



Rapid evidence assessment:

adult social care and factors associated
with productivity and work performance

Rapid evidence assessment: adult social care and factors impacting on productivity and work performance

Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP
www.skillsforcare.org.uk

Skills for Care 2017

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

Bibliographic reference data for Harvard-style author/date referencing system:

Short reference: Skills for Care [or SfC] 2017

Long reference: Skills for Care, Rapid evidence assessment: adult social care and factors associated with productivity and work performance (Leeds, 2017)
www.skillsforcare.org.uk

Contents

Executive summary

Traditional definitions of productivity are being extended to focus on how well a system can use resources to achieve its goals and taking a more holistic view of additional impacting

Employee wellbeing

Employee stress and burn-out are key concerns for health and social care, in part linked to the emotional demands from the job. Contributing factors include a poor and unsupportive working environment, unrealistic goals or high demands on staff etc. add to stress. Initiatives which focus on promoting a positive work environment, guidance to recognise signs and symptoms of stress and burnout, team level support for staff and individual opportunities for coaching and self care help minimize the impact of stress and burn out.

Relationships at work, again connecting culture with productivity, are important – in particular bullying in the workplace. The NHS Framework Developing People directly addresses this issue and sets out a condition for leaders to create an environment where there is no bullying and where staff feel safe and empowered to learn and develop.

Levels of staff engagement

Perhaps one of the most important factors associated with productivity is the level of staff engagement. Engaged employees feel a sense of attachment to the organisation and are more likely to invest in their role – some estimates suggest they perform 20% better than other less engaged colleagues. There are also lower rates of absenteeism and presenteeism associated with engaged staff. Drivers for engagement include purposeful and meaningful work, involvement in decision making, opportunities to engage with management, recognition and reward and organisational concern for staff members.

Learning and development

Learning and development and the link to productivity has been explored by a small number of authors and they concluded that while the evidence was limited, it was worthy of consideration and further investigation. One of the most important findings was the link between using the right person with the right skills to do the job.

Digital technology

Digital technology is increasingly important in social care and several reviews have identified a role for technology to improve productivity. However, there was a sense that health and social care weren't maximizing the potential and work in the future could strengthen returns from technology.

Skills for Care is working to offer the sector a digital champions approach to workforce development in this area to improve staff skills and use of technology.

What is productivity ?

The traditional view of productivity is outputs provided by the process and inputs consumed by the process. This is described as a productivity ratio and can be readily applied to industries where production of a 'unit' is the main business. This is sometimes referred to as 'labour' productivity (OECD 2001) and can be based around gross output or value added output.

However, according to Public Health England (2013) many are now rejecting this traditional view of measuring productivity as the nature of work changes toward service delivery and job roles, which rely less on hard outcomes. They propose that productivity should go beyond this and focus on 'how well a system uses its resource to achieve a goal', providing a more holistic approach by taking into account other factors such as staff training to improve knowledge and skills which will help individuals work toward their goals. Indeed, the ONS is currently working on a quality adjustment for its measure of productivity in social care. However, this is more complex as you move from measuring how many individuals are being cared for toward changes in care needs etc.

Regardless of approach, higher productivity is perceived to be better than lower productivity and some argue what is important is that organisations set up measures of productivity that reflect the needs of the organisation.

How can we measure productivity ?

In adult social care, the ONS (2017) produced a measure of productivity based on direct quantity measure (e.g. care activities in residential care and nursing activities, domestic care provided etc.) and found that productivity has fallen between 1997 and 2014, although it has stabilised since 2012. White and Kearney (2013) also estimated the productivity of adult social care compared to other sectors, focussing on the average gross value added per full time work (calculated by dividing financial input by number of workers in the sector). However, this doesn't reflect quality or effectiveness of the input.

A new methodology for social care

The ONS, along with other authors, now recognise that traditional measures of productivity do not necessarily fit with health and adult social care (ONS 2017, Tavich 2017, Bryson et al. 2014, Crosswaite et al. 2010). The ONS state that their measures don't account for change in quality of care and Crosswaite et al. (2010) argue that data on levels of productivity in the health service is constantly mixed, in part reflecting the complexity around the impact of different factors on productivity. The ONS are currently working on a new methodology to measure productivity in adult social care.

In the meantime, the literature would suggest the following considerations need to be applied when thinking about productivity in this sector:

- observing behaviour – some argue that the ‘Hawthorne effect’ impacts on accuracy of productivity measures in adult social care as behaviour changes when observed
- self-report bias (if not direct observation) has limitations
- absence of market clearing prices (as adult social care services can be free or subsidised)
- differences between outputs and outcomes
- lack of a well-defined and measurable goal
- multiple inputs required to produce outcome e.g. co-production which are difficult to quantify
- input from the variety of organisations and individuals involved – even more pertinent as we move toward integrated services
- range of tasks involved in delivery of adult social care (e.g. administration, analytics, improving outcomes, care and support services)
- who is measuring productivity (see table 1 below).

Sources: Tavich 2017, Public Health England 2015

Table 1: Focus of productivity role



What factors are associated with productivity ?

Five main factors have been identified in the literature:

- culture
- leadership
- employee wellbeing
- learning and development
- digital technology.

Culture of the workplace

There's a growing body of evidence linking organisational culture to productivity particularly focussing on mitigating against absenteeism and presenteeism (Hitchcock et al. 2017, Wilkinson and Marmot 2003, Cancelliere et al. 2011, Bryson et al. 2014, Garrow 2016).

The World Health Organisation describes the relationship between health and workplace productivity as a virtuous circle, stating "There is no trade-off between health and productivity at work. A virtuous circle can be established: improved conditions of work will lead to a healthier workforce, which will lead to improved productivity and hence the opportunity to create a still healthier, more productive workplace" (Wilkinson and Marmot 2003).

A positive organisational culture

A number of studies identified characteristics for developing a positive organisational culture as:

- positive leadership and management (discussed below)
- a clear vision of and approach to delivering care, and a shared organisational understanding of these
- a sense of identity within the organisation
- peer to peer support
- intolerance of bullying and incivility
- strong management planning and practices
- supportive and clear staff policies and procedures, which are interwoven with the vision and approaches to care delivery
- job demands and levels of autonomy
- staff engagement, development and support for learning
- teamwork, good support and good communication between staff
- skilled staff who display a positive attitude
- work done with 'champions' (staff who display a passion for the work and have agreed to lead change in that particular area) who can become facilitators for action learning and person-centred approaches.

Sources: Skills for Care 2015, Australian Faculty of Occupational Health and Environmental Medicine 2013, Camble 2012, Lawrence et al. 2010, Smith 2009, Beadle-Brown et al. 2008, Broadhurst et al. 2007, Robertson et al. 2005, Emond 2003.

The Culture Toolkit

Our work with the sector to improve the culture of care in the workplace, led us to develop a culture toolkit (2017). This is for employers, to help understand the business case to improve culture, influences on culture and to help develop a better understanding of what a positive workplace culture looks like. This is supported by a range of tools to self-assess and implement change in the workplace to move toward a positive working culture.

More recently the NHS has published Developing People - Improving Care following a recommendation from the Carter Review on productivity (2016). The focus is on influencing culture to address bullying and discrimination at work and tackle stress levels, with an emphasis on developing leaders across the system. This will be implemented across organisations funded through the NHS.



Leadership

The literature identified leadership as important to productivity (van Dierendonck et al. 2004) and across a number of domains:

- setting the culture of an organisation, which as described above, is important for productivity
- managing change in an organisation and maintaining staff engagement through the process (discussed below)
- setting up peer support which is linked to stress and burn-out (discussed below)
- directly influencing stress among staff
- employee health more generally
- appropriate allocation of resources

Dimensions of leadership

This was validated for adult social care, and The Work Foundation (Pearson et al. 2011) concluded there was commonality around creating a positive vision, environment and relationship, empowering people where possible, promoting excellence and communication, appreciation of strengths and good systems. However, they found that adult social care leaders

Employee wellbeing

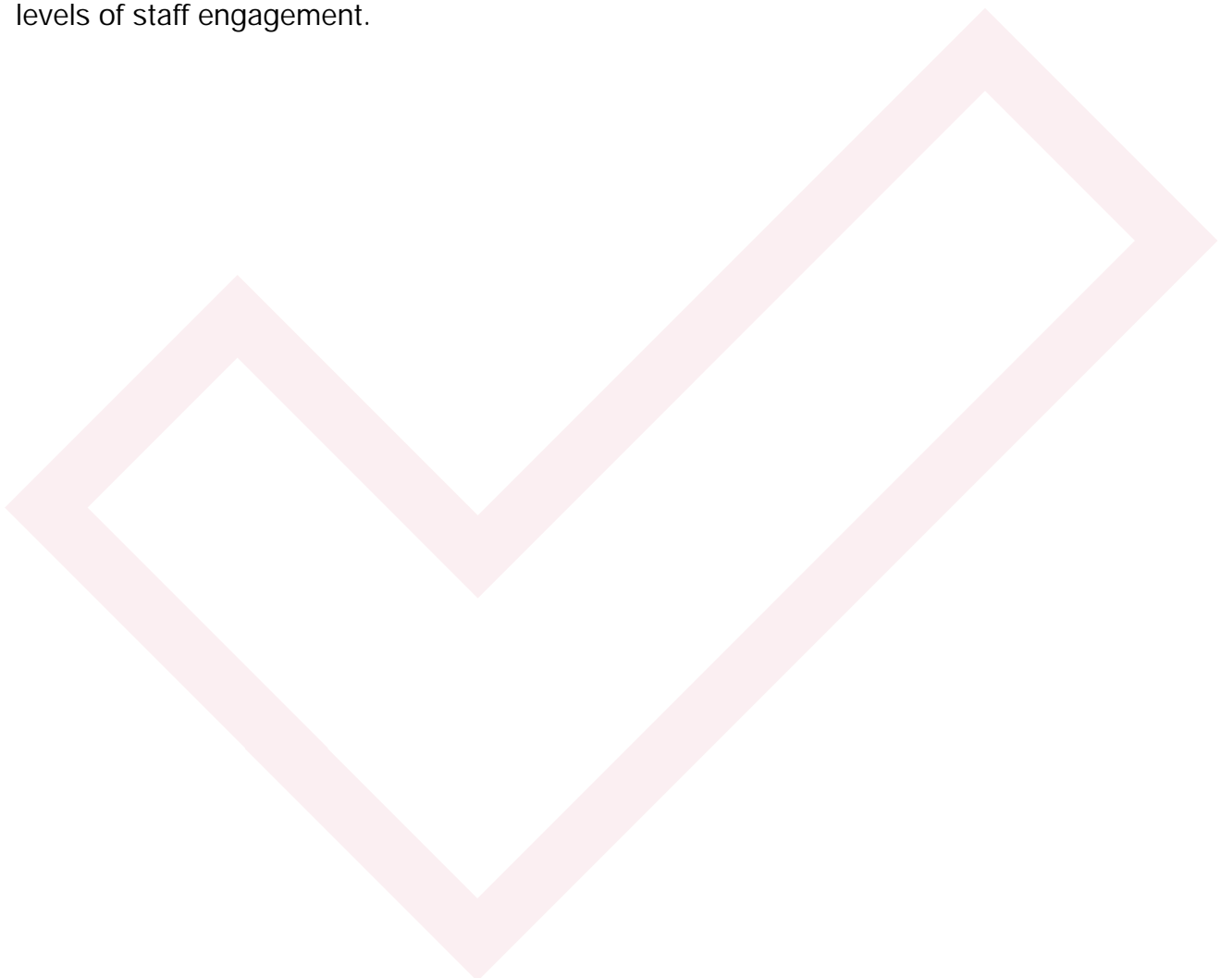
According to Bryson et al. (2014), employee wellbeing is increasingly a focus for government attention in the UK, in part to increase productivity. Turnover, innovation, change management, absenteeism and presenteeism all link to staff wellbeing and productivity (Robertson Cooper 2015, Sweetman et al. 2010, Luthans et al. 2007, Harter et al 2003).

A recent review of research states 'people are significantly less productive when unwell rather than well' (Garrow 2016). Absenteeism is often the focus for measuring employee wellbeing and it is estimated that it costs the UK £8.4b a year (Centre for Mental Health 2011). It is a relatively easy indicator to collect data for and will give some insight into staff wellbeing.

However, research is increasingly focussing on presenteeism as a way to improve productivity in the workforce as people are significantly less productive when unwell but still presenting for work (Garrow 2016, Cancelliere et al. 2011). This presents a much bigger challenge as it is estimated that presenteeism costs the UK £15billion per year and can be a more accurate indicator of staff wellbeing. It will be discussed opposite in more detail.

Several factors have been identified in the literature which impact on employee wellbeing:

- job satisfaction
- employee stress and burn-out
- relationships at work
- levels of staff engagement.



Job satisfaction

Bryson et al. (2014) presented an analysis of the workplace employment relations survey conducted in 2011. The survey studied two aspects of staff wellbeing; job satisfaction and job-related affective feelings. They found:

- the average level of job satisfaction among employees was positively related to measures of workplace performance
- workplaces with 'very satisfied' employees had higher labour productivity, higher quality of output and over performance.

They do qualify that they cannot state definitively that the link is causal, but the findings were so robust and persistent over time, that the results are consistent with a causal relationship. The literature has identified a number of aspects of the job which can impact on job satisfaction and subsequently, employee wellbeing:

- demands of the job and wellbeing tends to be lower when demands are high
- autonomy over the job they do and time to perform the job
- control in relation to the broader organisation through participation in decision-making
- clarity over what is expected including feedback on performance
- security both in terms of physical security as well as job security
- pay and how this compares to peers and other workers rather than absolute pay equity and a perception of fairness in the organisation that all workers are treated in the same way.

By addressing these aspects, employers can increase the potential productivity of the workforce.

Source: Deloitte 2016, Hafner et al. 2015, Bryson et al. 2014, Robertson Cooper 2015.

Employee stress and burn-out

Staff stress and burn-out are associated with both absenteeism and presenteeism in the workplace, (both of which are discussed above) and they are often used as proxy measures of employee wellbeing in the workplace.

Stress and burn-out are tangible issues for adult social care and can result in mental and physical exhaustion and negative professional consequences (Keidel 2002, ShautorEMCeitnb Campbity

Although evidence is limited, there are a number of factors which might mitigate positively on staff stress and burn-out, including:

- organisational level - positive working environment, no blame culture, guidance to recognise signs of stress and burn-out, balanced workload etc.

- team level - peer support and good relationships, debriefing, good leadership, access to management

- individual level - mentoring and coaching, supervision, self-care advice and support.

Source: Burtney et al. 2014

One practice example used in health is the Schwartz Care Round which has been evaluated in the USA and proven effective at building teams, reducing stress, improving engagement with self care and a more coordinated approach to working to the same goal (Goodrich et al. 2012). The aim is to offer an opportunity to reflect on experiences of care through multidisciplinary settings where staff can discuss non-clinical aspects of caring for residents, including the emotional and social challenges associated with their job.

Relationships at work

Again connecting with the culture and working environment, relationships at work are important for productivity. One aspect that is often used as a measure is bullying in the workplace. In the UK recent figures estimate nearly a third of people have been bullied at work (29%) and in nearly three quarters of all cases (72%), the bullying is carried out by a manager (TUC 2015).

The same study directly looked at the effects of bullying on performance at work and found that half of those questioned said that bullying had an adverse impact on their performance and mental health. More than a quarter felt it had a physical impact and a fifth report time off work as a direct result of bullying. Other studies have negatively linked bullying to productivity (Hafner et al. 2015) and call for leaders and managers to tackle workplace bullying.

The NHS framework Developing People directly addresses this issue and sets out a condition for leaders to create an environment where there is no bullying and where staff feel safe and empowered to learn and develop.

Levels of staff engagement

Staff engagement is a broad concept and has been defined by the Institute of Employment Studies as follows:

“A positive attitude held by the employee toward the organisation and its values. An engaged employee is aware of the business context, and works with colleagues to improve performance within the job for the benefit of the organisation. The organisation must work to develop and nurture engagement, which requires a two way relationship between employer and employee.” (Robertson 2007)

Staff engagement can be defined as a function of good management, teamwork, staff satisfaction and health and there is a growing body of evidence to link engagement to productivity (Hitchcock et al. 2017, Carter 2016, PWC 2014, MacLeod & Clarke 2014, Rayton et al. 2012, Robertson-Smith et al. 2009). Engaged employees feel a sense of attachment toward the organisation and have been found to invest in both their role and the organisation. They are more likely to stay with the organisation and perform 20% better than other

Digital technolog

Several reviews have identified the role of digital technology in helping to improve productivity through reduced administrative and repetitive processes, increased mobile working and a range of other factors (Hitchcock et al. 2017, Carter 2016, Deloitte 2016, Vodafone 2015).

Hitchcock et al. (2017) argue that public sector bodies will need to improve and include technology in their future plans, and highlight some of the successes that have already been noted in government department in increasing productivity through technology

Deloitte (2016), who argues that IT in public sector has suffered from under-investment, argues that in order for organisations to be more productive they need to equip employees with technology that helps them maximise their time (e.g. mobile technology reducing the need to return to an office base etc).

Carter (2016) focussed specifically on the NHS and in his review was 'struck by the immaturity of trusts' use of technology and recommended the need to incentivise them to fully utilise the opportunities that digital technology offers.

Vodafone (2015) highlighted the benefits of technology for adult social care including reduction in the need to travel, reduced time spent on collection and processing of case notes, more efficient job scheduling and, importantly, the availability of up-to-date information at the time of contact with individual service users.

Conclusion

The focus on productivity in adult social care is increasing but with limited information on what to measure and how to measure.

There is more focus on how to improve, with literature focusing on the five areas outlined above (culture, leadership, employee wellbeing, learning and development, and digital technology). This will help employers potentially move forward but the problem remains, how will they know if and what they have achieved?

Work is underway to think about productivity in adult social care but there is scope to involve employers in this discussion and ensure their views are represented.

In the meantime, Public Health England (2013) suggest some areas for consideration for organisations considering measuring productivity with a view to improvement.

- Use meaningful indicators – indicators of productivity should be meaningful to the organisation's objectives and operations. They should be reliable and practical, consider all factors that might impact on productivity, and take into account quality rather than just hard outcomes.

- Use an integrated approach – get a comprehensive picture of organisational performance in order to analyse the relative contribution of each and diagnose problem areas.

- Involve employees in decisions that affect them – this gives employees a sense of ownership of the process and a perception of fairness.

- Review progress – productivity measurement is not an isolated task and should be reviewed regularly.

- Measure presenteeism – for example, by adding self-reported questions onto existing staff surveys.

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