

Evaluating the evidence on employee engagement and its potential benefits to NHS staff: a narrative synthesis of the literature

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Scientific summary

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Background

Employee engagement is enjoying significant popularity, notably in the UK, where the 'Engage for Success' movement has raised awareness of the potential for engagement to have an impact on individual well-being, corporate performance and national productivity, and where the NHS has come under pressure to consider raising levels of engagement as a potential solution to some of the major challenges of staff morale, retention and performance. The question underpinning this evidence synthesis is: is this focus on engagement justified? Is there any evidence that engagement levels make a difference and, if so, what does the research tell us are the factors most likely to yield high levels of engagement?

Methods

The review addressed four research questions:

1. How has employee engagement been defined, modelled and operationalised within the academic literature?
2. What evidence is there that engagement is relevant for staff morale and performance?
3. What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?
4. What tools and resources would be most useful to NHS managers in order to improve engagement?

The first three questions were refined into detailed questions that could be directly addressed from the academic literature. We developed a search strategy that yielded a preliminary data set comprising 712,550 items. Further refinements were undertaken to reduce the scale of the search, and the full search over five databases yielded a final total of 5771 items.

The titles and abstracts of these 5771 items were then each sifted by a minimum of two members of the research team using pre-agreed criteria for quality and relevance. Following this, a total of 603 items were put forward for data extraction. These full-text items were evaluated against the pre-agreed inclusion criteria, yielding a final total of 217 items, comprising four meta-analyses, 172 empirical articles and a further 38 theoretical/conceptual pieces and three books. Data were extracted from these items using a data extraction form designed to enable evaluation for quality and relevance.

How has engagement been defined, modelled and operationalised within the academic literature?

Definitions and measures

We extracted data from the 172 empirical papers that were included in the evidence synthesis for research questions 2 and 3 and consulted 38 literature reviews and conceptual papers as well as other background books and papers on engagement. We identified six categories of definitions that have been developed and used as the basis of gathering and analysing empirical data on engagement. These six categories can be grouped under three headings:

- Engagement as state
 - Personal role engagement: engagement is the expression of an individual's preferred self during the performance of work tasks. Twelve items used this definition of engagement. This approach is based on the seminal work of William Kahn.
 - Work task or job engagement: engagement is a multidimensional state with cognitive, emotional and energetic/behavioural attributes experienced by employees in relation to their work. One measure, the Utrecht Work Engagement Scale (UWES), has been developed and validated, with multiple variants in use. The measure has been widely adopted within the literature on engagement in the context of health; 148 items used this definition and measure.
 - Self-engagement with performance: one measure has been developed that regards engagement as the extent to which high levels of performance are salient to the individual. One paper used this measure.
 - Multidimensional engagement: this distinguishes between engagement with work and engagement with the organisation as a whole. Seven papers used this definition.
- Engagement as composite
 - Drawing on the work of various consultancy firms and researchers who regard engagement as a positive attitudinal state in relation to the organisation, this approach is what is commonly referred to as 'employee engagement'. Several measures that fell under this heading were excluded for reasons of quality and validity. However, one measure met the inclusion criteria, and two papers were included that used this perspective.
- Engagement as practice
 - Scholars within the human resource management field have recently begun to focus on engagement, and there is a small emergent literature on engagement as an employment relations practice. Studies falling under this heading are, to date, qualitative, so no specific scale or measure has been developed. However, three studies adopting this perspective were identified and included in the analysis.

The general picture to emerge from the analysis is that there is significant divergence of view over what engagement is, or is not. The dominant view is that engagement is a multidimensional psychological state experienced by the individual in relation to his/her work activities, and the most widely adopted measure of this is the UWES. However, some commentators have highlighted shortcomings in this measure and its application.

Other scholars have suggested that engagement can be directed not only towards one's work but also towards one's employing organisation. This idea has so far been explored in only a very small number of studies. The 'engagement as composite' view is most akin to what many practitioners understand as 'employee engagement', since it encompasses a range of positive attitudes towards the organisation and work setting. Only a small minority of studies using this approach have been published in peer-reviewed journals and most efforts to operationalise engagement under this heading have failed to demonstrate its validity as a construct or discriminant, despite its potential interest to practitioners.

Engagement as practice is a new and emerging area of interest and, again, one that is of potentially considerable interest to practitioners. Only qualitative studies have been undertaken so far in this area. This conceptualisation of engagement is quite far removed from the notion of engagement as a psychological state of mind, and lies more squarely within the field of interest around workplace involvement and participation.

In conclusion, the dominant perspective on engagement within the academic literature is of engagement as a multidimensional activated state of mind, measured by the UWES. However, the sheer range of different meanings attached to 'engagement' has hampered the development of a persuasive body of knowledge and evidence.

Theories

An analysis of the empirical papers showed that the over-riding theoretical framework used to 'explain' engagement as a psychological state is the job demands–resources (JD-R) framework. Sixty-five papers referred to the JD-R framework. However, doubt has been cast over the explanatory power of the framework, and its limitations in terms of its ability to explain and predict engagement have been highlighted.

The second most widespread theory used in the literature is social exchange theory; 26 articles referred to this. A very wide range of other theories was additionally used in empirical papers to explain the processes by which engagement works. In large part, this broad range of theorisation is linked to engagement's contested nature. Overall, although the JD-R has emerged as the dominant theoretical perspective, as the field evolves, it is probable that other theoretical frameworks will generate new insights into engagement.

What evidence is there that engagement is relevant for staff morale?

We considered health and well-being perceptions and work-related attitudes. A total of 35 studies relating to the general workforce and 12 in relation to health care met the quality threshold and were included. The most consistent finding was a positive association between engagement and life satisfaction; four studies examined this link and two used complex methods. Engagement was also consistently found to be negatively associated with burnout (five studies).

Thirty-one studies examined the link between engagement and work-related attitudes; the most consistent finding to emerge from these was that engagement was positively associated with organisational commitment and job satisfaction (10 studies). Twenty studies found engagement to be negatively associated with turnover intentions.

What evidence is there that engagement is relevant for performance?

We classified outcomes as individual or higher-level (e.g. team, unit, organisational) performance outcomes. Individual outcomes were considered under the following headings: in-role performance, extra-role performance (e.g. citizenship behaviour) and counterproductive performance (e.g. deviant behaviours). A total of 42 studies focused on these areas, of which just six were in a health-care context. The notion that engagement is associated with performance was supported in eight instances in the general workforce and five within health care, but these were inconclusive. At the individual level, 22 studies in the general workforce and two in health care examined the link between engagement and individual task-related performance outcomes; all showed a consistent association between engagement and performance outcomes. Thus, we can conclude that there is substantial support for the association between engagement and individual performance outcomes.

Seventeen studies in the general workforce and two in health care found support for a link between engagement and extra-role performance. Three studies among the general workforce (but none within the health-care sector) found a negative link between engagement and counterproductive behaviour.

What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?

Some 113 studies examined a wide range of interventions in the general workforce, and a further 42 examined interventions in the health-care context. The evidence base in this regard was disappointing, with few studies in the UK. The most significant associations overall were found concerning the following:

1. positive psychological states, notably self-efficacy, resilience and personal resources
2. jobs and job-related resources enabling individuals to experience meaningfulness, safety and availability
3. positive and supportive leadership approaches, including supervisory support, ethical leadership, authentic leadership, charismatic leadership and trustworthy leaders
4. perceived organisational support
5. team-level engagement
6. participation in training or development interventions designed to enhance personal coping strategies, resilience, or interventions allowing individuals choice and discretion in ways of working.

What tools and resources would be most useful to NHS managers in order to improve engagement?

To address this question, a parallel synthesis of the grey literature was undertaken. This commenced with an initial scoping exercise of materials from 136 sources, including professional bodies, membership organisations and other agencies. This produced an overwhelming volume of results, necessitating a similarly focused but modified approach to the academic literature search to identify relevant materials of sufficient rigour for inclusion in the review of practitioner materials. After refinements, the structured search of practitioner materials identified a total of 7275 items from 34 sources, which the team then assessed according to a series of sift questions. Of these, 14 were deemed to be of sufficient quality to be taken forward for full evaluation, leading to the production of a set of outputs for practitioners including a review of the grey literature, a paper on the measurement of engagement, a conference and a workshop, a webinar and four podcasts, along with a set of three guides for practitioners (human resources specialists, managers and leaders) on engagement, the production of a review of practitioner materials and contributions to a range of practitioner outputs. Although there were broad similarities between the overall themes in the academic and the grey literature reviews, the review of grey material suggested that the practitioner material focused more on wider managerial issues (including performance management and training) than on psychological factors of engagement.

Conclusions

Our study revealed the complexity and fragmented nature of the engagement literature. So many different meanings have been attached to engagement that it does not make sense to talk of engagement as one single construct. Some have bemoaned the acontextualised, managerialist writing of much of the engagement literature, and noted that some interpretations of engagement, notably engagement as composite, risk being dismissed as a managerial fad. Others have argued that engagement has a dark side that may tip over into workaholism and work intensification. The sceptics' view that engagement adds little or nothing to our understanding of workplace attitudes over and above more established constructs such as commitment and satisfaction has not yet been fully disproved.

Overall, the quality of evidence was mixed. Most studies were cross-sectional, self-report surveys, although the minority of studies that used more complex methods such as longitudinal study designs or multiple respondents did lend more weight to inferences of causality. The evidence from the health-care sector was, however, relatively sparse; only a few studies had used complex methods and just two had taken place in the UK.

Consensus is tentatively emerging from the academic literature that engagement is a psychological state that leads to beneficial individual and organisational outcomes and is influenced by a range of organisational factors. More research that explores alternative conceptualisations of engagement and employs more complex, contextually sensitive methodologies would be welcome.

Implications for practice

The evidence has shown the following factors can raise engagement levels:

- Initiatives that bolster positive feelings among the workforce. Evidence shows that employees who experience positive emotions in relation to their work generally are also more likely to be engaged.
- Features of job design. Well-designed jobs that allow latitude for autonomy and perceived control over work seemed more likely to engender high levels of staff engagement.
- Positive and supportive leadership. Where staff perceived their leaders and managers as supportive, empathetic and inspirational then they were more highly engaged.
- High levels of organisational support. Organisations should aim to provide staff with the resources they need to do their work.
- Fostering engagement at the team level. There was some evidence that being part of a highly engaged team led to higher levels of individual engagement.
- Participation in training or development interventions designed to enhance personal coping strategies, resilience, or interventions allowing individuals choice and discretion in ways of working.

Recommendations for future research

- There is a general need for further longitudinal research on both the antecedents and the outcomes of engagement within the health-care context specifically.
- More research is needed that focuses on engagement as practice.
- More multimethod, qualitative or ethnographic research on engagement within health care would be welcome.
- Very little research within the engagement field has considered issues of diversity and equality. For instance, more research that investigates the antecedents and outcomes of engagement, as well as the experience of engagement, from the perspectives of employees from various backgrounds would be welcome.
- Further studies that investigate the interaction of engagement at different levels – individual, work group/team and organisational – would shed light on the experience of engagement.
- Research that evaluates the comparative salience of a range of different antecedents to engagement would be welcome; hitherto, studies have focused on a relatively limited range of antecedents, so there is a dearth of research that compares and contrasts the potential importance of a range of antecedents for engagement levels.
- It would be useful to know more about the focus of individuals' engagement. For instance, are people engaged with their job, their work team, their organisation or their profession, and what are the implications of this?
- All research on the antecedents of engagement with a health-care context included in this review used the UWES to measure engagement. Quantitative studies that use other measures and conceptualisations of engagement to test alternative perspectives on engagement that may be relevant within a health-care context would be welcome.

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