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Understanding the link between patient and staff experiences

H McConnell, A Chourdaki
Macmillan Cancer Support

Background

Every cancer patient deserves to be treated with dignity and respect. While most cancer patients receive good, compassionate care, there are many that do not. Emerging literature shows links between positive staff experience and positive patient experience[1]. Yet, the NHS Staff Survey shows that only 47% received training on how to deliver a good patient/ service user experience in the last 12 months[2].

Macmillan Cancer Support funded analysis showed that in trusts where staff experience high levels of discrimination, cancer patients are up to 18 times more likely to receive poor care[3]. Other research has shown links of management style and patient experience[4], and the impact of work-related stress on staff[5]. This research aims to explorethe relationship between staff and patient experience with a view to understand a) the barriers clinical and non-clinical staff have in delivering a positive patient experience and b) what factors contribute to poor staff experience.

Method

Macmillan commissioned DHP Research to conduct 20 semi-structured interviews with NHS staff at two hospitals in England. Previously, six cancer patients were interviewed in order to develop vignettes that were used as probes in the staff interviews. Purposive sampling was used to select the interviewees in order to obtain a spectrum of experiences from clinical and non-clinical staff. The staff included receptionists, a healthcare assistant, nurses, an occupational therapist, a radiographer, a dietician, consultant doctors and a general manager. A framework analysis method was used to classify textual data in order to identify emerging core themes.

Results

The qualitative analysis highlighted barriers under seven broad themes that hindered the delivery of quality care for cancer patients. The themes were:
- Training and development
- Staff empowerment
- Work-related stress and wellbeing
- Leadership and management
- Teamwork and communication
- Organisational policy and IT
- Workload, staffing and time with patients.

Training And Development

Training and development can have a positive impact on staff confidence and the quality of care provided. Availability of training can be a factor in engaging staff and making them feel valued.

Barriers:
- Lack of funding and not being able to release staff to take time off.
- Lack of training may lead to staff feeling disengaged, and a lack of confidence in undertaking some tasks.

Staff Empowerment

Ability to openly discuss issues which may consequently improve patient experience. This applies to different communication avenues including team meetings and/or speaking to a senior member of staff.

Barrier:
- Poor communication can hinder staff empowerment, leading to a closed work environment where problems are not uncovered and could escalate.

Work-Related Stress And Wellbeing

Ensuring work-related stress (mainly from workload and emotional impact of caring for cancer patients) for clinical and non-clinical staff is addressed as is staff well-being

Barrier:
- High levels of stress and poor wellbeing can significantly reduce staff ability to provide the best quality of care for cancer patients.

Leadership And Management

Good leadership, planning, recruitment and performance management are important factors relating to staff experience. Recognition and reward is very important for staff to feel valued.

Barriers:
- Poor team organisation can lead to poor continuity of care.
- Disconnect between front-line staff and managers exacerbated due to differing constraints and priorities surrounding patient care.
- Lack of support and recognition of hard work can make staff feel less valued and can lower morale and enthusiasm.

Teamwork And Communication

Teamwork and communication include (1) effective staff communication resulting in good co-ordinated care. It occurs via patient notes, formal and informal team meetings; (2) Team support with workload and emotional pressure; (3) Team working across disciplines. Good relationships with staff across different roles and understanding each other's constraints.

Barriers:
- Lack of teamwork between admin staff and consultants
- De-prioritisation or lack of time for formal meetings
- Handover process by using patient notes only

Organisational Policy And IT

Up to date policies and IT that support staff to work more effectively, enable co-ordinated care and facilitate patient needs through modern software, system and meaningful processes.

Barrier:
- Restrictive policies and out-of-date computer systems could limit the fluidity and co-ordination of care.
- Out-of-date IT results in fragmented communication with patients.
- E.g. a rolling 6-weeks for appointments means appointments cannot be booked further in advance

Workload, Staffing And Time With Patients

Making sure responsibilities include time to fully support patients and ensuring adequate staff are in place. Clinical staff also acknowledged allowing time to address quality of consultation along with meeting targets.

Barriers:
- Staff requesting support from others beyond their normal role
- Insufficient staff can reduce staff ability to do their job effectively
- Lengthy recruitment process may put people off from applying
- Poor scope for professional development leads to poor staff retention
- Clinical staff having to choose between seeing more patients in a rushed timeframe, or seeing fewer patients but with sufficient time.

Conclusions

Patients are more than their conditions and staff are more than their uniforms. Effective communication is essential, not just between clinicians and patients but amongst all staff, who should work as a team to provide the best possible care, regardless of their position within the NHS. Perhaps the most intuitive link on staff and patient experience is whether staff would recommend their Trust as a place to work or receive treatment[3]. The narratives highlight that staff recognise that quality of care is not solely measured by clinical outcomes. While solutions may be hard to implement, cultural change and practical steps can be successfully adopted. Macmillan's report on 'The people behind Cancer Care[6]' provides an outline of how management and staff can be supported so that they can provide the best possible care to all cancer patients.

References
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Main contact for more information
Hannah McConell – HMcConnell@macmillan.org.uk

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