Conference Abstract

Staff engagement in telehealth and coordinated care: findings from the ACT programme

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Abstract

Abstract summary: The Advancing Coordinated Care and Telehealth Deployment (ACT) programme is an EU-wide study that aims to identify and promote best practice in digital-enabled integrated care programmes. Though it covers many different elements of coordinated care programmes, this abstract focuses on staff engagement.

The staff engagement workstream involved surveying programme leads and frontline staff about their perceptions of issues such as ownership, involvement and workforce development. Surveys were deployed online and included qualitative and quantitative elements.

Responses were received from 15 programme managers and 115 frontline staff (some surveys were still open at time of submission, so final numbers are not yet established). Early analysis suggests a pattern in which functional tasks related to staff engagement – such as training and education or regular communication of project achievements – appeared to take place regularly. However, there seemed to be less emphasis on those elements of which promoted frontline staff involvement, influence and ownership of programmes.

Overall, the study provides an insight into staff engagement practices across a range of geographical, cultural and clinical contexts. Findings highlight the need for managers and leaders to give greater thought to optimising staff involvement in new approaches to care delivery.

Introduction: Many telehealth and coordinated care projects have – in the past – been adversely affected by low levels of staff engagement and involvement. In particular, lack of motivation and staff engagement has prevented pilot projects developing into mainstream care(1). Previous authors have identified certain elements of project development and implementation that may enhance staff engagement and thereby improve adoption and uptake. Important factors appear to include workforce development, instilling psychological ownership and allowing frontline staff to lead or influence the shaping of new services(2).

This study formed one part of the EU-wide Advancing Coordinated Care and Telehealth Deployment (ACT) programme, which aims to promote best practice in the use of digital-enabled

integrated healthcare. The ACT project encompasses 23 telehealth and/or coordinated care programmes across five EU regions (Scotland, Groningen, Lombardy, Basque Country and Catalonia). Though the project as a whole incorporates multidisciplinary workstreams focused on patient adherence, clinical effectiveness and organisational change, the element of the study addressed in this paper is staff engagement.

The staff engagement work encompassed three broad elements. Firstly, a theoretical, desk-based identification of the key domains of staff engagement was completed. Secondly, a survey of programme managers was undertaken to evaluate their perceptions of the level of staff engagement that they had achieved. Finally, frontline staff themselves were surveyed to establish the level of engagement across programmes and regions.

Surveys were deployed online and comprised Likert-type items and opportunities for free-text responses. Survey items explored the domains of staff engagement, including issues such as involvement in programme implementation, recognition of benefits and development opportunities. Free-text responses were analysed manually to identify patterns and key themes. Answers to Likert-type items were analysed in relation to patterns of response. For the frontline staff survey, Likert-items were also subject to analysis through the attribution of a score to each response (e.g. 5 for 'strongly agree'; 4 for 'agree'; etc.) Though there is some controversy over the statistical robustness of analysing Likert items using this method, the approach has been used successfully to triangulate findings in previous studies(3).

Results: 15 programme managers responded, in addition to 115 frontline staff. Some surveys are still live at the time of abstract submission so final response rates are not yet established. A preliminary analysis is reported here; full results will be available for presentation at the conference.

Perceptions of staff engagement were superficially positive from both managers and frontline practitioners. In particular, there was feedback related to the provision of development opportunities, communication of programme issues and understanding of programme benefits.
Full findings will be available in time for the conference. However, analysis of current data demonstrates substantial differences between perceptions of the domains of staff engagement. The provision of a score for Likert items allows a snapshot of these differences. For example, the mean score for the statement 'I have a clear understanding of what this programme is trying to achieve' was 4.3, whilst the score for 'My views on the programme are gathered and acted upon regularly' was only 3.49. This pattern of 'understanding without involvement' was apparent through the early quantitative analysis of frontline staff data. Free-text responses also support the view that the focus of staff engagement was more on operational issues than it was on promoting involvement and ownership.

Discussion: Early analysis of the data suggests that there appears to be greater focus on day-to-day, operational engagement issues (e.g. training on new equipment; disseminating information on referral criteria), than there does on winning 'hearts and minds' and promoting ownership amongst staff.

This may ensure that staff understand why a programme of coordinated care is being developed and what their day-to-day responsibilities are. Frontline staff also appeared comfortable that they had been given the training and development opportunities necessary to operate any new hardware or software linked to programmes.

However, the findings raise a real concern that staff are still being treated as passive recipients of change, rather than active partners. There was a sense that frontline staff felt that they had little influence on the development, implementation or operation of coordinated care programmes. As a result, their level of 'buy-in' and ownership appeared relatively low.

Conclusion: This study has gathered feedback from managers and frontline staff involved with 23 digitally-enabled coordinated care programmes across Europe. The findings suggest that though the importance of staff engagement seems clear to managers, their practice does not yet address domains related to involvement and ownership.

From the perspective of frontline practitioners, staff engagement activities appear to have provided clear guidance on the purpose of programme implementation and on day-to-day functions. However, staff do not appear to be empowered fully or to feel a sense of ownership towards their programmes.

Lessons learned: The study has provided useful insights into perceptions of managers and frontline practitioners in relation to staff engagement.

Methodologically, the study has also provided a number of useful lessons related to the deployment and analysis of surveys across different countries (e.g. the challenges associated with using a standardised tool when context-specific terminology is preferable).

Limitations: Given that the study used findings from an online survey, there is the danger that respondents represent only a self-selecting group of particularly vocal staff.

The 'one-to-many' nature of programme responses (one programme manager and many frontline staff) also makes any comparison between manager and practitioner perceptions difficult).

Suggestion for further research: The findings from this element of the ACT study will underpin the development of a staff engagement matrix, providing a tool for assessing practice across future coordinated care programmes. Once finalised, this assessment tool requires study to establish its reliability and validity.

Keywords

staff engagement; digital health; coordinated care; change management

References

1. Broderick A, Lindeman D. Scaling Telehealth Programs: Lessons from Early Adopters. The Commonwealth Fund; 2013. Available from: www.commonwealthfund.org

2. Gagnon MP et al, Systematic review of factors influencing the adoption of information and communication technologies by healthcare professionals. J Med Sys; 2012;36:241-277.

3.Barrett D. Effectiveness of a telehealth and telecare learning resource within an undergraduate nursing curriculum. J Int Soc Telemedicine and eHealth; 2013;1(1):12-18.

PowerPoint presentation

http://integratedcarefoundation.org/resource/icic15-presentations