The Royal College of Emergency Medicine

EMPOWER: A guide to engage and retain your established EM staff

Emergency
Medicine
Positivity
Opportunity
Wellbeing
Engagement
Retainment

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Contents

Scope

This guide provides clear information to challenged organisations on evidence-based approaches to engaging and retaining established staff in Emergency Medicine (EM).

Reason for development

This forms the first of a 'suite' of sustainable working practice guides in EM.

Future guides will include:

- A Practical Guide to Flexible Working and Good EM Rota Design
- Returning to EM Clinical Practice, Skills Maintenance and Future Professional and Personal Development
- A Practical Guide for EM Clinical and Non-Clinical Managers
- A Wellness Compendium for EM

Introduction

Engaging and retaining staff in Emergency Medicine can be a major problem for challenged organisations.

Issues relating to the work environment as a result of poor escalation protocols, unnecessary delays and the use of inappropriate physical spaces in the Emergency Department (ED) can hasten staff withdrawal and disengagement.

Three recent reports have given organisations clear guidance on how they can better manage flow in order to alleviate pressure in the ED. However, there is more that organisations can do to further engage and motivate staff in order to retain them in a productive and energised way.

This guide reviews the most recent evidence and gives organisations strategies to ensure established EM staff remain engaged with a view to retaining them in their workforce.

Whilst much of the evidence relates to the workplace in general and to staff in a variety of healthcare settings, the principles described here are tailored to the particular needs of established staff in EM, a group who are at significant risk of withdrawal.

We encourage organisations to use this guide in parallel with guidance on improving care and processes for patients in the ED. Further resources are listed at the end of each section.

We hope you find this guide a useful resource, to further engage your staff in a way which retains them in your workforce in an energised, positive and productive way.

Throughout this document we use the term established EM staff to mean those senior decision makers in EM who are not on rotational training posts or short-term contracts.

Further Reading

Care Quality Commission (May 2018) *Under pressure: safely managing increased demand in emergency departments*. Newcastle: CQC.

Royal College of Emergency Medicine Northern Ireland, (April 2018) *What Northern Ireland's Emergency Department Consultants Really Think*. London: RCEM.

Royal College of Emergency Medicine Scotland (April 2018) *Scotland's Emergency Department Workforce and Sustainable Careers in Emergency Medicine*. London: RCEM.

Royal College of Emergency Medicine (October 2017) *Securing the future workforce for emergency departments in England*. London: RCEM.

The evidence

What does research tell us about the factors which promote early staff withdrawal and prompt them to leave the workforce?

The impact of the workplace - If workers are required to perform work under adverse conditions on a permanent basis, they will inevitably encounter health and performance problems.

The impact of poor fit - Musculoskeletal disorders and mental health issues, in particular psychological stress, represent the headline causes of absence and early withdrawal from work. This is strongly associated with the need to design work to fit capability and capacity.

Mitigating the risks - If work related risks to employee health are effectively controlled and/or suitable adjustments made to the way in which work is configured, then this will increase peoples' capacity to work and likely increase their disposition to extend their working lives.

We know that even though many organisations are improving their services despite the operational pressures they face, at least half of all urgent and emergency care services require improvement.

We also know that in established EM staff, compassion satisfaction scores reduce over the first 10 years and increase after 20 years. Lower compassion satisfaction scores are associated with reports from staff of irritability with patients, irritability with colleagues and a reduction in standards of care at least monthly.

Therefore, it is imperative that those organisations who struggle to provide good or outstanding urgent and emergency care services focus not only on those who have reached the 10 year point in their career and beyond but also proactively mitigate the risks before this point in order to effectively engage and retain their established EM staff.

Further Reading

Weyman, A., Meadows, P. and Buckingham, A. (NHS Working Longer Review) (2013) *Extending Working Life. Annex 6: Audit of research relating to impacts on NHS Employees*. London/Leeds: NHS Employers.

Dasan S, Gohil P, Cornelius V, *et al.* Prevalence, causes and consequences of compassion satisfaction and compassion fatigue in emergency care: a mixed-methods study of UK NHS Consultants. *Emerg Med J* 2015;32:588-594.

Solutions

Opportunities that allow individuals to maintain their established job role/status while working flexibly is what most people desire. Flexible working results in better retention and greater engagement, better matching of staffing levels to demand peaks, less absenteeism and harder work.

Employees in healthcare rate personal development as highest in a ranking of desirable job attributes. Marginalisation or exclusion from training and development can feed staff perceptions that their skills and experience are under-valued, which can have a demotivating effect. This has implications for their commitment to work, and disposition to remain in work. This can be exacerbated and hastened by requests to 'Act Down'*.

Issues of workplace culture and climate are defining influences on the experiences and behaviours of employees in relation to work. There may be suspicion or distrust of others which can have an impact on the attitudes and behaviour of established EM staff and how they communicate and engage. This is often directed towards line managers who are at the forefront of having to balance the interests of their staff against meeting operational targets and objectives.

Therefore, to engage and retain staff the solutions lie in these three domains:

1. Work flexibility
2. Professional & Personal Development
3. The role of EM line managers

The following pages will expand on each of these three themes in the specific context of established staff in EM.

* Definition: Acting down is where a doctor is requested by their employer to cover the duties of a more junior colleague within their contracted working hours, although it may extend to covering the duties of a more junior colleague during unplanned additional hours. This definition does not apply, however, where the doctor undertakes duties as part of their normal workload which a more junior doctor might be competent to undertake.

Further reading

Chartered Institute of Personnel and Development (2012) *Flexible working provision and uptake*. London: CIPD.

Edwards, C. and Robinson, O. Evaluating the Business Case for Part-time Working amongst Qualified Nurses. *British Journal of Industrial Relations* 2004:42(1):167-183.

Weyman, A.K. (2012) *Evidence based practice – its contribution to learning in managing workplace health risks*. In Biron, C., Karanika-Murray, M. and Cooper, C., eds. *Improving Organizational Interventions for Stress and Well-Being Addressing Process and Context*. London: Routledge.

Work flexibility

Implement good rostering practice

Amongst all staff, whilst a minority appear to prefer shifts (usually fixed), a more general finding is that shift working is unpopular and rotating shifts least popular. Although shift work is a reality for all staff who work in urgent and emergency care services, the more disruptive aspects of rotational shifts can be mitigated by adherence to good practice, in particular the direction of rotation.

In industry, shift patterns tend to follow regular set patterns, are routinely coordinated centrally by the HR function and follow accepted good practice in order to minimise impacts on staff performance and wellbeing. In the NHS, this is more commonly devolved to line managers which increases the scope for deviation from good practice in shift pattern design.

Tailor working arrangements to non-work commitments

Emergency medicine is fast paced, exhilarating and intense. Preferences for flexible working are various and can relate to work-life balance preferences, reduced exposure to stresses of work and non-work commitments.

If implemented well, flexible working can help align staffing levels to fluctuations in demand for urgent and emergency care services whilst fitting with the lifestyle choices and health and social needs for established EM staff.

Options include:

- Flexitime
- Annualised hours
- Job-sharing
- Reduced hours/part-time
- Compressed hours
- Seasonal work
- Home working
- Unpaid leave
- Career breaks/sabbaticals
- Migration to less onerous/strenuous/stressful roles
- Job-rotation
- Mentoring of less experienced staff
- Amendments to shift patterns, e.g. shorter working day/longer rest periods between shift change overs

Do this in a proactive and managed way

Employers need to do more than simply offering flexible options to staff. A proactive, managed approach is required. Hence, including discussions regarding working life intentions and options as a formal component of any established annual review procedures, i.e. annual appraisal, is essential.

Further Reading

Folkard S, Tucker P. Shift work, safety and productivity. *Occupational Medicine*. 2003: 53: 95-101.

BMA and NHS Employers (May 2018) *Good Rostering Guide*. London/Leeds: BMA/NHS Employer.

Professional and personal development

Use training and development to maintain and enhance skills

Make sure worthwhile training options are present for established EM staff. This means tailored training which is forward-focused and takes into account the needs, preferences and learning styles of established staff.

This training needs to move beyond simple skills-based training with more nuanced training where individuals are able to develop amongst their peers and with the ability to perform as they would normally with the ability to reflect deeply on how they could enhance their practice moving forward. A specific challenge is how established EM staff re-certify in life support courses every 4 years without needing to do this amongst other staff on the course without their wealth of experience. For these individuals, doing this in a way which is worthwhile is essential.

Facilitate migration to alternative roles

Amongst EM staff, some migration to alternative job roles already takes place, but there is scope for more actively carving out mentoring and support roles for experienced individuals.

Migration to training/mentoring/coaching or other support roles meets the needs of both established EM staff whilst benefiting less experienced staff. Organisations that have measured the impact of mentoring initiatives have found a reduction in turnover among new staff, leading to savings in recruitment costs. In hospital care, mentoring has been shown to also reduce the incidence of errors among inexperienced staff by nearly 50%, leading to shorter hospital stays for patients.

Counter staff perceptions of social marginalisation and disenfranchisement

Everyone likes something 'new'. However, an organisational and managerial focus on recruitment of 'new' staff may contribute to the exclusion and disengagement that some established EM staff feel. And it is only comparatively recently that phrases like 'life-long learning' have begun to enter the mainstream. Against this backdrop, there is a clear need for employers to take overt, high profile, visible steps to demonstrate their commitment to established EM staff and their continued professional development.

Further reading

The Lewin Group (Prepared for: The Robert Wood Johnson Foundation) (2009) *Wisdom at Work: Retaining Experienced RNs and Their Knowledge – Case Studies of Top Performing Organizations*. Falls Church, VA: The Lewin Group.

The role of EM line managers

EM line managers need support

Clinical and non-clinical managers responsible for emergency departments are under immense pressure and scrutiny. With the day-to-day operational pressures and the minute-by-minute need to maintain and manage flow through the ED, they are at the forefront of having to balance the needs of established EM staff with operational performance and organisational objectives.

These key staff are the most likely to need support with their mental health due to the pressure they are under with excessive workloads. Hence, they need the support and commitment of senior managers in the organisation in order to deal with these competing priorities.

EM line managers need training

Clinical and non-clinical managers will be instrumental in coordinating the needs of the various staff groups working in the ED, e.g. by organising shift rotas, coping with staff absence and managing social relationships.

These managers need relevant training in people management skills so that they can provide good line management, provide clear objectives, feedback and support to staff and proactively manage conflict when it occurs. In addition, to retain established EM staff they need to recognise, value and respect their contribution – a failure to do this can have a direct effect on their intention to quit.

EM line managers must take a positive approach

Clinical and non-clinical EM line managers are key enablers. They will have a large and varied workforce whom they manage (including both established and new staff) with a variety of needs and preferences.

During appraisal discussions, they need to explore staff preferences and be receptive to their aspirations. They need to proactively prompt these discussions and play a role in identifying solutions.

They have considerable discretion over determining the options available to individuals. They have a critical role to play both as gatekeepers to training opportunities and when dealing with staff requests for alternative working arrangements. They may also have the ability to facilitate easier access to support services for staff such as occupational health, physiotherapy and counselling.

In this role, EM line managers can take a variety of approaches to staff, ranging from the hostile and discouraging, through the passive, to the

positive and, indeed, insistent. Managers (particularly new managers) need to recognise that their approach to established EM staff may need to be very different to those who are new or less experienced.

Further reading

Chartered Institute of Personnel and Development (2018) *UK Working Lives*. London: CIPD.

Black, C. (2008) *Working for a healthier tomorrow*. London: TSO.

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RCEM Sustainable Working Practices Committee

Review

Usually within three years or sooner if important information becomes available.

Conflicts of interest

None

Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Research recommendations

None

Audit standards

None

Key words for search

Engagement, retention, workforce, sustainability, guideline

Notes

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