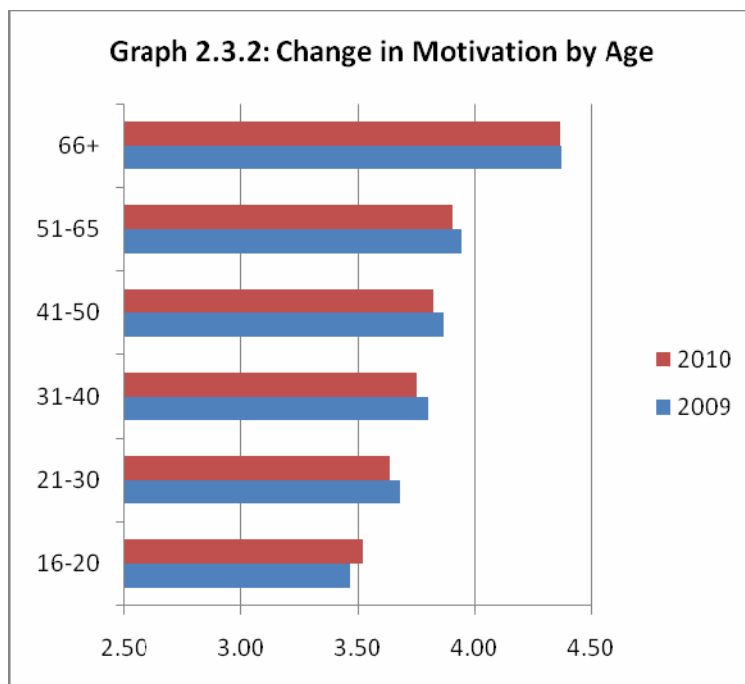
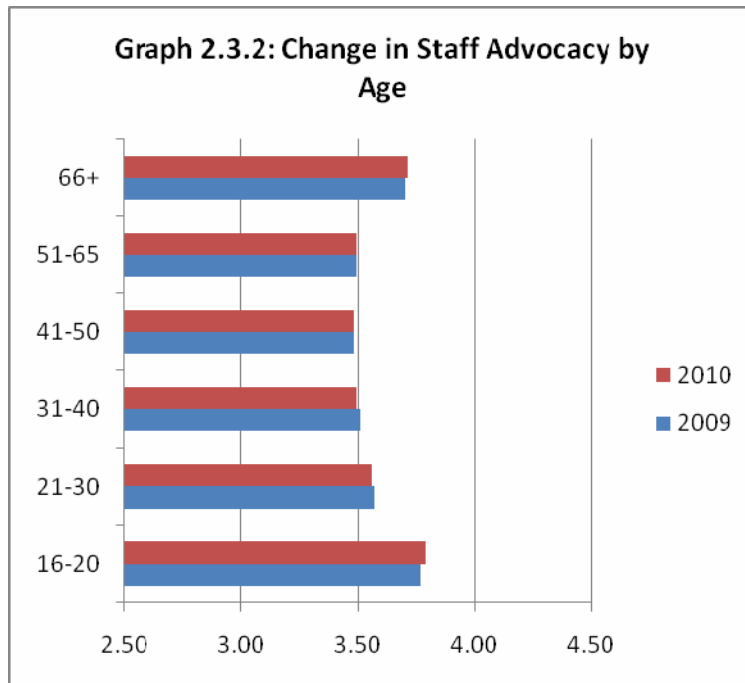


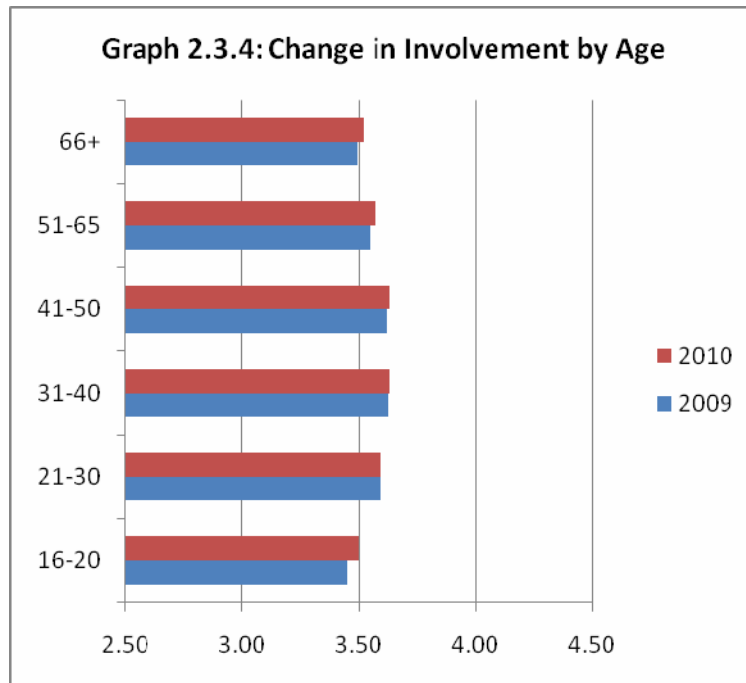
2.3. Change by Age

- 2.3.1 Table 2.3.1 presents the engagement mean scores for 2009 and 2010 broken down by respondents' age into 6 age ranges.
- 2.3.2 The highest scores for both years are observed among the staff over 66 years of age on overall engagement and motivation, among the 16-20 year-olds on staff advocacy, and among the 31-50 year-olds on involvement. The difference between 16-15 and over 66 year-olds on overall engagement is relatively high in both years. Generally, for both years overall engagement increases as the age of the employees increases.
- 2.3.3 The lowest scores on overall engagement, motivation and involvement in both years are observed among the 16-20 year-olds, with 21-30 year-olds scoring equally low overall engagement in 2010. The lowest score on staff advocacy in 2009 is observed for the 41-65 year-olds, while in 2010 only for the 41-50 year olds.
- 2.3.4 Sixteen to twenty year-olds had the highest positive change on all engagement indicators between 2009 and 2010.
- 2.3.5 The highest negative change on overall engagement (.02), staff advocacy (.01) and motivation (.04) is noted among the 31-40 year-olds, while the 21-30 year-olds had the highest negative change on involvement (.00), which in fact reflects no change in the average scores.
- 2.3.6 Graphs 2.3.1 – 2.3.4 show the mean scores in the two years broken down by age ranges for overall engagement, staff advocacy, motivation and involvement.

Table 2.3.1: Change In Employee Engagement by Occupational Group (broad categories) <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Age	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
16-20	3.56	3.60	3.77	3.79	3.47	3.52	3.45	3.50
21-30	3.62	3.60	3.57	3.56	3.68	3.64	3.60	3.60
31-40	3.65	3.63	3.51	3.50	3.80	3.76	3.63	3.64
41-50	3.66	3.65	3.49	3.48	3.87	3.83	3.63	3.64
51-65	3.66	3.66	3.49	3.50	3.95	3.91	3.55	3.57
66+	3.87	3.87	3.71	3.72	4.38	4.37	3.49	3.52

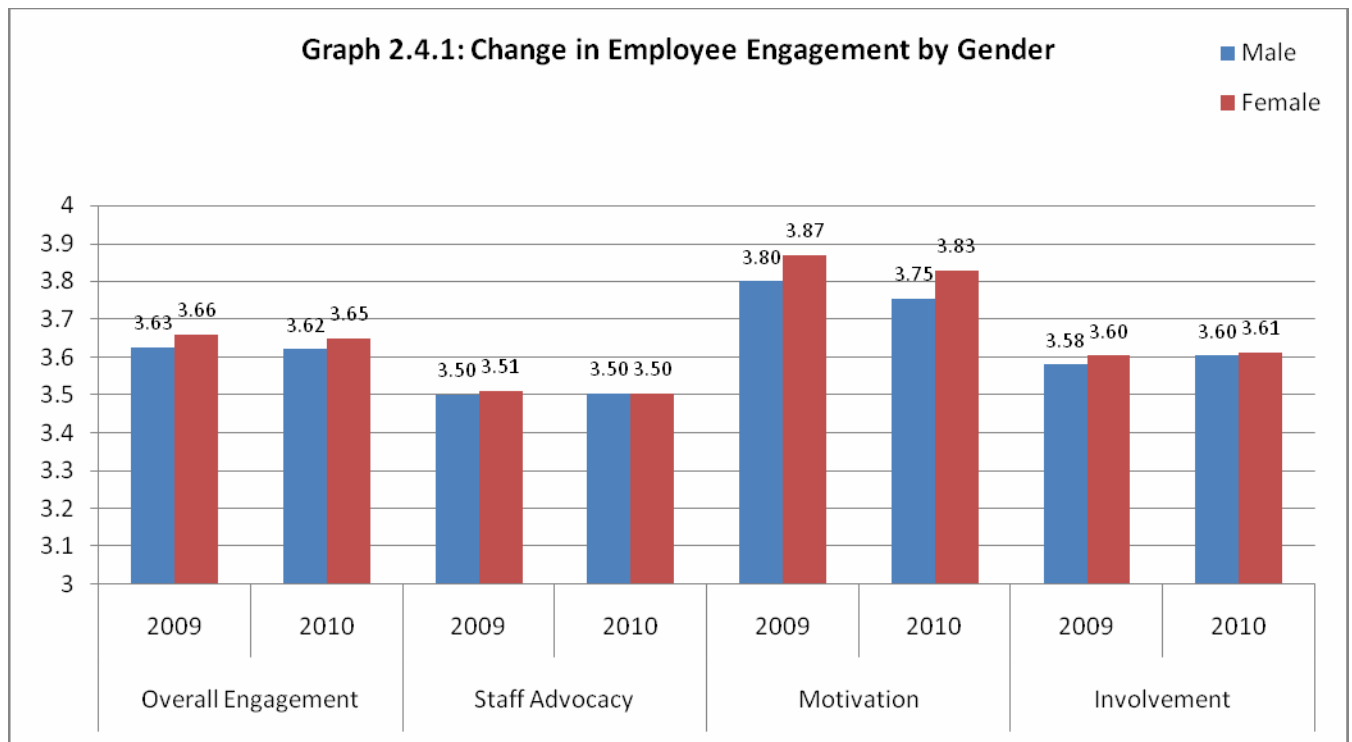






2.4. Change by Gender

- 2.4.1 Graph 2.4.1 shows the mean scores in 2009 and 2010 on the engagement indicators broken down by respondents' gender.
- 2.4.2 Overall, it is evident that female employees tend to score higher than male in both years on all engagement indicators, with the exception of staff advocacy in 2010 where male respondents score equally high.
- 2.4.3 An equal decrease of .01 is observed for both genders on overall engagement. Female respondents had a decrease of .01 on staff advocacy, while no change is noted among the male employees. An equal decrease of .05 is noted on motivation. Involvement increased between 2009 and 2010 by .02 among male employees and by .01 by female employees.



2.5. Change by Ethnic Background

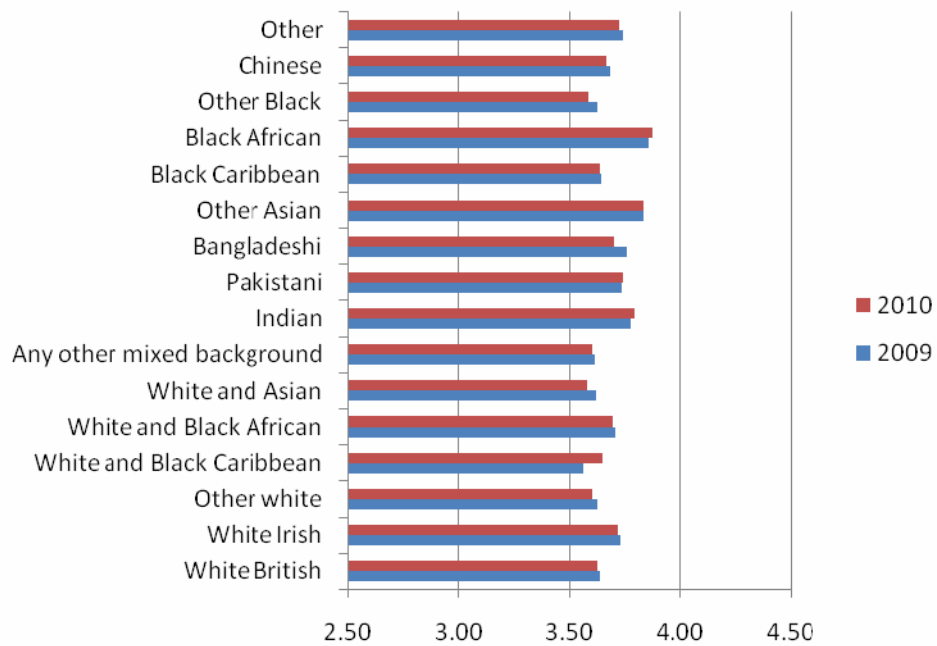
- This section is concerned with changes in employee engagement scores for employees of different ethnic backgrounds in the NHS.
- The first part compares 2009 and 2010 mean scores for the 16 categories of ethnic background, as they are divided and termed in the NHS NSS.
- In the second part the 16 ethnic background categories are combined into 4 broader categories on and again compared in terms of their mean scores on engagement.

Narrow Categories of Ethnic Background

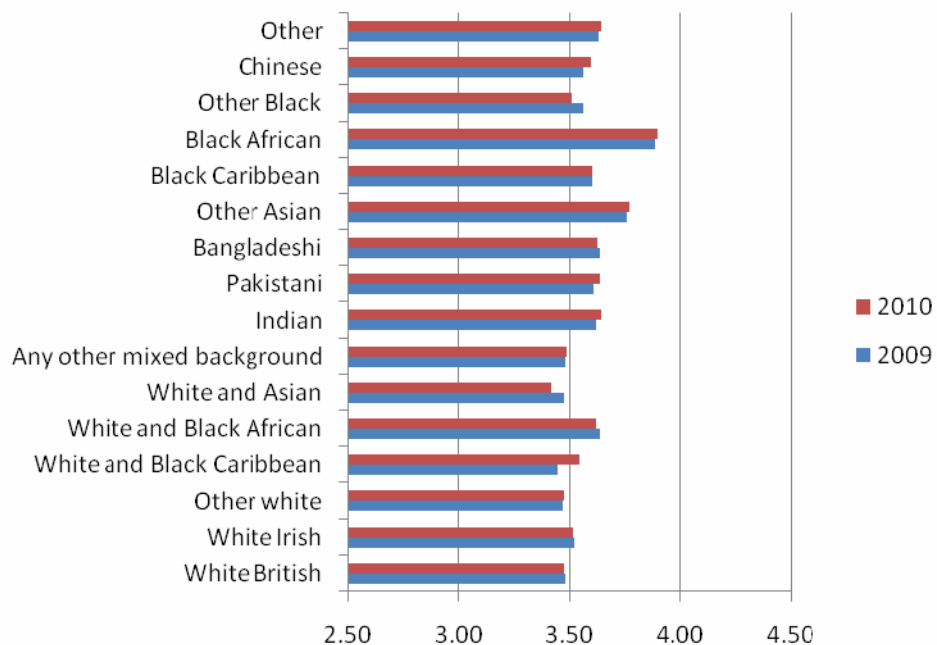
- 2.5.1 Table 2.5.1 shows the engagement mean scores broken down by ethnic background.
- 2.5.2 The highest average overall engagement and staff advocacy in both years are reported by Black African employees. The highest motivation is reported by Indian staff in both years, while the highest involvement by White Irish in 2009 and Black African in 2010.
- 2.5.3 The lowest overall engagement is observed among the Mixed White and Black Caribbean staff in 2009 and by employees in the Other Black category in 2010. Staff advocacy was lowest for Other White employees in 2009 and for Mixed White and Asian in 2010. Motivation was lowest among Mixed White and Black Caribbean employees in 2006 and among Black Caribbean 2010. Involvement was lowest for employees in the Other Black category in both years.
- 2.5.4 The highest positive change on overall engagement (.08), staff advocacy (.10) and motivation (.12) is observed for the Mixed White and Black Caribbean employees, while Indian employees had the largest increase in involvement (.06).
- 2.5.5 The highest negative change on overall engagement (.06) and motivation (.13) is observed among Bangladeshi employees, and on staff advocacy (.06) and involvement (.04) among Mixed White and Asian.
- 2.5.6 Graphs 2.5.1 – 2.5.4 show the mean scores on the 4 engagement indicators by narrow ethnic background categories.

Table 2.5.1: Change In Employee Engagement by Ethnic Background (narrow categories) <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Ethnic Background	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
White British	3.64	3.63	3.49	3.48	3.83	3.79	3.60	3.61
White Irish	3.73	3.72	3.52	3.52	4.00	3.97	3.67	3.67
Other White	3.63	3.60	3.47	3.48	3.84	3.79	3.57	3.54
Mixed: White and Black Caribbean	3.57	3.65	3.45	3.55	3.66	3.78	3.60	3.62
Mixed: White and Black African	3.71	3.70	3.64	3.62	3.89	3.85	3.60	3.62
Mixed: White and Asian	3.62	3.58	3.48	3.42	3.80	3.77	3.60	3.56
Any other mixed background	3.61	3.60	3.49	3.49	3.82	3.79	3.54	3.53
Indian	3.77	3.80	3.62	3.65	4.13	4.12	3.57	3.63
Pakistani	3.74	3.74	3.61	3.64	4.04	3.98	3.56	3.61
Bangladeshi	3.76	3.70	3.64	3.63	4.00	3.87	3.63	3.61
Other Asian	3.83	3.83	3.76	3.77	4.11	4.09	3.64	3.64
Black Caribbean	3.64	3.64	3.61	3.60	3.79	3.76	3.54	3.56
Black African	3.86	3.88	3.89	3.90	4.02	4.04	3.66	3.70
Other Black	3.63	3.59	3.56	3.51	3.83	3.77	3.50	3.48
Chinese	3.69	3.67	3.57	3.60	3.91	3.84	3.59	3.57
Other	3.74	3.73	3.63	3.64	3.99	3.96	3.60	3.58

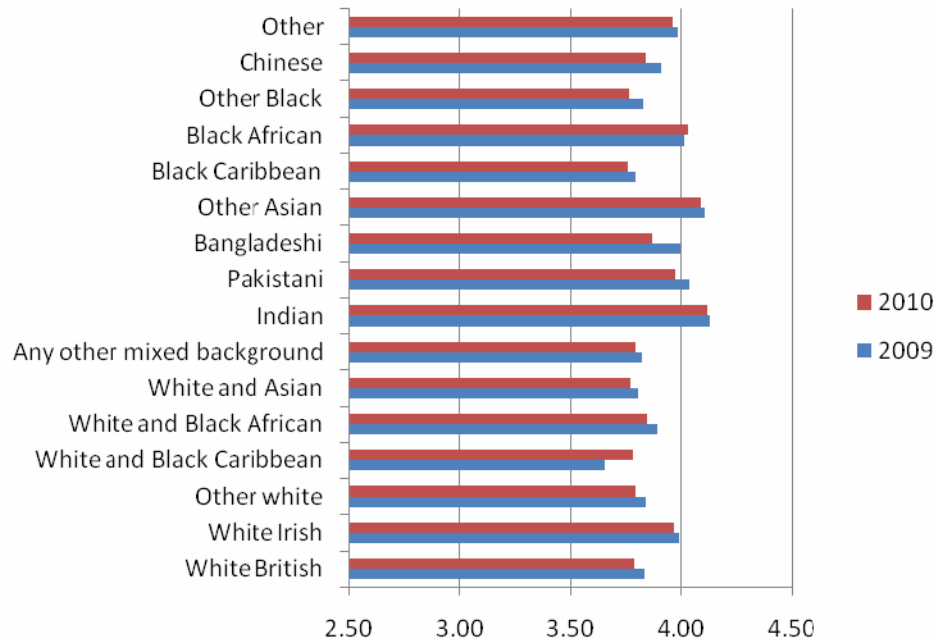
Graph 2.5.1: Change in Overall Engagement by Ethnic Background (narrow categories)



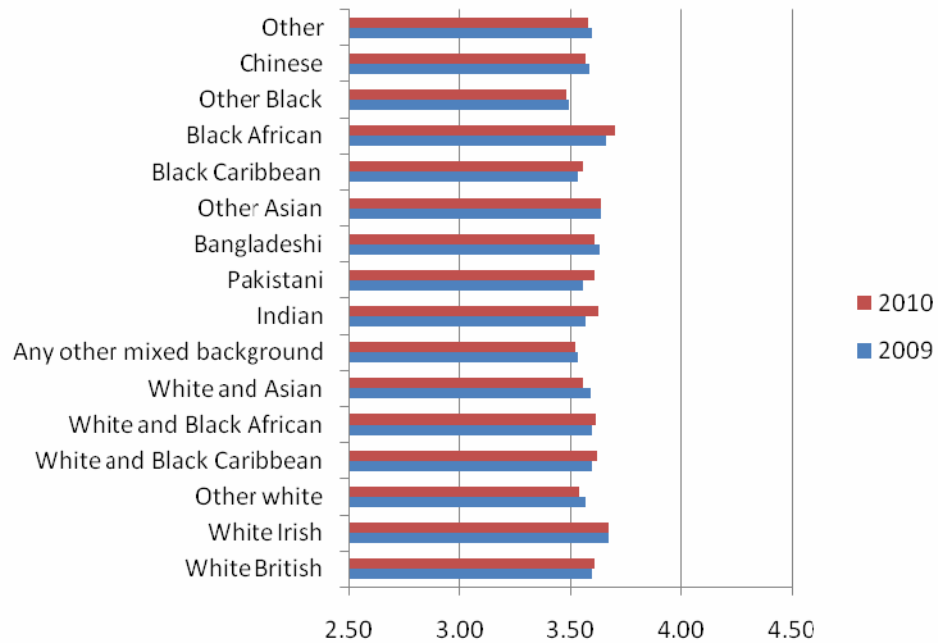
Graph 2.5.2: Change in Staff Advocacy by Ethnic Background (narrow categories)



**Graph 2.5.3: Change in Motivation by Ethnic Background
(narrow categories)**



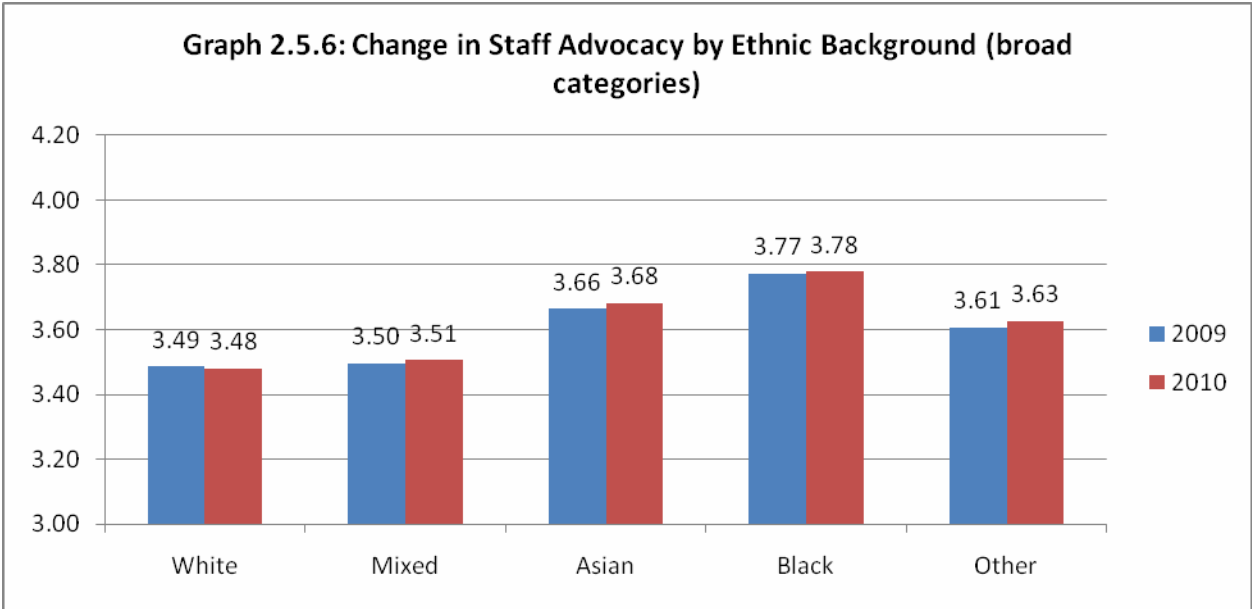
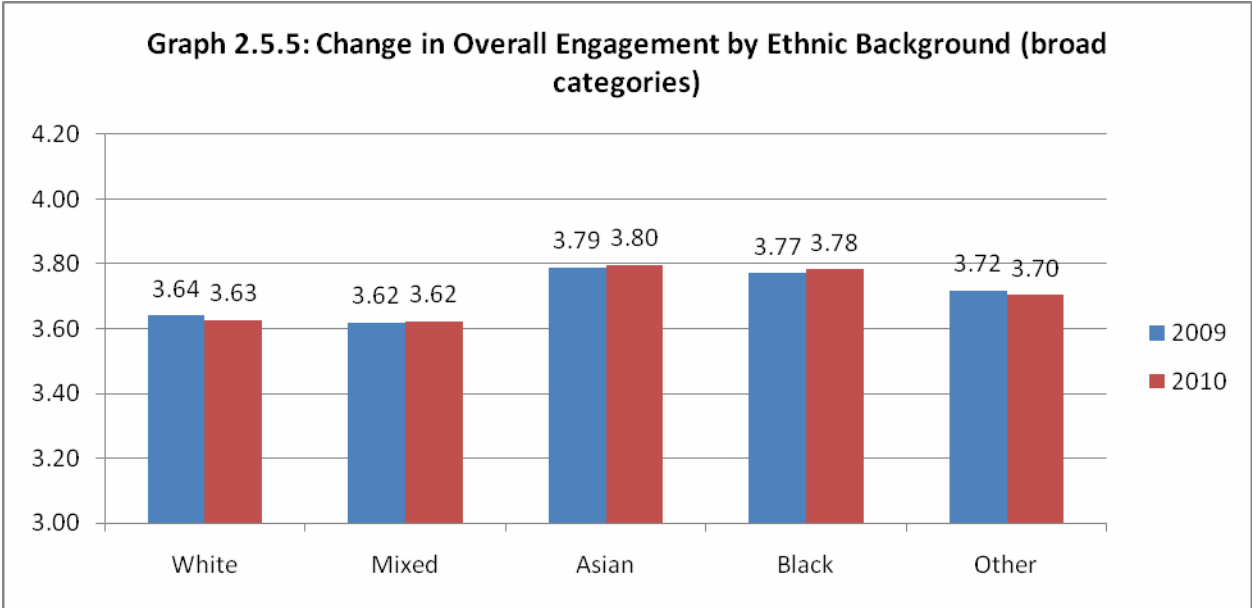
**Graph 2.5.4: Change in Involvement by Ethnic Background
(narrow categories)**



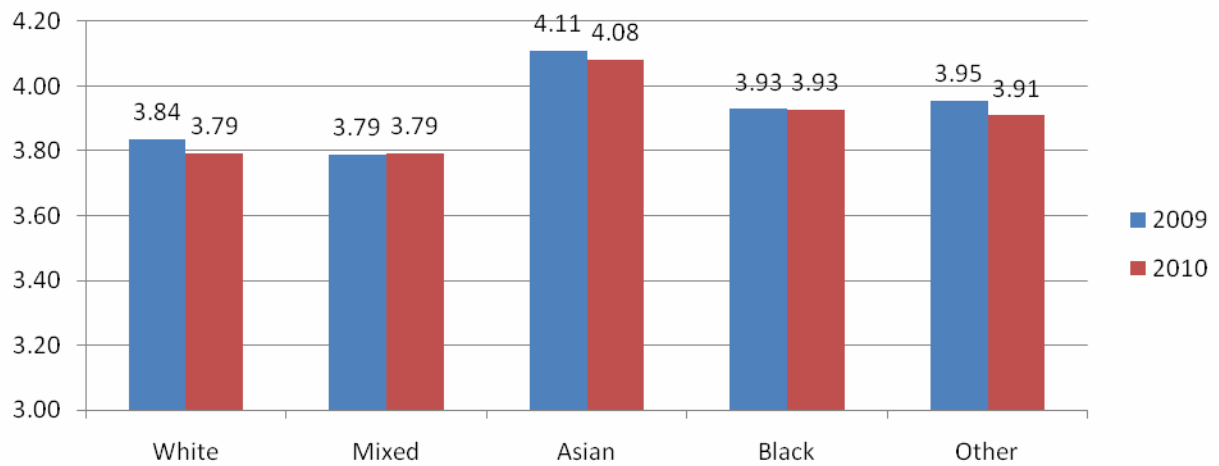
Broad Categories of Ethnic Background

- 2.5.7 Table 2.5.2 shows the mean engagement scores in 2009 and 2010 broken down by broad ethnic background categories.
- 2.5.8 Asian employees reported the highest overall engagement and motivation in both years. The highest staff advocacy and involvement in both years is reported by Black employees.
- 2.5.9 The highest positive change on overall engagement is observed among Black employees (.01). Staff advocacy increased most among employees in the Other ethnic background category (.02). The highest positive change in motivation is observed among employees of mixed ethnic background and Black; in this case the highest change was zero, indicating that in the other categories there was a decrease in motivation. Asian employees had the highest improvement in involvement between 2009 and 2010.
- 2.5.10 The highest negative change in overall engagement, motivation and involvement is observed among employees in the Other category (.02, .04 and .01 respectively). The highest decrease in staff advocacy was among White employees.
- 2.5.11 Graphs 2.5.5 – 2.5.8 show the mean engagement scores by broad ethnic background categories.

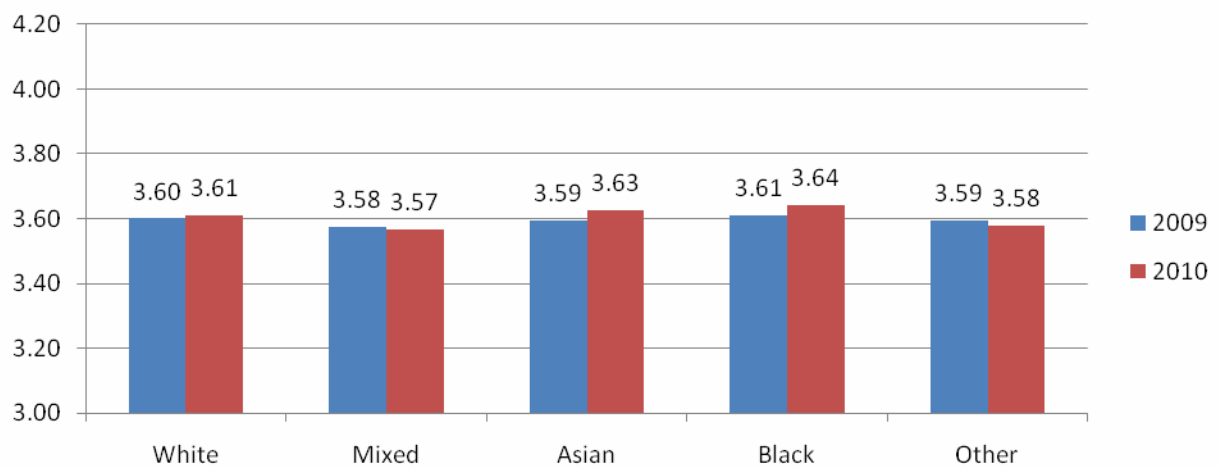
Table 2.5.2: Change In Employee Engagement by Ethnic Background (broad categories)								
bold green=highest score; bold red=lowest score								
green border=highest positive change; red border=highest negative change								
Ethnic Background	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
White	3.64	3.63	3.49	3.48	3.84	3.79	3.60	3.61
Mixed	3.62	3.62	3.50	3.51	3.79	3.79	3.58	3.57
Asian	3.79	3.80	3.66	3.68	4.11	4.08	3.59	3.63
Black	3.77	3.78	3.77	3.78	3.93	3.93	3.61	3.64
Other	3.72	3.70	3.61	3.63	3.95	3.91	3.59	3.58



Graph 2.5.7: Change in Motivation by Ethnic Background (broad categories)



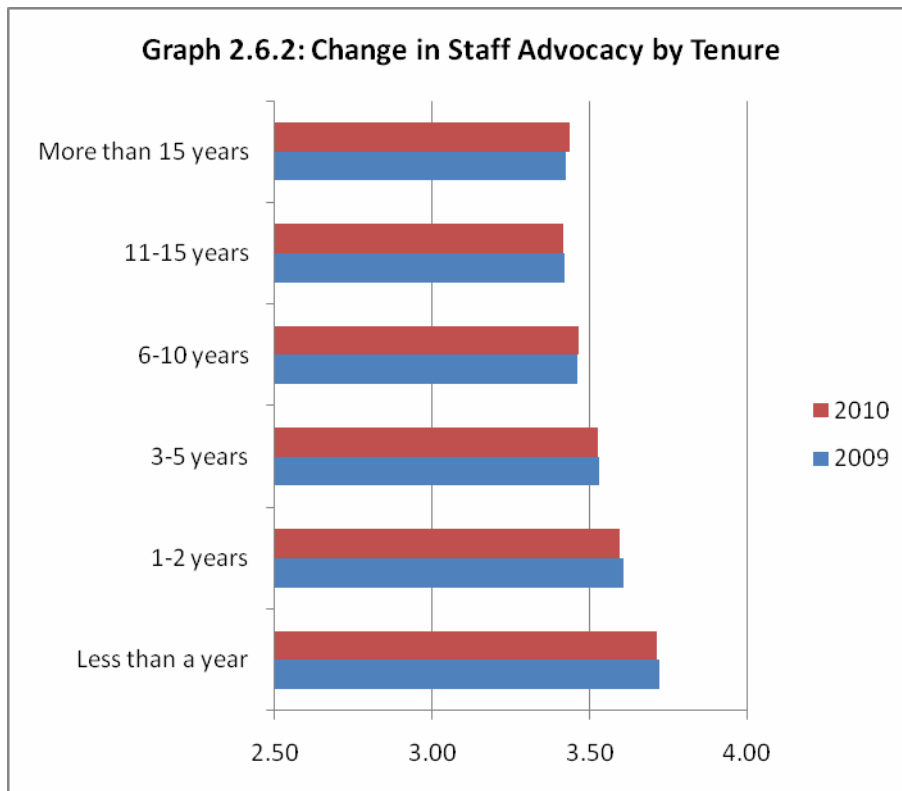
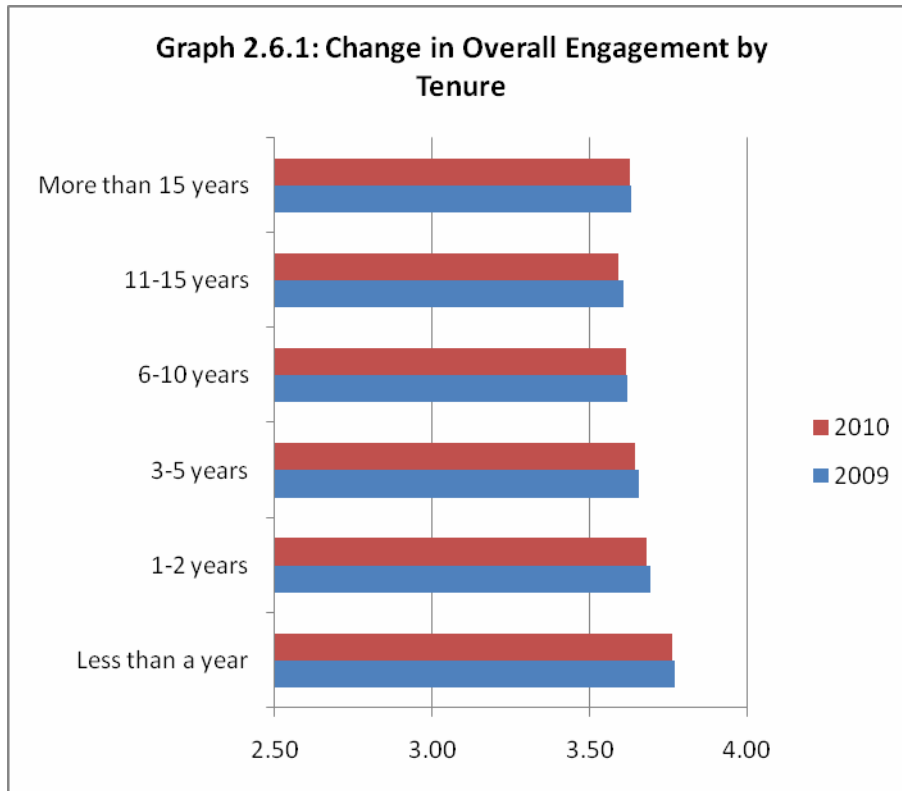
Graph 2.5.8: Change in Involvement by Ethnic Background (broad categories)

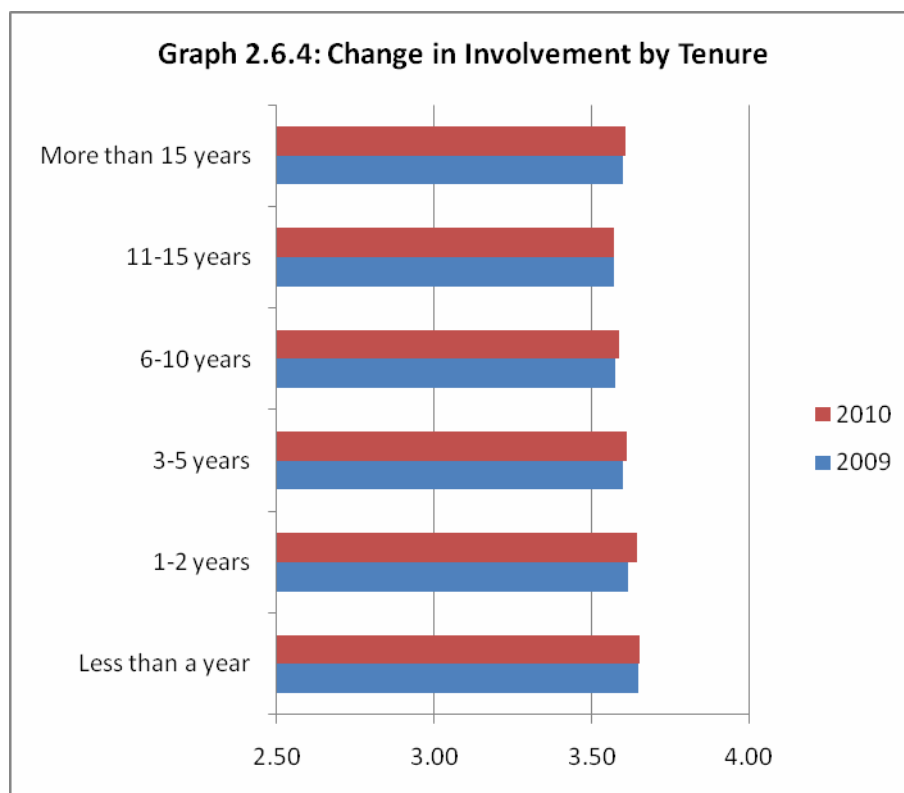
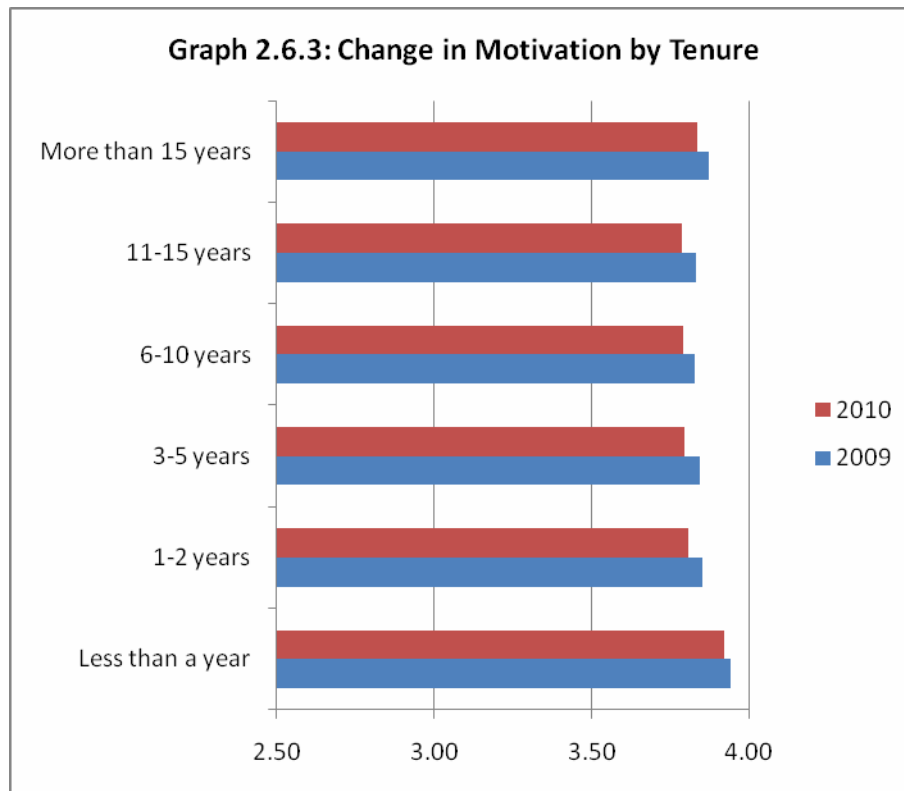


2.6. Change by Tenure

- 2.6.1 Table 2.6.1 shows the mean engagement scores in 2009 and 2010 broken down by tenure; that is the length of time employees have spent working for their Trust.
- 2.6.2 The highest scores on all engagement indicators across both years is observed among staff who have worked less than one year for their Trust.
- 2.6.3 The lowest scores on all indicators across both years are reported by employees with 11-15 years of tenure. Equally low is the staff advocacy mean score among employees with over 15 years tenure, and on motivation among employees who have worked 6-10 years with their trust.
- 2.6.4 The highest positive change in overall engagement (.00) and staff advocacy (.02) is observed among employees who have organisational tenure of over 15 years. Motivation decreased across all tenure ranges, with the least decrease among employees who worked less than one year in their trust (.02). The highest increase in involvement is reported by employees with 1-2 years of tenure.
- 2.6.5 The highest decrease in overall engagement is reported by employees with 11-15 years of tenure (.02), in staff advocacy by those with less than 1 year tenure (.00), in motivation by those with 1-2 years tenure, and in involvement by those with 11-15 years of tenure.
- 2.6.6 Graphs 2.6.1 – 2.6.4 show the mean engagement scores broken down by length of service with the organisation.

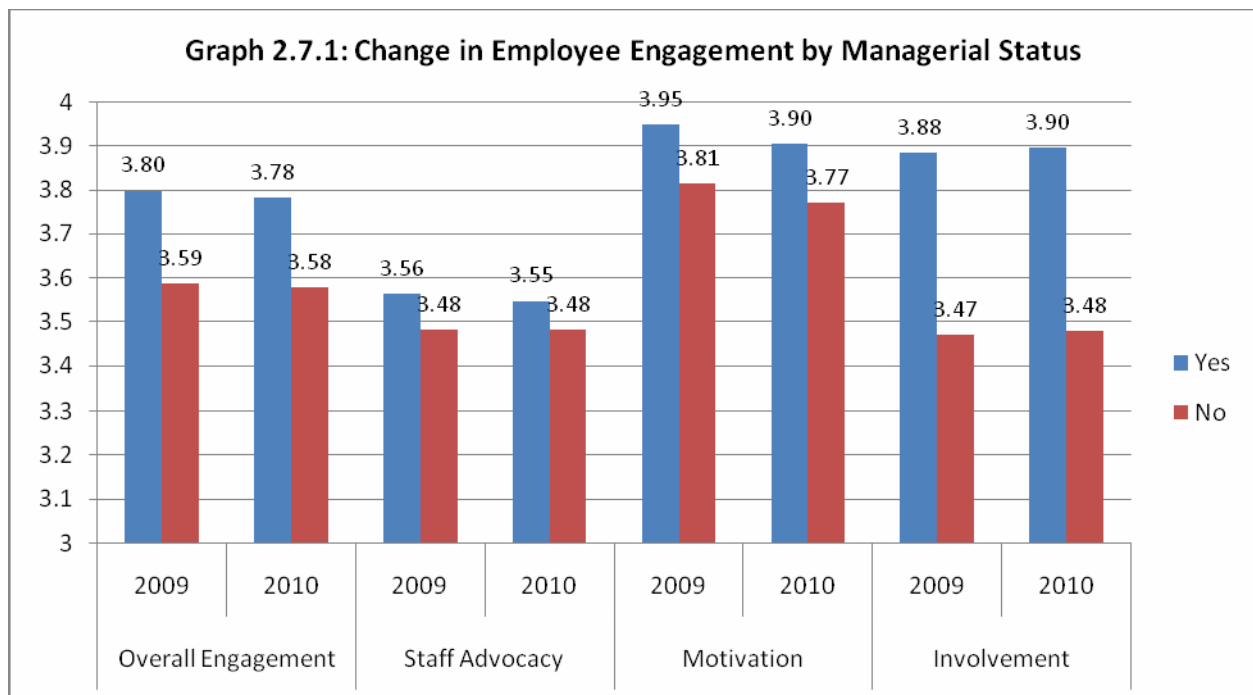
Table 2.6.1: Change In Employee Engagement by Tenure <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Tenure	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
Less than a year	3.77	3.76	3.72	3.72	3.94	3.92	3.65	3.65
1-2 years	3.69	3.68	3.61	3.60	3.85	3.81	3.61	3.64
3-5 years	3.66	3.65	3.53	3.53	3.84	3.80	3.60	3.61
6-10 years	3.62	3.61	3.46	3.46	3.83	3.79	3.58	3.59
11-15 years	3.61	3.59	3.42	3.42	3.83	3.79	3.57	3.57
More than 15 years	3.63	3.63	3.42	3.44	3.87	3.84	3.60	3.61





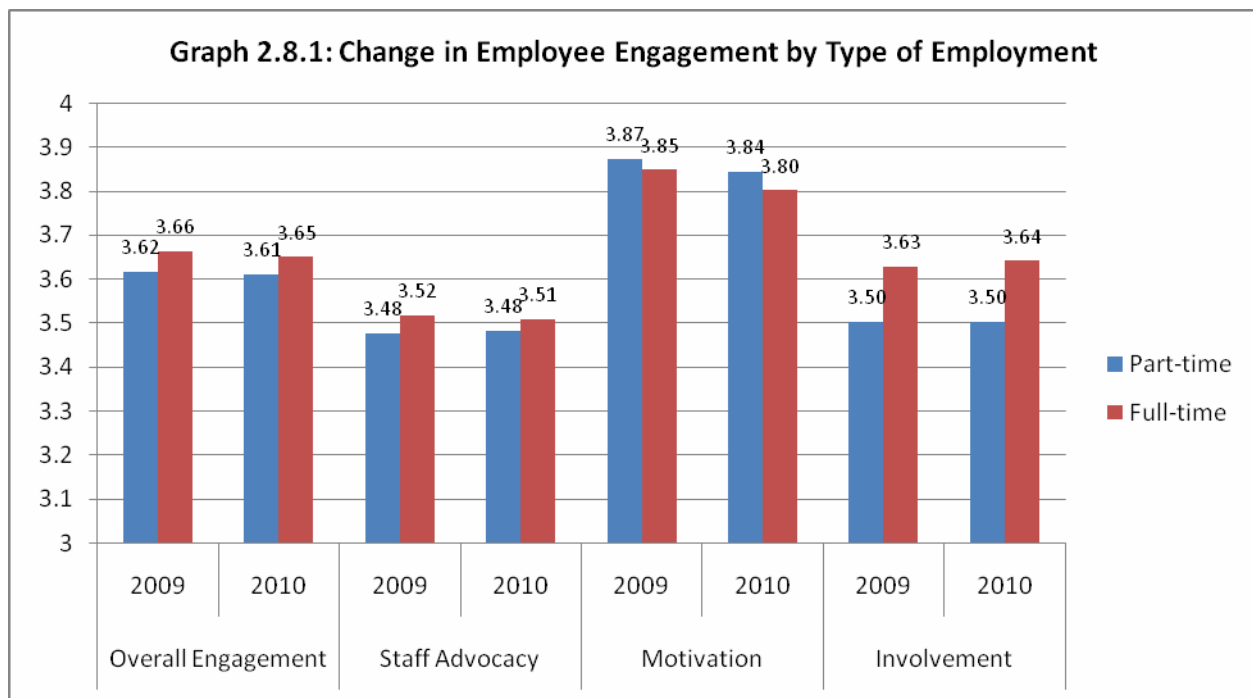
2.7. Change by Managerial Status

- 2.7.1 Graph 2.7.1 presents the average engagement scores in the NHS for employees in managerial and non-managerial positions.
- 2.7.2 In general, employees in managerial positions tend to score markedly higher on all engagement indicators, with the highest difference between managers and non-managers being in their levels of involvement in both 2009 (difference in means of .41) and 2010 (difference in means of .42).
- 2.7.3 In terms of overall engagement there was a decrease for both managers and non-managers between 2009 and 2010 at a level of .02 and .01 respectively.
- 2.7.4 Staff advocacy also decreased in both groups. Among managers we observe a large decrease of .22, while among non-managers a much smaller decrease of .10.
- 2.7.5 Managers reported a lower motivation level between 2009 and 2010 by .05. Similarly, the decrease among non-managers was .04.
- 2.7.6 Involvement increased slightly in both groups, by .02 for managers and .01 for non-managers.



2.8. Change by Type of Employment (Full-time vs. Part-time)

- 2.8.1 Graph 2.8.1 presents the mean engagement scores for employees in full-time and those in part-time employment.
- 2.8.2 The largest difference between the two groups is observed in their levels of involvement in both 2009 and 2010, which was .13 and .14 respectively with full-time employees reporting higher levels of involvement.
- 2.8.3 Of all the measured engagement indicators part-time employees scored consistently higher over the two years only on motivation, with the difference between the two groups at .02 in 2009 and .04 in 2010.
- 2.8.4 Full-time employees scored higher than part-time employees on the overall engagement measures. Means scores of both groups decreased in 2010 by .01.
- 2.8.5 Staff advocacy decreased among full-time employees by .01, while for part-time employees it remained constant from 2009 to 2010.
- 2.8.6 Motivation levels decreased among both groups by .03.
- 2.8.7 Involvement remained the same for part-time employees, while it increased by .01 for full-time staff.



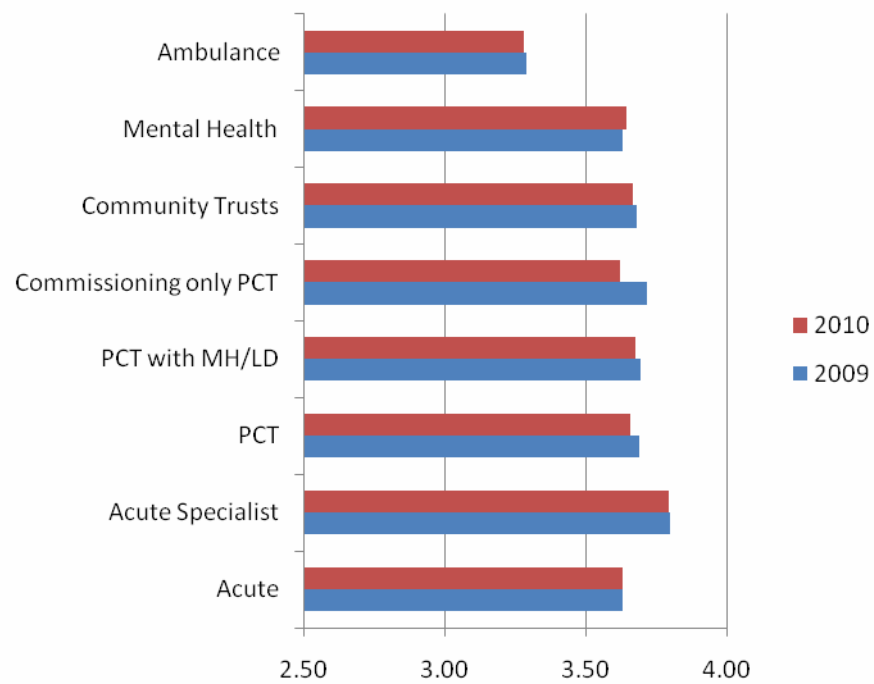
2.9. Change by Trust Type

- 2.9.1 Table 2.9.1 presents the mean engagement scores in Trusts, categorized by trust type.
- 2.9.2 Staff in Acute Specialist trusts reported the highest overall engagement and advocacy in both 2009 and 2010, as well the highest motivation in 2010. The highest motivation in 2009 was reported by PCT staff, while the highest involvement in both years was reported by Commissioning only PCTs.
- 2.9.3 The lowest scores on all indicators in both years were reported by employees working for Ambulance trusts.
- 2.9.4 The highest increase in overall engagement is observed in Mental Health trusts (.01), the highest staff advocacy increase in Ambulance trusts (.05), the lowest motivation decrease in Acute Specialist trusts (.01), and the highest involvement decrease in PCTs with MH/LD.
- 2.9.5 The highest negative change across all engagement indicators is observed among the Commissioning only PCTs. It must be noted that the Commissioning only trusts are a category added in 2010. The same is true for Community trusts, which only came to existence in December 2010. Although 2009 data is available for staff of these trusts, these trusts had not yet undergone any changes during 2009. Their scores therefore should be interpreted with caution.
- 2.9.6 Graphs 2.9.1 – 2.9.4 present the mean scores for each engagement indicator broken down by trust type.

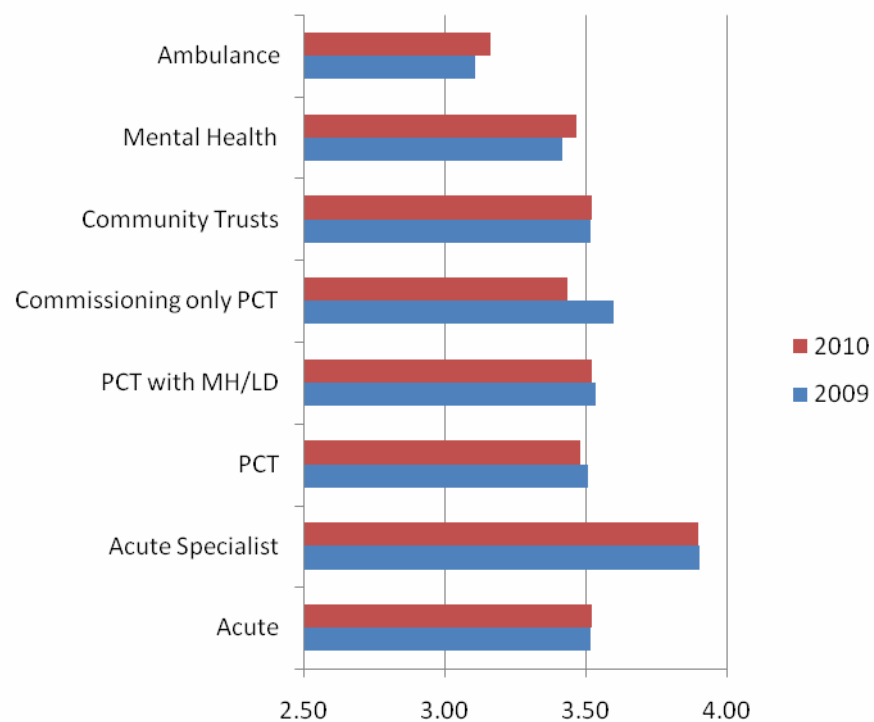
Table 2.9.1: Change In Employee Engagement by Trust Type <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Trust Type	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
Acute	3.63	3.63	3.52	3.52	3.85	3.83	3.53	3.54
Acute Specialist	3.80	3.79	3.90	3.90	3.86	3.85	3.64	3.63
PCT	3.69	3.66	3.51	3.48	3.89	3.82	3.68	3.67
PCT with MH/LD ²	3.69	3.67	3.53	3.52	3.87	3.81	3.67	3.70
Commissioning only PCT	3.72	3.62	3.60	3.43	3.79	3.68	3.76	3.75
Community Trusts	3.68	3.67	3.51	3.52	3.88	3.84	3.64	3.64
Mental Health	3.63	3.64	3.42	3.47	3.84	3.82	3.64	3.64
Ambulance	3.29	3.28	3.11	3.16	3.73	3.64	3.02	3.02

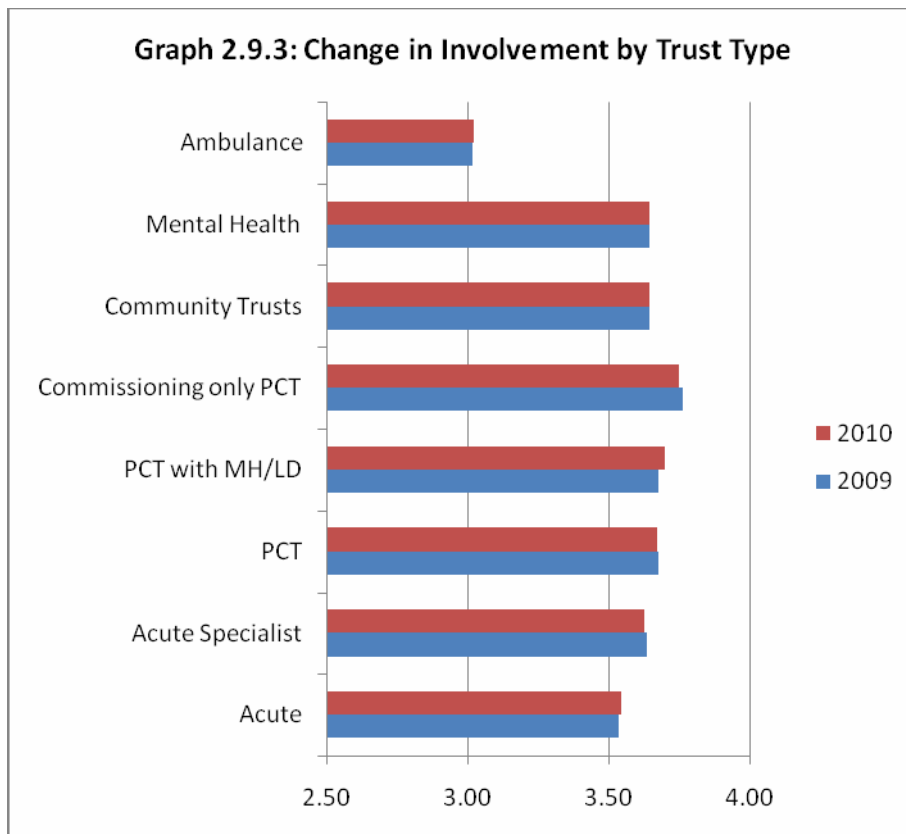
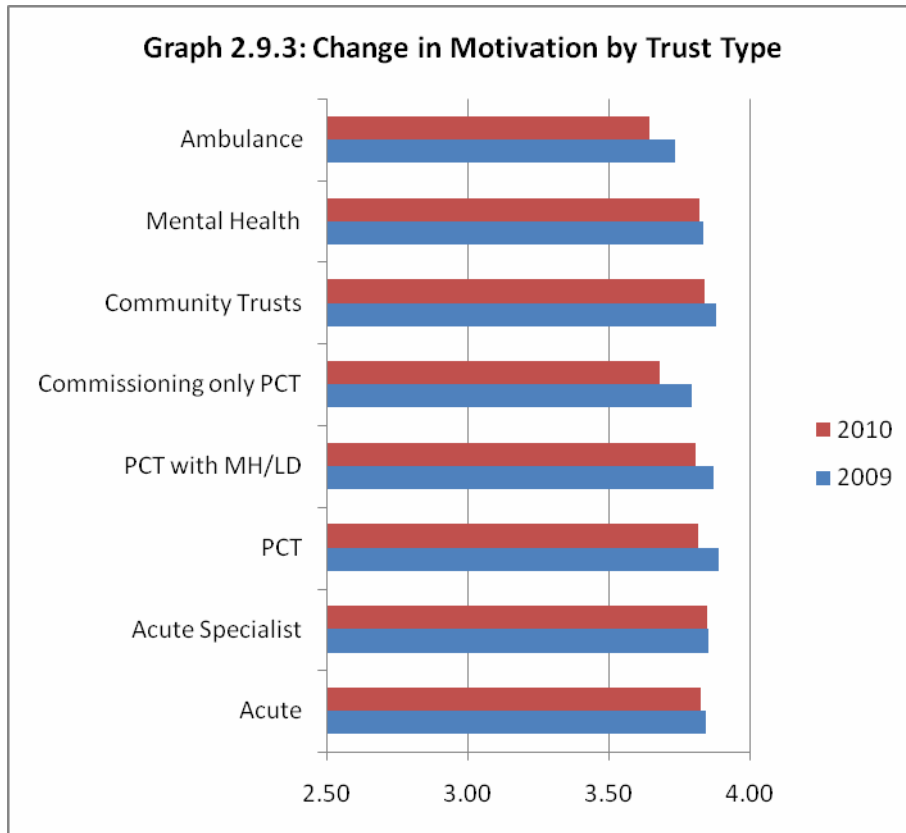
² Mental Health / Learning Disabilities

Graph 2.9.1: Change in Overall Engagement by Trust Type



Graph 2.9.2: Change in Staff Advocacy by Trust Type





2.10. Change by Occupational Group within Trust Types

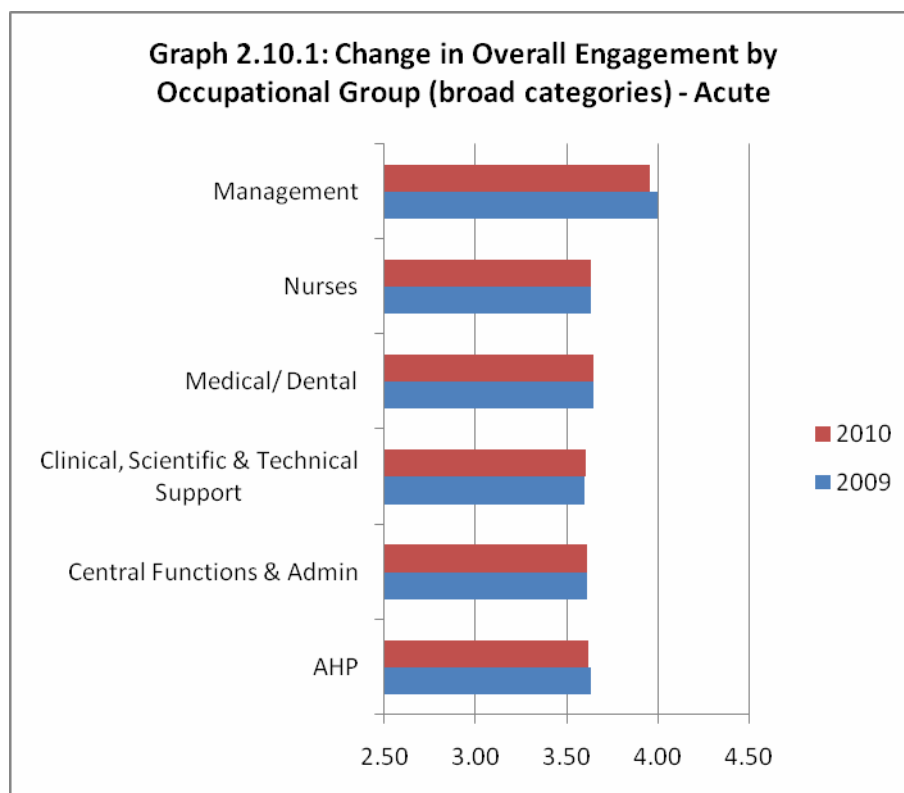
- Section 2.10 is concerned with a more detailed analysis of average employee engagement in each trust type. The average scores in the six trust types are presented separately, broken down by occupational group categories.
- For this analysis the eight broad occupational group categories are used. Not all occupational groups are employed by each trust type. Therefore a smaller number of groups are presented for some trust types.

Acute Trusts

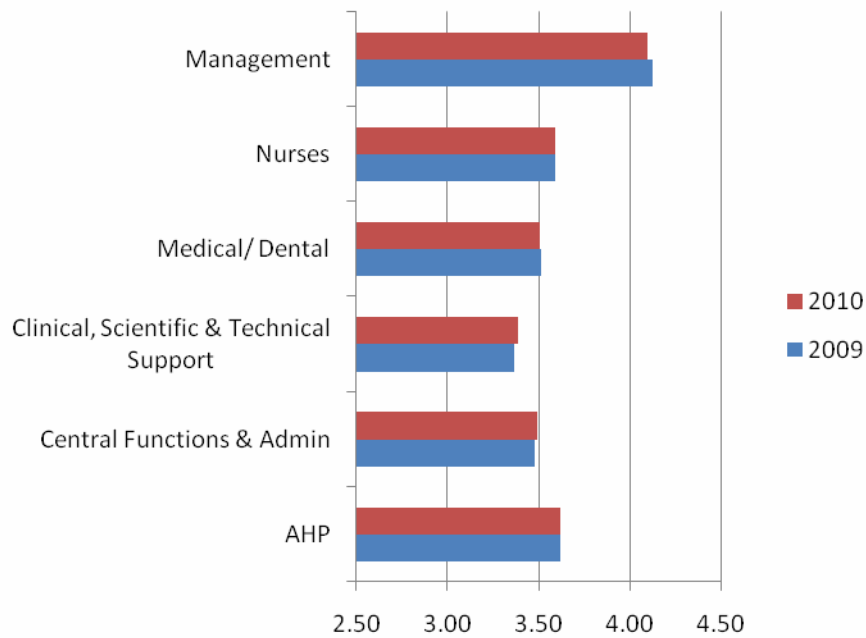
- 2.10.1 Table 2.10.1 presents engagement mean scores in acute trusts by occupational group.
- 2.10.2 The highest scores on all engagement indicators are observed among the Management staff over both years.
- 2.10.3 The lowest scoring occupational group on overall engagement and involvement for both years is the Clinical, Scientific and Technical Support. On staff advocacy the lowest scores are observed among Nurses and on motivation among AHPs for both years.
- 2.10.4 There was no increase in overall engagement in any occupational group; its level remained constant among Central Functions and Administrative staff, Clinical, Scientific and Technical Support staff, Medical / Dental staff and Nurses. The highest positive change in staff advocacy is observed for the Medical / Dental staff (.05). Motivation decreased among all occupational groups in acute trusts, with the lowest decrease of .01 observed for Clinical, Scientific and Technical Support staff and for Nurses. The highest positive change on involvement is observed among Clinical, Scientific and Technical Support staff.
- 2.10.5 The highest decrease in mean scores between 2009 and 2010 across all engagement indicators was among Management staff, with decreases of .04 in overall engagement, .06 in staff advocacy, .04 in motivation, and .02 in involvement.
- 2.10.6 Graphs 2.10.1 – 2.10.4 show the average engagement scores in acute trusts by occupational group.

Table 2.10.1: Change In Employee Engagement by Occupational Group (broad categories) – Acute
bold green=highest score; bold red=lowest score
green border=highest positive change; red border=highest negative change

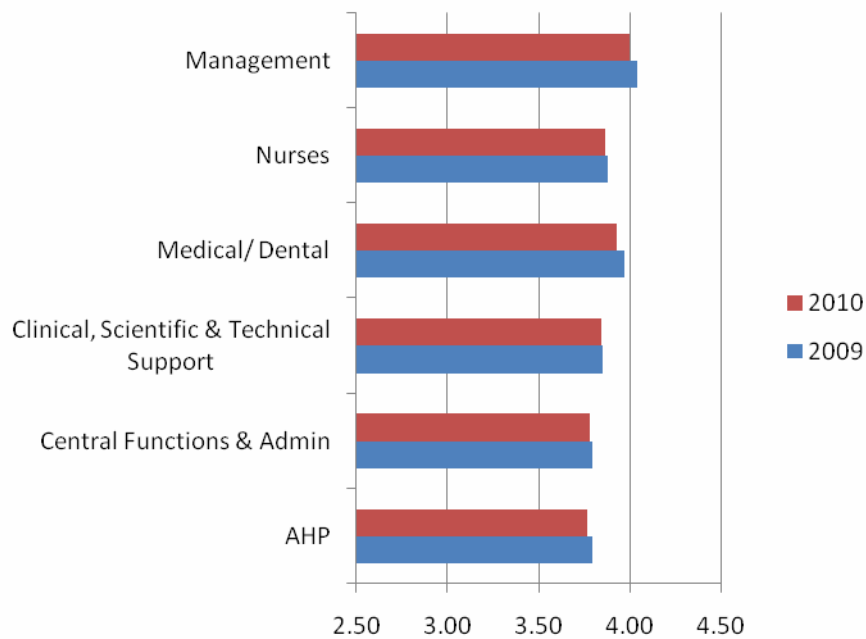
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.63	3.62	3.49	3.48	3.79	3.76	3.62	3.62
Central Functions & Admin	3.62	3.62	3.57	3.57	3.80	3.78	3.48	3.49
Clinical, Scientific & Technical Support	3.60	3.60	3.58	3.58	3.85	3.84	3.37	3.39
Medical/ Dental	3.65	3.65	3.46	3.51	3.97	3.93	3.52	3.51
Nurses	3.64	3.64	3.44	3.45	3.88	3.87	3.59	3.59
Management	4.00	3.96	3.83	3.77	4.04	4.00	4.12	4.10



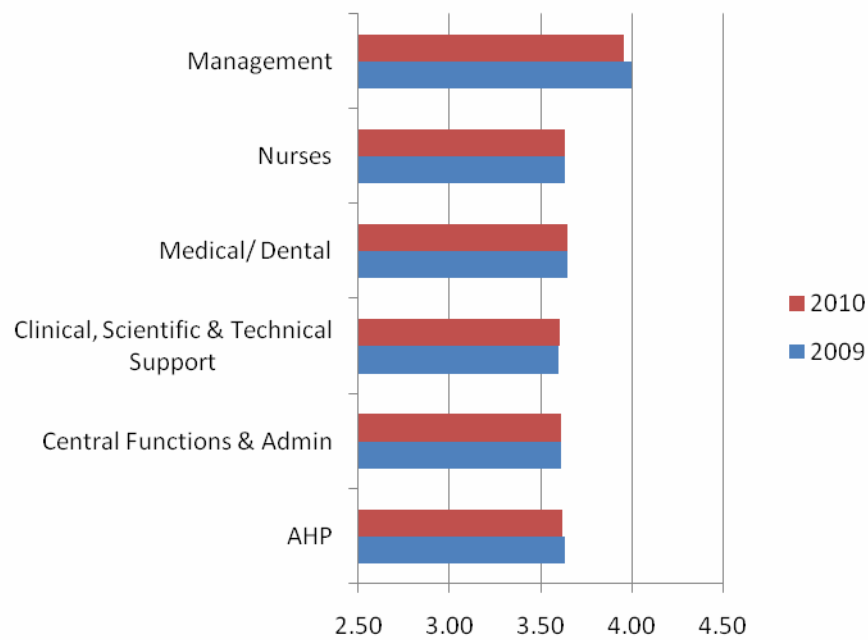
Graph 2.10.2: Change in Staff Advocacy by Occupational Group (broad categories) - Acute



Graph 2.10.3: Change in Motivation by Occupational Group (broad categories) - Acute



Graph 2.10.4: Change in Involvement by Occupational Group (broad categories) - Acute

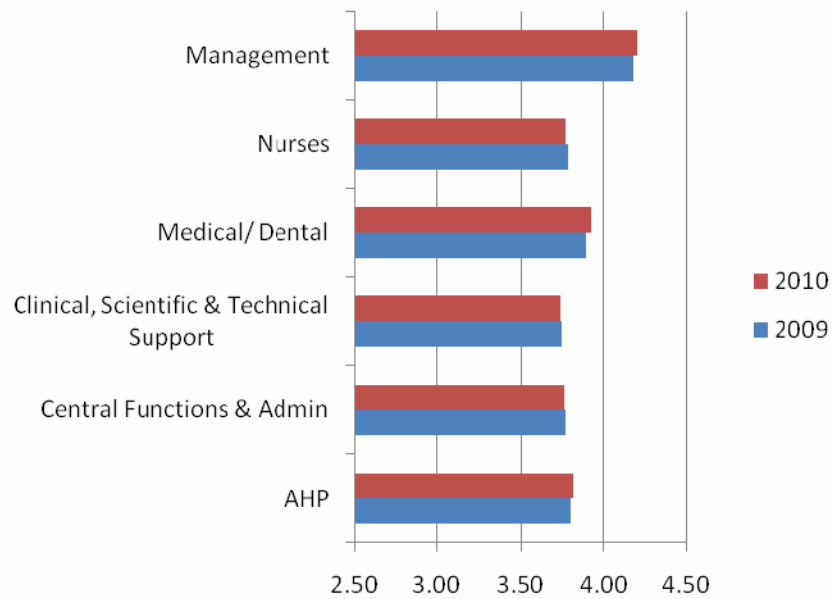


Acute Specialist Trusts

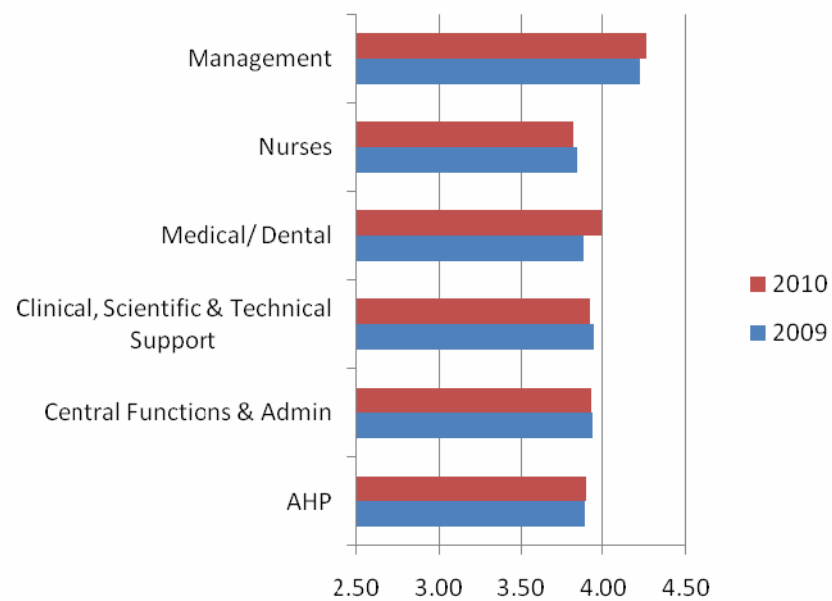
- 2.10.7 Table 2.10.6 shows the mean engagement scores by occupational group in Acute Specialist trusts.
- 2.10.8 Consistently across the two years the highest scores were reported by staff in Management across all engagement indicators.
- 2.10.9 In both years the lowest overall engagement, staff advocacy and involvement was reported by Nurses. Central Functions and Administrative staff reported the lowest levels of motivation in both years.
- 2.10.10 Medical / Dental staff had the highest positive change in scores on overall engagement (.03) and staff advocacy (.12). Motivation increased the most among AHPs (.02), while Involvement among Management (.04).
- 2.10.11 The highest decrease in ratings on overall engagement, staff advocacy and involvement was in the Nurses' scores, by .02, .02 and .03 respectively. Central Functions and Administrative staff had the highest decrease in motivation between the two years in Acute Specialist trusts.
- 2.10.12 Graphs 2.10.21 – 2.10.24 show the mean scores by occupational group for Acute Specialist trusts.

Table 2.10.6: Change In Employee Engagement by Occupational Group (broad categories) – Acute Specialist <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.80	3.82	3.89	3.90	3.81	3.83	3.72	3.73
Central Functions & Admin	3.77	3.76	3.94	3.93	3.78	3.77	3.58	3.59
Clinical, Scientific & Technical Support	3.75	3.74	3.94	3.92	3.85	3.87	3.45	3.43
Medical/ Dental	3.89	3.92	3.88	4.00	4.07	4.08	3.72	3.70
Nurses	3.79	3.77	3.84	3.82	3.89	3.88	3.64	3.61
Management	4.17	4.20	4.23	4.26	4.10	4.10	4.18	4.23

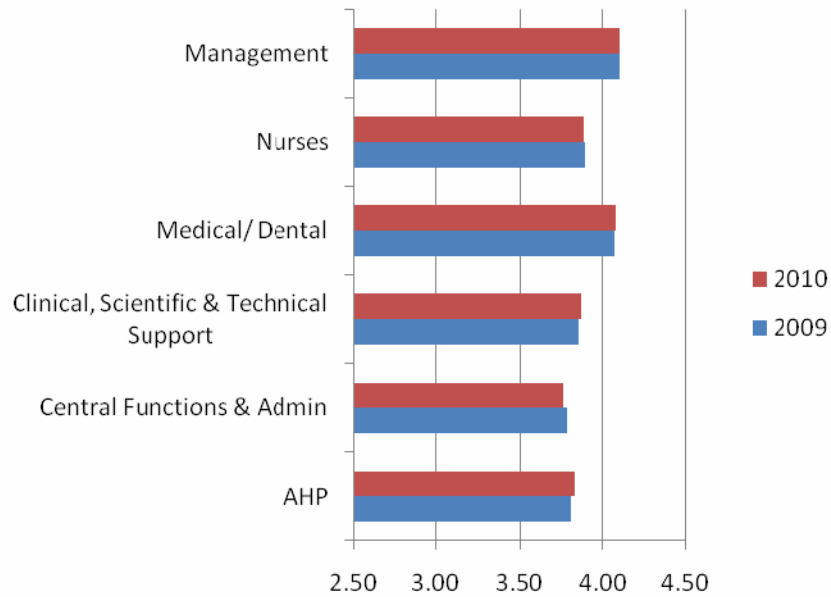
Graph 2.10.21: Change in Overall Engagement by Occupational Group (broad categories) - Acute Specialist



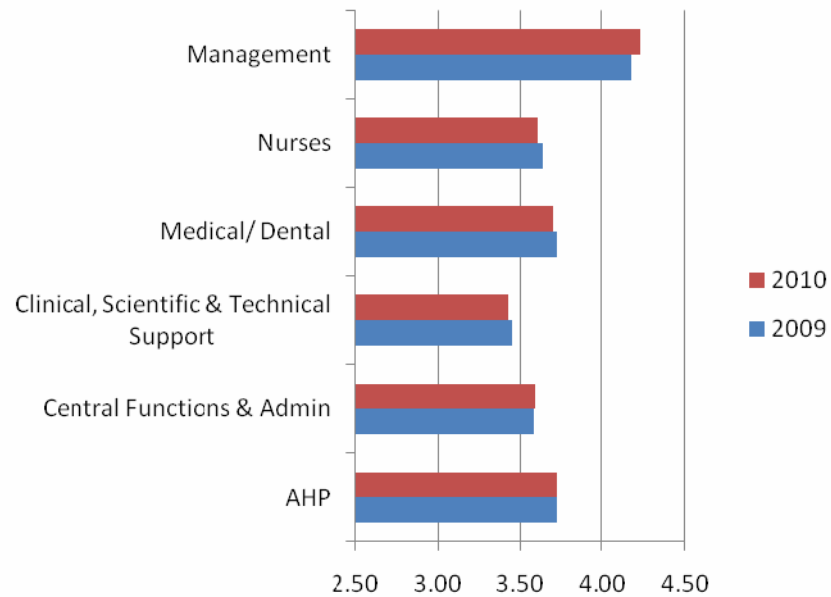
Graph 2.10.22: Change in Staff Advocacy by Occupational Group (broad categories) - Acute Specialist



Graph 2.10.23: Change in Motivation by Occupational Group (broad categories) - Acute Specialist



Graph 2.10.24: Change in Involvement by Occupational Group (broad categories) - Acute Specialist



PCTs

2.10.13 Table 2.10.2 presents the mean engagement scores in PCTs broken down by occupational group.

2.10.14 In PCTs employees in the Management category scored the highest on overall engagement and involvement across 2009 and 2010, and on staff advocacy in 2009. Staff advocacy in 2010, as well as motivation in both years was highest among Clinical, Scientific and Technical Support staff.

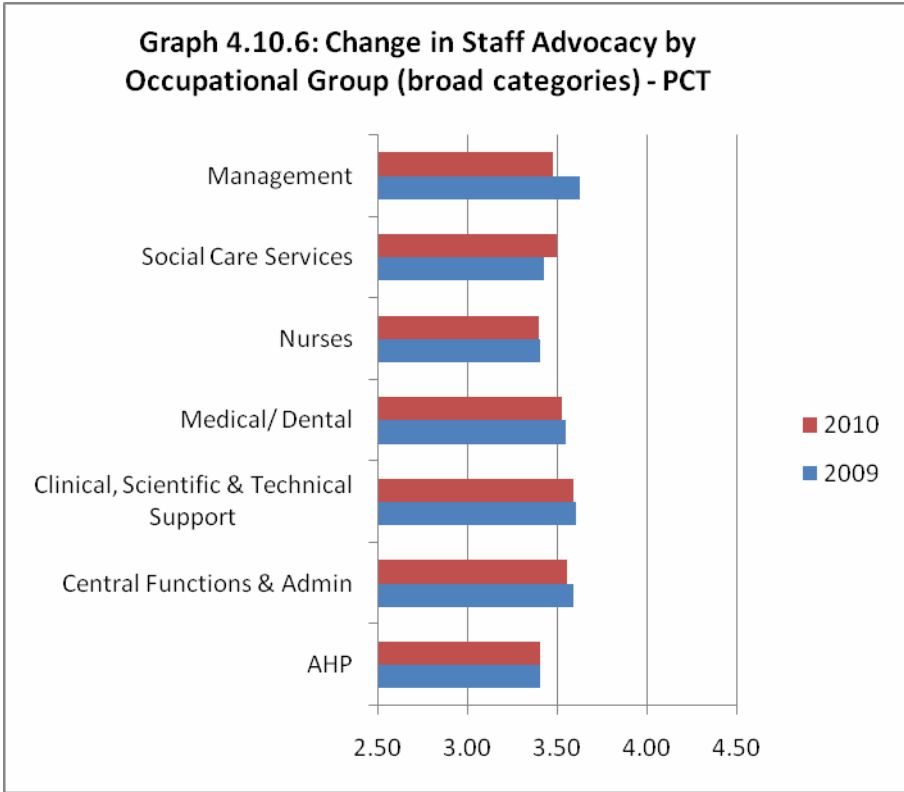
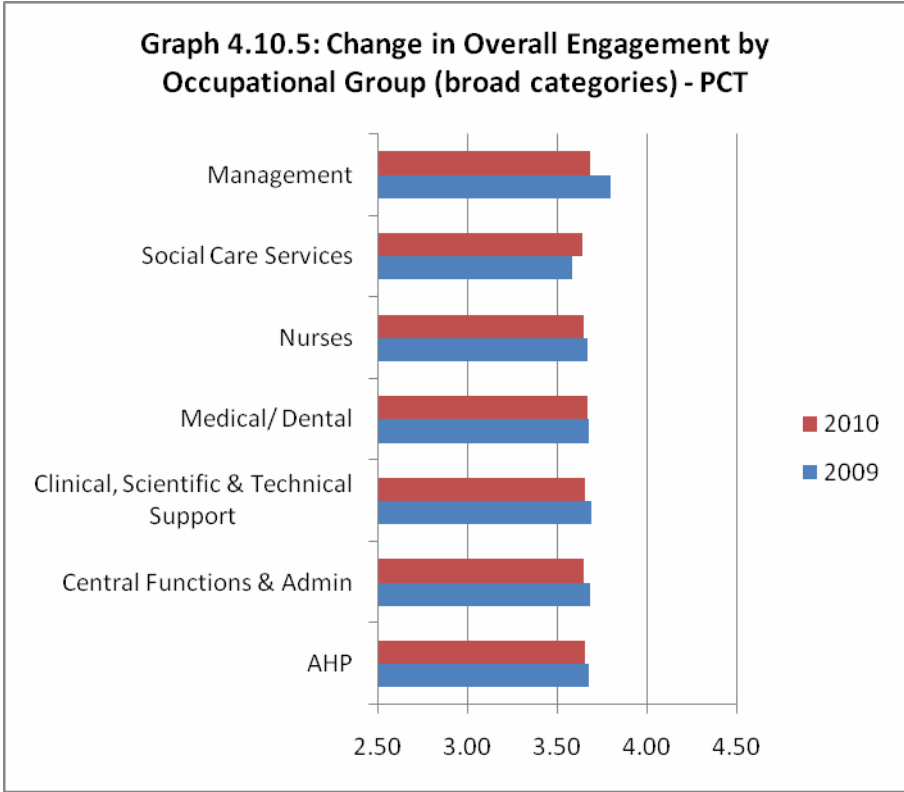
2.10.15 Social Care Services staff scored the lowest on overall engagement across both years. The lowest scores on staff advocacy are observed among AHPs and Nurses over both years. In 2009 the lowest motivation levels were reported by Central Functions and Administrative staff, while in 2010 by Management. Involvement was lowest among Social Care Services in 2009 and among Clinical, Scientific and Technical Support staff in 2010.

2.10.16 The highest positive change on all engagement indicators in PCTs is observed for the Social Care Services staff, with an increase of .08 in overall engagement, .08 in staff advocacy, .05 in motivation and .05 in involvement.

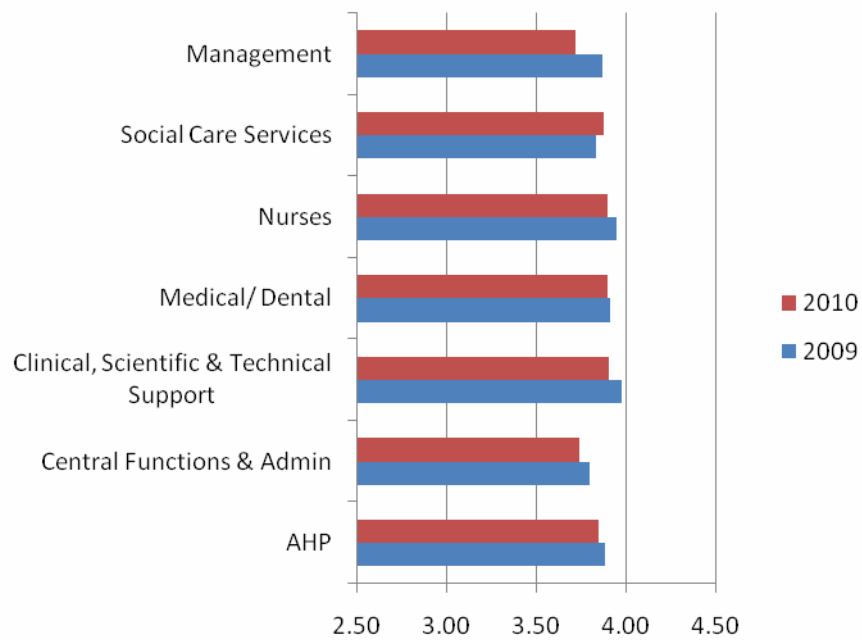
2.10.17 The highest negative changes are observed for the Management group across all engagement indicators, with a decrease of .12 in overall engagement, .15 in staff advocacy, .15 in motivation and .04 in involvement.

2.10.18 Graphs 2.10.5 – 2.10.8 show the mean scores of the different occupational groups in PCTs.

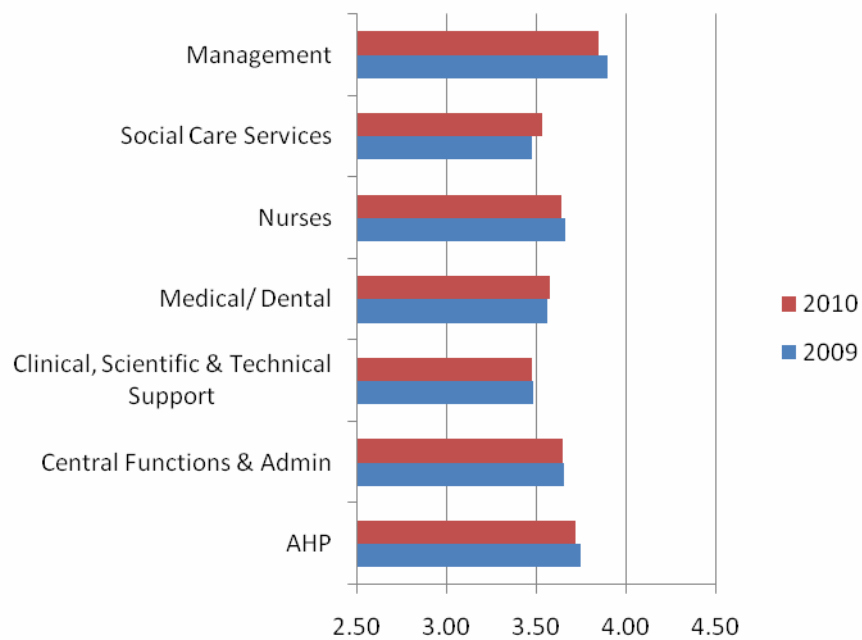
Table 2.10.2: Change In Employee Engagement by Occupational Group (broad categories) – PCT <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.68	3.66	3.40	3.40	3.89	3.85	3.75	3.72
Central Functions & Admin	3.68	3.65	3.59	3.55	3.80	3.74	3.65	3.65
Clinical, Scientific & Technical Support	3.69	3.66	3.60	3.59	3.98	3.91	3.49	3.47
Medical/ Dental	3.67	3.67	3.55	3.53	3.92	3.90	3.56	3.58
Nurses	3.67	3.65	3.40	3.40	3.95	3.90	3.66	3.64
Social Care Services	3.58	3.64	3.42	3.50	3.83	3.88	3.48	3.53
Management	3.80	3.68	3.63	3.48	3.87	3.72	3.89	3.85



Graph 4.10.7: Change in Motivation by Occupational Group (broad categories) - PCT



Graph 4.10.8: Change in Involvement by Occupational Group (broad categories) - PCT



PCTs with MH/LD

2.10.19 Table 2.10.5 presents the mean engagement scores by occupational group in PCTs with MH/LD

2.10.20 In 2009 the highest overall engagement was among the Management group of staff. Three occupational groups have equal scores which are the highest of all groups on overall engagement; these are AHPs, Medical / Dental staff and Management. Staff advocacy was highest among Social Care Services and Management in 2009, and among Clinical, Scientific and Technical Support staff in 2010. In 2009 Motivation was highest among Social Care Services staff, while in 2010 the highest score was among staff in the Clinical, Scientific and Technical Support functions. Management reported the highest involvement in both years.

2.10.21 Surprisingly, the lowest overall engagement in 2009 was reported by Medical / Dental staff, who are the occupational group with the highest overall engagement in the following year. The lowest overall engagement in 2010 was reported by Social Care Services staff. In both years, Nurses had the lowest scores staff advocacy, with Central Functions and Administrative staff scoring the lowest on motivation. In 2009 the lowest involvement was observed among Medical / Dental Staff, while in 2010 among Clinical, Scientific, and Technical Support staff.

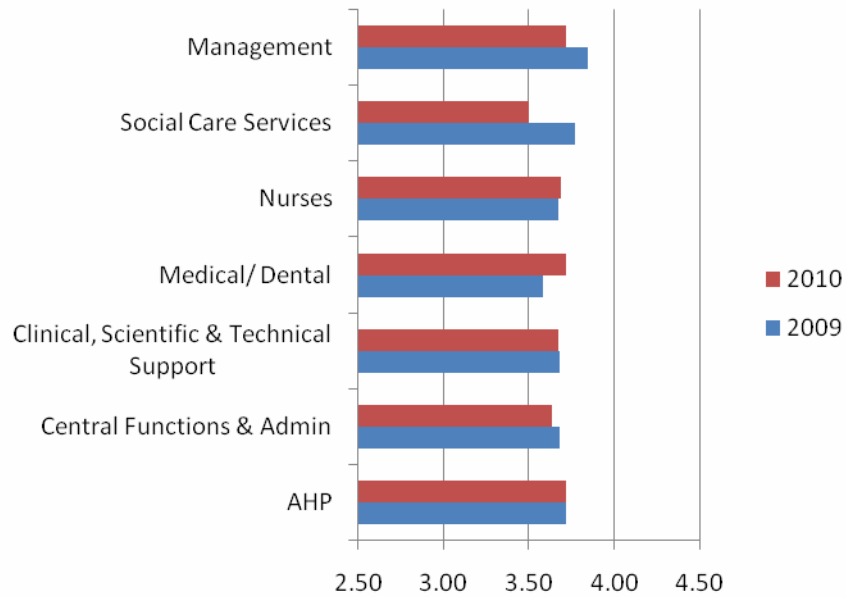
2.10.22 Medical / Dental staff had the highest positive improvement on three of the engagement indicators, namely overall engagement (.14), staff advocacy (.17) and involvement (.14). The highest positive change in motivation was among the Clinical, Scientific and Technical Support staff (.01).

2.10.23 The highest decrease on all engagement indicators was among the Social Care Services staff, at .27 for overall engagement, .30 for staff advocacy, .30 for motivation, and .22 for involvement.

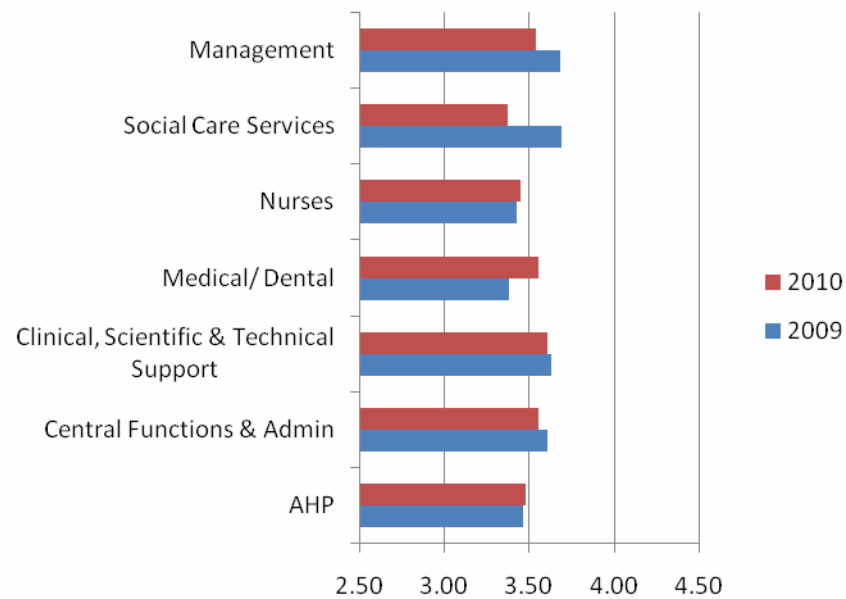
2.10.24 Graphs 2.10.17 – 2.10.20 show the mean engagement scores by occupational group in PCTs with MH/LD.

Table 2.10.5: Change In Employee Engagement by Occupational Group (broad categories) PCTs with MH/LD <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.72	3.72	3.46	3.48	3.90	3.86	3.79	3.81
Central Functions & Admin	3.68	3.64	3.61	3.55	3.79	3.71	3.64	3.65
Clinical, Scientific & Technical Support	3.68	3.67	3.63	3.61	3.91	3.92	3.51	3.50
Medical/ Dental	3.58	3.72	3.38	3.55	3.87	3.87	3.50	3.74
Nurses	3.67	3.69	3.42	3.45	3.91	3.91	3.69	3.71
Social Care Services	3.77	3.50	3.68	3.38	4.02	3.72	3.63	3.41
Management	3.85	3.72	3.68	3.54	3.89	3.74	3.98	3.88

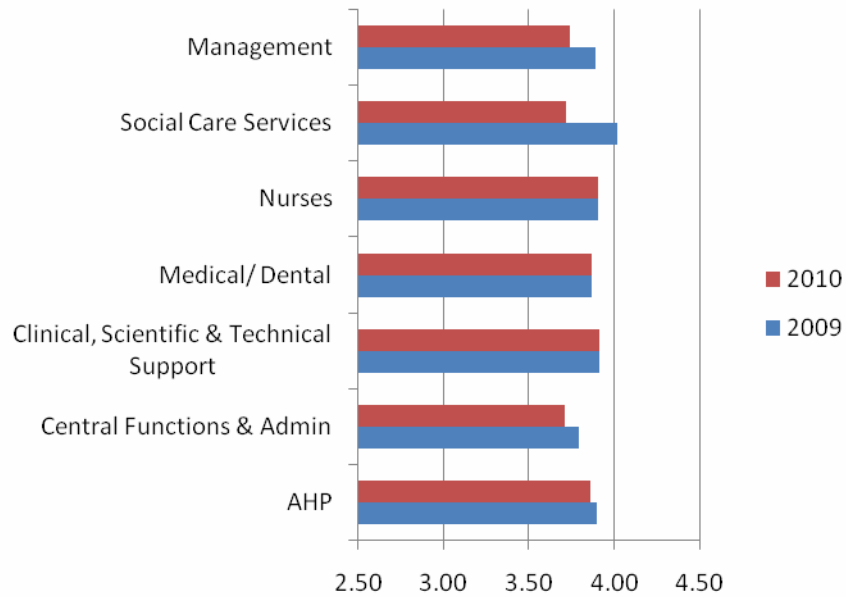
Graph 2.10.17: Change in Overall Engagement by Occupational Group (broad categories) - PCT with MH/LD



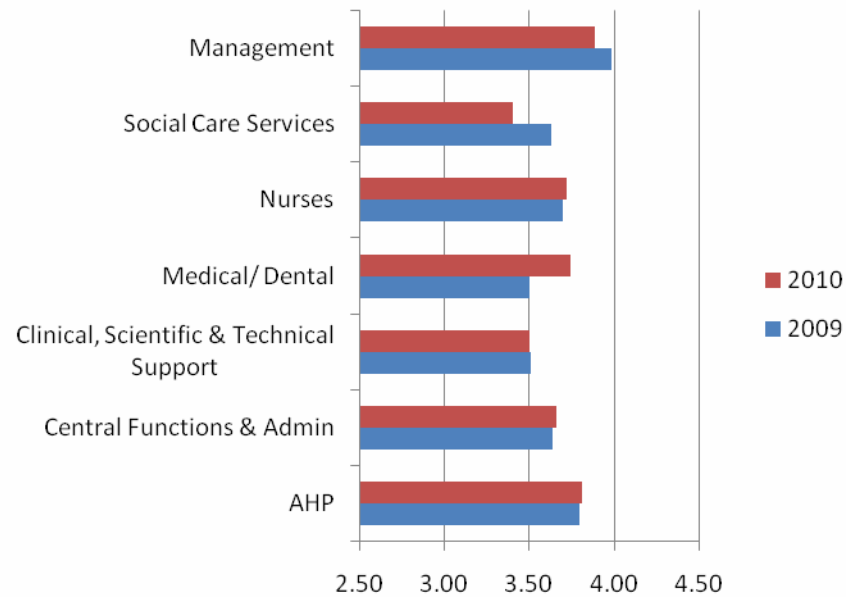
Graph 2.10.18: Change in Staff Advocacy by Occupational Group (broad categories) - PCT with MH/LD



Graph 2.10.19: Change in Motivation by Occupational Group (broad categories) - PCT with MH/LD



Graph 2.10.20: Change in Involvement by Occupational Group (broad categories) - PCT with MH/LD



Commissioning only PCTs

2.10.25 Table 2.10.7 presents the mean scores by occupational group in Commissioning only Trusts.

2.10.26 Medical / Dental staff had the highest overall engagement and motivation in 2009. Social Care Services staff scored the highest on overall engagement in 2010, staff advocacy in both years, motivation in 2010 and involvement 2010. The highest involvement in 2009 was reported by Nurses.

2.10.27 Clinical, Scientific and Technical Support had the lowest overall engagement and involvement in 2009. In 2010 Central Functions and Administrative staff reported the lowest overall engagement and involvement, and they had the lowest motivation across both years. Staff advocacy was the lowest among Nurses in 2009 and Management in 2010 in Commissioning only PCTs.

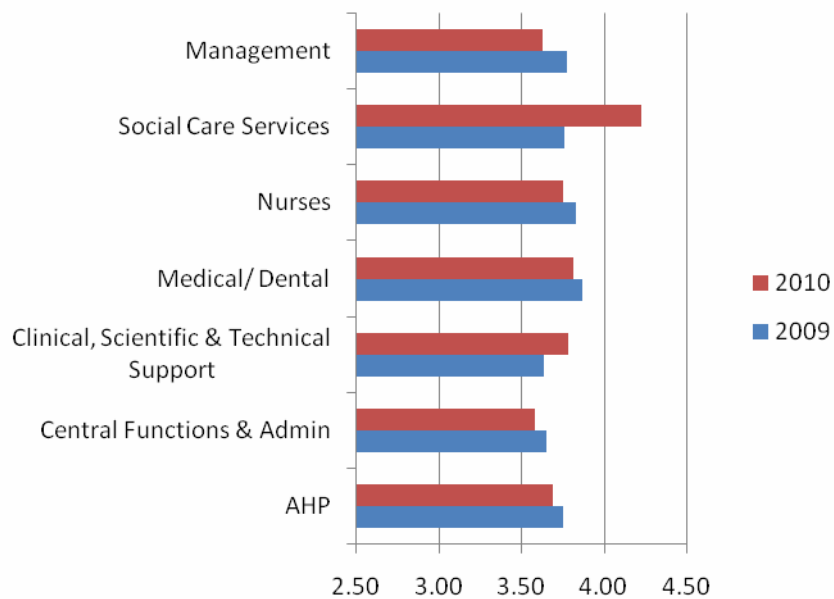
2.10.28 Social Care Services had the highest positive change between 2009 and 2010 across all engagement indicators; by .46 on overall engagement, .33 on staff advocacy, .28 on motivation and .44 on involvement.

2.10.29 The highest negative change on all engagement indicators is observed for the Management group, by .14 on overall engagement, .21 on staff advocacy, .17 on motivation and .07 on involvement.

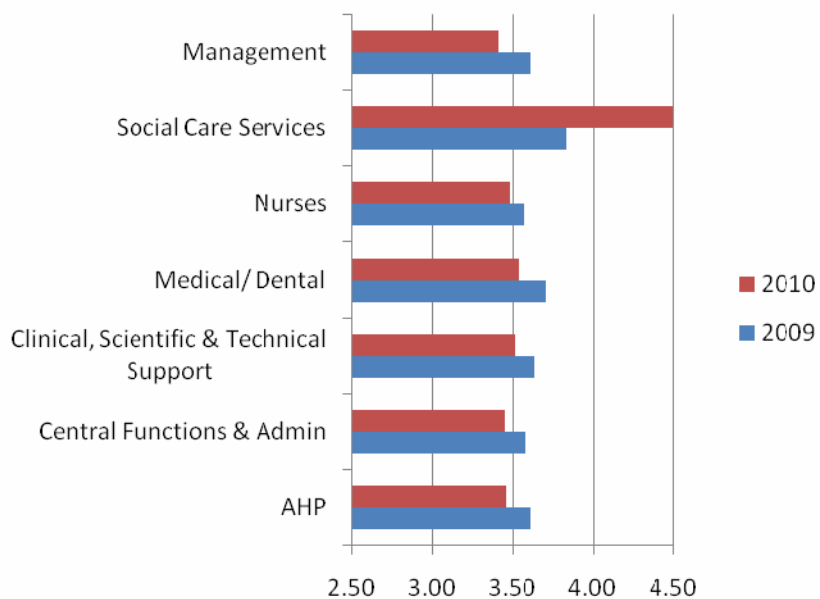
2.10.30 Graphs 2.10.25 - 2.10.28 show the means engagement scores by occupational group in Commissioning only PCTs.

Table 2.10.7: Change In Employee Engagement by Occupational Group (broad categories) – Commission only PCTs <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.75	3.69	3.62	3.45	3.84	3.79	3.79	3.83
Central Functions & Admin	3.65	3.59	3.58	3.45	3.70	3.63	3.67	3.68
Clinical, Scientific & Technical Support	3.64	3.78	3.64	3.52	3.77	3.95	3.54	3.88
Medical/ Dental	3.87	3.82	3.71	3.54	4.08	4.02	3.81	3.89
Nurses	3.83	3.76	3.57	3.48	4.03	3.92	3.88	3.88
Social Care Services	3.76	4.22	3.83	4.50	3.89	4.17	3.56	4.00
Management	3.77	3.63	3.62	3.41	3.84	3.67	3.87	3.80

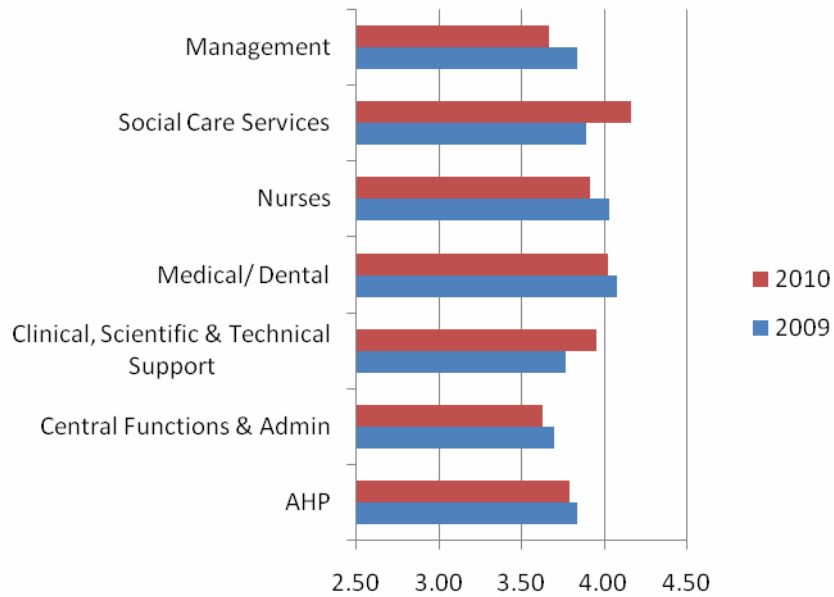
Graph 2.10.25: Change in Overall Engagement by Occupational Group (broad categories) - Commission only PCTs



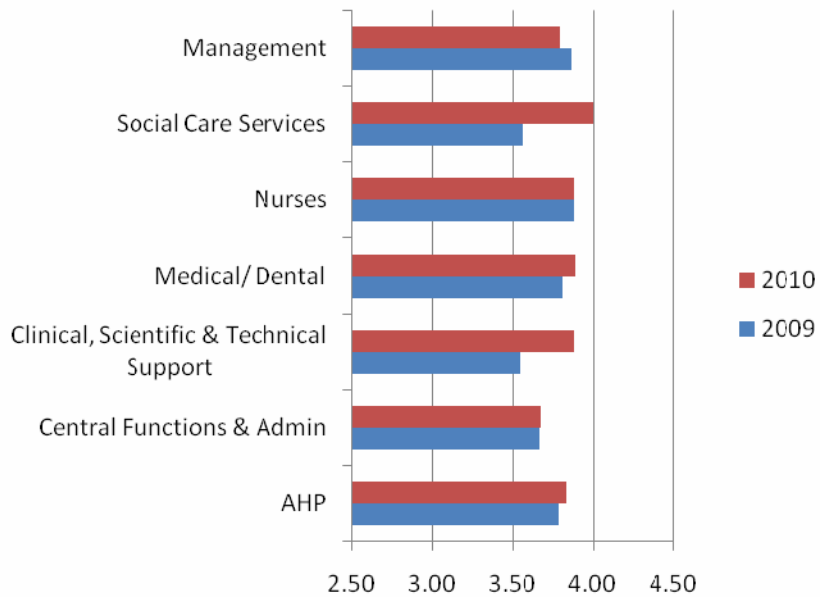
Graph 2.10.26: Change in Staff Advocacy by Occupational Group (broad categories) - Commission only PCTs



Graph 2.10.27: Change in Motivation by Occupational Group (broad categories) - Commission only PCTs



Graph 2.10.28: Change in Involvement by Occupational Group (broad categories) - Commission only PCTs



Community Trusts

2.10.31 Table 2.10.8 shows the mean engagement scores by occupational group in community trusts.

These trusts only came to existence near the end of 2010; that is during the time the data was collected. The findings should therefore be interpreted with caution.

2.10.32 Management had the highest overall engagement and involvement in both years. Staff advocacy was highest among Clinical, Scientific and Technical Support staff in 2009, who also reported the highest motivation in 2010. The highest staff advocacy in 2010 was reported by Social Care Services staff, who surprisingly scored the highest on the same indicator in 2010. In 2009 motivation was highest among Medical / Dental staff. In both years the highest Involvement was reported by Management staff.

2.10.33 In 2009 the lowest overall motivation, staff advocacy and involvement was among Social Care Services staff, who also had the lowest motivation in both years. The lowest overall engagement in 2010 was among Central Functions and Administrative staff. Nurses reported the lowest advocacy in 2010, while the lowest involvement in 2010 was among Clinical, Scientific and Technical Support staff.

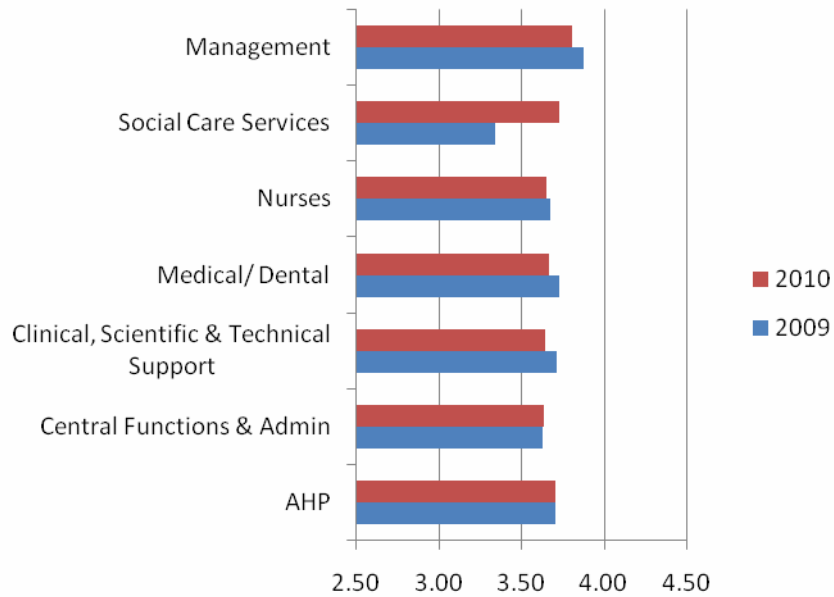
2.10.34 Social Care Services staff had the highest positive change on all engagement indicators, by .38 on overall engagement, .51 on staff advocacy, .21 on motivation, and .44 on involvement.

2.10.35 Clinical, Scientific and Technical Support staff had the highest negative change on overall engagement (.07) and staff advocacy (.11). The highest decrease in motivation is observed among Medical / Dental staff. Finally, the highest decrease in involvement was among staff in Management positions.

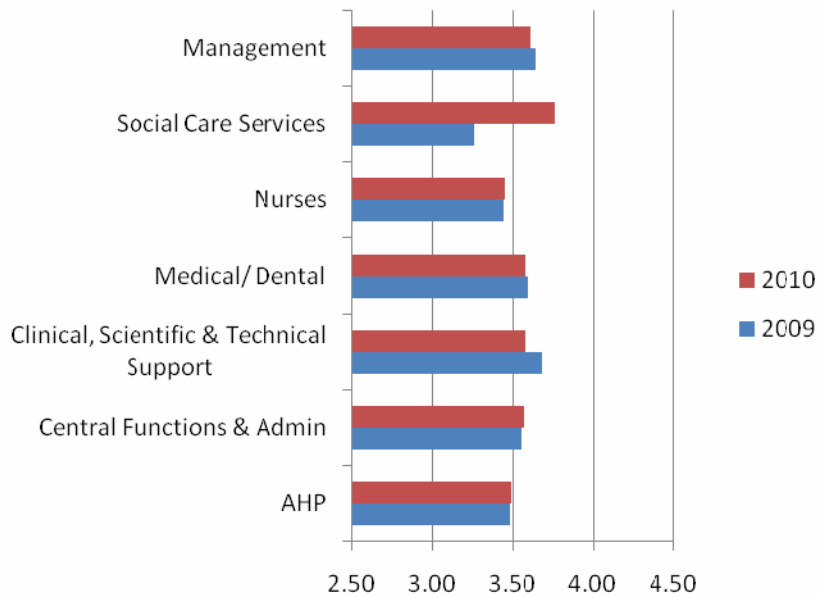
2.10.36 Graphs 2.10.29 – 2.10.32 show the mean engagement scores by occupational group in Community trusts.

Table 2.10.8: Change In Employee Engagement by Occupational Group (broad categories) – Community Trusts <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.71	3.71	3.48	3.49	3.90	3.87	3.74	3.77
Central Functions & Admin	3.63	3.64	3.55	3.57	3.73	3.75	3.60	3.59
Clinical, Scientific & Technical Support	3.72	3.65	3.69	3.58	3.94	3.89	3.52	3.47
Medical/ Dental	3.73	3.66	3.60	3.58	4.07	3.86	3.53	3.55
Nurses	3.68	3.65	3.44	3.45	3.95	3.87	3.65	3.64
Social Care Services	3.35	3.73	3.26	3.77	3.51	3.72	3.26	3.70
Management	3.87	3.81	3.65	3.61	3.92	3.87	4.06	3.95

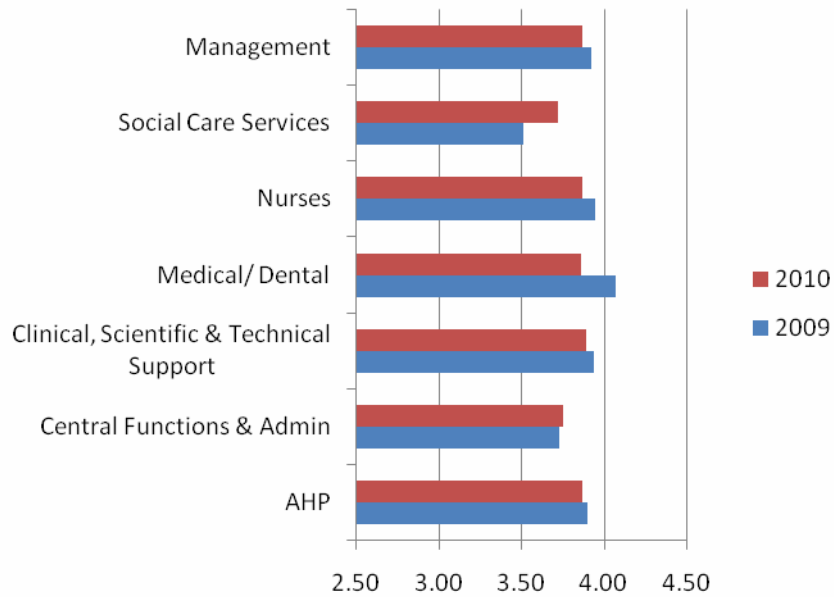
Graph 2.10.29: Change in Overall Engagement by Occupational Group (broad categories) - Community Trusts



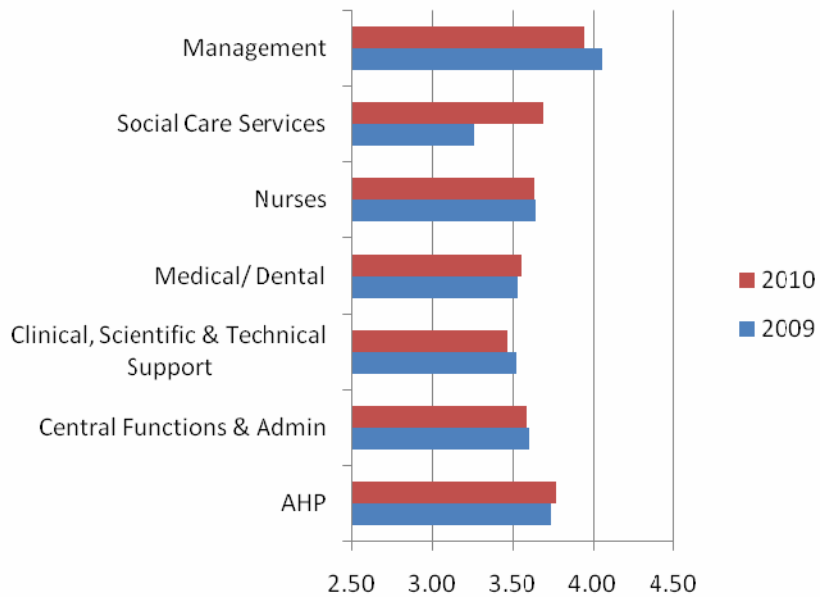
Graph 2.10.30: Change in Staff Advocacy by Occupational Group (broad categories) - Community Trusts



Graph 2.10.31: Change in Motivation by Occupational Group (broad categories) - Community Trusts



Graph 2.10.32: Change in Involvement by Occupational Group (broad categories) - Community Trusts



Mental Health Trusts

2.10.37 Table 2.10.3 shows the mean engagement scores for occupational groups within Mental Health Trusts.

2.10.38 The highest scores on all engagement indicators for both years are observed for the Management category.

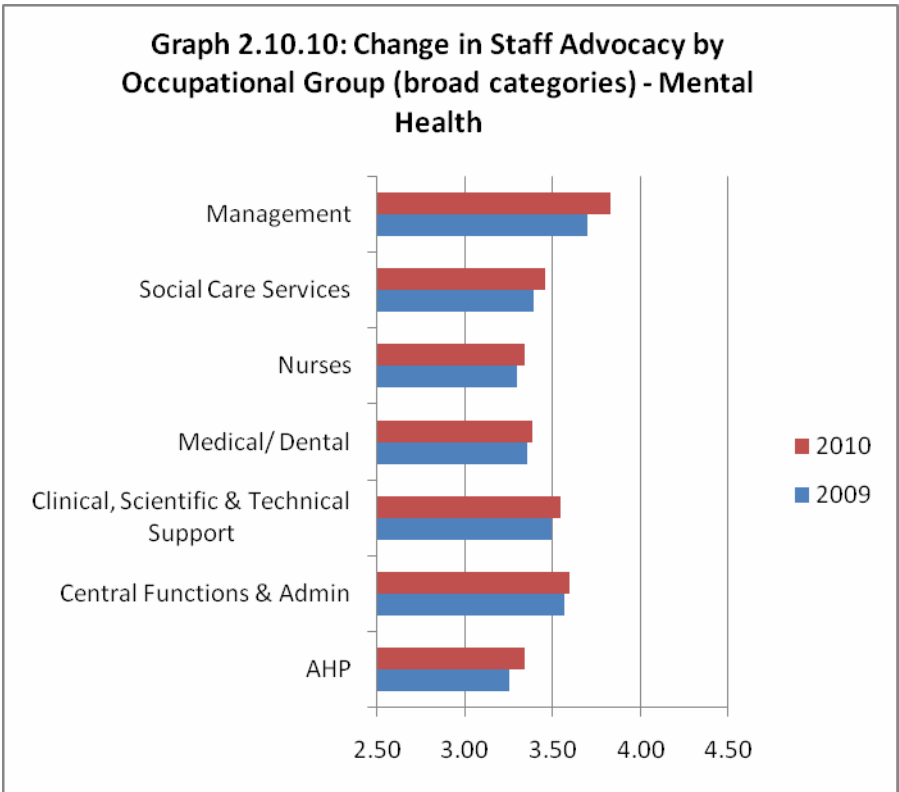
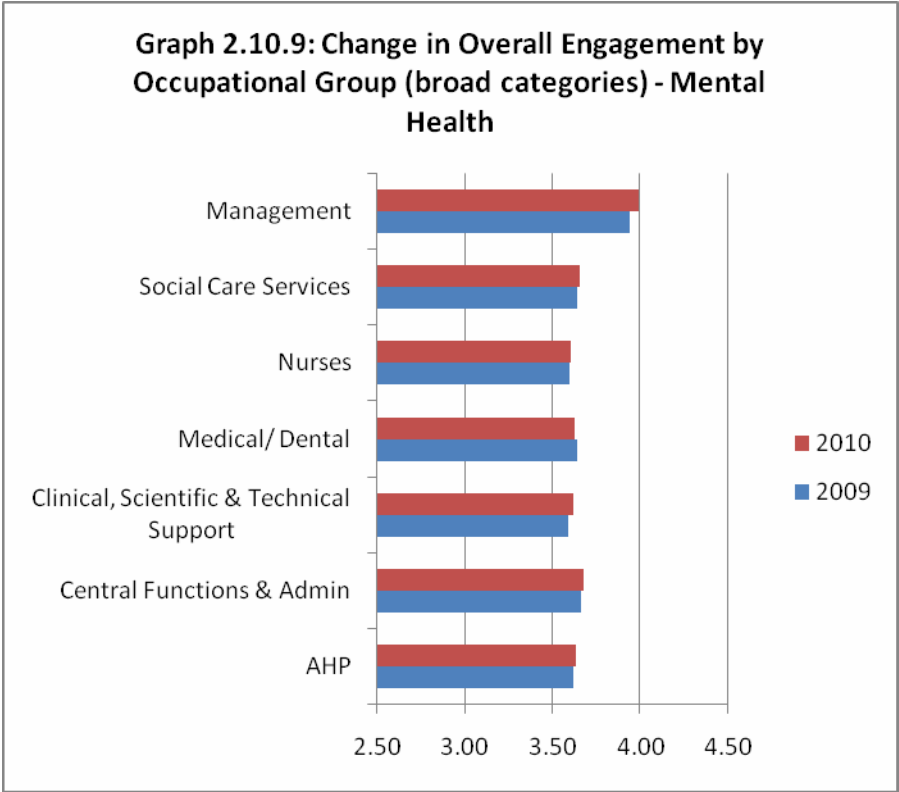
2.10.39 Clinical, Scientific and Technical Support staff scored the lowest on overall engagement in 2009, while Nurses had the lowest score in 2010. AHPs scored the lowest on staff advocacy and motivation in both years, with Nurses scoring equally low on staff advocacy in 2010 and Clinical, Scientific and Technical Support staff scoring equally low on motivation in 2009. The lowest levels of involvement were reported by Clinical, Scientific and Technical Support staff in both years.

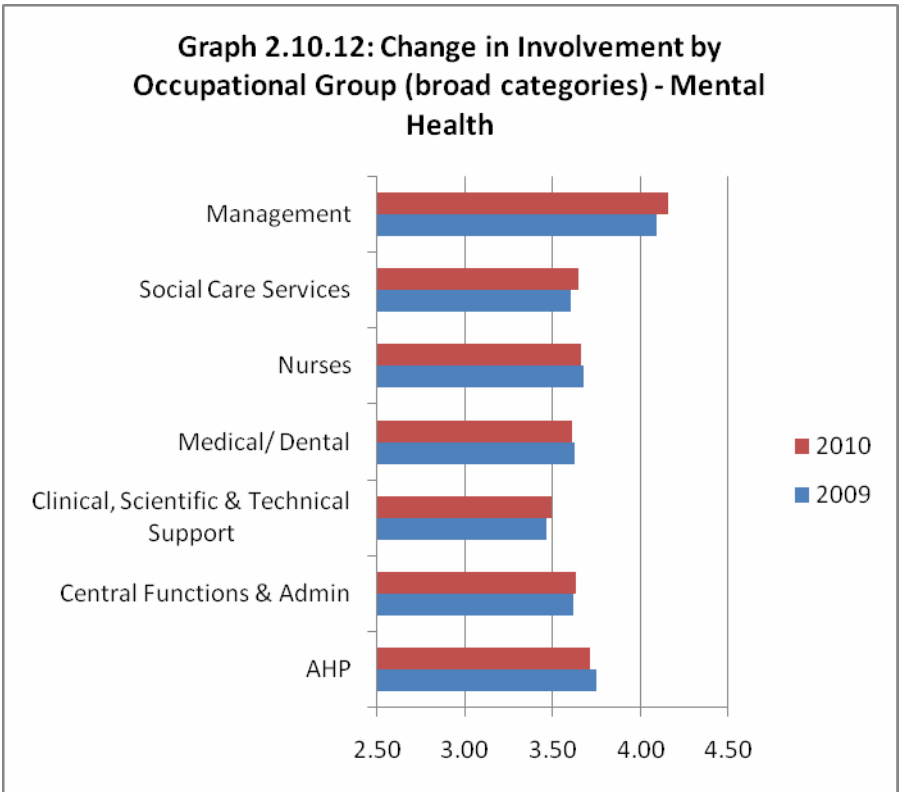
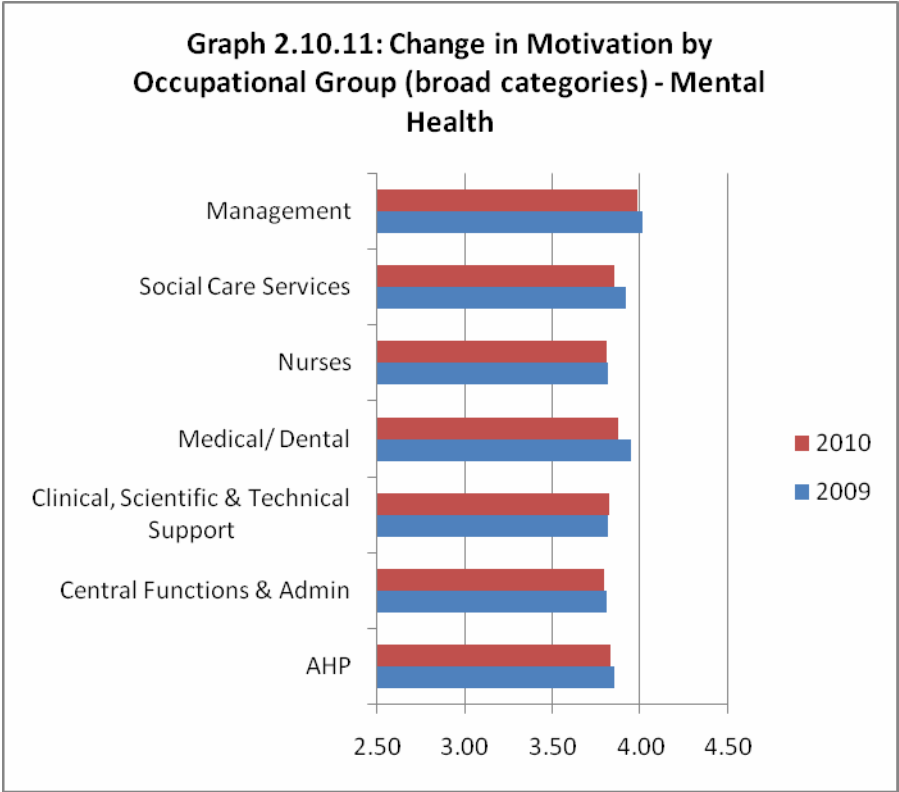
2.10.40 The highest positive change in overall engagement, staff advocacy and involvement in Mental Health trusts is observed for the Management group. Clinical, Scientific and Technical Support staff had the highest increase in motivation between 2009 and 2010.

2.10.41 The highest negative change in Mental Health trusts in overall engagement and motivation was among the Medical / Dental staff, with decreases of .01 and .07 respectively. Staff advocacy increased among all occupational groups between 2009 and 2010 in Mental Health trusts, with the lowest increased being among the Central Functions and Administrative staff. Involvement levels decreased the most among AHPs.

2.10.42 Graphs 2.10.9 – 2.10.12 show the mean scores on the four engagement indicators among in Mental Health trusts, broken down by broad occupational health categories.

Table 2.10.3: Change In Employee Engagement by Occupational Group (broad categories) – Mental Health <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.62	3.63	3.25	3.34	3.85	3.83	3.75	3.72
Central Functions & Admin	3.66	3.67	3.57	3.59	3.81	3.80	3.62	3.63
Clinical, Scientific & Technical Support	3.59	3.62	3.49	3.55	3.81	3.82	3.47	3.50
Medical/ Dental	3.64	3.63	3.35	3.39	3.95	3.88	3.63	3.61
Nurses	3.60	3.60	3.30	3.34	3.82	3.81	3.67	3.66
Social Care Services	3.64	3.65	3.39	3.46	3.92	3.85	3.61	3.65
Management	3.94	3.99	3.70	3.83	4.01	3.98	4.09	4.16





Ambulance Trusts

2.10.43 Table 2.10.4 presents the mean engagement scores in Ambulance trusts by occupational group.

2.10.44 The highest scores across all engagement indicators in both 2009 and 2010 in Ambulance trusts are reported by members of the Management group.

2.10.45 The lowest scores on overall engagement and staff advocacy in both years are observed for the Clinical, Scientific and Technical Support staff, who also scored the lowest on motivation in 2010. AHPs had the lowest motivation levels in 2009 and the lowest involvement in 2010. Paramedic and Ambulance Services staff reported the lowest levels of Involvement in 2009.

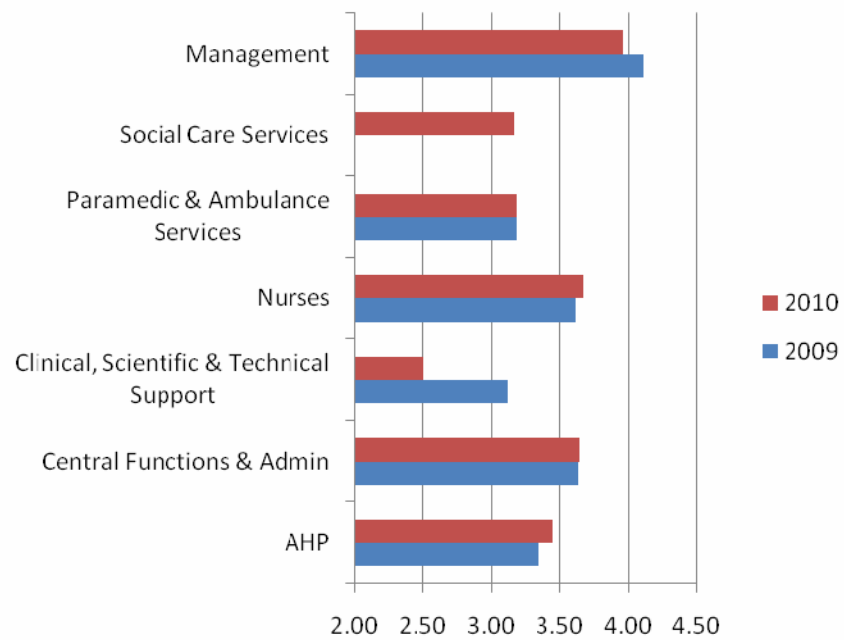
2.10.46 The highest improvement in overall engagement, staff advocacy and motivation is observed for the AHPs, with increases of .11, .17 and .58 respectively. The highest improvement in involvement in Ambulance trusts is reported by employees in the Central Functions and Administrative group (.07).

2.10.47 Overall engagement, motivation and involvement decreased the most for staff in the Clinical, Scientific and Technical Support group, by .39, .83 and 1 respectively. These are very large decreases as compared to decreases in occupational groups in different trust types. Even though there is a high drop on these three indicators among Clinical, Scientific and Technical Support staff, their advocacy levels did not change between 2009 and 2010. The highest negative change in staff advocacy is observed for the Management group (.06).

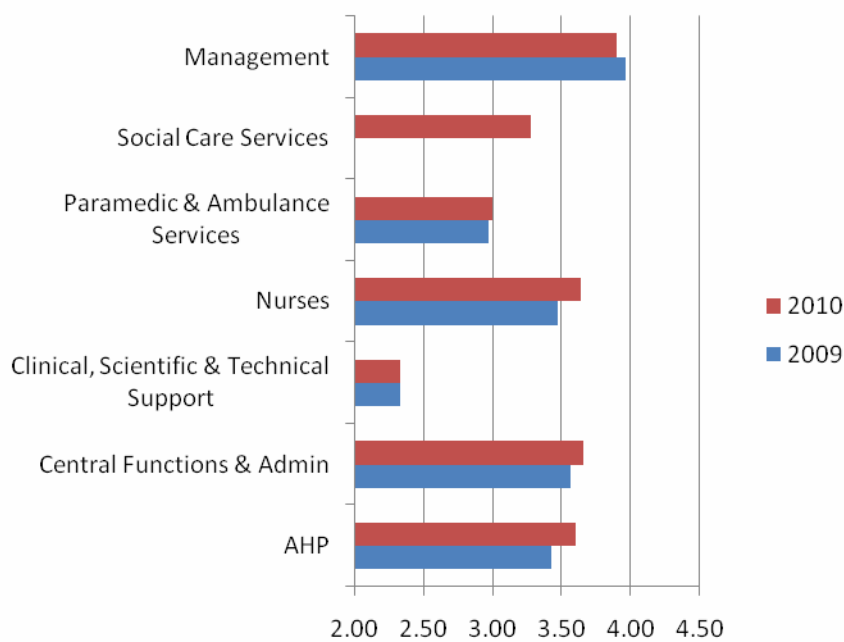
2.10.48 Graphs 2.10.13 – 2.10.16 present the mean scores on the four engagement indicators for occupational groups within Ambulance trusts.

Table 2.10.4: Change In Employee Engagement by Occupational Group (broad categories) Ambulance <i>bold green=highest score; bold red=lowest score</i> <i>green border=highest positive change; red border=highest negative change</i>								
Occupational Group	Overall Engagement		Staff Advocacy		Motivation		Involvement	
	2009	2010	2009	2010	2009	2010	2009	2010
AHP	3.33	3.44	3.43	3.60	3.29	3.87	3.29	2.87
Central Functions & Admin	3.64	3.64	3.56	3.66	3.86	3.72	3.48	3.55
Clinical, Scientific & Technical Support	3.11	2.50	2.33	2.33	4.00	3.17	3.00	2.00
Nurses	3.61	3.67	3.47	3.63	3.86	3.96	3.51	3.41
Paramedic & Ambulance Services	3.18	3.18	2.97	3.00	3.68	3.66	2.87	2.88
Social Care Services		3.17		3.27		3.33		2.89
Management	4.11	3.96	3.96	3.90	4.18	3.96	4.19	4.02

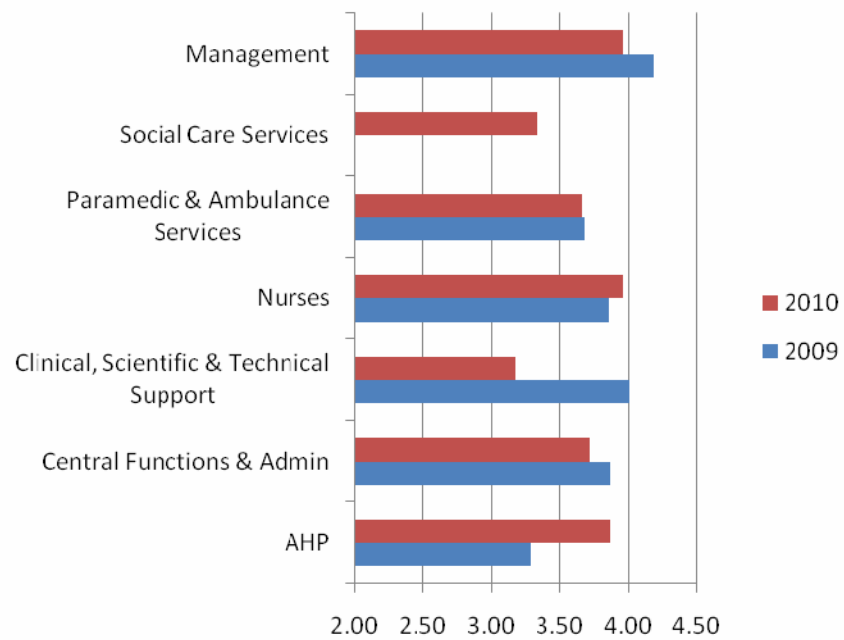
Graph 2.10.13: Change in Overall Engagement by Occupational Group (broad categories) - Ambulance



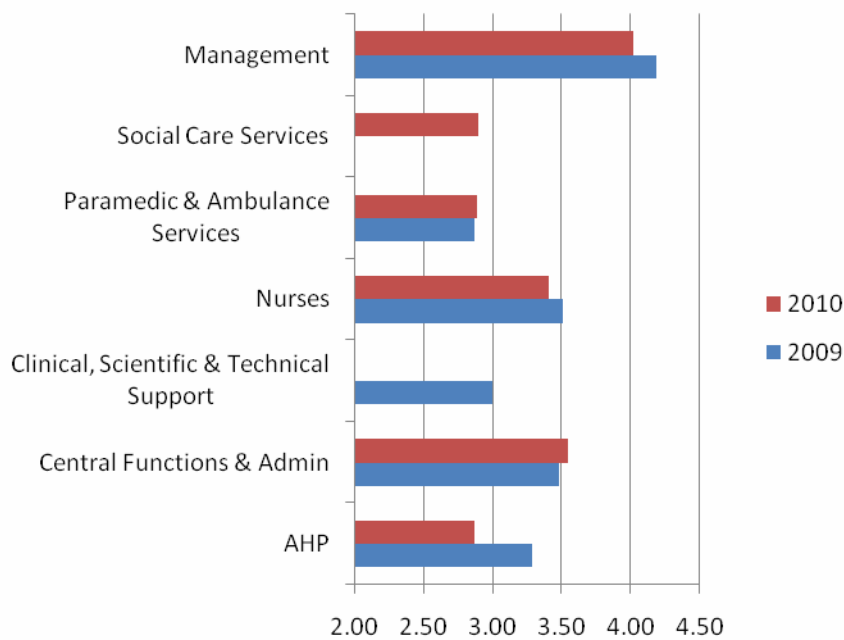
Graph 2.10.14: Change in Staff Advocacy by Occupational Group (broad categories) - Ambulance



Graph 2.10.15: Change in Motivation by Occupational Group (broad categories) - Ambulance



Graph 2.10.16: Change in Involvement by Occupational Group (broad categories) - Ambulance



3. The Link between Changes in Employee Engagement and Changes in Outcomes

- Section 3 deals with the relationships between employee engagement in the NHS and important work-related outcomes in each type of trusts. For the purposes of this analysis the trusts were divided into 4 broad categories; namely, acute trusts, PCTs, mental health trusts and ambulance trusts.
- The four engagement indicators for the NHS NSS in 2009 and 2010 were used in the analysis. The outcome measures were also measured in the NSS in 2009 and 2010, and these are job satisfaction, work-related injury, experiencing physical violence from patients or relatives, experiencing physical violence from staff, general health and well-being, presenteeism, work-related stress, and intention to leave the organisation. Presenteeism refers to employees attending work while feeling unwell.
- In order to better assess the potential impact of engagement on outcomes the change on the engagement scores was correlated with the change on each of the outcome scores.
- Each of the following sections looks at the correlations between engagement indicators and two outcome measures at a time.

3.1. Engagement and its relationship to Work-related Injuries and Job Satisfaction

- 3.1.1 Table 3.1 shows the association between two key scores (i.e. job satisfaction and work-related injury) and the Overall Engagement and its constructs (i.e. Staff Advocacy, Intrinsic Engagement and Involvement).
- 3.1.2 The table clearly shows which one of the engagement variables are strongly predicted by job satisfaction and work-related injury. However, it is important to note that some of these figures are not significant. We can see that only the correlation between staff advocacy and job satisfaction in PCT is significant.
- 3.1.3 Staff advocacy is best predicted by job satisfaction in PCT; Involvement is best predicted by job satisfaction in Mental health trusts and Intrinsic and overall engagement is best predicted by job satisfaction in the Ambulance trusts.
- 3.1.4 On the other hand, all of the engagement constructs as well as the overall engagement (with the exception of Involvement) are best predicted by work related injury in the ambulance trusts. Involvement is best predicted by work-related injury in Acute trusts.

Table 3.1: Job Satisfaction and Work Related Injury								
	Job Satisfaction				Work-related Injury			
	Acute	PCT	Mental Health	Ambulance	Acute	PCT	Mental Health	Ambulance
Overall Engagement	.505**	.472**	.460**	.547	-.153*	-.092	.095	-.621*
Staff Advocacy	.496**	.550**	.429**	.472	-.068	-.092	.059	-.649*
Motivation	.365**	.288**	.206	.554	-.096	-.062	.033	-.709**
Involvement	.236**	.211**	.243	.198	-.158*	-.056	.121	-.039

3.2. Engagement and its relationship to Experiencing Physical Violence from Patients or Relatives and from Staff

- 3.2.1 Table 3.2 shows the association between violence experienced from patients/relatives and colleagues in the last 12 months key scores and Overall Engagement and its constructs (i.e. Staff Advocacy, Intrinsic Engagement and Involvement). Please note that the values of the correlations are mostly insignificant.
- 3.2.2 Most of the correlation values are negative indicating that staff engagement over the last two years increases only violence experienced from patients/relatives and colleagues in the last 12 months declines over the past two years.
- 3.2.3 All of the engagement constructs and the overall engagement are strongly predicted by violence experienced from patients/relatives in the last 12 months within the ambulance trusts. This might be because ambulance trust staff has a firsthand experience of working with people involved in substance and alcohol abuse as well as crime. Consequently, they are more likely to experience violence, harassment and the anxiety of having to deal with criminals.
- 3.2.4 Staff advocacy and the overall engagement of staff are strongly predicted by violence experienced from colleagues in the last 12 months in PCT. These results are significant.
- 3.2.5 On the other hand, Involvement and Intrinsic Engagement of the NHS staff are strongly predicted by violence experienced from colleagues in the last 12 months in PCT. We need to interpret these results with caution because they are not significant.

Table 3.2: Experiencing Physical Violence from Patients or Relatives and from Staff

	Staff experienced violence from patients/relatives in last 12 months				Staff experienced violence from colleagues in last 12 months			
	Acute	PCT	Mental Health	Ambulance	Acute	PCT	Mental Health	Ambulance
Overall Engagement	-.102	-.160*	-.143	-.180	-.126	-.172*	-.125	-.047
Staff Advocacy	-.019	-.175*	-.182	-.336	-.132	-.187*	-.115	-.025
Motivation	-.105	-.080	-.042	-.232	-.113	-.067	.038	.329
Involvement	-.147	-.056	-.217	.398	-.088	-.116	-.211	-.329

3.3. Engagement and its relationship to General Health and Well-being, and Presenteeism

- 3.3.1 Table 3.3 shows the association general health and well-being and presenteeism have with Overall Engagement and its constructs (i.e. Staff Advocacy, Intrinsic Engagement and Involvement).
- 3.3.2 The table shows that all of the engagement constructs and the overall engagement are strongly predicted by general health and well-being as well as presenteeism in ambulance trusts (please note that the correlation values are significant except in the case of Involvement).
- 3.3.3 Similar to the findings we have reported in previous paragraphs, engagement is best predicted by general health and well-being and presenteeism in ambulance trusts. This might be because ambulance staff has a firsthand experience with people involved in substance and alcohol abuse as well as crime. This does not mean that other staff members of the NHS do not deal with these type of situations. However, people working in ambulance trusts handle patients before they take medications that sedate and calm them. Therefore, the patients are more likely to be volatile and ambulance trust staff will experience violence, harassment and the anxiety of having to deal with criminals. Nevertheless, we need to interpret these results with caution because they are not significant.

Table 3.3: General Health and Well-being, and Presenteeism

	General health and well-being				Presenteeism			
	Acute	PCT	Mental Health	Ambulance	Acute	PCT	Mental Health	Ambulance
Overall Engagement	-.336**	-.453**	-.312*	-.665*	-.301**	-.408**	-.219	-.773**
Staff Advocacy	-.236**	-.429**	-.182	-.715**	-.279**	-.321**	-.140	-.822**
Motivation	-.301**	-.444**	-.426**	-.752**	-.269**	-.352**	-.206	-.655*
Involvement	-.207**	-.214**	-.114	-.230	-.162*	-.339**	-.092	-.272

3.4. Engagement and its relationship to Work-related Stress and Intention to Leave

- 3.4.1 In table 3.4 we present the relationship work-related stress and intention to leave have with engagement.
- 3.4.2 Table 3.4 indicates that all of the engagement constructs and the overall engagement are strongly predicted by work-related stress in ambulance trusts (please note that the correlation values are significant except in the case of Involvement). The table indicates that the relationship is negative.
- 3.4.3 As indicated above, engagement is best predicted by work-related stress in ambulance trusts because ambulance trust staff has a firsthand experience of dealing with people involved in substance and alcohol abuse as well as crime. As a result, they are more likely to experience a higher level of violence, harassment and the anxiety of having to deal with criminals before they become sedated or sober.
- 3.4.4 All of the engagement constructs and the overall engagement are strongly predicted by intention to leave by staff working in ambulance trusts (please note that the correlation values are significant in the case of Involvement and the overall engagement). The table indicates that the relationship is negative.
- 3.4.5 Again, engagement is best predicted by work-related stress in ambulance trusts because ambulance trust staff has a firsthand experience of working with people involved in substance and alcohol abuse as well as crime. As a result, they are more likely to experience violence, harassment and the anxiety of having to deal with criminals.

Table 3.4: Work-related Stress and Intention to Leave								
	Work-related stress				Intention to leave			
	Acute	PCT	Mental Health	Ambulance	Acute	PCT	Mental Health	Ambulance
Overall Engagement	-.396**	-.469**	-.235	-.669*	-.304**	-.438**	-.232	-.736**
Staff Advocacy	-.355**	-.493**	-.403**	-.597*	-.243**	-.429**	-.263*	-.565
Motivation	-.258**	-.499**	-.390**	-.753**	-.376**	-.691**	-.186	-.502
Involvement	-.155*	-.203*	-.348**	.138	-.236**	.236**	-.114	-.807**

4. Appendix – Broad Categorisation of the NHS NSS Occupational Groups

1 Allied Health Professionals	Occupational Therapy Physiotherapy Radiography Pharmacy Clinical Psychology Psychotherapy Arts Therapy Other AHPs Other Scientific/Technical
2 Central functions and Admin	Admin & Clerical NHS infrastructure Maintenance/Ancillary Other
3 Clinical, Scientific and Technical Support	Support to AHPs Support to Scientific/Technical Nursing Assistants
4 Medical/Dental	Medical/Dental – Consultant Medical/Dental – in Training Medical/Dental – Other
5 Nurses	Nurses – Adult/General Nurses – Mental Health Nurses – Learning Disabilities Nurses – Children Nurses – District/Community Midwives Health Visitor Other registered nurses
6 Paramedic and Ambulance Services	Emergency Care Practitioner Paramedic Emergency Care Assistant Ambulance Technician Ambulance Control Patient Transport Service
7 Social Care Services	Social Worker Social Care Support
8 Management	Social Care Manager Public Health Commissioning Manager / Support General Management

