Enhancing and Embedding Staff Engagement in the NHS: Putting Theory into Practice

Protocol

Project Reference: 12/5004/01

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Aims, Objectives and Review Questions

Aim

The research question which this project addresses is: what evidence is there concerning the most appropriate models for engaging staff, and how can this be applied within the NHS?

The overarching aim of this project is to provide NHS managers with the knowledge and tools to improve employee engagement, and thus impact positively on employee morale, performance levels, and the quality of health service delivery and the patient experience.

Objectives

To review and evaluate theory and practice relating to models of staff engagement and, second, to produce a set of evidence-based outputs that help and guide NHS managers in fostering high levels of staff engagement.

Review 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?

Background

Staff engagement has been a topic of growing significance in recent years, bolstered in the UK by the work of the *Engaging for Success* Taskforce, which has found substantial evidence of a link between high levels of staff engagement, organisational performance, and individual wellbeing, as well as lowered rates of absenteeism and intent to quit (MacLeod and Clarke, 2009). This link was also underlined by Dame Carol Black in her 2008 report to the UK government, *'Working for a Healthier Tomorrow'*, in which she demonstrates the link between features of job design, management and leadership, and the health of the workforce.

Academic studies have also found a range of positive organisational outcomes linked with high engagement levels, such as improved performance (Rich, LePine and Crawford, 2010), productivity (Bakker and Schaufeli, 2008), customer service (Salanova, Agut and Peiro, 2005) and organisational citizenship behaviour (Halbesleben, Jaron Harvey and Bolino, 2009), as well as positive individual outcomes such as wellbeing (Alfes, Truss, Soane, Rees and Gatenby, 2010), reduced sickness absence (Schaufeli, Bakker and Van Rhenen, 2009), and reduced intent to quit (Truss et al., 2006).

Engagement has been identified by the CIPD as one of the core professional competencies for HRM practitioners, and is frequently cited in surveys as being one of the key challenges facing the HRM profession. Within the NHS, engagement has come increasingly to the fore, with the establishment of a 'Staff Engagement Policy Group' at the Department of Health (DH) in 2008, the creation of a staff engagement indicator within the annual NHS Staff Survey in 2011, and the development of a range of resources on engagement by NHS Employers. Sir David Nicholson, Chief Executive of the NHS in England, is a member of the Sponsor Group supporting the work of the current *Engaging for Success* Taskforce.

Despite a growing demand for resources and advice on engagement within the NHS, in the absence of an Evidence Synthesis that systematically evaluates how engagement strategies can be developed and operationalised within the NHS context, the risk remains that advice given to NHS managers may be based on work that demonstrates persuasive yet spurious correlations and linkages, rather than on rigorous, academic research grounded in theory.

With research on engagement generally, there is some uncertainty over what engagement is, and how it works. MacLeod and Clarke (2009) found over 50 different definitions of engagement whilst preparing their *Engaging for Success* report, and numerous academics refer to the definitional complexity of the field (Briner, 2012, Guest, 2011, Truss, Alfes et al., 2013). Definitions drawn from the practitioner domain tend to focus on engagement as an active verb 'engag*ing'*, and highlight the notion that employee engagement is something *done to* employees to ensure they 'buy in' to the organisation's overarching goals and values, often with the expectation that, if employees are engaged, then they will want to 'give something back' to their employer (MacLeod and Clarke, 2009). This conceptualisation is closely linked to the more established constructs of involvement and participation.

However, this conceptualisation of engagement is not necessarily aligned with the development of the field within the academic literature (Truss, Mankin and Kelliher, 2012). Here, the construct of employee engagement was first introduced by Kahn (1990) to signify the authentic expression of self in-role, involving physical, cognitive and emotional dimensions, and Kahn's work has heavily influenced subsequent writings (May, Gilson and Harter, 2004, Truss et al., 2006, Alfes et al., 2010, Rich et al., 2010). Engagement is thus considered a multi-factorial behavioral, attitudinal and affective individual differences variable (Schaufeli and Bakker, 2004, Macey and Schneider, 2008).

An important perspective is the Utrecht Work Engagement model developed by Schaufeli and colleagues (Bakker and Schaufeli, 2008). Within this model, engagement is defined as "a

positive, fulfilling, work related state of mind that is characterized by vigor, dedication, and absorption" (Schaufeli et al., 2002, pp. 74). According to Schaufeli et al. (2002), vigor is defined as comprising high levels of energy while working, willingness to invest effort in work, and persistence in the face of difficulties. Dedication is a sense of enthusiasm, inspiration, pride and challenge. Absorption is being happily engrossed in work whereby time passes quickly.

Based on their conceptualisation of engagement, Schaufeli and colleagues have developed the influential Utrecht Work Engagement Scale (Schaufeli and Bakker, 2003), which has been used in studies of engagement around the world. Other measures, drawing on work of Kahn, have also been proposed (Rich et al., 2010), alongside more critical perspectives that question the status of the engagement construct (Guest, 2011).

There is also considerable debate over the factors deemed to drive up levels of engagement, and the evidence is not so clear-cut as current advice to NHS managers would suggest. Academic research has suggested that a very wide range of factors at the level of the individual, the job, the line manager, and the employer are all relevant (Christian, Garza and Slaughter, 2011). These include, for instance, aspects of job design such as autonomy, meaningfulness, and person-job fit (Kahn, 1990, Rich et al., 2010) and aspects of organisational climate such as voice and value congruence (Truss et al., 2006, Rich et al., 2010).

Specifically within the context of health care workers, experiences of negative affect within the context of the job demands-resources model have been shown to impact significantly on engagement outcomes (Balducci et al., 2011), and research by the Institute for Employment Studies (IES) found that the key drivers of engagement were staff perceptions of feeling valued by and involved with the organisation (Robinson, Perryman and Hayday, 2004). Not all of these factors have been reflected in the advice given to NHS managers to date, since an Evidence Synthesis has not previously been conducted that might bring together, and make sense of, these disparate findings.

Equally important is an understanding of the underlying process by which engagement is thought to operate, and the theoretical frameworks that may be especially relevant. A number of theories have been proposed that might 'explain' how engagement works. For example, psychological traits such as perceived self-efficacy and a proactive approach to work, together with positive affect, are argued to generate an energetic, enthusiastic and engaged state (Parker and Griffin, 2011).

Job design theory has also been found to be relevant, since for instance Kahn's (1990) theory of engagement is rooted in Hackman and Oldham's (1980) proposal that job characteristics drive attitudes and behaviour. Bakker and Demerouti (2007) also argue that the job demands-resources model demonstrates how job design can generate engaged states. However, there is as yet no agreed theoretical framework that may be of particular relevance in explaining engagement within the NHS context.

Therefore, we propose to undertake an Evidence Synthesis that will systematically bring together the research and evidence on engagement that is relevant in the NHS context, in order to provide a thorough grounding for the development of a set of practice guides and materials that will be of direct, practical benefit to NHS managers and organisations.

Need

This project addresses all seven NHS need domains.

Health need: research has consistently demonstrated a positive link between high levels of engagement and a range of outcomes relevant for patients and carers, such as customer service, health and safety, performance, and productivity (Robinson et al., 2004; MacLeod and Clarke, 2009; Alfes et al., 2010; Christian et al., 2011). The Evidence Synthesis will focus on uncovering those engagement strategies and new ways of working demonstrated to yield the most positive outcomes relevant for health. The practitioner outputs from the project will provide NHS managers with tools and resources to put these into practice. This will contribute to the fulfilment of the NHS Constitutional pledge to provide 'the highest standards of excellence and professionalism' in healthcare provision for patients (NHS Constitution: 3).

Expressed need, and sustained interest and intent: NHS managers have articulated significant interest in raising staff engagement levels and many have attended conferences, workshops and webinars on engagement at which three of the three co-applicants have spoken. Section 3a of the NHS Constitution (2012) states that the NHS commits 'to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals … to engage staff in decisions that affect them and the services they provide … all staff will be empowered to put forward ways to deliver better and safer services for patients and their families' (pp. 10-11).

However, the 2011 Staff Survey results suggest that although the staff experience is very positive in some respects, in others, there is cause for concern. For example, only 32% felt that their Trust valued their work, only 26% felt that communication between senior managers and staff was effective, just 30% said senior managers acted on staff feedback, and just 37% received 'clear' feedback on how they were performing their job. All of these factors have been found in academic research to be linked with levels of engagement (Robinson et al., 2004, Truss et al., 2006, Alfes et al., 2010). Furthermore, only 51% would recommend their organisation as a place to work, which, although comparable with findings elsewhere (Truss et al., 2006), still means that a large proportion of employees do not feel positive enough about their employer to recommend them to friends and family. Another consideration is that 30% reported experiencing work-related stress.

Overall, despite some other more positive indicators, the 2011 Staff Survey would suggest that there remains scope for improvement in management and leadership within the NHS in order to raise levels of engagement and individual wellbeing (http://www.nhsstaffsurveys.com/cms/). This becomes particularly acute during times of

major change and transition, such as those currently experienced by the NHS and the public sector more widely, when engagement assumes a crucial importance in assuring an effective transition from old to new ways of working (Truss, in press). The practitioner resources will respond to NHS managers' calls for advice and guidance on engagement strategies, and highlight those strategies most likely to yield long-term, sustainable levels of engagement that will continue to be relevant for years to come.

Capacity to generate new knowledge: There are clearly identified 'knowledge gaps' within the research field of staff engagement in terms of how engagement is defined, how the link between engagement and outcomes works, and what are the most effective staff engagement strategies (Truss et al., 2012). There is an even greater gap when considering how this research applies within a health context. The proposed Evidence Synthesis will address these gaps, and lead to the generation of new knowledge around staff engagement within the NHS. This will give rise to one paper to be submitted to a peer-reviewed journal based on the Evidence Synthesis and which highlights the new knowledge created through the project.

Organisational focus consistent with HS&DR mission; and generalisable findings and prospects for change: the focus of the project is consistent with the wider HS&DR mission to improve the quality and effectiveness of NHS service delivery. It will achieve this through a thorough and thematic Evidence Synthesis on staff engagement that identifies a clear evidence base for the development and implementation of effective and sustainable staff engagement strategies that are generalisable within an NHS context. The practitioner materials will show NHS managers how to effect change within their organisations in order to raise and maintain levels of engagement. The project will address need 7, ***Building on existing work,*** through the Evidence Synthesis which will incorporate a thorough review of available evidence and research on engagement, as well as findings from earlier SDO funded research examining staff morale and the patient experience.

Methods

In order to develop a comprehensive Evidence Synthesis, we will conduct a systematic and replicable literature review (Lavis et al., 2005) on staff engagement and its impact on morale and performance. A core aspect of the Evidence Synthesis will be to critically evaluate the quality of evidence currently available from a variety of sources in order to ensure that the report and other outputs from the study are based on best evidence. Prior studies and literature reviews conducted by all the proposing team members provide a solid foundation upon which to build (Robinson et al., 2004, Truss et al., 2006, Robinson, Hooker and Hayday, 2007, Kular, Gatenby, Rees, Soane and Truss, 2008, Gatenby, Rees, Soane and Truss, 2009, Robertson-Smith and Markwick, 2009, Robinson and Hayday, 2009, Alfes et al., 2010, Gourlay et al., 2011).

We intend to follow the methodology for systematic review advocated by Briner (2011) for the conduct of such reviews within the field of management, adhering to the principles of: replicability, minimisation of bias, transparency and comprehensiveness. The review will

involve five stages: planning, locating studies, evaluating contributions, analysing and synthesising evidence, and reporting best evidence.

Planning: The purpose of the planning stage is to agree the search strategy and criteria (Crilly et al., 2010). We will review and finesse the research questions proposed in this bid document into detailed propositions suitable for systematic review (Greenhalgh, 1997; Patterson et al., 2007). In consultation with the Advisory Group, we will develop a set of search terms relating to each of the propositions, including for instance 'employee engagement', 'work engagement', 'staff engagement'. Briner (2011) advocates the use of an Advisory Group in the development and refinement of search terms. We will adopt the CIMO (context, interventions, mechanisms and outcomes) framework advocated by Denyer and Tranfield (2009) to help focus the questions for this purpose. In order to verify the appropriateness of the chosen search terms, we will pre-test them on one of the databases, ProQuest, before finalising the terms in collaboration with the Advisory Group (Briner, 2011). During this stage, we will finalise the strategy for the search that will feed into the review protocol. Our initial plan is to include sources dating from 1990, when Kahn's seminal paper on engagement was published, but this will be verified through a preliminary scoping exercise. Given the topicality of engagement (a Google search for 'employee engagement currently yields some 22.5 million hits), it is vital to scope the review in such a way to ensure that it is manageable and focuses on high-quality outputs.

Locating Studies via Structured Search: The second stage of the study involves three phases. First, the development of a review protocol that includes a description and rationale for the review questions, the proposed methods, and details of how studies will be located, recorded and synthesised, as well as outlining the eligibility criteria (Pettigrew and Roberts, 2006; Briner, 2011; Greenhalgh, 1997). This will be based on the outcomes of the planning stage and will be agreed with the Advisory Group. The protocol will ensure the review is systematic, transparent and replicable (Briner, 2011). Patterson et al (2007: 25) note that protocols for reviews in the management field need to be 'broad, flexible and open to change', given the heterogeneous nature of the subject area.

Second, we will undertake a structured scoping study to ensure that the review includes all potentially relevant sources. We will identify the relevant academic electronic journal databases through a preliminary analysis of their area of focus, coupled with a pilot investigation using the key search criteria and in consultation with the Advisory Group. Those that are found to be relevant and to yield some likely articles will be included in the next phase, and will include for instance EBSCO, Web of Science, Medline, and PsychINFO. These databases include peer-reviewed academic journal articles alongside non-scholarly publications. We will complement this with a scan of potentially relevant business and health care practitioner-oriented electronic databases such as the European Case Clearing House, Harvard Business Review, Dept of Health, NHS Employers, NHS Institute, CIPD and BIS etc, all of which have published material on engagement. These will be a potential source of grey literature. We will also look for grey literature through conference proceedings and databases of theses and dissertations. Briner (2011) argues that the grey literature is

especially important in systematic evidence reviews. This phase will yield a set of electronic resources within which the detailed search will take place (Crilly et al., 2010).

The third phase will comprise the structured search within these electronic resources using agreed search terms, with a focus on 'engagement' and 'healthcare'. During this phase, we will complement the search of electronic resources with internet based searches and searches of books and other materials using the structured search terms, citation tracking and scanning reference lists, and also requests for information from personal contacts with experts in the field (Patterson et al., 2007). Two members of the proposed research team (Robinson and Truss) have been appointed by David MacLeod as members of the Steering Group for the 'Guru Group' attached to the current *Engage for Success* Taskforce and so, with appropriate permissions, can gain access to materials posted on the proposed *Engage for Success* website that are of particular relevance to the NHS, including case studies, advice and guidance for practitioners, toolkits, and articles on engagement. Additionally, it is important that we ensure we have included relevant prior research funded by the NIHR SDO in order to build on and incorporate the findings of these earlier studies, and so the search will include a thorough review of the NIHR database.

Two members of the proposing team (Alfes and Truss) have between 2011-12 been co-organisers of an ESRC-funded seminar series on engagement, and are editing a special issue of the *International Journal of HRM* focused on engagement, as well as editing the book *Employee Engagement in Theory and Practice* to be published by Routledge in 2013 which includes contributions from leading experts on engagement from around the world. We intend to make personal contact with contributors to the seminar series, journal and book (each seminar was attended by between 70-180 academic and practitioner delegates) to seek their advice on any further materials that would be useful for our review. We will also contact other leading international experts on engagement and involvement specifically within a health care context, such as Professor Michael West and Professor David Guest, and the *Engage for Success* Taskforce.

Evaluating Contributions against Eligibility Criteria: inclusion and exclusion criteria are required in order to evaluate the relevance and quality of each contribution (Briner, 2011; Greenhalgh, 1997). This will take place in two phases. First, titles and abstracts will be downloaded and printed. These will be read independently by two members of the research team and evaluated against a pro forma (Patterson et al., 2007). Items will be included if they are felt by both researchers to be of direct relevance to the research questions, and to include either empirical evidence or a theoretical contribution to the field. Opinion-pieces or cases with a limited evidence-base will be excluded at this stage. A record will be kept of all decisions made. In cases of disagreement, a third team member will be involved.

In phase 2, the complete version of all material identified as potentially relevant in phase 1 will be critically appraised. Since this is likely to include a wide range of evidence from quantitative studies through to qualitative or mixed methods studies, it is important that the method of critical appraisal allows for this variation (Briner et al., 2009). To facilitate

analysis, the evidence to be evaluated will be organised under three headings corresponding to research questions 1-3. A data extraction form will be used to document the contents, methodology, research design, data and contribution within each item and summarise information about authors, publication etc. Two researchers will evaluate the quality of each resource using a critical appraisal checklist relevant to the methodology used in the study (Briner, 2011). The pro forma and the checklist will be finalised in consultation with the Advisory Group. Items will be evaluated against a range of relevant criteria to determine inclusion, with a focus on quality: methodology (robustness of design and analysis); relevance to healthcare; relevance to the research questions. For qualitative studies, relevant criteria will include the appropriateness and level of rigour of the methods; validity and credibility; verification and reliability; theoretical and practical importance (Briner, 2011). For quantitative studies, relevant criteria will include appropriateness of sample selection; reliability and validity of measures; appropriateness of research design and analysis. Following Patterson et al (2007), we will adopt a system of weighting by study design. For research question 2, where we seek evidence as to the relevance of engagement for morale and performance, and which seeks to establish a causal link, we may restrict our search to longitudinal studies along similar lines to those adopted by Patterson et al (2007) in an evidence synthesis on the link between HRM and performance.

The final decision over inclusion and exclusion criteria will be made by the Investigators, with particular reference to Professor Currie's advice, and in consultation with the Advisory Group. The methods used for the appraisal of studies will be documented in detail with a clear description of the criteria and process used in order to ensure that the decision-making processes are clear and replicable.

Analysis and Thematic Coding: at this stage, the focus will be on examining the evidence to identify underlying themes and on relating the findings from the various studies together to develop new insights into engagement within the context of health care. Each paper or contribution will be read by two researchers and coded in order to identify its primary contribution to knowledge. In cases of disagreement, a third team member will be involved and agreement will be reached through discussion within the team. This process of coding will be followed by a synthesis. We will adopt a narrative approach to the data synthesis, which is a reflexive and critical methodology and the most common approach within the management field (Briner, 2011; Patterson et al., 2007). This will enable us to work from the evidence gathered to build up a summary of crucial findings under each of the research questions.

Reporting: the team will compile the results of the evidence synthesis into a comprehensive report that addresses the research questions, and includes the results of the data extraction exercise in tabular form as appendices.

Methods for practitioner outputs

The ***engagement guides*** will be developed with reference to the findings of the Evidence Synthesis, and will be written to address the needs of three groups:

- NHS managers (of both clinical services and non-clinical services such as support and facilities)
- NHS HRM professionals
- Trust Boards and Directors

The guides will focus on the particular issues of relevance to the roles of the three groups, and will give practical, evidence-based advice that can be used with confidence. They will be written in accessible language, and will aim to convince the reader of the potential of staff engagement for improving performance, delivering a high quality service, and enhancing the patient experience – while also being honest about its possible difficulties, barriers and limitations. The guides will include some illustrations and examples which will be drawn from both secondary sources as well as some primary telephone interviews with health care organisations who can provide examples of interventions relevant to each guide.

The ***online toolkit*** will also be based on the findings of the Evidence Synthesis, and will draw together the main practical advice and guidance for managers that arises from the academic evidence. Interviewees for the four ***podcasts*** will be chosen in consultation with the Project Advisory Group on the basis of the insights they can provide into the topic of engagement. The podcasts will be audio recorded, edited, and last around 15 minutes. Each podcast will focus on a different aspect of engagement.

Outputs

It is intended that the outputs from this project be of direct use and relevance to NHS managers in their efforts to bolster levels of staff engagement. It is important that the outputs add to, rather than merely replicate, existing resources such as those available via NHS Employers.

Evidence Synthesis report. This will be a succinct, accessible evidence synthesis for practitioners, drawing on academic and practitioner sources.

Presentation. PowerPoint presentation of 10 slides aimed at an NHS practitioner audience, highlighting the main findings of the Evidence Synthesis.

Academic journal article. We intend to write one scholarly article for a peer-reviewed academic journal based on our Synthesis.

Online tools and guides. In order to address Research Question 4, we intend to produce a series of online resources aimed at NHS managers, which supplement material already available via other media such as the NHS Employers website and the BIS 'Engage for Success' website that launched during November 2012.

In addition to the guides , we also plan to produce a series of four ***podcasts*** involving interviews with staff engagement experts and academics. We also plan to develop a set of ***online tools*** that each audience can use to evaluate levels of engagement and develop action plans.

Conference, workshop and webinar. As part of the dissemination from this project, and to further address Research Question 4, we plan to organise a conference, a workshop and a webinar for practitioners.

Project Management and Public Users/Public Involvement

The project begins on 1st June 2013 and lasts for nine months, to be completed by 28th February 2014. There will be one overall project manager (KT) working closely with the co-investigators (DR and KA) with expert guidance from GC. Two researchers will work on the project, based at the University of Kent, and the Institute for Employment Studies. The team will meet regularly throughout the duration of the project, and submit a progress report to the NIHR after six months.

The project team will be supported by a ***Project Advisory Group*** comprising a range of engagement experts and practitioners from within the NHS, academia, and other organisations, as well as patient representatives and trades unions. They will advise on the project's progress, provide input on the protocol, search terms, detailed research questions, inclusion standards and report format, provide guidance on additional resources that may be useful to the project team, and critically evaluate all project research tools and outputs.

Project Plan Gantt Chart

	June	July	August	September	October	November	December	January	February
Project Management									
Project team meeting (one per month)									
Advisory group meetings									
Activity									
Planning and locating studies									
Analysis and synthesis									
Report writing									
Preparation of practitioner outputs									
Outputs									
Webinar									
Progress report									
Workshop									
Conference									
Delivery of Evidence Synthesis and associated documents									
Draft journal article									
Manager guides and toolkit									

References

Alfes, K., Truss, C., Soane, E.C., Rees, C. and Gatenby, M. (2010), *Creating an Engaged Workforce*, Wimbledon: CIPD.

Bakker, A.B. and Demerouti, E. (2007), "The Job Demands-Resources model: state of the art," *Journal of Managerial Psychology*, 22, 309-328.

Bakker, A.B. and Schaufeli, W.B. (2008), "Positive organizational behavior: engaged employees in flourishing organizations," *Journal of Organizational Behavior*, 29, 147-154.

Balducci, C., Schaufeli, W. and Fraccaroli, F. (2012) 'The Job Demands-Resources Model and Counterproductive Work Behaviour: The Role of Job-Related Affect', *European Journal of Work and Organizational Psychology*, 20,4, 467-496.

Briner, R. (2011) Systematic Review and Evidence Synthesis as a Practice and Scholarship. Oxford Handbook of Evidence-Based Management. Oxford: Oxford University Press.

Briner, R. (2012) 'Just How Bad an Idea is Employee Engagaement?' Presentation to the ESRC Seminar 'Employee Engagement: Outcomes and Impact', University of Kent, April.

Briner, R., Denyer, D., and Rousseau, D. (2009) "Evidence-Based Management: Construct Clean-up Time", *Academy of Management Perspectives*, 23,4, 19-32.

Christian, M.S., Garza, A.S. and Slaughter, J.E. (2011), "Work Engagement. A quantitative review and test of its relation with task and contextual performance," *Personnel Psychology*, 64, 89-136.

Crawford, M., Rutter, D. and Thelwall, S. (2004), "User Involvement in Change Management: A Review of the Literature. Report to the NCCSDO."

Crilly, T., Jashapara, A., Ferlie, E. (2010) "Research Utilisation and Knowledge Mobilisation: A Scoping Review of the Literature", NIHR SDO Project no 08/1801/220.

Crilly, T., Jashapara, A., Trenholm, S., Peckham, A., Currie, G., and Ferlie, E. (2012) "Research Utilisation and Knowledge Mobilisation by Healthcare Managers: Synthesising Evidence and Theory Using Perspectives of Organizational Form, Resource Based View of the Firm, and Critical Theory, or 'Bicycling in the NHS'". NIHR SDO Project no. 09/1002/13.

Denyer, D and Tranfield, D. (2009) "Producing a Systematic Review," In D. Buchanan and A. Bryman (Eds) *The Sage Handbook of Organizational Research Methods*, pp. 671-689. London: Sage.

Gatenby, M., Rees, C., Soane, E.C. and Truss, K. (2009), *Employee Engagement in Context*, Wimbledon: CIPD.

Gourlay, S., Alfes, K., Bull, E., Narendran, S., Petrov, G. and Shantz, A.D. (2011), *Locus of engagement. Understanding what employees connect with at work*, Wimbledon: CIPD.

Greenhalgh, T. (1997) 'How to Read a Paper: Papers that Summarise Other Papers', *British Medical Journal*, 315: 672.

Guest, D. (2011) 'Fad, Fashion or Significant Innovation? A Sceptical Look at Employee Engagement. Presentation to the ESRC Seminar 'Employee Engagement: Exploring the Evidence, Developing the Theory', University of Kent, February.

Hackman, J.R. and Oldham, G.R. (1980), *Work Redesign*, Reading: Addison-Wesley.

Halbesleben, J.R.B., Jaron Harvey, J. and Bolino, M.C. (2009), "Too engaged? A conservation of resources view of the relationship between work engagement and work interference with family," *Journal of Applied Psychology*, 94, 1452-1465.

Kahn, W.A. (1990), "Psychological conditions of personal engagement and disengagement at work," *Academy of Management Journal*, 33, 692-724.

Kular, S., Gatenby, M., Rees, C., Soane, E. and Truss, K. (2008), "Employee Engagement: A Literature Review."

Lavis, J., Davies, H., Oxman, A., Denis, J-L., Golden-Biddle, K., and Ferlie, E. (2005) 'Towards Systematic Reviews that Inform Health Care Management and Policy-Making', *Journal of Health Services Research and Policy*, 10, 1, 1-48.
Macey, W. and Schneider, B. (2008), "The Meaning of Employee Engagement," *Industrial and Organizational Psychology*, 1, 3-30.
MacLeod, D. and Clarke, N. (2009), "Engaging for Success: Enhancing Performance through Employee Engagement," Office of Public Sector Information.
May, D.R., Gilson, R.L. and Harter, L.M. (2004), "The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work," *Journal of Occupational & Organizational Psychology*, 77, 11-37.
Mays, N., Roberts, E. and Popay, J. (2001), "Synthesising Research Evidence," in *Studying the Organisation and Delivery of Health Services: Research Methods*, eds. N. Fulop, P. Allen, A. Clarke and N. Black, London: Routledge, pp. 188-220.
Parker, S. and Griffin, M. (2011), "Understanding active psychological states: Embedding engagement in a wider nomological net and closer attention to performance," *European Journal of Work and Organizational Psychology*, 20, 60-67.
Patterson, M., Rick, J., Wood, S., Carroll, C., Balain, S. and Booth, A. (2007) *Review of the Validity and Reliability of Measures of Human Resource Management.* Report for the NHS SDO No. RM03/JH10/MP. Institute of Work Psychology, Sheffield, August.
Pettigrew, M. and Roberts, H. (2006) *Systematic Reviews in the Social Sciences: A Practical Guide.* Oxford: Blackwell.
Rich, B.L., LePine, J.A. and Crawford, E.R. (2010), "Job Engagement. Antecedents and Effects on Job Performance," *Academy of Management Journal*, 53, 617–635.
Robertson-Smith, G. and Markwick, C. (2009), *Employee Engagement: A review of current thinking*, IES Report 469. Brighton: Institute for Employment Studies.
Robinson, D. and Hayday, S. (2009), *The Engaging Manager*, IES Report 470. Brighton: Institute for Employment Studies.
Robinson, D., Hooker, H. and Hayday, S. (2007), *Engagement: The Continuing Story*, IES Report 447. Brighton: Institute for Employment Studies.
Robinson, D., Perryman, S. and Hayday, S. (2004), *The Drivers of Employee Engagement*, IES Report 409. Brighton: Institute for Employment Studies.
Salanova, M., Agut, S. and Peiro, J.M. (2005), "Linking organizational resources and work engagement to employee performance and customer loyalty: The mediation of service climate," *Journal of Applied Psychology*, 90, 1217-1227.
Salanova, M., Llorens, S., Cifre, E., Martínez, I. and Schaufeli, W.B. (2003), "Perceived collective efficacy, subjective well-being and task performance amongst electronic work groups: An experimental study," *Small Groups Research*, 34, 43-73.
Salanova, M. and Schaufeli, W.B. (2008), "A cross-national study of work engagement as a mediator between job resources and proactive behaviour," *International Journal of Human Resource Management*, 19, 116-131.
Schaufeli, W.B. and Bakker, A.B. (2003), *The Utrecht Work Engagement Scale (UWES). Test manual*, Utrecht, The Netherlands: Department of Social and Organizational Psychology.
Schaufeli, W.B. and Bakker, A.B. (2004), "Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study," *Journal of Organizational Behavior*, 25, 293-315.
Schaufeli, W.B., Bakker, A.B. and Van Rhenen, W. (2009), "How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism," *Journal of Organizational Behavior*, 30, 893–917.

Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V. and Bakker, A.B. (2002), "The measurement of engagement and burnout: A two sample confirmatory factor analytic approach," *Journal of Happiness Studies*, 3, 71-92.
Truss, C. (2012, in press) 'The Distinctiveness of HRM in the Public Sector'. In Burke, R., Noblet, A. and Cooper, C. *HRM in the Public Sector*. London: Edward Elgar.
Truss, C., Delbridge, R., Soane, E., Alfes, K. and Shantz, A. (2013, forthcoming) 'Editors' Introduction'. Special Issue, *International Journal of Human Resource Management: Employee Engagement, Organisational Performance and Individual Wellbeing: Exploring the Evidence, Developing the Theory.*
Truss, C., Mankin, D. and Kelliher, C. (2012), *Strategic Human Resource Management*, Oxford: Oxford University Press.
Truss, C., Soane, E.C., Alfes, K., Rees, C. and Gatenby, M. (2010), "Engaging the 'Pole Vaulters' on your staff," *Harvard Business Review*, 88, 24.
Truss, C., Soane, E.C., Edwards, C., Wisdom, K., Croll, A. and Burnett, J. (2006), *Working Life: Employee Attitudes and Engagement 2006*, Wimbledon: CIPD.