

# The relationship between the NHS Staff Survey and the Cancer Patient Experience Survey (CPES): A summary

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## Summary

This study demonstrates a number of relationships between CPES and staff survey results at a trust level. The underlying reasons for these relationships were not necessarily clear and likely to be complex and affected by unmeasured variables, therefore there is potential for extension of this research to understand this better.

## Background

Studies have shown examples of positive links between employee engagement and patient experience. The precise nature of the relationship between staff and patients' experience is only beginning to be understood by researchers. This study sought to understand at an organisation level what, if any areas of staff experience are associated with good or poor cancer patient experience. Data from the 2011 CPES and 2011 NHS Staff survey were analysed in two stages. First a correlation analysis was conducted on trust-level results for both surveys. Then promising results were follow up using a two-level regression model allowing adjustment of patient results for demographic variables and trust level factors – to identify the strongest links between the two surveys. Regression models were constructed using composite scores representing CPES items of similar thematic content.

## Key findings

At a trust level, there were a number of moderate to large relationships<sup>1</sup> found between some aspects staff experience and cancer patient experience. This means, where a trust had a high/low score on the staff experience in question, they also tend to have a high/low score on patient experience. These were as follows:

- Health and safety training in the last 12 months (19 CPES questions)
- Availability of hand washing materials (25 CPES questions)
- Experienced violence from colleagues in the last 12 months (12 CPES questions)
- Experienced harassment from colleagues in the last 12 months (7 CPES questions)
- Staff intention to leave (12 CPES questions)
- Trust provides equal opportunities to staff (26 CPES questions)
- Staff suffered discrimination in the last 12 months (40 CPES questions)

These staff experiences we generally associated with a number of elements of patient experience rather than any one aspect in particular<sup>2</sup>, the number of CPES questions correlated to each item is shown in brackets.

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<sup>1</sup> Only correlations of 0.3 or above are noted. Following the usual interpretation of Cohen's guidelines (Cohen, 1988): correlations of magnitude +/- 0.3-0.5 are 'moderate', and correlations of magnitude 0.5 or more are 'large'.

<sup>2</sup> These include; information and explanations of tests and operations, involvement in decisions about treatment, communication with CNS, doctors and nurses, dignity, information on leaving hospital, emotional support, and coordination of care. Some aspects of staff experience were associated with more of these, some with fewer, but no clear patterns in terms of patient experience theme emerged.

By looking at the correlations at a trust level, it is not possible to take into account other factors about a trust that might impact on patient experience (e.g. patient population characteristics and type of trust).

At an individual patient level (modelled using an approach which took into account background factors such as patient demographics and some trust characteristics<sup>3</sup>) the strength of the links between patient and staff experience appear much weaker. A slightly different picture emerges and, while still statistically significant, these relationships are small. This is in part a reflection of the amount of variation in patient scores – there is generally more variation between *individuals within trusts* than *between trusts*, and the size of relationships found at the trust level would not normally be expected at the patient level:

- Health and safety training in the last 12 months (information provision, involvement in decisions, relational care inc. respect, dignity and privacy)
- Staff would recommend trust as a place to work or receive treatment (involvement in decisions)
- Staff suffered discrimination in the last 12 months (information provision, involvement in decisions, care transition inc. support beyond hospital setting, relational care inc. respect, dignity and privacy)
- Staff received training learning & development beneficial to career development in the last 12 months (care transition inc. support beyond hospital setting)

Again these staff experiences were related to a number of aspects of cancer patient experience, now combined into 4 dimensions, shown in brackets above.

Patients' perceptions of whether there were enough nurses on duty was an aspect of patient experience that related to several elements of staff experiences. Once background factors such as demographics and trust characteristics were taken into account, there still remained an association with staff suffering work related stress and staff recommending the trust as a place to work or receive treatment.

### **Key considerations for interpretation**

Whilst this analysis does suggest that relationships exist between patient and staff experience, the complexity of the relationships involved means that the exact findings may be sensitive to the particular samples involved and assumptions underlying the analysis. In addition to the effects on patient experience associated with staff survey indicators, there were effects (sometimes substantial) associated with background variables such as age, gender, and cancer type.

The staff survey results used don't apply specifically to staff working with cancer patients, but staff involved in patient care in general. If for any reason the experience of staff in general is not representative of those in cancer services, the above findings may not be appropriate.

No causal relations can be concluded from this analysis. There are likely to be complex determinants that impact on the results of both cancer patient and staff experience that are beyond the scope of this piece and available data, including other contextual factors of trusts and individuals.

### **Why is this work important?**

This supports emerging evidence of the link between patient and staff experience. It is beyond the scope of this study to determine the nature of these links or how any initiatives to improve staff

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<sup>3</sup> In the model, CPES questions were grouped together into composite score to reduce the number of models needed and to increase reliability of patient level indicators. These scores were created for 4 key dimensions; information provision, involvement in decisions, relational care including dignity and privacy, and care transition inc. support beyond hospital setting.

experience might impact on cancer patient experience, or vice versa. However there does appear to be value in a more in-depth exploration of this.