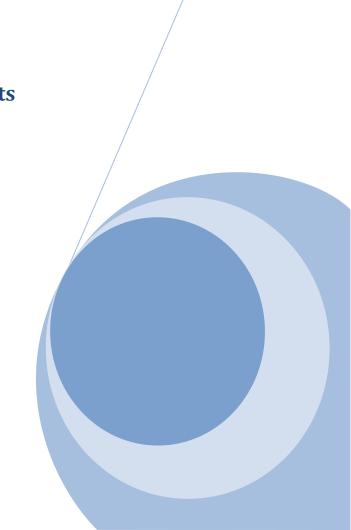


Advocacy of Treatment, its antecedents and health-related constructs

Jeremy Dawson Anna Topakas Lul Admasachew

**Aston Business School, Aston University** 



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#### **Executive Summary**

- Several studies have focused on service user advocacy of health services as places to receive treatment<sup>1</sup>. On the other hand, employee advocacy of their employer in the form of recommendation as a place for treatment is largely unexplored. Such behaviours of external advocacy can be considered as a demonstration of organisational citizenship behaviours, as well as of employee engagement. This is evident in several definitions of engagement. One such definition states that engagement is 'discretionary effort or a form of in-role or extra-role effort or behaviour'<sup>2</sup>.
- The purpose of the present report is to investigate the links between several work-related factors and possible predictors and staff Advocacy of trust for treatment. Such an investigation can help understand what factors affect and are affected by advocating behaviours.
- The analysis found that employees are more likely to engage in advocating behaviours if they had a performance appraisal in the last 12 months, if the appraisal was well structured and if during the appraisal a personal development plan had been agreed upon.
- Further, feeling satisfied with the quality of one's own work, feeling that one's role makes a difference, feeling valued by colleagues, having an interesting job and working in a well-structured environment for team working are all factors that are associated with higher likelihood of employees advocating in favour of their trust as a place for treatment. Having a good job design and receiving support from one's supervisor also contribute towards employees' intentions to recommend their trust for its treatment. On the other hand, feeling work related pressure is associated with a lesser likelihood of employee's being willing to recommend their trust.
- Finally, several associations between advocacy of treatment and work-related health factors are observed. Particularly, employees reporting that they were not able to perform their tasks due to health problems tend to report lower levels of intentions to recommend their trust. Similarly, employees experiencing high levels of work-related stress and those engaging in presenteeism as well are less likely to advocate in favour of their trust as a place for treatment.

<sup>&</sup>lt;sup>1</sup> Otani, K., Waterman, B., Faulkner, K., Boslaugh, S., & Dunagan, W.C. (2010). *How patient reactions to hospital care attributes affect the evaluation of overall quality of care, willingness to recommend, and willingness to return*. Journal of Healthcare Management, 55, pp. 25-37

<sup>&</sup>lt;sup>2</sup> Masey, W.H., & Schneider, B. (2008). *The meaning of employee engagement*. Industrial and Organizational Psychology, 1, pp. 3-30. (p24)

## 1. Background

- 1.1. The main focus of the present report is on one of the questions that measure Staff Advocacy in the 2009 NHS Staff Survey, which refers to Advocacy of treatment. The question reads: *If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust*. The objective is to further our understanding of this facet of advocacy by exploring its relationships with several work related factors.
- 1.2. The work-related factors that are investigated as possible predictors of Advocacy of treatment are: Appraisal (having appraisal, having a well structured appraisal, agreeing on a personal development plan as part of appraisal) and other factors (satisfaction with the quality of work, feeling that one's role makes a difference, feeling valued by colleagues, having an interesting job, working in a well structured team environment, quality of job design, the amount of work pressure felt, support received from one's supervisor)
- 1.3. For the above mentioned analyses the control variables that were used were: ethnic background, gender, age, health status, occupational group, job tenure, hours worked (part-time Vs full-time), managerial status, size of trust, trust type, and trust location (London Vs other).
- 1.4. Work-related stress, General health and well-being, and Presenteeism were also analysed in terms of their relationships to Advocacy of treatment.

#### 2. Methods

- 2.1. Data from the 2009 NHS National Staff Survey were used to investigate the proposed relationships.
- 2.2. Hierarchical multilevel modelling was used to investigate the proposed relationships of several potential predictors to Advocacy of treatment. Logistic multilevel modelling was conducted in the cases where the outcome measure is dichotomous.
- 2.3. Several individual level control variables that could potentially affect individuals' intentions to recommend their trust were included in the multilevel models. By accounting for the effect these have on the outcomes, we are able to have a better indication of the effect of the predictors on Advocacy of treatment. The control variables used were: ethnic background, gender, age, health status, occupational group, job tenure, hours worked (part-time vs. full-time), managerial status, size of trust, trust type, and trust location (London vs. other).

## 3. Advocacy of treatment and its antecedents

### 3.1. Appraisal as an antecedent of Advocacy of treatment

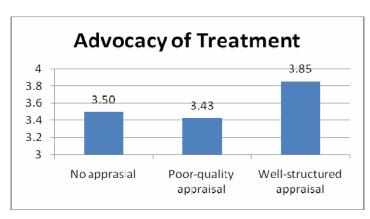
- 3.1.1. Three indicators of appraisal were included in the analysis as predictors of Advocacy of treatment. (see Appendix 1)
- 3.1.2. The fist one refers to whether employees have had any form of appraisal in the last 12 months. The second one refers to whether employees had a well structured appraisal in the last 12 months. Finally, the third one refers to whether employees agreed on a personal development plan as part of their appraisal.
- 3.1.3. Table 3A shows that all three appraisal indicators are positively and significantly related to Advocacy of treatment. Therefore, individuals who have had an appraisal, a well structured appraisal and those who agreed on a personal development plan are more likely to recommend their trust as a place for treatment if their friends or relatives needed it.

Table 3A: Appraisal and Advocacy of Treatment

	Estim.
Had appraisal in the last 12 months	.125***
Good quality appraisal	.398***
Agreed personal development plan	.151***

<sup>\*0.01&</sup>lt;p<0.05;\*\*0.001<p<0.01;\*\*\*p<0.001

Graph 3A: Appraisal and Advocacy of Treatment



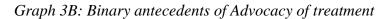
# 3.2. Other work related constructs as antecedents of Advocacy of Treatment

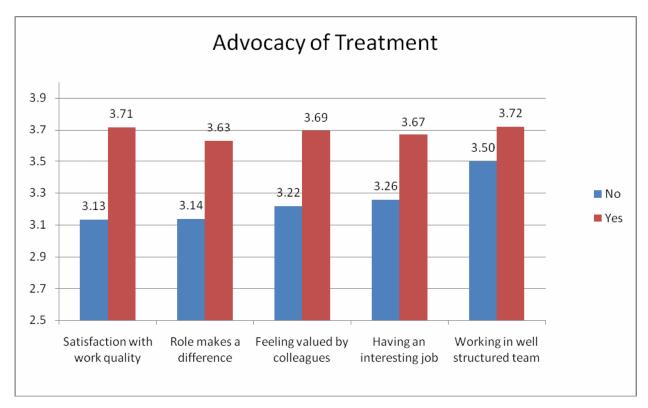
- 3.2.1. Several other work-related constructs were considered in relation to Advocacy of treatment. (see Appendix 2)
- 3.2.2. In short, these refer to whether staff feel satisfied with the quality of work and patient care they are able to deliver, whether they agree that their role makes a difference, whether they feel valued by their colleagues, whether they agree that they have an interesting job, the extent to which they feel that they work in a well structured team environment, the extent to which they are performing jobs that are well designed and rich in content, the extent to which they have a workload that is larger than they can cope with, and the extent to which they feel that their manager or supervisor provides them with support, guidance and feedback.
- 3.2.3. Table 3B shows that all the suggested work related predictors are positively and significantly associated to Advocacy of treatment, apart from work pressure.
- 3.2.4. As expected, work pressure is negatively related to Advocacy of treatment, indicating that those feeling high work pressure are less likely to feel happy about the standard of care provided by their Trust, if a friend or relative needed treatment.

Table 3B: Other work related constructs and Advocacy of treatment

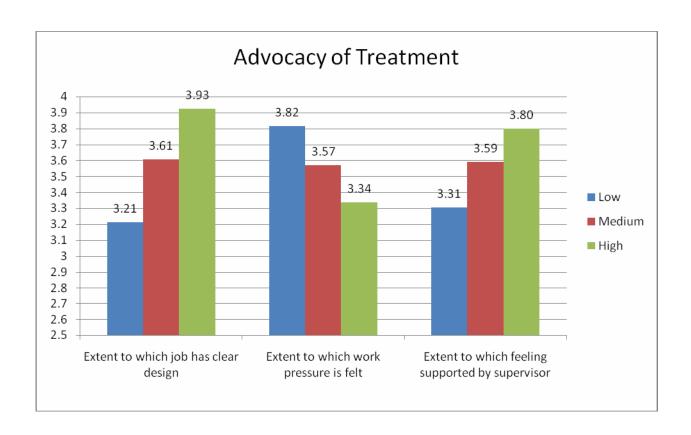
	Estim.
Satisfied with quality of work	.549***
Role makes a difference	.493***
Feel valued by colleagues	.481***
Have interesting job	.443***
Working in a well- structured team	.204***
Job Design	.319***
Work Pressure	250***
Supervisor Support	.250***

<sup>\*0.01&</sup>lt;p<0.05;\*\*0.001<p<0.01;\*\*\*p<0.001





Graph 3C: Other antecedents of Advocacy of treatment



## 4. Advocacy of Treatment and work-related Health constructs

- 4.1. Three work-related health constructs were considered in relation to Advocacy of treatment. (see Appendix 3)
- 4.2. In short, these refer to whether employees have been injured, or felt unwell as a result of work related stress, in the last 12 months, the extent to which physical health and emotional problems have impacted on their abilities to perform their work or other daily activities, and whether they felt pressure from either their manager or colleagues to attend work when they had not felt well enough to perform their duties in the last three months.
- 4.3. As shown in Table 4, Advocacy of treatment is negatively and significantly related to the three suggested outcome measures. This suggests that those who are likely to be happy with their friends or relatives receiving treatment in their Trust are less likely to experience the adverse effects of the factors discussed above<sup>3</sup>.

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<sup>&</sup>lt;sup>3</sup> Please note that an Odds Ratio of below 1 signifies a lesser chance of the outcome occurring.

Table 4: Advocacy of treatment and work-related Health constructs

	Work-related stress	Health and Well- being	Presenteeism	
	Odds Ratio	Estim.	Odds Ratio	
Advocacy of Treatment	.613***	120***	0.588***	

<sup>\*0.01&</sup>lt;p<0.05;\*\*0.001<p<0.01;\*\*\*p<0.001

#### 5. Conclusion

- 5.1. The significant associations that are found in the reported analysis indicate that trusts could take several actions to improve the likelihood of their employees recommending the trust as a place for treatment.
- 5.2. Such actions could be conducting regular, well-structured performance appraisals (ones in which clear objectives are agreed, that are helpful towards job performance, and leave the employee feeling valued), and which will conclude with an agreement of a personal development plan for each employee.
- 5.3. Furthermore, trusts could direct their efforts towards improving job design, reducing the amount of pressure employees feel at work and developing managers and supervisors to enable them to support their employees, provide them with guidance and with constructive feedback.

# 6. Appendices

# 6.1. Appendix 1: Appraisal as an antecedent of Advocacy of Treatment

	Advocacy of Treatment										
		sal in the last onths	Good quali	ty appraisal		personal ment plan					
	Estimate	t	Estimate	t	Estimate	t					
Intercept	3.915***	48.318	4.095***	51.622	3.957***	48.525					
Gender (1=Male, 2=Female)	0.027***	4.313	0.027***	4.383	0.032***	4.943					
Age (16-20)	-0.168***	-3.956	-0.131**	-3.132	-0.176***	-4.044					
Age (21-30)	-0.236***	-8.834	-0.197***	-7.474	-0.253***	-9.114					
Age (31-40)	-0.224***	-8.553	-0.181***	-6.992	-0.240***	-8.823					
Age (41-50)	-0.201***	-7.737	-0.158***	-6.163	-0.213***	-7.909					
Age (51-65)	-0.184***	-7.120	-0.144***	-5.660	-0.195***	-7.268					
Management Status (1=Yes, 2=No)	0.103***	19.027	0.084***	15.694	0.101***	18.345					
Tenure (<1 year)	0.209***	21.384	0.186***	19.485	0.208***	21.112					
Tenure (1-2 years)	0.098***	11.205	0.066***	7.691	0.099***	11.161					
Tenure (3-5 years)	0.053***	6.759	0.035***	4.545	0.053***	6.583					
Tenure (6-10 years)	0.008	1.094	0.001	0.082	0.008	1.117					
Tenure (11-15 years)	-0.007	-0.772	-0.007	-0.871	-0.003	-0.384					
Part-Time (<= 29 hours)	0.007	1.268	0.008	1.442	0.007	1.243					
AHP	-0.122***	-10.725	-0.106***	-9.519	-0.132***	-11.413					
Central Functions & Admin	0.009	0.834	0.019	1.793	0.016	1.449					
Clinical, Scientific & Technical Support	0.012	0.926	0.000	-0.022	0.004	0.286					
Medical/ Dental	-0.081***	-5.690	-0.042**	-3.030	-0.097***	-6.731					
Nurses	-0.120***	-11.132	-0.110***	-10.382	-0.129***	-11.834					
Paramedic & Ambulance Services	-0.392***	-10.843	-0.348***	-9.764	-0.391***	-10.559					
Social Care Services	-0.170***	-6.034	-0.168***	-6.021	-0.170***	-5.910					
London Location	0.068*	2.378	0.068*	2.441	0.067*	2.360					
Acute Type	-0.076	-1.071	-0.083	-1.203	-0.075	-1.056					
PCT Type	-0.185*	-2.595	-0.197**	-2.832	-0.188**	-2.635					

Mental Health Type	-0.321***	-4.337	-0.342***	-4.729	-0.321***	-4.332
Health Status (0=Good, 1=Poor)	-0.094***	-14.237	-0.078***	-11.961	-0.093***	-13.767
Ethn. White	-0.005	-0.227	0.032	1.529	-0.002	-0.090
Ethn. Mixed	-0.041	-1.356	-0.021	-0.686	-0.035	-1.138
Ethn. Asian	0.054*	2.344	0.034	1.486	0.058*	2.478
Ethn. Black	0.211***	8.744	0.198***	8.347	0.214***	8.753
Trust Size	-0.038**	-2.932	-0.036**	-2.874	-0.037**	-2.876
Had appraisal in the last 12 months	0.125***	23.583				
Good quality appraisal			0.398***	80.408		
Agreed personal development plan					0.151***	29.873

<sup>\*0.01&</sup>lt;p<0.05; \*\*0.001<p<0.01; \*\*\*p<0.001

# 6.2. Appendix 2: Other work related constructs as antecedents of Advocacy of Treatment

	Advocacy of Treatment															
	Satisfied with quality of work		Role m differ	akes a ence		llued by agues	Have inte	resting job		j in well- ed team	Job d	lesign	Work P	ressure	Superviso	or Support
	Estimate	t	Estimate	t	Estimate	t	Estimate	t	Estimate	t	Estimate	t	Estimate	t	Estimate	t
Intercept	3.854***	45.824	3.911***	46.108	3.980***	50.096	3.912***	48.880	3.999***	49.476	3.796***	50.015	3.715***	49.422	3.842***	49.397
Gender (1=Male, 2=Female)	0.030***	4.325	0.028***	4.270	0.031***	5.123	0.035***	5.663	0.026***	4.148	0.038***	6.618	0.018**	3.037	0.030***	5.059
Age (16-20)	-0.226***	-4.750	-0.184***	-3.930	-0.149***	-3.655	-0.092*	-2.238	-0.189***	-4.461	-0.123**	-3.136	-0.161***	-3.978	-0.178***	-4.409
Age (21-30)	-0.189***	-6.592	-0.217***	-7.669	-0.215***	-8.423	-0.183***	-7.093	-0.233***	-8.671	-0.160***	-6.453	-0.147***	-5.755	-0.227***	-8.963
Age (31-40)	-0.169***	-6.040	-0.205***	-7.378	-0.196***	-7.845	-0.181***	-7.158	-0.226***	-8.609	-0.145***	-6.003	-0.128***	-5.112	-0.206***	-8.301
Age (41-50)	-0.144***	-5.221	-0.185***	-6.738	-0.170***	-6.851	-0.158***	-6.312	-0.207***	-7.954	-0.123***	-5.119	-0.101***	-4.093	-0.176***	-7.154
Age (51-65)	-0.131***	-4.767	-0.170***	-6.228	-0.152***	-6.161	-0.146***	-5.850	-0.192***	-7.418	-0.108***	-4.530	-0.098***	-3.970	-0.153***	-6.250
Management Status (1=Yes, 2=No)	0.118***	20.276	0.105***	18.539	0.076***	14.373	0.081***	15.227	0.094***	17.158	0.029***	5.723	0.177***	33.797	0.079***	15.326
Tenure (<1 year)	0.163***	15.654	0.177***	17.461	0.188***	20.081	0.172***	18.335	0.166***	17.167	0.155***	17.355	0.101***	10.917	0.136***	14.765
Tenure (1-2 years)	0.094***	9.974	0.098***	10.703	0.109***	12.866	0.097***	11.417	0.091***	10.404	0.091***	11.237	0.060***	7.169	0.074***	8.948
Tenure (3-5 years)	0.048***	5.755	0.045***	5.491	0.065***	8.533	0.054***	7.104	0.053***	6.741	0.053***	7.294	0.036***	4.737	0.044***	5.864
Tenure (6-10 years)	0.006	0.734	0.005	0.741	0.019**	2.691	0.012	1.659	0.008	1.069	0.014*	2.074	0.004	0.517	0.005	0.777
Tenure (11-15 years)	-0.001	-0.081	-0.007	-0.798	0.003	0.423	-0.004	-0.458	-0.008	-0.981	0.004	0.469	-0.004	-0.522	-0.005	-0.626
Part-Time (<= 29 hours)	-0.002	-0.326	0.001	0.243	-0.003	-0.480	0.016**	2.966	0.001	0.133	-0.001	-0.109	-0.016**	-3.000	0.001	0.109
AHP	-0.086***	-5.814	-0.167***	-13.497	-0.130***	-11.817	-0.145***	-13.013	-0.108***	-9.504	-0.111***	-10.516	-0.032**	-2.952	-0.095***	-8.770
Central Functions & Admin	-0.015	-0.996	0.001	0.049	0.017	1.648	0.059***	5.652	0.009	0.811	0.005	0.474	-0.021*	-2.022	0.022*	2.176
Clinical, Scientific & Technical Support	-0.031*	-1.967	-0.040**	-3.022	0.034**	2.838	0.018	1.480	0.024*	1.962	0.003	0.275	0.001	0.094	0.020	1.697
Medical/ Dental	-0.067***	-3.967	-0.130***	-8.696	-0.108***	-7.831	-0.110***	-7.939	-0.069***	-4.855	-0.033*	-2.471	-0.012	-0.859	-0.005	-0.374

Nurses	-0.093***	-6.555	-0.171***	-14.494	-0.129***	-12.374	-0.145***	-13.826	-0.106***	-9.792	-0.085***	-8.532	-0.030**	-2.926	-0.095***	-9.293
Paramedic & Ambulance Services	-0.379***	-8.080	-0.434***	-10.168	-0.368***	-10.513	-0.409***	-11.609	-0.362***	-10.019	-0.209***	-6.222	-0.361***	-10.435	-0.228***	-6.586
Social Care Services	-0.174***	-5.855	-0.214***	-7.449	-0.160***	-5.893	-0.176***	-6.425	-0.181***	-6.390	-0.167***	-6.394	-0.162***	-6.017	-0.162***	-6.029
London Location	0.068*	2.516	0.065*	2.277	0.067*	2.372	0.068*	2.377	0.071*	2.502	0.078**	2.886	0.063*	2.418	0.065*	2.373
Acute Type	-0.028	-0.384	-0.047	-0.631	-0.071	-1.020	-0.040	-0.571	-0.073	-1.034	-0.126	-1.881	-0.076	-1.154	-0.056	-0.824
PCT Type	-0.118	-1.602	-0.146	-1.946	-0.198**	-2.819	-0.151*	-2.131	-0.202**	-2.852	-0.233**	-3.481	-0.192**	-2.919	-0.189**	-2.762
Mental Health Type	-0.294***	-3.858	-0.300***	-3.877	-0.327***	-4.485	-0.289***	-3.935	-0.318***	-4.320	-0.375***	-5.387	-0.339***	-4.971	-0.341***	-4.781
Health Status (0=Good, 1=Poor)	-0.078***	-11.027	-0.093***	-13.413	-0.065***	-10.064	-0.083***	-12.900	-0.090***	-13.451	-0.041***	-6.601	-0.066***	-10.349	-0.072***	-11.387
Ethn. White	0.044*	2.031	0.001	0.046	-0.036	-1.742	-0.038	-1.863	0.000	0.009	0.044*	2.253	0.045*	2.227	-0.006	-0.284
Ethn. Mixed	0.003	0.104	-0.045	-1.429	-0.052	-1.782	-0.069*	-2.328	-0.050	-1.652	0.009	0.309	-0.004	-0.136	-0.030	-1.032
Ethn. Asian	0.055*	2.370	0.060*	2.552	0.044*	1.969	0.048*	2.145	0.048*	2.059	0.042*	1.956	0.031	1.414	0.054*	2.470
Ethn. Black	0.234***	9.580	0.217***	8.865	0.222***	9.614	0.216***	9.254	0.221***	9.173	0.219***	9.872	0.198***	8.635	0.223***	9.763
Trust Size	-0.035**	-2.836	-0.038**	-2.923	-0.038**	-2.965	-0.038**	-2.979	-0.037**	-2.880	-0.033**	-2.747	-0.038**	-3.249	-0.033**	-2.695
Satisfied with quality of work	0.549***	97.481														
Role makes a difference			0.493***	59.987												
Feel valued by colleagues					0.481***	86.874										
Have interesting job							0.443***	74.231								
Working in well- structured team									0.204***	42.877						
Job Design											0.319***	146.142				
Work Pressure													-0.250***	-107.174		
Supervisor Support															0.250***	111.793

<sup>\*0.01&</sup>lt;p<0.05;\*\*0.001<p<0.01;\*\*\*p<0.001

# **6.3.** Appendix 3: Advocacy of Treatment and work-related Health constructs

	Work-rela	ited stress	Health an	d Well-being	Presenteeism			
	Odds Ratio	z	Estimate	t	Odds Ratio	z		
Intercept	3.148***	7.24	0.065**	2.679	1.075	0.35		
Gender (1=Male, 2=Female)	0.838***	-10.21	-0.035***	-11.365	0.784***	-11.81		
Age (16-20)	3.071***	7.81	0.211***	10.185	7.212***	11.03		
Age (21-30)	2.817***	10.12	0.183***	13.552	5.954***	11.91		
Age (31-40)	2.773***	10.08	0.154***	11.656	4.973***	10.77		
Age (41-50)	2.907***	10.61	0.122***	9.305	4.058***	9.43		
Age (51-65)	2.831***	10.36	0.080***	6.088	3.042***	7.49		
Management Status (1=Yes, 2=No)	1.281***	17.28	0.006*	2.330	1.037*	2.11		
Tenure (<1 year)	0.494***	-24.51	-0.075***	-15.851	0.567***	-16.77		
Tenure (1-2 years)	0.754***	-11.81	-0.022***	-5.285	0.848***	-5.83		
Tenure (3-5 years)	0.905***	-4.75	-0.003	-0.696	0.965	-1.44		
Tenure (6-10 years)	0.990	-0.55	0.012**	3.313	1.058*	2.52		
Tenure (11-15 years)	0.999	-0.02	0.013**	3.172	1.078**	2.83		
Part-Time (<= 29 hours)	0.656***	-26.37	-0.031***	-11.158	0.809***	-11.44		
AHP	1.117***	3.64	0.002	0.305	1.055	1.37		
Central Functions & Admin	0.882***	-4.32	0.005	0.951	1.063	1.63		
Clinical, Scientific & Technical Support	0.904**	-2.95	0.057***	9.406	1.477***	9.35		

Medical/ Dental	0.968	-0.83	-0.009	-1.308	0.970	-0.61
Nurses	1.206***	6.53	0.063***	12.064	1.522***	11.41
Paramedic & Ambulance Services	1.186	1.65	0.131***	7.498	2.183***	6.57
Social Care Services	0.963	-0.51	0.042**	3.026	1.364**	3.36
London Location	1.056*	2.24	-0.008	-1.634	1.057	1.86
Acute Type	1.040	0.4	0.036*	2.124	1.254	1.93
PCT Type	1.107	1.02	-0.037*	-2.163	0.799	-1.92
Mental Health Type	1.074	0.71	-0.053**	-3.031	0.708**	-2.89
Health Status (0=Good, 1=Poor)	0.518***	-39.21	0.101***	31.695	0.552***	-30.96
Ethn. White	0.889*	-2.1	0.010	0.983	1.058	0.85
Ethn. Mixed	1.045	0.55	0.042**	2.848	1.274**	2.6
Ethn. Asian	0.855*	-2.56	-0.008	-0.675	0.943	-0.81
Ethn. Black	0.813**	-3.25	0.008	0.677	1.046	0.59
Trust Size	0.999	-0.09	0.001	0.646	1.008	0.6
Advocacy of Treatment	0.613***	-68.21	-0.081***	-69.952	0.588***	-65.56

\*0.01<p<0.05;\*\*0.001<p<0.01;\*\*\*p<0.001