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This report

Abstract

Evaluating the evidence on employee engagement and its potential benefits to NHS staff: a narrative synthesis of the literature

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Background: Recent studies have suggested engagement is linked with beneficial outcomes for individuals and organisations. Despite growing demand for resources and advice on engagement within the NHS, there has been no systematic evaluation of how engagement strategies can be developed and operationalised within the NHS.

Objectives and research questions: To evaluate evidence and theories of employee engagement within the NHS and the general workforce to inform policy and practice. Four research questions focused on definitions and models of engagement; the evidence of links between engagement and staff morale and performance; approaches and interventions that have the greatest potential to create and embed high levels of engagement within the NHS; and the most useful tools and resources for NHS managers in order to improve engagement.

Review methods: Evidence was evaluated using a narrative synthesis approach involving a structured search of relevant academic databases and grey literature. The search yielded a final data set of 217 items, comprising 172 empirical papers, 38 theoretical articles, four meta-analyses and three books. From the grey literature, only 14 items were used in the analysis.

Main findings: There is no one agreed definition or measure of engagement. Existing approaches were grouped under three headings: a psychological state; a composite attitudinal and behavioural construct; and employment relations practice. Most fell under the first category, with the Utrecht Work Engagement Scale being the most prevalent. Most theorising around engagement used the job demands–resources framework. Thirty-five studies considered engagement and morale, and the most consistent finding was a positive link between engagement and life satisfaction, and a negative link between engagement and burnout. Some studies suggested that engagement was positively associated with organisational commitment and job satisfaction and negatively linked to turnover intentions. Of 42 studies that looked at performance and engagement, the strongest support was found for a link between engagement

and individual in-role performance and a negative link between engagement and counterproductive performance outcomes. A link between engagement and higher-level performance outcomes was also found. Of 155 studies that explored approaches and interventions that promote engagement, the strongest support was found for the following: positive psychological states including resilience; job-related resources and job design features; positive leadership; perceived organisational support; team-level engagement; training and development. Only a small proportion of studies were based in health-care settings, making the application of evidence to wider contexts limited. Studies identified in the grey literature suggested that the focus of practitioner material was more on wider managerial issues than on psychological factors.

Conclusions: The synthesis highlights the complex nature of the engagement evidence base. The quality of evidence was mixed. Most studies were cross-sectional, self-report surveys, although the minority of studies that used more complex methods such as longitudinal study designs or multiple respondents were able to lend more weight to inferences of causality. The evidence from the health-care sector was relatively sparse. Only a few studies used complex methods and just two had taken place in the UK. The evidence synthesis suggests that employers might consider several factors in efforts to raise levels of engagement including development and coaching to raise levels of employee resilience, the provision of adequate job resources, and fostering positive and supportive leadership styles.

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HRM	human resource management	JD-R	job demands–resources
IBSS	International Bibliography for the Social Sciences	MBI	Maslach Burnout Inventory
		OCB	organisational citizenship behaviour
ICT	information and communication technology	SET	social exchange theory
ISA	intellectual, social and affective	UWES	Utrecht Work Engagement Scale

Plain English summary

While there is some disagreement over exactly what 'employee engagement' means, it is generally accepted that people are engaged with their work when they feel positive, enthusiastic and 'into' their job. We set out to review all the evidence published on engagement, aiming to find out (1) if people perform better at their work and/or experience higher levels of well-being when they are engaged and (2) what are the main factors in the workplace that drive up engagement levels. We examined all the evidence that has been published in peer-reviewed journals since 1990 and found 172 articles containing evidence that met our quality standards. We also examined a range of practitioner materials produced in more informal ways.

Overall, the evidence suggested that when people are engaged they tend to perform better and help colleagues more, and to be more satisfied with their work and life in general. We identified six factors linked to this: certain psychological states (such as resilience, self-efficacy and personal resources); providing people with the resources and tools they need to do their jobs; positive leadership; feeling supported by the organisation; working in a team with other engaged people; and taking part in training or development which boosts individuals' coping strategies.

However, we found the evidence on engagement was mixed and very little of it focused on the health-care sector; thus, we still do not know very much about how engagement works. Further research is needed to verify the findings of this review and to give work contexts greater consideration.

Scientific summary

Background

Employee engagement is enjoying significant popularity, notably in the UK, where the 'Engage for Success' movement has raised awareness of the potential for engagement to have an impact on individual well-being, corporate performance and national productivity, and where the NHS has come under pressure to consider raising levels of engagement as a potential solution to some of the major challenges of staff morale, retention and performance. The question underpinning this evidence synthesis is: is this focus on engagement justified? Is there any evidence that engagement levels make a difference and, if so, what does the research tell us are the factors most likely to yield high levels of engagement?

Methods

The review addressed four research questions:

1. How has employee engagement been defined, modelled and operationalised within the academic literature?
2. What evidence is there that engagement is relevant for staff morale and performance?
3. What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?
4. What tools and resources would be most useful to NHS managers in order to improve engagement?

The first three questions were refined into detailed questions that could be directly addressed from the academic literature. We developed a search strategy that yielded a preliminary data set comprising 712,550 items. Further refinements were undertaken to reduce the scale of the search, and the full search over five databases yielded a final total of 5771 items.

The titles and abstracts of these 5771 items were then each sifted by a minimum of two members of the research team using pre-agreed criteria for quality and relevance. Following this, a total of 603 items were put forward for data extraction. These full-text items were evaluated against the pre-agreed inclusion criteria, yielding a final total of 217 items, comprising four meta-analyses, 172 empirical articles and a further 38 theoretical/conceptual pieces and three books. Data were extracted from these items using a data extraction form designed to enable evaluation for quality and relevance.

How has engagement been defined, modelled and operationalised within the academic literature?

Definitions and measures

We extracted data from the 172 empirical papers that were included in the evidence synthesis for research questions 2 and 3 and consulted 38 literature reviews and conceptual papers as well as other background books and papers on engagement. We identified six categories of definitions that have been developed and used as the basis of gathering and analysing empirical data on engagement. These six categories can be grouped under three headings:

- Engagement as state

  - Personal role engagement: engagement is the expression of an individual's preferred self during the performance of work tasks. Twelve items used this definition of engagement. This approach is based on the seminal work of William Kahn.
  - Work task or job engagement: engagement is a multidimensional state with cognitive, emotional and energetic/behavioural attributes experienced by employees in relation to their work. One measure, the Utrecht Work Engagement Scale (UWES), has been developed and validated, with multiple variants in use. The measure has been widely adopted within the literature on engagement in the context of health; 148 items used this definition and measure.
  - Self-engagement with performance: one measure has been developed that regards engagement as the extent to which high levels of performance are salient to the individual. One paper used this measure.
  - Multidimensional engagement: this distinguishes between engagement with work and engagement with the organisation as a whole. Seven papers used this definition.

- Engagement as composite

  - Drawing on the work of various consultancy firms and researchers who regard engagement as a positive attitudinal state in relation to the organisation, this approach is what is commonly referred to as 'employee engagement'. Several measures that fell under this heading were excluded for reasons of quality and validity. However, one measure met the inclusion criteria, and two papers were included that used this perspective.

- Engagement as practice

  - Scholars within the human resource management field have recently begun to focus on engagement, and there is a small emergent literature on engagement as an employment relations practice. Studies falling under this heading are, to date, qualitative, so no specific scale or measure has been developed. However, three studies adopting this perspective were identified and included in the analysis.

The general picture to emerge from the analysis is that there is significant divergence of view over what engagement is, or is not. The dominant view is that engagement is a multidimensional psychological state experienced by the individual in relation to his/her work activities, and the most widely adopted measure of this is the UWES. However, some commentators have highlighted shortcomings in this measure and its application.

Other scholars have suggested that engagement can be directed not only towards one's work but also towards one's employing organisation. This idea has so far been explored in only a very small number of studies. The 'engagement as composite' view is most akin to what many practitioners understand as 'employee engagement', since it encompasses a range of positive attitudes towards the organisation and work setting. Only a small minority of studies using this approach have been published in peer-reviewed journals and most efforts to operationalise engagement under this heading have failed to demonstrate its validity as a construct or discriminant, despite its potential interest to practitioners.

Engagement as practice is a new and emerging area of interest and, again, one that is of potentially considerable interest to practitioners. Only qualitative studies have been undertaken so far in this area. This conceptualisation of engagement is quite far removed from the notion of engagement as a psychological state of mind, and lies more squarely within the field of interest around workplace involvement and participation.

In conclusion, the dominant perspective on engagement within the academic literature is of engagement as a multidimensional activated state of mind, measured by the UWES. However, the sheer range of different meanings attached to 'engagement' has hampered the development of a persuasive body of knowledge and evidence.

Theories

An analysis of the empirical papers showed that the over-riding theoretical framework used to 'explain' engagement as a psychological state is the job demands–resources (JD-R) framework. Sixty-five papers referred to the JD-R framework. However, doubt has been cast over the explanatory power of the framework, and its limitations in terms of its ability to explain and predict engagement have been highlighted.

The second most widespread theory used in the literature is social exchange theory; 26 articles referred to this. A very wide range of other theories was additionally used in empirical papers to explain the processes by which engagement works. In large part, this broad range of theorisation is linked to engagement's contested nature. Overall, although the JD-R has emerged as the dominant theoretical perspective, as the field evolves, it is probable that other theoretical frameworks will generate new insights into engagement.

What evidence is there that engagement is relevant for staff morale?

We considered health and well-being perceptions and work-related attitudes. A total of 35 studies relating to the general workforce and 12 in relation to health care met the quality threshold and were included. The most consistent finding was a positive association between engagement and life satisfaction; four studies examined this link and two used complex methods. Engagement was also consistently found to be negatively associated with burnout (five studies).

Thirty-one studies examined the link between engagement and work-related attitudes; the most consistent finding to emerge from these was that engagement was positively associated with organisational commitment and job satisfaction (10 studies). Twenty studies found engagement to be negatively associated with turnover intentions.

What evidence is there that engagement is relevant for performance?

We classified outcomes as individual or higher-level (e.g. team, unit, organisational) performance outcomes. Individual outcomes were considered under the following headings: in-role performance, extra-role performance (e.g. citizenship behaviour) and counterproductive performance (e.g. deviant behaviours). A total of 42 studies focused on these areas, of which just six were in a health-care context. The notion that engagement is associated with performance was supported in eight instances in the general workforce and five within health care, but these were inconclusive. At the individual level, 22 studies in the general workforce and two in health care examined the link between engagement and individual task-related performance outcomes; all showed a consistent association between engagement and performance outcomes. Thus, we can conclude that there is substantial support for the association between engagement and individual performance outcomes.

Seventeen studies in the general workforce and two in health care found support for a link between engagement and extra-role performance. Three studies among the general workforce (but none within the health-care sector) found a negative link between engagement and counterproductive behaviour.

What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?

Some 113 studies examined a wide range of interventions in the general workforce, and a further 42 examined interventions in the health-care context. The evidence base in this regard was disappointing, with few studies in the UK. The most significant associations overall were found concerning the following:

1. positive psychological states, notably self-efficacy, resilience and personal resources
2. jobs and job-related resources enabling individuals to experience meaningfulness, safety and availability
3. positive and supportive leadership approaches, including supervisory support, ethical leadership, authentic leadership, charismatic leadership and trustworthy leaders
4. perceived organisational support
5. team-level engagement
6. participation in training or development interventions designed to enhance personal coping strategies, resilience, or interventions allowing individuals choice and discretion in ways of working.

What tools and resources would be most useful to NHS managers in order to improve engagement?

To address this question, a parallel synthesis of the grey literature was undertaken. This commenced with an initial scoping exercise of materials from 136 sources, including professional bodies, membership organisations and other agencies. This produced an overwhelming volume of results, necessitating a similarly focused but modified approach to the academic literature search to identify relevant materials of sufficient rigour for inclusion in the review of practitioner materials. After refinements, the structured search of practitioner materials identified a total of 7275 items from 34 sources, which the team then assessed according to a series of sift questions. Of these, 14 were deemed to be of sufficient quality to be taken forward for full evaluation, leading to the production of a set of outputs for practitioners including a review of the grey literature, a paper on the measurement of engagement, a conference and a workshop, a webinar and four podcasts, along with a set of three guides for practitioners (human resources specialists, managers and leaders) on engagement, the production of a review of practitioner materials and contributions to a range of practitioner outputs. Although there were broad similarities between the overall themes in the academic and the grey literature reviews, the review of grey material suggested that the practitioner material focused more on wider managerial issues (including performance management and training) than on psychological factors of engagement.

Conclusions

Our study revealed the complexity and fragmented nature of the engagement literature. So many different meanings have been attached to engagement that it does not make sense to talk of engagement as one single construct. Some have bemoaned the acontextualised, managerialist writing of much of the engagement literature, and noted that some interpretations of engagement, notably engagement as composite, risk being dismissed as a managerial fad. Others have argued that engagement has a dark side that may tip over into workaholism and work intensification. The sceptics' view that engagement adds little or nothing to our understanding of workplace attitudes over and above more established constructs such as commitment and satisfaction has not yet been fully disproved.

Overall, the quality of evidence was mixed. Most studies were cross-sectional, self-report surveys, although the minority of studies that used more complex methods such as longitudinal study designs or multiple respondents did lend more weight to inferences of causality. The evidence from the health-care sector was, however, relatively sparse; only a few studies had used complex methods and just two had taken place in the UK.

Consensus is tentatively emerging from the academic literature that engagement is a psychological state that leads to beneficial individual and organisational outcomes and is influenced by a range of organisational factors. More research that explores alternative conceptualisations of engagement and employs more complex, contextually sensitive methodologies would be welcome.

Implications for practice

The evidence has shown the following factors can raise engagement levels:

- Initiatives that bolster positive feelings among the workforce. Evidence shows that employees who experience positive emotions in relation to their work generally are also more likely to be engaged.
- Features of job design. Well-designed jobs that allow latitude for autonomy and perceived control over work seemed more likely to engender high levels of staff engagement.
- Positive and supportive leadership. Where staff perceived their leaders and managers as supportive, empathetic and inspirational then they were more highly engaged.
- High levels of organisational support. Organisations should aim to provide staff with the resources they need to do their work.
- Fostering engagement at the team level. There was some evidence that being part of a highly engaged team led to higher levels of individual engagement.
- Participation in training or development interventions designed to enhance personal coping strategies, resilience, or interventions allowing individuals choice and discretion in ways of working.

Recommendations for future research

- There is a general need for further longitudinal research on both the antecedents and the outcomes of engagement within the health-care context specifically.
- More research is needed that focuses on engagement as practice.
- More multimethod, qualitative or ethnographic research on engagement within health care would be welcome.
- Very little research within the engagement field has considered issues of diversity and equality. For instance, more research that investigates the antecedents and outcomes of engagement, as well as the experience of engagement, from the perspectives of employees from various backgrounds would be welcome.
- Further studies that investigate the interaction of engagement at different levels – individual, work group/team and organisational – would shed light on the experience of engagement.
- Research that evaluates the comparative salience of a range of different antecedents to engagement would be welcome; hitherto, studies have focused on a relatively limited range of antecedents, so there is a dearth of research that compares and contrasts the potential importance of a range of antecedents for engagement levels.
- It would be useful to know more about the focus of individuals' engagement. For instance, are people engaged with their job, their work team, their organisation or their profession, and what are the implications of this?
- All research on the antecedents of engagement with a health-care context included in this review used the UWES to measure engagement. Quantitative studies that use other measures and conceptualisations of engagement to test alternative perspectives on engagement that may be relevant within a health-care context would be welcome.

Funding

Chapter 1 Introduction

Context for the evidence synthesis

Employee engagement has been a topic of growing significance in recent years, bolstered in the UK by the work of the 'Engage for Success' movement, which has asserted that there is evidence of a link between high levels of staff engagement, organisational performance and individual well-being, as well as lowered rates of absenteeism and intent to quit.[1,2] This association was also underlined by Dame Carol Black in her 2008 report to the UK government, *Working for a Healthier Tomorrow*, in which she argues that features of job design, management and leadership are linked to the health of the workforce.[3]

Academics have similarly argued that a range of positive organisational outcomes are associated with high engagement levels, such as improved performance,[4] productivity,[5] customer service[6] and organisational citizenship behaviour (OCB),[7] as well as positive individual outcomes such as well-being,[8] reduced sickness absence[9] and reduced intent to quit.[10]

Engagement has grown in significance to the extent that it has been identified by the UK's Chartered Institute of Personnel and Development as one of the core professional competencies for human resource management (HRM) practitioners, and is frequently cited as being one of the key challenges facing the HRM profession.

Within the NHS, engagement has come increasingly to the fore, with the establishment of a 'Staff Engagement Policy Group' at the Department of Health in 2008, the creation of a staff engagement indicator within the annual NHS Staff Survey in 2011 and the development of a range of resources on engagement by NHS Employers.[11] Sir David Nicholson, Chief Executive of the NHS in England, has been a member of the Sponsor Group supporting the work of the current Engage for Success Taskforce. The 2013 Francis Report[12] indicated the potential risks of low engagement levels within the NHS and concluded that the NHS needs to foster a culture where the patient is put first, and staff are fully engaged.

However, the 2012 NHS Staff Survey results suggest that, although the staff experience is very positive in some respects, there is also cause for concern.[11] For example, only 26% said senior managers acted on staff feedback, 35% felt that communication between senior managers and staff was effective and 40% felt that their trust valued their work, while 38% reported feeling unwell as a result of work-related stress.[11] All of these factors have been found in academic research to be linked with levels of engagement.[8,10,13] Furthermore, 55% would recommend their organisation as a place to work; although an improvement on 2011 and comparable with findings elsewhere,[10] this means that a large proportion of employees still do not feel positive enough about their employers to recommend them. Despite a growing demand for resources and advice on engagement within the NHS, there has hitherto been no systematic evidence synthesis that summarises the findings of research on engagement and shows how these may be relevant for developing and embedding engagement strategies in a NHS context. The purpose of this report is to address this overarching question and to provide a synthesis of the evidence relating to engagement, both within the workforce as a whole and within health contexts in particular.

This task is by no means clear-cut. There is a great deal of uncertainty over what engagement means, and its theoretical underpinnings. For instance, MacLeod and Clarke[1] found over 50 different definitions of engagement while preparing their *Engaging for Success* report, and academics frequently refer to the definitional complexity of the field.[14–16] Definitions drawn from the practitioner domain tend to focus on engagement as an active verb, 'engaging', and highlight the notion that employee engagement is something *done to* employees to ensure they 'buy in' to the organisation's overarching goals and values, often with the expectation that, if employees are engaged, then they will want to give something back to

their employer.[1] This conceptualisation is closely linked to the more established constructs of involvement and participation: '*doing* engagement'.[17]

However, this conceptualisation of engagement is not necessarily aligned with the development of the field within the academic literature.[18–20] Here, the construct of employee engagement was first introduced by Kahn[21] to signify the authentic expression of self in role, involving physical, cognitive and emotional dimensions, and Kahn's work has heavily influenced subsequent writings.[4,8,10,22] Engagement is thus considered within the organisational psychology field to be a multifactorial behavioural, attitudinal and affective individual differences variable,[23–25] '*being* engaged'.[17] More recently, attention has turned to the topic of engagement from a critical HRM and organisational sociological perspective,[26] raising new and as yet unanswered questions about the ontological status of engagement.

Linked to this, there is also considerable debate over the factors deemed to drive up levels of engagement, and the evidence is not so clear-cut as advice in the management literature would suggest. Academic research has suggested that a very wide range of factors at the levels of the individual, the job, the line manager and the employer may all be relevant.[27] These include, for instance, aspects of job design such as autonomy, meaningfulness and person–job fit[4,21] and aspects of organisational climate such as voice and value congruence.[4,10] Specifically within the context of health-care workers, experiences of negative affect within the context of the job demands–resources (JD-R) model have been shown in one study to impact on engagement outcomes,[28] while research by the Institute for Employment Studies found that the key drivers of engagement were staff perceptions of feeling valued by and involved with the organisation.[13]

Equally important is an understanding of the underlying process by which engagement is thought to operate, and the theoretical frameworks that may be especially relevant. A number of theories have been proposed that might 'explain' how engagement works. For example, psychological traits such as perceived self-efficacy and a proactive approach to work, together with positive affect, are argued to generate an energetic, enthusiastic and engaged state.[29] Job design theory has also been found to be relevant, since for instance Kahn's[21] theory of engagement is rooted in Hackman and Oldham's[30] proposal that job characteristics drive attitudes and behaviour. Bakker and Demerouti[31] also argue that the JD-R model demonstrates how job design can generate engaged states. However, there is as yet no agreed theoretical framework that may be of particular relevance in explaining engagement within the NHS context.

Bearing in mind these gaps in knowledge, the purpose of this evidence synthesis is to systematically bring together the research and evidence on engagement that is relevant in the health sector, in order to provide a thorough grounding for the development of a set of practice guides and materials that will be of direct, practical benefit to NHS managers and organisations. As Briner *et al.*[32] argue, 'a synthesis of evidence from multiple studies is better than evidence from a single study . . . it is the collective body of evidence we need to understand' (p. 24). It is therefore hoped that assembling evidence from a wide range of studies into engagement will bring about a more nuanced understanding of what engagement is, and how it works.

Review aim, scope and questions

The aim of this report is to present the results of a systematic evidence synthesis on engagement. Specifically, there are four research questions:

1. How has employee engagement been defined, modelled and operationalised within the academic literature?
2. What evidence is there that engagement is relevant for staff morale and performance?
3. What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?
4. What tools and resources would be most useful to NHS managers in order to improve engagement?

Thus, the first aim is to examine the ways in which engagement is defined and measured within the academic literature. The second is to examine the nature and quality of the evidence available that links engagement with morale and performance outcomes through a systematic review of the literature. The third is to examine the research findings that purport to demonstrate the antecedent factors to engagement. Based on the first three questions, the final research question concerns identifying other resources and evidence ('grey literature') that are of practical relevance to practitioners in the NHS. The results of this question are addressed through the production of a series of practitioner outputs provided in the appendices to this report. The main part of the report provides evidence from a systematic evidence synthesis on engagement. A core aspect of the evidence synthesis is to critically evaluate the quality of evidence currently available from a variety of sources in order to ensure that the report and other outputs from the study are based on best evidence. A problem that we have faced in the preparation of this report has been the wide variety of terms used to refer to employee engagement. These include 'work engagement', 'personal engagement', 'job engagement', 'task engagement', 'organisational engagement' and 'employee engagement'. For simplicity, we have tended to use the term 'engagement' throughout.

Structure of the report

Following this introduction, *Chapter 2* describes the rationale underpinning the methodology for the evidence synthesis, and details the stages of the process of piloting and refining search terms, searching for studies, sifting studies against inclusion and exclusion criteria, and extracting and synthesising data.

Chapter 3 addresses the question: 'What is engagement?' Engagement is a contested term that has been defined and operationalised in many different ways.[16] In this chapter, we provide an overview of definitions and measures used within the academic literature, and evaluate the areas of both strength and concern. We also present the major theoretical frameworks used to explain the engagement process, and report on the occurrence of both measures and theories within the selected studies. The chapter concludes with some consideration of how engagement as a construct relates to the wider field, and an evaluation of its construct and discriminant validity.

In *Chapter 4*, we examine the results of the evidence synthesis relating to the link between engagement and morale, and in *Chapter 5* we examine the results relating to the association between engagement and performance outcomes. *Chapter 6* focuses on the antecedents of engagement, and evaluates the strength of the available evidence concerning approaches within the workplace that can create and embed high levels of engagement.

In *Chapter 7*, we bring together the evidence presented in the earlier chapters and synthesise the overarching themes emerging from the review of the literature. We highlight areas of strength within the extant literature, as well as areas where further development is required. We present the overall conclusions based on our evidence synthesis, indicate the implications for policy and practice, and make recommendations for future research.

Chapter 2　Methodology

Introduction

This chapter outlines the methodological approach to the evidence synthesis. This commences with an examination of the engagement literature from a methodological perspective and is followed by an explanation of the rationale for the use of a narrative approach to evidence synthesis. The remainder of the chapter then details the specific methods used at each stage of the synthesis, explaining how the search terms and strategy were developed and the data were produced. The chapter also explains the methods used to review the grey literature sources in conjunction with the main data collection and analysis process. The grey literature was evaluated for its relevance to the evidence synthesis report, and for inclusion in the practitioner outputs arising from this project that are detailed in this chapter.

The engagement literature and evidence synthesis

The engagement literature

Engagement is a relatively recent construct; its first modern iteration, by Kahn,[21] was followed by a period of seeming lack of interest, but, from 2003 onwards, 'an explosion of scholarly and practitioner interest' has taken place (p. 57).[33] We have therefore witnessed a very significant increase in the volume and diversity of the engagement literature in the ensuing years, leading Guest[18] to term engagement an evolving concept rather than a construct in its own right with a clear theoretical underpinning. This diverse body of literature poses significant challenges for undertaking a systematic review and evidence synthesis; as Rafferty and Clarke note:

> The danger with concepts like engagement is that they can become unwieldy, fuzzily-defined terms invoked as panaceas for the dilemmas of workforce management . . . conceptual clarity and definitional precision around measurement of engagement and its organisational outcomes are imperative.
>
> (p. 876)[34]

However, as Bargagliotti[35] states, the need to understand engagement in the context of health has become strategically important for a number of reasons, in particular the increasingly complex demographic and institutional challenges of providing health care and their impact on the quality of health outcomes. The potential for engagement to help address the complex challenges of health governance, management and delivery creates a strong imperative for a synthesis of available evidence.[36] The key methodological challenges in pursuing the research questions of this evidence synthesis, therefore, have been to seek to establish the nature and qualities of engagement that might distinguish it from other similar and/or related concepts, such as job satisfaction, and to understand its role within a causal model of antecedents, mediators, moderators and consequences.[25,37]

There is a growing demand for resources and advice on engagement within the NHS, particularly in the absence of a rigorous approach that systematically evaluates how engagement strategies can be developed and operationalised within the NHS context. However, the risk remains that advice given to NHS managers and staff may be based on studies that demonstrate persuasive yet spurious correlations and linkages, rather than on robust academic research grounded in theory. The lack of clarity and unity of approach means that, although a great deal of this research has been reviewed and deemed to be methodologically and conceptually valid, there is a risk of committing a type 3 error, whereby the wrong problem is being solved correctly.[38]

Briner and Denyer[39] comment that more *systematic* approaches to reviewing the research literature are needed, otherwise 'there is a danger that managers searching for "quick fixes" to complex problems may turn to popular books that seldom provide a comprehensive and critical understanding of what works, in which circumstances and why' (p. 336). In this regard, systematic reviews and systematic evidence syntheses are proposed as more effective ways to determine both the *quality* and the *relevance* of the research evidence. By 'systematic', what is meant is an approach which adheres to the following principles: *organised* around specific review questions; *transparent*, such that methods are explicitly stated; *replicable* so that how the review is reported would enable others to repeat the review using the same procedures and where appropriate update the findings; and *summarising and synthesising* findings in an organised way.

Gough states:

> Being specific about what we know and how we know it requires us to become clearer about the nature of the evaluative judgements we are making about the questions that we are asking, the evidence we select, and the manner in which we appraise and use it.
>
> (p. 214)[40]

What is an evidence synthesis?

Like a systematic review, an evidence synthesis enables reviewers to reach conclusions, but there are a number of different approaches that may be appropriate. What should determine the approach is the nature of the question based upon the evidential gap; the nature of the analyses and evidence which are available for review, whether quantitative, qualitative or mixed, empirical, conceptual or critical; and whether it is premised upon objectivist or interpretivist orientations. According to Rousseau *et al.*,[41] methods of review fall into four categories: aggregation, integration, interpretation and explanation.

Aggregation is an approach to evidence review that is essentially quantitative, the purpose of which is to maximise the sample size and thus render a particular finding more valid by minimising bias. It is an approach commonly associated with randomised controlled trials and the pursuit of clinical evidence, but excluding insights into the social and organisational contexts from which data are drawn and which consequently discount the contextual mechanisms that might influence results. *Integration* is an approach which similarly seeks to strengthen the validity of research findings, but here this is pursued through triangulation of quantitative and qualitative findings, particularly in seeking to contextualise results. A fundamental problem of this approach relates to the fact that quantitative and qualitative data are generated from different epistemic assumptions. Moreover, there is rarely a comparable volume of quantitative and qualitative research available, and the weight of evidence is often imbalanced, leading to similar acontextualised results to those above.

Interpretation is an approach to evidence review which is underpinned by a hermeneutic tradition in social research and thus is fundamentally different from aggregative and integrative approaches. Issues of validity are often overlooked for thematic viability between studies, using mapping or narrative techniques, yet weaknesses emerge because bodies of data are incomparable. Finally, *explanation* is an approach which 'focuses on identifying causal mechanisms and how they operate. It seeks to discover if they have been activated in a body of research and under what conditions' (p. 497).[41] Again, the epistemic basis differs from the positivist and interpretivist underpinnings evident in the above, to include a critical realist approach which rejects traditional approaches of identifying causal relationships through plausible associations ('coincidences') between variables. Explanation commences from an examination of the construct validity of variables used in research, and challenges quality on these grounds, offering alternative explanations of the data based on a different set of underlying causal mechanisms. Although its value is seen to lie in dealing with evidence from disparate sources and methodological bases, it ultimately rests on a hermeneutic approach to knowledge generation.

To this list, Briner and Denyer[39] add a fifth approach of *narrative synthesis*, which has previously been used in management sciences. Drawing on the interpretivist approach, it adheres to the same principles of organisation, transparency and replicability as all the approaches detailed above, and with *quality–relevance* as the organising matrix. 'Narrative synthesis' refers to a way of embracing a wide body of disparate evidence through a range of clear review questions with the aim to 'tell the story' of the findings from the included studies (p. 1)[42] by

> describing how they fit within a theoretical framework and the size or direction of any effects found. Narrative synthesis is a flexible method that allows the reviewer to be reflexive and critical through their choice of organizing narrative.
>
> *(p. 356)[39]*

Its strength lies not simply in being able to address complex and discursive constructs, such as engagement, where other forms of synthesis are not feasible, but in providing a critical narrative which explains how an existing or 'long established policy or practice makes a positive difference' (or not) (p. 5).[42] By developing a critical narrative, an evidence synthesis seeks to generate an understanding of the evidence and provide new insights that would not otherwise be apparent either from focusing on individual or small clusters of studies, or from including only certain types of (e.g. quantitative) data.

Through its emphasis on 'evidence', as opposed to 'statistical significance', an evidence synthesis thus looks to the nature and scale of the *effects* in practice but without compromising on quality (i.e. validity) or relevance (i.e. 'germaneness to the issue at hand') (p. 7).[43] This highlights the importance of the social (contextual) as well as the scientific nature of evidence and emphasises the need for reflexivity in conducting evidence reviews. It is important, for example, not to confuse 'evidence' with 'truth', because evidence rests on a body of research, local information, individual experience and professional knowledge as well as conceptual frameworks that are constantly evolving and open to reinterpretation depending on current circumstances.[44] In its broadest sense, evidence is therefore defined as 'knowledge derived from a variety of sources that has been subjected to testing and has been found to be credible' (p. 83).[44]

Therefore, to the list of principles that give shape to an evidence review we add *credibility* to denote an approach which yields results that are meaningful at both objective (reliable) and subjective (trustworthy) levels. However, evidence syntheses can be vulnerable to *publication bias* because of the ways in which evidence is selected for publication.[45] Too narrow an approach can result in deeming other forms of evidence, including counter-evidence, inaccessible or inadmissible, thus making the synthesis less credible. To maintain a systematic approach and address possible bias, it is important to be as inclusive as possible to ensure that other sources of evidence, including 'grey literature', are considered for potential relevance.[46] Grey literature includes materials produced in the form of conference papers/proceedings, statistical documents, working and discussion papers, unpublished studies and websites, material that would not necessarily be found in peer-reviewed journals.

Evidence review methodology

Briner[46] sets out the process whereby a systematic evidence review is conducted according to these core principles within the field of management. He suggests it is a process that should be moulded around the issues and review questions, but it is not expected to proceed in a linear fashion. Systematic review is a method of choice because it can be 'applied or modified depending on the questions being asked' (p. 21).[45] Nonetheless, the first principle of *organisation* means that a systematic approach must be taken in which the basis of all decisions about quality, relevance and credibility is clearly defined, alongside the outcomes of those decisions. To achieve this, Briner[46] sets out five stages to the review process:

1. planning, which includes developing the research questions
2. locating studies through a structured search

3. evaluating identified material against eligibility criteria for inclusion/exclusion as evidence
4. analysis and thematic coding (data extraction)
5. reporting.

We have set out below how these stages were applied in this project.

Planning

Developing the research questions

The purpose of planning is to agree the overall search strategy and criteria, and to develop and break down the review questions into manageable sections. Getting the research questions right is generally regarded as the most important step in any review process, as it guides all subsequent lines of enquiry and decision-making. This was achieved through the participation of the project team in consultation with the project adviser and the advisory group. The four overarching research questions were refined into nine specific questions, as shown in *Table 1*. As Briner and Denyer[39] suggest, the purpose of involving the advisory group and other experts is to ensure that the research questions make sense, are specific in order to help inform the search strategy and search terms, and provide a robust basis for later judgements about quality and relevance. This was an iterative process which ensured that the research questions were adapted as the search strategy and search terms developed.

Developing the search terms and strategy

The initial list of possible search terms (*Table 2*) emerged from a number of meetings involving the project team and wider discussions with advisory group members. Within the project team, this process was facilitated using the context, interventions, mechanisms and outcomes framework (see below) as advocated by Denyer and Tranfield[47] as a mechanism to map the issues, focus the research questions and test their logic. Thus, the overall search strategy and terms were developed through scrutiny of the research questions with regard to:

- context (the setting in which evidence has been gathered, whether health or other)
- interventions (what is being researched/tested)
- mechanisms (through which the intervention affects outcomes)
- outcomes (the effects or results of the interventions).

By interrogating the research questions with this framework, it became apparent that the engagement literature spanned a number of different disciplines with parallel themes in the fields of psychology; business and management; sociology and philosophy; and economics. Discussions with the advisory group also led to a widening of the search strategy to reflect these concerns and other interests. The advisory group contained two patient representatives and five NHS stakeholders, one of whom was a clinician and two of whom were trade union representatives. Every member of the group had an opportunity to contribute suggestions to shape both the search strategy and the practitioner outputs through inputs to the discussion at advisory group meetings. The group also commented on the review findings as the study progressed. Finally, one of the patient representatives attended the practitioner conference in February 2014, and one of the NHS stakeholder representatives presented at the same event. Discussions with its members resulted in the inclusion of terms which they felt might yield particular insight into engagement through the lens of, for example, patient safety, medical leadership and care quality.

Table 2 details the 54 search terms initially generated across these three disciplinary fields through these discussions. Through subsequent meetings and discussion, these terms were then refined into a shorter 'search string', the antecedents or drivers of engagement and outcomes having been distilled from the list of search terms. (Refer to *Appendix 1* for a complete record of all search terms and strategy.)

TABLE 1 Review objectives and questions

Research objective	Review question	Specific research question
To review and evaluate theory and practice relating to models of staff engagement	1. How has employee engagement been defined, modelled and operationalised within the academic literature?	1.1 How is employee engagement defined within the academic literature and in the health context?
		1.2 How has engagement been measured and evaluated within the academic literature?
		1.3 What theories are used to underpin models of engagement within the academic literature?
	2. What evidence is there that engagement is relevant for staff morale and performance?	2.1 What is the evidence that engagement is relevant for staff morale (a) within the workforce in general or (b) within the context of health?
		2.2 What evidence is there that engagement is relevant for performance at the (a) individual, (b) unit, team or group, (c) organisational or (d) patient/client level either within the workforce in general or in the context of health?
To produce a set of evidence-based outputs that help and guide NHS managers in fostering high levels of staff engagement	3. What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?	3.1 What evidence is there concerning approaches and interventions within an organisational setting at the (a) individual, (b) unit, group or team, or (c) organisational level that create and embed high levels of engagement within the general workforce?
		3.2 What evidence is there concerning approaches and interventions within an organisational setting at the (a) individual, (b) unit, group or team, or (c) organisational level that create and embed high levels of engagement within the health context?
	4. What tools and resources would be most useful to NHS managers in order to improve engagement?	4.1 What tools and resources are currently available for NHS managers?
		4.2 What tools and resources would NHS managers find useful?

TABLE 2 Initial terms developed using the context, interventions, mechanisms and outcomes framework as basis for the scoping exercise

Psychology/HRM	Sociology/philosophy	Economics
Employee engagement	(Worker) participation	Stakeholder engagement
Personal engagement	(Employee) involvement	Authentic engagement
Staff engagement	Organisational involvement	Integration (economic, social)
Organisational engagement	Labour process (theory) (and autonomy)	Intrinsic reward
Relational engagement	Organisational action	
Workplace engagement	Enactment	
Team engagement	Employee voice/employee silence	
Job engagement	Employee integration (decision making)	
Continuous engagement	Worker/employee identity	
Emotional engagement	Employee empowerment	
Cognitive engagement	Industrial/workplace democracy	
Behavioural engagement	Choice (and links to motivation)	
State engagement	Democratic engagement	
Trait engagement	(Employee) experience of work	
Job involvement	Marginalisation (disengagement)	
Employee voice	Exploitation/alienation	
Work engagement	Engagement with demographic attributes	
Professional involvement/integration	Control/resistance	
Disengagement	Resistance/'misbehaviour'	
Professional engagement	Trust	
Social engagement		
Affective engagement		
Intellectual engagement		
Strategic narrative		
Integrity		
Vigor/vigour		
Dedication		
Absorption		
Physical engagement		
Active engagement/actively engaged		

Using search strings is regarded as a good way to optimise search strategies. Through further discussion with a specialist librarian at the University of Kent, it was recommended that the search string should be pre-tested on three separate databases: Business Source Complete, which includes Academic Source Complete, PsycINFO and PsycARTICLES; International Bibliography for the Social Sciences (IBSS), which includes Proquest, is more inclusive of books and is regarded as less biased towards North American sources; and Scopus, which has a greater scientific and health orientation. Two strings (A and B) were initially agreed and trialled with differing field specificity (i.e. open text, abstract, title and key words) using Boolean search terminology. These were:

A. (employee OR staff OR job OR work OR organi* OR personal OR team)
B. AND (engagement OR participation OR involvement)

In open text fields, these two strings initially identified 712,550 separate items of literature, up to 30% of which could be explained by duplication between the three databases, but which still left an unmanageable volume of data. The results were analysed according to source (publication type and location), peer review (listed in Thomson Reuters Web of Knowledge or Association of Business Schools Journal Ranking List) and disciplinary origin. Based on this analysis, the search string was further refined:

'employee engagement' OR 'staff engagement' OR 'job engagement' OR 'organi* engagement' OR 'personal engagement' OR 'team engagement' OR 'psychological engagement' OR 'work* engagement'

This extended string of terms was viewed as more likely to capture some of the engagement literature in North America, where terms such as 'workforce engagement' are in use, hence the use of the wildcard character (*) in 'work* engagement'. Because of the large number of results achieved when using the open text filter, it was agreed that field specificity for the search string should be limited to *abstracts*, as these are supplied by authors, whereas *keywords* can sometimes be assigned by database administrators and thus may be inaccurate. It was discussed and agreed with the advisory group and a wider group of experts in the field that, although the terms 'participation' and 'involvement' were frequently used interchangeably with 'engagement', they referred to different, albeit often related, constructs. Results of the pilot study suggested that it would be possible to narrow the focus of the structured search by removing these as explicit terms, since their inclusion very significantly increased the number of returned results. It was discussed and agreed with advisory group members who were interested in these and other terms that where terms such as 'participation' and 'involvement' had been studied in relation to engagement, along with other terms reflecting interests in patient involvement (e.g. 'voice'), evidence about these would be picked up via the structured search in any event, thus obviating the need for their inclusion.

In order to acknowledge the importance of practitioner-led research, as well as address the risk of publication bias, the development of the search terms and strategy was shaped by the need to include 'grey literature' on employee engagement from the health sector and beyond. At this stage the project team, in consultation with other experts and advisory group members, discussed possible sources of grey literature in order to make the search strategy as inclusive as possible and to be able to address the fourth research question: 'What tools and resources would be most useful to NHS managers in order to improve engagement?'

It was agreed it would be useful to have a list of 'mandated sources' of this literature deemed by the experts to be of the highest quality and relevance, including professional or membership organisations and networks (e.g. various royal colleges, NHS Federation, NHS Employers), research centres (e.g. Institute of Work Psychology, Royal Society of the Arts), unions and third-sector organisations (e.g. Nuffield Foundation, The King's Fund), as well as various conferences (Healthcare Conferences UK, British Academy of Management), independent consultancies and think-tanks, along with government-led or -sponsored agencies (Department of Health, Nursing and Midwifery Council, UK Commission for Employment and Skills).

The full search strategy subsequently adopted a dual approach: the first element focused on research databases in which it is possible to search tens of thousands of journal titles simultaneously; and the second focused on sources of grey literature.

Locating studies through a structured search

The second stage of the study involved three phases: (1) development of a review protocol, (2) scoping study and (3) undertaking the structured search of the literature.

Developing the review protocol

The project protocol includes a description and rationale for the review questions, the proposed methods and details of how studies will be located, recorded and synthesised, as well as outlining the eligibility criteria.[46,48,49] It is the formal plan for the project in which the reviewers' intentions for exploring the topic and the methods are clearly explained.[50] It sets out what methods will be used at every stage of a review, linking the research questions to the synthesis of extracted data. In so doing, it reduces researcher bias by minimising subjective judgements and making all processes and criteria used in the review both explicit and accessible.[51] Briner and Denyer state:

> A protocol ensures that the review is systematic, transparent and replicable – the key features of a systematic review. Having a protocol also means the review method can be challenged, criticized, and revised or improved in future reviews.
>
> *(p. 348)[39]*

The timing for the production of the protocol is open for some debate, but good practice indicates that a final protocol should emerge as the outcome of the planning stage of a review.[45] While protocols are commonly associated with clinical trials and quantitative research, they are increasingly seen as a critical aspect of narrative reviews which engage with discursive bodies of literature generated through different methodological approaches. Particularly in relation to narrative reviews, a protocol should be used as a 'compass' rather than an 'anchor' (p. 190),[52] so, while the intent and the methods of the review should be made clear at the end of the planning stage and before the structured searches begin, it should also allow for changes due to unforeseen circumstances. Being bound to an original statement of intent when problems arise is counterproductive.[50] However, this should not prepare the ground for post hoc decision-making. For this project, a draft protocol was prepared as part of the proposal documentation and was then amended as a result of the pre-test search exercise, with the agreement with the project sponsor, once the likely effect of literature volume on time scales and resources was realised.

Scoping study

Academic literature

A scoping study is essentially a way of reproblematising research objectives with the goal of mapping the underpinning assumptions and concepts, as well as exploring the available sources and types of evidence relevant to an issue. It is a way of ensuring that the right questions are being asked before the full search is undertaken[53] and that they can be answered using the identified strategy. Here, this took the form of a formal pilot of the refined search terms and strategy using the three databases and fields as described. This yielded 5295 results, as shown in *Table 3*.

The overall total (5295) included 3058 items published in academic journals, 1136 articles in magazines, 633 articles in trade publications, 172 dissertations and 139 books. From the outset of the project, the intention had been to restrict the evidence review to include research and literature published in the English language after 1990, as this is the date when Kahn's[21] seminal paper on engagement was published. These initial scoping searches before the pilot trials revealed that, apart from Kahn's[21] paper, very little was published on engagement until 2003, after which the 'explosion' (p. 57)[33] in interest seems to have occurred. These results were fed back to the advisory group and other expert advisers, who made

TABLE 3 Results of pilot (scoping) search (academic literature)

Database	Number of results	Main source types
Business Source Complete	3951	Academic journals (1863)
		Magazines (1136)
		Trade publications (620)
		Dissertations (172)
		Books (113)
		Other (47)
IBSS	132	Academic journals (129)
		Books (3)
Scopus	1212	Academic journals (1066)
		Conference proceedings (110)
		Books (23)
		Trade publications (13)

a number of suggestions to improve the search strategy for the full structured search. For example, in order to minimise publication bias and be as inclusive as possible,[39] it was suggested that our search strategy should be expanded to include two further databases: Nexis, which gives access to practitioner outputs including media/trade reports, and Zetoc, an extensive research database based on The British Library's table of contents.

Grey literature

In order to identify evidence-based grey literature on the topic of employee engagement likely to be of relevance to the evidence synthesis and/or the production of practitioner materials, an initial scoping exercise was completed to locate primary sources from which these items might be obtained. Using team members' expertise in the field of engagement, combined with their familiarity with the NHS and reference aids (such as listings of health-related organisations in Binley's Directory of Management),[54] the project team produced an initial list of 121 grey literature sources that they believed warranted a preliminary search. A useful by-product of the scoping exercise was the identification of additional sources of grey literature through secondary references to reports or resources provided by other organisations in the area of employee engagement. These included materials identified during the main academic search but which did not meet the quality threshold for inclusion there. In total a further 15 potential sources of grey literature were identified. This helped to address publication bias and brought the total number of grey literature sources to 136 (see *Appendix 2*).

It was also decided that any individual item which was still considered to have relevance for the grey literature search would be referred to the grey literature search team for review. Based on the academic search strategy, an initial list of six broad search terms was devised by those members of the project team leading the grey literature extraction. These were 'employee engagement', 'staff engagement', 'employee involvement', 'employee participation', 'social partnership forum' and 'employee voice'. The aim of this broad list of search terms was to gather material which could then be assessed for both rigour and relevance to the NHS. A record was kept of the search results for each source along with reviewers' comments on the overall relevance and rigour of the source and materials.

Relevance was assessed initially in terms of the occurrence of search terms in the title, abstract or main body of the text, but mainly in terms of utility to NHS practitioners. Rigour was assessed in terms of whether or not supporting evidence was derived from primary research conducted by the author(s),

organisation(s) and/or affiliate(s) involved in the production of these materials. Material of low rigour and/or low relevance was excluded (*Table 4*). Of the 136 sources of listed grey literature, a substantial proportion (*n* = 53) returned no materials of relevance to the present evidence review. However, the scoping exercise still returned a substantial quantity of materials from the remaining sources (*Table 5*), and the term 'staff engagement' alone returned 52,840 results.

Of the 136 potential sources of grey literature, 38 were deemed to be of high quality on the basis of the criteria described above. These are listed in *Appendix 3*.

The structured search

Academic literature

The full search of the academic literature was conducted using the revised search string on five databases in October 2013: Business Source Complete (including Academic Search Complete, PsycARTICLES and PsycINFO), IBSS, Scopus, Nexis and Zetoc. As these databases differ in functionality, it was necessary to adjust some of the terms according to the field formats of the databases. In total, the search produced 7932 items of literature (*Table 6*), which were imported into RefWorks (version 2.0, Proquest LLC, Ann Arbor, MI, USA) a licensed reference management system with the capacity to hold and manage these items and their full references. Using RefWorks' internal management function it was possible to reduce this number to 5746 items for inclusion in the next 'sifting' stage of the review by cleaning the results. Although the scale of duplication was troublesome throughout this project, the inclusion of multiple databases did ensure a more inclusive approach and provided a degree of triangulation in the later sift and data extraction stages.

Briner and Denyer[39] observe that a structured search alone is unlikely to generate every item of relevant literature. In this project, our structured search was supplemented by a number of additional approaches, including citation tracking of particular authors, scanning reference lists and footnotes for additional materials not identified by the databases and using new publication alerts, as well as taking advice from a body of experts in the field. This led to a number of additional terms and searches being added to the

TABLE 4 Assessing relevance and rigour of grey literature sources

	Rigour		
Relevance	High	Medium	Low
High	Include	Include	Exclude
Medium	Include	Include	Exclude
Low	Exclude	Exclude	Exclude

TABLE 5 Number of returned results of grey literature by search term

Search term	Number of returned results	%
'employee engagement'	27,604	15.2
'employee involvement'	34,640	19.1
'employee participation'	17,571	9.7
'employee voice'	13,500	7.5
'social partnership forum'	34,869	19.3
'staff engagement'	52,840	29.2
Total	181,024	100.0

TABLE 6 Results of structured search in five databases

Database	Results
Business Source Complete	4391
IBSS	226
Scopus	1666
Nexis	676
Zetoc	973
Total	7932
After removing duplicates	5746
After citation/additional searches	5771

formal search, including, for example, an additional search using the term 'medical engagement'. In total, this identified 25 additional items, bringing the final number of items identified in the structured search to 5771. This does not include three books from which multiple chapters were included in the 'sift' stage of the synthesis.

Grey literature

The large volume of results returned by the scoping search of grey literature, partly a result of the limited functionality of search mechanisms within the grey literature sources (i.e. compared with the academic databases), meant that the grey literature search strategy had to be refined and refocused to ensure greater relevance. Having reduced the number of sources of grey literature to 38, the team agreed that relevance could be achieved through more specific searches for materials using internal website search engines where available, rather than manual key word searches, etc. In line with the academic search strategy, it was also agreed that the terms 'involvement', 'participation', 'voice' and 'partnership' were yielding too many results that were not directly relevant to engagement at all (e.g. they addressed issues of 'empowerment'). In those instances where terms such as 'participation', 'involvement' or 'voice' were relevant, these were being included using the two key terms 'employee engagement' and 'staff engagement'. In the structured search of grey literature sources these terms were used both within inverted commas (i.e. 'staff engagement') to ensure specificity and without inverted commas to avoid overexclusiveness through this more refined and targeted search strategy.

Of the 38 identified sources of grey literature, only 34 produced results in the structured search; these are reported in *Table 7*. Despite refinements, the nature of these sources and their limited search functionality meant that there were still high levels of duplication of materials across and within websites as well as a high volume of material that was neither relevant to the evidence review nor of sufficient quality for inclusion in it (e.g. press releases, role descriptions and conference details).

Evaluating material against eligibility criteria for inclusion/exclusion

The quality of any evidence review depends almost entirely on the quality of included studies.[55] Before any data can be extracted from the studies, it is therefore crucial to assess each one using clear and explicit inclusion and exclusion criteria in order to evaluate the *relevance* and *quality* of each contribution.[46,49] This process should be free from bias and as replicable and systematic as possible.[45] Korhonen *et al.*[55] state that this evaluation should be carried out as transparently as possible, as this is 'a key requirement for the reliability of the synthesis and transferability of the results, as well as for the identification of theoretical possibilities' (p. 1030). We critically evaluated all the studies in two phases: (1) sifting the abstracts of all identified material against a series of inclusion criteria and (2) extracting data from included material as the basis of the synthesis.

TABLE 7 Number of items of grey literature returned for each source and search term

Sources	Terms			
	Employee engagement	'Employee engagement'	Staff engagement	'Staff engagement'
ACAS	418	208	328	28
BlessingWhite	178	139	156	16
CBI	209	209	344	344
Chartered Institute of Personnel and Development	864	469	314	17
Corporate Leadership Council[a]	–	–	–	–
Department for Business, Innovation and Skills	50	50	50	50
Engage for Success	153	0	0	0
Gallup Business/Management Journal	40	30	13	1
GSR	23	9	34	0
Harvard Business Review	262	262	262	262
Hay Group	764	736	35	1
HSJ	5321	47	16,777	200
Hewitt Associates (now Aon Hewitt)	403	297	179	10
Institute for Employment Studies	797	500	570	23
ILO	2469	40	2589	7
Involvement and Participation Association	186	96	191	191
Ipsos MORI	42	33	54	9
Kenexa	137	21	42	0
McKinsey	567	84	567	11
Mercer	110	41	11	1
NHS Employers	126	48	512	256
NHS Institute	24	2	2890	76
NICE	113	1	564	2
Nursing Times	1934	6	9081	84
Optimise Ltd	3			
People Management	2201	699	1720	0
PSI	0	0	6	0
Roffey Park	15	0	4	0
SHRM	4150	997	1690	7
The Boston Consulting Group	367	115	253	8
The King's Fund	10	10	201	7
The Work Foundation	92	60	50	10
Towers Watson	288	288	46	46
UK Commission for Employment and Skills	281	91	368	27
Grand total	22,597	5588	39,901	1694

ACAS, Advisory, Conciliation and Arbitration Service; CBI, Confederation of British Industry; GSR, Government Social Research Service; HSJ, *Health Service Journal*; ILO, International Labour Organization; MORI, Market & Opinion Research International; NICE, National Institute for Health and Care Excellence; PSI, Policy Studies Institute; SHRM, Society for Human Resource Management.
a This is blank because of difficulties accessing the information on the site. These were resolved for the full search.

Sifting the results

Academic literature

All the identified titles, abstracts and referencing information from the structured search were downloaded onto RefWorks. Patterson *et al.*[45] recommend that each item be 'sifted' by two members of the research team independently and evaluated against a pro forma which sets out clearly the *quality* and *relevance* thresholds for inclusion. Using a checklist of agreed criteria in this way helps to address the potential impact of reviewer bias. Where there is some dispute or doubt over inclusion, the item should be referred to a third reviewer. The agreed inclusion/exclusion criteria and categories for the sifting process are:

1. include
2. exclude – dated before 1990
3. exclude – not in English language
4. exclude – empirical but study design does *not* include employees
5. exclude – opinion piece only/no evidence
6. exclude – item not related to research questions
7. exclude – other (specify).

Given the volume of literature to be sifted as well as the dispersed nature of the project team, it was important to develop a systematic and co-ordinated way of sifting the material. Thus, a bespoke database was developed using Excel Professional Plus 2010 (Microsoft Corporation, Redmond, WA, USA), into which all items of literature were imported and assigned a unique reference number. Each member of the team was then randomly assigned an equal share of the 5771 items identified in the structured search as either first or second reviewer for assessment against the stated criteria.

The database included a series of user-friendly worksheet-based interfaces, the first of which allowed project team members to call up each individual item from the 5771 results (title, author, source, abstract and referencing information) using the allocated reference numbers. A second enabled the reviewer to evaluate *relevance* and *quality* according to the agreed criteria. Given that the item abstracts (or, in a minority of cases, titles only) were the initial basis for assessment, the criteria as shown above were weighted more towards *relevance* (e.g. 'dated before 1990', 'not in English language', 'empirical but study design does *not* include employees', 'opinion piece only/no evidence' and 'item not related to research questions'), with the view that *quality* would be better evaluated at the second stage once full items were obtained. Items were included in the next stage where they appeared to be of direct relevance to the research questions, and appeared to include either empirical evidence from employees or a theoretical contribution to the field.

A third interface of the bespoke database was designed to systematically record the outcome of the sifting process by logging the following information: item reference number, reviewer's name, fields within each record that had been checked, type of engagement discussed, whether peer-reviewed or not, specific relevance to the research questions and, if excluded, the exact reason why. From these records, it was possible to identify disputed items easily and reallocate them to a third reviewer (sample screenshots from these interfaces are illustrated in *Appendix 4*).

In order to develop inter-rater reliability and further minimise the potential impact of reviewer bias, prior to starting the sift process the project team undertook a number of pilot 'sifts' followed by tele-meetings to identify areas and causes of uncertainty, and to build critical reflection and consensus into the evaluation process.[42] A kappa rating was calculated from the results of pilot sifts using all six reviewers from the team, and only when a score of 0.75 was achieved [generally interpreted as 'substantial agreement' (p. 361)[56]] was it agreed to proceed with the sift.

However, as the project team sifted the results of the structured search, it was clear that, while a great many of the results met the *relevance* criterion, they would not be included at the data extraction stage because of the *quality* criterion. As with the grey literature material, the search identified a large quantity of material that simply did not contain any substantive evidence or duplicates. Thus, after consulting with the project adviser, it was agreed that only items from peer-reviewed academic sources should be put forward to the next stage. The project protocol was amended to reflect this change. Of the original 5771 items identified in the full search, 5168 were excluded on grounds of relevance at this stage (i.e. not peer-reviewed, duplicated or not in English). This left a total of 603 items to be potentially considered for data extraction. These 603 items are included in the *References* section of this report.

Each of these 603 items was then reviewed in greater depth by two members of the project team, and 389 of them were excluded on grounds of *quality* (e.g. rigour), *relevance* (e.g. conflation of engagement with other concepts such as job satisfaction) or *other* reasons (*Table 8*). This left a total of 214 items to be included for full data extraction.

Grey literature

To assess the quality and identify materials suitable for data extraction from the grey literature identified in the structured search, a series of 'sift' questions were applied to each of the materials. These 'sift' questions were devised within the project team with particular reference to the more explicitly practical emphasis within research question 4 and the production of practitioner outputs. These were:

- Is the material relevant or useful to an NHS practitioner (in the context of staff engagement)?
- Does the material contain evidence?
- Does the material include a described methodology?
- Is the research original to this source?
- If the material forms part of a series, is this the most recent?

By applying these quality criteria to the results of the structured search of grey literature revealed, the team deemed only six grey literature sources to be of sufficient quality for inclusion in the data extraction, including one referred from the academic literature search (*Table 9*). It enabled a greater focus on a small number of high-quality materials from these sources in the production of practitioner outputs.

TABLE 8 Review of potentially included materials prior to data extraction

Basis for exclusion		Total (%)
Lacking empirical data	For example, opinion piece/normative	35 (6)
Quality	Poor quality of item (e.g. improper scales; missing values or values not reported; measures not stated; sample issues; data not analysed)	95 (16)
	Measuring engagement using one dimension only of UWES	7 (1)
	Measuring engagement using two dimensions only of UWES	46 (7.5)
	Not peer-reviewed	6 (1)
Relevance	Study measures only individual/demographic factors as antecedents	31 (5)
	Not focused on concept of engagement, employees or work context	124 (20)
Other	Duplicated items evident only on close scrutiny	14 (2.5)
	Validation study only (of existing scale/not testing variables)	6 (1)
	Item unobtainable via usual sources	25 (4)
Total excluded		389 (64.5)
Total included for full data extraction		214 (35.5)

UWES, Utrecht Work Engagement Scale.

TABLE 9 Number of items for data extraction from grey literature sources

Source	Number of suitable items
Chartered Institute of Personnel and Development	5
Institute for Employment Studies	3
Kenexa	3
The King's Fund	1
GSR	1
Referred from main literature search: *Strategic Human Resources Review*	1
Total number of items	14

GSR, Government Social Research Service.

Data extraction

Academic literature

The second stage involved obtaining complete versions of the 214 included items in order to evaluate and extract data from them. To facilitate analysis, a data extraction form (see *Appendix 5*) was devised to record the evaluation of items against a range of *quality* criteria including methodology (robustness of design and analysis), relevance to health-care contexts and relevance to the research questions (see *Appendix 6*). This approach was agreed with the advisory group.

Of the 214 items included for full extraction in the synthesis, five were qualitative studies and four were meta-analyses. These were organised according to their specific relevance to the research questions (*Table 10*). A total of 67 out of the 172 empirical papers (39%) within this evidence review were included in at least one of the four meta-analyses, while nearly half of these ($n = 32$) had been included in all four meta-analyses. However, to avoid distorted effect, none of these meta-analyses was included in the data extraction tables detailed in *Chapters 4–6* but they are discussed separately within each chapter. Throughout the extraction process, additional studies were being added to the search results and sifted as a result of the citation and reference tracking strategy, along with others identified by 'alert' services from journals and databases using keywords.

Originally, it had been proposed that each full item would be evaluated by two researchers and coded to identify its primary contribution to knowledge. Given the volume of included studies, it was decided that each item would be reviewed in full initially by one researcher, who completed the data extraction form. However, in practice the vast majority of items, about 75%, were evaluated twice anyway as the report authors reassessed the items included for each of their respective chapters. To describe stages 1–4 of the search and data extraction process, a Preferred Reporting Items for Systematic Reviews and Meta-Analyses-style flow chart[57] (*Figure 1*) was prepared according to the format proposed by Liberati *et al.*[57] The flow chart summarises the process of evidence synthesis from the planning to the data extraction stage of the project.

Grey literature

The 14 materials identified in *Table 9* were taken forward for data extraction for use in the production of the practitioner materials arising from this project (see *Appendices 7–16*). The dates of materials from which data were extracted ranged from 2004 to 2013. They included two single-organisation case studies, while the other papers discuss data from more than one organisation. Studies were based in the UK, the USA or mixed-country settings, and four were based either uniquely or partially in a health-care setting. A copy of the data extraction form is provided at *Appendix 17*. Although none of the practitioner ('grey')

TABLE 10 Number of studies in the academic literature relevant to each research question

Research question	Number of relevant studies[a]
1. Models and theories	*38[b]*
2.1. Morale	*47*
General	35
Health	12
2.2. Performance	*42*
General	36
Health	6
3. Antecedents	*155*
General	113
Health	42

a Because items were relevant to more than one research question, these do not add up to 214.
b These 38 items did not contain empirical data and were relevant to research question 1 only. However, the underpinning models and theories of the 172 empirical studies were also considered in addressing research question 1, as reported in *Table 13*.

Stage 1: planning

Pre-pilot trial (*n*=712,550 records) → Scoping (pilot) study (*n*=5295 records; from three databases)

Stage 2: structured search

After adjustments (i.e. adding citation-tracked items/cleansing; *n*=5771) ← Structured search (*n*=7932 records; from five databases)

Stage 3: evaluating/sifting material

Number of items sifted out using criteria of relevance, peer review and duplication (*n*=5168) → Items remaining for full-data extraction (*n*=603)

Stage 4: analysis and thematic coding (data extraction)

Full-text items included in evidence synthesis (*n*=214) ← Items excluded at extraction stage on grounds of quality, etc. (*n*=389)

Theoretical/conceptual models (*n*=38 items; see *Chapter 3*)

Empirical papers (*n*=172 items; see *Chapters 4–6*)

Meta-analyses (*n*=4 items; see *Chapters 4–6*)

FIGURE 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses-style flow of information through stages 1–4 of the evidence synthesis.

literature was able to satisfy the peer-reviewed criterion for inclusion in the main evidence review, a review of good-quality practitioner materials was conducted in order to inform the practitioner outputs and address research question 4. This material was therefore separated from the main evidence review and is the subject of a separate review of practitioner material (see *Appendix 7*).

Analysis, thematic coding and synthesis

Academic literature

The purpose of this stage of the review was to examine the evidence and identify underlying themes in order to relate the findings from the various studies together to develop new insights into engagement within the workforce in general, and within the context of health care. Three members of the research team each took responsibility for one of the data analysis chapters of the report, which corresponded to the first three overarching research questions. In preparing their chapters the three team members iterated between the data extraction forms and the original full-text items to ensure the accurate capture of information.

Hannes and Lockwood[58] recommend adopting a pragmatic approach to synthesising evidence using a process that 'is guided by the lines of action' that can inform decision-making at clinical, policy or research level, based on the argument of utility and the 'philosophy of pragmatism' (p. 1633). While there is no generally accepted approach to narrative synthesis, the approach adopted to synthesising our data largely mirrors that suggested by Popay *et al.*,[42] who recommended that a narrative synthesis should seek to explore (and interrogate) the relationships in the extracted data within *and* between studies, noting that these relationships are likely to emerge between *characteristics* of individual studies and between *findings* of different studies. It is at this stage that the synthesis should begin to account for the heterogeneity of the data (including types of intervention; context; sample; qualitative, quantitative and mixed methods approaches). The narrative should thus provide insights into what outcomes are attributable to particular interventions, or how conceptual frameworks can explain observed variations. The approach taken by the research team to extracting data for specific research questions and their corresponding chapters is shown in *Table 11*.

TABLE 11 Approaches to data extraction and analysis for research questions 1–3

Research question	Specific approach to data extraction
1	• Extraction of information relating to the definition, measurement and theorisation of engagement from all the studies included in the evidence synthesis for research questions 2 and 3: a total of 172 papers
	• Review of relevant information from literature reviews and conceptual papers focused on defining engagement that were identified in the second stage of the data extraction process but that either did not contain empirical data or contained empirical data that did not meet the quality threshold and so were excluded from the data extraction for research questions 2 and 3: a total of 38 papers
	• Consultation of three recent academic books focusing on engagement.[16,59,60] The research team identified these as being the only academic books with an exclusive focus on engagement
	• Consultation of further conceptual articles focusing on defining engagement that were known among the research team or that were identified through a snowballing approach
2	• Extraction of data from original empirical papers that met the quality and relevance thresholds. A total of 89 studies. See *Tables 14–19*
	• Summary overview of relevant meta-analyses
3	• Extraction of data from original empirical papers that met the quality and relevance thresholds. A total of 155 studies. See *Tables 20–25*
	• Summary overview of relevant meta-analyses

The project team worked collaboratively throughout these processes to identify and develop emerging themes in the data. Discussions were held to identify similarities and differences between study findings, and explore conceptual and methodological issues. The approach involved initial coding and grouping of data into clusters using descriptive rather than analytic labels in the first instance, to avoid closing themes down prematurely. The approach showed that, while the academic literature does tend to weigh towards the idea of engagement as a psychological state, there are other emerging 'narratives' in the data as well, including, for example, the idea of engagement as managerial practice. Through team discussions these initial labels were developed and refined as more data were coded to reflect critical assessment and comparison between and within studies, and then between and among clusters of studies as these expanded. This critical approach process ensured that the inclusion criteria of quality, relevance and credibility were constantly revisited and consistently applied throughout.

Grey literature

The purpose of the grey literature review was to try to include any relevant materials in this evidence synthesis to enhance rigour and overcome bias and, specifically to address research question 4, to consider what materials and tools from this wider resource might be of relevance to practitioners in the health-care context. In the end, only six sources of relevant, good-quality evidence were identified, from which 14 items describing various tools and resources were obtained. Analysis of these materials identified a number of important themes linked to engagement, including meaningfulness, senior manager effectiveness, perception of line manager, appraisals and employee voice. Although there were broad similarities between the overall themes in the academic and the grey literature concerning engagement, the review of grey material (see *Appendix 7*) suggests that the practitioner material focuses more on wider managerial issues (including performance management and training) rather than on psychological factors of engagement.

Reporting

The aim of this project is to summarise the evidence base on employee engagement in the form of an evidence synthesis and to make this evidence base more accessible within the NHS by disseminating findings about effective interventions, tools and resources. The dissemination strategy for the research has two strands: first, in the form of this report, which documents the overall approach and findings of the project, and, second, in the form of a series of practitioner outputs of direct relevance to NHS managers. The aim has been to ensure that these practitioner outputs are based upon and reflect the findings of a systematic, replicable and credible synthesis of the data. The practitioner outputs are set out in *Appendices 7–16*.

Summary

In this chapter, we have described the methodological approach underpinning this evidence synthesis. Following the recommendations of Briner,[46] we adopted a narrative approach in five stages (planning, locating studies, evaluating material, analysis and coding, reporting).

In collaboration with the project advisory group, we refined the project protocol, detailed research questions and search terms, and conducted a series of pilot searches in order to help refine and focus our search strategy. The full search of academic literature was conducted using five databases and a wide range of grey sources. A total of 5771 studies were included in the preliminary sifting exercise whereby the abstract and/or title for each item was reviewed by two or in some cases three members of the research team.

The application of quality and relevance criteria along with the removal of non-peer-reviewed items led to the inclusion of 172 empirical articles, four meta-analyses and 38 theoretical papers in the final data extraction exercise. Items that were published in the English language after 1990, and that met the appropriate quality and relevance thresholds for the type of study, were included in the evidence synthesis. Items identified from six sources through searching the grey literature are included in the practitioner-oriented materials arising from this project.

In the next chapter, we examine the results of the evidence synthesis in relation to research question 1: what is engagement?

Chapter 3 What is engagement?

Introduction

In this chapter, we address the first research question, namely:

How has employee engagement been defined, modelled and operationalised within the academic literature?

This overarching question can be broken down into the following three subquestions:

1. How is employee engagement defined within the academic literature?
2. How has engagement been measured and modelled within the academic literature?
3. What theories have been used to underpin models of engagement within the academic literature?

In order to address these, we undertook the following analysis:

1. Extraction of information relating to the definition, measurement and theorisation of engagement from all the studies included in the evidence synthesis for research questions 2 and 3 (see *Chapter 2*): a total of 172 papers.
2. Review of relevant information from a number of literature reviews and conceptual papers focused on defining engagement that were identified in the second stage of the data extraction process but that either did not contain empirical data or contained empirical data that did not meet the quality threshold and so were excluded from the data extraction for research questions 2 and 3: a total of 38 papers.
3. Consultation of three recent academic books focusing on engagement.[16,59,60] The research team identified these as being the only academic books with an exclusive focus on engagement.
4. Consultation of further conceptual articles focusing on defining engagement that were known among the research team or that were identified through a snowballing approach.
5. Consultation of a number of conceptual articles or literature reviews that critiqued or questioned the engagement construct.

The chapter is organised as follows. First, we present an overview of the broad history and development of engagement, and outline the definitions and measures of engagement used within the literature. Next, the findings relating to question 1, the extraction of definitions and measures used in the empirical papers that formed the substance of our data extraction, are presented. This delineates the principal approaches that have been used within the empirical literature. Next, we outline the theoretical frameworks that have been used to explain the processes of engagement, before presenting an analysis of the critiques that have been proposed of the engagement construct. We conclude by highlighting the principal areas of agreement and disagreement with regard to engagement at a theoretical level, a topic that is explored further in *Chapter 7*, in the light of the evidence presented in *Chapters 4–6*.

The origins and definitions of employee engagement

Interest in engagement first arose as part of the wider development of the positive psychology movement that has burgeoned in recent decades as a counterbalance to the predominant focus on negative psychological states. As Youssef-Morgan and Bockorny[61] note (p. 36), the earlier emphasis on factors such as stress, burnout and poor performance offered limited opportunity to understand strengths, optimal functioning and fulfilment at work.

William Kahn is widely acknowledged as being the first academic to research and write about engagement, which he referred to as 'personal engagement'. In his seminal article,[21] Kahn claimed that personal engagement or disengagement arises when 'people bring in or leave out their personal selves during work-role performances' (p. 702). Thus, personally engaged workers are those who express themselves authentically at work in three ways: cognitively, emotionally and physically. This authentic expression of self-in-role is contrasted with disengagement, whereby the individual 'uncouples' his or her true self from his or her work role, and suppresses his or her involvement. Since Kahn's original research, interest in engagement has mushroomed, leading to the publication of significant numbers of publications, especially since 2005.[62]

Kahn's original notion that engagement is the investment of the self into work roles has been developed further into the concept of 'work engagement', or the 'relationship of the employee with his or her work' (p. 15).[62]

However, along with this burgeoning interest has been considerable confusion and uncertainty about what engagement means, leading Christian et al.[27] to conclude: 'engagement research has been plagued by inconsistent construct definitions and operationalizations' (pp. 89–90). A range of different terms has been used, including 'work engagement', 'job engagement', 'role engagement', 'organisational engagement' and 'self-engagement', with associated variations in the measures and theoretical underpinnings used.[63] Some have gone so far as to argue that engagement may be no more than old wine in new bottles.[18,19,64,65]

There has been uncertainty over whether engagement is a relatively stable personality trait or a state that is susceptible to fluctuation over time, as well as whether it is a one-, two- or three-dimensional construct. However, the emerging consensus is that engagement is a psychological state, as summarised by Christian et al.:[27] engagement is 'a relatively enduring state of mind referring to the simultaneous investment of personal energies in the experience or performance of work' (p. 90). Parker and Griffin[29] extend this by arguing that engagement is an active rather than a passive psychological state, and therefore is associated with energetic states of mind. There is, additionally, broad agreement that engagement is not a one-dimensional construct but rather comprises several facets.[66]

Below, we explore the most widely used definitions and conceptualisations of engagement found through our data extraction process. Drawing on and extending previous typologies such as that of Shuck[63] and Simpson,[36] we categorise the definitions and operationalisations of engagement within the literature under six headings, and review each in turn (*Table 12*):

- Personal role engagement, including the work of Kahn[21] and researchers who have sought to operationalise his theoretical framework.
- Work task or job engagement, including the work of the Utrecht Group,[71] which has focused specifically on the notion of engagement with work tasks.
- Multidimensional engagement, drawing on the work of Saks,[72] who distinguishes between engagement with work and engagement with the organisation as a whole.
- Engagement as a composite attitudinal and behavioural construct, drawing on the work of various consultancy firms and researchers who regard engagement as a broadly defined positive attitudinal state; this approach is what is commonly referred to as 'employee engagement'.
- Engagement as practice: scholars within the HRM field have recently begun to focus on engagement, and there is a small emergent literature on engagement as an employment relations practice.[16,17]
- Self-engagement with performance: one measure has been developed that regards engagement as the extent to which high levels of performance are salient to the individual.

While some meta-analyses of engagement such as that of Christian et al.[27] restrict themselves to a narrow view of engagement purely in terms of an individual's engagement with his or her work tasks, we seek here to be inclusive in terms of encompassing the range of various definitions within the literature, while remaining rigorous in terms of the application of a quality threshold.

TABLE 12 Definitions and measures of engagement used in the selected studies

Reference	Definition	Measure	Number of occurrences
Personal role engagement			
Kahn (1990)[21]	The authentic expression of one's preferred self at work	N/A: qualitative study	1
May et al. (2004)[22]	Engagement at work was conceptualised by Kahn[21] as the 'harnessing of organisational members' selves to their work roles; in engagement people employ and express themselves physically, cognitively and emotionally during role performances' (p. 12) The scale was also adapted by Shuck[67] and Reio and Sanders-Reio;[68] see below	Three subscales of one higher-order factor: ● Cognitive engagement: *Performing my job is so absorbing I forget about everything else* *I often think about other things when performing my job* *I am rarely distracted when performing my job* *Time passes quickly when I perform my job* ● Emotional engagement: *I really put my heart into my job* *I get excited when I perform well on my job* *I often feel emotionally detached from my job* *My own feelings are affected by how well I perform my job*	4

TABLE 12 Definitions and measures of engagement used in the selected studies (*continued*)

Reference	Definition	Measure	Number of occurrences
		● Physical engagement:	
		I exert a lot of energy performing my job	
		I stay until the job is done	
		I avoid working overtime whenever possible	
		I take work home to do	
		I avoid working too hard	
Reio and Sanders-Reio (2011)[68]	'Engagement is being psychologically present when performing an organizational role. Engaged employees are more likely to have a positive orientation toward the organization, feel an emotional connection to it, and be productive'[21] (p. 464)	Shuck's[67] 16-item Workplace Engagement Scale, based on a modified version of May et al.'s[22] three scales of meaningfulness, safety and availability, including:	1
		● Modified Meaningfulness Scale:	
		The work I do on this job is very important to me	
		My job activities are personally meaningful to me	
		The work I do on this job is worthwhile	
		My job activities are significant to me	
		The work I do on this job is meaningful to me	
		I feel that the work I do on this job is valuable	

Reference	Definition	Measure	Number of occurrences
		• Modified Safety Scale:	
		I can be myself at work	
		At work I can bring up problems and tough issues without fear of being teased or made fun of	
		I feel physically safe at work	
		At work, I know what is expected of me every day	
		Each day my work demands are consistent	
		• Modified Availability Scale:	
		At work, I have the support I need to complete my job	
		At work, I have the resources I need to complete my job	
		I am mentally and emotionally absorbed in my job when I am working	
		I have the skills and training I need to complete my work at the level that is expected of me	
		If I do not have the resources to complete my work, I am confident my organization would help me get them	

TABLE 12 Definitions and measures of engagement used in the selected studies *(continued)*

Reference	Definition	Measure	Number of occurrences
Rich *et al.* (2010)[4]	Kahn noted that engagement is observed through the behavioural investment of personal physical, cognitive, and emotional energy into work roles. Put simply, engagement involves investing the 'hands, head and heart'[69] (p. 619)	Three subscales of one higher-order factor: ● Physical engagement: *I work with intensity on my job* *I exert my full effort to my job [sic]* *I devote a lot of energy to my job* *I try my hardest to perform well on my job* *I strive as hard as I can to complete my job* *I exert a lot of energy on my job* ● Emotional engagement: *I am enthusiastic in my job* *I feel energetic at my job* *I am interested in my job* *I am proud of my job* *I feel positive about my job* *I am excited about my job*	3

Reference	Definition	Measure	Number of occurrences
		• Cognitive engagement:	
		At work, my mind is focused on my job	
		At work, I pay a lot of attention to my job	
		At work, I focus a great deal of attention on my job	
		At work, I am absorbed by my job	
		At work, I concentrate on my job	
		At work, I devote a lot of attention to my job	

TABLE 12 Definitions and measures of engagement used in the selected studies (*continued*)

Reference	Definition	Measure	Number of occurrences
Soane *et al.* (2012)[70]	'Kahn (p. 531) presented engagement as a construct with three facets (physical, cognitive and emotional) that are activated simultaneously to create an engaged state'	Intellectual, social and affective engagement scale. Three facets of one higher-order engagement factor: ● Intellectual engagement: *I focus hard on my work* *I concentrate on my work* *I pay a lot of attention to my work* ● Social engagement: *I share the same work values as my colleagues* *I share the same work goals as my colleagues* *I share the same work attitudes as my colleagues* ● Affective engagement: *I feel positive about my work* *I feel energetic in my work* *I am enthusiastic in my work*	3

Reference	Definition	Measure	Number of occurrences
Work engagement			
Schaufeli *et al.* (2002)[71]	'A positive, fulfilling, work related state of mind that is characterized by vigor, dedication and absorption'[71] (p. 74)	UWES 17-item version (there is also a shortened 9-item version as well as other versions comprising 15 or 16 items validated for use in other languages or adapted from other scales). Three facets that can operate independently or as part of one overall engagement factor:	17-item version: 42
			16-item version: 3
			15-item version: 3
		• Vigour:	9-item version: 90
		When I get up in the morning, I feel like going to work	8-item version: 1
		At my work, I feel bursting with energy	7-item version: 3
		At my work, I always persevere, even when things do not go well	6-item version: 4
		I can continue working for very long periods at a time	5-item version: 1
		At my job, I am very resilient, mentally	Qualitative study: 1
		At my job, I feel strong and vigorous	Total: 148
		• Dedication:	
		To me, my job is challenging	
		My job inspires me	
		I am enthusiastic about my job	
		I am proud of the work that I do	
		I find the work I do full of meaning and purpose	

TABLE 12 Definitions and measures of engagement used in the selected studies (*continued*)

Reference	Definition	Measure	Number of occurrences
		● Absorption:	
		When I am working, I forget everything else around me	
		Time flies when I am working	
		I get carried away when I am working	
		It is difficult to detach myself from my job	
		I am immersed in my work	
		I feel happy when I am working intensely	

Reference	Definition	Measure	Number of occurrences
Multidimensional engagement			
Saks (2006)[72]	'At the core of the model are two types of employee engagement: job and organisation engagements. This follows from the conceptualisation of engagement as role related . . . that is, it reflects the extent to which an individual is psychologically present in a particular organisational role. The two most dominant roles for most organisational members are their work role and their role as a member of an organisation'[72] (pp. 603–4)	● Job engagement: I really 'throw' myself into my job Sometimes I am so into my job that I lose track of time This job is all consuming, I am totally into it My mind often wanders and I think of other things when doing my job (r) I am highly engaged in this job ● Organisation engagement: Being a member of this organisation is very captivating One of the most exciting things for me is getting involved with things happening in this organisation I am really not into the 'goings on' in this organisation (r) Being a member of this organisation makes me come 'alive' Being a member of this organisation is exhilarating for me I am highly engaged in this organisation	Both scales: 3 Job scale only: 2 Organisation scale only: 1 Total: 6

TABLE 12 Definitions and measures of engagement used in the selected studies (*continued*)

Reference	Definition	Measure	Number of occurrences
Selmer et al. (2013)[73]	'Engagement can be defined as a positive, fulfilling yet pervasive and persistent cognitive state of mind'. (p. 97)[73] Engagement was examined at the work group level	Three facets combined into one overall 14-item scale: • Behavioural engagement: a 5-item scale adapted after Mor-Barak et al.'s[74] measure of work group involvement • Cognitive engagement: a 6-item scale adapted after a scale on group success by Martins et al.,[75] sample item, 'Everything this department does turns out well' • Emotional engagement: a 3-item scale measuring satisfaction adapted after Martins et al.,[75] sample item, 'I am very satisfied with the way I am treated by my colleagues'	1
Engagement as a composite			
Swanberg et al. (2011)[76]	'Work engagement is a positive work-related psychological "state of fulfilment" that is characterized by vigor, dedication and absorption'[76] (p. 614)	Three facets combined into one overall eight-item measure: • Cognitive: sample items, 'It would take a lot to get me to leave CitiSales', 'I would like to be working for CitiSales one year from now' and 'Compared with other companies I know about, I think CitiSales is a great place to work' • Emotional: 'I really care about the future of CitiSales' and 'I feel like I am an important part of CitiSales' success' • Behavioural: 'I would highly recommend CitiSales to a friend seeking employment' and 'I am always willing to give extra effort to help CitiSales succeed'	2
Engagement as employment relations practice			
Arrowsmith and Parker (2013)[77]	Unitarist human resources perspectives with an emphasis on acknowledgement and representation of employee interests	Qualitative study of HRM practices	1
Jenkins and Delbridge (2013)[78]	'Soft' engagement: a focus on promoting positive workplace conditions and relationships between managers and employees 'Hard' engagement: a focus on increasing employee productivity through engagement	Qualitative study of employee engagement strategies	1
Reissner and Pagan (2013)[79]	Employee engagement with the organisation, in relationship with employee engagement and communication strategies	Qualitative study of communication strategies	1

Reference	Definition	Measure	Number of occurrences
Self-engagement with performance			
Britt *et al.* (2005)[80]	'The construct of self-engagement was derived from the Triangle Model of Responsibility . . . and is defined as individuals feeling a sense of responsibility for and commitment to a performance domain so that performance "matters" to the individual'[80] (p. 1476)	A 4-item scale capturing the extent of responsibility and commitment the individual feels for his or her job performance and how much job performance matters: ● Responsibility: *I feel responsible for my job performance* *I am committed to my job* ● Importance: *How well I do in my job matters a great deal to me* *How I do in my job influences how I feel*	1

N/A, not applicable; r, reversed coding; UWES, Utrecht Work Engagement Scale.

Several measures that have been published in peer-reviewed journals were excluded on grounds of quality. Most significantly, following Christian *et al.*[27] we excluded several papers that drew on the Gallup Q12 engagement measure (e.g. Jones and Harter[81]). This was because of concerns that the Q12 is a composite, catch-all measure that lacks construct and discriminant validity.[20,36,62] Little and Little in their critique of the measure[82] note that 'merely attaching a name to a collection of survey items does not make it a construct' (p. 112), while Guest[18] argues that the consultancy perspective on engagement is akin to a management fad.

We also excluded scales developed to capture engagement specifically within the context of health, such as that of Mark *et al.*[83] This scale included nursing expertise, commitment to care and tenure, aggregated into one overarching engagement construct. Again, this measure lacked validity. The Shirom–Melamed vigour scale, which has also been used to measure engagement,[84] was excluded on the grounds that the scale more accurately captures the single notion of 'vigour' rather than engagement.

The included measures are reviewed in the following paragraphs.

Personal role engagement

William Kahn[21] stated that 'people occupy roles at work; they are the occupants of the houses that roles provide', and showed through an ethnographic study that individuals 'constantly bring in and leave out various depths of their selves during the course of their work days' (p. 692). Thus, Kahn viewed engagement as the individual's cognitive, emotional and physical expression of the authentic and preferred self at work. In his ethnographic observational study, Kahn found that those who were engaged in their work were energetic, cognitively vigilant and empathically connected with others. In contrast, those who were disengaged withdrew and defended their preferred self, and their role performances were passive and incomplete (p. 701).[21] Levels of personal engagement were found to vary across time and according to the strength of three conditions: experienced meaningfulness of work; psychological safety, or lack of fear of negative consequences of the employment of self; and psychological availability, or having the personal resources needed to personally engage. Kahn later wrote:

> *Engagement is both very delicate and fragile, and quite resilient . . . People have a desire to engage. They have an instinctive drive to express who they are, and who they wish to be, and given a chance at work, they will do so.*
>
> *(p. 30)[85]*

Kahn's research was qualitative and so did not provide a quantitative scale by which engagement could be measured. Several researchers have since sought to operationalise engagement according to Kahn's definition. May *et al.*[22] developed a 13-item scale to capture cognitive, emotional and physical engagement (referred to as employees' engagement in their paper; see *Table 12*). A total of four papers using this measure met the quality threshold.

Rich *et al.*[4] used modified versions of three pre-existing scales to measure personal engagement (referred to as 'job engagement' in their article): Brown and Leigh's[86] 'work intensity' measure to capture physical engagement; Russell and Barrett's[87] 'core affect' scale to measure emotional engagement; and Rothbard's[88] engagement measure capturing attention and absorption for cognitive engagement. Their study showed that the scale had discriminant validity. Three papers using this scale were included in the data extraction.

Soane *et al.*'s[70] intellectual, social and affective (ISA) scale operationalised Kahn's engagement through measures of intellectual, social and affective aspects of engagement (referred to as 'work engagement' in their article). The ISA scale was shown to have internal reliability and construct validity. A further three papers using this measure were included. Finally, Reio and Sanders-Reio[68] used Shuck's[67,89] 16-item workplace scale, which in turn is a modified version of May *et al.*'s[22] scale.

Work task or job engagement

The second, and dominant, stream of research within the engagement literature refers to 'work engagement' rather than 'personal engagement'. According to this line of reasoning, engagement is viewed as a positive state of mind directed towards work tasks. Whereas the 'personal role engagement' state reviewed in the previous subsection refers to the expression of the authentic self, here engagement is viewed as a positive, activated state of mind achieved in relation to the job.

This strand of research was originally founded in the notion that engagement was the opposite of burnout (the 'burnout-antithesis' approach).[63] Burnout has been described as 'a (negative) psychological syndrome in response to chronic interpersonal stressors on the job' (p. 399)[90] that comprises exhaustion, cynicism and reduced professional self-efficacy. Engagement, on the other hand, was defined as 'intense involvement and satisfaction (with work)' (p. 65)[91] and was measured by reverse scoring burnout questionnaire scales, such as the Maslach Burnout Inventory (MBI). In a meta-analysis comparing the Utrecht Work Engagement Scale (UWES) with the MBI, Cole *et al.*[92] conclude that engagement as measured by the UWES and burnout as measured by the MBI are strongly reverse-correlated. However, their analysis also shows that engagement accounts for a small to moderate amount of variance in job satisfaction and organisational commitment over and above that accounted for by burnout. Other research has suggested that engagement, rather than being at the opposite end of a continuum from burnout, is in fact a distinct construct in its own right and has cast doubt on the possibility of measuring engagement by reverse-scoring burnout scales.[71,93,94] Given the level of uncertainty about this issue, we have excluded from our evidence synthesis studies that measure engagement by reverse-scoring the MBI.

Building on this, a group of scholars based at the University of Utrecht suggested that, although engagement was generally negatively related to burnout, it was in fact a distinct construct that should be defined and measured separately. Thus, Schaufeli *et al.*[71] defined engagement as 'a positive, fulfilling, work-related state of mind' (p. 74) and proposed that an engaged employee has a strong sense of vigour towards, dedication to and absorption in work activities. This refined conceptualisation has similarities to Kahn's[21] in that engagement is concerned with a psychological experience, while at work, that is highly positive and self-fulfilling. Moreover Schaufeli *et al.*[71] also support Kahn's[21] view that engagement is a psychological state that leads to positive personal and organisational behaviours.

The UWES[71] has become the most widely used measure of engagement in the academic world. It has been proposed as both a longer 17-item scale and a short 9-item version,[95] and has been validated in other versions for use in several languages. It has also been validated for use in measuring fluctuating levels of engagement through the working day,[96] and for use either as a higher-order, one-factor model or as three separate factors.[97] Seppälä *et al.*'s[95] analysis suggests that the 9-item Finnish version of the scale has better construct validity and stability than the 17-item version.

A total of 148 papers using various versions of the UWES were included in the data extraction, plus one qualitative paper;[98] 42 of these used the full 17-item scale and 90 used the 9-item version. The remainder used between five and 16 items; some of these were validated versions of the scale in other languages, while others were shortened versions of the scales that had acceptable psychometric properties. A number of papers that used just one or two of the three scales were excluded from our analysis on the grounds that the measure of engagement used did not correspond with the underpinning theorisation of the construct (see *Table 8*).

Multidimensional engagement

Saks[72] defined engagement as 'a distinct and unique construct consisting of cognitive, emotional and behavioural components that are associated with individual role performance' (p. 602), distinguishing between job engagement on the one hand and organisational engagement on the other. Shuck[63] refers to this as the multidimensional approach to engagement. This introduces the notion that engagement can be directed towards a range of different loci, not just towards the job itself. A total of six papers using this

measure were included in the data extraction; three used both job and organisation engagement scales, two used the job scale only and one used the organisation scale only.

Selmer *et al.*[73] argued that engagement could be examined at the work group level and proposed a measure of work group engagement. One paper was included that used this measure.

Engagement as a composite attitudinal and behavioural construct

The fourth approach views engagement as a composite attitudinal and behavioural construct, combining a range of perspectives into one measure. We included one measure under this heading, although, as discussed above, we excluded a number of measures for quality reasons. Swanberg *et al.*[76] adopted the Utrecht definition of engagement but operationalised this through measures of cognitive and emotional engagement as well as behavioural engagement (see *Table 12*), thereby extending the notion of engagement beyond the strict boundaries of the construct proposed by the Utrecht Group. This measure demonstrated appropriate psychometric properties and therefore two papers using the measure were included.

Engagement as employment relations practice

Recently, scholars within the HRM field have begun to consider engagement as a management practice. Here, engagement is viewed in the sense of 'doing engagement' rather than 'being engaged'.[16] This is a small and emergent field of research that has to date comprised case study-based approaches. For instance, Jenkins and Delbridge[78] argue that engagement approaches, or strategies for managing employee engagement, can take 'soft', developmental, or 'hard', performance-focused, approaches. Arrowsmith and Parker[77] highlight the tensions and ambiguities apparent within a longitudinal case study on engagement initiatives within one firm, and show the variety of 'engagement schemas' held by organisational actors, arguing that engagement is not a static value-free construct. Contributions within this stream address longstanding debates within the HRM field concerning unitarist and pluralist perspectives on the employment relationship or theories of organisational communication.[79] A total of three studies adopting this perspective met the quality threshold and were included in the data extraction.

Self-engagement with performance

Finally, one measure was included that was based on the notion of 'self-engagement', defined as the individual's sense of responsibility for and commitment towards performance.[80] One study using this measure met the quality threshold.

The discriminant validity of engagement

A fundamental question is whether engagement can be considered a distinct construct in its own right or the overlaps between engagement and other, similar, constructs are so great that it adds little or nothing.[19] The notion that engagement might be little more than an assemblage of other constructs has been referred to as the 'jangle fallacy' (p. 97).[27] Several studies have addressed this point, but the findings generally suggest that at least some of the conceptualisations of engagement can be classed as a distinct construct.

Christian *et al.*[27] examined whether or not engagement as defined by the Utrecht Group demonstrates discriminant validity as compared with more established constructs such as job satisfaction, job involvement and organisational commitment. They found evidence to support the notion that engagement is different from these other constructs and showed that engagement has incremental validity over other job attitudes in predicting performance. However, they also concluded that there is sufficient overlap, of around $r = 0.50$, between engagement and these other constructs to conclude that they share 'conceptual space' (p. 120). Hallberg and Schaufeli[99] similarly found that engagement measured by the UWES has discriminant validity compared with job involvement and organisational commitment.

However, although Viljevac *et al.*[100] found that both the UWES and the scale proposed by May *et al.*[22] showed discriminant validity compared with affective commitment, and that the UWES showed some

evidence of differentiation compared with job involvement and intent to stay, they also found that neither measure showed discriminant validity compared with job satisfaction. Partial convergent relationships were found between the UWES and the May et al.[22] scale, suggesting that they are similar but not overlapping constructs. Viljevac et al.[100] conclude: 'our results suggest that neither measure should be considered an adequate measure of work engagement' (p. 3706). Wefald et al.[101] could not confirm the three-factor structure of the UWES, and found, further, that the measure was not able to predict a range of outcomes when satisfaction and affective commitment were controlled for.

With regard to the UWES and the Britt[102] scale, Wefald et al.[101] conclude: 'these findings potentially suggest that the way engagement is typically measured may be inherently flawed, and that engagement, as measured by both Schaufeli and Britt, may be redundant with the more established constructs of job satisfaction and affective organisational commitment' (p. 87). These findings suggest that some degree of caution should be exercised in interpreting the findings of quantitative engagement studies. More research is needed that explores the construct, discriminant and predictive validity of the engagement scales currently in use.

No research to date has examined the evidence emerging from the body of qualitative studies of engagement in the organisational sociology/industrial relations field, in which engagement is defined in a very different way from the psychology literature, as practice. This emergent field holds some promise as an antidote to what Godard[103] has termed the 'psychologisation of employment relations' (p. 1).

Taken together, these findings suggest that further research is required to demonstrate engagement's properties as a distinct psychological state that can explain more of the variance in other attitudes and behaviours than other states, and to explain and synthesise the wide range of definitions of engagement that have arisen.

Definitions and measures of engagement: conclusions

As Schaufeli[62] notes, 'probably the most important issue in defining engagement is "where to draw the line?" ' (p. 19). As we have seen, the variety of ways in which engagement has been defined suggests that the construct has been subject to 'fixing, shrinking, stretching and bending' (p. 19),[17] creating a bewildering array of definitions and meanings, and ways of measuring and evaluating levels of engagement. Although Macey and Schneider[25] suggest that engagement is a synthesis of trait engagement (including personality traits such as conscientiousness), state engagement (including satisfaction and involvement) and behavioural engagement (including proactivity and role crafting), the emerging consensus appears to be that engagement should be considered as a relatively enduring psychological state experienced by an individual in relation to his or her work activities that is affected by various antecedent factors and leads to a range of outcomes. The most widely used definitions of engagement, those of the Utrecht Group[71] and Kahn,[21] share a number of commonalities, in that both regard engagement as multifaceted and as comprising three dimensions: an affective, a cognitive and an energetic dimension.

A number of studies have been conducted to examine the construct validity and discriminant validity of engagement in the wake of accusations that engagement has conceptual overlaps with constructs such as commitment, involvement and satisfaction. Evaluating these has not been a primary focus of this investigation; however, meta-analysis conducted by Christian et al.,[27] as well as primary research,[4,99] suggests the cautious conclusion that engagement is sufficiently different from these other attitudes to be considered as an attitude in its own right. However, more research is needed to address the concerns that have been raised and that examines the emerging view of engagement as employment relations practice.

Theoretical frameworks: introduction

Engagement scholars have used a wide range of theoretical frameworks to 'explain' engagement, either in the sense of explaining how engagement fits within wider positive psychological paradigms, or in order to explain the relationship between engagement, its antecedents and its outcomes. To identify what theories have been used to underpin models of engagement within the academic literature, we undertook an analysis of the principal theoretical frameworks used in empirical studies of engagement to 'explain' the engagement process. This involved reading the papers to extract the principal explicit or implicit theory/ies underpinning the analysis presented. The findings are presented in *Table 13*.

TABLE 13 Theories of engagement used in the selected studies

Theoretical framework	Example reference	Number of occurrences
JD-R model	Schaufeli *et al.* (2002)[71]	65
Social exchange theory	Alfes *et al.* (2013)[104,105]	26
Unspecified	Extremera *et al.* (2012)[106]	21
Conservation of resources theory	Bakker *et al.* (2007)[107]	14
Broaden-and-build theory	Bakker and Bal (2010)[108]	8
Kahn's/personal engagement theory	Kahn (1990)[21]	7
Self-determination theory	Gillet *et al.* (2013)[109]	5
Job design/characteristics theory	Hornung *et al.* (2010)[110]	4
Transformational leadership	Tims *et al.* (2011)[111]	4
Work engagement theory	Otken and Erben (2010)[112]	4
Authentic leadership	Bamford *et al.* (2013)[113]	3
Attachment theory	Lin (2010)[114]	2
Demand–control–support theory	Taipale *et al.* (2011)[115]	2
Effort–reward imbalance model	Feldt *et al.* (2013)[116]	2
Human capital theory	Gracia *et al.* (2013)[117]	2
Self-efficacy theory	Høigaard *et al.* (2012)[118]	2
Social cognitive/learning theory	Heuven *et al.* (2006)[119]	2
Ability–motivation–opportunity framework	Arrowsmith and Parker (2013)[77]	1
Affective events theory	Ouweneel *et al.* (2012)[120]	1
Affective shift model	Bledlow *et al.* (2011)[121]	1
Attribution theory	Cheng *et al.* (2013)[122]	1
Charismatic leadership theory	Babcock-Roberson and Strickland (2010)[123]	1
Cognitive stress theory	Andreassen *et al.* (2007)[124]	1
Contingent leadership theory	Song *et al.* (2012)[125]	1
Critical HRM theory	Jenkins and Delbridge (2013)[78]	1
Crossover theory	Bakker and Xanthopoulou (2009)[126]	1
Crossover/emotional contagion theory	Bakker *et al.* (2006)[127]	1
Emotional dissonance–emotional labour model	Bechtoldt *et al.* (2011)[128]	1
Ethical leadership theory	den Hartog and Belshak (2012)[129]	1
Expectancy theory	Anaza and Rutherford (2012)[130]	1

TABLE 13 Theories of engagement used in the selected studies (*continued*)

Theoretical framework	Example reference	Number of occurrences
Group engagement model	He *et al.* (2013)[131]	1
Idiosyncratic deals	Hornung *et al.* (2010)[110]	1
Job embeddedness theory	Karatepe and Ngeche (2012)[132]	1
Justice theory	Gillet *et al.* (2013)[133]	1
Knowledge conversion theory	Song *et al.* (2012)[125]	1
Leader consideration framework	Hornung *et al.* (2011)[134]	1
Leader integrity theory	Moorman *et al.* (2013)[135]	1
Mismatch proposition of well-being	Dyląg *et al.* (2013)[136]	1
Organisational support theory	Ratnasingam *et al.* (2012)[137]	1
Person–situation framework	He *et al.* (2013)[131]	1
Positive emotions theory	Gorgievski *et al.* (2010)[138]	1
Psychological empowerment theory	Stander and Rothmann (2010)[139]	1
Relative deprivation theory	Mauno *et al.* (2005)[140]	1
Resources–experiences–demands model	Del Libano *et al.* (2012)[141]	1
Role-spillover theory	Fiksenbaum *et al.* (2010)[142,143]	1
Salutogenic model of coping	Bakibinga *et al.* (2012)[98]	1
Self-categorisation theory	Otken and Erben (2010)[112]	1
Social identity theory	Anaza and Rutherford (2012)[144]	1
Structural empowerment theory	Spence Laschinger (2010)[145]	1

However, these findings should be interpreted with some caution; in some cases, the theories were not made explicit in the paper. We have coded 21 papers as 'unspecified' where no theory was mentioned and it was not clear on reading the paper what the author's intention was. In other cases where no theory was mentioned, we have inferred based on available information within the paper what the author's intention was. In many instances, authors referred to a range of different theories; for most of these, we have reported on the main theoretical frameworks only, but in some cases it was not clear that there was one overriding theory, and so we have included several theories for one item. The results presented in *Table 13* should therefore be regarded as indicative of general trends within the literature.

Theoretical frameworks: findings

As *Table 13* indicates, 65 studies have used the JD-R framework. This is true of most of the papers that have used the UWES. The JD-R framework distinguishes between resources on the one hand, in the form of either job-related resources or personal resources, and demands on the other. According to this model, resources energise employees and foster engagement, which, in turn, yields positive outcomes such as high levels of performance (p. 26).[62] Job demands, on the other hand, require employees to expend additional effort, which over time can cause exhaustion and lead to negative outcomes. Job resources comprise physical, social and organisational job features that can reduce job demands, help individuals achieve work goals or aid with personal growth. These are regarded as playing a motivational role, since they help fulfil human needs for autonomy, competence or relatedness. They also help foster the willingness to dedicate effort towards the accomplishment of work. Personal resources such as self-efficacy, self-esteem or optimism can also be relevant for high levels of engagement. Thus, the JD-R 'explains' engagement on the basis that, where employees have high levels of job-related and/or personal resources, they are more likely to be engaged with their work.

The second most widely used framework was social exchange theory (SET), used in 26 studies. According to SET, relationships between employees and employers are based on norms of reciprocity. Where employees feel that they are being treated well and valued by their employer, they are more likely to respond by exerting effort on behalf of the employer in the form of raised levels of engagement.[104]

Conservation of resources theory, used in 14 studies, is based on the premise that individuals seek to acquire and preserve valued resources, which can be personal, energetic, social or material resources. Resource-gain spirals occur when individuals are able to build on resources they already have, and resource-loss spirals arise for those without access to strong resource pools. According to this view, the provision of resources may be particularly salient in raising engagement levels among those who are experiencing high levels of demand.[107]

Broaden-and-build theory was used in eight studies. Fredrickson[146] argued that engagement is more likely to occur when individuals experience positive rather than negative emotions, since these create the space for a broader range of thought–action repertoire. Activated positive affect is important for stimulating action.[29] Hence, those drawing on broaden-and-build theory argue that individuals who experience positive emotions are able to draw on a wider range of behavioural responses and hence are more likely to be engaged.

Seven referred explicitly to Kahn's[21] engagement theory, also referred to as the 'needs satisfying' approach,[63] which is based on the premise that engagement is influenced by three antecedent psychological conditions: experienced meaningfulness of work (or feeling that one experiences a return for the effort expended in working); experienced psychological safety (or feeling able to demonstrate engagement without fear of negative consequences); and experienced availability (or having sufficient personal resources to experience engagement). Kahn[21] argues that these three conditions are influenced by the nature of the job, the social environment, and personal resources and energy. This perspective draws on job characteristics theory[30] and shows that some aspects of work design such as autonomy, feedback and task significance will generate the psychological conditions necessary for engagement.

All the remaining theories or frameworks referred to in the studies were used in five papers or fewer.

Summary of theoretical frameworks

The predominant theoretical framework used in the engagement literature is the JD-R framework. It is important to note that, in line with the principal conceptualisation of engagement as a work-related state of mind, most of the theories used to explain the engagement process are derived from the psychology field. The instances of theories and models from work sociology or industrial relations such as critical HRM theory[78] are very few. Consequently, most of the theorisation around engagement adopts a within-person perspective that does not take account of the broader social or organisational context,[147] individual differences[16] or the contested nature of engagement as a potential tool for managerial control.[17]

Engagement definitions, models and theories: synthesis

The roots of engagement within the academic literature can be traced back to the work of William Kahn.[21] Although Kahn saw engagement as the expression of the preferred self in relation to work roles, and some subsequent researchers have sought to operationalise Kahn's framework, the academic field has come to be dominated by the work of the Utrecht Group, which has argued that engagement is a positive, activated state of mind experienced by individuals in relation to their work, and has three facets: vigour, dedication and absorption. The UWES has been used as the means to evaluate engagement levels in 83% of the studies of engagement deemed to have met the quality threshold for inclusion. The JD-R framework was mentioned as a major theoretical framework in 39% of the empirical papers included. The majority of studies using the UWES are based on the JD-R framework.

Some other scales have been developed based on a conceptualisation of engagement as something that employees can experience in relation to their employer overall, or towards their work group; however, these studies are in the minority.

More recently, studies are starting to take place that consider engagement as a strategy for people management[78] or form of communication.[79] This perspective is more aligned with the practitioner perspective, whereby engagement tends to be viewed either as an employment relations strategy or as a composite attitudinal and behavioural construct.[18,148] However, no quantitative measures that met the quality threshold were identified, so this body of work comprises qualitative studies.

The evidence from prior studies concerning the validity and reliability of the engagement construct has been equivocal, although there is some preliminary evidence that engagement has both construct and discriminant validity. This issue is explored further in subsequent chapters, particularly *Chapter 7*.

Summary

In this chapter, we have reviewed how engagement has been defined within the academic literature, discussed the main measures used to evaluate engagement and examined the main theories used to explain the engagement process. Our analysis showed the predominance of the UWES as the means of evaluating engagement levels, and the JD-R analytical framework. In the next chapter, we present the results of our data extraction in relation to the association between engagement and morale.

Chapter 4 Engagement and morale

Introduction

The focus of this chapter is on research question 2.1:

> *What evidence is there that engagement is relevant for staff morale?*

In order to address this we have developed two subquestions:

1. What is the evidence that engagement is relevant for staff morale within the workforce in general?
2. What is the evidence that engagement is relevant for staff morale within the context of health?

The purpose of addressing this question is to evaluate the evidence concerning the link between engagement and morale outcomes. In particular, this chapter aims to identify which morale outcomes have been demonstrated empirically to be most significantly affected by, or at least associated with, high levels of engagement within the general workforce and within the health context specifically. To address these questions, we undertook the data extraction process described in detail in *Chapter 2*.

First, we review the general background and context for the research questions (next section). We then present the evidence we have assembled from our data extraction exercise in relation to the general workforce, followed by an analysis of the health context. We have included in this latter section any study that includes a sample of health-care workers, even if part of a wider sample involving a range of occupations. Finally, we bring together these findings to suggest which morale outcomes are most likely to be associated with high levels of engagement (*Conclusions*).

Background to morale outcomes relevant to engagement

A main concern within the prior research has been to identify which morale outcomes are associated with high levels of engagement. We have interpreted 'morale' in a wide sense and these morale outcome factors can be grouped under two headings:

- well-being and health perceptions, includes measures of life satisfaction,[149] general and psychological health (e.g. the 12-item General Health Questionnaire;[150] Beck's Depression Inventory[151]), stress/burnout (e.g. MBI[152]) and various other aspects such as affect,[153] work ability[154] and recovery[155]
- work-related attitudes, including measures of organisational commitment,[156,157] job or career satisfaction,[158,159] occupational or career success[160] and turnover intentions.[161,162]

In total, 35 studies examined the relationship between engagement and morale outcomes within the general workforce, and 12 studies examined the relationship between engagement and morale outcomes within the health context. *Table 14* shows the breakdown of studies that satisfied the inclusion criteria, first across the two main categories, and second across the subcategories. It should also be noted that many studies examined more than one outcome (although not usually more than two or three), and a minority included outcome variables from both well-being/health perception and work-related attitude categories. Therefore the numbers in the subcategories do not add up to the numbers in the overall categories.

TABLE 14 Number of studies satisfying inclusion criteria for morale outcomes

Morale outcome	General workforce	Health context	Total
Well-being and health perceptions	*16*	*5*	*21*
Life satisfaction	4	1	5
General and psychological health	6	3	9
Stress/burnout	9	1	10
Other aspects	4	1	5
Work-related attitudes	*24*	*7*	*31*
Organisational commitment	7	2	9
Job/career satisfaction	12	3	15
Turnover intentions	17	7	24

Furthermore, many studies examined the link between engagement and morale outcomes as part of a larger hypothesised model. These models tended to include a number of antecedents theorised to be related to engagement (see *Chapter 6*), engagement as a mediator (and, for some, other mediators such as burnout) and potential morale and/or performance outcomes (see *Chapter 5*). The focus for this chapter is on the specific relationship between engagement and morale outcomes; therefore, no particular details regarding any larger hypothesised model tested have been included here.

Almost all included studies have examined engagement as a psychological state experienced in relation to work in general terms (see *Chapter 3*, *The origins and definitions of employee engagement*), and have used quantitative, survey-based methods to examine how engagement relates to self-reported morale indicators. Therefore, most studies reviewed in this chapter reflect a specific and narrow research focus. Moreover, the vast majority of the studies utilised a cross-sectional, between-persons design, so causality is difficult to demonstrate.

The workforce in general

The data on morale outcomes in relation to the workforce in general are reported in *Table 15*.

Study considerations

Geographical considerations
Ten out of the 35 studies were conducted in Europe (representing the Netherlands, Germany, Spain, Italy, Finland, Sweden, Norway and Poland), seven in the USA or Canada, four in Africa (including South Africa and Cameroon), four in Asia (China, Japan and Malaysia), four in the UK, three in India and two in Australia or New Zealand. One was 'international', as it sampled teachers from Australia, Indonesia, China, Oman and Canada[177] (see *Appendix 18*).

Measurement and analysis considerations
Twenty-seven of the studies used the UWES measure of engagement. Sixteen of these applied the 9-item version, seven applied the 17-item version and four applied an alternative: Ratnasingam *et al.*[137] applied a 7-item version, Extremera *et al.*[106] applied a 15-item version and Vera *et al.*[188] applied a 16-item version. Simbula[182] applied the 9-item UWES to measure general engagement and a shortened 5-item version to measure daily engagement.

Other measures used were Britt's[102] engagement measure, May *et al.*'s[22] psychological engagement measure, Rich *et al.*'s[4] job engagement measure, Saks's[72] measure of job and/or organisation engagement

TABLE 15 Engagement and morale in the general workforce

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Agarwal et al. (2012);[163] India	979 Indian managerial employees working in six service-sector organisations in India (low-/middle-level management)	9-item UWES	Self-report survey; SEM	Turnover intentions	Engagement negatively associated with intention to quit	SET
Airila et al. (2012);[164] Finland	403 Finnish firefighters	9-item UWES	Self-report survey; regression	Work ability (six subdimensions: current work ability generally/in relation to job demands, psychological resources, diseases, sick leaves, own prognosis)	Engagement positively associated with three subdimensions of work ability (current work ability generally, in relation to job demands, psychological resources), but not significantly associated with the other three subdimensions of work ability (diseases, sick leaves, own prognosis of work ability)	Unspecified
Alfes et al. (2013);[104] UK	297 employees from a large service-sector organisation within the UK	12-item scale adapted from Rich et al.'s[4] 18-item job engagement measure	Self-report survey; regression	Turnover intentions	Engagement negatively associated with turnover intentions	JD-R, SET
Bhatnagar (2012);[165] India	291 managers from the Indian research and development industrial sectors of pharmaceutical, engineering, IT, electronics and aeronautics	17-item UWES	Self-report survey; SEM	Turnover intentions	Engagement negatively associated with turnover intentions	JD-R
Biswas and Bhatnagar (2013);[166] India	246 full-time employees in six organisations in north central India	Saks's[72] 11-item job and organisation engagement scales combined	Self-report survey; SEM	Organisational commitment and job satisfaction	Engagement positively associated with both organisational commitment and with job satisfaction	SET

TABLE 15 Engagement and morale in the general workforce *(continued)*

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Brunetto et al. (2012);[167] Australia	193 police officers. Majority male and with low tenure	9-item UWES	Self-report survey; Latent Path Model	Organisational commitment	Engagement positively associated with organisational commitment and negatively associated with turnover intentions	Kahn's[21] engagement theory
Buys and Rothmann (2010);[168] South Africa	115 reformed church ministers	May et al.'s[22] 12-item engagement scale	Self-report survey; regression/correlations	Organisational commitment, social functioning, burnout consisting of cynicism and exhaustion; somatic functioning and depression	Engagement positively associated with organisational commitment as well as with social functioning even when cynicism and exhaustion were included. Non-significant relationships with somatic functioning and depression, as these were best predicted by exhaustion and/or cynicism. Engagement negatively correlated with cynicism and exhaustion	JD-R
Del Libano et al. (2012);[141] Spain	386 administrative staff from a Spanish university	9-item UWES	Self-report survey; SEM	Organisational commitment and job satisfaction	Engagement positively associated with job satisfaction and organisational commitment	Resources–experiences–demands model[169]
Dyląg et al. (2013);[136] Poland	480 white-collar workers employed in Polish public/private organisations of various sectors. Majority female	9-item UWES (analysed each dimension separately)	Self-report survey; correlations	Burnout consisting of emotional exhaustion, cynicism and reduced professional self-efficacy	Vigour, dedication and absorption each were negatively related to emotional exhaustion and cynicism and positively related to professional self-efficacy	(Mis)match proposition of well-being

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Extremera et al. (2012);[106] Spain	409 multioccupational employees (in second of two studies)	15 items taken from UWES-17 (analysed each dimension separately)	Self-report survey; regression/ correlations	Burnout, life satisfaction and perceived stress	Correlations: vigour, dedication and absorption each negatively associated with emotional exhaustion and depersonalisation, and positively associated with personal accomplishment. Regressions: dedication positively associated with life satisfaction and negatively associated with perceived stress. Absorption not significantly associated with life satisfaction, but positively associated with perceived stress (small effect size). Vigour not significantly associated with life satisfaction or with perceived stress	Unspecified
Halbesleben and Wheeler (2008);[170] USA	573 working adults from a variety of occupations/ organisations	17-item UWES measured at T1	Self-report survey; time lag of 2 months between IVs and DVs measurement; usefulness analysis	Job embeddedness: 23 items (Mitchell et al.[171]); turnover intentions; controlled for job satisfaction and organisational commitment	Although engagement was negatively correlated with turnover intentions, the usefulness analysis found that job embeddedness explained a significant amount of unique variance in turnover intentions whereas engagement did not. Job satisfaction and organisational commitment were controlled for, yet neither explained any unique variance in turnover intentions (although both were negatively correlated with turnover intentions)	JD-R

TABLE 15 Engagement and morale in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Hallberg and Schaufeli (2006);[99] Sweden	186 workers in Swedish IT company: 175 working in IT; 11 working in personnel	9-item UWES	Self-report survey; correlations	Burnout consisting of emotional exhaustion and cynicism; depressive symptoms, somatic complaints and sleep disturbances; turnover intentions	Engagement negatively correlated with the two dimensions of burnout (emotional exhaustion and cynicism), depressive symptoms, somatic complaints, sleep disturbances and turnover intentions	JD-R
Høigaard et al. (2012);[118] Norway	191 teachers in Norway with less than 6 years' experience	17-item UWES	Self-report survey; regression	Emotional exhaustion, turnover intentions and job satisfaction	When the personal efficacy was controlled for (although this was a non-significant predictor of all three outcomes), only dedication (not vigour or absorption) was positively associated with job satisfaction, and only absorption (not vigour or dedication) was positively associated with emotional exhaustion and positively associated with turnover intentions	Self-efficacy theory
Hopkins and Gardner (2012);[172] New Zealand	96 legal staff and partners working in a large New Zealand law firm	9-item UWES	Self-report survey; regression	Psychological distress	Engagement negatively associated with psychological distress	JD-R
Hu and Schaufeli (2011);[173] China	585 production workers in three manufacturing companies in China	9-item UWES	Self-report survey; SEM	Organisational commitment and turnover intentions	Engagement positively associated with organisational commitment and negatively associated with turnover intentions	JD-R

Author (date): location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Jenkins and Delbridge (2013)[78] UK	Two case studies: (1) 66 employees from a family-owned, multiclient call centre company in Wales; (2) 17 employees from a US-owned multinational company which provided a range of services for the global energy market; research focused on UK headquarters in Scotland	No specific measure of engagement	Comparative case study of two workplaces; mostly relied on in-depth semistructured interviewees with employees and a selection of managers	No explicit outcome measure	Implies that engagement is not universally 'good' for morale, as it depends on the way in which management view engagement and its purpose/benefits. Suggests if engagement is pursued for purely instrumental purpose (i.e. for performance/competitive advantage) then it may be detrimental to morale whereas if pursued as a legitimate outcome in its own right then may promote morale	Critical HRM theory
Juhdi et al. (2013)[174] Malaysia	457 employees in various organisations	Saks's[72] 6-item organisation engagement scale	Self-report survey; regression	Turnover intentions	Organisation engagement negatively associated with turnover intentions	Unspecified
Karatepe and Ngeche (2012)[132] Cameroon	212 full-time hotel workers in Cameroon and their supervisors. Majority under age of 37 and degree-educated	9-item UWES	Self-report survey; time-lag of 1 month between IVs and DVs measurement; performance data from supervisors; regression	Job embeddedness (six items; Crossley et al.[175] measured at T1. Note this is very similar to original concept of organisational commitment by Allen and Meyer[156] and later developed by Meyer and Allen.[176] Turnover intentions measured at T2	Engagement positively associated with job embeddedness and negatively associated with turnover intentions. Job embeddedness partially mediates the relationship between work engagement and turnover intentions	Job embeddedness theory
Klassen et al. (2012)[177] International	N = 853, split among Australia, Canada, China, Indonesia and Oman. Majority female. All practising teachers. Convenience sampling stratified for socioeconomic status of pupils	9-item UWES	Self-report survey; correlations	Job satisfaction and turnover intentions	Engagement positively associated with job satisfaction and negatively associated with turnover intention. Magnitude of the relationships similar across settings	Self-determination theory

TABLE 15 Engagement and morale in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Mendes and Stander (2011);[178] South Africa	179 employees working in a single chemical company. Mainly non-management. 60% male; 47.5% in modal age range 25–35 years; 52% African	17-item UWES	Self-report survey; regression	Turnover intentions	Dedication, but not vigour or absorption, was significantly (positively) associated with intention to leave	Human capital theory
Ratnasingam et al. (2012);[137] USA	143 employees who were users of either the organisation's on-site childcare programme (n = 41) or external childcare programmes (n = 102) at a large public university in the southern USA. Mainly female and married	Seven items taken from UWES-9	Self-report survey; regression	Job satisfaction	Engagement positively associated with job satisfaction	Organisational support theory
Saks (2006);[72] Canada	102 workers in a variety of organisations	Specially developed scales for job engagement (five items) and organisation engagement (six items)	Self-report survey; regression	Job satisfaction, organisational commitment and turnover intentions	Both job and organisation engagement positively associated with job satisfaction and with organisational commitment, and negatively associated with turnover intentions	SET
Sardeshmukh et al. (2012);[179] USA	417 employees from a large supply chain company who had a minimum of 1 year's telecommuting experience. 71% male	6-item scale adapted from Britt[102]	Self-report survey; correlations	Exhaustion	Engagement was negatively associated with exhaustion	JD-R
Shimazu and Schaufeli (2009);[180] Japan	776 employees in construction machinery company in western Japan	9-item UWES	Self-report survey; SEM	Ill health and life satisfaction	Engagement negatively associated with ill health and positively associated with life satisfaction	Unspecified

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Shimazu et al. (2012);[181] Japan	1967 Japanese employees from various occupations randomly contacted as part of bigger project	9-item UWES	Self-report survey; longitudinal; 7-month interval between T1 and T2; SEM	Changes in ill health and changes in life satisfaction	Engagement negatively associated with changes in ill health and positively associated with changes in life satisfaction	Unspecified
Simbula (2010);[182] Italy	61 public sector school teachers. Majority female	9-item Italian version of UWES used to measure general engagement (survey); five adapted items from the UWES-9 used to measure daily engagement (diary)	Self-report survey followed by diary completed for five consecutive workdays; correlations and MLM/HLM	General emotional exhaustion and day-level emotional exhaustion. General poor mental health and day-level poor mental health. General job satisfaction and day-level job satisfaction	Correlations: general engagement negatively associated with general exhaustion and with general poor mental health; general engagement positively associated with general job satisfaction. MLM/HLM: day-level engagement positively associated with day-level job satisfaction and negatively associated with day-level poor mental health	JD-R
Soane et al. (2012);[70] UK	759 employees from a UK-based retail organisation (second study in article). Slight majority female	9-item ISA Engagement Scale	Self-report survey; regression	Turnover intentions	Engagement negatively associated with turnover intentions	Kahn's[21] engagement theory

continued

TABLE 15 Engagement and morale in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Sonnentag *et al.*[183] Germany	159 employees from five German organisations from various sectors working in different roles (managers, economists, technicians, engineers, journalists, computer scientists and administrators). Majority female	9-item UWES measured as single factor	Self-report survey followed by weekly diary on Monday morning and Friday afternoon for four working weeks; MLM/HLM	Positive affect and negative affect	General work engagement was positively associated with positive affect on Friday afternoon and negatively associated with negative affect on Friday afternoon. Significant moderation effect of general engagement on the relationship between detachment from work and positive affect. For persons with a high level of general work engagement, psychological detachment from work during off-job time was positively related to positive affect on Friday afternoon, whereas, for persons with a low level of work engagement, psychological detachment from work during off-job time was not significantly related to positive affect on Friday afternoon. No moderation effect of general engagement on the relationship between detachment from work and negative affect	Unspecified

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Sonnentag et al. (2012);[184] Germany	111 employees in a variety of industries (services, production, administration, banking, insurance)	9-item UWES adapted to day-level assessment	Diary study over five consecutive days with two measurement occasions per day (beginning and end of workday); MLM/HLM	Day-specific recovery level at the end of the workday and situational constraint as moderator	Engagement at the beginning of the day positively predicted subsequent recovery level at the end of the workday after controlling for morning recovery level. Moderating effect of situational constraint, but not job demands. The relationship between engagement and recovery at the end of the workday stronger when situational constraints were low rather than high	JD-R
Steele et al. (2012);[185] USA	724 workers in 33 restaurants, part of a casual dining franchise. Workers mostly women and mostly part-time	17-item UWES	Self-report survey; regression	Turnover intentions, job satisfaction and life satisfaction	Engagement positively associated with job and life satisfaction, and negatively associated with turnover intentions	Broaden-and-build theory (Fredrickson, 1998)[186]
Van Schalkwyk et al. (2010);[187] South Africa	168 employees in a petrochemical laboratory. Majority male	17-item UWES	Self-report survey; regression	Turnover intentions	Engagement negatively associated with turnover intentions	Unspecified
Vera et al. (2010);[188] Spain	170 university faculty members. 60% male; 43% with 5 years' tenure, remainder with more	16 items taken from UWES-17	Self-report survey; correlations	Burnout and job satisfaction	Vigour and dedication negatively associated with all four dimensions of burnout (exhaustion, cynicism, depersonalisation, lack of professional self-efficacy), whereas absorption is negatively associated with only cynicism and lack of professional self-efficacy. All three dimensions of engagement positively associated with job satisfaction	Unspecified

TABLE 15 Engagement and morale in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Vincent-Höper *et al.* (2012);[189] Germany	1132 largely from engineering and professional occupations. Majority had long tenure with organisation	9-item UWES	Self-report survey; SEM	Subjective occupational success measured in terms of career satisfaction, social success and career success	Engagement positively associated with all three measures of subjective occupational success. Females demonstrated stronger associations between work engagement and career satisfaction than males	Transformational leadership theory
Wefald *et al.* (2012);[101] USA	382 employees and managers at a financial services company	9-item UWES; Britt *et al.*'s[190] 4-item engagement measure	Self-report survey; regression	Turnover intentions, job satisfaction and organisational commitment	Vigour and dedication (UWES-9) but not Britt *et al.'s*[190] measure were significantly (negatively) associated with intentions to leave. However, vigour and dedication were found not to be significantly associated with turnover intentions when job satisfaction and organisational commitment were controlled for. Vigour and dedication (UWES-9) were significantly (positively) associated with job satisfaction and with organisational commitment. The relative weights analysis showed that the three subscales of the Schaufeli scale had the highest relative weights in predicting turnover intentions. Overall, the findings suggest that the relationship between engagement (specifically using the UWES-9) and turnover intentions is likely to be mediated by job satisfaction and/or organisational commitment	Unspecified

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results/significance	Dominant theoretical framework
Yalabik et al. (2013);[191] UK	167 clerical workers in a UK-based bank	9-item UWES	Self-report survey; cross-lagged design, time lag of 1 year; SEM	Job satisfaction and turnover intentions	Job satisfaction positively associated with engagement. Engagement negatively associated with turnover intentions. Engagement partially mediated the relationship between job satisfaction and intent to quit	SET, COR

COR, conservation of resources theory; DV, dependent variable; HLM, hierarchical linear modelling; IT, information technology; IV, independent variable; MLM, multilevel modelling; SEM, structural equation modelling.

and Soane et al.'s[70] ISA engagement measure. Jenkins and Delbridge,[78] who conducted a qualitative study, did not explicitly measure engagement via a self-report scale. See *Chapter 3* for further details.

Fifteen of the studies used multiple regressions to test the relationships between engagement and morale, and a further nine used structural equation modelling. Five used correlations, three used multilevel/hierarchical linear modelling, one used latent path analysis, one used usability analysis and one used comparative qualitative analysis.

Only seven conducted an alternative to the between-persons cross-sectional design. Three conducted repeated-measures designs in the form of a quantitative diary. Simbula[182] used a design with one measurement occasion per day for five consecutive working days and Sonnentag et al.[184] used a design with two measurement occasions per day (i.e. beginning and end of day) for five consecutive working days. Sonnentag et al.[183] used a design with two measurement occasions per week (i.e. beginning and end of week) for four consecutive working weeks. Two conducted time-lagged studies (i.e. independent variables measured at time 1 and dependent variables measured at time 2). Karatepe and Ngeche[132] used a 1-month time lag and supervisor reports, and Halbesleben and Wheeler[170] used a 2-month time lag. Two utilised a longitudinal design: Yalabik et al.[191] used a cross-lagged design where the interval between time 1 and time 2 was 1 year; Shimazu et al.[181] used a 7-month interval between time 1 and time 2, and calculated the change in variables between these time points.

Lastly, 23 of the studies examined engagement and morale outcomes within the scope of a larger theoretical model that linked antecedents of engagement (see *Chapter 6*) and outcomes of engagement (see *Chapters 4* and *5*) through the psychological state of engagement. Although this chapter focuses on the specific relationships between engagement and morale outcomes, it should be noted that engagement is often positioned (and found empirically) to mediate (often partially) the relationship between work/organisational factors (see *Chapter 6*) and morale/performance outcomes.

Sample considerations

Nine of the studies sampled a range of occupations and organisations. The majority (75%) of the studies focused on a specific occupational group and/or organisational setting. Of these, nine sampled employees from education and public service sectors (e.g. teachers/university staff, police officers, firefighters), six sampled employees from hospitality and service sectors (e.g. restaurants, hotels, retail shops, call centres), six sampled employees from professional services sectors [e.g. information and communication technology (ICT), financial, consultancy] and five sampled employees from manufacturing, production and construction industries.

Theoretical considerations

Twenty-six of the studies applied a specific theory as the main theoretical rationale. Of these, 11 applied the JD-R model[192,193] (note that one uses a variant called the resources–experiences–demands model), seven applied SET[194] or a related theory (e.g. procedural justice/organisational support), two applied Kahn's[21] engagement theory and one applied Fredrickson's broaden-and-build theory.[146] Five applied an alternative theory (such as self-determination or self-efficacy).

Nine of the studies did not use a specific theoretical rationale and instead either applied a general rationale based on work engagement/burnout literature or did not explicitly state an underlying theoretical basis for their hypotheses.

The relationship between engagement and well-being/health perceptions

Life satisfaction

Three studies examined the relationship between engagement (as a holistic factor) and life satisfaction as an outcome. Steele et al.[185] and Shimazu and Schaufeli[180] found that engagement was positively associated with life satisfaction; Shimazu et al.[181] found using a time-lagged design that engagement was associated

with increased life satisfaction during a 7-month period. Extremera et al.[106] examined the relationship between each of the work engagement dimensions and life satisfaction, and found that only dedication (not vigour or absorption) was significantly (positively) associated with life satisfaction.

General and psychological health

Six studies examined the relationship between engagement and general/psychological health as an outcome. Shimazu and Schaufeli[180] found that engagement was negatively associated with ill health, and Shimazu et al.[181] found, using a time-lagged design, that engagement was associated with reductions in self-reported ill health during a 7-month period. Hallberg and Schaufeli[99] found that engagement was negatively correlated with depressive symptoms, somatic complaints and sleep disturbances. Buys and Rothmann[168] conducted regressions, controlling for emotional exhaustion, and found that engagement was positively associated with social functioning, but the relationships between engagement and somatic functioning and between engagement and depressive symptoms were non-significant, as these were best predicted by emotional exhaustion. Hopkins and Gardiner[172] found that engagement was negatively associated with psychological distress. Simbula[182] examined the relationship between engagement and mental health at both the 'general' and the 'day' level. 'General' engagement was positively correlated with 'general' mental health, and day-level engagement was positively associated with day-level mental health.

Stress/burnout

Four studies examined the relationship between engagement (as a holistic factor) and stress/burnout as outcomes. Both Buys and Rothmann[168] and Hallberg and Schaufeli[99] found that engagement was negatively correlated with two dimensions of burnout (i.e. emotional exhaustion and cynicism, the only dimensions assessed). Both Sardeshmukh et al.[179] and Simbula[182] found that engagement was negatively correlated with emotional exhaustion (the only dimension assessed).

Five studies examined the relationship between the dimensions of work engagement and dimensions of burnout. These studies show mixed results. Dylag et al.[136] found that each of the three dimensions of work engagement (i.e. vigour, dedication and absorption) was negatively correlated with emotional exhaustion and cynicism and positively correlated with professional self-efficacy. Extremera et al.[106] found that each of the three dimensions of work engagement (i.e. vigour, dedication and absorption) was negatively associated with emotional exhaustion and depersonalisation, and positively associated with personal accomplishment. Vera et al.[188] found that vigour and dedication were negatively correlated with all four dimensions of burnout (exhaustion, cynicism, depersonalisation, lack of professional self-efficacy), whereas absorption was significantly (negatively) associated only with cynicism and lack of professional self-efficacy. Høigaard et al.[118] found that, when personal efficacy was controlled for (although this was a non-significant predictor of emotional exhaustion), only absorption (not vigour or dedication) was significantly (and positively) associated with emotional exhaustion. Høigaard et al.'s[118] finding that absorption is positively associated with emotional exhaustion is at odds with the common hypothesis that engagement should be negatively correlated with burnout. Halbesleben's[195] meta-analysis of 53 studies found that the three dimensions of engagement (i.e. vigour, dedication and absorption) were negatively associated with three dimensions of burnout (i.e. exhaustion, depersonalisation and reduced efficacy).

Other aspects

Airila et al.[164] found that engagement was positively associated with three subdimensions of work ability (current work ability generally, in relation to job demands and in relation to psychological resources), but not significantly associated with the other three subdimensions of work ability (diseases, sick leaves, own prognosis of work ability). Sonnentag et al.[183] found that 'general' engagement was positively associated with positive affect on Friday afternoon and negatively associated with negative affect on Friday afternoon. In addition, for persons with a high level of general engagement, psychological detachment from work during off-job time was positively related to positive affect on Friday afternoon whereas, for persons with a low level of engagement, psychological detachment from work during off-job time was not significantly related to positive affect on Friday afternoon. Sonnentag et al.[184] found that engagement at the beginning

of the day positively predicted subsequent recovery level at the end of the workday after controlling for morning recovery level. In addition, the relationship between engagement and recovery at the end of the workday was stronger when situational constraints were low rather than high.

Lastly, Jenkins and Delbridge[78] conducted a comparative qualitative study within two UK-based organisations. They found that engagement may not be universally 'good' for morale, as it depends on the way in which management view engagement and its purpose as well as benefits. They suggest that if engagement is pursued for purely instrumental purposes (such as for performance or competitive advantage) then it may be detrimental to morale whereas if engagement is pursued as a legitimate outcome in its own right then it may promote morale.

The relationship between engagement and work-related attitudes

Job satisfaction
Six studies examined the relationship between engagement (as a holistic factor) and job satisfaction as an outcome.[72,141,137,166,177,185] All of these studies found that engagement was positively associated with job satisfaction. However, Yalabik et al.[191] conducted a cross-lagged longitudinal design and found that job satisfaction may act as an antecedent rather than an outcome because engagement mediated the relationship between job satisfaction and turnover intentions. It should be noted that some studies of engagement (see *Chapter 6*) position job satisfaction as an antecedent rather than an outcome of engagement. Therefore it is unclear whether job satisfaction should be considered an antecedent or an outcome, although Yalabik et al.'s[191] longitudinal study suggests it should be considered an antecedent.

Simbula[182] examined the relationship between engagement and job satisfaction at both the 'general' and 'day' levels. They found that 'general' engagement was positively correlated with 'general' job satisfaction, and that day-level engagement was positively associated with day-level job satisfaction. Vincent-Höper et al.[189] used subjective occupational success (i.e. career satisfaction, social and career success) rather than job satisfaction as an outcome and found that engagement was positively associated with subjective occupational success.

In addition, three studies examined the relationship between the dimensions of work engagement and job satisfaction. These studies showed mixed results. Vera et al.[188] found that all three dimensions (vigour, dedication and absorption) were correlated with job satisfaction. Wefald et al.[101] found that vigour and dedication, but not absorption, were significantly (and positively) associated with job satisfaction, whereas Høigaard et al.[118] found that only dedication was significantly (and positively) associated with job satisfaction after self-efficacy was controlled for. These inconsistencies highlight the issue of analysing the dimensions rather than the composite whole of engagement.

Organisational commitment
Six studies examined the relationship between engagement (as a holistic factor) and organisational commitment as an outcome.[72,141,168,166,167,173] All found that engagement was positively associated with organisational commitment. Wefald et al.[101] examined which dimensions and measures of engagement were most associated with organisational commitment. They found that vigour and dedication (but not absorption) of the UWES and the physical strength dimension of Shirom's[84] vigour construct were significantly (positively) associated with organisational commitment. Britt et al.'s[190] measure of engagement was not significantly associated with organisational commitment.

Turnover intentions
Fourteen studies examined the relationship between engagement (as a holistic factor) and turnover intentions as an outcome.[70,72,99,104,132,163,165,170,173,174,177,185,187,191] All found that engagement was negatively associated with turnover intentions. Of these, four are particularly noteworthy. Juhdi et al.[174] examined organisational engagement[72] rather than job or work engagement, and Yalabik et al.[191] utilised a cross-lagged longitudinal design. Both Halbesleben and Wheeler[170] and Karatepe and Ngeche[132] used

a time-lagged study and found that the relationship between engagement and turnover intentions may be influenced by job embeddedness: 'the combined forces that keep a person from leaving his or her job' (p. 159).[196] For Halbesleben and Wheeler[170] engagement was negatively correlated with turnover intentions, yet, when both engagement and job embeddedness were included in a usefulness analysis, engagement did not explain any unique variance in turnover intentions whereas job embeddedness did. However, they did not conduct any further analysis to examine whether or not job embeddedness may mediate the relationship between engagement and turnover intentions. Karatepe and Ngeche[132] did conduct a mediation analysis and found that the relationship between engagement and turnover intentions was partially mediated by job embeddedness.

In addition, three studies examined the relationship between dimensions of engagement and turnover intentions as an outcome. These show mixed results. Mendes and Stander[178] found that dedication, but not vigour and absorption, was significantly (negatively) associated with turnover intentions, whereas Høigaard et al.[118] found that, when personal efficacy was controlled for, absorption, but not vigour and dedication, was significantly (positively) associated with turnover intentions. Høigaard et al.'s[118] finding that absorption is positively associated with turnover intentions is at odds with the common hypothesis that engagement should be negatively correlated with turnover intentions. Wefald et al.[101] found that, when job satisfaction and organisational commitment were controlled for, neither the UWES nor Britt et al.'s[190] measure of engagement explained any additional variance in turnover intentions. They conclude that the relationship between engagement and turnover intentions is likely to be mediated by organisational commitment and/or job satisfaction. Relating this to the findings of Karatepe and Ngeche,[132] it seems that the relationship between engagement and turnover intentions may be mediated by work-related attitudes.

The health context

The data relating to morale outcomes in the health context are reported in *Table 16*.

Study considerations

Geographical considerations
Three out of the twelve reported on data from samples in Europe (representing Finland, Belgium and Germany), two from samples in Australia, two from samples in Canada, two from samples in China, one from a sample in Scotland and one from a sample in Ireland, as well as one[198] that took samples from mixed sites: the USA and Australia (see *Appendix 18*).

Measurement and analysis considerations
The UWES was used in all of the studies, with the 9-item version applied in the majority of cases. Two-thirds used structural equation modelling to test the relationships between engagement and morale. The remainder used multiple regressions, except Van Bogaert et al.,[208] who used multilevel/hierarchical linear modelling, as the individual was nested within the clinical unit. Only one was longitudinal in design.[202] This used a three-wave design with a 3-year interval between time 1 and time 2 and a 4-year interval between time 2 and time 3. Lastly, around three-quarters of the studies tested the relationship between engagement and morale indicators within a larger theoretical model that linked antecedents and outcomes via the psychological state of engagement.

Sample considerations
Sample sizes ranged from just over 100 to just under 2000 individuals. Just under half of the studies reported bias towards females, and just under half reported some bias towards younger age groups due to the population targeted, for example early-career health professionals. Just over half of the studies sampled employees from a particular occupational group within the health sector. Three of these sampled only nurses; the remaining four sampled one occupational group representing surgeons, midwives or dentists/dental nurses.

TABLE 16 Engagement and morale in the health context

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results	Dominant theoretical framework
Albrecht and Andreetta (2011);[197] Australia	139 employees from a community health service in Australia. Majority young. 70% female	UWES-9	Self-report survey SEM	Turnover intentions and organisational commitment	Engagement positively associated with organisational commitment and negatively associated with turnover intentions. Organisational commitment partially mediated relationship between engagement and turnover intentions	Unspecified
Brunetto et al. (2013);[198] USA and Australia	510 randomly chosen nurses from Australian hospitals and 718 nurses from US hospitals	UWES-9	Self-report survey SEM	Turnover intentions and organisational commitment	Engagement was not directly associated with turnover intentions for Australian nurses but was negatively associated with turnover intentions for US nurses. For Australian nurses, engagement was indirectly related to turnover intentions via organisational commitment. The significant relations between engagement and organisational commitment and between organisational commitment and turnover intentions were found in the US sample, suggesting partial mediation	SET
Fong and Ng (2012);[199] China	992 elderly care workers in China. 21.3% professional staff and 78.7% support staff. Majority female	UWES-9	Self-report survey SEM	Stress and burnout	Engagement negatively associated with burnout and with stress. However, relationship with stress was weak	JD-R
Forbes et al. (2013);[200] Scotland	231 pre-registered dental nurses in Scotland. Majority female	UWES-9	Self-report survey SEM	Turnover intentions	Engagement had negative association with intention to leave	JD-R
Freeney and Fellenz (2013);[201] Ireland	158 midwives working in two large Irish maternity hospitals. 98% female	UWES-9	Self-report survey SEM	General health	Engagement positively associated with general health	JD-R
Hakanen and Schaufeli (2012);[202] Finland	1964 dentists practising in Finland and part of Finnish Dental Association	UWES-17	Self-report survey longitudinal: 3-year gap between T1 and T2, 4-year gap between T2 and T3; SEM	Life satisfaction and depressive symptoms	Engagement had significant cross-lagged effects on both life satisfaction (positive) and depressive symptoms (negative). More specifically, engagement predicted life satisfaction (positive) from T1 to T2 and from T2 to T3, and predicted depressive symptoms (negative) from T1 to T2 and from T2 to T3	COR

Author (date); location	Study population	Measure of engagement	Methods	Outcome measures	Results	Dominant theoretical framework
Hu et al. (2011);[203] China	625 blue-collar workers from three manufacturing companies in China and 761 health professionals from four Chinese hospitals	UWES-9	Self-report survey SEM	Organisational commitment and turnover intentions	Engagement positively associated with organisational commitment and negatively associated with turnover intentions	JD-R
Mache et al. (2013);[204] Germany	123 surgeons (mainly female and early career) across 10 surgery hospital departments in three regions of Germany between 2009 and 2011	UWES-17	Self-report survey regression	Work ability	Engagement positively associated with work ability	JD-R
Poulsen et al. (2012);[205] Australia	544 cancer workers across five care settings, including nurses (37%), radiation therapists (22%), allied health professionals and administrative staff (23%), and medical staff (8.5%). Majority female	UWES-9	Self-report survey regression	Subjective well-being	Engagement positively associated with subjective well-being	Unspecified
Spence Laschinger (2012);[206] Canada	342 registered nurses randomly selected from College of Nurses Registry. 40% did not choose nursing as first career choice	UWES-9	Self-report survey regression	Job and career satisfaction, job and career turnover intention	Engagement positively associated with job satisfaction and career satisfaction, and negatively associated with both job and career turnover intentions	JD-R
Spence Laschinger et al. (2012);[207] Canada	420 newly graduated nurses working in acute care hospitals in Ontario, Canada. Majority young and female	UWES-9	Self-report survey SEM	Turnover intentions	Engagement negatively associated with turnover intentions	JD-R
Van Bogaert et al. (2013);[208] Belgium (Dutch-speaking)	357 staff members from 32 clinical units in two psychiatric hospitals in Belgium	UWES-9	Self-report survey; MLM/HLM – individual nested within clinical unit	Job satisfaction and turnover intentions (used positive form of intention to stay in profession)	Engagement positively associated with job satisfaction and positively associated with intention to stay in the profession	JD-R

COR, conservation of resources theory; HLM, hierarchical linear modelling; MLM, multilevel modelling; SEM, structural equation modelling.

Theoretical considerations

Two-thirds applied the JD-R model[192,193] as the main theoretical rationale, one applied conservation of resources theory[209,210] and one applied SET.[194] The remaining two did not specify a particular theory.

The relationship between engagement and well-being/health perceptions

Life satisfaction

One study examined the relationship between engagement and life satisfaction as an outcome. Hakanen and Schaufeli[202] found that engagement positively predicted life satisfaction from time 1 to time 2 (3-year interval) and from time 2 to time 3 (4-year interval) in a sample of dentists.

General and psychological health

Three studies examined the relationship between engagement and general/psychological health as an outcome. Freeney and Fellenz[201] found that engagement was positively associated with general health in a sample of midwives. Hakanen and Schaufeli[202] found that engagement negatively predicted depressive symptoms from time 1 to time 2 (3-year interval) and from time 2 to time 3 (4-year interval) in a sample of dentists. Poulsen *et al.*[205] found that engagement was positively associated with subjective well-being in a sample of cancer workers.

Stress/burnout

One study examined the relationship between engagement and stress/burnout as outcomes. Fong and Ng[199] found that engagement was negatively associated with both stress and burnout in a sample from Chinese elderly care settings. However, the association was weak for the former relationship.

Other aspects

Mache *et al.*[204] found that engagement was positively associated with work ability (i.e. 'the sum of factors enabling an employed person in a certain situation to manage his/her working demands successfully'; p. 317).

The relationship between engagement and work-related attitudes

Job satisfaction

Two studies examined the relationship between engagement and job satisfaction as an outcome. Both Spence Laschinger[206] and Van Bogaert *et al.*[208] found that engagement was positively associated with job satisfaction. The former study also found a positive association between engagement and career satisfaction.

Organisational commitment

Three studies examined the relationship between engagement and organisational commitment as an outcome.[197,198,203] All found a positive association between engagement and organisational commitment.

Turnover intentions

Seven studies examined the relationship between engagement and turnover intentions as an outcome.[197,198,200,203,206–208] All found that engagement was negatively associated with turnover intentions (note: Van Bogaert *et al.*[208] used a positive valence scale representing intention to stay). Spence Laschinger[206] also found a positive association between engagement and career turnover intentions. Both Albrecht and Andreetta[197] and Brunetto *et al.*[198] also included organisational commitment as a mediator within this relationship and found that organisational commitment partially mediated the engagement–turnover intentions relationship. Relating this to Wefald *et al.*'s[101] conclusions (see *The workforce in general, The relationship between engagement and work-related attitudes*), the relationship between engagement and turnover intentions may probably be mediated by organisational commitment.

Conclusions

A total of 47 studies had examined the relationship between engagement and at least one morale outcome (35 related to the general workforce; 12 to the health context).

Of these, 21 tested the associations between engagement and at least one well-being/health indicator. The most robust finding identified was the positive association between engagement (as a holistic factor) and life satisfaction (four out of four studies). Of these studies, two were longitudinal: one in the health context[202] and one in the general workforce.[181] Having longitudinal evidence was a key element for identifying 'robust' findings.

The other consistent finding identified was that engagement (as a holistic factor) was negatively correlated with burnout measures (five out of five studies). However, these studies relied solely on correlations and cross-sectional designs, and many measured burnout with only one or two dimensions (e.g. emotional exhaustion and/or cynicism). There is still debate regarding whether burnout and engagement are independent or overlapping constructs. The meta-analysis by Cole et al.[92] suggests that 'employee engagement, as gauged by the UWES, overlaps to such an extent with job burnout, as gauged by the MBI, that it effectively taps an existing construct under a new label' (p. 1574).

Other well-being/health perceptions, such as depressive symptoms, were consistently related to engagement, as a holistic factor (eight out of nine studies), yet this covered a range of different aspects of well-being/health where many were only examined by one study, such as psychological distress, and did control for burnout. Although the meta-analysis by Halbesleben[195] found that engagement is positively associated with health outcomes (yet little detail is given about which these are), the meta-analysis by Cole et al.[92] indicates that engagement may not explain any unique variance in health complaints above that of burnout. Indeed, the study by Buys and Rothmann[168] also supports this finding. Taken together, it could be suggested that engagement may be specifically related to positive well-being/health experiences rather than negative well-being/health experiences.

Out of the 46 studies, 31 tested the associations between engagement and at least one work-related attitude. The most robust finding identified was the positive association between engagement (as a holistic factor) and organisational commitment (nine out of nine studies). However, all but one utilised a cross-sectional design, so causality cannot be established. Despite this, the findings are supported by two meta-analyses: Halbesleben[195] found that engagement was positively associated with organisational commitment and Cole et al.[92] found that the dimensions of engagement accounted for a small to moderate amount of unique variance (beyond that of the burnout dimensions) in organisational commitment.

Engagement (as a holistic factor) was consistently found to be positively associated with job satisfaction when job satisfaction was deemed the outcome (nine out of nine studies). However, all of these studies were cross-sectional. Nevertheless, this association is supported by Cole et al.'s[92] meta-analysis, which found that the dimensions of engagement (as measured by the UWES) accounted for a small to moderate amount of unique variance (beyond that of the burnout dimensions) in job satisfaction. Yet, in the only longitudinal study, Yalabik et al.[191] found that job satisfaction may, in fact, be an antecedent rather than an outcome of engagement. Therefore, further longitudinal research is needed to confirm this finding.

Although there is consistent evidence to show that engagement (as a holistic factor) is negatively associated with turnover intentions (22 out of 22 studies), which is supported by the meta-analytic findings of Halbesleben,[195] four of these studies also found that this relationship may be mediated by other work-related attitudes, specifically organisational commitment and job embeddedness.[101,132,197,198] However, 19 studies utilised cross-sectional designs and only three utilised time-lagged designs, so causality cannot be fully established.

A particular issue arose during the course of this evidence review. It was found that when engagement was examined not as a holistic factor, but as three subfactors (i.e. representing vigour, dedication and absorption dimensions of work engagement), findings became less consistent and more complex. However, dedication seems to be consistent in its (significant) association with morale indicators (9 out of 10 studies). This is supported by Cole et al.'s[92] meta-analysis, which found that dedication was the most significantly related to job satisfaction and organisational commitment. The issue of examining individual dimensions is particularly important, as engagement has been widely conceptualised and defined as a holistic yet multidimensional construct. The finding that subdimensions of engagement are more inconsistently related to morale outcomes than is a composite single factor of engagement is important, as it indicates that the latter is more appropriate than the former when examining the relationship between engagement and morale outcomes.

In summary, although the findings are far from conclusive, four consistent links between engagement and specific morale outcomes were identified. The first, and most conclusive, is that high levels of engagement are related, and may lead to higher levels of life satisfaction, as demonstrated by consistent findings across three cross-sectional and two longitudinal studies. The second is that high levels of engagement are associated with low levels of burnout, as demonstrated by consistent findings across five cross-sectional studies. However, concern is still warranted over whether or not the two are completely independent and linked in a causal rather than intercorrelated way. The third and fourth are that high levels of engagement are associated with high levels of organisational commitment and weak intentions to leave the organisation, as demonstrated by consistent findings across 9 and 22 studies, respectively, of which four were longitudinal. A tentative proposition is that the relationship between engagement and turnover intentions is mediated by organisational commitment and/or by job embeddedness, as demonstrated by three cross-sectional studies and one that was time-lagged. Another tentative proposition is that, although engagement and job satisfaction are positively related, job satisfaction may act as an antecedent rather than an outcome of engagement, as demonstrated by Yalabik et al.'s[191] longitudinal study.

In the next chapter, we consider the evidence relating to the association between engagement and performance outcomes.

Chapter 5 Engagement and performance

Introduction

The focus of this chapter is on research question 2.2:

> *What evidence is there that engagement is relevant for performance?*

In order to answer this question, we have developed two subquestions:

1. What evidence is there that engagement is relevant for performance within the workforce in general?
2. What evidence is there that engagement is relevant for performance within the context of health?

The purpose of addressing this question is to find evidence that sheds light on the link between engagement and performance outcomes at the individual, work group and organisational levels. In particular, this chapter aims to explore the empirical evidence concerning the association between employees' levels of engagement and performance levels within the general workforce and within the health context specifically. To address these questions, we undertook the data extraction process described in detail in *Chapter 2*.

First, we review the general background and context for the research questions (see *Background to performance outcomes associated with engagement*). We then present the evidence we have assembled from our data extraction exercise in relation to the general workforce, followed by an analysis of the health context. We have included in this latter section any study that includes a sample of health-care workers, even if part of a wider sample involving a range of occupations. Finally, we bring together these findings to identify the performance outcomes that most likely result from high levels of engagement (*Conclusions*).

Background to performance outcomes associated with engagement

One central question in engagement research relates to the extent to which employees' levels of engagement are related to higher performance outcomes. We have categorised performance outcomes into individual versus higher-level (team, organisation) outcomes. Individual performance can be further grouped into three headings:

1. In-role performance is related to behaviours that are generally specified by the job description and contribute to the organisation's technical core.[211] We have included constructs such as in-role performance, quality of care and service quality.
2. Extra-role performance is related to behaviours that support task performance by enhancing and maintaining the social and psychological environment.[211] We have included constructs such as citizenship behaviour, adaptability and innovative work behaviour.
3. Counterproductive performance (or deviance behaviour) is related to behaviours that harm the organisation and are an indication of an employee's withdrawal behaviour.[212]

In total, 42 studies examined the performance outcomes of engagement. Of those studies, six were carried out in a health-care context. *Table 17* shows a breakdown of performance outcomes that were examined in these studies. It is important to note that many studies examined more than one outcome (although not usually more than two or three), and that the total number of outcomes measured across all studies therefore exceeds the number of studies included in this review.

It is noteworthy that the majority of studies included in this section examined the relationship between engagement and performance outcomes as part of a larger model. In general, these models explored how antecedents are related to engagement (see *Chapter 6*) and how engagement is related to other outcomes aside from performance (see *Chapter 4*). The models also explored mediating, moderating and reciprocal relationships between engagement and its correlates. We have included some information about these more complex relationships in this chapter, when they were relevant in explaining the mechanism through which engagement is related to performance outcomes.

The workforce in general

Study considerations
The data relating to the performance outcomes for the workforce in general are reported in *Table 18*.

TABLE 17 Overview of performance outcomes included in review studies

Performance outcome	General workforce	Health context	Total
Higher-level performance outcomes			
Service-oriented performance outcomes	3	–	3
Customer loyalty	1	–	1
Organisational knowledge creation	1	–	1
Innovation	1	–	1
Team performance/aggregated performance	2	–	2
Quality of care of the team/unit	–	5	5
Individual-level performance outcomes *In-role performance*			
Task performance	19	–	19
Quality of care	–	1	1
Service-oriented performance outcomes	3	–	3
Work effectiveness	–	1	1
Extra-role performance			
Citizenship behaviour	9	–	9
Innovation, creativity and initiative	6	1	7
Adaptability	1	–	1
Knowledge sharing	1	–	1
Voice behaviour	–	1	1
Counterproductive performance	*3*	*–*	*3*
Other	*2*	*–*	*2*
Totals	52	9	61

TABLE 18 Engagement and performance in the general workforce

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/organisation)	Results/significance	Dominant theoretical framework
Agarwal et al. (2012);[163] India	979 Indian managerial employees working in six service-sector organisations	9-item UWES	Self-report survey; SEM	Innovative work behaviour	Positive association between engagement and innovative work behaviour. Engagement mediated the relationship between LMX and innovative work behaviour	SET
Alfes et al. (2013);[104] UK	297 employees from a large service-sector organisation	12-item scale adapted from Rich et al.[4]	Self-report survey; hierarchical regression, moderated mediation	OCB towards organisation	Positive association between engagement and OCB. Engagement mediated the relationship between perceived HRM practices and OCB	JD-R, SET
Alfes et al. (2013);[105] UK	1796 employees in two service-sector organisations: study 1, $n=924$; study 2, $n=872$	ISA scale	Self-report survey; SEM	Self-reported task performance; self-reported innovative work behaviour	Positive association between engagement and task performance. Positive association between engagement and innovative work behaviour. Engagement mediated the link between line manager behaviour, HRM practices and task performance/innovative work behaviour	SET
Babcock-Roberson and Strickland (2010);[123] USA	91 undergraduate students enrolled in psychology courses at a large western university who were in employment and had been for 6 months. Most students were between 18 and 25 years old	17-item UWES	Self-report survey; regression analysis	OCB	Positive association between engagement and OCB. Engagement mediated the relationship between charismatic leadership and OCB	Charismatic leadership theory

TABLE 18 Engagement and performance in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/ organisation)	Results/significance	Dominant theoretical framework
Bakker and Bal (2010);[108] Netherlands	54 Dutch teachers	9-item UWES	Weekly self-report questionnaires (5 weeks); HLM	Individual job performance	Positive association between engagement and weekly job performance. Positive association between engagement and lagged job resources. Engagement mediates the relationship between autonomy and weekly job performance. Engagement partially mediated the relationship between opportunities for development and weekly job performance	JD-R, broaden-and-build theory, COR
Bakker et al. (2012);[213] Netherlands	95 dyads of colleagues (employees, n = 190) in various industries	9-item version of UWES scale from Schaufeli et al.[214]	Self-report questionnaires; SEM	Colleague-rated in-role performance	Positive association between engagement and performance. Engagement mediated the link between job-crafting behaviours and performance	JD-R
Bakker and Xanthopoulou (2013);[215] Netherlands	84 female school principals and 190 teachers	9-item version of UWES scale from Schaufeli et al.[214]	Self-report surveys; SEM	Creativity	Positive association between engagement and principal's creativity. Engagement fully mediates between job resources and creativity. Engagement fully mediates the relationship between personal resources and creativity	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/ organisation)	Results/significance	Dominant theoretical framework
Bakker and Xanthopoulou (2009),[126] Netherlands	62 dyads of colleagues in various organisations (*n* = 124)	6-item UWES, two items for each facet	General questionnaire and daily survey over 5 days for both partners in the dyad; HLM	Daily work performance	Positive association between colleagues' daily engagement arises only on days when colleagues communicated more frequently than usual. Positive association between partner's engagement and his or her self-reported performance. Negative association between actor's vigour and partner's performance, when communication was low, but counteracted when mediated by partner's vigour	Crossover theory
Barnes and Collier (2013),[216] USA	*n* = 705 in two studies: study 1, sample from high customer contact services, *n* = 401, 61% female; study 2, sample from low customer contact services, *n* = 304, 63% female	16-item UWES	Self-report survey; SEM	Adaptability	Positive association between engagement and adaptability in both samples. Evidence of partial mediation of engagement in the relationship between service climate, job satisfaction and affective commitment on one side and adaptability on the other side	Broaden-and-build theory
Bhatnagar (2012),[165] India	291 managers from R&D sectors	17-item UWES	Self-report survey; SEM	Organisational level: innovation (i.e. individual's perceptions about the innovation of their organisation)	Positive association between engagement and innovation. Engagement mediated relationship between empowerment and innovation	JD-R

continued

TABLE 18 Engagement and performance in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/ organisation)	Results/significance	Dominant theoretical framework
Carter et al. (2010);[217] Australasia	53 employees in financial services firm	9-item UWES	Survey before and after intervention; intervention was forum theatre training. Significance of difference tests	Forum theatre training intervention aimed at boosting self-efficacy. Control group and pilot group. Outcome: number of appointments made with customers	The number of appointments made by the pilot group increased sharply compared with the control group	Self-efficacy theory
Chen et al. (2011);[218] China	139 software engineers and managers	13-item scale from May et al.[22]	Self-report survey completed in four waves, each 24 hours apart; SEM	Knowledge-sharing behaviours	Positive association between work engagement and knowledge sharing	Kahn's[21] engagement theory
Chughtai and Buckley (2011);[219] Ireland	168 research scientists in science research units	9-item UWES	Self-report survey; SEM	Learning goal orientation; in-role job performance; innovative work behaviour	Positive association between engagement and learning goal orientation, in-role job performance and innovative work behaviour. Learning goal orientation partially mediated the link between engagement, innovative work behaviour and in-role job performance	SET; broaden-and-build theory
Chughtai and Buckley (2009);[220] Pakistan	130 high school teachers	17-item UWES	Self-report survey; hierarchical regression	Learning goal orientation; in-role job performance; OCB	Positive association between engagement and in-role performance, OCB and learning goal orientation. Engagement fully mediated the relationship between trust and in-role performance, and partially mediated the relationship between trust and OCB/learning goal orientation	Unspecified

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/organisation)	Results/significance	Dominant theoretical framework
den Hartog and Belschak (2012);[129] Netherlands	Matched leader/subordinate dyads in two studies: study 1, $n = 167$; study 2, $n = 200$	9-item UWES	Self-report surveys completed by both members of the dyad. Factor analysis; moderated mediation analysis	Personal initiative; counterproductive behaviour	Positive association between engagement and personal initiative. Negative association between engagement and counterproductive behaviour. Engagement fully mediated the relationship between ethical leadership and personal initiative and counterproductive behaviour	JD-R; ethical leadership theory; social learning theory
Gorgievski et al. (2010);[138] Netherlands	Total participants = 2162 in two groups: (i) convenience sample of 262 self-employed individuals; (ii) 1900 salaried employees	9-item UWES	Self-report questionnaire survey; SEM	Task performance; contextual performance; innovativeness	Positive association between engagement and task performance and innovativeness for both groups. Positive association between engagement and contextual performance for employees only	Positive emotions
Gracia et al. (2013);[117] Spain	107 tourist establishments incorporating 615 service workers and 2165 customers	17-item UWES aggregated to the unit level	Self-report survey of employees and customers; SEM	Unit level: unit service quality, as rated by customers	Positive association between collective work engagement and relational service competence. Relational service competence fully mediated the relationship between collective work engagement and unit service quality	Human capital theory, JD-R
Halbesleben and Wheeler (2008);[170] USA	573 working adults from a variety of organisations	17-item UWES measured at T1	Two self-report surveys, 2 months apart; supervisor and coworker questionnaire at T2; regression analysis	Job performance, evaluated by respondent, coworker and supervisor	Positive association between engagement and self-, supervisor- and coworker-rated performance, beyond job embeddedness	COR

TABLE 18 Engagement and performance in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/organisation)	Results/significance	Dominant theoretical framework
Karatepe and Ngeche (2012);[132] Cameroon	212 full-time hotel workers in Cameroon and their supervisors. Mainly under 37 years and degree-educated	9-item UWES	Two self-report surveys, 1 month apart; job performance rated by supervisor; multiple regression	Supervisor-rated job performance	Positive association between engagement and job performance. Job embeddedness partially mediated the relationship between engagement and job performance	Job embeddedness theory, SET
Leung et al. (2011);[221] China	Staff at 19 hotels in three waves: T1, 420 subordinate questionnaires and 19 HR managers; T2, 344 subordinate questionnaires; T3, 110 supervisors. Overall the sample comprised 19 HR managers and 304 supervisor/subordinate dyads	9-item UWES	Survey in three waves, and involving employees, supervisors and HR managers; HLM	Customer service performance, rated by supervisor	Positive association between engagement and service performance. The relationship between ostracism and service performance was mediated by engagement	COR
Menguc et al. (2013);[222] Canada	482 employees from 66 retail stores of the same company, and 488 customer responses; measure of store size from company records	17-item UWES	Self-report employee survey and customer surveys matched to each store; HLM	Unit level: customer evaluation of service employee performance	Positive association between engagement and performance. Engagement mediated the relationship between supervisor feedback and service employee performance	JD-R
Rich et al. (2010);[4] USA	245 firefighters. Mainly male population	18-item scale to measure physical, emotional and cognitive engagement drawing on Brown and Leigh's[86] 'work intensity' scale, Russell and Barrett's[87] core affect scale and Rothbard's[88] absorption scale	Self-report survey involving 245 firefighters and supervisor performance evaluations; SEM	Task performance, OCB, both rated by supervisors	Positive association between engagement and task performance. Positive association between engagement and OCB. Engagement mediated the relationship between value congruence, perceived organisational support and core-self evaluations on the one and task performance and OCB on the other side	Kahn's[21] engagement theory

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/organisation)	Results/significance	Dominant theoretical framework
Salanova et al. (2005);[6] Unstated	114 units comprising 58 hotel receptions and 56 restaurants. In each work unit, a sample of three employees and 10 customers participated in the study. The employee sample consisted of 342 contact employees. The customer sample consisted of 1140 clients from the 114 units	17-item UWES	Self-report survey to staff and customers, responses aggregated to unit of analysis; SEM	Unit level: service climate; employee performance; customer loyalty	Positive association between engagement and service climate. Engagement fully mediated the relationship between organisational resources and service climate. Service climate fully mediated the relationship between organisational resources and engagement on the one hand and employee performance and customer loyalty on the other hand	JD-R
Shantz et al. (2013);[223] UK	283 employees in a consultancy and construction firm	9-item UWES	Self-report survey and supervisory performance ratings; SEM	Individual task performance, rated by supervisor; OCB; deviant behaviour	Positive association between engagement and task performance and OCB. Negative association between engagement and deviant behaviour. Engagement mediated the relationship between task variety, task significance, autonomy and feedback from job on task performance, OCB and deviance	Hackman and Oldham's job design theory[224]
Shimazu et al. (2012);[181] Japan	1967 Japanese employees from various occupations randomly contacted as part of bigger project	9-item UWES	Self-report survey at two time points, 7 months apart; SEM	Changes in job performance	Positive association between engagement and changes in job performance	Unspecified
Shimazu and Schaufeli (2009);[180] Japan	776 employees in construction machinery company	9-item UWES	Self-report survey; SEM	Job performance	Positive association between engagement and job performance	Unspecified

TABLE 18 Engagement and performance in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/ organisation)	Results/significance	Dominant theoretical framework
Soane et al. (2012);[70] UK	759 employees from a UK-based retail organisation (second study in article). Slight majority female	9-item ISA Engagement Scale	Self-report survey; regression analysis	Task performance, OCB	Positive association of engagement with task performance and OCB	Kahn's[21] engagement theory
Song et al. (2012);[125] Republic of Korea	432 employees in six different for-profit organisations	9-item UWES	Self-report survey; SEM	Organisational level: organisational knowledge creation	Positive association between engagement and organisational knowledge creation. Engagement partially mediated the relationship between transformational leadership and organisational knowledge creation	SET, contingent leadership theory, knowledge conversion theory
Steele et al. (2012);[185] USA	724 workers in 33 restaurants, part of a casual dining franchise. Workers were mostly women and mostly worked part-time	17-item UWES	Self-report survey; regression analysis (relative weights)	Job performance; customer service orientation	Positive association between engagement and job performance. Positive association between engagement and customer service orientation	Broaden-and-build
Sulea et al. (2012);[225] Romania	258 employees from three organisations	9-item UWES	Self-report survey; SEM	Counterproductive work behaviour, OCB	Positive association between engagement and OCB. Negative association between engagement and CWB. Engagement partially mediated the relationship between POS and OCB. Engagement partially mediated the relationship between interpersonal conflict at work and CWB. Engagement partially mediated the relationship between conscientiousness and OCB/CWB	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/ organisation)	Results/significance	Dominant theoretical framework
Torrente et al. (2012);[226] Spain	533 employees nested within 62 teams from 13 organisations	9-item UWES (aggregated to team level)	Self-report survey and supervisory performance ratings; SEM	Unit level: team performance, as rated by supervisors	Positive association between team work engagement and team work performance. Team work engagement mediated the relationship between team social resources and team performance	JD-R
Vogelgesang et al. (2013);[227] USA	Military cadets at a US military academy. 78% male. T1, 537 respondents; T2, 3 weeks after T1, 453 respondents; T3, 6 weeks after T2, third-party ratings of individual performance from the tactical officers	May et al. (2004) engagement scale[22]	Self-report survey and objective performance data; SEM	Military grade performance	Positive association between engagement and performance evaluations in the correlations and in the cross-level model	Authentic leadership theory
Xanthopoulou et al. (2009);[228] Greece	42 employees working in three branches of a fast-food company. 71% male	9-item UWES	Self-report survey and diary booklet over 5 consecutive workdays; financial performance from supervisors; HLM	Day-level financial returns	Positive association between day-level engagement and day-level financial returns	JD-R, COR
Xanthopoulou et al. (2008);[229] A European country	44 flight attendants from a European airline company	General work engagement, 9-item UWES; state work engagement, 12 items from 17-item UWES	General questionnaire and diary survey (three trips, three measurement points per trip); HLM	Self-report in-role and extra-role performance	Positive association between engagement and in-role performance. Positive association between engagement and extra-role performance	JD-R
Yalabik et al. (2013);[191] UK	167 clerical workers in a UK-based bank	9-item UWES	Two-wave self-report survey; personnel records for performance appraisal; SEM	Job performance derived from performance appraisals	Positive association between engagement and job performance. Engagement mediated the relationship between job satisfaction, affective commitment and job performance	SET, COR

TABLE 18 Engagement and performance in the general workforce (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/unit/organisation)	Results/significance	Dominant theoretical framework
Yeh (2012),[230] Taiwan	223 employees from airline company. 88% female	17-item UWES	Self-report survey and evaluation of service performance of flight attendants by service directors; HLM	Service performance	Positive association between engagement and service performance. Engagement mediated the relationship between relational psychological contracts and service performance. Cue information ability significantly moderated the relationship between engagement and service performance	COR

COR, conservation of resources theory; CWB, counterproductive work behaviour; HLM, hierarchical linear modelling; HR, human resources; LMX, leader–member exchange; POS, perceived organisational support; R&D, research and development; SEM, structural equation modelling; T1, time 1; T2, time 2.

Geographical considerations

The majority of studies were conducted in Europe, with most studies conducted in the Netherlands and the UK. Other European countries included Spain, Greece, Ireland and Romania. Nine studies were carried out in Asian countries (including India, China, Japan, Pakistan, Taiwan and Republic of Korea), seven studies in the USA and Canada, and one study in Cameroon. One study did not specify the country in which data collection took place, while another drew its sample from a European country (see *Appendix 18*).

Measurement and analysis considerations

Five-sixths of studies (30 out of 36) used a variant of the UWES measure of engagement. Eighteen of these studies used the 9-item version; nine used the 17-item version. The other studies used an amended version of the UWES measure with six items,[126] eight items[231] or 16 items.[216] Xanthopoulou *et al.*[229] differentiated between general and state engagement, measured with 9 and 12 items, respectively. Gracia *et al.*[117] and Torrente *et al.*[226] used an aggregated measure of engagement. The majority of studies using an amended version of the UWES measure did not include a theoretical or empirical explanation for the reasons for changing the item numbers in the measure. Other measures used were Rich *et al.*'s[4] measure of job engagement, May *et al.*'s[22] measure of psychological engagement and Soane *et al.*'s[70] ISA engagement measure.

All studies were based on a quantitative data approach, mainly using questionnaire surveys. The vast majority of studies employed a cross-sectional research design, which means that engagement and the performance outcomes were measured at the same point of time. This data collection approach gives an indication of the association between variables, but does not enable researchers to draw conclusions about the causal relationships between the variables under study.

Only 12 out of 36 studies collected data at more than one time point. Four studies carried out a repeated-measures design in the form of a quantitative diary. Bakker and Bal[108] used one measurement occasion per week for 5 consecutive weeks, Bakker and Xanthopoulou[126] and Xanthopoulou *et al.*[228] used one measurement occasion per day for 5 consecutive days, and Xanthopoulou *et al.*[229] used one measurement point before and two measurement points after flights over three consecutive return trips. Six studies were based on a time-lagged design, where independent and dependent variables were measured at different time points. Carter *et al.*[217] surveyed employees before and after a forum theatre training intervention. Chen *et al.*[218] had four measurement points, each 24 hours apart. Halbesleben and Wheeler[170] and Karatepe and Ngeche[132] adopted two measurement points, 2 months and 1 month apart, respectively, as well as supervisor performance data. Leung *et al.*[221] used three measurement points with a time lag of 3 months between the first two time points. Vogelgesang *et al.*[227] adopted three measurement points, 3 weeks and 6 weeks apart. Two studies used a longitudinal design, where the same questionnaire was measured twice. Shimazu *et al.*[181] used a 7-month time lag, and Yalabik *et al.*[191] used a time lag of 1 year.

The majority of studies (21 out of 36) used structural equation modelling to test their hypothesised relationships, seven studies used hierarchical linear modelling (individuals nested in groups, or time points) and eight studies used multiple regression analysis.

Sample considerations

Nineteen (out of 36) studies sampled a range of organisations and occupations. Of these studies, 10 focused on a specific sector such as services,[104,163,216] research and development,[165] hospitality[6,117,132,185,221] and retail.[222]

The other studies (17 out of 36) selected their sample from a specific organisation or occupation. Seven studies sampled employees from education and public service sectors (e.g. teachers/university staff, researchers, military, firefighters), five sampled employees from hospitality and service sectors (e.g. restaurants, airline industry, retail), three sampled employees from professional services sectors (e.g. ICT, financial, consultancy) and two sampled employees from manufacturing, production and construction industries.

Theoretical considerations

Nearly all studies based their approach on a specific theory. These included the JD-R model (Demerouti et al.;[193] seven studies), conservation of resources theory (Hobfoll;[209] four studies), SET (Blau;[194] three studies), Kahn's[21] personal engagement theory (three studies) and Fredrickson's broaden-and-build theory (two studies).[146] Five applied an alternative theory (such as job design or cross-over theory). Nine studies used a combination of the above-mentioned theories as a foundation for their theoretical rationale. Three studies did not explicitly state the underlying theory for their hypotheses development.

The relationship between engagement and higher-level performance outcomes

The relationship between engagement and higher-level performance outcomes was explored eight times. Gracia et al.[117] demonstrated that collective engagement was positively related to a unit's relational service competence, which in turn was positively related to a unit's service quality, and mediated the relationship between collective engagement and service quality. Using aggregate data, Salanova et al.[6] showed that work unit engagement was positively related to service climate, which in turn predicted customer-rated employee performance and further customer loyalty. Moreover, the study demonstrated that engagement fully mediated the relationship between organisational resources and service climate, and that service climate fully mediated the relationship between organisational resources and engagement on the one hand and employee performance and customer loyalty on the other hand. Torrente et al.[226] showed that team-level engagement was positively related to team performance, as rated by supervisors, and mediated the relationship between team social resources and team performance.

Bhatnagar[165] demonstrated that engagement was positively related to employees' perceptions of the innovation of their organisation and mediated the relationship between empowerment and innovation. Song et al.'s[125] study revealed that engagement was positively related to organisational knowledge creation and partially mediated the relationship between transformational leadership and organisational knowledge creation. Menguc et al.[221] showed that engagement was positively related to a store's service performance and mediated the relationship between supervisor feedback and service employee performance.

The relationship between engagement and individual-level performance outcomes

In-role performance

The majority of individual-level studies focused on employees' in-role performance as an outcome variable. In total, the relationship between engagement and task performance was analysed in 19 studies among the general workforce. Out of these studies, 11 demonstrated a positive relationship between engagement and performance using performance data reported by the employees themselves. This is a problem, as relying solely on self-report data can introduce measurement error due to common method variance. Hence, statistical results might be a function of using the same source for gathering data, rather than an account of the true relationship between the variables under study.

Seven of these studies analysed the relationship between engagement and task performance using third-party performance rating. Of these, three studies used actual performance data derived from company records. Vogelgesang et al.[227] demonstrated that employees' engagement was positively related to the institution's performance ratings.

Similarly, Yalabik et al.[191] showed that engagement was positively related to job performance, measured by performance appraisal ratings, and mediated the relationship between job satisfaction and job performance. Finally, Xanthopoulou et al.'s[228] study revealed that day-level engagement was positively related to the money earned within a particular shift for employees working in a fast-food company.

Three of these studies were based on supervisory ratings of performance. Karatepe and Ngeche[132] demonstrated that engagement was positively associated with job performance and that job embeddedness mediated the relationship between engagement and performance. Similarly, Rich et al.'s[4] study provided evidence of a positive association between engagement and performance. Their study showed that engagement mediated the relationship between value congruence, perceived organisational support, core self-evaluations and task performance.

Shantz et al.[223] demonstrated that engagement was positively related to task performance and mediated the relationship between job characteristics and task performance. One study used a different third-party rating to evaluate employees' task performance. Specifically, Bakker et al.[232] demonstrated that engagement was positively related to employees' task performance, as rated by their colleagues, and mediated the relationship between job-crafting behaviours and performance. Finally, one study[170] used employee, coworker and supervisor ratings of performance to demonstrate that engagement shared a unique variance with each of the three performance ratings.

In customer-facing jobs, service orientation can be considered an integral part of employees' in-role performance. In our evidence review, three additional studies explored the relationship between engagement and service-oriented performance outcomes. Leung et al.[221] showed that engagement was positively related to customer service performance, as rated by employees' supervisor, and mediated the relationship between ostracism and service performance. Yeh[230] tested a moderated mediation model using data from an airline company. The study showed that engagement was positively related to service performance, as rated by cabin service directors. Further, engagement mediated the relationship between relational psychological contracts and service performance, while cue information moderated the relationship between engagement and service performance. Steele et al.'s[185] study used self-ratings of customer service orientation and found a positive association between engagement and customer service orientation.

In summary, the studies included in our evidence review provide substantial support of a positive association between engagement and employees' in-role performance, and therefore reflect results of a meta-analysis by Christian et al.[27] Using findings from 16 studies, the authors of the meta-analysis equally demonstrate a positive relationship between engagement and task performance.

Extra-role performance

Nineteen studies explored the relationship between engagement and extra-role performance. Of these studies, nine focused on OCB as an outcome variable. Eight studies used employee self-ratings of their citizenship behaviours, and demonstrated a positive association between engagement and the extent to which employees engage in citizenship behaviours. One study asked supervisors to rate their employees' citizenship behaviour. Specifically, using data from 245 firefighters and their supervisors, Rich et al.[4] showed that engagement was positively associated with employees' OCB and mediated the relationship between value congruence, perceived organisational support, core self-evaluations and citizenship behaviour.

Six of the studies explored whether or not engagement was related to some aspect of innovative behaviour. Agarwal et al.[163] demonstrated a positive association between engagement and innovative work behaviour, where engagement mediated the relationship between leader–member exchange and innovative work behaviour. Alfes et al.'s[105] study revealed that engagement was positively related to innovative work behaviour and mediated the relationship between line manager behaviour and HRM practices on one side and innovative work behaviour on the other side.

Similarly, Chughtai and Buckley[219] demonstrated that engagement was positively related to employees' innovative work behaviour, and that learning goal orientation partially mediated the relationship between engagement and innovative work behaviour. Gorgievski *et al.*[138] showed that engagement was positively related to employees' level of innovativeness. Den Hartog and Belschak[129] provided support for a positive association between engagement and personal initiative as rated by supervisors, where engagement fully mediated the relationship between ethical leadership and personal initiative. In a sample of 84 school principals and their respective teachers, Bakker and Xanthopoulou[215] showed that principals' engagement was positively related to their creativity, as rated by their teachers. Further, engagement fully mediated the relationships between job resources and creativity, and between personal resources and creativity. Apart from Bakker and Xanthopoulou's[215] study, all studies relied on employees' self-report of their innovative behaviour.

Finally, one study analysed adaptive service offering and one study explored knowledge-sharing behaviours as outcome variables. Barnes and Collier's[216] study revealed a positive association between engagement and adaptive service in high- and low-contact service employees. Chen *et al.*'s study found a positive association between engagement and knowledge-sharing behaviours.[233]

In summary, there is considerable evidence to suggest that engagement is related to employees' extra-role behaviour. However, with few exceptions the studies are based on self-report, cross-sectional data. As indicated above, this limits the conclusions that can be drawn with regards to the causal links between the two variables. Nevertheless, the review results are aligned with meta-analytical findings by Christian *et al.*[27] Based on 11 studies, the authors demonstrate that engagement has a positive association with employees' contextual (or extra-role) performance.

Counterproductive performance

Three studies explored the extent to which engagement was associated with counterproductive performance outcomes. Den Hartog and Belschak[129] found a negative association between engagement and counterproductive work behaviour. Moreover, engagement fully mediated the relationship between ethical leadership and counterproductive behaviour. Similarly, Sulea *et al.*[225] revealed that engagement was negatively associated with counterproductive work behaviour. In their study, engagement partially mediated the relationship between interpersonal conflict and counterproductive work behaviour, as well as that between conscientiousness and counterproductive work behaviour. Finally, Shantz *et al.*[223] demonstrated a negative association between engagement and deviant behaviours, where engagement mediated the relationship between job characteristics and deviance.

Other

Two additional studies explored the relationship between engagement and performance using a proxy measure of performance, namely learning goal orientation. Chughtai and Buckley[219,220] demonstrated that engagement was positively related to learning goal orientation, where engagement partially mediated the relationship between trust and learning goal orientation[220] and learning goal orientation partially meditated the relationship between engagement, innovative work behaviour and in-role performance.[219]

The health context

The data relating to performance outcomes in the health context are reported in *Table 19*.

Study considerations

Geographical considerations

Three of the six studies were conducted in Europe (Belgium, Finland and Ireland), two were conducted in Canada and one was carried out in Israel (see *Appendix 18*).

TABLE 19 Engagement and performance in the health context

Author (date); location	Study population	Measure of engagement used	Methods	Outcome measures and level (individual/organisation)	Results/significance	Dominant theoretical framework
Abdelhadi and Drach-Zahavy (2012);[234] Israel	158 nurses in 40 retirement home wards	16-item version of UWES adapted from Salanova et al.[6]	Mixed methods: structured observations, cross-sectional survey, administrative data; HLM	Patient-centred care	Positive association between work engagement and patient-centred care. Work engagement mediates relationship between service climate and patient-centred care	JD-R
Freeney and Fellenz (2013);[201] Ireland	158 midwives from two large maternity hospitals. 98% female	9-item UWES	Self-report survey; SEM	Quality of care at the unit and shift	Positive association between engagement and quality of care. Engagement partially mediated the relationship between supervisor support and quality of care	JD-R
Hakanen et al. (2008);[235] Finland	2555 dentists	17-item UWES	Two-wave, 3-year panel design, self-report survey sent twice with a 3-year interval; SEM	Personal initiative	Positive association between work engagement at T1 and personal initiative at T2	COR, JD-R
Spence Laschinger et al. (2009);[236] Canada	Study 1, new graduate nurses (n = 185); study 2, representative sample of acute care nurses (n = 294)	9-item UWES	Secondary analysis of self-report surveys; SEM	Perceived work effectiveness	Positive association between engagement and perceived work effectiveness for both groups of nurses	Empowerment theory and work engagement theory drawing on the Utrecht framework
Van Bogaert et al. (2013);[208] Belgium (Dutch-speaking)	357 staff members from 32 clinical units in two psychiatric hospitals in Belgium	9-item UWES	Self-report survey; HLM	Quality of care at the unit; quality of care at the last shift; quality of care by the interdisciplinary team	Positive association between dedication, absorption and quality of care by the interdisciplinary team	JD-R
Wong et al. (2010);[237] Canada	280 nurses working in acute care. 93.5% female	9-item UWES	Self-report survey; SEM	Voice behaviour; unit care quality	Positive association between work engagement and voice behaviour. Positive association between work engagement and unit care quality. Personal identification, trust in the manager and work engagement mediated the relationship between authentic leadership and care quality	Authentic leadership

COR, conservation of resources theory; HLM, hierarchical linear modelling; SEM, structural equation modelling; T1, time 1; T2, time 2.

Measurement and analysis considerations

All studies used a variant of the UWES measure of engagement. Four studies used the 9-item version, one used the 17-item version and one[234] used an adapted 16-item version without explaining the rationale for the removal of one item.

All studies were based on a quantitative data approach, mainly using questionnaire surveys. One study used a combination of data collection methods, including structured observations and survey data. Apart from one study, all other studies were based on cross-sectional data. This means that engagement and the performance outcomes were measured at the same point of time, which limits the conclusions that can be drawn with regard to the causal order of the relationships under study. Hakanen *et al.*[235] used a longitudinal design, where the same questionnaire was measured twice, with a 3-year lag between measurement points.

Four studies used structural equation modelling to test their hypothesised relationships, and two studies used hierarchical linear modelling (individuals nested in groups).

Sample considerations

The sample size in the studies ranged from 158 participants to 2555 participants. Although all samples were drawn from the health-care environment, the studies focused on different occupations. Three studies focused on nurses, one on midwives, one on dentists and one on staff members. The majority of studies are based on female-dominated samples, which is a reflection of the demographics in the health-care context in most countries.

Theoretical considerations

Nearly all studies based their approach on a specific theory. These included the JR-R model (Demerouti *et al.*;[193] four studies), conservation of resources theory (Hobfoll;[209] one study), Bakker and Schaufeli's[5] work engagement theory (one study), empowerment theory (one study) and authentic leadership theory (one study). Two studies used a combination of the above-mentioned theories as a foundation for their theoretical rationale. One study did not explicitly state the underlying theory for the hypothesis development.

The relationship between engagement and higher-level performance outcomes

The relationship between engagement and higher-level performance outcomes in health care was explored in five studies, all focusing on quality of care as an outcome variable. Van Bogaert *et al.*[208] showed that, after controlling for other factors, unit-level dedication and absorption (but not vigour) were positively related to nurse-reported quality of care by the interdisciplinary team. They did not find evidence of a relationship between any of the three engagement facets and nurse-reported quality of care at the unit and/or shift levels. In contrast, Wong *et al.*'s[237] study showed that engagement was positively associated with nurses' perception of unit care quality. Moreover, personal identification, trust in the manager and work engagement mediated the relationship between authentic leadership and unit care quality. Similarly, Freeney and Fellenz[201] demonstrated that engagement was positively related to quality of care, using a combined measure of unit- and shift-level care quality. Further, engagement partially mediated the relationship between supervisor support and quality of care.

The relationship between engagement and individual-level performance outcomes

In-role performance

Two studies explored the relationship between engagement and in-role performance in the health-care sector. One study focused on individual-level quality of care, and one study focused on work effectiveness. In a sample of 158 nurses, Abdelhadi and Drach-Zahavy[234] demonstrated that engagement was positively related to nurses' patient-centred care, as measured by structured observations, and mediated the

relationship between service climate and patient-centred care. Spence Laschinger et al.'s[236] study revealed a positive association between engagement and perceived work effectiveness, where engagement played a mediating role in the relationship between empowerment and perceived work effectiveness.

Extra-role performance

Two studies explored the relationship between engagement and extra-role performance outcomes. They focused on voice behaviour and personal initiative, respectively. Hakanen et al.[235] showed that engagement, measured at time 1, had a positive cross-lagged effect on personal initiative at time 2. They also demonstrated that personal initiative at time 1 had a reversed positive effect on engagement at time 2, so that both variables reciprocally and positively predicted each other over time. Wong et al.'s[237] study revealed that engagement was positively related to nurses' voice behaviour.

Conclusions

Overall, 42 studies examined the relationship between engagement and at least one performance outcome. The majority of the studies (36) were carried out in the general workforce, while six studies were carried out in a health-care context.

Whether or not higher levels of engagement within the workforce were positively related to higher-level (organisation, unit, team) performance outcomes was analysed 13 times. These studies provide some, but inconclusive, support for a positive association between engagement and performance. The majority of the studies relied on employee perceptions of organisational performance variables, rather than using objective performance data, such as financial outcomes or employee turnover data, and only a few studies used third-party data, such as customer ratings, as a measure of performance.

At the individual level, the relationship between engagement and in-role performance was the focus in the majority of studies. These studies unanimously provided support of a positive relationship between both variables. Eleven studies used third-party rating or objective performance indicators to assess employees' performance. This lends weight to the argument that employees who are engaged with their jobs perform better on the tasks that are assigned to them.

A substantial number of studies also analysed the relationship between engagement and extra-role as well as counterproductive performance outcomes. While these studies support the notion that engagement is positively related to extra-role performance and negatively related to counterproductive performance, it is important to note that the majority of studies used a cross-sectional, self-report design. Hence, common methods bias might have influenced the results in these studies. The evidence on the relationship between engagement and extra-role and counterproductive performance is therefore less convincing than the evidence on the link between engagement and in-role performance.

Overall, the studies suggest that engagement has positive performance outcomes. This is supported in the meta-analysis by Halbesleben.[195] Based on seven studies and a total sample size of 6131, Halbesleben found that engagement, and specifically the vigour component, was positively related to an overall composite of performance. However, as the number of studies included in this meta-analysis was relatively low, future studies need to validate the relationships analysed in the present chapter, using longitudinal research design and third-party ratings of performance, specifically, to measure extra-role and counterproductive performance. In the next chapter, we consider the evidence relating to the antecedents of engagement.

Chapter 6 Antecedents of engagement

Introduction

The focus of this chapter is on research question 3:

What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?

In order to address this, we have developed two subquestions:

1. What evidence is there concerning approaches and interventions within an organisational setting at (1) the individual, (2) the team or (3) the organisational level that create and embed high levels of engagement within the general workforce?
2. What evidence is there concerning approaches and interventions within an organisational setting at (1) the individual, (2) the team or (3) the organisational level that create and embed high levels of engagement within the health context?

The purpose of addressing this question is to find evidence that sheds light on the approaches and interventions that have been demonstrated empirically to have the most significant effect on, or at least association with, high levels of engagement within the general workforce and within the health context specifically.

We undertook the data extraction process described in detail in *Chapter 2*. We have specifically excluded from this analysis of antecedents the following factors:

- Demographic variables such as age or gender, except where these are relevant to understanding and interpreting study findings. This is because demographic factors alone do not constitute an approach or intervention.
- Personality variables such as conscientiousness, neuroticism and extraversion, except where these are relevant to understanding and interpreting study findings. This is again because personality variables do not constitute an approach or intervention.

This is to say not that either demographic and personality factors may not be salient for engagement in different contexts and circumstances, but rather that these factors lie beyond the scope of this review.

First, we provide an overview of the general background and context for the research questions. We then present the evidence we have assembled from our data extraction exercise in relation to the general workforce, followed by an analysis of the health context. We bring together these findings to suggest which interventions or approaches are supported by the strongest evidence.

Background to approaches and interventions to foster engagement

A fundamental concern within the body of research on engagement has been to identify the factors associated with, or antecedents of, high levels of engagement. It should be noted that the bulk of the literature on employee engagement focuses not on the evaluation of specific approaches or interventions, but rather on the psychological antecedents of engagement. This is because the research is based within the organisational psychology literature, which does not have a history or tradition of evaluating organisational interventions. Instead, the focus is very much on psychological factors at the level of the individual. Several of those studies that did focus on organisational interventions did not pass the quality threshold for inclusion. It is disappointing that so much of this literature does not enable an evaluation of specific interventions, which would have been of most interest and relevance to practitioners, and, as the field develops further into industrial sociology and organisational behaviour, it is probable that there will be a significant development of studies that examine this aspect in more detail.

Despite this, there are a number of themes that have emerged from the engagement literature that point towards promising approaches to enhancing engagement. These factors can be grouped under five headings:

- individual psychological states such as experienced psychological safety or availability, which are included in our report, since such states can be influenced by organisational factors
- experienced job design-related factors such as task significance, variety, meaningfulness and autonomy, job demands and job resources
- perceived leadership and management factors such as leadership style, authentic leadership, perceived supervisor support
- individual perceptions of organisational-level factors such as perceived organisational support, organisational mission, climate or culture, and perceptions of colleagues and team
- organisational interventions or activities such as specific training and development courses or communication activities.

It should be noted that many studies examined a range of antecedents rather than just one and so may be referred to under several headings.

Almost all included studies have examined engagement as a psychological state experienced in relation to work in general terms, and have used quantitative, survey-based methods to examine how engagement relates to other attitudes held by employees. Therefore, most studies reviewed in this chapter do not examine engagement in association with an actual organisational intervention or activity (although a small number do, and these are described below). It is therefore necessary to infer what interventions might support or encourage the development of high levels of experienced engagement among employees through examining these attitudinal associations. A very small number of studies that met the quality threshold have been published recently that have examined engagement in the sense of 'doing engagement' as a way of managing the employment relationship (see *Chapter 3*), and these are similarly outlined below.

In the next section we review the evidence relating to the association between antecedents and engagement for the workforce in general, and in the section after it we review the evidence from studies specifically related to health. We have included in this latter section any study that includes a sample of health-care workers, even if part of a wider study involving a range of occupations.

Antecedents: the workforce in general

A total of 113 studies met the inclusion criteria. These are reported in *Table 20*. It should be noted that some studies are relevant in more than one category.

Fifty six of the 113 studies were based in Europe, of which eight were based in the UK, 16 were conducted in the USA/Canada, seven in Australasia, 21 in Asia, six in South Africa and one in Cameroon (see *Appendix 18*). The preponderance of studies emanating from the Netherlands reflects the concentration of studies conducted by the Utrecht Group.

As explained in *Chapter 3*, the vast majority of studies used variants of the UWES. Only four studies were qualitative and drew on interviews. The majority of studies used self-report surveys at one time point (71), and hence drawing conclusions over causality from these is problematic.

However, 41 studies that examined antecedents involved more complex methods, for example diary studies, time-lagged surveys or data from multiple informants, as listed in *Table 21*. There was a significant variation in the size of the sample used in the studies, and in the sectors surveyed. However, most studies reported on data from the service sector, and the majority included data from one or two organisations only. *Table 22* summarises the data from this analysis.

TABLE 20 Studies of the general workforce meeting the inclusion criteria by category

Category	Occurrences
Job design	43
Psychological states	41
Perceptions of organisation/team	41
Leadership and management	28
Experience of specific interventions	7

TABLE 21 General studies of antecedents using complex methods

Format	Occurrences
Diary study	10
Time-lagged study/study at different time points	13
Study involving dyads, e.g. employee/supervisor, employee/customer	12
Pre-/post-intervention study	3
Diary/time-lagged study plus data from other informants	3

TABLE 22 Antecedents of engagement in the general context

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Agarwal et al. (2012);[163] India	979 managerial employees in six service-sector organisations	9-item UWES	Self-report survey; SEM	LMX	N/A	Positive association between LMX and engagement	SET
Agarwal and Bhargava (2013);[238] India	1302 managers from eight private-sector companies in different sectors. 70% male	9-item UWES	Self-report survey; regression analysis	Psychological contract breach	Tenure	Positive association between psychological contract breach and low levels of engagement. Tenure did not moderate the relationship	SET
Alfes et al. (2013);[104] UK	297 employees from a large service-sector organisation in the UK	12-item scale adapted from Rich et al.[4]	Self-report survey; hierarchical regression	Perceived HRM practices	N/A	Positive association between HRM practices and engagement	JD-R; SET
Alfes et al. (2013);[105] UK	1796 employees in two service-sector organisations	ISA scale	Self-report survey; SEM	Perceived line manager behaviour, perceived HRM practices	N/A	Positive association between perceived HRM practices and engagement. Positive association between perceived line manager behaviour and engagement. Perceived line manager behaviour and perceived HRM practices were positively correlated, and jointly affected engagement	SET
Alok and Israel (2012);[239] India	117 working professionals. 70% male	9-item UWES	Self-report survey; linear regression	Authentic leadership	Organisation-based preventative and promotive psychological ownership	Positive association between authentic leadership and engagement. Positive association between promotive psychological ownership and engagement. No association between preventative psychological ownership and engagement. Promotive psychological ownership fully mediated the association between authentic leadership and engagement	SET

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Anaza and Rutherford (2012);[144] USA	297 employees from a co-operative extension system. 74% female	Saks's 5-item job engagement scale	Self-report survey; SEM	Organisational identification; employee–customer identification	Customer orientation	No association between organisational identification and engagement. Positive association between customer orientation and engagement. Impact of organisational identification and employee–customer identification on engagement was mediated by customer orientation	Social identity theory
Anaza and Rutherford (2012);[130] USA	272 frontline employees from a co-operative extension system	Saks's 5-item job engagement scale	Self-report survey; SEM	Internal marketing; job satisfaction; employee patronage	N/A	Positive association of job satisfaction and employee patronage with engagement. Positive association between internal marketing and engagement, mediated by job satisfaction and employee patronage	Expectancy theory
Andreassen et al. (2007);[124] Norway	235 bank employees	17-item UWES	Self-report survey; multiple regressions	Stress, burnout, health complaints, enjoyment of work	N/A	Negative association between stress, burnout, health complaints and engagement. Positive association between drive and absorption. Positive association of years worked and enjoyment of work with engagement	Cognitive activation theory of stress
Arrowsmith and Parker (2013);[77] New Zealand	Case study of a HR change initiative at the NZ Post between 2009 and 2011 involving 12 informants	N/A	Face-to-face interviews; secondary documentation analysis; interview coding and triangulation	HR's role and relationship with other organisational stakeholders	N/A	Implementation of engagement initiatives requires political astuteness and commitment of HR professionals. Requirement for a business case for engagement focused on performance. Engagement requires focus on voice, work design and management agency	Availability, Motivation and Opportunity framework model

continued

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Babcock-Roberson and Strickland (2010);[123] USA	91 psychology students in employment for at least 6 months, most aged between 18 and 25 years	17-item UWES	Self-report survey; regression analysis	Charismatic leadership	N/A	Positive association between charismatic leadership and engagement	Charismatic leadership theory
Bakker and Bal (2010);[108] Netherlands	54 Dutch teachers	9-item UWES	Weekly self-report questionnaires; HLM	Autonomy, social support, performance feedback, supervisory coaching and learning opportunities	N/A	Positive association of autonomy, supervisory exchange (coaching and feedback) and opportunities for development with weekly work engagement	JD-R, broaden-and-build theory, COR
Bakker et al. (2007);[107] Finland	805 Finnish teachers	17-item UWES	Self-report survey; SEM	Pupil misbehaviour	Job resources including job control, supervisor support, climate, innovativeness, information, appreciation	Negative association between pupil misbehaviour and engagement, moderated by supervisor support, organisational climate, innovativeness and appreciation. Information had a moderator effect on the relationship of pupil misbehaviour with vigour and absorption (the interaction terms also work with pupil misbehaviour as the moderator)	JD-R, COR
Bakker et al. (2012);[213] Netherlands	95 dyads of colleagues (employees, N = 190) in various industries. 65% female	9-item UWES	Online questionnaires; SEM	Proactive personality; job crafting	Sequential mediation: proactive personality → job crafting → engagement	Positive association between proactive personality, job crafting and engagement	JD-R
Bakker et al. (2006);[127] Netherlands	2229 constabulary officers in 85 teams	17-item UWES	Self-report surveys; multilevel analysis	Team-level engagement	N/A	Positive association between team-level engagement and all three individual-level engagement facets	Emotional contagion theory, crossover theory

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Bakker and Xanthopoulou (2013);[215] Netherlands	84 female school principals and 190 teachers	9-item UWES	Self-report surveys completed by both groups of respondents; SEM	Job resources (autonomy, social support, performance feedback, professional development); personal resources (self-efficacy, resilience)	Sequential mediation: job resources →personal resources →engagement	Positive association between job and personal resources and engagement. Personal resources partially mediated the relationship between job resources and engagement	JD-R
Bakker and Xanthopoulou (2009);[126] Netherlands	62 dyads of colleagues in various organisations (N = 124)	6-item UWES	General questionnaire and daily survey over 5 days for both partners in the dyad; multilevel analysis	Colleague's level of engagement	Frequency of communication	Positive association between colleagues' daily work engagement arises only on days when colleagues communicate more frequently than usual	Crossover theory
Bal et al. (2013);[231] Netherlands	240 employees of a Dutch division of a risk management firm	8-item UWES	Survey at two time points; SEM	Employer contract fulfilment	Organisational tenure	No association between employer contract fulfilment and engagement. Tenure moderated the relationship between employer contract fulfilment and engagement	SET
Balducci et al. (2011);[28] Italy	818 public-sector employees	9-item UWES	Self-report survey; SEM	Job resources: autonomy, promotion prospects, social support	Positive affect	Positive association between job resources and engagement and between positive affect and engagement. Positive affect partially mediated the link between job resources and engagement	JD-R; broaden-and-build theory

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Barnes and Collier (2013);[216] USA	Total 705 in two studies: study 1, sample from high customer contact services, n=401, 61% female; study 2, sample from low customer contact services, n=304, 63% female	16-item UWES	Self-report survey; SEM	Service climate, job satisfaction and affective commitment	N/A	Positive association between service climate, job satisfaction and affective commitment, and engagement	Broaden-and-build theory
Bell and Barkhuizen (2011);[240] South Africa	234 employees of a property management company. Mostly female	17-item UWES	Self-report survey; correlations	Barriers to change: project-related, people-related, organisation-related and environment-related barriers (where a high score indicates positive attitudes)	N/A	Positive association between barriers to change and engagement	JD-R
Bhatnagar (2012);[165] India	291 managers from R&D sectors	17-item UWES	Self-report survey; SEM	Psychological empowerment	N/A	Positive association between empowerment and engagement	JD-R
Biggs et al. (2013);[241] Australia	1011 employees of Australian state police service	9-item UWES	Self-report survey at three time points; SEM	Social support, job control, strategic alignment	N/A	Positive association between work alignment and engagement. Reciprocal relationships between strategic alignment, job control and engagement	JD-R
Biswas and Bhatnagar (2013);[166] India	246 full-time employees in six organisations	Saks's (2006)[72] 11-item job and organisation engagement scales combined	Self-report survey; SEM	Perceived organisational support, person–organisation fit	N/A	Positive association between POS and person–organisation fit and engagement	SET

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Biswas et al. (2013);[242] India	238 managers and executives from service and manufacturing firms. 74% male	Saks's 11-item scale	Self-report survey; SEM	Distributive justice, procedural justice	Perceived organisational support, psychological contract	Positive association between POS and psychological contract and engagement. POS fully mediated the relationship between distributive justice and engagement; POS and psychological contract fully mediated the association between procedural justice and engagement	SET
Bledlow et al. (2011);[121] Unstated German-speaking country	55 software developers and computer scientists. 89% male	9-item UWES	General questionnaire plus twice-daily measurement of mood and engagement over 2 weeks, 706 daily surveys; HLM	Positive and negative affectivity; positive and negative mood; positive and negative work events	N/A	Positive association between positive mood in the morning and engagement in the afternoon. Increase in positive mood explained incremental variance in engagement. Those low in affectivity showed negative relationship between negative mood and engagement. Positive and negative events were no longer significant if positive and negative mood were controlled for. The relationship between negative events and work engagement was fully mediated by negative mood	Affective shift theory
Brauchli et al. 2013);[243] Switzerland	1033 employees in various organisations	9-item UWES	Online survey in three waves; SEM	Changing demands and changing resources, stable demands and stable resources including social support, job control, task significance, appreciation, interpersonal justice; demands, including interruptions, time pressure, uncertainty at work, qualitative overload	Changing resources	54–66% of variance in engagement is explained by stable component of job resources. Positive association between changing components of job resources and demands and engagement	JD-R

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Brummelhuis et al. (2012);[244] Netherlands	110 employees of a large telecoms firm	9-item UWES	Online survey followed up with diary questionnaire by e-mail over 5 consecutive days; multilevel analysis	NWW (e.g. choosing where and when to work)	Quality of communication	Positive association between NWW and engagement. Effective and efficient communication fully mediated the relationship between NWW and engagement	Work engagement theory
Buys and Rothmann (2010);[168] South Africa	115 reformed church ministers	May et al.'s[22] 12-item engagement scale	Self-report survey; multiple regression	Job demands (pace and amount of work; emotional demands) and job resources (growth opportunities, instrumental support, church congregational support, autonomy, social support, job significance)	N/A	When only job resources were included, growth opportunities, social support and job significance positively related to engagement. Instrumental support, congregational support and autonomy not significantly linked to engagement. When job demands were added, the regression was not significant	JD-R
Carter et al. (2010),[217] Australasia	53 employees in financial services firm	9-item UWES	Survey before and after intervention; significance of difference tests	Forum theatre training intervention aimed at boosting self-efficacy; control group and pilot group	N/A	Engagement scores for both groups decreased because of announcement of a merger. Decrease for pilot group was significantly lower, suggesting the rate of decline was buffered by the intervention. Vigour was a secondary buffering factor. Self-efficacy of the pilot group increased relative to the control group	Self-efficacy theory

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Chen et al. (2011),[233] China	139 software engineers and managers	13-item scale from May et al.[22]	Self-report survey completed in four waves, each 24 hours apart; SEM	Task conflict and relationship conflict	Experienced meaningfulness, safety and availability	Positive association of experienced meaningfulness, safety and availability with work engagement. Positive association between task conflict and work engagement through experienced availability and safety but not meaningfulness. Negative association of relationship conflict on engagement through experienced meaningfulness, safety and availability. Positive association between meaningfulness, safety and availability on knowledge sharing through engagement	Kahn's[21] engagement theory
Cheng et al. (2013),[122] Taiwan	206 supervisor–subordinate pairs from a variety of firms	17-item UWES	Self-report survey completed by pairs; regression	LMX	Voice as mediator; supervisor-attributed motives as moderator	Positive association between LMX and engagement. Positive association between voice and engagement mediated by LMX. Interaction between voice and supervisor-attributed motives influenced LMX, supporting moderation	SET; attribution theory
Chughtai and Buckley (2011),[219] Ireland	168 research scientists in science research units	9-item UWES	Self-report survey; SEM	Trust in supervisor and trust propensity	N/A	Positive association between trust in supervisor and engagement. Positive association between trust propensity and engagement	SET; broaden-and-build theory
Chughtai and Buckley (2009),[220] Pakistan	130 high school teachers	17-item UWES	Self-report survey; hierarchical regression	Trust in the principal	N/A	Positive association between trust and engagement	Unspecified

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
De Braine and Roodt (2011);[245] South Africa	2429 workers in an ICT-sector firm	17-item UWES	Self-report survey; regressions	Job demands (job insecurity, overload, work–family conflict); job resources (advancement, growth opportunities, organisational support, perceived external prestige, task identity, team climate, work-based identity)	N/A	Positive association between job resources and engagement. Weak positive association between job demands and engagement	JD-R
Del Libano *et al.* (2012);[141] Spain	386 administrative staff from a Spanish university	9-item UWES	Self-report survey; SEM	Self-efficacy	N/A	Positive association between self-efficacy and engagement.	Resources–experiences–demands model
den Hartog and Belschak (2012);[129] Netherlands	Matched leader/subordinate dyads in two studies: study 1, *n* = 167; study 2, *n* = 200	9-item UWES	Self-report surveys completed by both members of the dyad. Factor analysis; moderated mediation analysis	Ethical leadership behaviour, Machiavellian leadership	N/A	Positive association between ethical leadership and follower work engagement. Association between ethical leadership and follower engagement was moderated by leader Machiavellianism. The relationship between ethical leadership behaviour and engagement was stronger for leaders low on Machiavellianism; the relationship between ethical leadership and employee work engagement was weaker for leaders high on Machiavellianism	JD-R; ethical leadership theory; social learning theory

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Dyląg et al. (2013);[136] Poland	480 white-collar workers in public- and private-sector organisations	9-item UWES	Self-report survey; correlations	Work values: collective interest (social justice, equality); individual interest (self-respect, meaning in life); mixed interest (obedience, capability). Discrepancy between values important to the individual and those believed to be important to the organisation	N/A	Negative association between value discrepancy and engagement. The greater the extent to which all values were perceived as important to the organisation, the higher the level of engagement	Mismatch proposition of well-being
Feldt et al. (2013);[116] Finland	298 managers. 84% male	9-item UWES	Self-report survey in three waves over 4 years; latent profile analysis	Effort–reward imbalance; overcommitment	N/A	Interaction between high levels of effort and overcommitment was not associated with engagement	Effort–reward imbalance model
Fiksenbaum et al. (2010);[142] China and Turkey	309 male and female hotel managers	17-item UWES	Self-report survey; hierarchical regression	Work intensity	N/A	Positive association between work intensity and all three engagement facets	Unspecified
Fiksenbaum (2013);[246] Location unspecified (Canada implied)	112 employees in various fields (including customer service, accounting and finance, admin, IT, marketing and sales). Majority female	17-item UWES	Self-report survey; SEM	Work family culture (i.e. availability of work family benefits, managerial support, career consequences, organisational time demands)	Work–family interface (work–family conflict, family–work conflict)	Negative association between work–family interface and engagement. The association between the availability of family-friendly programmes and engagement was marginally mediated by work family culture	COR, spillover role theory

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Gan and Gan (2013);[247] China	160 ICT workers from an IT organisation. Majority male	17-item UWES	Three-wave self-report survey at 2-monthly intervals; SEM	Personality: neuroticism, extraversion, conscientiousness	Job demands (role ambiguity, communication obstacles, organisational change, family–work conflict); job resources (supervisory support, colleague support, feedback)	No association between job demands and engagement. Positive association between job resources and the three dimensions of engagement. Positive association of extraversion and conscientiousness with engagement directly and indirectly via job resources. Association between extraversion and dedication in wave 2 fully mediated by job resources. Conscientiousness directly and positively associated with dedication. Positive association between vigour (wave 1), dedication (wave 2) and absorption (wave 3)	JD-R
Ghadi et al. (2013);[248] Australia	530 employees working full-time from various organisations	17-item UWES	Self-report survey; SEM	Transformational leadership	Meaning in work	Positive association between transformational leadership and meaning in work and engagement. Meaning in work partially mediated the relationship between transformational leadership and engagement	SET; transformational leadership theory
Gillet et al. (2013);[109] France	Study 1: 235 police officers. 62 female	9-item UWES	Self-report survey; SEM	Global motivation, perceived organisational support	Contextual motivation	Positive association of global motivation and POS with contextual motivation. Positive association between contextual motivation and all three dimensions of engagement. Positive association between POS and all three dimensions of engagement	Self-determination theory

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Gillet et al. (2013);[109] France	Study 2: 147 police officers. 32 female	9-item UWES	Self-report survey at three time points during a training session lasting 3–5 days (start, middle, end); SEM	Contextual motivation, perceived supervisor support	Situational motivation	Positive association of contextual motivation and perceived supervisor support with situational motivation. Positive association between situational motivation and changes in the three dimensions of engagement	Self-determination theory
Glasø et al. (2011);[249] Norway	1023 bus drivers from one large public transport firm. 87% male	9-item UWES	Self-report survey; multiple mediation analysis	Exposure to harassment and bullying	N/A	Negative association of exposure to harassment and bullying with engagement	Unspecified
Gracia et al. (2013);[117] Spain	107 tourist establishments: 615 service workers and 2165 customers	17-item UWES aggregated to the unit level	Self-report survey of employees and customers; SEM	Organisational facilitators (training, autonomy and technical support)	N/A	Positive association between organisational facilitators and collective work engagement at the unit level	Human capital theory, JD-R
Hall et al. (2010);[250] Australia	Study 2: 398 workers in multiple occupations	9-item UWES	Computer-assisted phone interviewing; correlations	Psychosocial safety climate (senior management support for stress prevention, management priority to psychological health and safety, organisational communication, participation and involvement)	N/A	Positive association between psychological safety climate and engagement	JD-R
Hallberg and Schaufeli (2006);[99] Sweden	186 workers in Swedish IT company: 175 working in IT; 11 working in personnel	9-item UWES	Self-report survey; factor analysis	Autonomy, feedback, role overload, role conflict	N/A	Positive association of autonomy and feedback with engagement. Negative association between role conflict and engagement. No association between role overload and engagement	JD-R

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
He et al. (2013);[131] UK	222 employees in a financial services organisation	Adapted version of the scale developed by Rich et al.[4]	Self-report survey; SEM	Moral identity (MI) centrality, procedural justice	Organisational identification	Organisational identification fully mediated the effects of procedural justice on engagement. Positive association between MI centrality and engagement. When procedural justice was high, the effect of MI centrality on engagement was non-significant, while, when procedural justice was low, the effect of MI centrality on employee engagement was positive and significant	Group engagement model, person–situation framework
Heuvel et al. (2009);[251] Netherlands	238 employees in a variety of both public- and private-sector organisations	9-item UWES	Self-report survey; regressions	Meaning-making	N/A	Meaning-making was unrelated to engagement	Unspecified
Heuven et al. (2006);[119] Netherlands	154 cabin attendants. 74% female	9-item UWES	Self-report survey; hierarchical regression	Emotional demands	Mediator, emotional dissonance; moderator, emotion work-related self-efficacy	Emotional dissonance mediated the relationship between dealing with emotionally charged interactions and engagement. Emotional dissonance undermined work engagement only for low- (vs. high-) efficacious employees. Emotionally charged interactions negatively associated with engagement, but unwritten rules of emotional display not significantly associated with engagement	Social cognitive theory
Hopkins and Gardner (2012);[172] New Zealand	96 legal staff and partners working in a large law firm	9-item UWES	Self-report survey; regression	Job resources (social support, job control, positive challenge, work role fit)	N/A	Positive association of positive challenge, work role fit, social support and job control with work engagement	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Hu and Schaufeli (2011);[173] China	585 workers in three family-style factories	9-item UWES	Self-report survey; SEM	Current remuneration	N/A	Positive association between current remuneration and engagement	JD-R
Huhtala et al. (2011);[252] Finland	902 technical and commercial managers from members of two national labour unions. 70% male	9-item UWES	Self-report survey; SEM	Corporate ethical virtues	Ethical strain	Positive association between ethical organisational culture and engagement. Ethical strain partially mediated the association	Unspecified
Hyvänen et al. (2010);[253] Finland	747 members of two Finnish national labour unions (who reported that they were currently in employment). All respondents were under the age of 36 years. 85% male	9-item UWES	Self-report survey; HLM	Effort–reward imbalance (effort, reward, effort imbalance, overcommitment)	Personal work goals (competence, progression, well-being, job change, job security, organisational, financial)	Reward and effort–reward imbalance ratio had direct and indirect effects (via goal categories) on engagement. Effort was found to have an indirect effect through goal categories on engagement. Goal categories moderated the association between reward and engagement	SET
Idris and Dollard (2011);[254] Malaysia	269 employees in the public and private sector (drawn from larger sample of employees but excluding self-employed and those in 'informal sector')	9-item UWES	Self-report survey, distributed to households; SEM	Psychosocial safety climate (management commitment, organisational communication, management priority and organisational participation)	Job demands (emotional demands and role conflict); job resources (supervisor support and coworker support); anger and depression	Positive association between psychological safety climate, high job resources and engagement. Anger mediated the association between demands and engagement. Depression mediated the association between demands and engagement. Anger and depression were associated with reduced engagement	JD-R; SET

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Inoue et al. (2013);[255] Japan	1095 employees from five branches of a manufacturing company. 61% female	9-item UWES	Two-stage prospective study (1-year interval); self-report questionnaire; hierarchical multiple regression	Job demands (psychological demands) and resources (decision latitude, supervisor support, coworker support); effort–reward imbalance (extrinsic effort, extrinsic reward)	N/A	Positive association of decision latitude, coworker support and extrinsic reward with engagement at follow-up. After adjusting for demands, coworker support was no longer significant. After adjusting for engagement at baseline, the associations were attenuated while the association of decision latitude remained significant. Supervisor support was not significantly associated with work engagement at follow-up. Positive association between psychological demands and engagement at follow-up. After adjusting for work engagement at baseline, this association was attenuated but remained significant. Extrinsic effort was not significantly associated with work engagement at follow-up. After adjusting for work engagement at baseline, the positive association became significant	JD-R
James et al. (2011);[256] USA	6047 employees from 352 retail stores in three regions. 74% female	Eight-item scale developed to measure cognitive, emotional and behavioural engagement	Self-report survey; linear regression	Job quality factors (supervisor support and recognition, schedule satisfaction, career development and promotion, and job clarity)	N/A	Positive association of supervisor support and recognition, schedule satisfaction and job clarity with engagement	SET

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Jenkins and Delbridge (2013);[78] UK	Two case studies: (1) 66 employees from a family-owned, multiclient call centre company in Wales; (2) 17 employees from a US-owned multinational company which provided a range of services for the global energy market; research focused on UK headquarters in Scotland	No specific measure of engagement	Comparative case study of two workplaces, drawing on in-depth semistructured interviews with employees and a selection of managers; comparative qualitative analysis	The degree to which management adopt a harder versus softer approach is influenced by the wider contextual contingencies of the organisation, for example the labour market, competitive, and structural context	N/A	The approaches that management and organisations can take to implement employee engagement strategy and initiatives can be seen on a 'hard'–'soft' continuum whereby harder approaches represent a focus on employee engagement as a way to increase employee productivity and softer approaches as a way to increase employee morale and motivation	Critical HRM theory; personal engagement theory
Juhdi et al. (2013);[174] Malaysia	457 employees in various organisations	Saks's[72] (2006) 6-item organisation engagement scale	Self-report survey; correlations and hierarchical regressions	HR practices: performance appraisal, career management, selection, compensation	N/A	Positive association between HR practices and engagement, with career management the strongest predictor	Unspecified
Kahn (1990);[21] USA	Two studies: study 1, 16 counsellors in summer camp; study 2, 16 registered architects	Personal engagement and self-expression	Qualitative study; participant observation, interviews, documentary analysis; ethnography, grounded theory	Psychological conditions of meaningfulness, safety and availability	N/A	Engagement arises when people express their preferred self at work, connecting with others, exerting physical, cognitive and emotional energies. The psychological conditions of meaningfulness, safety and availability are required for engagement. These arise through job design and person–role fit	Theory of attachment;[257] job design theory
Karatepe (2012);[258] Cameroon	212 full-time hotel workers	9-item UWES	Time-lagged survey, T2 = 1 month after T1; SEM	Coworker support, supervisory support	N/A	Positive association between coworker support and supervisory support and engagement. Supervisory support has slightly stronger relationship	JD-R

continued

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Kinnunen *et al.* (2008);[259] Finland	1301 managers selected from five Finnish trade unions. 71% male	17-item UWES	Self-report survey; multiple regressions	ERI	OVC, perceived organisational support	Positive association between POS and all three dimensions of engagement. No association between ERI ratio and any engagement dimensions in the regression, but negatively correlated with vigour and dedication. OVC associated with only absorption. ERI–OVC interaction positively associated with dedication and absorption (under conditions of high ERI those managers who were highly overcommitted reported lower levels of dedication than those who were low in OVC). Under conditions of low ERI, managers high in OVC had higher levels of dedication than their counterparts with low OVC. Highly overcommitted managers reported more absorption than their counterparts with less OVC, but the difference in the level of absorption was lower in the situation of high ERI. Managers perceiving a high level of POS reported generally more absorption than their counterparts perceiving less POS, but the difference in the level of absorption was lower under conditions of high OVC. Low POS had a strengthening role in the OVC–absorption relationship	ERI model, SET

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Kinnunen *et al.* (2011);[260] Finland	527 employees of five organisations from different sectors	9-item UWES	Self-report survey; SEM	Job demands, job resources	Recovery experiences (psychological detachment, relaxation, mastery and control)	Psychological detachment fully mediated the effects of job demands on fatigue at work. Mastery partially mediated the effects of job resources on work engagement	JD-R, COR
Kühnel and Sonnentag (2011);[261] Germany	131 teachers from German schools. 69% female	6-item UWES; directed at week level for T1, T3 and T4, at day level for T2	Longitudinal self-report survey: T1, end of the last working day before vacation; T2, end of the first working day after vacation; T3, end of the last working day of the second working week after vacation; T4, end of the last working day of the fourth working week after vacation; multiple regression	Job demands, consisting of time pressure and pupil misconduct; relaxation experiences and negative affect (measured at T3 and T4)	N/A	Positive effect of vacation on work engagement, fading over time. Time pressure and pupil misconduct not related to fade-out of engagement at T3 and T4. Relaxation experiences related to fade-out of engagement, but failed to explain a significant amount of additional variance in work engagement at T4	JD-R, COR
Kühnel *et al.* (2012);[262] Germany	148 employees working for companies across a diverse range of industries. 62% female	9-item UWES	Diary study: general self-report survey plus surveys over 5 working days at beginning and end of day and noon; multilevel analysis	Job resources: psychological climate, job control, being recovered in the morning	Job demands: time pressure	Positive association between day-specific state of being recovered and day-specific engagement. Positive association of day-specific job control and psychological climate with engagement. Interaction between day-specific job control and day-specific time pressure predicted engagement. On days with high job control, time pressure was positively related to engagement. When job control was low, time pressure tended to be negatively related to engagement	JD-R

continued

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Leroy *et al.* (2013);[263] Belgium	*n* = 68 (experimental) and *n* = 14 (control). Employees working in six distinct organisations	17-item UWES	Data collected at three points using a questionnaire over 1 year: T1, before the training; T2, 2 months after the training; T3, 4 months after the training. Involvement in training voluntary. Control group drawn from waiting list for training; SEM	Mindfulness training	Authentic functioning	Positive association between mindfulness training and engagement. Authentic functioning mediated the association	SDT
Leung *et al.* (2011);[221] China	Staff at 19 hotels in China in three waves: T1 comprised 420 subordinate questionnaires and 19 HR managers; T2 comprised 344 subordinate questionnaires; T3 comprised 110 supervisors. Overall, the sample comprised 19 HR managers and 304 supervisor/ subordinate dyads	9-item UWES	Survey in three waves, involving employees, supervisors and HR managers; HLM	Workplace ostracism	Neuroticism	Neuroticism moderated the relationship between ostracism and engagement	COR

continued

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Lin (2010);[114] Taiwan	428 employees from 20 large firms	An adaptation of the 9-item UWES, comprising six items capturing all three facets	Self-report survey; SEM	Organisational trust, perceived economic citizenship from the aspect of employees' benefits, perceived legal citizenship from the aspect of law, perceived ethical citizenship from the aspect of ethical business practices, discretionary citizenship from the aspect of social welfare and philanthropy	N/A	Positive association between perceived corporate citizenship and work engagement directly and indirectly via the mediation of organisational trust. Organisational trust was a partial mediator between work engagement and its antecedents. The relationship between perceived ethical citizenship and engagement was insignificant	Attachment theory
May et al. (2004);[22] USA	213 employees and managers across all departments in the administration division of a large insurance firm. 87% female	13-item cognitive, emotional, physical engagement scale based on Kahn[21]	Self-report survey; SEM	Job enrichment, work role fit, coworker relations, supportive supervisor relations, coworker norm adherence, resources, public self-consciousness	Meaningfulness, safety and availability	Positive association between meaningfulness, safety and availability and engagement, with meaningfulness being the strongest. Positive association of job enrichment and work role fit with meaningfulness. Positive association of rewarding coworker and supportive supervisor with psychological safety. Negative association of adherence to coworker norms and self-consciousness with psychological safety. Positive association between resources available and psychological availability, negative association between participation in outside activities and availability. The relations of job enrichment and work role fit with engagement were fully mediated by the psychological condition of meaningfulness. The association between adherence to coworker norms and engagement was partially mediated by psychological safety	Kahn's[21] engagement theory

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Mendes and Stander (2011);[178] South Africa	179 employees working in a single chemical company; mainly non-management. 60% male. 47.5% in modal age range 25–35 years. 52% African	17-item UWES	Self-report survey; hierarchical multiple regressions	Leader empowering behaviour	Role clarity, psychological empowerment	Positive association between role clarity and engagement. Positive association between leader empowering behaviour, role clarity and psychological empowerment and the three categories of work engagement. Role clarity acted as moderator between leader empowering behaviour, psychological empowerment and engagement. Positive association between meaning subscale and vigour, dedication and absorption	Human capital theory
Menguc et al. (2013);[222] Canada	482 employees from 66 retail stores of the same company, and 488 customer responses. Measure of store size from company records	17-item UWES	Self-report employee survey and customer surveys matched to each store; HLM	Perceived autonomy, supervisor support, supervisor feedback	N/A	Supervisory support was not strongly associated with engagement. Positive association between supervisory feedback and engagement. At high levels of perceived autonomy, supervisory support was related positively and significantly to work engagement, whereas, at low levels of perceived autonomy, supervisory support was not related to work engagement. At low levels of perceived autonomy, feedback was related positively and significantly to engagement, whereas, at high levels of perceived autonomy, feedback was not significantly related to engagement	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Moorman et al. (2013);[135] USA	205 working professionals in a mid-western city	9-item UWES	Self-report survey; SEM	Moral behaviour and behavioural integrity	Trust in supervisor	Trust mediated the relationship between moral behaviour and integrity and engagement, as well as job satisfaction and perceived leader effectiveness	Leader integrity theory
Nigah et al. (2012);[264] UK	78 graduate newcomers who had started work within the preceding 12 months, and each of whom had been allocated a buddy on joining the company. Mainly females	9-item UWES	Self-report survey; regressions	Newcomer satisfaction with a buddying relationship	Psychological capital	Positive association between satisfaction with buddying and engagement. Positive association between psychological capital and engagement. Psychological capital fully mediated the association between newcomer satisfaction with buddying and engagement	JD-R
Otken and Erben (2010);[112] Turkey	212 employees in private-sector firms in Istanbul	17-item UWES	Self-report survey; hierarchical regression	Organisational identification	Supervisor support	Positive association between organisational identification and three facets of engagement. Supervisor support moderated the relationship between organisational identification and engagement	Self-categorisation theory, SET, work engagement theory
Ouweneel et al. (2012);[265] Netherlands	200 employees of a university	9-item UWES	Self-report survey at two time points, 6 months apart; SEM	Positive emotions; personal job resources; job resources	N/A	Only personal resources (T1) are related to engagement (T2). Work engagement (T1) is also related to positive emotions (T2)	JD-R; broaden-and-build theory
Ouweneel et al. (2012);[120] Netherlands	59 employees of a university. Mainly female	9-item UWES to measure baseline vigour, dedication and absorption, and adapted versions to measure daily variations	Self-report survey, completed twice a day for 5 days, after waking up and after work; HLM; mediation tests	Baseline positive emotions; baseline work-related hope; daily positive emotions; daily hope	N/A	Positive association between positive emotions and engagement mediated by hope	Broaden-and-build theory; affective events theory

continued

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Petrou *et al.* (2012);[266] Netherlands	95 employees from several organisations. Majority female	9-item UWES	Diary booklet consisting of five identical questionnaires, one for each day; HLM	Job-crafting facets (seeking challenges, seeking resources, reducing demands)	N/A	Positive association between day-level seeking challenges (but not resources) and day-level work engagement, whereas day-level reducing demands was negatively associated with day-level work engagement	JD-R
Ratnasingam *et al.* (2012);[137] USA	143 employees who were users of either the organisation's on-site child care programme (*n* = 41) or external child care programmes (*n* = 102) at a large public university in the southern USA. Mainly female and married	Seven items taken from UWES	Self-report survey; hierarchical linear regressions	Family supportive organisation perceptions; child care satisfaction, type of child care use	N/A	Positive association between family-supportive organisation perceptions and engagement. Positive association between child care satisfaction and engagement. Employees using on-site child care were less engaged in and satisfied with their jobs when they perceived their employer to be unsupportive towards their family life and were dissatisfied with their child care provider	Organisational support theory
Rees *et al.* (2013);[267] UK	Two UK service-sector organisations: 1157 in organisation A, 71% male; 1153 in organisation B, 77% male	9-item ISA engagement scale	Self-report survey; multiple regressions	Employee voice	Trust in senior management; employee–line manager relationship	When controlling for gender (women more engaged than men) and managerial responsibilities (managers had higher levels of engagement than non-managers), employee voice positively associated with engagement. Trust in senior management and employee–line manager relationship positively related to engagement. Trust in senior management and employee–line manager relationship both partially mediated the relationship between employee voice and engagement	SET

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Reio and Sanders-Reio (2011),[68] USA	272 employees in a computer services company	Shuck's[67] 16-item Workplace Engagement Scale	Self-report survey; hierarchical regression	Workplace incivility: supervisor incivility and coworker incivility	N/A	Both types of incivility were significantly and negatively associated with availability and safety engagement, but neither type was associated with meaningfulness engagement (sic)	Kahn's[21] engagement theory
Reissner and Pagan (2013),[79] UK	Case study of organisation: individual interviews, n = 25; group interviews, n = 18 in three groups (senior and middle managers/ middle managers/ frontline employees)	Organisational engagement	Case study (theoretical sampling) involving documentary analysis, qualitative unstructured interviews, group interviews; grounded theory, constant comparison	Range of different 'engagement' (involvement) techniques with either directive or discursive purposes, including whole-organisation events, round table discussions, communications forum, team meetings, newsletter and floor walking	Importance of communication in developing 'reciprocity' as a key component of organisational engagement following change process. Factors which impact on this include enduring connection to previous organisation in change scenario; involuntary identification with new organisation (i.e. lack of consultation in change process); different value base and culture of new organisation from old one	Within the context of service delivery though 'partnership' arrangements, research links nature and quality of 'organisational communication activities' as generative of engagement, emphasising value of directive and discursive exchanges between managers and frontline staff which change 'lived experience' of working for the company, e.g. reciprocity (commitment to organisational goals and having a say). In contrast to earlier service delivery model (i.e. public sector), employees report feelings of greater control and being better informed with greater commitment to organisational goals	SET

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Rich *et al.* (2010),[4] USA	245 firefighters. Mainly male population	18-item scale to measure physical, emotional and cognitive engagement drawing on Brown and Leigh's[86] 'work intensity' scale, Russell and Barrett's[87] core affect scale and Rothbard's[88] absorption scale	Self-report survey involving 245 firefighters and supervisor performance evaluations; SEM	Value congruence, perceived organisational support, core self-evaluation	N/A	Positive association of value congruence, perceived organisational support and core self-evaluations with engagement	Kahn's[21] engagement theory
Saks (2006),[72] Canada	102 workers in a variety of organisations	Specially developed scales for job engagement (five items) and organisation engagement (six items)	Self-report survey; multiple regressions	Job characteristics (autonomy, task identity, skill variety, task significance, feedback from others, and feedback from the job); POS; PSS; rewards and recognition; procedural and distributive justice	N/A	Positive association between POS and both forms of engagement. POS only significant predictor of both. Positive association between job characteristics and job engagement. Positive association between procedural justice and organisation engagement	SET
Salanova *et al.* (2005),[6] unstated	114 units comprising 58 hotel receptions and 56 restaurants. In each work unit, a sample of three employees and 10 customers participated in the study. The employee sample consisted of 342 contact employees. The customer sample consisted of 1140 clients from the 114 units	17-item UWES	Self-report survey plus customer survey; SEM	Organisational resources: training, autonomy and technology	Service climate	The service climate (fully) mediated the relationship between organisational resources and engagement (reported by employees). Positive association between engagement and all three dimensions of the organisational resources scale, and with service climate	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Sarangi and Srivastava (2012);[268], India	247 executives from the Indian banking sector	17-item UWES	Self-report survey; regressions	Organisational culture, organisational communication	N/A	Positive association between organisational culture and all three dimensions of engagement. Positive association between organisational communication and all three dimensions of engagement	Unspecified
Sardeshmukh et al. 2012);[179] USA	417 employees from large supply chain company. 71% male	6-item scale adapted from Britt[102]	Self-report survey; SEM	Teleworking, job demand (workload)	Job demands: time pressure, role ambiguity, role conflict. Job resources: autonomy, feedback and social support	Negative association between telework and engagement. Association was partially mediated by job demands and job resources	JD-R
Sawang (2012);[269] Australia	307 IT or technical managers from various organisations. 70% male	9-item UWES	Self-report survey; hierarchical multiple regression	Job demands; social support (supervisor/ colleagues)	N/A	Positive association between job demands and social support and engagement. Job demands had a curvilinear (U-shaped) relationship with engagement. Social support in terms of manager moderated the curvilinear relationship between demands and engagement but not colleague support	JD-R
Selmer et al. (2013);[73] Denmark	489 academic staff members of natural science departments in three large universities	Behavioural engagement measured using 5-item scale from Mor-Barak, Cherin and Berkman;[74] cognitive engagement assessed using 6-item scale from Martins et al.;[75] emotional engagement assessed using 3-item scale from Martins et al.[75]	Self-report surveys; hierarchical multiple regression analyses	Group trust; group relational conflict; group task conflict; department size	N/A	Positive association between size of department and cognitive engagement. Negative association between group relational conflict and all three forms of engagement. Negative association between group task conflict and cognitive engagement. Positive association between group trust and all three forms of engagement	Unspecified

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Shantz et al. (2013);[223] UK	283 employees in a consultancy and construction firm	9-item UWES	Self-report survey and supervisory performance ratings; SEM	Job design: autonomy, task significance, task identity, feedback from the job and task variety	N/A	Positive association between all five job-design variables and engagement. However, the structural model showed that task identity was not associated with engagement	Hackman and Oldham's job-design theory[224]
Simbula (2010);[182] Italy	61 public-sector school teachers. Majority female	9-item Italian version of UWES used to measure general engagement (survey); five adapted items from the UWES-9 used to measure daily engagement (diary)	Self-report survey followed by diary completed for five consecutive workdays; HLM; day-level data were nested within person-level data	Day-level work/family, day-level coworkers' support	N/A	Positive association between day-level coworker support and engagement	JD-R
Song et al. (2012);[125] Republic of Korea	432 employees in six different for-profit organisations	9-item UWES	Self-report survey; SEM	Transformational leadership and knowledge creation	N/A	Positive association between transformational leadership and engagement. Positive association between knowledge creation and engagement	SET, contingent leadership theory, knowledge conversion theory
Sonnentag et al. (2012);[184] Germany	111 employees in a variety of industries (services, production, administration, banking, insurance)	9-item UWES adapted to day-level assessment	A diary study over 1 work week with two measurement occasions per day per person; HLM	Recovery level in the morning	Moderators; job demands, situational constraints	Positive association between recovery level in the morning and engagement (although not in the full model). Moderating effect of situational constraints, but not job demands	JD-R
Stander and Rothmann (2010);[139] South Africa	442 employees in a manufacturing organisation and government	17-item UWES	Self-report survey; SEM	Psychological empowerment (meaning, competence, self-determination and impact)	Job insecurity	Positive association between psychological empowerment and engagement. No practical statistical association between either job insecurity type and engagement. Affective job insecurity moderated the effect of psychological empowerment on employee engagement	Spreitzer's[270] psychological empowerment theory

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Sulea et al. (2012),[225] Romania	258 employees from three organisations	9-item UWES	Self-report survey; SEM	Conscientiousness, interpersonal conflicts, perceived organisational support	N/A	Positive association of conscientiousness and POS with engagement. Negative association between interpersonal conflicts and engagement	JD-R
Sulea et al. (2012),[271] Romania	223 employees from various organisations. Mainly female population	9-item UWES	Self-report survey; hierarchical regressions	Abusive supervision; conscientiousness	N/A	Negative association between abusive supervision and incivility and three dimensions of engagement. Positive association between conscientiousness and all three aspects of engagement. The association was weaker when high levels of abusive supervision and incivility were reported	JD-R
Swanberg et al. (2011),[76] USA	1343 retail workers. 89% female	Eight-item scale developed by a consultancy measuring cognitive, emotional and behavioural aspects of work engagement[256]	Self-report survey; three-stage mediation	Schedule control; schedule flexibility; schedule satisfaction and supervisor support	N/A	Positive association between perceived supervisor support and engagement. Positive association between schedule satisfaction and engagement. Positive association between control over work hours and schedule flexibility and engagement. Schedule satisfaction and perceived supervisor support mediated the association between schedule control and flexibility and engagement	Job characteristics theory
Tanner et al. (2010),[272] Switzerland	592 employees from two federal police departments: $n_1 = 419$; $n_2 = 173$. 85% male	9-item UWES	Self-report survey; SEM	Ethical leadership behaviour	N/A	Positive association between ethical leadership behaviour and engagement	Unspecified

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Tims *et al.* (2011);[111] Netherlands	42 participants in two companies. Mainly female	9-item UWES	Self-report survey on five consecutive days, diary study; multilevel analysis	Day-level transformational leadership	Day-level self-efficacy; day-level optimism	Positive association between day-level transformational leadership style and followers' day-level work engagement. Day-level optimism fully mediated the relationship between transformational leadership and work engagement of the employee at the day level. No mediating relationship found for self-efficacy. Positive association between trait work engagement and daily level of work engagement	Transformational leadership theory
Tims *et al.* (2013);[273] Netherlands	288 employees working for a chemical plant	9-item UWES	Three-wave self-reported survey; SEM	Job crafting: structural job resources, social job resources, challenging job demands, hindering job demands	Changes in (1) structural job resources, (2) social job resources, (3) challenging job demands, (4) hindering job demands	Employees who crafted their job resources in the first month of the study showed an increase in their structural and social resources over the course of the study (2 months). The increase in structural and social job resources was positively related to engagement. Direct effects of crafting challenging demands on increases in well-being	JD-R
Torrente *et al.* (2012);[226] Spain	533 employees nested within 62 teams from 13 organisations	9-item UWES aggregated to team level	Self-report survey aggregated to team level; SEM	Team social resources (supportive team climate, teamwork, coordination)	N/A	Positive association between team social resources and engagement	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Tsuno et al. (2009);[274] Japan	247 workers in a manufacturing firm. Mainly male	9-item UWES	Self-report survey; correlations	Intragroup differences/conflict, intergroup conflict, worksite social support	N/A	Intergroup conflict was associated with lower work engagement, but only before adjusting for worksite social support. In females, intergroup conflict was associated with both greater psychological distress and greater work engagement. No significant relationship between intragroup conflict and work engagement for either males or females	JD-R
Van Schalkwyk et al. (2010);[187] South Africa	168 employees in a petrochemical laboratory. Majority male	17-item UWES	Self-report survey; regressions	Leadership empowerment behaviour	N/A	Positive association between leadership empowerment behaviour and engagement	Unspecified
Vera et al. (2010);[188] Spain	170 university faculty members. Average age 39 years. 63% with doctorates. 43% with 5 years' tenure, remainder with more	16 items taken from UWES-17	Self-report survey; factor analysis and correlations	Work pattern: focus on research, teaching, management	N/A	Highest engagement among those focusing on research. Management showed lowest engagement	Unspecified
Vincent-Höper et al. (2012);[189] Germany	1132 largely from engineering and professional occupations. Majority had long tenure with organisation	9-item UWES	Self-report survey; SEM	Transformational leadership	N/A	Positive association between transformational leadership and engagement	Transformational leadership theory

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Vogelgesang et al. (2013);[227] USA	Military cadets at a US military academy. 78% male. T1, 537 respondents; T2, 3 weeks after T1, 453 respondents; T3, 6 weeks after T2, third-party ratings of individual performance from the tactical officers	May et al.[22] engagement scale	Time-lagged survey and objective performance data; SEM	Communication transparency	Leader-perceived behavioural integrity	Positive association between communication transparency and leader behavioural integrity. In turn, T1 leader communication transparency was related to follower engagement at T2, but follower engagement showed even stronger relationships with leader behavioural integrity. The effects of group-level leader communication transparency on individual follower engagement were fully mediated by leader behavioural integrity	Authentic leadership theory
Wang and Hsieh (2013);[275] Taiwan	386 employees from 37 large firms	17-item UWES	Self-report survey; hierarchical multiple regression	Authentic leadership	Trust	Positive association between authentic leadership and trust and engagement. Trust partially mediated the relationship between authentic leadership and engagement	SET
Xanthopoulou et al. (2009);[276] Netherlands	163 employees of an electrical engineering and electronics company	9-item UWES	Self-report survey at T1 and at T2 18 months later; SEM	Job resources: autonomy, social support, supervisory coaching, performance feedback, opportunities for professional development. Personal resources: self-efficacy, organisation-based self-esteem, optimism	Reciprocal relationships	Positive association between T1 job resources and T1 personal resources on T2 work engagement. Positive association between T1 work engagement and T2 job resources and T2 personal resources. Additionally, T1 job resources associated with T2 personal resources and vice versa	COR; JD-R; broaden-and-build

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Xanthopoulou et al. (2009);[228] Greece	42 employees working in three branches of a fast-food company. 71% male	9-item UWES	Self-report survey and diary booklet over 5 consecutive workdays; financial performance from supervisors; multilevel analysis	Job resources: autonomy, coaching and team climate	Personal resources: self-efficacy, self-esteem and optimism	Positive association between day-level self-efficacy, day-level organisation-based self-esteem, and day-level optimism and engagement. All three day-level personal resources fully mediated the relationship between day-level autonomy and day-level work engagement. Day-level self-efficacy fully mediated the relationship of day-level coaching with day-level work engagement, and day-level self-efficacy and day-level optimism partially mediated the relationship between day-level coaching and work engagement. The previous day's coaching had a lagged effect on next days' engagement, through the full mediation of next day's optimism	JD-R; COR
Xanthopoulou et al. (2007);[277] Netherlands	714 employees of six divisions of an electrical engineering and electronics company. 83% male	9-item UWES scale	Self-report survey; SEM	Job resources: autonomy, social support, supervisory coaching and opportunities for professional development. Personal resources: organisation-based self-esteem, optimism, self-efficacy	Both as mediators as well	Personal resources partially mediated the relationship between job resources and engagement. Job resources partially mediate the relationship between personal resources and work engagement	JD-R; COR

TABLE 22 Antecedents of engagement in the general context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Xanthopoulou et al. (2013);[278] Netherlands	163 employees in electronics company	9-item UWES	Self-report survey, two time points; participants were approached twice over the period of 1.5 years. Hierarchical moderated regressions	Emotional demands; emotion–rule dissonance; self-efficacy	Moderators: self-efficacy, optimism. Mediators: emotional demands, emotion–rule dissonance	Self-efficacy buffered the relationship between emotional demands and work engagement. Emotional demands boosted the effect of self-efficacy on work engagement. Self-efficacy buffered the relationship between emotion–rule dissonance and work engagement. Dissonance boosted the effect of self-efficacy on engagement	JD-R; COR
Xanthopoulou et al. (2008);[229] a European country	44 flight attendants from a European airline company	General work engagement, 9-item UWES; state work engagement, 12 items from 17-item UWES	General questionnaire and diary survey (three trips, three measurement points per trip); HLM	Colleague support	Self-efficacy	Colleague support had unique positive effects on self-efficacy and work engagement. Self-efficacy did not mediate between colleague support and engagement	JD-R
Yeh (2012);[230] Taiwan	223 employees from airline company. 88% female	17-item UWES	Self-report survey and evaluation of service performance of flight attendants by service directors; HLM	Psychological contract	N/A	Negative association between transactional psychological contracts and work engagement. Positive association between relational psychological contracts and engagement	COR

COR, conservation of resources theory; ERI, effort–reward imbalance; HLM, hierarchical linear modelling; HR, human resources; IT, information technology; LMX, leader–member exchange; MI, moral identity; N/A, not applicable; NWW, new ways of working; OVC, overcommitment; POS, perceived organisational support; PSS, perceived supervisor support; R&D, research and development; SEM, structural equation modelling.

Individual psychological states

Forty-two studies made reference to psychological states and their association with engagement. The group of attributes that received most attention was *self-efficacy, resilience and personal resources*; in other words, the positive perceptions that individuals hold of their personal strength and belief in their own ability, which featured in 10 studies.[111,119,141,215,228,229,265,276–278] These studies show a positive association between these factors and engagement. For instance, Ouweneel et al.[265] surveyed individuals at two time points and found that personal resources at time 1 were associated with engagement at time 2. A large number of these studies used complex methods such as diary studies, time-lagged surveys or supervisor/employee dyads, which lends additional weight to the findings.

Several also considered these psychological states as a mediator. Here, the results were mixed. The two-wave study by Xanthopoulou et al.[267] further reveals the potential complexity of the link between personal resources and engagement: while time 1 job and personal resources were associated with time 2 engagement, time 1 engagement was associated with time 2 job and personal resources, and personal and job resources were additionally related to one another over time. Xanthopoulou et al.[267] argue that their findings are illustrative of the cyclical nature of well-being and resources suggested by conservation of resources theory.

The second most widely studied personal attribute is the group of variables around *positive affect, positive mood and optimism* and conversely *negative mood and affect.* Five studies have examined these factors.[28,111,120,121,254] Generally, the studies have shown an association between positive mood/affect and engagement; for instance, Idris and Dollard[254] found that anger and depression were associated with low levels of engagement. However, Bledlow et al.[121] drew on a diary study and proposed on the basis of the affective shift model that negative affect is positively related to engagement if negative is followed by positive affect. Mediation studies showed that the relationship between negative events and engagement was fully mediated by negative mood;[121] anger and depression mediated the link between job demands and engagement;[254] day-level optimism mediated the link between transformational leadership and engagement.[111]

Three cross-sectional self-report studies have concluded that *psychological empowerment* is associated with engagement.[139,165,178] Stander and Rothmann[139] found that affective job insecurity moderated the link between psychological empowerment and engagement.

Three studies[21,22,233] have found evidence linking experienced *meaningfulness, safety and availability* with engagement; these include William Kahn's seminal ethnographic study[21] and a four-wave survey.[233] May et al.[22] found that the association between job enrichment and engagement was fully mediated by experienced meaningfulness. One study[178] found a link between meaning and engagement. Two further studies have looked at *meaning-making or meaning in work*; Heuvel et al.[251] found that meaning-making was unrelated to engagement and Ghadi et al.[248] found that meaning in work was correlated with engagement and that meaning in work partially mediated the link between transformational leadership and engagement.

Job satisfaction has been considered in two studies[130,216] as an antecedent of engagement (see also *Chapter 4* for a discussion of job satisfaction as a correlate or outcome of engagement). Anaza and Rutherford[130] found that job satisfaction mediated the association between internal marketing and engagement.

Three studies (two of which involved complex methods) examined the association between *recovery/relaxation experiences* and engagement and found some limited evidence of a link. These showed that these experiences could also act as a mediator.[184,260,261] Two studies found that there was a link between the personality trait *conscientiousness* and engagement, although note that we did not undertake a systematic synthesis in relation to personality.[247,271] The study by Gan and Gan[247] found that the link was weaker where higher levels of abusive supervision were reported.

Single studies have found links between the following factors and engagement: promotive psychological ownership;[239] enjoyment of work;[124] proactive personality;[213] situational motivation;[109] moral identity centrality;[131] extraversion;[247] affective commitment;[216] authentic functioning;[263] and core self-evaluation.[4] No link was found in one study between preventative psychological ownership and engagement.[239] A negative association was found between stress, burnout and health complaints and engagement[124] (see also *Chapter 4*).

These psychological factors were also examined as mediators/moderators of the association between other variables and engagement. Leung *et al.*[221] in a three-wave survey found *neuroticism* strengthened the impact of workplace *ostracism* on engagement levels; and Alok and Israel[239] found that *promotive psychological ownership* mediated the association between *authentic leadership* and engagement.

Experienced job design-related factors
Forty-three studies examined the association between aspects of job design and engagement. Fifteen focused on the link between *job resources* and engagement within the context of the JD-R framework.[28,72,107,168,172,215,228,243,245,247,254,255,265,276,277] A wide range of resources were examined, including supervisory support, colleague support, feedback and autonomy. Some of these were also examined as separate items in other studies. All studies showed some degree of positive direct or mediated association between job resources and engagement, with the exception of Ouweneel *et al.*,[265] who showed no significant association. Seven of these studies, including that of Ouweneel *et al.*,[265] used complex methods such as diary studies, time-lagged surveys or dyad surveys.

Six studies examined the association between *job demands* and engagement.[245,247,255,260,261,269] The results of these studies were inconclusive. Some found a positive association between demands and engagement,[245] others found no association (e.g. Gan and Gan,[247] in a three-wave self-report survey) and one found a curvilinear relationship.[269] Inoue *et al.*'s[255] two-stage study found a positive link between demands at time 1 and engagement at time 2, but after adjustment for baseline engagement this association was reduced.

Five articles focused specifically on *autonomy* and its direct or indirect association with engagement.[99,108,168,222,276] Most found a positive association between autonomy and engagement, while Buys and Rothmann[168] found no significant link. Bakker and Bal's[108] study and that of Xanthopoulou *et al.*[276] involved repeated measurement over time.

Two papers examined *feedback*.[99,222] Both found a positive link to engagement. Biggs *et al.*,[241] Kühnel *et al.*[262] and Swanberg *et al.*[76] found a positive association between *job control* and engagement. Shantz *et al.*[223] found a positive link between features of *job design* and engagement.

Three studies explored the link between *job crafting* and engagement; all found a positive link between job crafting and engagement in mediated models.[232,266,273] All of these involved complex methods.

There were small numbers of studies examining other aspects of job design in relation to engagement. Positive associations were found between the following and engagement: *opportunities for development*;[108] *job enrichment*;[22] *work role fit*;[21,22] *role clarity*;[178] *job quality*;[256] *work intensity*;[142,143] *schedule satisfaction*.[76]

Mediated or moderated relationships between aspects of job design and engagement were also found in relation to several variables. Xanthopoulou *et al.*[278] found that *work-related emotional demands* impacted negatively on engagement, and that self-efficacy buffered the relationship. Hyvänen *et al.*[253] found that the *reward–effort imbalance ratio* was directly and indirectly associated with engagement via individuals' personal goal categories; however, Kinnunen *et al.*[259] and Feldt *et al.*[116] found that there was no association between effort–reward imbalance and engagement. Heuven *et al.*[119] studied the impact of

emotionally charged situations on engagement and found that emotional dissonance mediated the link, and undermined engagement only for those low in self-efficacy. Chen et al.[233] found a positive link between *task conflict* and engagement mediated by experienced availability and safety. Sonnentag et al.[184] showed that *situational constraints* moderated the link between individuals' recovery level in the morning and engagement, while job demands did not.

Hallberg and Schaufeli[99] found a negative link between *role conflict* and engagement but no link between role overload and engagement.

Several studies examined forms of work: Sardeshmukh et al.[179] found a negative link between *teleworking* and engagement, partially mediated by job demands and resources, while Brummelhuis et al.[243] found a positive link between *new ways of working* and engagement, with the link fully mediated by efficient and effective communication. In a study of academics, Vera et al.[188] showed that academics whose work mainly comprised research experienced the highest levels of engagement whereas those whose work focused on management were least engaged.

Perceived leadership and management

Twenty-eight studies examined aspects of leadership or management behaviour and their association with engagement. Studies that reported on the link between engagement and supervisory support as an aspect of job resources are reported in *Experienced job design-related factors*. Seven studies examined *supervisory support* as an independent factor. Six of these found a positive link,[22,76,109,112,246,258] including Karatepe's[258] time-lagged survey and Gillet et al.'s[109] survey at three time points, while in a study involving both employees and customers Menguc et al.[222] found no association.

In two studies[122,163] (Cheng et al.[122] conducted a self-report survey in four waves) a positive link between *leader–member exchange* and engagement was found, while Alfes et al.[105] similarly found a positive link between *perceived line manager behaviour* and engagement. A positive link between *transformational leadership* and engagement was found in four studies.[111,125,189,248] Four cross-sectional studies found a link between *trust in manager/leader* and engagement.[135,219,220,267] Here, Rees et al.[267] found trust in senior managers partially mediated the link between voice and engagement and Moorman et al.[135] showed that trust mediated the association between moral behaviour and integrity and engagement. Two studies found that *leader empowering behaviour* and engagement were linked.[178,187]

Positive links were also found between *authentic leadership* and engagement,[239] while Wang and Hsieh[275] showed that this association was partially mediated by trust. Other aspects of leadership found to be positively associated with engagement were *charismatic leadership*[123] and *supervisory coaching*.[108] Den Hartog and Belschak[129] studied the link between *ethical leadership behaviour* and engagement in a dyad survey of leaders and subordinates, and found that the link was stronger for leaders low in Machiavellianism.

Two cross-sectional self-report studies examined negative aspects of leadership: Reio and Sanders-Reio[68] found a negative link between *supervisor incivility* and two aspects of engagement, and Sulea et al.[271] found that perceptions of *abusive supervision* and engagement were negatively associated.

Individual perceptions of organisational and team factors

Forty-one studies fell into this category covering a wide range of areas at the organisational and unit/team levels.

At the organisational level, five cross-sectional studies[72,166,225,242,259] and one using complex methods[109] found that *perceived organisational support* was associated with engagement, with some of these studies also showing mediated relationships.

Mixed results were found with regard to the *psychological contract*: Agarwal and Bhargava[238] found contract breach to be associated with low levels of engagement and Bal *et al.*'s[231] survey at two time points found no association, while Yeh's[230] self-report survey and performance evaluations found a positive link between relational contracts and engagement but a negative link between transactional contracts and engagement.

Three cross-sectional studies found that *organisational identification* was associated with engagement.[112,131,144] Three cross-sectional studies found a positive link between *perceptions of HRM practices* and engagement.[104,105,174] Two cross-sectional studies found a positive link between psychosocial safety climate and engagement.[250,254]

Single studies have found positive links between engagement and the following factors: *service climate*;[216] positive perceptions of *barriers to change*;[240] *strategic alignment* with organisational priorities;[241] *identification with customers*;[144] *organisational facilitators* including training and technical support;[117] *person–organisation fit*;[166] *value congruence* (self-report surveys and supervisor evaluations);[4] *procedural justice*;[72] *quality of communication* (survey over 5 days);[244] *congruence of values*;[136] *remuneration*;[173] *corporate ethical virtues*;[252] *organisational trust*;[114] *voice*;[267] *organisational culture and communication*;[268] *family-friendly programmes* and *work–family culture*;[246] *family supportive perceptions and childcare satisfaction*.[137]

At the team/unit level, *team engagement* levels were found to be positively associated with individual engagement,[127] while it was also found that *colleagues' engagement* levels were associated with individual engagement on days when there was frequent communication.[126] *Coworker or colleague support* was linked with engagement in two complex studies[229,258] and with *group trust* in a self-report survey.[73] Torrente *et al.*[226] found that *team social resources* were linked with individual engagement.

Several studies also examined negative organisational or interpersonal factors and their association with engagement. Exposure to *bullying and harassment*,[249] *workplace ostracism* (three-wave multi-informant survey),[221] *coworker incivility*,[68] *interpersonal conflicts*,[271] *group relational/task conflict*[73] and *intergroup conflict*[274] were all found to lower engagement levels.

Organisational interventions or activities

Seven studies reported on individual responses to organisational interventions. Brummelhuis *et al.*[244] undertook a diary study into new ways of working (i.e. choosing where and when to work). An association was found between new ways of working and engagement, with communication mediating the relationship. Carter *et al.*[217] surveyed employees before and after a forum theatre training intervention and found that, although engagement levels dropped among both those participating and a control group because of the announcement of a merger, the degree of decline appeared to have been buffered by the intervention.

Leroy *et al.*[263] collected data at three time points in relation to a training intervention aimed at enhancing mindfulness and found a positive link between the training and engagement levels, mediated by authentic functioning. Nigah *et al.*[264] studied newcomer satisfaction with a buddying programme in a cross-sectional survey and found that satisfaction with the buddying programme was linked with engagement both directly and mediated by psychological capital. Ratnasingam *et al.*[137] examined employee responses to organisational child-care facilities in a self-report survey and found a link between satisfaction with child care, perceptions of family-supportive organisational cultures and engagement.

From the perspective of engagement as an organisational approach, Jenkins and Delbridge's[78] case study analysis showed that engagement interventions could be classified as 'hard' or 'soft' depending on whether the focus was on increasing productivity or on enhancing morale and motivation. Reissner and Pagan[79] presented case-study research on engagement as a partnership approach and found that organisational communication activities that emphasised the value of discursive exchanges between managers and staff led to employees feeling more control and commitment, and to being better informed.

Antecedents: the health context

In this section, we report on the findings relating to antecedents of engagement within studies in the health context. A total of 42 studies met the inclusion criteria (*Table 23*); most focused exclusively on health, while others reported on samples involving health-care workers and those in other occupational groups.

Most studies used self-report surveys; however, a minority also used complex methods as shown in *Table 24*.

Twenty-three studies took place in Europe, of which two were in the UK and four were conducted in multiple European countries; seven in the USA/Canada; four in Australia; four in Asia; one in South Africa; one in Uganda; one in multiple continents; and one in Israel (see *Appendix 18*). All the studies in this category used variants of the UWES to measure engagement.

Table 25 reports the data relating to antecedents of engagement within a health context.

TABLE 23 Studies meeting the inclusion criteria by category for health context

Category	Occurrences
Job design	22
Perceptions of organisation/team	12
Psychological states	11
Leadership and management	8
Experience of specific interventions	2

TABLE 24 Health studies of antecedents using complex methods

Format	Occurrences
Time-lagged study/study at different time points	6
Study involving dyads, e.g. employee/supervisor, employee/customer	0
Pre-/post-intervention study	2
Mixed methods	1
Diary study	0
Diary/time-lagged study plus data from other informants	0

TABLE 25 Antecedents of engagement in the health context

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Abdelhadi and Drach-Zahavy (2012);[234] Israel	158 nurses in 40 retirement home wards	16-item version of UWES adapted from Salanova et al.[6]	Mixed methods: structured observations; cross-sectional survey; administrative data; HLM	Service climate	N/A	Positive association between service climate and engagement	JD-R
Adriaenssens et al. (2011);[279] Belgium	254 emergency nurses who had patient contact, based in 40 wards, and 699 general nurses	9-item UWES	Self-report survey; hierarchical regression analysis	Quality of work comprising 14 subscales: job characteristics (work/time demands, physical demands, decision authority, skill discretion, social support from supervisor and colleagues); organisational characteristics (rewards, personnel resources, material resources, work procedures, nurse/doctor collaboration and internal communication); outcomes (job satisfaction and turnover intention); outcomes (job satisfaction and turnover intention)	N/A	Positive association of job characteristics and personal characteristics with engagement. Strength of relationship between job characteristics and engagement was strongest	Job demand control support model
Albrecht and Andreetta (2011);[197] Australia	139 employees of community health service. 70% female	9-item UWES	Self-report survey; SEM	Empowering leadership	Empowerment	Positive association between empowering leadership and engagement. Empowerment mediated the association	Unspecified

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Bakibinga et al. (2012);[98] Uganda	15 nurses/midwives in two districts of Uganda. All female	Qualitative assessment of engagement levels based on UWES	19 interviews; content analysis	Self-care/self-tuning including introspection, sensibility and reflection	N/A	Self-tuning is a coping process that is thoughtfully managed in order to cope with stress and maintain engagement	Salutogenic model of coping
Bal and Kooij (2011);[280] Netherlands	465 employees from a Dutch health-care organisation. 73% female	7-item UWES	Self-report survey; SEM	Work centrality	Transactional or relational psychological contracts	Psychological contracts mediated the association between work centrality and engagement. Negative association between transactional contract and engagement	SET
Bal et al. (2013);[281] Netherlands	1058 employees from a Dutch health-care organisation. 77% female. 74% part-time workers	7-item UWES	Self-report survey; multilevel HLM	Developmental and accommodative HRM practices; SOC model	Relational or transactional psychological contracts	Positive association between developmental HRM and engagement. Relationship fully mediated by psychological contract. Negative association between accommodative HRM and engagement for those low in SOC strategies	SET
Bamford et al. (2013);[113] Canada	280 nurses in acute care hospitals	9-item UWES	Self-report survey; hierarchical multiple regressions	Authentic leadership	Areas of work life (AWL): workload, control, rewards, community, fairness and values	Positive association between AWL and engagement. AWL mediated the link between authentic leadership and engagement	Authentic leadership theory

TABLE 25 Antecedents of engagement in the health context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Bechtoldt *et al.* (2011);[128] Netherlands and Germany (nurses); Germany (police officers)	*N* = 85, including 42 police officers (56% female) and 43 nurses based in hospices (88% female)	17-item UWES	Self-report survey at T1 and T2, 4 weeks later; 61 participants completed the second survey; SEM	Emotional labour: deep vs. surface acting	Emotion recognition	Emotion recognition moderated the association between surface acting and engagement; those with low emotion recognition scored lower engagement after 4 weeks the more intensely they engaged in surface acting. Emotion recognition moderated the relationship between deep acting and engagement. Workers with low emotion recognition reported lower engagement after 4 weeks the more intensely they engaged in deep acting. Deep acting may relate to lower engagement, when workers' ability to recognise emotions is low. Surface acting does not relate to lower engagement, when workers' ability to recognise emotions is high	Emotional dissonance emotional labour model and the social interaction model of emotional labour
Bishop (2013);[282] USA	17 nurses	17-item UWES	Intervention study: participants completed the UWES before and after intervention; 16 participants attended a focus group held 60 days after the intervention. Qualitative: thematic analysis of focus group transcripts. Quantitative: *t*-tests	Structured 3-day offsite programme retreat focused on the true meaning of caring using an appreciative enquiry approach focused on caring relationships with oneself, patient, families and work colleagues	N/A	Significant increase in overall mean engagement score pre–post intervention and for each of the facets. Qualitative analyses showed that nurses had reflected on their practice in six areas: caring for oneself; reawakening the spirit of nursing; views on caring for patients and families; views of work and colleagues; concerns for the future; leaders taking time to care	Work engagement theory

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Brunetto et al. (2013);[198] USA and Australia	510 randomly chosen nurses from Australian hospitals and 718 nurses from US hospitals	9-item UWES	Self-report survey; SEM	LMX, satisfaction with teamwork, perceived organisational support	N/A	Positive association of teamwork and POS with engagement, with POS exerting stronger relationship. LMX weakly positively associated with engagement for Australian sample but non-significant for US sample	SET
Cogin and Fish (2009);[283] Australia	538 nurses in eight hospitals. Nearly half were student nurses with minimum of 6 months' training	17-item UWES	Self-report survey; t-tests	Frequency of exposure to sexual harassment	Gender as a moderator	Negative association between each dimension of sexual harassment (gender harassment; unwanted sexual attention; sexual coercion) and engagement	Unspecified
Fong and Ng (2012);[199] China	992 workers in elderly care settings in China. 84% female	9-item UWES	Self-report survey; SEM	Holistic care climate	N/A	Positive association between holistic care climate and engagement	JD-R
Forbes et al. (2013);[200] Scotland	231 preregistered dental nurses in 10 educational locations. All female	9-item UWES	Self-report survey; SEM	Job resource beliefs	N/A	Positive moderate association between job resource beliefs and engagement	JD-R
Freeney and Fellenz (2013),[201] Ireland	158 midwives from two large maternity hospitals. 98% female	9-item UWES	Self-report survey; SEM	Organisational support, supervisor support, social support	N/A	Positive association of organisational support, supervisor support and social support with engagement	JD-R
Gillet et al. (2013);[133] France	343 nurses from 47 units in hospitals. 325 (95%) female	9-item UWES	Self-report survey; ratings by respondents of their supervisors; SEM	Transformational leadership	Organisational justice (interactional justice and distributive justice); quality of working life	Positive association between QWL and engagement. Distributive and interactional justice fully mediated the association between transformational leadership and QWL	Transformational leadership theory; justice theory

TABLE 25 Antecedents of engagement in the health context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Gorter and Freeman (2011);[284] Northern Ireland	71 dentists (37% female) and 64 dental care practitioners (all women)	15-item UWES	Self-report survey; multiple regression	Work demands: time pressures, risks of mistakes and dissatisfied patients, financial worries, staff problems, being undervalued. Job resources: joy of manual–technical work and its effects, professional independency and social benefits, treatment of results, doing well towards patients	N/A	Positive association of joy of manual–technical work with vigour and absorption. Positive association between treatment of results, dedication and absorption. Positive association between doing well towards patients and vigour. No significant association between professional independency and social benefits and engagement. No significant association between all demands and engagement	JD-R
Gorter et al. (2012);[285] Netherlands	111 oral and maxillofacial surgeons. 98% male	17-item UWES	Self-report survey; regression analysis	Dentist environment work demands: rules and regulations, practice demands and organisation, staff problems, demand for perfection, difficult patients, comparison with other professionals, lack of variation. Dentist environment job resources: delivering successful and valued work, technical aspects, social contacts, autonomy, co-operation, variety, making patients healthy and happy, material and non-material rewards	N/A	Vigour was best predicted by 'delivering successful and valued work' and 'variety in work'. Dedication was best predicted by 'variety in work', 'social contacts' and 'making patients healthy and happy'. Absorption was best predicted by 'variety in work' and 'making patients healthy and happy'	JD-R
Gorter et al. (2008);[286] Netherlands	561 dentists. 76% male (included a booster group for gender)	17-item UWES	Self-report survey; multiple linear regression	Dentists' experienced job resources: idealism/pride, immediate results, patient results, craftsmanship, professional contacts, entrepreneurship, patient care, material benefits	N/A	Positive association of all subscales and the full scale with the UWES subscales	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Hakanen et al. (2005);[287] Finland	3255 dentists. 71% female	17-item UWES	Self-report survey; hierarchical regression	Job demands: qualitative workload, physical environment, emotional dissonance, negative impact of dental law reforms. Job resources: job control, innovativeness, variability of skill, peer contacts, positive patient outcomes	N/A	Negative association between job demands and engagement. Association weakest for dentists with many vs. few resources. Resources were especially salient under conditions of high demands. Positive association between job resources and engagement. Job resources were more strongly associated with engagement than were job demands	JD-R
Hakanen et al. (2008);[288] Finland	2555 dentists	17-item UWES	Two-wave, 3-year panel design, self-report survey sent twice with a 3-year interval; SEM	Job resources: pride in the profession, direct/long-term results, craftsmanship	N/A	Positive association between job resources at T1 and engagement at T2. Positive association between engagement at T1 and job resources at T2. Both of equal strength	COR, JD-R
Hornung et al. (2011);[134] Germany	Medical doctors in southern Germany: first wave, n = 159, 46.5% female; second wave, n = 142, 48.6% female	17-item UWES	Two-wave study (1-year gap); self-report surveys; SEM	Leader consideration; idiosyncratic deals (development and flexibility); work–family conflict	N/A	Positive association between development idiosyncratic deals and engagement. No association between flexibility idiosyncratic deals and engagement. Positive association between leader consideration and engagement. Development deals mediated the relationship between leader consideration and engagement	Leader consideration framework
Hornung et al. (2010);[110] Germany	292 physicians from two studies based in two similar hospitals. 68% female	9-item UWES	Self-report survey; SEM	Task-idiosyncratic deals	Work characteristics: complexity, control and hindrance	Positive association of complexity and control with engagement. Negative association between hindrance and engagement. Task-idiosyncratic deals had indirect effect on engagement mediated through all three work characteristics	Job design theories, idiosyncratic deals

TABLE 25 Antecedents of engagement in the health context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Hu *et al.* (2011);[203] China	625 blue-collar workers from three manufacturing companies and 761 health professionals from four hospitals	9-item UWES	Self-report survey; SEM	Job demands: workload, emotional demands, physical effort, interpersonal conflict. Job resources: job control, colleague support, supervisory coaching, learning opportunities, task clarity	N/A	Positive association between job resources and work engagement. Negative association between job demands and engagement. Synergistic effects: high job demands and low job resources were associated with more burnout and lower work engagement	JD-R
Martinussen *et al.* (2011);[289] Norway	244 physiotherapists. Mainly female	17-item UWES	Self-report survey; regressions	Two aspects of type A behaviour: job demands (number of hours worked per week, work conflicts and work–family pressures), perceptions of work conflict, work–family pressures. Job resources: organisational support, autonomy and social support from supervisors and coworkers	N/A	Positive association between job demands and engagement; job resources added significantly to the prediction of two engagement dimensions (vigour and dedication). Positive association between high levels of achievement strivings and low levels of impatience–irritability (type A behaviour) were associated with increased levels of engagement	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Mauno et al. (2007);[290] Finland	409 employees in a health-care organisation (735 at T1). 87% female	17-item UWES measured at T1 and T2	Longitudinal survey at T1 and T2, at a 2-year interval; hierarchical regressions	Occupational group. Job demands: job insecurity, time demands, work-to-family conflict. Job control: control over timing, method. OBSE. Management quality	N/A	Engagement varied by occupational group in relation only to dedication: doctors (i.e. physicians) and researchers reported higher dedication to their work than office and information technology personnel, and than cleaning, catering and laundry staff. Health-care workers showed relatively high levels of engagement. Dedication was reported more frequently than absorption, with vigour being intermediate (true at both time points). Job resources, especially OBSE and job control, were the strongest lagged predictors of all three dimensions of engagement, predicting vigour and dedication better than they predicted absorption. Job demands had less predictive power for engagement. High time demands at T1 = stronger absorption at work at T2. A similar effect was found for dedication at work (but correlation coefficient of this relationship did not reach statistical significance). High work–family conflict at T1 decreased vigour at work at T2. Perceived threat of job loss (job insecurity) at T1 had a lagged relationship with decreased dedication at work at T2; this effect became significant only in model 2, in which the	JD-R

TABLE 25 Antecedents of engagement in the health context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
						baseline level of dedication (at T1) was controlled for. The lagged effects became non-significant when baseline engagement was taken into account. Engagement remained relatively stable. Time demands predicted high absorption, work–family conflict predicted low vigour, and job insecurity predicted low dedication later. After controlling for the baseline level of work engagement, the relationships between job resources and demands and later work engagement disappeared. Only the relationships between job insecurity and job control and dedication at work remained after controlling for baseline dedication	

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Mauno et al. (2005);[140] Finland	727 workers in various job types in one hospital district. Nursing staff comprised 64% of the sample	17-item UWES	Self-report survey; multiple regressions	Fixed-term employment contract	Perceived job insecurity; job attitudes: job satisfaction	Negative association between perceived job insecurity and engagement. Positive association between satisfaction and engagement. Those on fixed-term contracts were more highly engaged than those on permanent contracts. Under conditions of a high level of job insecurity, those who had a permanent job reported a lower level of work engagement than those with a fixed-term job, whereas, under conditions of low job insecurity, the type of job contract did not matter	Relative deprivation theory
Opie et al. (2011);[291] Australia	349 nurses working in very remote location and 277 nurses working in three major hospitals. Mainly female	9-item UWES	Self-report survey; correlations	Job resources: supervision and social support. Possibilities of development, job control and opportunity for professional development	N/A	Nurses working very remotely demonstrated higher levels of work engagement. Positive association of possibilities of development and opportunity for professional development with engagement. For nurses working remotely, positive association between all job resources and engagement; engagement was most strongly correlated with job control and possibilities of development. Nurses in hospitals: all job resources were significantly positively correlated with work engagement. Possibilities of development were the resource most strongly associated with work engagement	JD-R

TABLE 25 Antecedents of engagement in the health context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Othman and Nasurdin (2012);[292] Malaysia	402 nurses working in three hospitals in Malaysia. 98.5% female	9-item UWES	Self-report survey; regressions	Social support	Supervisor and coworker support	Positive association between supervisor support and engagement but lower for coworker support	SET
Rickard *et al.* (2012);[293] Australia	Nurses and midwives at two major hospitals; *N* = 484 in two waves: hospital 1, wave 1, *n* = 103, wave 2, *n* = 173; hospital 2, wave 1, *n* = 75, wave 2, *n* = 133	9-item UWES	Pre- and post-intervention questionnaire at an interval of 2 years, and archival data; *t*-tests	A nurses' workload intervention at organisational level including a nursing workload tool, assessment of nursing workloads, staff increases, personal development and a recruitment campaign	N/A	Although there was a significant reduction in psychological distress, and a significant increase in job satisfaction, there was no significant increase in engagement between wave 1 and wave 2	JD-R
Simpson (2010);[294] USA	149 nurses and nursing staff working in long-term care facilities. Mostly female	9-item UWES	Self-report survey; correlations	Core nurse resources	N/A	Positive association between Core Nurse Resource Scale and engagement	JD-R
Sonnentag *et al.* (2010);[96] Germany and Switzerland	309 workers in non-profit organisations offering services to people with special needs. 68% female	9-item UWES assessed at T2	Self-report survey completed at T1 and T2, 12 months later; hierarchical regression	Job demands at T1	Psychological detachment from work during non-work time at T1	Low negative affectivity and work engagement at T1 positively associated with work engagement. Job demands additionally contributed to the prediction of work engagement at T2. Persons with high demands at T1 reported decreased work engagement at T2. Psychological detachment did not contribute to the prediction of work engagement. At high levels of psychological detachment, job demands were not related to work engagement. At low levels of psychological detachment, job demands were related to a decrease in work engagement	JD-R

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Spence Laschinger et al. (2009);[236] Canada	Study 1, new graduate nurses (n = 185); study 2, representative sample of acute care nurses (n = 294)	9-item UWES	Self-report surveys; SEM	Structural empowerment: access to information, support, resources, formal and informal power	N/A	Positive association between structural empowerment and work engagement	Empowerment theory and work engagement theory drawing on the Utrecht framework
Spence Laschinger (2010);[145] Canada	322 registered nurses working full or part time in acute care hospitals in Ontario	9-item UWES	Self-report survey; SEM	Structural empowerment: six components of structural empowerment (opportunity, information, support, resources, formal power and informal power)	The Areas of Worklife	Positive association between structural empowerment and all six areas of worklife. Positive direct association of control, rewards, fairness and value congruence with engagement. Four of the six areas of worklife mediated the influence of empowerment on engagement (control, rewards, fairness and values). Neither workload nor community influenced engagement. Value congruence had the strongest influence on work engagement	Structural empowerment theory
Spence Laschinger et al. (2012);[205] Canada	420 newly graduated nurses working in acute care hospitals. Mainly female population	9-item UWES	Self-report survey; SEM	Job resources: supportive practice environment and control. Personal resources: psychological capital	N/A	Positive association between job resources (supportive practice environment and control) and engagement. Positive association between personal resources and engagement	JD-R

TABLE 25 Antecedents of engagement in the health context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Taipale *et al.* (2011);[115] Finland, Sweden, the UK, the Netherlands, Germany, Portugal, Hungary and Bulgaria	7869 service sector workers in 32 organisations in eight countries (categorised according to five distinct 'policy regimes'). The sample includes people working in hospitals. Mostly female	6-item UWES	Self-report survey; hierarchical multiple regression	Work demand pressure, work autonomy, social support	N/A	In the UK, engagement levels in hospitals were higher than in the other three sectors. Demands decreased work engagement, but the impact was less than that of autonomy or social support. A weak connection was found between demands and engagement. Autonomy was the strongest predictor of engagement. Positive association between social support and engagement. The interaction of demands on the one hand and support/autonomy on the other was weak	Karasek demand–control–support theory[295]
Te Brake *et al.* (2007);[296] Netherlands	497 Dutch general dental practitioners. 75% male	15-item UWES	Self-report survey; SEM	Burnout	N/A	Negative association between engagement and burnout	Unspecified
van Beek *et al.* (2012);[297] China	544 nurses (99% female) and 216 physicians (61% female) in four hospitals	9-item UWES	Self-report survey; SEM	Job demands: work overload, mental demands, emotional demands. Job resources: job control, social support colleagues, social support supervisor. Motivation: external regulation, introjected regulation, identified regulation, intrinsic motivation	N/A	In both samples, positive association of identified regulation, intrinsic motivation and introjected regulation with engagement. Positive association between job resources and engagement	Self-determination theory

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
Van Bogaert et al. (2013);[208] Belgium (Dutch-speaking)	357 staff from 32 clinical units in two psychiatric hospitals	9-item UWES	Self-report survey; HLM	Nurse practice environment features: nurse–physician relations, unit-level nurse management and hospital management–organisational support	N/A	Positive associations between all three nurse practice environment dimensions and all three work engagement dimensions	JD-R
Van den Broeck et al. (2011);[298] Netherlands	4009 employees, from the TNO Work Situation Survey (including 14% health-care)	9-item UWES	Self-report survey; multiple regressions	Job demands: workload and emotional demands. Job resources: autonomy and learning opportunities. Emotional exhaustion	Intrinsic and extrinsic work value orientation	Positive association between both job resources and engagement. Positive association between intrinsic and extrinsic work values and engagement. Negative association between emotional demands and engagement. No association between workload and engagement. The boosting impact of workload on the positive association between autonomy and work engagement was stronger among employees who highly favoured intrinsic work values than among employees attaching little importance to intrinsic work values. Workload attenuated the relationship between learning opportunities and work engagement; this effect was stronger among highly intrinsically oriented employees than those with less intrinsic work value orientation	JD-R

TABLE 25 Antecedents of engagement in the health context (*continued*)

Author (date); location	Study population	Measure of engagement used	Methods	Main approach, intervention or factor	Mediating or moderating factors	Results	Dominant theoretical framework
van der Colff and Rothmann (2009);[299] South Africa	818 registered nurses in public and private hospitals. Mainly female	17-item UWES	Self-report survey; multiple regressions	Nurse stress, coping orientation, orientation to life	N/A	Moderate negative association between emotional exhaustion and engagement. Moderate negative association between depersonalisation and engagement. Moderate positive association between personal accomplishment and engagement. Overall, low levels of occupational stress because of job demands, a strong sense of coherence and approach-coping strategies predicted 24% of the variance in engagement	JD-R
Weigl *et al.* (2010);[300] Germany	416 hospital physicians. Mainly male	9-item UWES	Self-report surveys, 1-year lag between T1 and T2, 1.5 years between T2 and T3; SEM	Job control, work relationships, active coping	N/A	Positive association of job control at T1, work relationships at T1 and active coping at T1 with engagement at T2. Positive association of job control at T2 and active coping at T2 with engagement at T3	COR
Wong *et al.* (2010);[237] Canada	280 nurses working in acute care. 93.5% female	9-item UWES	Self-report survey; structural equation modelling	Authentic leadership	Personal identification; social identification; trust in manager	Authentic leadership had an indirect effect on work engagement. Positive association between trust and engagement. Positive association between social identification and engagement	Authentic leadership theory

COR, conservation of resources theory; HLM, hierarchical linear modelling; LMX, leader–member exchange; N/A, not applicable; OBSE, organisation-based self-esteem; POS, perceived organisational support; QWL, quality of working life; SEM, structural equation modelling; SOC, selection, optimisation and compensation.

Individual psychological states

Eleven studies investigated the relevance of individual psychological states within wider models of engagement in the health context. Bakibinga et al.[98] found in a qualitative study of 15 nurses and midwives that *self-care and self-tuning* could be used as a coping mechanism to maintain engagement levels. In a self-report survey in a health-care organisation, Bal and Kooij[280] found that *psychological contracts* mediated the link between work centrality and engagement. Bechtoldt et al.,[128] in a two-wave survey of police officers and nurses, found that *emotion recognition* moderated the link between surface-acting *emotional labour* and engagement and between deep-acting emotional labour and engagement. Van Beek et al.[297] in a self-report survey of nurses and physicians found that aspects of *motivation* were linked with engagement.

A study of physiotherapists[289] found that *type A behaviour*, including high levels of achievement striving and low levels of impatience–irritability, were associated with higher levels of engagement. Sonnentag et al.,[96] in a two-wave survey of workers in a non-profit organisation offering services to people with special needs, found that *low negative affectivity* and low levels of engagement at time 1 were associated with work engagement at time 2 but that levels of *psychological detachment* did not contribute to the prediction of engagement. Spence Laschinger et al.,[207] in a survey of newly graduated nurses, found that *personal resources* were linked with engagement. Te Brake et al.,[296] in a survey of dental practitioners, found a negative link between engagement and *burnout*, and van der Colff and Rothmann[299] showed in a study of nurses that there was a moderate negative association of *emotional exhaustion* and *depersonalisation* with engagement and a moderate positive link between *personal accomplishment* and engagement. Finally, Mauno et al.,[140] in a longitudinal study within one hospital, found that *job satisfaction* was positively, and *job insecurity* negatively, associated with engagement.

Experienced job design-related factors

Twenty-two studies investigated job design-related factors. A positive link was found between *job resources* and engagement in 12 investigations[140,200,203,207,279,285,287,288,291,294,297,298] (Hakanen et al.,[288] two-wave panel study; Mauno et al.,[140] two-wave longitudinal study). Nine studies looked at *job demands*[96,115,203,284,285,287,289,290,298] (Mauno et al.,[290] two-wave longitudinal study; Sonnentag et al.,[96] two-wave self-report survey). The evidence from these studies was equivocal: some found a negative link between demands and engagement (e.g. Hu et al.[203]) but others found no association[284] or a positive association.[289]

Single studies have been conducted on other aspects of job design: Bamford et al.[113] found a positive link between *areas of work life* and engagement; Gorter and Freeman[284] found that perceptions of *doing the job well* for patients, *the joy of working* and *results* were linked with engagement for dentists; Hornung et al.[110] found that *task-idiosyncratic deals* were indirectly linked with engagement through complexity, control and hindrance; Taipale et al.[115] found *autonomy* and engagement to be linked; and Weigl et al.'s[300] time-lagged survey found *job control, working relationships* and *active coping* were linked with engagement. In two cross-sectional studies,[145,236] *structural empowerment* was linked with engagement.

Perceived leadership and management

Eight studies examined aspects of leadership and management. Two found an indirect association between *authentic leadership* and engagement;[113,237] both of these studies used a self-report survey. Two further self-report studies[201,292] found a direct link between *supervisory support* and engagement (note also that supervisory support is frequently an aspect of job resources and hence was also reported in several studies examined in *Experienced job design-related factors*). Single studies found links between *empowering leadership*,[197] *transformational leadership*[133] (employee/supervisor dyad survey) or *leader consideration*[134] (two-wave study) and engagement. In one cross-sectional study,[198] a weak positive association was found between *leader–member exchange* and engagement for part of the study sample.

Individual perceptions of organisational and team factors

Twelve studies met the inclusion criteria covering a range of aspects. Abdelhadi and Drach-Zahavy[234] in a mixed methods study found a positive association between *service climate* and engagement. Bal and Kooij[280] found that transactional *psychological contracts* were negatively associated and relational contracts positively linked with engagement and that psychological contracts mediate the association between work centrality and engagement in a self-report survey. In a further study, Bal *et al.*[281] showed that psychological contracts fully mediated the link between developmental *HRM practices* and engagement, and that there was a negative link between accommodative HRM and engagement for some workers. In two self-report surveys, Spence Laschinger[145] and Spence Laschinger *et al.*[236] found a positive link between *structural empowerment* and engagement. Individual studies found the following were positively linked with engagement: *nurse practice environment*;[208] *satisfaction with teamwork and perceived organisational support*;[198] *social support*;[201] *coworker support*;[292] *work relationships* (time-lagged study);[201] and *holistic care climate*.[199] Cogin and Fish[283] found that the experience of *sexual harassment* was negatively linked with engagement in a cross-sectional study.

Organisational interventions or activities

Two studies reported on individual responses to organisational interventions. Bishop[282] found that participation in an offsite programme focused on the true meaning of caring raised engagement levels among 17 nurses. Rickard *et al.*[293] found that engagement levels did not significantly change among a large group of hospital nurses and midwives following a workload intervention exercise.

Conclusions

A total of 113 studies within the general workforce and 44 studies within the context of health that focused on the antecedents of engagement met the inclusion criteria. The majority of these studies used self-report cross-sectional surveys, and these studies can demonstrate correlation or association but not necessarily a causal relationship. A very small number of studies used qualitative or ethnographic methods. Forty-one studies within the general workforce and 9 in health used more complex methods such as diary studies, time-lagged surveys, pre-/post-intervention analysis or mixed methods. These studies are better able to demonstrate causal relationships between the variables. Studies were included from all continents but most research had taken place in Europe, the USA and Canada (64%). Only two studies had taken place in the health-care sector in the UK, neither of which was conducted in England (see *Appendix 18*).

The majority of studies in the general workforce and all those within the health-care sector used the UWES and in consequence the majority of studies examined engagement as a psychological state of mind rather than as an intervention or management approach. Only five studies in total, three from the general workforce and two from the health-care sector, reported on the findings of an intervention aimed at enhancing engagement and only two studies examined engagement as a management style.

Antecedents were grouped under five headings: individual psychological states, experienced job design factors, perceived leadership and management factors, individual perceptions of organisational factors, and organisational interventions. While many studies examined the interaction of a complex range of different variables, job design factors had received most attention (64 studies), followed by perception of the organisation/team (53 studies), psychological states (52 studies), leadership and management (36 studies) and specific interventions (nine studies). Within health, features of job design had been studied to a much greater extent than variables in other categories.

A very wide range of variables had been studied under each heading, with many factors having been examined in just one study. A number of factors were used in different studies as antecedents, mediators and moderators. Given that findings were also often mixed or contradictory, coupled with the cross-sectional nature of many of the studies, it is difficult to discern any clear-cut emerging evidence in support of any one or set of specific antecedents or interventions that support engagement.

With regard to individual psychological states, the weight of evidence appears to suggest that positive states such as positive affect, optimism, personal resources, self-efficacy and resilience are more likely to be associated with high levels of engagement than are negative states such as pessimism, anger or negative affect; several studies in this area used complex methods such as diary studies, time-lagged surveys or dyad surveys. However, the affective shift model[121] proposes that the dynamic interplay between positive and negative states may have a role to play within wider models of engagement. Within the health-care sector, the 11 studies under this heading mainly used cross-sectional, self-report approaches, although Sonnentag et al.'s[96] two-wave study showed a link between low levels of negative affectivity and engagement, and Mauno et al.[140] in a longitudinal study in a hospital showed that job satisfaction and also paradoxically job insecurity were associated with high levels of engagement.

A large number of studies have investigated the role of job design factors such as job resources in relation to engagement both within the wider workforce and in the context of health specifically. Generally, the emerging consensus within the general literature and within health care is that job resources can promote engagement, while job demands may be neutral, negative or positive in relation to engagement levels. Three studies using complex methods found an association between job crafting and engagement (see *Experienced job design-related factors*). However, researchers have included a very wide range of factors within models of both resources and demands, and have measured these in different ways, and as antecedent, mediating and moderating variables, so evidence that resources promote engagement should be seen as tentative. Nevertheless, these findings corroborate those of the meta-analysis conducted by Crawford et al.,[301] which included the results of 55 largely cross-sectional surveys and found that job resources and demands predicted engagement, with resources being somewhat more predictive than demands: job resources and challenge-type demands were positively related to engagement, while hindrance demands were negatively related; together these three aspects explained 19% of the variance in engagement levels. Similarly, the meta-analysis conducted by Halbesleben[195] involving 53 studies found a positive association between job resources and engagement and a negative association between demands and engagement.

Studies of leadership and management have broadly concluded that positive experiences of leader and manager behaviour promote engagement while negative experiences, such as abusive supervision and supervisor incivility, deplete engagement levels. Most evidence, within both the general workforce and health care, linked supervisory support with engagement. Studies using complex methods within health found that empowering leadership and transformational leadership were associated with engagement.[133,134]

Similarly, studies of perceptions of the organisation/team have coalesced around the notion that positive experiences, such as value congruence, identification, perceived organisational and coworker support, all promote engagement, while negative experiences, such as intergroup conflict or coworker incivility, lower engagement levels. Many studies under this heading used cross-sectional methods. Within health, very few studies under this heading used complex methods, although the findings of cross-sectional surveys generally also showed that supportive environments fostered engagement. Some interesting findings are starting to emerge from studies of the general workforce concerning the spill-over effects of engagement; associations were found in one study[127] that team engagement and individual engagement levels are correlated, and another study showed that colleagues' engagement was associated with individual engagement.[126]

The limited number of studies that have evaluated the effects of a specific intervention or approach have yielded mixed results, although there does appear to be positive evidence from some of these,[217,263] notably from studies that involved surveys at multiple time points. Two studies have been conducted within the health-care sector; while Bishop[282] found that participation in an offsite programme focused on the true meaning of caring boosted engagement among 17 nurses, Rickard et al.[293] did not find a significant change in engagement levels among a large group of nurses and midwives following participation in a workload exercise. Overall, the number of studies conducted to date is too small, and the overall conclusions too mixed, to reach any definitive conclusions about the salience of workplace interventions for raising engagement levels.

Chapter 7 Conclusions

Introduction

In this report, we have presented the findings of an evidence synthesis focusing on three aspects of employee engagement: what engagement is; what antecedents are associated with high levels of engagement; and what performance and personal outcomes are associated with engagement. We have examined evidence concerning all three factors in relation to the workforce in general, and in the specific context of health care.

This report is timely; engagement is enjoying significant levels of popularity as a concept, notably in the UK, where the 'Engage for Success' movement has raised awareness of the potential for engagement to affect individual well-being, corporate performance and national productivity, and where the NHS has come under pressure to consider raising levels of engagement as a potential solution to some of the major challenges of staff morale, retention and performance. The question underpinning this report is: is this focus on engagement justified? Is there, in fact, any evidence that engagement levels make a difference and, if so, what does the research tell us are the factors most likely to yield high levels of engagement?

In this final chapter, we first summarise the methodology used in our study, and then outline the main findings arising in relation to each of our research questions. We then bring these together into an overarching synthesis, set within the context of some broader and more fundamentally challenging questions about the nature and meaning of engagement.

Methods for the evidence synthesis

We founded the approach to our evidence synthesis on the recommendations of Briner and Denyer[39] for the conduct of systematic reviews using a narrative approach, and adhered to the principles of quality, relevance, transparency, replicability and credibility. We aimed to produce a critical narrative around the evidence in order to generate new insights into engagement, drawing on evidence obtained systematically from a review of relevant literature.

We started with four overarching research questions:

1. How has employee engagement been defined, modelled and operationalised within the academic literature?
2. What evidence is there that engagement is relevant for staff morale and performance?
3. What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?
4. What tools and resources would be most useful to NHS managers in order to improve engagement?

Research question 4 was addressed outwith the scope of this evidence synthesis report, but based on the background research outlined in *Chapter 2* and on the results of the evidence synthesis. In addition to this report, and to address question 4, the project has yielded a set of outputs for practitioners including a conference, a workshop, a webinar, four podcasts, a set of practitioner guides, a report on the practitioner literature and a research paper on measuring engagement. These documents, or links to appropriate websites, are attached as appendices to this report.

The other three questions were further refined into detailed and specific questions that could be directly addressed from the literature, as outlined in *Chapter 2*, *Planning*. The searching and sifting process yielded a final total of 214 items comprising four meta-analyses, 172 empirical articles and a further 38 theoretical/conceptual pieces. Data were extracted from these 214 items and three books using a data extraction form designed by the project team (see *Appendix 5*) and approved by the advisory group to enable evaluation for quality and relevance.

By following the recommendations of Briner and Denyer[39] for the conduct of evidence syntheses, we found far more items of potential evidence relating to engagement than we had envisaged at the outset, even by restricting publications to the English language and to the period after 1990. This vast body of work reflects the burgeoning interest in engagement that has emerged particularly in the past 10 years on the part of both academics and practitioners. It reflects the wide range of meanings attached to engagement; as a 'fashionable' label,[18] it has been used in many writings about all manner of aspects of the employment relationship (e.g. 'involvement'), the experience of work, and leadership and management styles/approaches (e.g. 'medical engagement'). It also highlights the extent to which some terms have become conflated. Disentangling what is distinctive and significant about engagement has been a major task of this evidence synthesis.

Following the data extraction stage, each research question was addressed in a separate chapter of this report. Evidence obtained from each item was tabulated under the appropriate headings, with summary results presented together with an overall synthesis of the findings for each research question. Research question 1 was addressed in *Chapter 3*; research question 2 was addressed in *Chapters 4* and *5*; research question 3 was addressed in *Chapter 6*. In parallel with the main data search and extraction exercise, the grey literature was systematically searched to generate material aligned with the main search and relevant to the practitioner outputs (see *Appendices 7–16*).

It is perhaps appropriate at this stage to reflect on the narrative evidence synthesis methodology and its application in the context of this particular study. We noted earlier the almost overwhelming body of literature that was returned via our initial searches, necessitating the narrowing of our search terms in order to render the review manageable. This process led to a very specific focus on the topic of employee/work engagement. In applying the type of stringent quality thresholds necessary for this type of review, we also had to take the decision to focus our review on peer-reviewed sources only, and exclude conference papers and practitioner publications. In consequence, we eliminated from the search a range of subjects initially identified by the project team and the advisory group as potentially relevant, including areas particularly important for practitioners such as voice, involvement and participation, which are closer to the 'lay' definition and understanding of engagement. In consequence, the main review was unable to shed much light on 'engagement as practice' and instead focused on the body of work on engagement as a psychological state.

Alongside the main evidence synthesis, we undertook a parallel review of the grey literature with particular emphasis on the work of widely cited and reputable professional bodies and consultancy houses. It was initially hoped that this secondary review would bolster the report by yielding robust insights relevant to a practitioner audience. This review also led to an initially vast number of potential items for inclusion. However, through the application of the same stringent quality criteria as were applied in the main review, none of this grey literature met the threshold for inclusion in the evidence synthesis report. This situation highlights the challenges of applying robust evidence synthesis review methods in the context of a topic that enjoys multiple and occasionally competing definitions and interests across academic and practitioner spheres.

Despite the failure of the grey literature review to meet the same quality thresholds as the main review, we felt that some items from this body of work not only were of high quality but also had some relevance and 'real-world' application that rendered the findings of interest to practitioners. It was in this spirit that we developed the outputs for practitioners listed in *Appendices 7–16*, which are based on the review of the grey literature. As highlighted elsewhere, these outputs should be read in the light of the fact that they are not based on evidence sifted to the same quality thresholds as the academic studies. As we argue later in this chapter, it is hoped that future research will seek to bring together these disparate bodies of literature into a more coherent whole that addresses the needs of both academics and practitioners alike.

Synthesis of findings for research question 1: how has engagement been defined, modelled and operationalised within the academic literature?

Defining engagement

To address this question, we extracted data from the 172 papers that were included in the evidence synthesis for research questions 2 and 3, with the aim of establishing which models/frameworks were used within empirical studies. We further consulted 38 literature reviews and conceptual papers that were identified through the data extraction process, as well as other background books and papers on engagement identified as relevant.

This process revealed complexity and confusion within the academic literature concerning the definition, meaning, modelling and operationalisation of engagement. This conceptual uncertainty is perhaps to be expected, given that the notion of engagement is relatively recent, often being traced back to as recently as 1990, when William Kahn's[21] seminal paper was published in the *Academy of Management Journal*. Here, he wrote about individuals' 'personal engagement' with their work, or the expression of their preferred selves under conditions of meaningfulness, safety and availability.

Through our analysis of the literature, we identified six categories of definitions that have since then been developed and used as the basis for gathering and analysing empirical data on engagement. These six categories can be grouped under three headings: engagement as state; engagement as composite; and engagement as practice.

Engagement as state

- *Personal role engagement:* according to this view, engagement is the expression of an individual's preferred self during the performance of work tasks. This perspective originated in the work of Kahn,[21] and includes researchers who have sought to operationalise his theoretical framework. Kahn's original research was qualitative and ethnographic and, building on this, four quantitative scales have been developed and used to measure engagement.[4,22,68,70] Thirteen items used this definition of engagement.
- *Work task or job engagement:* including the work of the Utrecht Group,[71] which has focused specifically on the notion of engagement with work tasks. According to this view, engagement is a multidimensional state with cognitive, emotional and energetic/behavioural attributes experienced by employees in relation to their work. One measure, the UWES, has been developed and validated, with multiple variants in use. The measure has been widely adopted within the literature on engagement in the context of health; Simpson[36] has recommended that the Utrecht conceptualisation of engagement is the most relevant to the nursing context. As it is the dominant perspective on engagement, 148 items used this definition and measure.
- *Self-engagement with performance:* one measure has been developed that regards engagement as the extent to which high levels of performance are salient to the individual.[80] One paper used this measure.
- *Multidimensional engagement:* drawing on the work of Saks,[72] who distinguishes between engagement with work and engagement with the organisation as a whole, seven papers used this definition.

Engagement as composite

- *Engagement as a composite attitudinal and behavioural construct:* drawing on the work of various consultancy firms and researchers who regard engagement as a broadly defined positive attitudinal state in relation to the organisation, this approach is what is commonly referred to as 'employee engagement'. During the sifting/extraction process, several measures that fell under this heading were excluded for reasons of quality and validity. Most particularly, we excluded articles that drew on the Gallup Q12 measure of engagement, because of concerns raised within the literature that this measure lacks construct and discriminant validity.[18,82] However, one measure met the inclusion criteria, that of Swanberg *et al.*,[76] and two papers used this perspective.

Engagement as practice

- *Engagement as practice:* scholars within the HRM field have recently begun to focus on engagement, and there is a small emergent literature on engagement as an employment relations practice.[78] Studies falling under this heading are, to date, qualitative, so no specific scale or measure has been developed; however, three studies adopting this perspective were identified and included in the analysis.

Overall, nine validated, quantitative scales used in empirical papers designed to measure engagement levels met the standards of quality and relevance and were included in the extraction process,[4,22,67,68,70–73,76,190] along with other perspectives that adopted a more qualitative/ethnographic approach.

Synthesising the evidence on definitions of engagement

The general picture to emerge from the analysis is that there is a significant divergence of views over what engagement is, or is not. The dominant view is that engagement is a multidimensional psychological state experienced by the individual in relation to his or her work activities, and the most widely adopted measure of this is the UWES, which evaluates work-related vigour, dedication and absorption. In fact, this was the only measure of engagement used in the papers that met the quality and relevance thresholds in the health-care sector.

Although a large number of studies have demonstrated the validity and reliability of the UWES over a wide range of settings, occupational groups and national contexts,[62] some doubt nevertheless remains about the measure. Some have argued that there is no evidence of discriminant validity of the UWES compared with job satisfaction,[100] and others have suggested that the three-factor structure of the measure is not robust.[101] Goliath-Yarde and Roodt[302] have argued that cultural differences may be salient in understanding and interpreting the UWES, and Wefald *et al.*[101] go so far as to state that 'the way engagement is typically measured may be inherently flawed' (p. 87). While the majority of studies using the UWES have tended to combine the three facets into one higher-order construct, there is also evidence of studies that have examined engagement at the facet level and found less consistent and more complex results (see *Chapter 4*). In a meta-analysis, Cole *et al.*[92] found that, of the three facets (vigour, dedication and absorption) within the UWES, dedication was the factor most closely related to job satisfaction and commitment. In some cases, the originators of the definition and measure have themselves argued that absorption can be omitted from the measure of engagement. For instance, Salanova and Schaufeli[303] observed: 'mounting evidence suggests that absorption, which is akin to the concept of flow . . . should be considered a consequence of work engagement, rather than one of its components . . . In contrast, vigour and dedication are considered the core dimensions of engagement' (p. 118). These findings suggest that some uncertainties remain over the construct validity and application of the most widely used measure of engagement.

Associated with this, there has been a debate over whether engagement is a trait, a state or a state with trait-like properties.[62] Recent diary studies[184,262,266] that have examined the fluctuations of engagement levels through the working day suggest that engagement is a state that is susceptible to variation depending on environmental factors. It has additionally been proposed that engagement may be directed towards individual work tasks or be conceived as a collective, team-level experience.[6,93] Insufficient studies have been conducted to date to draw any definitive conclusions on this point.

While most studies of engagement are predicated on the assumption that individuals experience the state of engagement in relation to their work, it has also been proposed that engagement can be directed towards one's employing organisation.[72] This idea has so far been explored in only a very small number of studies, but it suggests intriguing possibilities about the status of the engagement construct which may be of particular interest to practitioners. It also perhaps parallels developments within the literature on commitment, which similarly suggests that individuals can experience commitment in relation to a range of aspects of working life (e.g. commitment to one's work group, line manager, organisation or profession).

However, 'engagement as state' is just one of three potential variants in the way engagement has been conceptualised. We also found that 'engagement as composite' has been used in a number of studies. Here, most scales have been developed by survey houses and consultancy firms, and many were excluded on quality grounds. This is the perspective that is perhaps most akin to what many practitioners understand as 'employee engagement', since it encompasses a range of positive attitudes towards the organisation and work setting, including satisfaction with line managers, senior managers, communication, resources and so on. It remains the case, though, that only a small minority of studies using this approach have been published in peer-reviewed journals and most efforts to operationalise engagement under this heading have failed to demonstrate its construct or discriminant validity.[18]

The final perspective, 'engagement as practice', is a new and emerging area of interest[16,17] and, again, of potentially considerable interest to practitioners. Only qualitative studies have been undertaken so far in this area. This conceptualisation of engagement is quite far removed from the notion of engagement as a psychological state of mind, and lies more squarely within the field of interest around involvement and participation. This nascent field has so far yielded a very small number of qualitative studies, yet offers rich potential for future development, bringing together the concerns of practitioners with the longstanding traditions of industrial relations scholars.[304]

In conclusion, the dominant perspective on engagement within the academic literature is of engagement as a multidimensional activated state of mind, measured by the UWES. However, this is by no means the only conceptualisation of engagement, and the sheer range of different meanings attached to 'engagement' has hampered the development of a persuasive body of knowledge and evidence.

Synthesising the theory of engagement

Allied with the concern for explaining what engagement is, and how its presence or absence can be evaluated, is the need for a theoretical explanation of how engagement 'works'. Clearly, this depends to a large degree on how engagement is conceptualised. Nevertheless, an analysis of the empirical papers published on engagement showed that the over-riding theoretical framework used to 'explain' engagement as a psychological state is the JD-R framework. This perspective is based on the view that resources (both personal resources and job-related resources) serve to energise people, and foster high levels of engagement as part of a motivational resource-gain process, but that job demands spark a health impairment process that inhibits engagement.[62] Sixty-five papers referred to the JD-R framework.

The second most widespread theory used in the literature is SET,[104,105] which is based on norms of reciprocity; it is argued that employees with positive perceptions of how their employer views them would be more likely to respond by investing personal effort into their work in the form of engagement. Twenty-six articles referred to SET. A very wide range of other theories was additionally used in empirical papers to explain the processes by which engagement works. In part, this broad range of theorisation is linked to engagement's contested nature.

Although the JD-R framework is the cornerstone of theorising on engagement, doubt has been cast over its status as a theory. For instance, Bargagliotti[35] argues that it is a transactional model that cannot explain behaviour and motivation in complex or adverse situations such as medical emergencies. She states that the JD-R model 'relegates the dedication of nurses, a distinguishing characteristic of the profession, to being a transactional commodity that occurs because someone else dispenses resources' (p.1416). Further, as we shall see in *Synthesis of findings for research question 3*, the evidence that resources boost engagement and demands deplete engagement is by no means clear-cut. Studies have shown that demands can reduce or increase engagement, or have a neutral effect.[245,247,255,269]

The JD-R framework is a linear model that assumes individuals respond in rational ways to a limited range of aspects within their work setting and are driven purely to optimise their situation, but fails to take account of heterogeneous, micro- and macro-level contextual factors, interpersonal interactions and emotional or irrational responses. It also fails to address issues of power and politics within the workplace,

and the question of who controls the resources and demands experienced by workers. There is also no consideration within this model of diversity factors; as Banihani *et al.*[305] write, engagement may well be a gendered construct, with access to the antecedents of engagement potentially more readily available to men than to women, and with the display of engagement-related behaviours potentially more integral to the expression of masculinity than to that of femininity within the workplace. Consideration of these factors is beginning to emerge within the writing on 'engagement as practice', embedded within industrial relations and industrial sociological perspectives.[27,78] However, 'engagement as practice' is far removed conceptually and empirically from 'engagement as state', and a reconciliation of the divergent viewpoints and perspectives of these two strands of research is some way off.

In sum, theorising on engagement reflects its roots within positive psychology. Theories developed to 'explain' engagement have largely been set at the level of the individual, with a reliance on frameworks such as the JD-R framework and SET used to show how engagement becomes a good bestowed by the individual in response to perceived and experienced benefits from the immediate environment.

However, when Kahn[21] first proposed the concept of personal engagement, he described a dynamic interplay between the individual's expression of his or her preferred self, the role he or she was asked to perform, interactions within the immediate work setting and wider, contextual factors. This more holistic model of personal engagement appears to capture something that is unique and different about engagement as a construct compared with other attitudes, such as satisfaction or commitment, and places it within a broader contextual setting. Arguably, the introduction of additional theoretical insights from organisational sociological perspectives that further reflect considerations of power and politics would further enrich our understanding of engagement and go some way towards addressing what Godard[103] refers to as the dangers and limitations inherent in the current trend towards the 'psychologisation of employment relations' (p. 1).

Synthesis of findings for research question 2.1: what evidence is there that engagement is relevant for staff morale?

It has been widely argued that engagement is associated with higher levels of individual morale. But what evidence is there that this is in fact the case? We considered this question under two headings:

1. *well-being and health perceptions*, including measures of life satisfaction[149] general and psychological health (e.g. the 12-item General Health Questionnaire, Beck's Depression Inventory),[150,151] stress/burnout (e.g. MBI),[152] and various other aspects such as affect,[153] work ability[154] and recovery[155]
2. *work-related attitudes*, including measures of organisational commitment,[156,157] job or career satisfaction,[158,159] occupational or career success[160] and turnover intentions.[161,162]

We further considered this question in relation to both the general workforce and health care specifically. A total of 35 studies relating to the general workforce and 12 in relation to health care met the quality threshold and were included in the evidence synthesis. Several of these studies addressed more than one outcome criterion and a number also examined the association between various antecedents and engagement. Most studies were cross-sectional, so imputing causality should be treated with caution. From the studies focusing on well-being and health perceptions, the most consistent finding was a positive association between engagement and life satisfaction; five studies examined this link and two used complex methods. Engagement was also consistently found to be negatively associated with burnout (10 studies), although these studies were cross-sectional.

Thirty-one studies examined the link between engagement and work-related attitudes. The most consistent finding to emerge from these (nine studies) was that engagement was positively associated with organisational commitment; however, almost all these studies were cross-sectional. In a further 15 studies, engagement was found to be positively linked with job satisfaction (where this was treated as an

outcome measure), although only one of these studies was longitudinal[191] and this study further suggested that job satisfaction may act as an antecedent rather than an outcome of engagement (see also *Synthesis of findings for research question 3*). Twenty-four studies found engagement to be negatively associated with turnover intentions, and four of these studies showed this association to be a mediated relationship (e.g. by commitment). Most studies were cross-sectional, although some used complex methods. Within the context of health, one 2-year study by Mache *et al.*[204] involving surgeons found a positive association between engagement and work-related ability. It was noted that in those studies where engagement was broken down into different facets, rather than treated as a higher-order factor, the associations became more complex and tenuous.

If just those studies that took place within a health-care context are considered, all 12 included studies took place outside the UK, and only the UWES was used to evaluate engagement levels. Only one of the 12 studies was longitudinal,[202] and this study found a positive association between engagement and life satisfaction, and a negative association between engagement and depressive symptoms for dentists in Finland over 3- and 4-year intervals. The other studies found associations between engagement and positive psychological outcomes such as psychological and general health and well-being, and between engagement and job satisfaction, career satisfaction and commitment. Negative links between engagement and intent to quit were found in seven cross-sectional studies. Generally, it is difficult to draw definitive conclusions in relation to the link between engagement and morale-related outcomes for health-care professionals on the basis of this body of evidence. Nevertheless, the weight of evidence tends to support the notion that engagement is linked with positive outcomes for health-care workers, and the evidence is strongest in relation to the link between engagement, life satisfaction and absence of depressive symptoms. Since this study involved just dentists and took place in Finland, it is uncertain if the results would be replicated in different health-care contexts or in the UK.

Synthesis of findings for research question 2.2: what evidence is there that engagement is relevant for performance?

To answer this question, we developed two subquestions:

1. What evidence is there that engagement is relevant for performance within the workforce in general?
2. What evidence is there that engagement is relevant for performance within the context of health?

We classified outcomes as individual or higher level (e.g. team, unit, organisational). Individual outcomes were considered under the following headings: in-role performance; extrarole performance (e.g. citizenship behaviour); and counterproductive performance (e.g. deviant behaviours). A total of 42 studies focused on these areas, of which just six were in a health-care context. Again, many studies examined more than one outcome variable, and many also examined wider models of engagement that included antecedents.

The relationship between engagement and higher-level performance at the unit, team or organisational level was explored eight times. These showed support for the notion that engagement is associated with performance; however, most studies used individual perceptions of performance outcomes rather than objective performance data, and only a small number of studies used third-party data such as customer ratings. Five studies took place within a health-care context and examined quality of care at the team/unit level. The results of these studies were inconclusive.

At the individual level, 22 studies examined the link between engagement and individual task-related performance outcomes within the general workforce; of these, 12 used self-reported performance data, which can be subject to error. Ten studies used third-party performance ratings, such as by coworkers, supervisors or customers. These studies using multiple informants, and often also other complex methods such as longitudinal analysis or diary studies, all showed a consistent association between engagement and performance outcomes either directly or as part of a mediated relationship. Thus, we can conclude that

there is substantial support for the association between engagement and individual task performance outcomes. Within the health-care context, two studies examined the link between engagement and individual performance and both showed a positive link.

Seventeen studies examined the link between engagement and extrarole performance within the general workforce. All these studies found a link between engagement and various aspects of extrarole performance including citizenship behaviour, innovative work behaviour, personal initiative, knowledge sharing and creativity. However, the majority of these studies were based on cross-sectional self-report data. Two studies examined the link within the health-care context and both similarly found a positive link; notably, one study by Hakanen et al.[235] conducted over 3 years and involving 2555 dentists found a positive link between engagement at time 1 and personal initiative at time 2. Three studies among the general workforce (but none within the health-care sector) found a negative link between engagement and counterproductive behaviour.

Overall, the strongest support was found for the link between engagement and individual in-role performance, as all studies showed a positive association between the two. Support was also found for a negative link between engagement and counterproductive performance outcomes, albeit most studies relied on cross-sectional self-report data. A link between engagement and higher-level performance outcomes was also found, but most studies relied on subjective performance evaluations.

Only six studies took place within the health-care context, and none of these was conducted in the UK. All of them used the UWES and all were cross-sectional self-report questionnaire surveys, except for one study which used a longitudinal design[235] and one that used a combination of methods: structured observations and survey data.[234] The inference of causality from most of the studies is therefore problematic. The most persuasive study, that of Abdelhadi and Drach-Zahavy[234] in Israel, showed that, among a sample of 158 nurses, engagement was positively associated with nurses' patient-centred care measured by structured observations, and that engagement mediated the relationship between service climate and patient-centred care. Hakanen et al.'s[235] longitudinal study of 2555 Finnish dentists showed that engagement and the use of personal initiative were positively and reciprocally related at two time points.

Synthesis of findings for research question 3: what approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?

Our third research question concerned the link between approaches and interventions and engagement within the general workforce and within the health-care context. We excluded demographic variables and personality variables from this analysis, as neither constitute an approach or intervention, although we did consider these when they were relevant for understanding a wider model.

Our analysis showed that the antecedent factors fell under five broad headings:

● Individual psychological states, such as experienced psychological safety or availability. Forty-one studies within the general workforce and 11 studies within the health-care context fell under this heading. A very wide range of psychological states was investigated. A number of these studies used complex methods such as diaries, time-lagged surveys or supervisor/employee dyads, lending weight to the overall finding that the states of self-efficacy, resilience and personal resources generally are positively associated with engagement. These psychological states were examined in terms of their direct association with engagement and as part of wider mediated/moderated models. There was also evidence that positive affect, psychological empowerment, experienced meaningfulness, safety and availability, job satisfaction, recovery/relaxation experiences and in fact a wide range of other psychological states may be relevant for engagement. Broadly, these indicated that positive states are

more likely to be linked with engagement than are negative states, and that relaxation and recovery are likely to raise engagement levels. However, one study using the affective shift model[121] suggested that it is in fact the interplay between negative and positive affect that is relevant to engagement.

- Experienced job design-related factors, such as task significance, variety, meaningfulness, autonomy, job demands and job resources. Forty-three studies within the general workforce and 22 within the health-care sector came under this heading. A large number of studies, including those using complex methods, have found evidence that a range of job resources are associated positively with engagement. However, mixed results were obtained with regard to job demands; it may be that challenge demands raise engagement levels and hindrance demands lower engagement, but further research is needed to assert this with confidence.

- Perceived leadership and management factors, such as leadership style, authentic leadership and perceived supervisor support. Twenty-eight studies within the general workforce and eight within health care were included. Generally, studies falling under this heading found a positive link between what might be regarded as positive or enabling approaches to leadership, such as supervisory support, ethical leadership, authentic leadership, charismatic leadership and trust in leaders, and follower engagement. This included several studies using complex methods such as diary studies or involving multiple respondents. Conversely, two cross-sectional studies found negative associations between more negative aspects of leadership, such as uncivil or abusive supervision, and engagement.

- Individual perceptions of organisational and team-level factors, such as perceived organisational support, organisational mission, climate or culture and perceptions of colleagues and team. Forty-one studies within the general workforce and 12 within health care were included. A number of studies, including one using complex methods, found a link between perceived organisational support and engagement, although the findings relating to the link between the psychological contract and engagement were inconclusive. Researchers have studied a very wide array of variables under this heading, with many being the focus of just one study, so drawing firm conclusions from these is difficult. A number of studies found links between team-level and individual-level engagement, several using complex methods. It would seem that there is provisional evidence that the engagement levels of teams and individuals within them are associated. Further support is lent to this conclusion by the small number of studies that have examined negative aspects of the organisational environment, such as bullying and harassment, coworker incivility and interpersonal conflict, which have all found the experience of these to be negatively linked to engagement.

- Organisational interventions or activities, such as specific training and development courses or communication activities. Seven studies within the general workforce and two within health care were included. A very small number of studies published in peer-reviewed journals focus on evaluating interventions, which, arguably, is the aspect of engagement that is of most interest to practitioners. Given the scarcity of studies, their individualistic nature, their methodological limitations and the range of interventions studied, it is difficult to draw any robust conclusions from this body of work. However, some studies using complex methods have yielded some potentially interesting findings. One study by Bishop[282] found that participation in an offsite programme focused on the true meaning of caring raised engagement levels among 17 nurses and another study among the general workforce also found that mindfulness training raised engagement levels.[263] Brummelhuis *et al.*[244] found that new ways of working (choosing where and when to work) appeared to raise engagement levels, and Carter *et al.*[217] found that participation in a forum theatre training intervention buffered the drop in engagement levels following the announcement of a merger.

With regard to health-care specifically, we found that 42 studies met the inclusion criteria; two of these took place in the UK and all used the UWES to measure engagement. Several of these used complex methods such as diary studies, longitudinal surveys or mixed methods. Considering the findings that might be of most help and relevance to health-care practitioners, a number of complex studies which considered the association between job design factors and engagement are of potential interest.[96,290] These suggest designing jobs in such a way that health-care workers who perceive their employer to be providing them with the resources they need to do their work are more likely to be engaged. Weigl *et al.*'s[300] time-lagged survey of 416 hospital physicians in Germany also found a link between job control, working relationships

and active coping with engagement. Most of the eight studies looking at aspects of leadership and management were cross-sectional. However, Gillet *et al.*'s[133] study involving nurse/supervisor dyads in France found a link between transformational leadership and follower engagement, and Hornung *et al.*'s[134] two-wave study of 142 doctors in Germany found that leader consideration towards employees led to higher engagement levels.

A small number of studies used complex methods to examine individual perceptions of aspects of organisational and team-level factors and engagement. Notable among these are the study by Abdelhadi and Drach-Zahavy,[234] whose mixed methods study of 158 nurses in Israel found a link between service climate and engagement, and that by Weigl *et al.*,[300] whose time-lagged survey showed that work relationships were linked with engagement.

Disappointingly, only two studies in the health-care context examined specific interventions. Although Bishop's[282] study found that participation in an offsite programme focused on the true meaning of caring raised engagement levels among 17 nurses in the USA, Rickard *et al.*[293] did not find that nurses' and midwives' engagement levels in Australia were influenced by participation in a workload intervention exercise.

In conclusion, studies of antecedent factors have lent most support to the potential relevance of the following factors for raising engagement levels among individuals, although the limitations with regard to health-care workers outlined above should be borne in mind:

1. positive psychological states, notably self-efficacy, resilience and personal resources
2. job-related resources and jobs enabling individuals to experience meaningfulness, safety and availability
3. positive and supportive leadership approaches, including supervisory support, ethical leadership, authentic leadership, charismatic leadership and trustworthy leaders
4. perceived organisational support
5. team-level engagement
6. participation in training or development interventions designed to enhance personal coping strategies, resilience, or interventions allowing individuals choice and discretion in ways of working.

Summary of findings for research question 4: what tools and resources would be most useful to NHS managers in order to improve engagement?

The purpose of the grey literature review was to try to achieve inclusivity of any relevant materials to this evidence synthesis in order to enhance rigour and overcome bias and, specifically, to address research question 4, to consider what materials and tools from this wider resource might of relevance to practitioners in the health-care context. Disappointingly, very little evidence from the review of grey literature was helpful in answering this research question. From six sources of practitioner materials we identified 14 items which covered a range of elements associated with engagement drawn from a number of countries, sectors and organisation sizes. Given the nature of the study methods, none of them was able to establish causal links between the particular interventions, attitudes or behaviours being analysed and subsequent improvements in engagement. The findings were instead correlations or associations. None of these items was considered to be of a sufficiently high quality to include in the main synthesis report.

In contrast to the most common approach in the academic literature, where the concept of engagement is perceived as a positive psychological state, the review of these practitioner materials suggested the majority of definitions used in practice consider engagement as a general positive attitude towards the *organisation*, rather than an experience related to work activities or the job role. In analysing the materials, seven key approaches emerged suggesting how engagement can be improved. These were:

- Senior leadership. Practitioner studies showed an association between positive perceptions of or trust in leaders and increased engagement, although one study found that higher levels of employee engagement were associated with lower ratings of senior manager effectiveness.
- Role of the line manager. The role and behaviour of the line manager was one of the key factors associated with employee engagement. Types of behaviours shown to be correlated with engagement were clear and respectful communication, recognising and involving team members, and being supportive and approachable.
- Appraisal, performance management and training. Good-quality appraisals, having performance development plans and being able to undertake training and development opportunities were shown to be linked with higher levels of engagement. One important caveat was that a poor appraisal may be linked to lower levels of engagement than having no appraisal at all.
- Meaningfulness. In one study, meaningfulness, defined as 'the extent to which employees find meaning in their work . . . where people can see the impact of their work on other people or society in general' (p. 23),[193] was shown to be a relevant factor associated with high levels of engagement.
- Employee voice. This refers to the opportunities employees have to give input into decisions affecting their work and to be properly consulted. It was identified as a strong driver of engagement in a number of practitioner studies.
- Team working. Being part of a well-structured team that has shared and clear objectives was associated with increased levels of engagement. Other related factors such as perceived organisational support and coworker quality were also found to be associated with high levels of engagement.
- Work–life balance. There was evidence that people on flexible contracts, those satisfied with their work-life balance and those feeling that their work–life balance was supported by their employer demonstrated higher levels of engagement.

These approaches are explored in much greater depth in a series of practitioner outputs provided in *Appendices 7–16* of this report. Although of interest and relevance to a practitioner audience, the fact that the items identified in the grey literature search did not meet the quality threshold means that these findings should be treated with a degree of caution.

Overall synthesis of findings

In this synthesis, in order to address our research questions, we have examined the antecedents of engagement separately from the outcomes, and we have further broken down and analysed separately the findings relating to each potential outcome and antecedent. However, it should be noted that the majority of the studies reviewed in this report have in fact examined a range of antecedents and outcomes, and that in many instances both antecedents and outcomes have been examined within the same study. Engagement itself has been treated as an antecedent, mediator, moderator or outcome, depending on the focus of the study. It is beyond the scope of this rapid review to examine these holistic models in any detail, given their range and complexity. Nevertheless, it should be borne in mind when considering the overall findings presented in this report that a main focus within the literature has been on examining engagement as embedded within a broad network of factors.

In summary, we have found that engagement first appeared in the academic literature as a discrete construct in 1990. Over the past 10 years in particular, there has been a significant increase in interest in engagement, with the publication of a very rapidly growing volume of research findings. Uncertainties and disagreements over the meaning, nature and measurement of engagement have led to a splintering of the literature and the proliferation of different understandings and interpretations. Engagement has been viewed as a state, as a composite and as practice. Despite this, the academic field has come to be dominated by the work of the Utrecht Group and its associates worldwide, with 'state engagement' seen as a higher-order construct comprising vigour, dedication and absorption within the JD-R framework.

Some evidence emerged from our review of the literature to suggest that engagement is associated with beneficial outcomes for the individual, notably life satisfaction, organisational commitment and job satisfaction, while being negatively associated with turnover intentions and burnout. There was also some consistent evidence, from a range of studies using different methodologies, that engagement is associated with higher levels of performance at the individual level, and with extra-role performance. The literature on antecedents of engagement was diffuse; however, evidence emerged which showed that positive psychological states, job-related resources, positive leadership, perceived organisational support, team-level engagement and some interventions designed to foster engagement were associated with higher levels of individual engagement.

Implications for practice

The findings of this review have a number of implications for practice, notably within a health-care context. These implications should, though, be considered alongside a number of caveats. First, many studies are cross-sectional and based on self-reports, and therefore it is difficult to be sure of the direction of causality, or to determine whether or not common method bias is a factor. Second, because of publishing norms within the social sciences, replication studies are almost non-existent; consequently, many relationships between antecedents, engagement and outcomes are examined in single studies, so a cumulative body of evidence has not been assembled to support or refute particular propositions. Third, the majority of research within the engagement field has focused on engagement as a psychological state and has not examined issues of most interest and relevance to practitioners, such as the impact of initiatives aimed at raising engagement levels. Fourth, the amount of variance in engagement levels that has been found in research studies is in the majority of cases very small, even when the variance is statistically significant. Whether or not these differences in fact make a practical difference in an organisational setting is often unclear. Finally, the variety of ways in which engagement has been defined and measured means that there is a lack of comparability across the body of research on engagement that makes generalisation difficult.

Bearing these points in mind, this synthesis nevertheless sheds light on some aspects of engagement that are of relevance to practitioners. Specifically, the synthesis has found evidence that high levels of engagement are beneficial for both individuals and organisations, and therefore it is desirable for organisations to consider finding ways of raising levels of staff engagement.

The evidence synthesis suggests that six factors may be especially salient for raised engagement levels:

1. The positive psychological states of self-efficacy and resilience, and perceived personal resources. Organisations that find ways to foster these states among the workforce may help to bolster engagement levels. States such as these can be fostered through a range of initiatives including personal development and training that strengthen employees' self-belief, or through mentoring or coaching on the job.

2. Job design features, including the provision of job-related resources and the design of jobs allowing individuals to experience the psychological states of meaningfulness, safety and availability through their work. It has been suggested that employees are more likely to experience these last three states when they work in jobs that enable them to express their authentic selves. This can be achieved through ensuring that there is a good 'fit' between the individual's role preferences and his or her job. Line and senior managers can articulate the meaning and significance of the work that is being undertaken, and provide employees with the physical and intangible resources needed to perform the job successfully.

3. Positive and supportive leadership and line management. Studies have found a link between various types of leadership, including authentic, transformational, empowering, charismatic and trustworthy leadership behaviours, and engagement, and between supervisory support and engagement. These findings suggest that leadership behaviours have an important role to play in the experience of engagement on the part of followers, and that organisations that invest in leadership and supervisory/management training and development may enjoy higher levels of engagement among the workforce.

4. Organisational support. Studies have found that, where employees perceive high levels of organisational support, they are more likely to be engaged. Thus, organisations that demonstrate a genuine concern for their staff, provide staff with support to perform their jobs and support employees at a personal and individual level may enjoy higher levels of engagement.

5. Team-level engagement. Some studies have shown that there may be a link between the level of engagement enjoyed at team level and that of the individual employee. This is an emergent area of interest, but nonetheless there is some evidence that engagement spills over between teams and individuals. Therefore it would appear important for organisations to consider and seek to manage not only individual workers' engagement levels but also those of teams and work units.

6. Participation in training or development interventions designed to enhance personal coping strategies, resilience or interventions allowing individuals choice and discretion in ways of working. Although this is another new and emergent area of research, there is some evidence from intervention studies that participation in programmes or initiatives aimed at fostering high levels of personal engagement, or that enable individuals to feel involved and empowered in aspects of their working arrangements that affect them, may help raise engagement levels.

Recommendations for future research

Despite the growing volume of research on engagement, our evidence synthesis has highlighted an urgent need for further research on a range of topics. Out of 5771 items identified in our search, only 172 empirical studies met the quality threshold, suggesting that a great deal of what has been written about engagement is at best incomplete or undertheorised.

1. There is a general need for further longitudinal research on both the antecedents and the outcomes of engagement within the health-care context specifically. Only a small proportion of the studies that were included in the evidence synthesis were based in this sector, and, in particular, only six studies have focused on the performance outcomes of engagement within a health-care context. Only two studies had been conducted within the UK focusing on the antecedents of engagement. There is little evidence drawn from longitudinal studies to date.

2. More research is needed that focuses on engagement as practice and, in particular, there is a need for more longitudinal studies that examine the impact of initiatives aimed at enhancing engagement levels within the context of health care. It would be useful to gain further insights into what interventions have the most impact and under what conditions.

3. Most of the high-quality evidence that is available lies outside the health-care context. The highly specific and professionalised nature of the health-care context, along with its external performance demands, means that some of the frameworks and findings identified in the wider literature may be more – or less – significant. More robust research is needed which applies and contextualises the more generic frameworks around employee engagement to the health-care context.

4. Further research could usefully examine the link between engagement and patient safety, and the quality of care. It was disappointing to note the dearth of high-quality research in this area.

5. More multimethod, qualitative or ethnographic research on engagement within health care would be welcome, allowing a greater sensitivity to the relevance of context.

6. Very little research within the engagement field has considered issues of diversity and equality. For instance, more research that investigates the antecedents and outcomes of engagement, as well as the experience of engagement, from the perspectives of employees from various backgrounds would be welcome.

7. Further studies that investigate the interaction of engagement at different levels – individual, work group/team and organisational – would shed light on the experience of engagement.

8. Research that evaluates the comparative salience of a range of different antecedents to engagement would be welcome; hitherto, studies have focused on a relatively limited range of antecedents, so there is a dearth of research that compares and contrasts the potential importance of a range of antecedents for engagement levels.

9. It would be useful to know more about the focus of individuals' engagement – for instance, whether people are engaged with their job, their work team, their organisation or their profession – and what are the implications of this.

10. All research on the antecedents of engagement with a health-care context included in this review used the UWES to measure engagement. Quantitative studies that use other measures and conceptualisations of engagement to test out alternative perspectives on engagement that may be relevant within a health-care context would be welcome.

Conclusions

In this synthesis, we have reported on the evidence accumulated in relation to the meaning, antecedents and consequences of engagement as published in the English language since 1990. In conclusion, despite the enormous amount that has been written, there is in fact still very little about engagement that can be asserted with any degree of certainty; we do not really know what engagement means, how to measure it, what its outcomes are or what drives up levels of engagement.

The literature is fractured, with so many different meanings attached to the engagement that it does not make sense to talk of engagement as one single construct. Schaufeli[62] captures some of the tensions within the literature on engagement when he notes that the prevailing academic definitions of engagement as a psychological state are very narrow, but that, by extending these to incorporate behaviours, the distinctiveness of engagement becomes lost. Jenkins and Delbridge[78] bemoan the acontextualised writing of much of the engagement literature, and Guest[18] notes that engagement as a composite construct risks being dismissed as a management fad. While Keenoy[26] argues that the notion of engagement is inherently managerialist, others have commented on engagement's potential 'dark sides': Bakker *et al.*[306] suggest that engagement may tip over into workaholism, and Schaufeli and Salanova[93] note that high levels of engagement risk leading to burnout when the balance of give and take between employer and employee is disturbed. The sceptics' view, that engagement adds little or nothing to our understanding of workplace attitudes over and above more established constructs such as commitment and satisfaction, has not yet been fully disproved.[19,27]

What can be said now is that there is a body of evidence which lends some support to the view that high levels of engagement are beneficial for individuals and employers, and that aspects of what might be considered good management and leadership practice may serve to raise engagement levels. However, even in studies where statistically significant relationships have been found between a range of antecedents, a range of outcomes, and engagement, the degree of substantive difference that is 'explained' in relation to engagement is often negligible and may be of relatively little practical concern in the workplace.

In order to be sure that advice given to practitioners is founded on best evidence, there is a significant need for further research on the topic. Of particular relevance here is the fact that there is a dearth of research on engagement set within health-care organisations in the UK published in academic journals. Given that much of the extant research on engagement does not take account of context, it is difficult to be sure of the relevance and applicability of current findings for this setting. Despite this somewhat pessimistic conclusion, the topic of employee engagement continues to show significant promise as an area for research and practice. There is much scope for further research that seeks to develop and extend current conceptualisations and theorisations of engagement through investigations that take greater account of the organisational and political contexts within which engagement is enacted and experienced.

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Appendix 1 Employee engagement search terms and strategy

Terms associated with 'engagement' in the literature

"Absorption"

"Active engagement"

"Affective engagement"

"Agency AND engagement"

"Authentic engagement"

"Behavioural engagement"

"Cognitive engagement"

"Continuous engagement"

"Dedication"

"Democratic engagement"

"Emotional engagement"

"Employee engagement"

"Employee voice"

"Intellectual engagement"

"(Industrial OR workplace) AND democracy"

"Job Engagement"

"Job involvement"

"Organi?ational involvement"

"Organi?ational engagement"

"Personal engagement"

"Physical engagement"

"Professional engagement"

"Professional involvement OR integration"

"Relational engagement"

"Social engagement"

"Social partnership for*" OR "Social partnership working"

"Staff engagement"

"State engagement"

"Team engagement"

"Trait engagement"

"Transactional engagement"

"Transformational engagement"

"Vigor" OR "Vigour"

"Work engagement"

"(Worker OR employee OR staff) AND empowerment"

"(Worker OR employee OR staff) AND integration"

"(Worker OR employee OR staff) AND involvement"

"(Worker OR employee OR staff) AND participation"

"Workplace engagement"

Terms related to 'outcomes' and 'engagement'

Outcomes: performance
"Organisational performance"

"Patient safety"

"Performance"

"Productivity OR effectiveness OR efficiency"

"Quality of care"

Outcomes: morale

"Absenteeism"

"Job satisfaction"

"Retention / Turnover"

"(Staff OR worker OR employee) AND health"

"(Staff OR worker OR employee) AND well-being"

Outcomes: both

"Caring" OR "compassion"

"Creativity"

"Innovation"

"Patient satisfaction"

"Promotion"

Terms associated with 'evidence'

"Primary data"

"Secondary data"

"Case studies"

"Evidence*"

"Evaluations"

"Impact assessments"

"Meta-analy*"

"Systematic Reviews"

"Diaries"

"Feedback"

"Analy*"

"Survey"

"Interviews"

"Observations"

"Tests"

Appendix 2 List of potential sources of grey literature by type of source

Organisation type	Number of sources
Advisory body	1
Agency	1
Book series	1
Charity	8
Consultancy	12
Employer standard	1
EU agency	1
Event organiser	1
Government/policy	4
Government agency	1
Government research service	1
International agency	1
Journal	1
Lobbying organisation	1
Membership	5
Membership/consultancy	3
Movement	1
Network	4
Network/resources	1
NHS membership	2
Non-departmental public body	2
Professional/membership	13
Professional council	5
Publication	8
Royal College of Nursing	1
Regulator	3
Research institute	11
Research institute/higher education	16
Research network	1
Research programme	1
Royal college	13
Think tank	3
Trade union	7
Training provider	1
Total	136

Appendix 3 List of approved grey literature sources

Advisory, Conciliation and Arbitration Service.

BlessingWhite.

Confederation of British Industry.

Chartered Institute of Personnel and Development.

Corporate Leadership Council.

Department for Business, Innovation and Skills.

Engage for Success.

Eurofound.

Gallup Business/Management Journal.

Government Social Research Service.

Harvard Business Review.

Hay Group.

Health Service Journal.

Hewitt Associates (now Aon Hewitt).

Institute for Employment Studies.

International Labour Organization.

Involvement and Participation Association.

Ipsos MORI.

Kenexa.

McKinsey.

Mercer.

NHS Employers.

NHS Institute.

National Institute for Health and Care Excellence.

Nursing Times.

Optimise Ltd.

People Management.

Personnel Today.

Policy Studies Institute.

Roffey Park.

Routledge Research in Employment Relations.

Society for Human Resource Management.

The Boston Consulting Group.

The King's Fund.

The Work Foundation.

Towers Watson.

UK Commission for Employment and Skills.

Appendix 4 Sample sifting interfaces

FIGURE 2 Article information interface.

FIGURE 3 Reviewers 'review form' interface (with drop-down menu showing 'inclusion/criteria').

FIGURE 4 Sample of compiled results from *Figure 3*: the reviewed items database.

Appendix 5 Data extraction form

National Institute for Health Research evidence synthesis: employee engagement

Data extraction form

Paper checked by: Name of reviewer..

Date: Date.............................

Paper reference ID	
Authors	
Year	
Title	
Journal	
Vol/issue/pages	

Abstract
Insert abstract here . . .

Exclusion Filter (tick)

Exclude									
Source is not peer-reviewed (if exception, explain)									
Article is not focused on employee/work engagement									
Contains data but outcome variables exclude those identified as key terms (morale and performance: RQ2) or closely associated outcomes (e.g. wellbeing, turnover, absence, OCB [organisational citizenship behaviour], patient care)									
AND: paper does not identify any factors associated with/interventions relating to engagement (RQ3)									
AND: there is no definition, model or operationalisation of engagement (RQ1)									
Population does not include employees									
Does not meet quality criteria identified below (see table).									
Explain:									
Include									
Possible 'exemplar' article – for which RQ and why									

RQ2   What evidence is there that engagement is relevant for staff morale and performance?

2.1 What is the evidence that engagement is relevant for staff morale within the workforce in general?

(Morale to include: morale; happiness; wellbeing; absenteeism; turnover intentions; depression; anxiety; stress; burnout etc.).

Author/date/location	Study population	Measure of engagement used	Methods	Type of analysis	Outcome measures and level (individual/org)	Results/significance	Dominant theoretical framework

Limitations of study identified by authors and by reviewer

Key contribution or strengths of the study/quotes

RQ2   What evidence is there that engagement is relevant for staff morale and performance?

2.1 What is the evidence that engagement is relevant for staff morale within the context of health?

(Morale to include: morale; happiness; wellbeing; absenteeism; turnover intentions; depression; anxiety; stress; burnout etc.).

Author/date/location	Study population	Measure of engagement used	Methods	Type of analysis	Outcome measures and level (individual/org)	Results/significance	Dominant theoretical framework

Limitations of study identified by authors and by reviewer

Key contribution or strengths of the study/quotes

RQ2   What evidence is there that engagement is relevant for staff morale and performance?

2.2 What evidence is there that engagement is relevant for performance at the a) individual b) unit, team or group c) organisational or d) patient/client level within the workforce in general?

(Performance to include: individual performance; OCB; unit/team performance; organisational performance; financial outcomes; other firm-level outcomes; measures of effectiveness or efficiency)

Author/date/location	Study population	Measure of engagement used	Methods	Type of analysis	Outcome measures and level (individual/org)	Results/significance	Dominant theoretical framework

Limitations of study identified by authors and by reviewer

Identified by authors:

Identified by reviewer:

Key contribution or strengths of the study/quotes

RQ2 What evidence is there that engagement is relevant for staff morale and performance?

2.2 What evidence is there that engagement is relevant for performance at the a) individual b) unit, team or group c) organisational or d) patient/client level within the context of health?

(Performance to include: individual performance; OCB; unit/team performance; organisational performance; financial outcomes; other firm-level outcomes; measures of effectiveness or efficiency; patient outcomes etc.)

Author/date/ location	Study population	Measure of engagement used	Methods	Type of analysis	Outcome measures and level (individual/org)	Results/significance	Dominant theoretical framework

Limitations of study identified by authors and by reviewer

Key contribution or strengths of the study/quotes

RQ3   What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?

3.1 What evidence is there concerning approaches and interventions within an organisational setting at either a) the individual b) the unit, group or team or c) the organisational level that create and embed high levels of engagement within the general workforce?

(Approaches and interventions to include: specific interventions such as job redesign, engagement strategies, participation etc. as well as 'input variables' that are found to influence people's level of engagement which could include a wide range of factors such as perceived supervisor support; perceived organisational support; aspects of job design such as autonomy, feedback etc.)

Author/date/location	Study population	Measure of engagement used	Methods	Type of analysis	Main approach, intervention or factor	Mediating or moderating factors	Results/significance, strength of link to engagement	Dominant theoretical framework

Limitations of study identified by authors and by reviewer

Key contribution or strengths of the study/quotes

RQ3 What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?

3.2 What evidence is there concerning approaches and interventions within an organisational setting at either a) the individual b) the unit, group or team or c) the organisational level that create and embed high levels of engagement within the health context?

Author/date/ location	Study population	Measure of engagement used	Methods	Type of analysis	Main approach, intervention or factor	Mediating or moderating factors	Results/significance, strength of link to engagement	Dominant theoretical framework

Limitations of study identified by authors and by reviewer

Key contribution or strengths of the study/quotes

RQ1   How has employee engagement been defined, modelled and operationalised?

1.1 How is employee engagement defined within the academic literature and in the health context?

1.2 How has engagement been measured and evaluated within the academic literature?

1.3 What theories are used to underpin models of engagement within the academic literature?

(Engagement to include all forms of engagement e.g. work engagement; employee engagement; organisational engagement – state which).

Author/date/location	Definition of engagement	Measure of engagement used	Overall model supported by the findings	Dominant theoretical framework

Limitations of study identified by authors and by reviewer

Key contribution or strengths of the study/quotes

Appendix 6 Guide for assessing the quality of methods of research/evidence gathering

Criteria	Quantitative	Qualitative	Mixed (additional issues)	Meta-analysis
Adequacy (i.e. sufficiency of approach, etc. to meet research aims)	Of sample, research design, etc. Content validity: does the measure actually measure what is claimed? Predictive validity: does the study predict the required outcomes? Construct validity: are the measures in the study distinct; not too high correlation between the constructs?	Are the listed factors of local/wider context made clear in the research account? Is there sufficient recognition of the impact of these and other factors in the research/analysis to enable judgement of the likely accuracy of claims?	Are both approaches sufficiently well configured; are they inter-related or parallel (i.e. answering same or different questions)? Do the approaches complement each other (elaboration, enhancement, illustration; clarification[307])?	Does the analysis address a focused question; does the analysis address this in a coherent way? Was the validity of included studies appraised? Is the meta-analysis based on a reasonable number of studies? Were unpublished studies included and controlled for?
Sensitivity (and specificity, to uncover findings that fit or do not fit with hypotheses or RQs; it also relates to ethical issues, e.g. equality and diversity)	Of research design to context/engagement	Is the sample 'purposive' to the aims of the research: how were participants selected? Is lay/local knowledge included and given credibility? Has the research been adapted/refined to meet contextual variables; is this clear/are lessons evident?	Do mixed methods provide additional value, e.g. are the results from one method used to inform the other (i.e. triangulated)? Do contradictions between findings lead to a reframing of RQs?	Are inclusion/exclusion criteria sensitive to the current interests to justify extraction? Were important studies omitted; why?
Relevance (i.e. is method appropriate; is it within project parameters; evidence of impact)	To EE evidence review RQs: have appropriate scales been used? Have appropriate statistical analyses been employed? Are statistical thresholds and fit criteria observed?	To EE evidence review RQs: does the sample provide data relevant to the nature of the research and the context from which it is selected?	To EE evidence review RQs: is rationale for mixed approach clear/justified?	What question is being addressed by the meta-analysis; does it correspond to the current research question(s)? Has the meta-analysis been cited/reviewed; has it led to a demonstrable change in policy/practice, depending on date of publication?
Robustness/rigour [i.e. replicability (including feasibility); systematic nature of research conduct; dependability of measure]	Reliability: does cronbach's alpha (0.7) support reliability? Tests for common method bias for cross-sectional data. Generalisability: to what extent can findings be applied to settings other than those in which they were established?	Is there rigour in the approach to data analysis, i.e. does it follow from the research questions and sampling technique? What is the 'situational' or 'contextual' representativeness of the research: is this explicit or must it be inferred by the evaluator? Do(es) the researcher(s) attempt to properly interpret the data in terms of research questions and context or are the data largely reported without analysis?	Is this approach replicable/worth replicating? Do the approaches detract from one another?	Is the data extraction and assessment process replicable? Are all processes documented; how many people were involved in the data appraisal/extraction processes?

EE, employee engagement; RQ, research question.

Appendix 7 Review of practitioner studies of engagement

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NIHR Staff Engagement in the NHS
Review of Practitioner Studies of Engagement

Jenny Holmes, Institute for Employment Studies

Luke Fletcher, Institute for Employment Studies

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Professor Graeme Currie, University of Warwick

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The Institute for Employment Studies

The Institute for Employment Studies (IES) is an independent, apolitical, international centre of research and consultancy in public employment policy and organisational human resource issues. It works closely with employers in the manufacturing, service and public sectors, government departments, agencies, and professional and employee bodies. For over 40 years the Institute has been a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and human resource planning and development. IES is a not-for-profit organisation.

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Contents

Executive Summary

This paper has arisen from the '**Enhancing and Embedding Staff Engagement in the NHS: Putting Theory into Practice'** project commissioned by the National Institute for Health Research (NIHR). That project focused on producing a systematic evidence review[1] with practitioner outputs. The systematic evidence review, referred now on as 'the evidence synthesis', considered empirical and theoretical material from academic sources. It found that there was strongest weight of evidence supporting the following five factors as having the potential to foster high levels of engagement:

- individual psychological states

- experienced job-design related factors

- perceived leadership and management

- individual perceptions of organisational and team factors

- organisational interventions or activities

However, the evidence synthesis only focused on peer-reviewed, academic publications. Therefore there is still an appetite to examine what material is available within the practitioner community that generally is non-peer reviewed, yet may provide supplementary insight alongside the evidence synthesis.

Thus, the aim of this current paper is to identify and analyse the most relevant material available in the practitioner domain in order to answer the following research question:

What tools and resources would be most useful to NHS managers in order to improve engagement?

The search was limited to practitioner websites, and started with trialling a range of different terms and websites (known as scoping and sifting). The decisions about which sites to concentrate on and which search terms to use were made based on advice from the Project Advisory Group. Starting from 136 sources and six possible search terms, the scoping process reduced the search to 35 sources and two terms: staff engagement and employee engagement. This was to select only the sources and search terms which would result in the highest quality and quantity of relevant material. Any sources or terms which returned only editorial or opinion pieces that contained no primary research evidence, or returned material that was not specifically about engagement, were judged to be of low quality, and were therefore discounted entirely from further use within this review. Sources and terms that returned very few or no documents were also deemed unsuitable for further sifting.

The 35 selected sources produced a very high volume of material and so to reduce this to a manageable number of studies five selection criteria were developed:

Is the material relevant or useful to an NHS practitioner (in the context of staff engagement)?
Does the material contain evidence?
Does the material include a described methodology?

Is the research original to this source?
If the material forms part of a series, is this the most recent?

From assessing each item against these criteria, a total of 14 studies from six different sources were considered of sufficient quality for inclusion. Analysis of these studies has produced seven key areas that warrant focus by NHS practitioners and managers as they appear to be influential in how engagement can be fostered and sustained.

The seven key themes[1] were:

Senior Leadership

A distinction was made in the studies between the role of the immediate line manager and the role of senior leadership. Most of the studies showed an association between positive perception or trust in leaders and increased engagement, although one study found that higher levels of employee engagement were associated with lower ratings of senior manager effectiveness.

Role of the Line Manager

The role of the line manager was one of the key factors associated with employee engagement in most of the studies. In two studies, a detailed analysis of line manager behaviours was conducted. The types of behaviours that were shown to be correlated with greater levels of engagement were clear and respectful communication, recognising and involving team members, and being supportive and approachable.

Appraisal, performance management and training

Good quality appraisals, having performance development plans and being able to undertake training and development opportunities were shown to be linked with higher levels of engagement. One important caveat was that a poor appraisal may be linked to lower levels of engagement than having no appraisal at all.

Meaningfulness

Meaningfulness has a number of definitions. In this review, we have taken the following definition: '*the extent to which employees find meaning in their work…where people can see the impact of their work on other people or society in general*' [2(p23)] . Meaningfulness was shown to be a particularly important factor associated with high levels of engagement in one of the studies and antecedents of meaningfulness were also identified as relevant to engagement in some of the other studies.

Employee voice

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[1] As the evidence synthesis[1] differed in its scope, focus and quality criteria, it is not surprising that this review of practitioner studies has not found the exact same themes. Despite this, the key themes overlap significantly, albeit the weight and focus of each differs somewhat between the two (for those interested please see appendix 3).

Employee voice, a term referring to the opportunities employees have to input into decisions affecting their work and to be properly consulted and communicated with was identified as a particularly strong driver of engagement. The importance of involving employees in decision-making and having opportunities to feedback for fostering engagement was supported by a number of the studies.

Team working

Being part of a well-structured team that has shared and clear objectives was associated with increased levels of engagement. Other related factors such as perceived organisational support and co-worker quality were also found to be associated with high levels of engagement in many of the studies.

Work-life balance

There was evidence that those on flexible contracts, those satisfied with their work-life balance, those feeling that their work-life balance was supported by their employer demonstrated higher levels of engagement.

Overall, this review of practitioner studies arose from the appetite to explore the evidence from the practitioner domain, which was not the focus for the evidence synthesis. The rest of this paper will focus on the themes identified from the practitioner materials and not from the evidence synthesis[1] as the practitioner studies standalone from the peer-reviewed academic studies focused on within the evidence synthesis. This paper acts as a distinct supplement to the evidence synthesis; it aims, from examining selected practitioner material, to identify tools and resources that would be most useful to NHS managers in order to improve engagement.

Introduction

Background

As the substantial volume of material within both the academic and practitioner literature has demonstrated, engagement is a topic of considerable importance to organisations and individuals because it has the potential to benefit both employees (in terms of improving wellbeing and morale) and employers (in terms of increased performance and innovation). However, the available evidence in the practitioner domain is not clear-cut and has not been consolidated with the NHS context in mind, thus making it difficult for NHS practitioners to identify specific strategies and interventions that will foster engagement within their organisations. This is particularly problematic as the business context for the NHS is one of increased pressure on costs and greater competition between providers. In a time when costs must be contained, it is important to have evidence to justify expenditure on initiatives related to increasing staff engagement and to be able to use practical evidence to identify which areas to prioritise. It is hoped that this presentation of the evidence from a review of practitioner studies will achieve this aim.

Aim of this review

The aim of this review is to answer the following research question:

What tools and resources would be most useful to NHS managers in order to improve engagement?

The process of answering this research question was guided by the following suggested approach that was developed by the project team with support from the advisory group:

- To undertake a search of 'authoritative' / recognised sources (websites, research centres, professional organisations and networks, unions, charities, government agencies and quangos, conferences, consultancies, think tanks)
- To use the 'practitioner literature' where these provide examples that could be integrated into tools/guides

- To examine tools and resources available to other professional groups (e.g. other public sector employers' websites, Engage for Success, etc.)
- To consult with Advisory Group and wider group of experts.

We were looking for evidence that would assist line managers and organisations to choose interventions, policies and procedures which would lead to greater engagement amongst their employees. We were also assessing the range of definitions and measures of engagement that exist in the practitioner studies selected. To be included in the review, studies had to be considered relevant and useful to NHS practitioners, had to contain evidence, a described methodology and not be based on secondary or desk research (i.e. data is collected and analysed for that study).

Structure of the report

This report includes:

- A summary of the methodology adopted to conduct the review
- Summaries of the 14 studies selected for data extraction
- Discussion of the key themes that emerge from the data extraction

In addition the appendices provide a fuller methodology, further information on our approach and a bibliography of the studies included in this review.

Methodology

This review of practitioner studies on engagement followed a prescribed methodology (see appendix 1 for more detail) which began with an initial scoping study to explore the available sources and types of evidence available. A scoping study is useful before going onto a full search as it ensures that the right questions are being asked and helps to reduce available material to the most relevant.

Six search terms ('employee engagement', 'staff engagement', 'employee involvement', 'employee participation', 'social partnership forum', and 'employee voice') were applied to 136 sources that included CIPD, Harvard Business Review, Kenexa, and NHS Institute. These sources and terms were chosen based on the advice and knowledge of the Project Advisory Group as well as the research team members, all of whom were involved in engagement research or practice. This process revealed that a) the search terms could be reduced to two key terms (i.e. 'employee engagement' and 'staff engagement') as many of the search terms only returned a small number of materials, and b) the list of sources could be narrowed down to 35 that would give the most relevant and valuable material because a substantial proportion of the 136 sources returned no suitable material or only returned secondary research outputs.

Following from this, the two key search terms were applied to the 35 sources for the full search. To help identify the most suitable, high-quality and relevant material a set of criteria were applied based on our overarching research question (i.e. *What tools and resources would be most useful to NHS managers in order to improve engagement?*), and were developed by the research team in discussion with the advisory group. The criteria were based on the following five questions:
Is the material relevant or useful to an NHS practitioner?
Does the material contain evidence?
Does the material include a described methodology?
Is the research original to this source?
If the material forms part of a series, is this the most recent?

Findings

A total of 14 studies from six different sources (CIPD, IES, Kenexa, The King's Fund, GSR, Strategic HR Review) met the criteria for inclusion in this review and were focused on interventions, policies, practices or interventions implemented by line managers or organisations which were associated with enhanced engagement of their staff. The studies are presented alphabetically in order of lead author.

Summaries of the included studies

Alfes K, Truss C, Soane E C, Rees C, Gatenby M. *Creating an engaged workforce – Findings from the Kingston Employee Engagement Consortium Project*. London UK: Chartered Institute of Personnel and Development; 2010[2]

The authors defined engagement as '*being positively present during the performance of work by willingly contributing intellectual effort, experiencing positive emotions and meaningful connections to others*'[2(p5)]. The study measured engagement using the Kingston Job Engagement Inventory, which has since been refined and validated as the 'ISA engagement scale'[3]. Three facets of engagement were assessed: intellectual (e.g. '*I focus hard on my work*'), social (e.g. '*I share the same work values as my colleagues*') and affective (e.g. '*I am enthusiastic in my work*'). In measuring engagement, the authors differentiated between the extent of engagement (the strength of the feeling of engagement) and the frequency of engagement (how often individuals experienced engagement).

A total of 5,291 employees across eight UK-based organisations representing public and private sectors completed a questionnaire that asked them about their perceptions of their work and organisation they worked for, their engagement with their job, and a range of behavioural outcomes such as their intention to stay with the organisation. A further 180 interviews were also carried out within the organisations to add more depth and understanding to the findings. The research team reviewed the data collected and analysed socio-demographic patterns, identified key drivers and outcomes of engagement, and produced some case studies and recommended strategies for engagement.

Findings of the study

The measure used resulted in an aggregate score for engagement ranging from 1 - low to 5 - high. Eight per cent of participants were found to be strongly engaged (scores of 4.5 or over), 70 per cent were moderately or somewhat engaged (scores between 3.5 and 4.5), 1 per cent were very weakly engaged and 21 per cent were neither engaged nor disengaged.

The authors emphasised that meaningfulness was the most strongly associated factor associated with high levels of engagement. Two thirds of respondents were found to experience reasonable levels of meaningfulness in their work. Other important drivers of engagement were being able to feed views and suggestions upwards (i.e. voice and involvement), having a good quality relationship with one's line manager, feeling that the job is a good fit with one's skills and needs, and feeling supported at work.

An interesting set of findings emerged with regards to the influence of senior managers. On one hand, engagement was higher for employees who perceived that senior managers communicated well with all levels of the organisation, and articulated a clear and inspiring vision. On the other hand, perceptions of senior manager effectiveness were negatively associated with engagement, meaning that lower ratings of senior manager effectiveness were associated with higher levels of employee engagement. The authors go on to state that if employees hold generally positive views of their senior managers, particularly with regards to communication, vision and visibility, then some negative perceptions may help encourage the individual to engage more with their jobs in order to drive change.

Although it was found that most employees held negative views of their organisations' HR policies and practices, these did not impact directly on engagement as these relationships were shown to be mediated by person-job fit and line management style. In other words, well-structured and implemented HR practices can foster engagement by helping employees to identify and connect with their job role, and to develop good quality relations with their line manager.

Limitations

There is no ability to show causal relationships between factors considered. Although the analyses considered the context of each organisation, this was limited by the cross-sectional nature and focus of the study.

Gourlay S, Alfes K, Bull E, Narendran S, Petrov G, Shantz A. *Locus of Engagement – Understanding What Employees Connect with at Work.* London UK: Chartered Institute of Personnel and Development; 2011[4]

This study sought to establish the locus of engagement: 'that particular location in which engagement exists for a person while at work'[4 (p3)]. The study used the term

'location', in the same way as 'locus', to refer to the aspect of the work environment which may be associated with engagement. Possible loci of engagement included the job, colleagues or work teams, line managers, their profession, the organisation or the client/customer. The study found evidence that employees were engaged with multiple loci simultaneously, and such engagements were not static and varied according to the organisational context.

The study was based on survey data from three of the ten companies in the Kingston Employee Engagement Consortium representing manufacturing, waste disposal, and project management sectors. The survey data was supplemented by conducting a number of face-to-face interviews in the manufacturing and project management organisations. Engagement with the job was measured using the Kingston Job Engagement Inventory (see Alfes et al, 2009[2] above for details). Engagement with the line manager, with colleagues, and with the organisation were measured using validated scales published in reputable academic journals.

Findings of the study

The study found that there were different levels of engagement for each locus; engagement with the job had the highest levels, followed by engagement with colleagues and with the line manager (18 per cent were 'strongly' engaged with each of these foci respectively). The majority of respondents were moderately engaged with their organisation; 11 per cent were 'strongly' engaged with their organisation. The study concludes that '*for the majority of people the organisation appears to be a less important locus of engagement than the job*'[2(p25)]. Moreover, engagement with the job was the most strongly correlated with task performance and citizenship behaviours.

The highest levels of engagement, particularly for engagement with the job, were linked to having varied job tasks and responsibilities, having personal control and discretion over the way a job is performed, and experiencing a sense of meaning in one's job (i.e. the ability to see what one does as part of a larger picture).

Limitations

The size of the sample is not given nor is there any demographic data or specifics of the organisations. This may limit the applicability of the study to the NHS context. Moreover, it is only possible to establish correlation and not causation.

Gourlay S, Alfes K, Bull E, Baron A, Petrov G, Georgellis Y. *Emotional or Transactional Engagement – Does it Matter?*. London UK: Chartered Institute of Personnel and Development; 2012[5]

This study presented two different types of engagement:

- **Emotional engagement**: Defined as '*displaying an emotional attachment to one or more aspects of their work*'[5(p3)]

- **Transactional engagement**: Defined as being *'happy to exhibit the behaviour of engagement, do what is required or expected as long as promised rewards such as promotion or training are forthcoming, but not committed to the job or the organisation and willing to leave if a better offer appears elsewhere'*. [5(p3)]

The study identified the drivers and discusses the outcomes for the organisation to each of these types of engagement.

Questionnaires assessing an individual's emotional and transactional engagement and behavioural outcomes as well as perceptions of their job, work environment, management and organisation were completed by a range of employees in two UK-based companies (one manufacturing and one service organisation) from the Kingston Business School Engagement Consortium. This was supplemented with 40 interviews with employees in a range of organisations representing manufacturing, project management, and local government sectors.

Findings of the study

The study found that the following were positively associated with emotional engagement:

- **Person–job fit:** Perception that the job role is a good match or fit with personal needs and desires from a job as well as their skills and abilities.

- **Person–organisation fit:** The sense that one shares similar characteristics and values to the organisation.

- **Organisational identification:** The individual identifies strongly with, and feels attached, to the organisation.

- **Perceived organisational support:** The organisation is perceived to have a genuine interest and commitment to employees' wellbeing and morale; they act in supportive ways that help employees to perform well.

- **Quality of the line manager relationship:** Perception that the relationship with line management is mutually respectful and beneficial; the relationship is based on trust and reciprocity.

Work intensification (i.e. increasing pressures and demands) was found to be a positive driver of transactional engagement, but a negative driver of emotional engagement. This indicates that under increasingly demanding environments, employees may appear to display engagement behaviours, yet deep down actually feel less emotionally engaged with their jobs.

In terms of outcomes, emotional engagement was positively associated with task performance, citizenship behaviours and wellbeing, and negatively associated with deviant behaviours, turnover intentions and burnout. In contrast, transactional engagement was positively related to deviant behaviours and burnout, and negatively

related to wellbeing (and not significantly related to the other factors). Taken together, this suggests that transactional engagement may be detrimental to both the individual and the organisation whereas emotional engagement may be beneficial.

Limitations

The size of the sample is not given nor is there any demographic data or specifics of the organisation types. This may limit the applicability of the study to the NHS context. The nature of the study means that it is only possible to establish correlation and not causation. In addition, there is limited information about the measures of emotional and transactional engagement used although the article does state that it comes from published academic articles which allows the researchers to be more confident in the validity of the measures.

Government Social Research Service. *Embedding Employee Engagement, Engagement Best Practice: Case Studies, How HMRC's Chesterfield Office Improved Engagement*. London UK: Civil Service; 2013[6]

This study provides an account of the steps taken by two teams (VAT and PAYE teams) within the Debt Management and Banking Group of the HMRC in Chesterfield to raise engagement levels within their respective teams.

In 2010, these teams had experienced low levels of engagement as demonstrated by low engagement indicator scores in the 2010 Civil Service People Survey[7]. The Civil Service Engagement indicator measures engagement via five attitudinal statements:

- *'I am proud when I tell others I am part of this organisation'*

- *'I would recommend my organisation as a great place to work'*

- *'I feel a strong personal attachment to my organisation'*

- *'My organisation inspires me to do the best in my job'*

- *'My organisation motivates me to help it achieve its objectives'*

Subsequently, the team leader implemented a number of changes over 2011 and 2012 to increase engagement levels that included consultations with staff, monthly meetings, action plans and the creation of the 'Chesterfield Way' programme of behavioural change.

Findings of the study

The focus on engagement succeeded in increasing the Engagement Index score (0 – low engagement to 100 – high engagement) from 20 in 2010 to 38 in 2011 and to 72 in 2012. The index was calculated by averaging the weighted engagement scores of all respondents within the organisation. Weights were applied on each statement where a weight of 100 was given for strongly agree, 75 to agree, 50 to neither agree/disagree, 25

to disagree, and 0 to strongly disagree; thus scores closer to 0 indicated low levels of engagement and scores closer to 100 indicated high levels of engagement.

The increase from 20 to 72 points (out of 100) for the HMRC in Chesterfield was achieved through a number of key elements:

- **Influencing behaviours and opportunities for voice**. The decision was made not to have staff engagement representatives but to involve everyone by having monthly one-to-one meetings between manager and staff so that individualised discussions around what and how performance could be improved could take place, and to increase opportunities for employees to raise concerns and suggestions directly with their manager.

- **Communicating the bigger picture**. There had been concerns about the closure of the Chesterfield office as part of the HMRC's estate rationalisation. Making the link between individuals' work and organisational objectives helped them understand how they can remain a strategic site by maintaining their reputation for delivery and high performance.

- **Managing change**. Resilience training was organised for all to help them manage change more effectively.

- **Putting the People Survey in context**. Managers worked with staff to support their interpretation of the People Survey and the need for continuous improvement so that employees could see the localised actions and changes initiated as a result of the survey.

- **Taking time to build a community**. Team days were implemented to build a sense of community where teams decided what the work priorities were and which charity events to organise.

Limitations

It does not give clear sample size data and it is not possible to assess to what extent each practical intervention is associated with the improvement in engagement score.

Kenexa's WorkTrend Reports: Integration of Kenexa. *Engaging the Employee*. Kenexa, 2008[8]; Kenexa. *Engagement and Leadership in the Public Sector*. Kenexa, 2012[9] and Kenexa. T*he Many Contexts of Employee Engagement*. Kenexa, 2012[10]

These studies were based on the data gathered from Kenexa's WorkTrends survey that contains a number of questions on employee, manager and leadership behaviours, organisational practices and demographic variables. The studies were conducted at different time-points: 2008[8], 2011[9] and 2012[10].

The 2008 study[8] surveyed 10,000 employees in the USA and 1,000 each from each of the following countries: Australia, Brazil, Canada, China, Germany, India, Italy, Japan, Mexico, the Netherlands, Saudi Arabia and the United Kingdom; and 500 in Russia. The 2011 survey[9] was completed by more than 6000 employees across a range of industry sectors in 10 European countries (Denmark, Finland, France, Germany, Italy, Spain, Sweden, Switzerland, the Netherlands and the UK). In 2012, the survey[10] was taken by approximately 33,000 employees in 28 countries.

Employees were full-time and organisations had 100 members of staff or more (except in UAE, Saudi Arabia and Ireland where organisations had 25 staff members or more).

The studies defined employee engagement as '*the extent to which employees are motivated to contribute to organizational success, and are willing to apply discretionary effort to accomplishing tasks important to the achievement of organizational goals*'[10(p4)]. It was measured by the extent to which survey respondents agreed with the following four items:

- '*I am proud to tell people I work for my organisation*'

- '*Overall, I am extremely satisfied with my organisation as a place to work*'

- '*I would gladly refer a good friend or family member to my organisation for employment*'

- '*I rarely think about looking for a new job with another organisation*'

The Kenexa studies analysed a number of drivers of employee engagement that included job characteristics, social environment factors, perceptions of management and leadership, and organisational practices.

Findings of the study

The most consistent findings throughout the Kenexa WorkTrends studies[8,9,10] were that four factors were shown to be highly associated with employee engagement levels:

- **Perceptions of senior managers:** Individuals more engaged when they perceived senior managers as competent and effective at leading the organisation to success, as well as trustworthy and confident.

- **Quality of relationship with line manager:** Engagement was higher when one's relationship with line management was based on trust and respect, and when the individual perceived the manager to be good at not only traditional managerial work (i.e. assigning, scheduling and prioritising tasks and workloads), but also people management tasks such as dealing with the motivations and needs of the team.

- **Training and development:** Feeling satisfied with the opportunities for training and development within the organisation as well as perceiving that the organisation has a positive culture of developing its employees to become more knowledgeable and skilled helped to foster high levels of engagement.

■ **Work-life balance:** Individuals are more engaged when they felt that the organisation supported their work-life balance and had practices in place to provide flexibility and opportunities that enabled employees to have better work-life balance.

Limitations

The measure of employee engagement is unique to Kenexa and it is not clear whether this has been validated. The study can only show correlations not causation. The sample consists of a proportionally large number of full-time staff, which may limit its applicability to the NHS context.

Lewis R, Donaldson-Feilder E, Tharani T. *Management Competencies for Enhancing Employee Engagement*. London UK: Chartered Institute of Personnel and Development; 2011[11]

This study defined employee engagement as *'being focused in what you do (thinking), feeling good about yourself in your role and the organisation (feeling), and acting in a way that demonstrates commitment to the organisational values and objectives (acting)'*[11(p4)].

Its main objective was to identify management behaviours line managers needed to enhance employee engagement though the development of a management competency framework. This was achieved by surveying 48 employees of a global energy provider through applying critical incident technique within semi-structured one-to-one telephone interviews. The employees were split into one of two groups: individuals without line management responsibility and individuals with line management responsibility.

The questions were designed to identify effective and ineffective manager behaviours based on each of the three parts of the definition of engagement given above (i.e. thinking, feeling, and acting).

Findings of the study

The study identified 11 management competencies that were associated with helping employees feel engaged, grouped under three main themes:

■ **Supporting employee growth:** includes the competencies of autonomy and empowerment, development, and feedback, praise and recognition.

- **Interpersonal style and integrity:** includes the competencies of individual interest, availability and personal manner, and ethics.

- **Monitoring direction:** includes the competencies of reviewing and guiding, clarifying expectations, managing time and resources, and following processes and procedures.

The three management competencies with both the highest percentage frequency of mention and the highest percentage of the sample referring to it were:

- **Reviewing and guiding** (part of monitoring direction): This included giving guidance on how to meet targets and how to overcome barriers, as well as making suggestions on how to improve quality of work and how to prioritise tasks.

- **Feedback, praise and recognition** (part of supporting employee growth): This included sharing employees' achievements with the team and senior management, giving timely, constructive and specific feedback as well as balancing positive and negative feedback effectively, and thanking employees for their work.

- **Autonomy and empowerment** (part of supporting employee growth): This included allowing employees to do the job the way they want, welcoming ideas and feedback from employees, acting as a coach when needed, and backing up employee decisions when necessary.

Limitations

The nature of the study means that it is only possible to establish correlation and not causation. Participants were drawn from a single (large) organisation and from one occupational group (i.e. call centre staff) so further research would be needed to test the applicability of the findings in other workplaces and occupations. Another limitation is that the study does not contain any quantitative measure of engagement and so the impact of the behaviours they describe on their engagement is difficult to verify.

Robinson D and Hayday S. *The Engaging Manager*. Brighton UK: Institute for Employment Studies; 2009[12]

This study sought to understand the influence of line managers on engagement levels and to understand the behaviours of managers who are able to foster particularly high levels of engagement within their teams. Seven organisations (ACCA, Centrica, Corus, HMRC, London Borough of Merton, Rolls Royce and Sainsbury's) were asked to identify 'engaging managers' based on the engagement scores of their teams in each organisation's most recent employee attitude survey. The engaging managers and their own managers (referred to as 'senior managers') were interviewed and focus groups were carried out with the engaged teams. Focus group members also completed a standard IES engagement questionnaire. 25 'engaging managers', 22 'senior managers' and 154 team members in 25 teams participated in the study. The definition of

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engagement used was '*engagement is a positive attitude held by the employee towards the organisation and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organisation*' [12](p2).

Findings of the study

The study found that the 'engaging managers' differed in terms of their roles, their time in post, their team size, span of control, experience and career aspirations but were similar in their adoption of an informal coaching style, their strong performance focus and the fact that they all led high-performing teams. They had a common strength in communicating with their teams and getting to know people. The focus groups generated a list of 27 positive behaviours of engaging managers, the top five of these were: communicates, makes clear what is expected; listens, values and involves team; supportive, backs team/you up; target focused; and shows empathy. The study also explored behaviours that were disengaging and listed 29 behaviours as such. The top five of these were: lacks empathy, interest in people; fails to listen and communicate; self-centred; does not motivate or inspire; and blames others, does not take responsibility. The data gained from the engaging and senior manager interviews contributed to the creation of a classification of a range of engaging and disengaging types of managerial behaviour. The engaging manager types are:

- **the High Performer:** focuses on applying a methodological approach to managing performance and involves the team within this.

- **the Communicator:** focuses on listening to and involving the team in decision-making and communicates expectations and standards effectively.

- **the Visionary:** focuses on communicating the bigger picture and how the team contributes to this, and on inspiring them with a motivational vision.

- **the Empathiser:** focuses on understanding what motivates each individual in the team, and on the development needs of each.

- **the Developer:** focuses on coaching individuals and facilitates development through identifying how best to adapt jobs and opportunities to expand skills.

- **the Enthusiast:** focuses on fostering a passion and energy within the team, and on behaving according to the values and ethos of the organisation.

- **the Protector:** focuses on nurturing their team to share ideas and suggestions, and on sheltering them from organisational politics and pressures.

- **the Networker:** focuses on cultivating and utilising internal network to best position their team as a key influential unit within the organisation.

- **the Rock:** focuses on being a dependable and reliable source of support for their team, and is prepared to get stuck in when necessary.

- **the Brave:** focuses on tackling difficult situations and standing up for their team, and on behaving with integrity and courage.

- **the Juggler:** focuses on organising work with great effectiveness and efficiency; often able to delegate tasks and manage competing priorities well.

- **the Maverick:** focuses on developing new and innovate ways of doing things; often does not toe the company line in order to achieve positive change.

Disengaging manager types are:

- **the Micro Manager:** finds it difficult to delegate tasks and responsibilities; often interrupts and interferes with others work in order to maintain control.

- **the Muddler:** finds it difficult to be organised and consistent; often communicates ineffectively and gives unclear or contradictory information.

- **the Blamer:** finds it difficult to accept responsibility for problems or failures; often points the finger at others and does little to defend the team's reputation.

- **the Bully:** finds it difficult to remain calm and sensitive to others' feelings; often is aggressive and intolerant towards others.

- **the Egotist:** finds it difficult to attribute success to others; often thinks of themselves as superior, and rarely recognises the team's achievements.

- **the Pessimist:** finds it difficult to be passionate and positive; often sees problems in ideas and acts in ways that de-motivate the team.

Limitations

A question remains about the extent to which the engaging behaviours lead to high performance or whether high performance is generating engagement. The study can show that these are associated, but how they are causally linked.

Robinson et al - IES Employee Engagement Drivers Reports: Integration of Robinson D, Hayday S, Perryman S. *The Drivers of Employee Engagement*. Brighton UK: Institute for Employment Studies[13] and Robinson D, Hooker H, Hayday S. *Engagement: The Continuing Story*. Brighton UK: Institute for Employment Studies[14]

The 2004 study[13] was based on data from IES' 2003 attitude survey of over 10,000 employees in 14 organisations within the NHS; and the 2007 study[14] was based on data from IES' 2005 attitude survey of 1,786 employees in eight organisations representing private, public and third sectors.

Both studies used the following definition of engagement: *'engagement is a positive attitude held by the employee towards the organisation and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organisation'*[13 (p ix)].

The IES 12-item engagement indicator was used to measure engagement in both studies (the 2003 study[13] describes the development and testing process that IES followed to establish this measure of engagement). It covers the following content:

- Pride in the organisation (e.g. *'I speak highly of this organisation to my friends'*)

- Belief that the organisation provides good products/services and enables the employee to perform well (e.g. *'I would be happy to recommend this organisation's products/services to my friends and family'*)

- A willingness to behave altruistically and go beyond what is required (e.g. *'I try to help others in this organisation whenever I can'*)

- An understanding of the 'bigger picture' (e.g. *'I find that my values and the organisation's are very similar'*).

Findings of the study

Both studies analysed the connections between characteristics and experiences of work and engagement levels. The most consistent findings were that the following seven factors seemed to be particularly (positively) associated with employee engagement:

- **Feeling valued and involved:** This is about employees having an input into the decision-making processes of the organisation, and feeling that their opinions and feedback are wanted and valued by management. It is about feeling actively involved in the organisation's operations outside one's main job role.

- **Job satisfaction:** This refers to people evaluating their job in a generally positive light. They feel that their job satisfies their basic needs and desires, such as having enough interesting and varied work to keep them stimulated, and they generally enjoy their work.

- **Training and development** (including having a personal development plan): This refers to employees having opportunities to develop their knowledge, skills and abilities needed to perform their jobs and to progress their careers. In addition, it includes tailoring of training and development programmes to meet the career goals and skills needs of the individual.

- **Communication:** This refers to the person feeling that the ways in which information and knowledge are shared across the organisation are effective and useful. Being kept informed about changes, having access to all the necessary information to do one's job, and receiving useful feedback about management decisions, are particularly important aspects of effective communication.

- **Equal opportunities and fair treatment** (including not experiencing harassment/violence): This is about the organisation demonstrating its commitment to fairness, equality, and diversity. People feel that the organisation is free from prejudice and discrimination; that they can be free to express themselves; and that different lifestyle and family needs are considered within work arrangements and practices.

- **Health and safety** (including not experiencing accidents/injuries): This comprises the perception that the organisation genuinely cares about employees' health and

wellbeing, and the feeling that employees' personal safety is not in any way threatened by the work environment.

■ **Co-operation:** This is about how the various teams and/or departments within the organisation communicate and interact with each other. When departments and functions communicate well and regularly with one another, and have positive and mutually respectful relationships, then it is more likely that problems and issues within the organisation can be spotted and dealt with effectively.

Limitations

The data is cross-sectional and so the ability to show causation is limited.

Tomlinson G. Building a culture of high employee engagement. *Strategic HR Review* 2010; 9(3): 25-31[15]

This study aimed to examine the key drivers of employee engagement within Kia Motors by presenting a case study of a five-part engagement strategy put in place to address low levels of engagement. Engagement at Kia Motors consisted of three dimensions: the belief (mental), the feeling the brand generates (emotion) and the generation of discretionary effort (behaviour); also described as *'creating an 'emotional connection' with employees so that they are passionate and 'live' the brand'*[15(p26)]. It was measured using the Kia Motors employee survey, 'Your Voice', which included 12 key engagement drivers that ranged from perceptions of senior/line management, internal communications, and pride in the organisation. These 12 aspects were averaged to form the overall engagement index. The engagement strategy was introduced in 2007 and monitored over a two-year period to 2009. The five parts of the strategy were:

■ **Leadership development**: All ll members of the management team were given training and support to improve their management skills in line with Kia Motors' five core behavioural competencies.

■ **Employee recognition**: The establishment of a quarterly outstanding awards scheme presented by the CEO to an individual or team nominated by other employees and a Kia thank you scheme whereby a card and simple present were left on the desk of an individual by their line manager.

■ **Internal communications**: Quarterly employee briefings, a new corporate intranet and an employee forum to improve internal communications.

■ **Organisational development:** A number of changes were made; including the replacement of bonuses with an increase in base salary, and the re-writing of the employee handbook to align more with the organisation's cultural values.

■ **Employee development:** A more formal process of training needs analysis was incorporated into the appraisal system that helped identify career aspirations.

Findings of the study

The average engagement index score increased from 39 points (0 = low to 100= high) in 2006 to 51 in 2007 to 65 in 2008 and to 71 in 2009.

Limitations

There is little detail of the content, scope or format of the engagement indicators. There is no demographic or job profile data so it is not possible to establish how transferrable the results would be to the NHS context. It is difficult to ascertain causality as the increases in survey scores could also be due to other factors.

Truss C, Soane E, Edwards C. *Working Life: Employee Attitudes and Engagement 2006*. London UK: Chartered Institute of Personnel and Development; 2006[16]

This research study defined employee engagement as '*passion for work*' [16(p xi)] involving feeling positive about one's job, being prepared to go the extra mile, and wanting to perform one's job to the best of one's ability. It was measured as three dimensions: emotional, cognitive and physical, using a validated Likert scale published in an academic journal[17].

A sample of 2,001 working UK adults that reflected the age, gender and working status (part-time/full-time) distributions of the general population completed a questionnaire that assessed perceptions of one's working life and attitudes towards their work and organisation.

Findings of the study

Truss et al (2006)[16] covered a wide range of findings within their report; this current summary focuses specifically on those that directly meet our research aim (i.e. identifying tools/resources that can help foster engagement). The study found that the main drivers of employee engagement were having opportunities to feed one's views upwards, feeling well informed about what was happening in the organisation and thinking that one's manager is committed to the organisation. Moreover, those who were satisfied with their job were more likely to be engaged with their work and that this sense of job satisfaction derived primarily from having good quality relationships with colleagues.

The report also highlighted that perceived managerial fairness in dealing with problems impacted positively on individual performance but was not significantly related to engagement, and that employees who were satisfied with their work-life balance and those on flexible contracts were more engaged than those who were dissatisfied with their work-life balance or were not working flexibly. In addition, those that did not use all of their annual leave entitlement were more engaged than those that did use their full entitlement; however those who worked the longest hours were the most dissatisfied with their work-life balance and were most at risk of damaging their health

and wellbeing. They also did not appear to perform any better than those who have achieved a better balance.

Younger workers were found to be less engaged than older workers; suggesting that organisations may not be meeting the needs of younger workers. This, as the authors suggest, may have potentially serious implications for organisations as well as younger workers in terms of career progression and skill utilisation. In addition, women tended to be more engaged, more satisfied with their work-life balance and feel a greater sense of loyalty to the organisation and their customers/clients than men, and managers tended to be more engaged, feel a greater sense of involvement with as well as loyalty to the organisation, and find more meaning in their work than non-managers.

Overall, the authors stated that '*good, sound management practice and jobs that enable employees to fulfil their potential will lead to higher levels of employee engagement*' [16(p.45)]. From looking at the findings of this report, it appears that tools and resources that increase engagement are those which help employees a) be involved in higher-level decision-making, b) feel continually updated on changes and informed about the organisation, c) feel that managers are committed, fair and care about their staff, c) find meaning in their work through the tasks they perform, the skills they use and the potential route for progression/development, and d) have opportunities to work flexibly and to have a good work-life balance.

Limitations

The nature of the study means that it is only possible to establish correlation and not causation.

West M A, Dawson J. *Employee Engagement and NHS Performance*. London UK: The King's Fund; 2012[18]

This study analysed the NHS Staff Survey data to identify factors which are associated with employee engagement within the NHS context. The paper discussed a number of definitions of engagement and stated that the NHS Staff Survey definition includes three elements: psychological engagement, influence in decision making and advocacy. The data used were primarily taken from the 2009 and 2010 NHS Staff Survey. A total of 288,435 NHS staff were asked to participate in the survey in 2009; 54 per cent of those

completed it (156,951 responses). However, sample size data was not given for 2010. This paper focused on data in relation to two possible antecedents: appraisals and team working. These were identified as areas to investigate based on previous work by the research team.

Findings of the study

The responses relating to appraisals were analysed according to whether employees had received a good quality appraisal (defined as being useful, clear, and valuable), a poorer appraisal (defined as not very useful, clear or valuable) or no appraisal. 71 per cent had received an appraisal while 32 per cent had said that their appraisal was well-structured. A good quality appraisal was associated with the highest levels of engagement, whereas a poor quality appraisal was associated with lowest engagement scores; even lower than having no appraisal at all.

To assess team working, the study identified three possible team types: well-structured teams, pseudo-teams and not in a team. A well-structured team was one in which there were clear, shared objectives for the team and where the team would regularly discuss team effectiveness and how to improve it. A pseudo-team was one which did not meet all the criteria above. Although 93 per cent stated that they worked in a team, only 43 per cent thought they worked in a well-structured team. Working in a well-structured team was associated with the highest levels of engagement while those who worked in pseudo-teams had lower engagement levels than those who stated that they did not work in a team.

Other factors that were associated with higher levels of engagement included having an interesting job, receiving support, feeling that the job role made a difference, having low levels of work pressure, having clear job content and feedback, and having the opportunity to be involved in decision-making.

Limitations

The sample size was not given for 2010. The quality of the appraisal and of the team was measured using self-report items, which were not verified against perceptions of other team members or the manager.

Discussion

This review focuses on the concept of employee engagement, which has developed into a broad and diverse concept that many practitioners consider as having the potential to benefit both employees (in terms of improving wellbeing and morale) and employers (in terms of increased performance and innovation). Therefore, examining the evidence on what may help organisations achieve high levels of engagement will help NHS managers to not only improve the quality of working life of NHS staff, but also of patient care and health services. In line with this rationale, the aim of this review is to examine the evidence from good quality practitioner studies to ascertain which tools and resources would be most useful for NHS managers to utilise in order for them to increase engagement within their organisations.

This review includes evidence from 14 practitioner studies about the extent to which interventions, tools and approaches put in place by organisations and line managers are associated with increases in the engagement levels of their employees. The studies have been included because they met the selection criteria set out at the scoping stage: they were found on websites that had been identified as sources of relevant information, included the agreed search terms and met the selection criteria set in the form of five questions:

Is the material relevant or useful to an NHS practitioner?
Does the material contain evidence?
Does the material include a described methodology?
Is the research original to this source?
If the material forms part of a series, is this the most recent?

The 14 studies covered a range of elements associated with engagement and represented a number of countries, sectors and organisation sizes. Due to the nature of the study methods, none of them were able to establish causal links between the particular interventions, attitudes or behaviours being analysed and subsequent improvements in engagement. The findings were instead correlations or associations. Despite this caveat, it is striking and encouraging that this group of disparate studies does produce a relatively small number of key themes which help guide practitioners

towards tools and resources that may be particularly useful for fostering and embedding high levels of engagement within an organisation. The key themes identified were:

1. Senior leadership

2. Role of the line manager

3. Appraisals, performance management and training

4. Meaningfulness

5. Employee voice

6. Team-working

7. Support for work-life balance.

Before discussing each of these themes in turn, it is important to firstly discuss how engagement was defined and measured across the 14 studies. This is because the ways in which engagement is understood as a concept has been found to vary considerably[1], and so this variation needs to be considered when attempting to understand how it can be increased/embedded within an organisation.

Definition and measures of engagement

It is a limitation of this field of study that there is not one accepted definition and that this can cause confusion in discussions of the topic[1]. This lack of a single definition is mirrored in the lack of a single measure of engagement. Without these in place, it is possible discussions on engagement are at cross-purposes and that researchers are studying slightly different phenomena by their choice of measures. There is further elaboration of this question in 'Measuring engagement and interpreting survey results'[20], a paper led by Luke Fletcher of IES and available through the NHS Employers website.

The definitions used in the 14 practitioner studies were:

Alfes et al (2010)[2]: '*Being positively present during the performance of work by willingly contributing intellectual effort, experiencing positive emotions and meaningful connections to others. We see engagement as having three core facets: intellectual engagement, or thinking hard about the job and how to do it better; affective engagement, or feeling positively about doing a good job; social engagement, actively taking opportunities to discuss work-related improvements with others at work.*' [2(p5)]

Gourlay et al (2011)[4] uses the same definition as Alfes et al, 2010[2].

Gourlay et al (2012)[5]: Two types of engagement: '*emotionally engaged, displaying an emotional attachment to one or more aspects of their work, or transactionally engaged, happy to exhibit the behaviour of engagement, do what is required or expected as long as promised*

rewards such as promotion or training are forthcoming, but not committed to the job or the organisation and willing to leave if a better offer appears elsewhere.'[5p3]

GSR (2013)[6] do not include a definition of employee engagement.

Kenexa (2008, 2012, 2013)[8-10]: '*The extent to which employees are motivated to contribute to organizational success, and are willing to apply discretionary effort to accomplishing tasks important to the achievement of organizational goals.'*[10(p4)]

Lewis et al (2011)[11]: '*Being focused in what you do (thinking), feeling good about yourself in your role and the organisation (feeling), and acting in a way that demonstrates commitment to the organisational values and objectives (acting).'*[11(p4)]

Robinson et al (2004, 2007, 2009)[12-14]: '*Engagement is a positive attitude held by the employee towards the organisation and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organisation'* [12(p9)]

Tomlinson (2010)[15]: '*Employee engagement consists of three parts – the belief (mental), the feeling the brand generates (emotion) and, most importantly, the generation of discretionary effort (behavior)'.'*[15(p26)]

Truss et al (2006)[16]: Uses the May et al (2004) measure of engagement, which is based on Kahn's (1990) definition of engagement as the '*harnessing of organisational members selves to their work roles; in engagement people employ and express themselves physically, cognitive and emotionally during role performances'*[19(p694)].

West & Dawson (2012)[18]: Uses the NHS staff survey definition stating that '*engagement was measured using three different dimensions: psychological engagement (similar to motivation), advocacy, and involvement'.'*[18(p13)]

Despite the studies using different definitions, they do seem to share a similar understanding of engagement as a composite attitude that consists of emotional, cognitive and behavioural elements. They seem to focus on the relationship with the organisation, but some, e.g. Alfes et al (2010)[2], focus on the job role.

To conclude, there are a range of diverse definitions being used within practitioner studies. This makes it difficult to make firm and unified conclusions about the evidence due to the possibility of comparing apples and pears rather than apples and apples; particularly when some focus on the relationship with the organisation and others focus on the relationship with the job role. However, there seems to be an underlying assumption that engagement is a multifaceted and positive work-related attitude, which at least provides some common ground.

Theme 1: Senior Leadership

The studies show clear differences in the role of senior leaders and immediate line managers in fostering engagement in employees.

In this section, the role of senior leaders is analysed. Alfes et al (2010)[2], showed that positive perceptions of senior manager communication style and vision were associated with higher levels of engagement. This is supported by Truss et al (2006)[16], who also found that those who held positive perceptions of leaders were more engaged than those who held neutral or negative perceptions. Truss et al (2006)[16] also identified a group of employees called 'committed visionaries'. This group were those who perceive senior management to have a clear vision and themselves support that vision, and were highly engaged.

Kenexa (2012)[10] stated that, amongst employees who trust their leader, engagement was 81 per cent, whereas, amongst those who distrust their leader, engagement was 29 per cent. Kenexa (2008)[8] also found that having leaders who inspire confidence in the future was a key theme for the factors that are associated with increased levels of engagement.

There seemed to be mixed findings with regards to perceptions of senior management effectiveness. Kenexa (2012)[9] found that senior leader effectiveness was positively associated with engagement, and that such perceptions were more positive in the private sector than public sector. In contrast, Alfes et al (2010)[2] found that ratings of senior management effectiveness were negatively associated with engagement. They argued that if the general perception of leaders is positive, particularly with regards to communication and vision, then specific negative perceptions may actually engage an employee more because it motivates them to drive change and innovation within the organisation. Thus, organisations should ensure that senior managers are viewed positively with regards to communication, trustworthiness, and vision/direction.

Theme 2: Role of the Line Manager

The role of the immediate line manager is analysed in a very high number of the studies; indeed two studies exclusively analysed line manager behaviours which were associated with increased employee engagement.

One of these was Lewis et al (2011)[11], which found that the most important behaviours for managers were reviewing and guiding, giving feedback, praise and recognition, and encouraging autonomy and empowerment. The other was Robinson and Hayday (2009)[12], in which the top three manager behaviours linked with increased engagement were communicating and making clear what is expected, listening, valuing and involving the team and being supportive.

In other studies, the role of the line manager was one factor in a broader range of components analysed. Line management style was one of the six key drivers of engagement identified in Alfes et al (2010)[2], and Gourlay et al (2012)[5] showed that the quality of the line manager relationship was associated with engagement. Kenexa (2008, 2012)[8,10] showed that the effectiveness of the direct manager and the presence of managers who respect and recognise employees were associated with high levels of engagement. Truss et al (2006)[16] demonstrated that perceiving one's line manager as

committed to the organisation was associated with higher levels of engagement. The same study showed, however, that perceived managerial fairness was related to individual performance but not to engagement. GSR (2013)[6] linked a programme of leadership development for line managers with an increase in levels of engagement amongst all employees.

Theme 3: Appraisals, performance management and training

More specifically, having a manager who manages performance well was associated with higher levels of engagement[12]. In West and Dawson (2010)[18] a good quality appraisal was linked to higher engagement as was clear job feedback. It is important to ensure that managers have the skills to deliver effective appraisals as this study found that having an appraisal that was defined as poor quality was linked to lower levels of engagement than not having an appraisal. The importance of appraisals was also supported by Robinson et al (2007)[14] and Kenexa (2012)[10] who both found that having an appraisal contributed to higher levels of engagement.

GSR (2013)[6] showed that monthly supervisory meetings focused on performance management principles were associated with increases in engagement. This was reinforced by Lewis et al (2011)[11] who found that a key competency of an engaging manager was giving feedback. Robinson and Hayday (2009)[12] also found that being target-focused was a key attribute of engaging managers. As well as having discussions about performance, it seems that taking steps to build performance is associated with higher levels of engagement. Tomlinson (2010)[15]discussed the benefit to engagement of including a clear training needs analysis within an appraisal process. Robinson et al (2004, 2007)[13,14] as well as Kenexa (2012)[9] supported this by showing that receiving training and holding positive perceptions of such training and development opportunities were associated with higher levels of engagement.

Theme 4: Meaningfulness

The link between meaningfulness and engagement can be traced back to Kahn (1990)[19], who proposed that meaningfulness is one of three critical psychological conditions that need to be met for engagement to occur. Kahn (1990)[19] defined psychological meaningfulness as '*a feeling that one is receiving a return on investments of one's self in a currency of physical, cognitive, or emotional energy*'[19(p703)]. In other words, it refers to feeling that the work one does 'makes a difference' and is worthwhile and personally significant.

Within the practitioner studies, meaningfulness at work was described as '*the extent to which employees find meaning in their work…where people can see the impact of their work on other people or society in general*'[2(p23)] or where one can see how one's work contributes to the organisation's aims/success (i.e. 'seeing the bigger picture')[5, 6]. For Alfes et al (2010)[2] and Gourlay et al (2012)[5] meaningfulness was the most important driver of engagement. Within the NHS context, West & Dawson (2012)[18] found that feeling that the job role

makes a difference was a factor associated with higher levels of engagement. Other studies[16,18] also showed positive links between aspects of meaningfulness and engagement

Theme 5: Employee voice

Employee voice is a term which refers to the opportunities employees have to input into decisions affecting their work and to be properly consulted and communicated with over workplace issues. Alfes et al (2010)[2], Truss et al (2006)[16] and West & Dawson (2012)[18] found that having such opportunities to feed views upwards and to input into higher-level decision-making was linked to higher levels of engagement.

Both Lewis at al (2011)[11] and Robinson and Hayday (2009)[12] showed that a manager who welcomed ideas and feedback from employees, and provided opportunities for team members to input into decision-making was able to elicit higher levels of engagement within their team.

Theme 6: Team working

West & Dawson (2012)[18] linked being part of a well-structured team with increased levels of engagement, yet being part of a pseudo-team (i.e. in a poorly structured team) was connected with lower levels of engagement than not being in a team. GSR (2013)[6] found that having team days contributed to an overall strategy that helped increase engagement for two departments within the HMRC.

Kenexa (2012)[10] found that co-worker quality, made up of being cooperative, do their best, feel part of a team, was one of the four key drivers of engagement. This is further supported by Truss et al (2006)[16] who found that increased job satisfaction was associated with higher engagement and that a key component of increased job satisfaction was the quality of the relationships with colleagues. Related to this, Alfes et al (2010)[2] showed that a supportive work environment was associated with higher levels of engagement.

Theme 7: Support for work-life balance

Truss et al (2006)[16] found that those who were satisfied with their work-life balance or those on flexible contracts were more engaged than other employees. Kenexa (2012)[9] also showed that having support for work-life balance was one of the top three drivers of engagement, and that satisfaction with work-life balance was higher in the public (58 per cent) than in the private (51 per cent) sector.

Kenexa (2008)[8] found that organisations which demonstrated a genuine responsibility to their employees and communities, particularly through showing support for work-life balance, was associated with higher levels of employee engagement.

Other factors explored

The above seven themes were the key ones that emerged; however other elements were also discussed by some studies. These were:

- **Job variety**: Having a range of different tasks that utilised a mix of skills and abilities was found to be positively associated with engagement[11,13,14,18].

- **Job autonomy**: Being able to decide how to conduct one's work tasks and having personal discretion over the scheduling of one's workloads was associated with higher levels of engagement[11,13,14,18].

- **Equal opportunities**: Feeling that the organisation was committed to providing equality of opportunities and would act upon any incidence of bullying/harassment was associated with higher levels of engagement[13,14,16].

- **Health and safety**: Feeling that the organisation made provision for high standards of health and safety policies, procedures and practices was associated with higher levels of engagement[13,14].

Conclusion

This review of practitioner studies has enabled us to draw out seven key themes in relation to tools and resources which organisations and managers can put into place to foster and embed high levels of engagement. These can be used to form evidence-based recommendations for practice, and so this section discusses relevant recommendations that arise from each of the seven themes, as well as action planning (see 5.8).

Senior leadership

A number of the papers suggested ways in which senior leaders can be harnessed to embed high levels of engagement across the whole organisation. One the most important aspects was the need for senior leaders to develop a clear, inspiring and promising vision for the future that instils confidence and trust in their ability to lead the organisation[2,8-10,16]. Therefore tools and coaching processes that help senior managers to create such positive and engaging visions may be particularly useful.

A second aspect that emerged was that senior leaders should be perceived as '*open, transparent and approachable*'[2(p3)] by employees. Other studies[11,12] also highlighted the importance of trust in senior managers and senior managers leading by example. Therefore, this suggests that selecting senior managers who can demonstrate that they have acted in ethical and morally justified ways, and/or score highly on psychometric assessments designed to capture personality characteristics that are associated with such behaviours may be helpful.

A third aspect was that senior managers should show that they value employees, and are committed to employee involvement and wellbeing[8-10,13,14]. In order to develop such competences, many of the studies highlight the usefulness of personal development practices such as 360 degree feedback, competency frameworks and assessments, and practical toolkits[8-11,15]. Kenexa (2012)[9(p.7)] argued that senior managers should '*be assessed against behaviors…using objective assessments of leadership…(to) ensure that all development decisions are made with the very best evidence*'.

Finally, Tomlinson (2012)[15] highlighted how gaining buy-in from senior managers about the value and importance of employee engagement to the success of the organisation was crucial for getting the engagement strategy at Kia Motors off the ground. This suggests that HR practitioners and those with influence should take some time and effort to prepare a strong business case for engagement so that senior managers can clearly see the benefit of investing in engagement activities.

Line management

Many of the papers suggested ways in which line managers can be harnessed to embed high levels of engagement across the whole organisation. Line managers are implicated within the themes of performance management and training, meaningfulness, employee voice, team working and work-life balance. In order not to overlap with these other themes, this section will detail how line managers themselves can be selected, developed and managed to foster engagement within their teams.

With regards to selection, psychometric assessments such as situational judgement or integrity tests could be used as a proxy indication of a potential manager's likely style of behaving in respectful and trustworthy ways. A key foundation of engagement is having a good quality relationship with one's line manager that is based on mutual respect and trust[13,14,16]. Therefore, selecting managers who are inclined to act in interpersonally respectful and trustworthy ways would be beneficial to ensure that the basic foundations for engagement are set[11].

Many of the papers highlighted how line managers can be trained to enact people management behaviours that build engagement within their teams. In particular both Robinson et al (2009)[12] and Lewis et al (2011)[11] have developed competency frameworks for assessing and monitoring engaging management behaviours. These frameworks can be used, or adapted to fit particular contexts, as a basis for personal development initiatives targeted at line managers. As Robinson et al (2009)[12(p.71)] note '*engaging managers are made, not born. They learn through observing others and through self-reflection*'. Therefore training and development of line managers' people management behaviours seems like a fruitful avenue for building engagement.

Lastly, line management behaviour can be shaped by harder performance management processes[9-11]. By building an assessment of people management behaviours that encourage engagement[11,12] then managers can, on one hand, be held accountable for their behaviour and, on the other, be rewarded and recognised for demonstrating a commitment to fostering engagement within the organisation. Thus performance management processes can act as an extrinsic motivational tool to reinforce engaging management behaviours that, with time, become embedded within the culture of the organisation.

Performance management and training

Engagement can be enhanced when employees can see how they can add value to the organisation through their skills and performance. Therefore, performance management and training practices can help engage employees because they provide motivational targets, clarify performance expectations and standards, and encourage self-awareness and improvement[6,8-10,13-15,18]. Therefore these practices can be harnessed to foster engagement.

GSR (2013)[6] found that building engagement behavioural indicators within appraisals and one-to-one discussions with managers formed an important part of the engagement strategy for the HMRC. These indicators not only served as a monitoring tool, but also helped to identify development needs regularly and accurately. Moreover, utilising voice processes could help identify broad gaps in training and development, whereas appraisal processes can identify specific ones for individuals and workgroups[15].

Lastly, it was highlighted that although pay may not in itself be that important to engagement, recognising and rewarding performance may help increase engagement[13,15]. This could involve small gestures such as thank-you cards and gifts to more grand gestures such as employee awards, benefit packages and financial bonuses[6].

Meaningfulness

Some of the papers discussed ways in which meaningfulness can be fostered. Firstly, jobs and work tasks should be designed to be interesting, challenging and enjoyable[2,16]. Kenexa (2008)[8] found that feeling a sense of personal accomplishment, feeling that one's knowledge, skills and abilities were being utilised, and feeling that one's job held promise for one's future career goals were highly associated with feeling 'excited' about one's work. Gourlay et al (2012)[5] also highlighted how feeling some degree of fit and identification with one's job role as well as with the organisation will help an individual feel more engaged. Thus, how the job role and work tasks are perceived in relation to one's own identity as a person and as an organisational member may be crucial for meaningfulness.

Kenexa (2008)[8] additionally pointed out that such feelings of excitement and identification are difficult to sustain over time as *'employees become disenchanted…once employees know their job, fewer projects and tasks are outside of their box and fewer work problems pose an exciting challenge'* [8(p.24)]. Therefore, organisations need to ensure that jobs can be adapted and reconfigured over time to allow employees to continue to extract meaning from their work.

A number of the papers suggest that line managers may be particularly important for helping employees to gain meaning from their work. A common rationale is that meaningfulness can be fostered by *'articulating the links between individual jobs and the broader organisational aims and…sharing an understanding of deeper levels of the purpose of the organisation'* [2(p.3)]. Line managers are in a unique and pivotal position because they

'have an in-depth knowledge of their organisation and how their role (and their team) fits into the bigger picture' [13(p.73)]. Thus, they are a crucial intermediary between employees and the organisation, and so are able to facilitate such meaningful links between jobs and the wider purpose/objectives of the organisation. The GSR (2013)[6] case study of the HMRC showed that discussions on managing change facilitated by the team leader helped employees make the connection between their work and organisational objectives so they could fully understand the context and benefits of HMRC's change strategy.

However, it is not just line managers that can help facilitate such links between jobs and organisational strategy. Tomlinson (2012)[15] observed that improving internal communications were a core part of Kia Motor's engagement strategy. Improvements included introducing quarterly employee briefings and redesigning the corporate intranet. By increasing the opportunities for, and quality of, top-down communication, Kia Motors were able to provide all employees with access to the information they needed to see how their job roles fitted in with the overall organisational strategy.

Employee voice

Feeling valued and involved within organisational decision-making processes, and feeling that one can raise concerns and suggestions for improvement have been shown to be strongly associated with engagement[2,13]. Bringing together the evidence and discussions from the 14 practitioner studies reveals four main ways that employee voice can be fostered.

Firstly, senior managers can help strengthen employee voice by implementing channels and initiatives that provide employees with an opportunity to raise concerns and suggestions for improvement[16]. Some examples may include regular staff suggestion schemes[2] and focus groups or forums where employees can have discussions directly with senior managers[15]. It is important that senior managers have a genuine desire to listen and act upon feedback from employees[2] otherwise these could actually disengage employees if they feel that senior managers are simply paying them lip service. Communicating upon decisions and actions as a result of such feedback is also important[14].

Secondly, organisational practices to improve performance and effectiveness can be harnessed as a way to encourage proactive problem-solving that develops cross-functional working and co-operation across teams[2,6,14]. Employees will feel more involved with the wider organisation and feel that are contributing significantly to important decisions and actions that ultimately may improve the organisation's culture, environment and/or performance.

Thirdly, HRM practices that demonstrate to employees that the organisation values them and is committed to them provide the basis for voice. Employees feel valued and involved, and subsequently engaged, when they perceive that the organisation

provides good equal opportunities, training and development, pay and benefits, performance appraisals, and health and safety practices[14].

Lastly, line managers act as the day-to-day gatekeepers of voice as they shape the immediate working environment that surrounds the employee. Line managers who are communicative and approachable; gain input from the team in workgroup decisions, and enact an open-door policy help employees to feel that they are valued and involved within the organisation[2,12,16].

Team working

Team working was seen as a fairly useful way to engage employees within many of the studies[2,6,10,16,18]. There was not much discussion around how team working can be developed to best achieve engagement. Despite this, there is evidence to suggest that two ways may be useful.

Firstly, line managers can set clear shared targets for their team, and use these as motivational tools to enhance engagement for the whole workgroup[18]. Team members will feel part of a collective purpose that not only clarifies how the team contributes to the success of the organisation, but acts a way to facilitate decision-making and problem-solving within the team. Thus, teamworking can help promote meaningfulness and voice, which, as detailed in this paper, are particularly powerful processes that foster engagement.

Secondly, line managers can encourage team members to help and support each other in proactive and practical ways[2,9]. This not only builds resources and communication within the team, but also strengthens feelings of trust and respect. All of these aspects are important for engagement because employees need to feel that they are safe and secure environment where they can fully express themselves without fear of negative consequences[19].

Work-life balance

Work-life balance emerged as an important driver of engagement in some studies[8-10,13,16] mainly because it may constitute a crucial part of one's perception that the organisation genuinely cares about their employees[8]. To strengthen such perceptions organisations can focus on the following two actions.

Firstly, HRM policies and flexible work arrangements can be developed to increase the flexibility and choice offered to employees with regards to working hours, location of work and access to resources[13,16]. Employees who have more control over how they manage the interface between their work and non-work lives are likely to be more engaged because they feel supported and feel a greater sense of balance between the two.

Secondly, line managers can support each of their direct report's work-life balance by being empathetic and showing consideration towards their unique needs[11,12]. Line managers have day-to-day interactions with employees and so it is important that line managers enact interpersonal behaviours that demonstrate support for work-life balance and individual flexibility.

Action planning

It is well understood that practitioners, particularly in the NHS, whether they are line managers or HR specialists, have very limited budgets for engagement programmes. Given such constraints, it is hoped that this summary of the evidence available will allow informed choices to be made as to the most effective means of using available resources to achieve higher levels of engagement.

Before designing an engagement strategy, an audit of the above drivers and practices could be taken to identify particular areas to focus on. For example, it may be that the organisation provides a range of flexible work arrangements and has policies in place to support different groups of the workforce with regards to work-life balance; however it may be lacking in opportunities and avenues for employees to share their concerns/ideas and be involved in decision-making. Therefore, it would make sense, for that organisation, to focus on developing employee voice rather than work-life balance. However, ignoring work-life balance and the other drivers completely or failing to consider how actions may then impact on the other drivers is also dangerous. Within any strategy or plans an assessment of the risks and impacts to the other drivers, and how the organisation would consider these, is recommended.

Appendices

Appendix 1: Methodology

In this Appendix we set out the methods used to review the practitioner material sources that ran in conjunction with the main data collection and analysis process. The practitioner material was evaluated for its relevance to the evidence synthesis report, and for inclusion in the practitioner outputs arising from this project.

In order to acknowledge the importance of practitioner-led research, as well as address the risk of publication bias, the development of the search terms and strategy was shaped by the need to include 'practitioner material' on employee engagement from the health sector and beyond. At this stage the project team, in consultation with others experts and Advisory Group members, discussed possible sources of practitioner material in order to make the search strategy as inclusive as possible and to be

able to address the fourth research question: 'What tools and resources would be most useful to NHS managers in order to improve engagement?'

It was agreed it would be useful to have a list of 'mandated sources' of this literature deemed by the experts to be of the highest quality and relevance, including professional or membership organisations and networks (e.g. various Royal Colleges, NHS Federation, NHS Employers); research centres (e.g. Institute of Work Psychology, RSA); unions; third sector organisations (e.g. Nuffield Foundation, the King's Fund), as well as various conferences (Healthcare Conferences UK, British Academy of Management), independent consultancies and think-tanks, along with government-led or sponsored agencies (DH, Nursing and Midwifery Council, UKCES).

Scoping study

In order to identify evidence-based practitioner material on the topic of employee engagement likely to be of relevance to the evidence synthesis and/or the production of practitioner materials, an initial scoping exercise was completed to locate primary sources from which these items might be obtained. Using the expertise of team members in the field of engagement, combined with their familiarity with the NHS and reference aids such as listings of health-related organisations in Binley's Directory of Management, the project team produced a list of 121 practitioner material sources that they believed warranted a preliminary search. It was agreed that each listed source would be individually examined for relevant evidence-based content.

An initial list of six search terms was devised by those members of the project team leading the practitioner material extraction. These were: 'employee engagement', 'staff engagement', 'employee involvement', 'employee participation', 'social partnership forum' and 'employee voice'. The aim of this broad list of search terms was to assess whether the identified sources contained any evidence-based material. The rationale was that sources yielding no relevant material did not need to be investigated further; while those that did yield apparently relevant material would be taken forward to the next stage, when the longer list of search terms (those in use for the core evidence synthesis) would be used.

A log was kept of the search strategy adopted for each source, recording the type of search engine and any filtering functions that were used, as well as the search terms employed and the results of the scoping exercise. Specifically, the number of materials that each search term returned was recorded for every listed source. The format of these documents was then specified in each instance. Finally, the reviewer's comments on the overall quality of the source were listed next to the search results. For the purposes of this evidence synthesis, a source was deemed to be of high quality if, in the first instance,

several documents were returned that referenced one of the six search terms in either the title, abstract or main body of the text and, second, if any supporting evidence obtained from primary quantitative or qualitative research conducted by the author(s), organisation(s) and/or affiliate(s) involved in the production of these materials was presented.

On this basis, any sources that returned a substantial number of materials on the topic of employee engagement that could be classified as either editorial or opinion pieces containing no primary research evidence were judged to be of low quality, and were therefore discounted entirely from further use within this review. Sources that returned very few or no documents that referenced the selected search terms in the text fields specified were also deemed unsuitable for further sifting. It was envisaged that this scoping strategy would aid the next stage of the practitioner material extraction - the project team's systematic search for potentially relevant material - by producing a refined list of sources derived from the 121 originally listed that were known to provide access to primary research outputs on employee engagement and related topics.

A useful by-product of this scoping exercise was the identification of additional sources of practitioner material through secondary references to reports or resources provided by other organisations in the area of employee engagement. Table 1 details the search features that were used to scope each listed source; it shows that internal website search engines were utilised in vast majority of cases (75.7 per cent). Where this strategy was adopted, the search field was 'all text', except in one instance where an exact phrase search was used in order to reduce the total number of materials returned, and to ensure that the listed documents addressed the subject of the search terms. Filtered searches - for instance, by listed publications - were also employed in a number of instances.

Table 1: Search features adopted in scoping exercise of practitioner material

Search feature	No. of sources	per cent
Website search engine	103	75.7
Manually keyword search (Ctrl + F)	17	12.5
Library Catalogue	1	0.7
Subject headings	3	2.2
No search function adopted	12	8.8
Total	136	100.0

Where internal website search engines were not available, or in cases in which these search engines could not be filtered to return a manageable list of materials, a manual keyword search of listed content was employed. This strategy was frequently adopted when attempting to scope the work of research institutes/centres affiliated with Universities. The search engines available from these websites tended to search published content across the University, and could not be filtered by the research body in question. Manual keyword searches were generally conducted by listed publications, working papers, current research projects, and/or research themes; and were employed for 17 sources in total. These 17 sources included; the Institute of Work Psychology; EU Workplace Innovation Network; Society for Human Resource Management; Centre for Research on Management and Employment; Work and Employment Research Unit; Centre for Employment Studies Research; Routledge Research in Employment Relations; The Future of Work; Employment Research Institute; Institute of Medical and Social Care Research; Center for Healthcare Management; Centre for Health Information Management Research; Health Services Management Centre, University of Birmingham; Work and Employment Research Centre; Peoplemanagement.com; European Association for People Management; Contemporary Work and Employment Relations.

In a small number of instances (2.2 per cent), a manual search was not needed as the website in question provided clear links to relevant content. For example, the Tomorrow's Company website had a section dedicated to its 'Rethinking Voice' research series, which examines the value of employee voice to both employers and employees operating in companies within the UK through a number of case studies. Finally, no search function was adopted for 12 listed sources. In these instances, no search engine, listed content, or clearly labelled and relevant subject headings were provided. These websites were thereby deemed unusable and discounted entirely from this evidence review.

A further 15 potential sources of practitioner material were identified during the scoping exercise via in-source links and references to items of research and consultancy conducted by other organisations in the area of employee engagement, bringing the total number of listed grey sources to 136 (see Table 1).

Table 2: Number of returned results of practitioner material by search term

Search term	No. of returned results	per cent
'employee engagement'	27,604	15.2
'staff engagement'	52,840	29.2
'employee involvement'	34,640	19.1
'employee participation'	17,571	9.7

'social partnership forum'	34,869	19.3
'employee voice'	13,500	7.5
Total	181,024	100.0

A substantial proportion of listed practitioner material sources (39 per cent) returned no materials of relevance to the present evidence review, after trialling each of the six search terms individually. This occurred for 53 out of 136 sources. Each of the six search terms employed within the scoping exercise returned a large quantity of materials from selected sources (see Table 2). The term 'staff engagement' returned by far the largest number, at 52,840. This was 10 per cent more than the terms 'social partnership forum' and 'employee involvement', which returned the second and third highest numbers, respectively. 'Employee voice' produced the smallest number of hits at 13,500, 7.5 per cent of the total number.

The team members leading the practitioner material extraction encountered several difficulties in attempting to classify the type of documents that each source returned. Some sources already provided their own classifications for the returned documents, while others supplied none. For those sources that did provide classifications, these varied from broad-based definitions – such as documents listed as, 'Training and Business Solutions' by the Advisory, Conciliation and Arbitration Service (ACAS) – to the very specific. Further, in some cases the returned results were so large in number that it was not possible to classify each document individually.

The final classifications recorded within the search log varied between sources. Where the selected search terms returned a large number of unclassified results, a general comment on the types of documents returned, and their frequency, was provided. This tended to cover all the search terms used, although any noticeable variations between terms were specified. However, in instances where the returned results were small enough to allow individual classification by the reviewer, and no prior, specific classifications were provided by the source in question, the document type, and the precise number that each search term returned, were listed. Despite these difficulties, a few document formats appeared frequently among the returned materials. These included resources that may be classified as case studies, research reports, guidance documents, expert practitioner interviews and feature pages/press releases commenting on the results of secondary research.

Of the original list of 121 potential sources of practitioner material, 29 were deemed to be of high quality on the basis of the criteria outlined above (see Table 3). There was no noticeable trend in terms of the type of source included, although many had an established track record of producing, or

providing access to, research outputs on the topic of employee engagement. These included sources such as the CIPD, the IPA, IES, Engage for Success and NHS Employers. Few of the Royal Colleges returned any relevant results. These sources were therefore excluded entirely from the rest of the evidence review because it was decided that focusing on the sources that were likely to yield the most number of relevant and potentially useful studies was the best use of the project's budget and resources.

Table 3: Initial list of approved practitioner material sources

Source
ACAS research papers
CBI
CIPD
Department for Business, Innovation and Skills (BIS)
Engage for Success
Eurofound
Gallup Business/Management Journal
GSR (Government Social Research/Government Research Service)
Harvard Business Review
Hay Group
Hewitt Associates (Now Aon Hewitt)
IES
International Labour Organisation (ILO)
Involvement and Participation Association
NHS Employers
NHS Institute
NICE
Optimise Ltd.
People Management
Personnel Today
Policy Studies Institute (PSI)
Routledge Research in Employment Relations
Society for Human Resource Management (SHRM)
The Boston Consulting Group
The Future of Work (ESRC)

The King's Fund

The Work Foundation

Towers Watson

UK Commission for Employment & Skills (UKCES)

A review of this list was carried out by the team and the project adviser. The review was designed so that no further sources of possible relevant material could be identified, and to verify that the list contained sources of sufficient quality. At this stage, sources were deemed to be of high quality if they contained supporting evidence obtained from primary quantitative or qualitative research. The review of the list by the team resulted in the inclusion a further 9 sources (see Table 4):

Table 4: Sources added to the list of by the research team

Additional sources
Kenexa
Ipsos Mori
BlessingWhite
Corporate Leadership Council
Roffey Park
Mercer
McKinsey
Health Service Journal (HSJ)
Nursing Times

A number of these sources were not initially mandated in the practitioner material search as they would have been captured in the sifting exercise of the academic literature. To address publication bias these were added to the practitioner material search. At the same time a number of other sources were removed from the list. These are listed in Table 5 with the reasons for their removal.

Table 5: Sources removed from initial list of practitioner material sources with reasons

Source name	Removal reason
Personnel Today	News items only – no original research
Routledge Research in Employment Relations	Books only – no capacity to review books in this search

| Eurofound | No relevant materials |
| The Future of Work (ESRC) | No relevant materials |

It was also decided that any individual materials which had been identified during the main academic search and that did not meet that quality threshold, yet which were considered to have relevance for the practitioner material search, would be referred to the practitioner material search team for review.

The structured search

Having established the list of sources of practitioner material, a more specific search for materials was carried out using internal website search engines where available. The search facilities on the practitioner material sources had very limited capacity for complex multi-term searching and the search terms returned a very high volume of material with a great deal of duplicated material. It was therefore decided to limit the search terms to:

- 'employee engagement'
- 'staff engagement'

The results of the structured search of grey material as reported in Table 6 include high levels of duplication of materials across and within websites along with a high volume of material that not relevant to the evidence review (e.g. press releases, role descriptions and conference details).

Table 6: Number of items of practitioner material returned for each source and search term

| Sources | Terms | | | |
	Employee Engagement	"Employee Engagement"	Staff Engagement	"Staff Engagement"
Acas	418	208	328	28
BlessingWhite	178	139	156	16
CBI	209	209	344	344
CIPD	864	469	314	17
Corporate Leadership Council*				
Department for Business, Innovation and Skills (BIS)	50	50	50	50
Engage for Success	153	0	0	0
Gallup Business/Management Journal	40	30	13	1
Harvard Business Review	262	262	262	262
Hay Group	764	736	35	1
Hewitt Associates (Now Aon Hewitt)	403	297	179	10
Health Service Journal (HSJ)	5,321	47	16,777	200
IES	797	500	570	23

International Labour Organisation (ILO)	2,469	40	2,589	7
Involvement and Participation Association	186	96	191	191
Ipsos Mori	42	33	54	9
Kenexa	137	21	42	0
McKinsey	567	84	567	11
Mercer	110	41	11	1
NHS Employers	126	48	512	256
NHS Institute	24	2	2,890	76
NICE	113	1	564	2
Nursing Times	1,934	6	9,081	84
Optimise Ltd.	3			
People Management	2,201	699	1,720	0
Policy Studies Institute (PSI)	0	0	6	0
Roffey Park	15	0	4	0
Society for Human Resource Management (SHRM)	4,150	997	1,690	7
The Boston Consulting Group	367	115	253	8
The King's Fund	10	10	201	7
The Work Foundation	92	60	50	10
Towers Watson	288	288	46	46
UK Commission for Employment & Skills (UKCES)	281	91	368	27
Government Social Research Service (GSR)	23	9	34	0
Grand Total	**22,597**	**5,588**	**39,901**	**1,687**

*this is blank due to difficulties accessing the information on the site. These were resolved for the full search.

Sifting the results

To identify suitable materials for data extraction from the practitioner material identified in the structured search, a series of 'sift' questions were applied to each of the materials. These were:

- Is the material relevant or useful to an NHS practitioner (in the context of staff engagement)?

- Does the material contain evidence?

- Does the material include a described methodology?

- Is the research original to this source?

- If the material forms part of a series, is this the most recent?

These questions were devised by the research team members engaged on the practitioner material review and were intended to identify materials that would be most appropriate to the project research questions and to the production of the practitioner outputs. Applying the quality criteria to the material revealed that a high number of sources (85.3 per cent) were not found to contain any suitable material (see Table 7).

Table 7: Practitioner material sources returning suitable material

	Number	per cent of total
Sources where no suitable material was found	29	85.3
Sources where material for data extraction was found	5	14.7

For consistency, these quality criteria were also applied to the materials that had been referred to the practitioner material search team when sifting the material from the main search. Of the 12 items referred, only one was considered of sufficient quality for data extraction. The application of quality criteria to the list of sources had the effect of reducing the number of sources that were considered suitable. It also enabled the team to focus on a small number of high-quality materials within each source after discounting items identified in the initial count of results that did not fit the quality criteria outlined above (see Table 8).

Table 8: Number of items for data extraction within suitable practitioner material sources

Source	Number of suitable items
CIPD	5
IES	3
Kenexa	3
The King's Fund	1
GSR (Government Social Research Service)	1
Referred from main literature search	1
Total number of items	**14**

Data extraction

The 14 materials identified in Table 8 were taken forward for data extraction. The date range of materials put through the data extraction process ranged from 2004 to 2013. They included two single-organisation case studies, while the other papers discuss data from more than one organisation. Studies were based in the UK, USA or mixed country settings, and four were based either uniquely or partially in a healthcare setting.

Overall, the tools, resources, approaches, and interventions explored in the 14 items shortlisted for data extraction included material focused on the following themes:

- Senior manager leadership

- Role of the line manager

- Appraisals, performance management and training

- Meaningfulness

- Employee voice

- Team working

- Support for work-life balance

These items were cross-checked against the outcomes of the main data sifting and extraction process from the academic literature to ensure their relevance and appropriateness to the development of practitioner materials. The practitioner materials developed as a result of this project are outlined in more detail on the NIHR website.

Appendix 2: Inclusion and data extraction checklists

Inclusion/exclusion checklist

For inclusion, each paper must elicit a positive response to the following criteria:

- Is it relevant or useful for NHS practitioners?

- Does it contain evidence?

- Does it have a described methodology?

- Is the material original to this source?

- If this is a series of publications, is this the most recent?

Data extraction form

Field	Field guidance or detail
Source	ie name of org
Author	Or organisation of origin
Document title	Or first line of text if no title
Year	
Location (Publication)	
Link to full text	
Full text saved?	Use dropdown

Reference added to EndNote?	*Use dropdown*
Assessment against quality criteria (use dropdowns)	*Relevance/usefulness to NHS practitioner*
Quality2	*Contains Evidence*
Quality3	*Has a described methodology*
Quality4	*Material original to this source?*
Quality5	*Most recent (if of a series)?*
Country of origin	*Insert details (country/ies in which research carried out)*
Study population	
Type of environment/setting	
Aim of research / Problem to be tackled?	*Driver or prompt for research being done*
Health context mentioned?	
Definition of engagement	
1st Type of T, R, A, I (Tools, Resources, Approaches, Interventions) discussed (one per field)	*Insert detail or N/A*
1st Study method(s)	*Insert detail or N/A*
1st Measures	*Insert detail or N/A*
1st Results	*Insert detail or N/A*
1st Evidence	*If avail, evidence for single T, R, A, I . Insert detail or N/A*
Overarching evidence	*If evidence not linked to single TRAI, include here*
2nd Type of T, R, A, I discussed (one per field)	*Insert detail or N/A*
2nd Study method(s)	*Insert detail or N/A*
2nd Measures	*Insert detail or N/A*
2nd Results	*Insert detail or N/A*
2nd Evidence	*Insert detail or N/A*
Above categories repeated for 3rd, 4th and 5th TRAI	
Any models/framework/guidance mentioned?	*Insert detail or N/A*
Limitations (author identified)	*Insert detail*
Limitations (reviewer identified)	*Insert detail*
Comments, quotes, relevant findings or conclusions	*Anything useful for final review, such as any particularly informative description or quotes*

Appendix 3: Areas of communality and difference between the evidence synthesis review and the review of practitioner studies

The evidence synthesis[1] found that a large proportion of academic studies examined the relationship between psychological state or job design factors and engagement whereas this review of practitioner materials found that only a small proportion of practitioner studies have investigated such relationships. This high proportion within the academic community relates to the dominant way in which engagement has been conceptualised. Schaufeli et al's (2002)[21] work engagement construct, measured via the UWES[22] and underpinned by the job demands-resources model (J D-R)[23] focuses on the psychological experiences regarding immediate work activities/environment, and is less concerned about the wider organisational and HR context. This reflects the trend within the academic community to view the employment relationship in a purely psychological way[27]. In contrast, this review of practitioner studies indicates that practitioners have focused more on wider managerial issues rather than on psychological factors.

Despite these differences, there are areas of communalities. In particular, both the evidence synthesis[1] and this review of practitioner studies have identified meaningfulness, the role of the line manager, and leadership behaviours as important antecedents of engagement. Meaningfulness refers to the employee feeling that they matter to the organisation and that the work they do makes a difference; line management is about the employee having a supportive, mutually respectful and high quality relationship with their line manager, and leadership refers to how a charismatic leader with an inspiring vision can help engage employees by connecting them with a higher purpose, and show that people within teams can engage each other.

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Appendix 8 'Measuring employee engagement and interpreting survey results' (Institute for Employment Studies paper)

Measuring employee engagement and interpreting survey results

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The Institute for Employment Studies

The Institute for Employment Studies (IES) is an independent, apolitical, international centre of research and consultancy in public employment policy and organisational human resource issues. It works closely with employers in the manufacturing, service and public sectors, government departments, agencies, and professional and employee bodies. For over 40 years the Institute has been a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and human resource planning and development. IES is a not-for-profit organisation.

Acknowledgements

Contents

1. Introduction

Employee engagement is an important part of the organisational mission of the NHS. It has been positioned as:

> *"a key ingredient in helping the NHS meet the range of current challenges that it faces. Effective staff engagement will be essential to help meet the financial challenges and improve productivity…The importance of staff engagement is recognised by its inclusion in the staff pledges which are part of the NHS constitution"* (taken from www.nhsemployers.org).

Thus, employee engagement is considered a crucial driver of staff morale and performance within the NHS, and has been shown to be important to the performance of NHS Trusts, e.g. reduced absenteeism and better quality of services (West and Dawson, 2012). If engagement has the potential to increase the morale and performance of employees, then NHS Trusts should carefully examine engagement scores across its workforce and the key factors that influence these scores. In particular, it is important to consider how the results of engagement surveys can be interpreted and used to identify actions that managers can take to foster engagement within their teams and departments. Therefore this paper is aimed at those (within HR, OD or internal communications) involved in the interpretation and communication of NHS staff survey results within their Trusts. The purpose of the paper is to discuss key issues of defining, measuring and understanding engagement, and to position the NHS staff engagement measure within these discussions. Ultimately it aims to give evidence-based advice to those who use the results from the NHS staff survey on how to develop suitable engagement strategies based on annual engagement scores.

2.　Defining Engagement

Firstly, it is important to have a clear definition and understanding of engagement as a concept. The preliminary findings from the NIHR evidence synthesis (Truss et al, forthcoming) suggests that there a range of definitions of, and perspectives on, engagement even within the academic literature. Despite this, the synthesis identified the most prevalent definition used by the research community was that of engagement as *"a positive, fulfilling, work related state of mind"* (Schaufeli, González-Romá and Bakker's, 2002, p.74). This perspective views engagement as a positive psychological experience when carrying out work activities and work tasks, and refers to feelings of vigour (e.g. energy), dedication (e.g. enthusiasm), and absorption (e.g. feeling immersed).

In contrast, a review of the literature from the practitioner domain (e.g. CIPD, IES, Kenexa) found that the majority of definitions being used in practice would consider engagement as a general positive attitude towards the *organisation*, rather than a positive experience related to *work* activities or the job role (Holmes et al, forthcoming). For example, Kenexa (2008, p.5) defines engagement as "*the extent to which employees are motivated to contribute to organisational success, and are willing to apply discretionary effort to accomplishing tasks important to the achievement of organisational goals*". However, it was also highlighted by Holmes et al (forthcoming) that many consultancies and survey houses have fuzzy definitions of engagement. This may reflect the fact that most consultancies sell commercial services related to engagement survey products, and so, to be competitive, they develop their own definition that is adapted for their target market.

NHS Employers has adopted the Institute for Employment Studies (IES) definition of employee engagement: "*a positive attitude held by the employee towards the organisation and its values*" (Robinson, Perryman and Hayday, 2004, p.4) and specifies that "*engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in*" (NHS Employers, 2013). This views engagement as a deep connection that employees have with all aspects of their work life: their job, people they interact with at work, and the organisation that they work for. In this sense, the NHS defines engagement as both a psychological experience at work (i.e. the dominant view within the research community), and as a broader relationship with the organisation (i.e. the typical view taken by practitioners).

3.   Measuring engagement

As there are many definitions of engagement in use, there are also many different measures of engagement. Typically a measure of engagement will ask respondents to rate a number of questionnaire statements, according to how much they agree-disagree with them or how frequently they experience the feeling or thought each statement refers to. Any measure of engagement should correspond with the particular definition being used, and should be valid in terms of content (i.e. should fully capture the defined construct). Preliminary findings from Truss et al's (forthcoming) show that engagement has been measured in many different ways.

The most commonly used measure, within the research community has been the one associated with the definition of engagement as a *"positive, fulfilling, work related state of mind"* (Schaufeli et al, 2002, p.74). This is known as the 'Utrecht Work Engagement Scale' (UWES; Schaufeli and Bakker, 2003), which captures feelings of vigour (e.g. '*At my work, I feel that I am bursting with energy'*), dedication (e.g. '*I am enthusiastic about my job'*) and absorption (e.g. '*I am immersed in my work'*).

However, there is a developing field of other ways to measure engagement. There are several measures associated with the definition of engagement as the authentic expression of one's preferred self at work (Kahn, 1990; Truss et al, forthcoming). The most recent of these is Soane et al's (2012) 9-item ISA engagement measure that captures three components: intellectual engagement (e.g. '*I focus hard on my work'*), social engagement (e.g. '*I share the same work values as my colleagues'*), and affective engagement (e.g. '*I feel positive about my job'*). In their study, the ISA measure seemed to be more powerful than the UWES in predicting performance indicators.

Some researchers have attempted to examine whether engagement can be differentiated between engagement with the job versus engagement with the organisation. Saks (2006) developed two 6-item questionnaire scales: job engagement (e.g. '*This job is all consuming, I am totally into it'* and '*I really throw myself into my job'*) and organisation engagement (e.g. '*One of the most exciting things for me is getting involved with things happening in this organization'* and '*Being a member of this organization makes me come alive'*). This measure focuses on activated emotions such as feeling alive and exhilarated (Fletcher and Robinson, 2013).

Within the practitioner community, a vast number of measures have been developed, perhaps due to the commercialisation of survey products by consultancies and survey houses. These tend to capture various aspects of an employee's engagement with the organisation rather than with work. For example, IES (Robinson et al, 2004) has developed a 12-item measure that covers: a) pride in the organisation (e.g. '*I speak highly of this organisation to my friends'*); b) belief in the organisation (e.g. '*I would be happy to recommend this organisation's products/services to my friends and family'*); c) a willingness to go beyond what is required (e.g. '*I try to help others in this organization whenever I can'*);

and d) an understanding of the 'bigger picture' (e.g. *I find that my values and the organisation's are very similar'*). However, within the NIHR evidence synthesis, few studies utilising such measures were found in peer-reviewed publications, and the majority were not of good research quality (Truss et al, forthcoming). Only one measure by Swanberg et al (2011) was included; this captured engagement via three dimensions: cognitive (e.g. *'It would take a lot to get me to leave CitiSales'*), emotional (e.g. *'I really care about the future of CitiSales'*) and behavioural (e.g. *'I would highly recommend CitiSales to a friend seeking employment'*).

Within the NHS, employee engagement is measured as a multidimensional attitude via three dimensions (West and Dawson, 2012). This represents both engagement with *work* (i.e. motivation) and with the *organisation* (i.e. advocacy and involvement):

a) **Motivation**: This reflects an enthusiasm for and psychological attachment to the activities of the job. In the 2013 staff survey[1] these appeared as q5a, 5b and 5c: *'I look forward to going to work'*, *'I am enthusiastic about my job'* and *'Time passes quickly when I am working'*.

b) **Advocacy**: This signifies a belief that the organisation is a good employer as well as service provider and is worthy of recommendation to others. These appeared as q 12c and 12d in the 'your organisation' section of the 2013 staff survey: *'I would recommend my Trust as a place to work'* and *'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'*.

c) **Involvement**: This refers to employees feeling that they have opportunities to suggest and make improvements to their own job as well as to the wider workgroup or organisation. These appeared as questions 7a to 7d in the 'opportunities to develop potential at work' section in the 2013 staff survey: *'I am able to make improvements happen in my area of work'*, *'There are frequent opportunities for me to show initiative in my role'*, *'I am able to make suggestions to improve the work of my team/department'* and *'I am involved in deciding on changes introduced that affect my work area/team/department'*.

This combination of dimensions reflects a broad representation of engagement that considers a range of perspectives and measures. The motivation dimension corresponds with the most commonly used measure of engagement directed towards the job (i.e. UWES – Schaufeli and Bakker, 2003): they both capture an emotional and energetic connection with work activities, such as feeling enthusiastic about work. On the other hand, the advocacy and involvement dimensions reflect core aspects of measures that capture engagement with the organisation, such as the IES (Robinson et al, 2004) and Swanberg et al's (2011) scales. All of these measures aim to assess the extent to which the individual feels psychologically and behaviourally involved with the organisation, such as suggesting ideas and wanting the organisation to succeed; as well as the degree to which the individual would recommend the organisation as a place to work and as a

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[1]   See NHS (2013) in reference section

provider of good quality services. However, by combining such different aspects of engagement into a composite 'employee engagement' score it may be capturing a general attitude rather than a unique concept (Newman, Joseph and Hulin, 2011). This could be problematic because it may significantly overlap with other well-established attitudes such as job satisfaction or organisational commitment (Fletcher and Robinson, 2013).

Despite this, the three dimensions of the NHS employee engagement measure may be particularly important within the NHS context, given the vast array of different staff groups: clinical professions, corporate roles such as Finance and HR, technical staff groups, and support roles such as housekeeping. Staff groups may have different engagement profiles because of their differing occupation or profession. Having a finer grained view of engagement (i.e. as dimensions) allows a Trust to examine such differences. For example, West and Dawson (2012) found, when comparing different staff groups, that medical and dental staff had the highest levels of motivation, yet average levels of advocacy and involvement; whereas maintenance and ancillary staff had the highest levels of advocacy, lowest levels of involvement, and above average levels of motivation. Therefore measuring engagement as a whole construct, and as distinct dimensions, are both useful within the NHS context. Although HR practitioners may be familiar with the overall engagement measure, there may not be full awareness of the three components of the measure and how these are calculated. The benefit of examining both 'overall engagement' and the 'components of engagement' is highlighted by Rhian Bishop, Staff Engagement Lead, at Sheffield Teaching Hospitals NHS Foundation Trust:

> "In order to better understand where action is required, we re-calculate the staff engagement score by utilising the template found in the NHS employers toolkit. This breaks down the overall staff engagement score into the three component elements. Through this process we identified that the area for improvement, within the Trust as a whole, was staff involvement, and, subsequently, focused our efforts in this area, for example introducing staff suggestion boxes and using the Microsystems coaching academy approach. We also calculated these component scores (i.e. motivation, involvement and advocacy) for each directorate; again using the template within the NHS employers toolkit. Although staff involvement was identified as an area for improvement for the majority of directorates, it showed us that the Trust staff engagement score was masking a wide variation of scores. Knowing which directorates were weaker at staff engagement has enabled us to not only share good practice across the Trust but to also focus resources such as team development work, in directorates where the staff engagement scores were the lowest. Being able to calculate reliable directorate level staff engagement scores is dependent on having good quality data so for this reason the Trust undertook a full census NHS staff survey in 2013 and will do so again in 2014 - If we only did what we are required to, as many Trusts do, we would only survey a sample of 850 staff so with a response rate of 50% the directorate level data is insufficient to be able to calculate scores".

4. Presenting and interpreting engagement 'scores'

Managers often want to know whether their staff, overall, are engaged or not. In practice, there are different ways of presenting these 'overall' results, all of which have the benefit of yielding a single figure or number that can be used for monitoring and comparisons:

- Simply add up the percentage of those who express a positive view by selecting either the 'agree' or 'strongly agree' options in response to the engagement statements.

- 'Net' scores, where the percentage expressing disagreement/strong disagreement is subtracted from the percentage expressing agreement/strong agreement.

- A mean average score, derived via the allocation of 'scores' to each response category (eg with a five-point scale, 'strongly disagree' is allocated 1, 'disagree' 2, 'neither agree nor disagree' 3, 'agree' 4 and 'strongly agree' 5).

None of these methods are problem-free. The first ignores the distribution of those who strongly disagree, disagree or are neutral; the second discounts the size of the neutral pool; and the third assumes that the distance between each response category is equal. For all these reasons, it is recommended that the distribution or breakdown of employee responses for each statement is examined carefully, in addition to using the overall engagement indicator score.

The NHS staff survey uses the third way (i.e. mean average) of presenting engagement scores (see www.nhsstaffsurveys.com for more information). It does this by firstly calculating, for each individual, the mean score for each dimension of engagement. For example, if a respondent were to score 3, 3, and 4 (of a 1 – strongly disagree to 5 – strongly agree scale) for the three statements that measure the involvement dimension then their average score for involvement would be 3.33. The next stage is to calculate the respondent's overall engagement score by averaging the 'mean' scores across the three dimensions. For example if the mean score for psychological engagement, involvement and advocacy were 3.50, 3.33, 4.00 respectively then the overall engagement score would be 3.61.

To produce the Trust's overall engagement score, a weighting procedure is used. This is because NHS Trusts vary in the proportions and distributions of staff groups, and response rates overall and for each staff group; without weighting, the results might not comparable for benchmarking purposes. This may not seem problematic, but it has been found that staff groups differ in the way they perceive aspects of their work environment (Morgeson and Humphrey, 2006). More specifically, within the NHS overall staff engagement levels seem to vary across staff groups. West and Dawson (2012) found that ambulance staff had the lowest engagement scores in 2009/2010 whereas general managers had the highest engagement scores. Therefore, these effects may distort the overall engagement score for a Trust, and so may misguide further

interpretation of what that score means. A weighting procedure is often used in these circumstances to 'correct' for any distortions caused by other factors. The NHS staff survey applies a formula to each respondent's overall engagement score based on which staff group and type of Trust they belong to (e.g. nurse in an acute Trust, general management in an ambulance Trust etc). For each Trust, the 'weighted' scores across the sample are then added together and divided by the number of respondents from the Trust to gain an overall engagement score for the entire Trust. This adjusted score represents the average level of engagement for the Trust, having accounted for the distribution of staff groups. This is then used to categorise and benchmark the Trust against other Trusts as well as itself in the past (see next section).

The results of the NHS staff survey for each Trust are made available via publicly released reports that summarise the key findings and benchmarking results for that Trust (see www.nhsstaffsurveys.com for access). The findings present the weighted average scores for the Trust rather than the distribution of scores. More information on the distribution of scores for each question in the NHS staff survey can be found on spreadsheets that detail the results of each question for every Trust in the NHS (see the 'detailed spreadsheets' section onwww.nhsstaffsurveys.com).

5.   Categorising and benchmarking engagement 'levels'

Some survey providers will categorise the respondents into groups (e.g. 'engaged', 'unengaged' and 'disengaged') based on their engagement indicator scores. This labelling can be useful when analysing survey results and making comparisons between different groups (for example, by location, area of work, grade, type of contract etc). However, there is a danger of moving on from simple labelling, towards making assumptions about the people with these labels (Fletcher and Robinson, 2013). The reality is that all 'engaged' people are not the same, and neither are all the 'unengaged' or 'disengaged' people. Any advice about the best ways of tackling low engagement scores, or the likely benefits of different interventions, should be treated with caution if the basis of the advice is nothing more than the engagement scores themselves (Fletcher and Robinson, 2013). Currently, the publicly available National NHS staff survey reports do not categorise respondents into groups based on their engagement score. However, individual Trusts may use their data to categorise their workforce in this way. If a Trust does choose to categorise their employees into engagement 'groups' e.g. highly engaged, moderately engaged, disengaged etc, then, it should be careful in how it views the 'attributes' of each group, and how it communicates this information to managers. This may seem common sense, but it may be tempting to attribute more stable characteristics such as personality or behavioural traits to these categories, when actually the results are about how people feel at a particular point in time. Despite this, it may be useful to see the distribution of engagement levels across the organisation, and to conduct further analysis to understand whether 'groups' differ in what factors may (dis)engage them. This may help with developing an engagement strategy that can be flexed to meet the needs of different groups.

The annual staff survey reports compiled for each NHS Trust includes benchmarking data. This can be used to inform organisational and people management strategies as it enables the Trust to position and visualise themselves within the national NHS context. This is reflected by Steve Trenchard, Chief Executive of Derbyshire Healthcare NHS Foundation Trust:

> "The NHS Staff Survey and in particular the engagement measure is an important indicator that our Trust Board uses to gain assurance. It provides an indication of how aligned our workforce is to the values and vision of our strategy and the overall direction of the Trust. The scores provide helpful benchmarking with other trusts which of itself provides the Board with some assurance when compared to others"

However, benchmarking can sometimes be used ineffectively or in detrimental ways. This may particularly be the case if the organisation focuses exclusively on its relative position within a 'league' table of organisations without considering how important differences between itself and other Trusts may be influencing benchmarking results, such as differences in organisational culture, work practices, relative size and rate of

growth/change. Benchmarking should be used to supplement findings, rather than be the focus of findings.

The NHS staff survey reports use both internal and external forms of benchmarking. The internal benchmarks are a) the Trust's levels of engagement and other key findings indicators (KFs) in the *previous year*, and b) the levels of engagement and other KFs *across the different occupational groups* within the Trust.

The first shows whether the Trust has reduced, similar or improved levels of staff engagement, satisfaction, morale and wellbeing since the previous year. This may be a useful indicator of progress, improvement or success associated with interventions or initiatives. However, relying on this information alone is not sufficient to 'prove' whether a strategy has been successful, and yearly changes may be caused by other, more general, factors that affect the NHS as a whole. Therefore, combining this data with information on overall trends within the NHS, and with other sources of 'evidence', such as interviews with staff and data on sickness absence/staff turnover/ patient outcomes, is recommended.

The second, using the un-weighted scores, indicates which occupational groups within the Trust have the highest/lowest or typical/atypical levels of engagement, satisfaction, morale and wellbeing. It may be useful to identify which groups or teams may be particularly vulnerable, and in need of an intervention to foster engagement. However, it would be necessary to examine wider trends within the NHS and other healthcare organisations to see whether these issues are specific to the Trust or are symptomatic of general occupational differences that may need addressing at an NHS-wide level.

The external benchmarks are a) the Trust's level of engagement and other KFs *compared with the national average* for that type of Trust in that year, and b) the Trust's level of engagement and other KFs *compared with the best performing Trust* for that type of Trust in that year.

Comparing with the national average provides the Trust with an indication of where it 'ranks', within the NHS as a whole, in terms of staff engagement and other key indicators of morale and wellbeing. If the Trust consistently outperforms the average NHS Trust on a range of indicators, then this may suggest that it has a highly motivated, engaged and productive workforce. On the other hand, it may be that the organisation has enforced a 'hard' approach to increasing engagement that focuses, exclusively, on productivity and performance, which may be detrimental to morale and wellbeing in the long term (Jenkins and Delbridge, 2013). It may also be that employees 'have' to engage because they feel more insecure and uncertain about their long-term job prospects. To try to make their situation more stable and secure, employees may 'pretend' to engage and may make more effort to 'look good' to their employer (Gourlay et al, 2012), yet this may lead to stress and burnout in the long-term if the employee is not receiving anything in return from the organisation (Schaufeli and

Salanova, 2011). Therefore, managers may want to understand how wider tensions and issues that are affecting their staff may be influencing the Trust's benchmarking score.

Comparing against the best performing Trust may be a useful way to identify how a Trust can become a 'top' or 'best practice' organisation for engagement and morale. However, this assumes that the 'best performing' Trust and the other Trusts have the same environmental, cultural, historical, and patient configuration conditions. In reality no two Trusts would be the same, and so consideration should be given to how NHS Trusts may differ in terms of context and what impact these differences have on the scope and approach to foster engagement. It is recommended that those responsible or involved in developing an engagement strategy take regular opportunities to share insights about initiatives, practices and the local context with other Trusts to develop a fuller understanding of what might work and what might not for their own Trust. NHS Employers has a range of resources available to facilitate such opportunities (see www.nhsemployers.org)

6. Identifying actions to foster engagement via the NHS staff survey

NHS Employers state that *"acting on staff experience information collected from the NHS staff survey is important for delivering improvements for staff and patients"* (NHS Employers, 2013). And as Steve Trenchard, Chief Executive of Derbyshire Healthcare NHS Foundation Trust notes:

> "The important task is to be able to demonstrate to our workforce that the Board is taking palpable steps to improve the conditions in which we work. It's a bit like a large-scale "You Said We Did" exercise. Having specific feedback for individual professional groups, or service lines, helps us to triangulate other information to ensure we provide the best support and workforce interventions to colleagues in times of challenge, change and improvement."

Therefore, every Trust should develop an 'engagement strategy' that links with their overall workforce strategy, and is supported by senior management and the Chief Executive. Effort should be made to involve various staff groups (e.g. operational managers and clinicians) when developing and implementing such a strategy.

The results from the NHS staff survey should be carefully examined. Many of the key factors that influence engagement are assessed by the survey. By identifying which areas need improving, which groups of workers are particularly vulnerable, and which areas are particularly strong the Trust can develop an overall strategy based on reliable evidence.

The NHS staff survey measures a vast range of work-related perceptions, from aspects of physical safety to personal development to relationships with line management. This may make it difficult for Trusts to identify particular areas on which to focus a strategy, especially when limited budgets and resources make such strategic decisions even more important. Trusts must identify the areas which have the most potential to raise engagement scores (i.e. motivation, involvement and advocacy) significantly and directly, and are most likely to be cost-effective and efficient to implement. Preliminary findings from the NIHR evidence synthesis (Truss et al, forthcoming) highlight the following areas are most likely to help foster engagement within organisations (note any reference to the NHS staff survey refers to the 2013 version; NHS, 2013):

6.1 Organisational-level actions

Implementing organisational practices and communication activities that demonstrate to employees that the organisation genuinely cares about their wellbeing, morale and performance.

Employees are more likely to be engaged when they feel that their organisation values and respects them as individual human beings, and perceives that the organisation is

endeavouring to meet their psychological needs and desires. Alongside the engagement indicators, the 'your health, wellbeing and safety at work' section (qs 14, 15, 18, and 22) would be useful to examine here (i.e. KF 15, 20, and 27). If a significant proportion of employees feel that the organisation has not met their basic health, safety and wellbeing needs through its policies and practices; and perceive that they are unable to communicate these needs adequately or safely to the organisation, then they may feel a lack of engagement. Therefore, for an organisation with these issues, an engagement strategy may be tailored towards creating more consistent, clearer, and fairer policies and practices designed to meet the health, safety and wellbeing needs of its workforce. An underlying element to this may be two-way communication. NHS Employers (2013) view good communication as *"key to maintaining an engaging culture within an organisation, whether this is from senior leaders keeping staff informed of business developments to managers telling their staff about things that affect their work"*.

Involving employees within higher-level decision-making and organisational processes.

Employees are more likely to be engaged when they feel that they can input into decisions or changes that may affect their work, and perceive that senior managers will listen and act on their views and suggestions. Alongside the engagement indicators, the scores from the 'senior management' section (q 11) and 'raising concerns at work' (q 19) would be useful to examine here (i.e. KF 21). If, on average, employees perceive that their senior managers do not involve staff in decisions and are ineffective and uncommitted to patient care, and feel unable to raise concerns to higher levels of management, then employees may feel low levels of engagement. An organisation suffering with such issues may want to focus their engagement strategy on improving internal communication practices, developing senior managers' capabilities to involve and communicate with employees about decisions that affect them, and building formal processes through which employees can give feedback, raise concerns or make suggestions to higher levels of management. Enabling involvement is a core factor within the staff engagement star framework (see www.nhsemployers.org for more detail).

6.2 Team/Workgroup-level actions

Developing line management capabilities to provide supportive and empowering supervision as well as to demonstrate inspirational leadership behaviours.

Engagement may be particularly boosted when line managers are able to communicate to their staff the wider meaning and significance of their work to the organisation and to patients; and when line managers provide their staff with the resources, information and equipment needed to perform their jobs well. Alongside the engagement indicators, the scores from the 'opportunities to develop potential at work' (qs 7e, f and g), 'contribution to patient care' (q 9), 'line management' (q 10) and 'your organisation' sections (qs 12a, 12b and 13) may be useful to examine here (i.e. KF 1, 2, 3, 9 and 24). If,

on average, employees feel that they do not have adequate resources or equipment to do their jobs, feel unable to provide a meaningful and high quality service to patients, and feel that the organisation does not prioritise the care of patients, then they are likely to experience low levels of engagement. Therefore, enabling and empowering employees to perform well in their jobs and to deliver a high quality, meaningful service may be especially important. An organisation's engagement strategy may, therefore, focus on these elements by raising the competencies and capabilities of line managers, so that they are able to enable and empower their direct reports. These aspects are largely covered by two factors (i.e. great management and making every role count) within the staff engagement star framework (seewww.nhsemployers.org).

Strengthening the relationships and sharing of resources within workgroups and departments.

Teams may be able to develop a strong climate of engagement by supporting, trusting and encouraging one another. In addition, West and Dawson (2012) found that, within the NHS, well-structured teams were more engaged than pseudo-teams and those not in teams. Alongside the engagement indicators, the 'team-based working' (q 4) and 'your health, wellbeing and safety at work' sections (q 17, 20, 21 and 23) may be useful to examine here (i.e. KF 13, 14, 16, 17, 18, 19 and 28). Employees that feel that their workgroup/team does not communicate well and does not share the same goals, or have experienced discrimination, harassment, bullying, abuse or violence whilst at work may not be highly engaged. Therefore, organisations with these issues may want to focus on developing an engagement strategy that focuses on fostering a positive social climate and sense of team identity. Interventions aimed at stopping incidences of harassment and violence, developing social support systems, and improving team-level recognition, reward and performance management practices may be part of this type of strategy. Some of these aspects, specifically around health and wellbeing, are covered by the staff engagement star framework under the 'promoting a healthy and safe work environment' factor (see www.nhsemployers.org for more detail).

6.3 Individual-level actions

Opportunities for training and personal development that are focused on strengthening employees' capabilities to perform well.

Alongside the engagement indicators, the scores from the 'personal development' section (qs 1 to 3) may be useful to examine here (i.e. KF6, 7, 8, 10, 26). If a notable proportion of employees have not received or had access to training or a development review in the last 12 months; are viewing the training and development opportunities they have received as not helping them to perform better; and are feeling that such opportunities are of little value or are unrelated to their job, then this could be limiting their level of engagement. In addition, West and Dawson (2012) found that good quality appraisals significantly boosted engagement levels within the NHS. Therefore, increasing the access and quality of training, learning and development via good quality appraisals and one-to-ones could be an important aspect within an engagement

strategy for such an NHS organisation. Personal development is a core part of the staff engagement star; a framework to improve staff engagement within the NHS (see www.nhsemployers.org for more detail).

Redesigning or reconfiguring job roles to increase intrinsically motivating elements.

In addition, discussing the individual's job role preferences and interests, perhaps through one-to-one sessions or supervisions, and how the organisation can better meet these, such as by expanding the job role or developing a career progression plan. Alongside the engagement indicators, the scores from the 'job design' and 'job satisfaction' sections (qs 6 and 8) may be useful to examine here (i.e. KF 1 and 23). If, on average, employees perceive that they do not have clear and achievable goals, feel generally unsupported and unrecognised by others around them, perceive that they do not have a lot of choice over how they work and have little responsibility for their work; then employees may not be engaging in their work as fully as they could be. Therefore, improving the setting and implementation of work goals, the rewards and recognition of employees, and the autonomy and responsibility given to employees, may form a crucial part of an engagement strategy for an organisation experiencing these problems.

Although the suggestions above have focused on 'problem' or 'low-scoring' areas, it may be that a different approach may suit your Trust. It is inevitable that staff engagement within a Trust will change over time, and that the approach to fostering engagement will also need to adapt in light of these changes. Hendrika Santer Bream, Change Manager at Guy's and St Thomas' NHS Foundation Trust, reflects on how the approach taken to improve engagement within her Trust has moved from a focus on low-scoring areas indicated by the survey to a focus on the high-scoring areas:

> "At Guy's and St Thomas' we have been interested in improving staff experience as well as staff engagement for a number of years. Back in 2004/2005 we had very disappointing staff surveys and our action planning at that time was focussed on addressing specific low scores. Later, our staff survey results started to improve and also our thinking developed. By 2010 we were still concentrating on developing action plans that would address the specific scores where we underperformed but we were trying, as far as possible, to have actions that would address several scores in one. So, for instance, developing our work on values and behaviours would address several key findings at once. Now our staff survey findings are generally excellent – over the last few years we have been well above average on all three of the Key Findings that make up the overall staff engagement score, and are now the 4th best for acute Trusts. Therefore, we are taking a slightly different approach this year by looking at the positives and our strengths - recognising what we have achieved and identifying what we have done to achieve that. From this 'Appreciative Inquiry' approach, we aim to develop a very small number of interventions to address a couple of areas of concern, yet the focus will be on what is good already and trying to build on that. This way we hope to change the perception about our overall levels of engagement (i.e. from paying attention to what is wrong to paying attention to what is working) and at the same time continue to refresh our approach to engaging our staff."

7.   Summary

To summarise, employee engagement has been defined and measured in many different ways. Despite this, the NHS has a clear and consistent way of understanding, assessing and interpreting engagement within their healthcare context. Adopting Robinson et al's (2004) definition of engagement as a 'positive attitude towards the organisation and its values', the NHS measure of staff engagement includes psychological engagement, advocacy, and involvement dimensions. Engagement scores are presented using a mean average calculation that is weighted to account for occupational differences across the Trusts. The results of the annual NHS staff survey are made publicly available and these reports make use of internal and external benchmarking to aid interpretation of the findings for each Trust. Trusts can develop engagement strategies that focus on training and development, job and organisation design, line management development, communication practices, and team-level wellbeing and reward initiatives.

8. Case study on 'The WWL Way' at Wrightington, Wigan and Leigh NHS Foundation Trust

Andrew Foster – Chief Executive, and Nicole Ferguson – Staff Engagement Lead

The staff engagement journey at Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) started over 15 years ago with 'Staff Involvement Delivers' – a partnership initiative between HR and Staff side. We needed staff to be engaged with what was happening within the Trust. Our "Conversations with" events gave staff opportunities to raise issues and concerns directly to Directors, and "walkabouts" gave Directors more insight into the particular challenges the front-line was facing. In 2011 our NHS staff survey results were, on the whole, below the national average; with only a minority of indicators above the national average. Therefore, we decided to further energise staff engagement through the Listening into Action (LiA) programme and a partnership with Unipart. LiA focused on large-scale staff listening events with Directors and embedding staff engagement at the team-level by enabling staff to run their own listening events and localised service improvements. The partnership with Unipart initiated a cultural change programme using lean methodology.

From reflecting on these experiences, we have developed our unique brand of staff engagement – 'the WWL Way'. This has expanded and enriched our approach to fostering engagement; with a focus on sustainability and collaboration. Our approach is underpinned by the way we view engagement as a 'pathway' to delivering excellent patient care (see figure 1). Through staff feedback, we gauge levels of staff engagement (feelings and behaviours), and identify the factors that help us better understand what enables improved staff engagement, which we call our "9 staff engagement enablers". This in turn leads to a number of impacts on patient care such as higher patient satisfaction and lower absenteeism.

This pathway feeds into the broader 'WWL Way Model' (see figure 2). The nine enablers of staff engagement are the foundations on which interventions, events, toolkits and monitoring activities are based. This model provides a structure for understanding staff engagement more deeply. We use feedback from our staff pulse check surveys and listening events to focus our efforts in the right places, and respond to the ever changing needs of staff. We are also using the model to identify specific staff engagement issues within teams, through the Staff Engagement Pioneer Teams Programme, and our staff engagement toolkit now offers teams a choice of solutions to apply locally. In addition, we want staff to find and promote new ways to improve engagement, with support and advice at every step in their journey.

The impact of the WWL Way is clear to see. In addition to major improvements in our national staff survey scores in 2012/2013, we have seen significant reductions in sickness absence (down from 4.62% in April 2012 to 4.17% in Dec 2013) and expenditure of temporary staffing (down from £15 million in 2011/2012 to £12 million in 2012/2013).

Our journey has involved a long-term commitment to our staff and our patients. Staff engagement takes time and investment and above all needs active participation from senior leaders to ensure the WWL Way becomes embedded as 'the way we do things around here'.

Figure 1. The WWL Staff Engagement Pathway

9 WWL Enablers of Engagement	Staff Feel Engaged	Direct and Indirect Impacts on Patient Care
Influence Clarity Work Relationships Perceived Fairness Recognition Personal Development Mindset Resources Trust	Energy Focus Dedication **Staff Behave Engaged** Advocacy Persistence Discretionary Effort Adaptability	In-role/extra-role performance Turnover Departmental/Divisional performance Safety Staff health and well-being Absenteeism Patient Satisfaction

Figure 2. The WWL Way Model
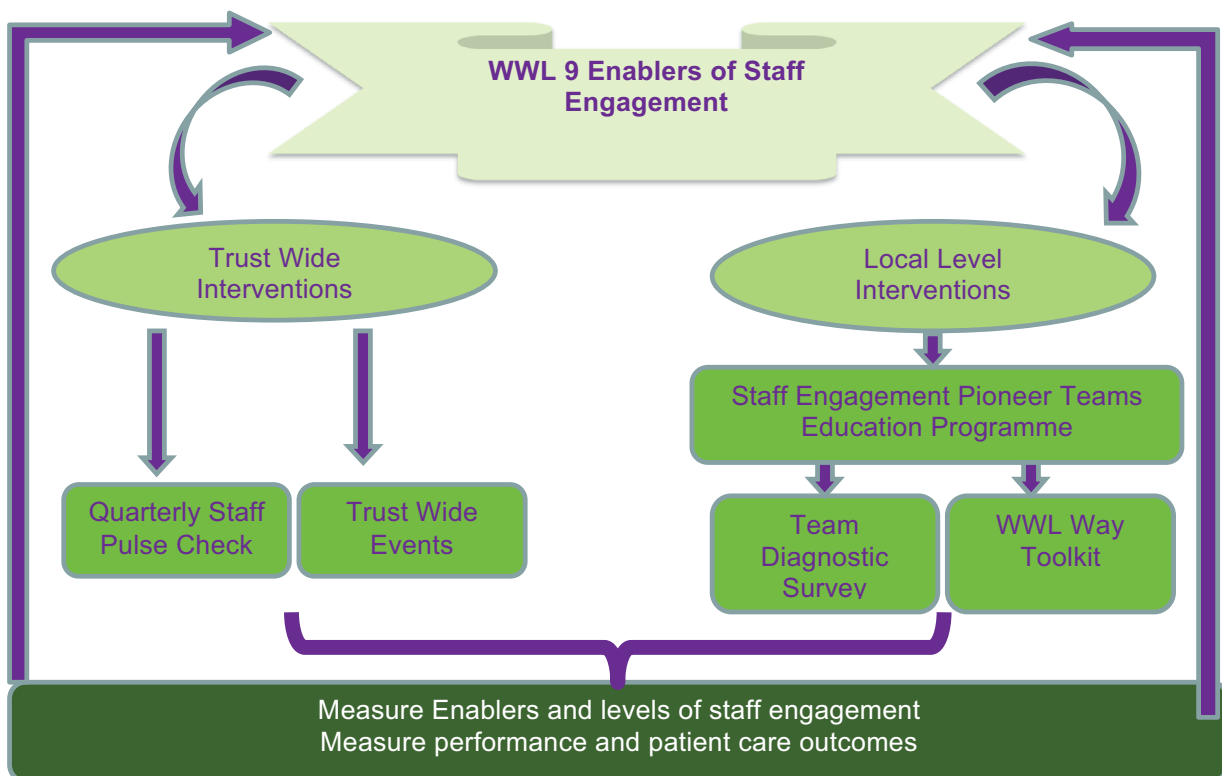
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Appendix 9 Practitioner output 1: 'Guide to engagement for HR'

Reproduced with permission. This appendix contains some material that draws on findings from Robinson D, Hayday S, *The Engaging Manager*, Report 470. Institute for Employment Studies; November 2009.[308]

Guide to Engagement for HR

2 Guide to Engagement for HR

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Contents

Introduction

Welcome to this guide on staff engagement in the NHS. The aim of the guide is to inform you about engagement: what it is, why it matters, what makes it happen, and above all what this means for you, in your HR role. It focuses on the actions HR should take to foster and sustain engagement levels throughout your organisation.

The NHS is a complicated organisation, employing people in many different roles, staff types, and professional groups. It is under intense scrutiny – perhaps more so now than at any time in its history. Managers and staff are looking to their HR function to act as a 'moral compass' to help steer the organisation in a people-centred, values-driven way.

There are many reports and 'how to' guides about staff engagement, so how does this one differ? Firstly, the evidence review on which this guide is based[1], together with an associated review of practitioner research[2], was commissioned with the NHS in mind, so the outputs from the review have a strong focus on what will work best in an NHS context. Secondly, the evidence review followed a systematic methodology, so you can be confident that the advice in this guide is based on robust, reliable, good-quality evidence.

> ### There are four sections to the guide:
>
> 1. What is Engagement? This section describes engagement definitions, different perspectives on engagement, and how engagement is measured in the NHS.
>
> 2. Why Does Engagement Matter? This section presents the evidence showing that it is worthwhile investing in increasing staff engagement, because engagement makes a difference to morale and performance.

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[1] Truss, C., Madden, A. Alfes, K., Fletcher, L., Robinson, D., Holmes, J., Buzzeo, J. and Currie, G. (2014). *Employee Engagement: An Evidence Synthesis.* National Institute for Health Research (NIHR).

[2] Holmes, J., Fletcher, L., Buzzeo, J., Robinson, D., Truss, C., Madden, A., Alfes, K. and Currie, G. (2014). *NIHR Staff Engagement in the NHS: Review of Practitioner Studies of Engagement.* NIHR.

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3. What Drives Engagement? To raise engagement levels, it is important to understand what causes engagement to happen (or not happen). This section presents the evidence about engagement drivers.

4. What Can HR Do? This final section gives you some practical advice about actions HR can take to improve and sustain employee engagement.

There are two appendices: a handy 'glossary of terms', and a self-assessment questionnaire for you to use with line managers.

1 What is Engagement?

This section describes engagement definitions, different perspectives on engagement, and how engagement is measured in the NHS.

The organisation will expect its HR practitioners to be able to answer deceptively simple questions like 'What is engagement?' and 'Why should we work to engage our employees – what are the benefits?'

The question 'What is engagement' sounds straightforward, but in fact there are many different views about engagement and what it is, and there is no single, widely-accepted definition. A common factor, however, is that engagement is seen as a *positive psychological state*. This stems from Kahn (1990)[3], the first academic to use the term 'engagement'. He viewed it as *'the individual's emotional and physical expression of the authentic and preferred self at work'*.

1.1.1   Engagement perspectives

There are two broad perspectives on engagement:

■ The focus of **academic researchers** in the field of engagement tends to be the individual and the job, as the following two examples illustrate:

  ● Schaufeli et al (2002)[4], defined engagement as *'a positive, fulfilling, work-related state of mind'*.

  ● Saks (2006)[5], viewed engagement as being multi-dimensional: *'a distinct and unique construct consisting of cognitive, emotional and behavioural components that are associated with individual role performance'*.

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[3] Kahn, W. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *The Academy of Management Journal,* **33**(4).

[4] Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V. and Bakker, A.B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies,* **3**(1).

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Research bite: the influence of Schaufeli

Schaufeli et al's definition of engagement[6], together with his underpinning conceptual model and engagement measure, is very influential in academia. Numerous studies have been published in academic journals that test the definition, model and measure in different sectors, settings and countries.

The model is known as the 'Job demands-resources' model, JD-R for short. It proposes that there is a relationship between job demands (such as work pressure and emotional demands) and job resources (not only physical, but also personal, organisational and psychological such as resilience, career guidance and role autonomy). High job demands, combined with low resources, can lead to burnout – whereas high levels of job resources are associated with engagement, even if job demands are high.

Schaufeli's engagement measure is known as the 'Utrecht Work Engagement Scale', or UWES. It measure three aspects of engagement: vigour, dedication and absorption.

■ Most **practitioners** (ie managers and HR/OD professionals who are working to engage their employees) have a broader perspective, in that they would like individual employees to be engaged not only narrowly with their current job, but more widely with their team, their line manager, their business or functional area, and their organisation. Examples of these definitions illustrate this different focus:

- The Institute for Employment Studies (IES - 2004)[7] defines engagement as *'a positive attitude held by the employee towards the organisation and its values'*. IES goes on to describe how the engaged employee behaves, and stresses the two-way nature of engagement: *'An engaged employee is aware of 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.'*

- Kenexa's definition (2012)[8] is that engagement is *'the extent to which employees are motivated to contribute towards organizational success, and are willing to apply discretionary effort to accomplishing tasks important to the achievement of organizational goals'.*

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[5] Saks, A.M. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology,* **21**(7).

[6] Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V. and Bakker, A.B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies,* **3**(1).

[7] Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement.* Institute for Employment Studies (IES).

[8] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

- NHS Employers, in its online staff engagement resource[9], focuses on the positive outcomes of engagement: '*Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in.*'

Research bite: How practitioners see engagement

Practitioner definitions of engagement typically encompass a range of positive attitudes towards the organisation, and sometimes also include engagement drivers (such as communication and involvement) and engagement outcomes (such as performance and desired behaviours).

Because of the different agendas and perspectives, academics and practitioners may not feel they share much common ground. Academics might feel that practitioners are insufficiently rigorous, while practitioners think that the narrower definitions and measures used by academics are not very useful, because they who want people to be engaged outside the boundaries of their jobs. Fortunately, some rigorous studies that use wider definitions and conceptual models of engagement have been published by reputable consultancies, survey houses and research institutes, and the broad findings are included in this guide.

1.1.2   How does the NHS measure engagement?

Engagement levels in the NHS are measured via the annual staff survey[10]. The **headline engagement indicator** is derived from nine questionnaire statements, to which respondents allocate a rating on a scale of 1 to 5: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree. This headline indicator is broken down into three sub-dimensions called 'key findings' (KFs), each of which is made up of three statements.

- KF22 is 'staff ability to contribute towards improvement at work', often given the shorter label of '**involvement**':

  - '*I am able to make suggestions to improve the work of my team/department.*'

  - '*There are frequent opportunities for me to show initiative in my role.*'

  - '*I am able to make improvements happen in my area of work*'.

- KF24 is described as 'staff recommendation of the trust as a place to work or receive treatment' or more simply '**advocacy**':

  - '*Care of patients/service users is my trust's top priority.*'

  - '*I would recommend my trust as a place to work.*'

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[9] http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement
[10] www.nhsstaffsurveys.com

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- *'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.'*

■ Finally, KF25 is labelled 'staff motivation at work', usually abbreviated to '**motivation**':

- *'I look forward to going to work.'*

- *'I am enthusiastic when I am working.'*

- *'Time passes quickly when I am working.'*

All three of these sub-dimensions are clearly very important:

■ The **motivation** sub-dimension bears a strong relationship to job engagement as typically described and measured by indicators of engagement devised by academics.

■ The **involvement** sub-dimension is important because research shows that a sense of feeling involved in (and valued by) the organisation is a strong driver of engagement (Robinson et al, 2004)[11]. HR practitioners typically want employees to become involved outside the narrow confines of their day-to-day job, particularly when the organisation is undergoing change.

■ **Advocacy** is a behavioural outcome of engagement that every organisation would want to see. It is gaining in prominence within the NHS as it can be linked to the overall development of a 'Friends and Family' indicator within the patient satisfaction survey. However, HR practitioners should try to help their organisations guard against the very natural tendency to focus on this aspect of engagement alone, simply because it is attracting so much national attention.

> **Research bite: different staff groups, different engagement**
>
> Work carried out by Jeremy Dawson and his colleagues[12] at the University of Sheffield, using the NHS staff survey engagement measure, shows that the headline staff engagement indicators can mask differences between staff groups in the way that they respond to the statements in the three sub-dimensions. The 2011 staff survey results, for example, showed that medical and dental staff had the highest motivation scores, general managers the highest involvement scores, and maintenance and ancillary staff the highest advocacy scores.

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[11] Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement.* Institute for Employment Studies (IES).

[12] Presentation by Jeremy Dawson at 'Staff Engagement in the NHS' conference, University of Sussex, 25 February 2014

1.1.3　What does this mean for HR practitioners?

As an HR practitioner, you will want employees to be absorbed in their day-to-day work and motivated by their jobs, but you will also want them to take an interest in the organisation, get involved in activities outside their immediate area of work, and speak positively about the organisation to outsiders. However, you do not have direct influence over the employees in your organisation day-to-day, which means that you have to work through line and senior managers. To do this successfully, you will need to ensure that you not only have good policies, processes and development programmes in place, but that managers understand these and use them effectively, and that employees feel they are fair and applied consistently. You will also need to guide and develop managers and leaders at all levels to adopt engaging behaviours and management styles.

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2 Why Does Engagement Matter?

This section presents the evidence showing that it is worthwhile investing in increasing staff engagement, because engagement makes a difference to morale and performance.

The reason why there is so much attention paid to employee engagement is that it makes a difference. When engagement first appeared on the business scene in the early 2000s, the links between engagement and positive outcomes were not proven, yet it seemed to make intuitive sense that people who were engaged with their jobs and the organisations would have higher morale, and perform better, than those who were disengaged or unengaged. As time has gone on, a body of evidence has built up to support this hypothesis. These studies have been included in the NIHR evidence review[13].

2.1.1   Morale

35 high quality studies examined the link between engagement and morale, with 'morale' being defined here as positive perceptions of health and well-being, and positive work-related attitudes.

■   Broadly, the results show that employees who are engaged:

- ● report higher levels of life satisfaction and lower levels of ill health, depression and mental health problems

- ● are less likely to experience symptoms of stress or burnout, such as emotional exhaustion and cynicism

- ● are more satisfied with their jobs

- ● report higher levels of self-efficacy (the extent or strength of one's belief in one's own ability to complete tasks and reach goals)

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[13] Truss et al (2014) *Employee Engagement: An Evidence Synthesis*. NIHR.

- have higher levels of commitment to the organisation

- are less likely to say they intend to leave.

■ However, a word of caution: although engagement can be seen as generally good for morale, there is evidence that, if employees perceive that their organisation is pursuing engagement purely for instrumental purposes (eg to increase performance without any benefits for employees), their morale may be dented.

2.1.2   Performance

■ 42 high quality studies explored the link between engagement and performance.

■ 19 studies showed a consistent association between engagement and *individual* performance outcomes.

■ The link between engagement and *organisational* performance is less clear, partly because the majority of academic research articles focus on the individual. This is because the engagement-performance link is easier to demonstrate at the level of the individual; it is notoriously difficult to identify conclusive links between people inputs and organisational outcomes. Eight studies, however, showed a link between engagement and performance at a higher level than the individual, ie the team, unit or organisation.

■ 17 studies showed that there is a link between engagement and *extra-role performance.* This means that employees who are engaged are more likely to be prepared to give discretionary effort, for example by working extra hard when the pressure is on, and volunteering for things outside their normal role.

> ### 'Going beyond the job description'
>
> Trades unions are sometimes suspicious of the concept of discretionary effort, because they understandably worry that the goodwill of employees might be exploited, and that 'going beyond the job description' might become the expected norm rather than the occasional exception. This should not be taken to mean that unions are opposed to engagement; on the contrary, they welcome the opportunities for greater staff involvement, particularly via partnership working, and want their members to be managed properly and have a positive experience of working life. In a highly unionised environment, a more collective approach to engagement (for example using recognised staff forums) is suggested.

■ Three studies found a negative link between engagement and *counter-productive behaviour.* Put simply, engaged employees are less likely to indulge in behaviour that damages the organisation, from criticising organisational decisions and resisting change (at the mild end) to outright acts of sabotage such as theft.

3   What Drives Engagement?

To raise engagement levels, it is important to understand what causes engagement to happen (or not happen). This section presents the evidence about engagement drivers.

If engagement is accepted as important, what should organisations do to engage their employees? How can organisations maintain or even increase engagement levels over time, in a sustainable manner?

3.1   The evidence from the review of academic literature

A very large number of academic studies included in the review (113 altogether) examined the factors associated with engagement. In some studies, these factors were identified as *drivers* or *antecedents* – meaning that they caused engagement to happen. In other studies, the factors were strongly linked to engagement, without the exact 'direction of causality' being proved. In addition, several reputable studies by research institutes have identified engagement drivers.

3.1.1   Positive psychological states

■ 53 studies examined the association between *positive psychological states* and engagement. The term 'positive psychological state' encompasses a variety of things, which broadly relate to how employees feel about their jobs and how well they are able to cope with what the job demands of them:

- Personal resources (strengths) such as resilience and self-efficacy

- Wider aspects of the work, often manager-facilitated, such as empowerment

■ Of particular interest are the 11 studies (of the 53 mentioned above) that were set in the healthcare context. These identified the following factors to be important in bringing about and sustaining engagement:

- Self-care and self-tuning (often referred to as *mindfulness*, which is attracting considerable interest within the HR community and the NHS generally)

- *Psychological detachment,* which is particularly important for clinical staff who often deal with very emotionally-demanding situations; it is very important to empathise with patients and relatives, but the individual employee must also be able to detach from situations to prevent excessive personal involvement leading to possible burn-out

- *Personal resources* that help to equip employees with strengths necessary to manage difficult and demanding jobs: resilience and coping mechanisms

3.1.2   Management and leadership

■   36 studies, including eight in the healthcare context, demonstrated a link between *positive and* supportive *leadership* and engagement. A variety of factors were considered in these studies, notably *supervisory support* and *leadership style.*

- In most of these studies, 'leadership' refers less to senior organisational leaders, and more to line and middle managers, with whom employees might come into contact on a day-to-day basis. **There is clear evidence that the relationship between the individual employee and the manager is crucially important for engagement.**

Research bite: Management styles associated with engagement

Authentic leadership: "Authentic leaders are aware of their core end values and resist compromising them… (They) have optimal self-esteem and they objectively accept their strengths and weaknesses. They present their true selves to others in a trusting and open manner and encourage them to do the same"[14].

Empowering leadership: Empowering leaders are able to delegate authority and share information well; lead by example and set themselves as accountable for their actions; and encourage the personal development, decision-making and innovation of employees.[15]

Ethical leadership: Ethical leaders demonstrate and encourage values, attitudes and behaviours that are socially acceptable and morally justifiable. They communicate and reinforce these clearly and consistently, and they show responsibility and accountability for their own behaviours and decision-making.[16]

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[14] Alok, K. and Israel, D. (2012). Authentic Leadership and Work Engagement. *Indian Journal of Industrial Relations,* **47**(3).

[15] Eg Mendes, F. and Stander, M.W. (2011). Positive organisation: The role of leader behaviour in work engagement and retention. *SA Journal of Industrial Psychology,* **37**(1).

[16] Eg Hartog, D.N. and Belschak, F.D. (2012). Work engagement and Machiavellianism in the ethical leadership process. *Journal of Business Ethics,* **107**(1).

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> **Transformational leadership:** Leadership behaviour that encourages and inspires
> employees to perform beyond their own expectations to meet the goals and values of the
> organisation (i.e. transform their own desires for the greater good of the organisation).[17]
>
> ### Research bite: Authentic leadership
>
> A study of 280 nurses in acute care hospitals in Ontario in 2010[18] demonstrated that
> authentic leadership was associated with both trust in the manager and engagement – and
> these, in turn, predicted voice behaviour (willingness to express opinions, make
> suggestions etc) and perceptions of the quality of care in the unit to which the nurses
> belonged.

- Some of the evidence of the link between *senior leadership* and engagement is
  less clear. This is partly because academic researchers focus mainly on job
  engagement, where the line manager's influence far outstrips that of the senior
  leader's. However, a few good-quality studies have been carried out by
  academics, consultancies and research institutes, and these are described in the
  'practitioner literature review findings' section below.

3.1.3   Organisational actions

■ 65 studies focused on the link between *job design* and engagement. 'Job design' is
widely defined here, in that it encompasses job resources, job demands and
autonomy as well as the way in which the job is crafted and specified.

■ 53 studies examined the relationship between *perceived organisational support*
and engagement. This concept includes the psychological contract between the
employer and the employee, and the extent to which the employee identifies with
the organisation. If these are both positive, the employee is far more likely to be
engaged. Some of these studies, including those conducted in the healthcare
context, showed positive links between *communication* and *co-worker support* and
team-level engagement. This is encouraging, in that good quality (and often inter-
disciplinary) teamwork is essential in the NHS.

■ A small number of studies showed a positive link between organisationally-
sponsored *training and development interventions* and engagement. Effective
interventions were those aimed at enhancing personal coping, resilience and job
autonomy.

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[17] Eg Tims, M., Bakker, A.B. and Xanthopolou, D. (2011). Do transformational leaders enhance their
followers' daily work engagement? *Leadership Quarterly,* **22**(1).

[18] Wong, C.A., Laschinger, H.K.S. and Cummings, G.C. (2010). Authentic Leadership and nurses' voice
behaviour and perceptions of care quality. *Journal of Nursing Management,* **18**(8).

3.2 The evidence from the review of practitioner literature

In addition to the academic review, several reputable studies by non-academic consultancies and research institutes (such as IES, CIPD and Kenexa) have identified engagement drivers. In broad terms, the drivers of engagement found in the practitioner literature can be grouped into seven themes.

3.2.1   Senior leadership

Studies consistently find that positive perceptions of senior leaders are linked with high levels of engagement. *Trust in senior leaders* is particularly important, as is a belief in their vision and a positive view of their communication style.

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Research bite: Trust and effectiveness

Several studies have shown that employees who *trust* their senior leaders, and believe in their vision, are much more engaged than those who do not. Alfes et al (2010)[19], for example, showed that positive perceptions of the communication style and vision of senior leaders were associated with high engagement. Kenexa (2012)[20] found that the engagement levels for employees who trusted their leader stood at 81 per cent, compared with just 29 per cent for employees who distrusted their leader.

However, the relationship is more equivocal when senior leaders' *effectiveness* is under consideration. The 2012 Kenexa study found a positive relationship between engagement and perceptions of effectiveness, whereas the 2010 Alfes et al study showed the opposite! Alfes et al speculate that the reason for this apparent anomaly might be that employees who are very involved with their organisations might trust their leadership overall, but disagree with certain actions.

</div>

3.2.2   Role of the line manager

In common with the academic studies, **the line manager's role in engaging employees is found to be very important.** Particularly important behaviours are:

- Reviewing and guiding

- Giving feedback, praise and recognition

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[19] Alfes, K., Truss, C., Soane, E.C., Rees, C. and Gatenby, M. (2010). *Creating an engaged workforce – Findings from the Kingston Employee Engagement Consortium Project.* CIPD.

[20] Kenexa (2012). *Engagement and Leadership in the Public Sector – A 2011/2012 Kenexa High Performance Institute Work Trends Report.*

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- Encouraging autonomy and empowerment

- Communicating and making clear what is expected

- Listening

- Valuing and involving the team

- Being supportive

> **Research bite: An effective intervention**
>
> One study, in the Chesterfield office of the government department HMRC[21], demonstrated that engagement levels (measured via the national civil service 'People Survey') rose after line managers had been on a programme of leadership development. This was linked to the introduction of a programme of behavioural change called the 'Chesterfield Way'.

3.2.3   Appraisals, performance management and training

Having a manager who manages performance well is associated with higher levels of engagement. The aspects of managing performance well are:

- Good quality appraisals

- Regular supervisory meetings that focus on good performance management principles

- Giving constructive feedback

- Building performance, via coaching, analysis of training needs, and providing training and development opportunities.

> **Research bite: Importance of good quality appraisals**
>
> An analysis of 2009 and 2010 NHS staff survey data[22] showed that having an appraisal on its own was not associated with higher engagement; the key factor was whether the appraisal was of good quality or not. 'Good quality' was defined as being considered well structured (useful, clear and valuable) by the employee. The survey data showed that 71% of respondents had received an appraisal, but only 32% said it had been well structured. The research showed that a good quality appraisal was associated with high levels of

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[21] Government Social Research (2013). *Embedding Employee Engagement, Engagement Best Practice: Case Studies, How HMRC Chesterfield office improved engagement; 2013.* www.civilservice.gov.uk

[22] West, M.A. and Dawson, J. (2012). *Employee Engagement and NHS Performance.* The King's Fund.

engagement, whereas the engagement levels of those who had received a poor quality appraisal were even lower than those who had received no appraisal at all.

3.2.4   Meaningfulness

Meaningfulness – a belief that the work 'makes a difference' and is worthwhile and personally significant – is found to be an important driver in several research studies. Indeed, in two studies it was found to be *the most important* driver. In one of these studies, Alfes et al (2010)[23] describe meaningfulness as

'the extent to which employees find meaning in their work…where people can see the impact of their work on other people or society in general'.

3.2.5   Employee voice

Employee voice, a term used rarely in academic studies but frequently in the practitioner world, refers to the opportunities employees have to input into decisions affecting their work, and to be properly consulted about workplace issues. Key factors here are:

- Having opportunities to feed views upwards

- Managers who welcome comments, ideas and suggestions for improvement

- Managers who actively involve the team in decision-making.

Research studies consistently find that having a voice is associated with higher levels of engagement.

3.2.6   Team working

Being part of an effective team is associated with higher levels of engagement in several studies. In Kenexa's 2012 research[24], it emerged (described as 'co-worker quality', which includes feeling part of a team) as one of the four key drivers of engagement. Important aspects of team working are:

- Believing that the team is well structured

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[23] Alfes, K., Truss, C., Soane, E.C., Rees, C. and Gatenby, M. (2010). *Creating an engaged workforce – Findings from the Kingston Employee Engagement Consortium Project.* CIPD.

[24] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

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- Having opportunities to contribute to organisational decisions via team discussions or team events

- Feeling a sense of belonging to the team

- Having good quality, mutually supportive relationships with colleagues.

Research bite: the importance of well-structured teams

Research conducted in the NHS, using NHS staff survey data[25], shows that feeling part of a well-structured team is associated with higher levels of engagement, yet being part of a poorly-constructed 'pseudo-team' is linked to lower engagement levels.

3.2.7   Support for work-life balance

Several studies demonstrate that employees who are satisfied with their work-life balance, and have some flexibility in their work, are more engaged than other employees. In Kenexa's 2012 research[26], having support for work-life balance emerged as one of the top three drivers of engagement; it is perceived as an important aspect of showing genuine concern for employees.

3.2.8   Other themes

In addition to the above, several themes emerged as important drivers in at least two studies:

- Job variety

- Job autonomy

- Equal opportunities

- Health and safety.

In the latter two, the important aspect was not just the existence of policies and statements; it was rather the belief that the organisation was genuinely committed to equality of opportunity and health and safety in the workforce.

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25 West, M.A. and Dawson, J. (2012). *Employee Engagement and NHS Performance.* The King's Fund.

26 Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

3.3 Engagement drivers in the NHS

Research carried out by IES, published in 2004[27], identified that the key driver of employee engagement in the NHS is a sense of *feeling valued by, and involved in, the organisation.* Feeling valued and involved is a particularly strong driver in the healthcare context; it is important in other sectors and settings, but less so than in the NHS. A variety of things were found to influence feeling valued and involved, as the diagram below shows. A variety of things and people – organisational policies and processes, senior leaders, and line managers – will contribute towards whether or not employees feel valued and involved.

Engagement diagnostic tool: NHS

training, development and career
immediate management
performance and appraisal
communication
equal opportunities and fair treatment
pay and benefits
health and safety
co-operation
family friendliness
job satisfaction

→ feeling valued and involved → engagement

ies

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[27] Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement.* Institute for Employment Studies (IES).

4   What Can HR Do?

This final section gives you some practical advice about actions HR can take to improve and sustain employee engagement.

The preceding sections demonstrate that engagement is important for morale, well-being and performance, and is associated with higher levels of advocacy. They also show that there is considerable agreement about the drivers of engagement. The key question for HR practitioners is, what can HR do to raise engagement levels in the organisation?

With such a wide-ranging list of things that can influence engagement levels, it can be difficult to know where to start, and what will have the most impact. It might help to think about what HR can do at different levels within the organisation, to offer a well-rounded contribution:

■ To help **individuals and teams** become more engaged, resilient and effective

■ To encourage **managers** to behave in an engaging way

■ To ensure the **organisation** is giving the right messages.

4.1   Individuals and teams

Most Trusts in the NHS are large organisations, employing several thousand staff based in different locations. HR departments are small, so HR practitioners cannot possibly know everyone in the organisation. These action points, however, should help to ensure that individual employees, and the teams they are in, stand a better chance of being engaged with both their work and the wider organisation.

■ **Bring the right people in.** The literature on job design and engagement indicates that a good job-person fit is essential. This suggests that job descriptions should be accurate and that person specifications should be really clear about the type of person who is being sought – not just skills and experience, but attitudes. Candidates should have a chance to 'preview' the job, via online tools such as virtual tours and recordings of existing staff describing the role, and/or discussions

with team members on the interview day. Psychometric testing and aptitude tests might be appropriate for some roles.

■ **Give good quality inductions.** Research indicates that the first few weeks in the role are crucial. New joiners who are welcomed, are given a good induction, meet their line manager and new team members straight away, and are equipped with the right resources from day one, are far more likely to feel engaged and positive about their role.

■ **Be clear about expected behaviours.** Most Trusts have a set of values, and these should be clearly linked to expected behaviours. Some organisations are taking this a step further and introducing values-based recruitment. However, existing staff (often long-servers, who may have seen many 'initiatives' come and go) will need reminders about values-based behaviour, too. The strength of values-based behaviours is that staff have often had a huge amount of input to designing the Trust's values, which should encourage a greater sense of ownership.

■ **Give all employees a voice.** The annual NHS staff survey is an excellent way of finding out staff opinions and experiences over a wide range of issues. However, many Trusts opt for the 'sample' approach, meaning that the majority of employees do not have a chance to express their views; and the survey is held only once a year. It is really important that individual employees and teams feel they have an opportunity to voice their views, offer opinions and suggestions, and input to decisions that affect them. The line manager plays a key role here, but HR practitioners should also ensure that there are mechanisms to enable employees to have a voice: a few examples are staff forums (both physical and virtual/on-line), a comment board on the intranet, team briefings that request the line manager to gather opinions to feed back up the management chain. Some organisations are now using internal social media tools such as Yammer, which gives people a chance to air their views and pose questions, and which enable HR to see which issues are particularly important to staff at any one point in time.

■ **Analyse the NHS staff survey results carefully.** This will enable HR to spot possible problem areas (locations or staff groups that are returning unusually low engagement scores) or conversely, areas where engagement is notably high. Both should be investigated, with a view to working with the manager to put things right and identifying/sharing best practice. Teams with low engagement levels might benefit from specific training and development interventions (see below).

■ **Offer resilience and mindfulness training.** Some relatively simple techniques, based on the principle of 'positive psychology', can help to boost employees' resilience, coping mechanisms, and awareness of self and others. This is very important in the NHS, where jobs and situations can be extremely stressful and resources are constrained.

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Example: Mindfulness in Derbyshire Healthcare NHS Foundation Trust[28]

Derbyshire Healthcare uses the concept of 'mindfulness' to promote caring and positive behaviours, including self-care – 'compassion for self'. Mindfulness is a central plank in the Trust's efforts to engage better with staff, and is used together with values that have been organically-grown, and listening events involving hundreds of staff. The chief executive is a passionate advocate of the benefits of mindfulness.

■ **Consider introducing psychological supervision.** This is appropriate for people working in extremely emotionally-demanding areas, where clinical/professional supervision alone may not be enough to maintain people's mental equilibrium. The required skills are likely to be beyond the scope of the line manager; they will need to be provided by professional psychologists, therapists and/or trained counsellors.

4.2 Line managers

It is worth repeating that the line manager's role in engagement is crucial. In smaller Trusts, it is possible that HR practitioners know every manager by name/sight, but this is unlikely in larger Trusts. HR relies on the line to implement policies and processes accurately and effectively, while senior leaders will be keen to ensure that the line is communicating messages and strategic decisions appropriately. To the team, the line manager is the single person who will impact most on morale and motivation, so his/her people management skills are extremely important. New supervisors and line managers – who have usually been promoted due to high performance in the job – can find the people management aspects of their new role daunting, and will need some help.

■ **Provide training for first-time supervisors and managers.** It is important that this training happens early on, maybe even before the individual takes up their new role. There will inevitably be some task-oriented things to learn, such as budget management, but the bulk of the training should be focused on people management. Consider 'buddying' new managers with more experienced managers who are known to be good at managing their teams.

■ **Be clear about expected people management behaviours.** This clarity can be achieved via a guide, or blueprint, or list of behavioural competencies with descriptors. The important thing to ensure is that all line managers understand the behaviours they should adopt, and those they should avoid.

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[28] Presentation by Steve Trenchard at 'Staff Engagement in the NHS' conference, University of Sussex, 25 February 2014.

- **Ensure that the training and expected behaviours are reinforced at intervals.** Use every opportunity: meetings, workshops, training on other topics such as health and safety, diversity, performance management etc to repeat the messages about good people management behaviours. It can be very easy for managers to slip into 'task' mode when the pressure is on.

- **Provide training in coaching.** Engaging managers typically adopt a coaching style with their teams, including coaching poor performers to improve. This style comes naturally to some people, while others will need to learn the techniques. Managers who are known to be good coaches can act as mentors to others who are relatively new to coaching principles.

- **Encourage managers to self-asses and gather feedback.** Some Trusts use 360 or 180 degree feedback, enabling managers to gain a rounded picture of their performance. However, this can be expensive, especially if implemented at every managerial level. An alternative is to offer managers a tool they can use – either for self-reflection alone, or for sharing with their own manager and/or their team. IES's research-based[29] self-assessment questionnaire for line managers is included as an appendix for you to use in your organisation.

- **Ensure line managers know how to manage poor performance and poor behaviour.** This is always a difficult thing to do, particularly if the situation does not improve after the coaching stage and there is a need to invoke formal procedures. However, tackling poor performance and behaviour within the team is appreciated by the rest of the team, so is likely to raise engagement levels overall. Many managers will only have to take people through formal disciplinary processes and few times in their lives, so it is very important to not only provide training, but also support from HR about the policies and procedures to use.

4.3 Organisation

HR is the guardian of people-management policies and processes that should be applied consistently and fairly across the whole organisation. HR is also often the prime mover with regard to important people-related aspects that impact on engagement, such as diversity/equality of opportunity, health and safety, training and development, performance management, flexible working and well-being. Finally, HR (at least at a senior level) has access to the top leadership team, so may be able to exert some influence on the ways in which chief officers interact with employees.

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[29] Robinson, D. and Hayday, S. (2009). *The Engaging Manager.* IES

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- **Ensure that all people-related policies and processes are clear and accessible.** They need to be clearly signposted on the intranet, with explanatory notes and illustrative examples. Managers might need training in how to apply these policies and processes accurately and fairly. All staff will need to know who to contact in HR if they need help in understanding them.

- **Take every opportunity to promote good job design across the organisation.** This might be during a recruitment exercise, although there will also be opportunities when departments or functions are being restructured. HR practitioners are often in a good position to challenge managers (in a positive and helpful way) about job roles in their areas, particularly if they have good NHS staff survey data (eg about job satisfaction) to back them up.

- **Monitor and evaluate the impact of engagement interventions.** Examples might be a well-being programme for all staff, or a training intervention for all line managers or for a particular group of staff. The evidence will help you to demonstrate what works and what is less successful, which in turn will assist you to use scarce resources in the most cost-effective way.

- **Encourage the top team to model engaging behaviours.** If members of the top team are not acting as good role models, it will be hard to embed engaging people management throughout the organisation. It is difficult for HR to challenge the behaviour of senior leaders, but there may be ways of influencing it:

  - Use the NHS staff survey results to point out (tactfully) how the senior team is viewed.

  - Suggest 360 or 180 degree feedback.

  - Present the evidence about the strong relationship between people management behaviours and engagement.

  - Use case studies of good practice, such as those on the NHS Employers website, to illustrate how engagement scores could be improved.

  - Suggest the introduction of coaching and mentoring for the senior team, preferably used a skilled external coach/mentor who will find it easier to issue challenges.

- **Be a good role model in HR.** Finally, it is important to ensure that HR is 'practising what it preaches'. Take a long, hard look at people management within the HR function, and use internal customer surveys to find out how HR is perceived.

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GOOD LUCK IN YOUR ENGAGEMENT EFFORTS
WE HOPE THAT THIS GUIDE
TOGETHER WITH OTHER ENGAGEMENT RESOURCES
ON THE NHS EMPLOYERS' WEBSITE
WILL HELP YOU TO IMPROVE ENGAGEMENT IN YOUR ORGANISATION!

5   Glossary of Terms

The academic literature uses many terms that may not be familiar to an HR practitioner. This handy glossary should help to demystify some of these.

5.1 Job design, resources and demands

Job autonomy	the degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out.[30]
Task significance	the degree to which the job has a substantial impact on the lives or work of other people, whether in the immediate organisation or in the external environment (ibid).
Task variety	the degree to which a job requires a variety of different activities in carrying out the work, which involve the use of a number of different skills and talents of the person (ibid).
Task identity	the degree to which the job requires completion of a "whole" and identifiable piece of work; that is, doing a job from beginning to end with a visible outcome. (ibid)
Performance feedback	"The degree to which carrying out the work activities required by the job results in the individual obtaining direct and clear information about the effectiveness of his or her performance." (ibid)
Job resources	"Aspects of the job that are functional in achieving work goals, stimulate personal growth and development, and reduce job demands and their associated physiological and psychological costs and include aspects such as job control, opportunities for development, participation in decision making, task variety, feedback, and work social support"[31]
Job demands	"Physical, social, or organizational aspects of the job that require sustained physical or mental effort…include aspects such as workload, time pressure, and difficult physical environments (ibid). Can also be differentiated into 'challenge' demands and 'hindrance demands. "Challenges tend to be appraised as stressful demands that have the potential to promote mastery, personal growth, or future gains…such as a high workload, time pressure, and high levels of job responsibility. Employees tend to perceive these demands as opportunities to learn, achieve, and demonstrate the type of competence that

[30] Hackman, J.R. and Oldham, G.R. (1976). Motivation through the Design of Work: Test of a Theory. *Organisational Behavior and High Performance,* **16.**

[31] Crawford, E.R., Lepine, J.A. and Rich, B.L. (2010). Linking job demands and resources to employee engagement and burnout: A theoretical extension and meta-analytic test. *Journal of Applied Psychology,* **63.**

tends to get rewarded. Hindrances tend to be appraised as stressful demands that have the potential to thwart personal growth, learning, and goal attainment…such as role conflict, role ambiguity, organizational politics, red tape, and hassles. Employees tend to perceive these demands as constraints, barriers, or roadblocks that unnecessarily hinder their progress toward goal attainment and rewards." (ibid)

5.2 Management and leadership

Authentic leadership	"Authentic leaders are aware of their core end values and resist compromising them…(They) have optimal self-esteem and they objectively accept their strengths and weaknesses. They present their true selves to others in a trusting and open manner and encourage them to do the same"[32].
Empowering leadership	Empowering leaders are able to delegate authority and share information well; lead by example and set themselves as accountable for their actions; and encourage the personal development, decision-making and innovation of employees.[33]
Ethical leadership	Ethical leaders demonstrate and encourage values, attitudes and behaviours that are socially acceptable and morally justifiable. They communicate and reinforce these clearly and consistently, and they show responsibility and accountability for their own behaviours and decision-making.[34]
Transformational leadership	Leadership behaviour that encourages and inspires employees to perform beyond their own expectations to meet the goals and values of the organisation (i.e. transform their own desires for the greater good of the organisation).[35]

5.3 Morale indicators

Life satisfaction	General perceptions regarding one's quality of life relative to one's own ideals and standards.[36]
Job burnout	"a (negative) psychological syndrome in response to chronic interpersonal stressors on the job"[37]. Difficulty in finding pleasure and meaning as well as lacking involvement with the job.

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[32] Alok, K. and Israel, D. (2012). Authentic Leadership and Work Engagement. *Indian Journal of Industrial Relations,* **47**(3).

[33] Eg Mendes, F. and Stander, M.W. (2011). Positive organisation: The role of leader behaviour in work engagement and retention. *SA Journal of Industrial Psychology,* **37**(1).

[34] Eg Hartog, D.N. and Belschak, F.D. (2012). Work engagement and Machiavellianism in the ethical leadership process. *Journal of Business Ethics,* **107**(1).

[35] Eg Tims, M., Bakker, A.B. and Xanthopolou, D. (2011). Do transformational leaders enhance their followers' daily work engagement? *Leadership Quarterly,* **22**(1).

[36] Pavot, W. and Diener, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment,* **5.**

[37] Maslach, C., Schaufeli, W.B. and Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology,* **52.**

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5.4 Performance indicators

Organisational citizenship behaviours (OCBs)	Discretionary behaviours that contribute to the development of a socially and psychologically conducive work environment, such as helping colleagues, taking an interest in the concerns of the organisation, and tolerating less than ideal circumstances[38].
Quality of service/care	Perceptions regarding the quality of service or care provided to customers/patients/beneficiaries of the service[39].
Innovative work behaviours/Creativity	Behaviours that contribute to the development of new or improved products, services or work practices, for example coming up with ideas, turning ideas into applications, and persuading others to adopt changes[40].
Personal initiative	Personal initiative describes employees' "taking the responsibility to anticipate and their actively changing the environment or the self to have meaningful impact and improve the organization"[41], for example solving problems before being asked to do so, recommending changes evens when people disagree.
Knowledge sharing	Proactive, communicative behaviours that demonstrate the sharing of task- and organisation- related knowledge amongst colleagues, for example discussing work-related experiences with colleagues, sharing knowledge about tasks and potential problems.[42]
Counterproductive work behaviour (CWB)	Behaviours that harm the organisation and are an indication of an employee's withdrawal from the organisation[43], for example turning up late, intentionally working slowly, and blaming others for one's mistakes.

5.5 Personal resources

Resilience	Being able to 'bounce back', psychologically, from difficult problems and adverse situations.[44]
Self-efficacy	Having confidence in one's own abilities to control events that affect the

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[38] Eg Rich, B.L., Lepine, J.A. and Crawford, E.R. (2010). Job engagement: Antecedents and effects on job performance. *Academy of Management Journal,* **53**(3).

[39] Eg Leung, A.S.M., Wu, L.Z., Chen, Y.Y. and Young, M.N. (2011). The impact of workplace ostracism in service organizations. *International Journal of Hospitality Management,* **30**(4).

[40] Eg Chugtai, A.A. and Buckley, F. (2011). Work engagement: Antecedents, the mediating role of learning goal orientation and job performance. *Career Development International,* **16**(7).

[41] Hartog, D.N. and Belschak, F.D. (2012). Work engagement and Machiavellianism in the ethical leadership process. *Journal of Business Ethics,* **107**(1).

[42] Chen, Z.J., Zhang, X. and Vogel, D. (2011). Exploring the Underlying Processes between Conflict and Knowledge Sharing: A work-Engagement Perspective. *Journal of Applied Social Psychology,* **41**(5).

[43] Robinson, S.L. and Bennett, R.J. (1995). A typology of deviant workplace behaviors: A multidimensional scaling study. *Academy of Management Journal,* **38**.

[44] Eg Bakker, A.B. and Demerouti, E. (2008). Towards a model of work engagement. *Career Development International,* **13**(3).

	completion of work tasks or achievement of work goals (ibid)
Positive affect	The experience of pleasurable, positive emotions such as happiness, joy and contentment[45].

5.6 Psychological states

Empowerment	"psychological empowerment exists when employees perceive that they exercise some control over their work lives. Psychological empowerment is not a fixed personality attribute. It consists of cognitions that are shaped by the work environment… The four cognitions are meaning, competence, self-determination and impact"[46]
Meaningfulness	"Feeling that one is receiving a return on investments of one's self…people experienced such meaningfulness when they felt worthwhile, useful, and valuable – as though they made a difference"[47].
Safety	"Feeling able to show and employ one's self without fear of negative consequences to self-image, status or career. People felt safe in situations in which they trusted…situations promoting trust were predictable, consistent, clear and non-threatening" (ibid).
Availability	"The readiness, or confidence, of a person to engage…given that individuals are engaged in many other life activities".[48]

5.7 Team and organisation

Perceived organisational support (POS)	The extent to which an employee believes that their organisation values their contributions and cares about their wellbeing as well as their needs as individual human beings.[49]
Service/Care climate	A shared perception within a workgroup or department that customer or patient service practices are valued, desired, supported and rewarded by the organisation.[50]
Incivility/interpersonal conflict	Ambiguous or intentional behaviours (from co-workers, managers, or customers/patients) directed towards the individual employee that are perceived as rude, insensitive, disrespectful or thoughtless;

[45] Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: the broaden-and-build theory of positive emotions. *American Psychologist,* **56**(3).

[46] Stander, M.W. and Rothmann, S. (2010). Psychological Empowerment, Job Insecurity and Employee Engagement. *South African Journal of Industrial Psychology,* **36**(1).

[47] Kahn, W. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *The Academy of Management Journal,* **33**(4).

[48] May, D.R., Gilson, R.L. and Harter, L.M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organizational Psychology,* **77**(1).

[49] Saks, A.M. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology,* **21**(7).

[50] Barnes, D. and Collier, J. (2013). Investigating work engagement in the service environment. *Journal of Services Marketing,* **27**(6).

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or where co-workers, managers or customers/patient are perceived
to create tension or social conflict within the work context.[51]

5.8 Work attitudes

Job Satisfaction	"the degree to which the employee is (generally) satisfied and happy with the job"[52].
Organisational Commitment	"an affective or emotional attachment to the organization such that the strongly committed individual identifies with, is involved in, and enjoys membership in, the organization"[53].
Turnover Intentions	The individual's self-reported intentions to leave or stay with the organisation; usually within a given timeframe, e.g. a year. [54]

[51] Reio, T.G. and Sanders-Reio (2011). Thinking about workplace engagement: Does supervisor and co-worker incivility really matter? *Advances in Developing Human Resources,* **13**(4).

[52] Hackman, J.R. and Oldham, G.R. (1976). Motivation through the Design of Work: Test of a Theory. *Organisational Behavior and High Performance,* **16.**

[53] Allen, N. and Meyer, J. (1990). The measurement and antecedents of organisational, continuance and normative commitment to the organisation. *Journal of Occupational Psychology,* **61.**

[54] Wayne, S.J., Shore, L.M. and Liden, R.C. (1997). Perceived organisational support and leader-member exchange: A social exchange perspective. *Academy of Management Journal,* **40.**

6 Appendix: The Engaging Manager Self-assessment Tool

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Self-assessment questionnaire: behaviours

Please look at the following descriptions of behaviours that our research participants have identified as 'engaging'. Rate yourself according to how frequently you demonstrate these behaviours, on the following scale:

0   Never

1   Rarely

2   Sometimes

3   Quite often

4   Usually

5   Always

Be honest! Try to envisage how your team might experience you

Put your rating in the box

1. Welcome suggestions and act on them

2. Delegate work on the basis of the strengths of my team

3. Trust individuals to get on with their work

4. Manage my time effectively

5. Try to lead by example

6. Listen, even when it's not what I want to hear

7. Know when to stretch people and when to hold back

8. Try to protect my team from organisational pressure

9. Talk up my team to the rest of the organisation

10. Stay positive, even when things get tough

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11. Encourage my team to give their best ☐

12. Share information about the organisation and the wider world ☐

13. Give team members my undivided attention during one-to-ones ☐

14. Own up to my mistakes ☐

15. Praise and say thank you for a job well done ☐

16. Ensure I am accessible to my team ☐

17. Give clear instructions and direction ☐

18. Understand what motivates the different members of my team ☐

19. Say no and challenge organisational decisions on behalf of my team ☐

20. Keep my door genuinely open ☐

21. Strike a good balance between being friendly and professional ☐

22. Stay calm when the heat is on ☐

23. Try to be honest, truthful and open in all my dealings ☐

24. Am pleased to see members of my team ☐

25. Treat all my team members with consistency and fairness ☐

26. Organise my work well ☐

27. Ensure people know when I'm in ☐

28. Am responsive when my team come to me with problems ☐

29. Respect my colleagues in the team ☐

30. Tackle problems, even if it makes me uncomfortable ☐

31. Stand up for my team when they are under attack ☐

32. Encourage team members to tell me about their lives outside work ☐

33. Do what I say I'm going to do ☐

34. Roll up my sleeves and pitch in if necessary ☐

35. Ensure my team knows how we contribute to the organisation ☐
☐

36. Give my team public recognition for their achievements

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Scoring sheet for behaviours

Enter the scores you have given to the individual behaviours in the boxes for each 'behaviour group'
below, and then add them up to arrive at an overall score for each behaviour group.
Behaviour group A

Scores for individual behaviours 1, 12 and 17   ☐ ☐ ☐
Overall score   ☐
Behaviour group B

Scores for individual behaviours 16, 20 and 27   ☐ ☐ ☐
Overall score   ☐
Behaviour group C

Scores for individual behaviours 2, 18 and 21   ☐ ☐ ☐
Overall score   ☐
Behaviour group D

Scores for individual behaviours 7, 10 and 11   ☐ ☐ ☐
Overall score   ☐
Behaviour group E

Scores for individual behaviours 3, 13 and 29   ☐ ☐ ☐
Overall score   ☐
Behaviour group F

Scores for individual behaviours 8, 19 and 31   ☐ ☐ ☐
Overall score   ☐
Behaviour group G

Scores for individual behaviours 23, 25 and 33   ☐ ☐ ☐
Overall score   ☐
Behaviour group H

Scores for individual behaviours 9, 15 and 36   ☐ ☐ ☐
Overall score   ☐
Behaviour group I

Scores for individual behaviours 5, 22 and 34   ☐ ☐ ☐
Overall score   ☐

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Behaviour group J

Scores for individual behaviours 6, 14 and 30
Overall score
Behaviour group K

Scores for individual behaviours 4, 26 and 35
Overall score
Behaviour group L

Scores for individual behaviours 24, 28 and 32
Overall score

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Analysis sheet for behaviours

Now take your totals for each behaviour and shade in the appropriate number of squares on the bar graph below:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A Two-way communication															
B Visibility and accessibility															
C Understanding the team															
D Motivating colleagues															
E Giving respect and trust															
F Protecting the team															
G Being trustworthy															
H Giving recognition															
I Being a role model															
J Tackling problems															
K Personal effectiveness															
L Empathy and approachability															

In which areas do you score highly?...

....

Where might you need to improve?...

....

Would your team agree with your assessment? ....

....

Would your own manager agree with your assessment?..

....

Think about managers in different parts of your organisation, how would they score? ....

....

Would this tool work effectively using a 360^0 approach: self-assessment, team assessment, manager assessment?

....

Self-assessment questionnaire: manager types

Now read the following descriptions of manager 'types'. Against each one, rate yourself according to how often you behave like this. Some of these descriptions are very positive, others may be uncomfortable to read, but all have been derived from our research. Sometimes, in the descriptions, the manager is described as 'he', while other times 'she' is used. There is nothing significant about this, in that these gender labels have been randomly allocated.

For this part of the assessment, please use the following scale:

0　　This is **never** me

1　　This is **hardly ever** me

2　　This is **sometimes** me

3　　This is **quite often** me

4　　This is **usually** me

5　　This is **always** me

The High Performer

The High Performer is very focused on business outcomes, goals and targets. He monitors and reviews results on a regular basis with his team, and has frequent discussions about the best way to tackle any performance slippage. He wants to improve and looks for opportunities for his team to do even better. He is knowledgeable, well organised and methodical.

My score: ……….

The Communicator

The Communicator is particularly good at getting across messages across to her team. She is clear in her explanations and her team know exactly what is expected of them, whether this is related to standards of behaviour, objectives, or tasks. She is also a good listener and likes to involve her team in decision-making. She is adept at communicating bad news as well as good.

My score: ……….

The Micro Manager

The Micro Manager finds it difficult to delegate. He has lengthy task lists and fusses about minutiae. When he gives a task to a member of his team, he cannot let go, but bothers the team member at frequent intervals for progress reports. He interferes, is reluctant to allow the team to make any decisions, and stifles initiative.

My score: ……….

The Muddler

The Muddler is personally disorganised and inflicts this on her team. She gives confusing and sometimes contradictory instructions, and changes her mind frequently.

She finds it difficult to communicate the organisation's vision and purpose, which means her team do not understand what their objectives are. Because she cannot allocate work and monitor progress effectively, her team often appears inefficient and fails to deliver.

My score: ……….

The Visionary

The Visionary is particularly good at communicating the big picture to his team, and selling new ways of working. He is an innovator who is not afraid to introduce change if it is in the wider interests of the organisation. The Visionary understands exactly where he and his team fit into the organisation, and what contribution they need to make. He is good at getting to the crux of the issue and seeing things with fresh eyes, untrammelled by convention.

My score: ……….

The Empathiser

The Empathiser can identify with her team, and individuals within it, and understand how they feel. Because of this, the Empathiser can break bad news, or tackle difficult conversations, with particular sensitivity and tact. She understands what motivates individuals within the team, and appreciates the contribution that different people make. She knows who needs help, whose confidence requires a boost, and who can be left to get on with it.

My score: ……….

The Blamer

The Blamer does not accept responsibility when things go wrong, instead pointing the finger at one or more members of his team. People in the team will be reluctant to make suggestions, even if they see that things are going wrong, because they know they will be held responsible. The Blamer does not defend his team's reputation to the rest of the organisation.

My score: ……….

The Bully

The Bully is aggressive, relying on heavy-handed tactics to get work done. She frequently shouts and belittles people in front of colleagues. She sometimes loses her temper and is intolerant of mistakes and weaknesses. Her team members are often afraid of her.

My score: ……….

The Developer

The Developer looks out for members of his team who have potential, and gives them opportunities and challenges to show what they can do. He coaches individuals who are experiencing difficulties, to help them improve. He looks at the work of his team to ensure that jobs are as interesting and rewarding as they can possibly be. He will facilitate access to opportunities such as secondments, special projects and entry onto development or talent programmes.

My score: ……….

The Enthusiast

The Enthusiast is able to galvanise and carry individuals, teams and even large groups of people due to her passion and powers of persuasion. She is energetic and encouraging, and has a strong sense of belief and identification with what the organisation stands for. She recognises and celebrates success.

My score: ……….

The Protector

The Protector looks out for his team, and shelters them from being buffeted by organisational politics and conflicts, or scorched by the heat from on high. He nurtures the team and encourages people to put forward their ideas and suggestions for improvement. He defends his team from attack by outsiders, but will readily tackle and resolve any disputes within the team that threaten to undermine the well-being and performance of the team as a whole.

My score: ……….

The Networker

The Networker is adept at identifying people within the organisation – and sometimes outside – whom she needs to cultivate. She has a wide circle of contacts and understands the work of other departments, functions and locations. This in-depth knowledge of the organisation enables her to position the work of her team to benefit both the organisation and the individual.

My score: ……….

The Egotist

The Egotist believes that he, personally, is entirely responsible for his team's successes – but that failures are the fault of the team. He has an air of superiority, and is often aloof from his team, with whom he does not interact on a day-to-day basis. He uses inaccessible language and likes to score points. The Egotist rarely gives praise or recognition unless it reflects well on himself.

My score: ……….

The Pessimist

The Pessimist is draining of energy. She finds fault with everything and rarely smiles. She sees problems with any suggestion for improvement, which means that any ideas her team put forward are stifled in the early stages. She does not display enthusiasm and fails to motivate or encourage her team.

My score: ……….

The Rock

The Rock is steady, calm, dependable and reliable. He tackles problems in a straightforward way and never panics. His team and organisation can rely on him in a crisis. He is loyal to his team and is always considerate of their interests. He will roll up his sleeves to help and would not ask his team to do things he would not be prepared to do himself.

My score: ……….

The Brave

The Brave is not necessarily outgoing or people-focused, but knows how important it is to understand her team, herself and her organisation. She will overcome her natural reluctance and reserve to tackle difficult situations, stand up for the team in public, and act in accordance with her principles. She has integrity and courage, even when quaking inside.

My score: ……….

The Juggler

The Juggler is particularly good at managing resources and allocating work appropriately within the team. He is able to manage many different strands of activity, and keep all the balls in the air. He is a good delegator and has an excellent grasp of

timescales, workload and project progress. Usually, he is a fast learner and a fast worker, but curbs any impatience he may feel with others, and accepts the value of different ways of working.

My score: ……….

The Maverick

The Maverick does not always toe the company line, and will sometimes bend the rules. However, she always has the best interests of her team and her organisation at heart. She will work with her team to devise new and innovatory ways of doing things, and she encourages imaginative solutions. She helps her team to achieve breakthroughs.

My score: ……….

Thank you for completing this questionnaire

Appendix 10 Practitioner output 2: 'Guide to engagement for line managers'

Reproduced with permission. This appendix contains some material that draws on findings from Robinson D, Hayday S, *The Engaging Manager*, Report 470. Institute for Employment Studies; November 2009.[308]

Guide to Engagement for Line Managers
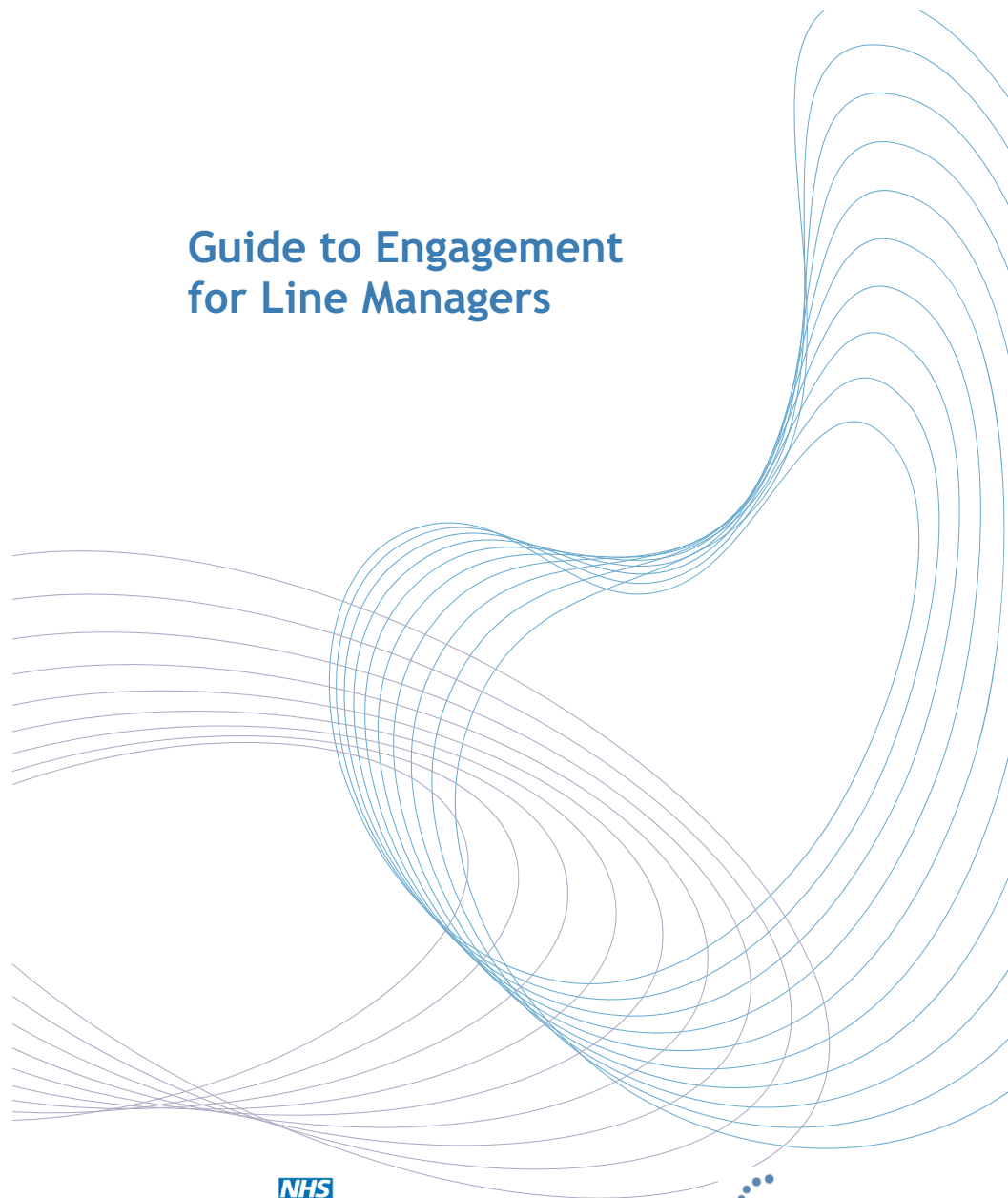
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Contents

1 Introduction

Welcome to this guide on staff engagement in the NHS. The aim of the guide is to inform you about engagement: what it is, why it matters, what makes it happen, and above all what this means for you, in your line management role. It focuses on the actions you can take to foster and sustain engagement levels in your team.

The NHS is a complicated organisation, employing people in many different roles, staff types, and professional groups. It is under intense scrutiny – perhaps more so now than at any time in its history. Managers are expected to get the most out of their team, while at the same time managing their staff in an engaging, values-driven way. The role is demanding and difficult (although also very rewarding), and many managers feel under constant pressure.

There are many reports and 'how to' guides about staff engagement, so how does this one differ? Firstly, the evidence review on which this guide is based[1], together with an associated review of practitioner research[2], was commissioned with the NHS in mind, so the outputs from the review have a strong focus on what will work best in an NHS context. Secondly, the evidence review followed a systematic methodology, so you can be confident that the advice in this guide is based on robust, reliable, good-quality evidence.

There are four sections to the guide:

1. What is Engagement? This section describes engagement definitions, different perspectives on engagement, and how engagement is measured in the NHS.

2. Why Does Engagement Matter? This section presents the evidence showing that it is worthwhile investing in increasing staff engagement, because engagement makes a difference to morale and performance.

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[1] Truss, C., Madden, A. Alfes, K., Fletcher, L., Robinson, D., Holmes, J., Buzzeo, J. and Currie, G. (2014). *Employee Engagement: An Evidence Synthesis.* National Institute for Health Research (NIHR).

[2] Holmes, J., Fletcher, L., Buzzeo, J., Robinson, D., Truss, C., Madden, A., Alfes, K. and Currie, G. (2014). *NIHR Staff Engagement in the NHS: Review of Practitioner Studies of Engagement.* NIHR.

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3. What Drives Engagement? To raise engagement levels, it is important to understand what causes engagement to happen (or not happen). This section presents the evidence about engagement drivers.

4. What Can Line Managers Do? This final section gives you some practical advice about actions you can take to engage your staff.

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2 What is Engagement?

This section describes engagement definitions, different perspectives on engagement, and how engagement is measured in the NHS.

The question 'What is engagement' sounds straightforward, but in fact there are many different views about engagement and what it is, and there is no single, widely-accepted definition. A common factor, however, is that engagement is seen as a *positive psychological state*. This stems from Kahn (1990)[3], the first academic to use the term 'engagement'. He viewed it as *'the individual's emotional and physical expression of the authentic and preferred self at work'*.

2.1.1 Engagement perspectives

There are two broad perspectives on engagement:

- The focus of **academic researchers** in the field of engagement tends to be the individual and the job, as the following two examples illustrate:

  - Schaufeli et al (2002)[4], defined engagement as *'a positive, fulfilling, work-related state of mind'*.

  - Saks (2006)[5], viewed engagement as being multi-dimensional: *'a distinct and unique construct consisting of cognitive, emotional and behavioural components that are associated with individual role performance'*.

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[3] Kahn, W. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *The Academy of Management Journal,* **33**(4).

[4] Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V. and Bakker, A.B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies,* **3**(1).

[5] Saks, A.M. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology,* **21**(7).

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3

■ Most **practitioners** (ie managers and HR practitioners) have a broader perspective, in that they would like individual employees to be engaged not only narrowly with their current job, but more widely with their team, their line manager, their business or functional area, and their organisation. Examples of these definitions illustrate this different focus:

● The Institute for Employment Studies (IES - 2004)[6] defines engagement as *'a positive attitude held by the employee towards the organisation and its values'.* IES goes on to describe how the engaged employee behaves, and stresses the two-way nature of engagement: *'An engaged employee is aware of 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.'*

■ Kenexa's definition (2012)[7] is that engagement is *'the extent to which employees are motivated to contribute towards organizational success, and are willing to apply discretionary effort to accomplishing tasks important to the achievement of organizational goals'.*

■ NHS Employers, in its online staff engagement resource[8], focuses on the positive outcomes of engagement: *'Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in.'*

Research bite: How practitioners see engagement

Practitioner definitions of engagement typically encompass a range of positive attitudes towards the organisation, and sometimes also include engagement drivers (such as communication and involvement) and engagement outcomes (such as performance and desired behaviours).

Because of the different agendas and perspectives, academics and practitioners may not feel they share much common ground. Academics might feel that practitioners are insufficiently rigorous, while practitioners think that the narrower definitions and measures used by academics are not very useful, because they who want people to be engaged outside the boundaries of their jobs. Fortunately, some rigorous studies that use wider definitions and conceptual models of engagement have been published by reputable consultancies, survey houses and research institutes, and the broad findings are included in this guide.

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[6] Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement.* Institute for Employment Studies (IES).

[7] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

[8] http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement

2.1.2   How does the NHS measure engagement?

Engagement levels in the NHS are measured via the annual staff survey[9]. The **headline engagement indicator** is derived from nine questionnaire statements, to which respondents allocate a rating on a scale of 1 to 5: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree. This headline indicator is broken down into three sub-dimensions called 'key findings' (KFs), each of which is made up of three statements.

- KF22 is 'staff ability to contribute towards improvement at work', often given the shorter label of '**involvement**':

  'I am able to make suggestions to improve the work of my team/department.'

  'There are frequent opportunities for me to show initiative in my role.'

  'I am able to make improvements happen in my area of work'.

- KF24 is described as 'staff recommendation of the trust as a place to work or receive treatment' or more simply '**advocacy**':

  'Care of patients/service users is my trust's top priority.'

  'I would recommend my trust as a place to work.'

  'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.'

- Finally, KF25 is labelled 'staff motivation at work', usually abbreviated to '**motivation**':

  'I look forward to going to work.'

  'I am enthusiastic when I am working.'

  'Time passes quickly when I am working.'

All three of these sub-dimensions are clearly very important, and the line manager is influential in all of them. You can involve your team in decision-making within your area; speak positively about the organisation and remind your team about how their role contributes to caring for patients; and create a good working environment and atmosphere, so that staff feel positive about their work.

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[9] www.nhsstaffsurveys.com

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> ### Research bite: different staff groups, different engagement
>
> Work carried out by Jeremy Dawson and his colleagues[10] at the University of Sheffield, using the NHS staff survey engagement measure, shows that the headline staff engagement indicators can mask differences between staff groups in the way that they respond to the statements in the three sub-dimensions. The 2011 staff survey results, for example, showed that medical and dental staff had the highest motivation scores, general managers the highest involvement scores, and maintenance and ancillary staff the highest advocacy scores.

2.1.3   What does this mean for line managers?

As a line manager, you will mainly want employees to be absorbed in their day-to-day work and motivated by their jobs. In some ways, engaging your team with the wider organisation may seem unnecessary; however, although you do not have direct influence over organisational strategy, you will be expected to understand the 'big picture' and explain the decisions of senior leaders to your team. In this sense, it helps if members of your team take an interest in the organisation, get involved in activities outside their immediate area of work, and speak positively about the organisation to outsiders. Having a team that is engaged with the organisation, as well as being engaged with you and with their work, will also be helpful when you want to introduce change.

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[10] Presentation by Jeremy Dawson at 'Staff Engagement in the NHS' conference, University of Sussex, 25 February 2014

3 Why Does Engagement Matter?

This section presents the evidence showing that it is worthwhile investing in increasing staff engagement, because engagement makes a difference to morale and performance.

The reason why so much attention is paid to employee engagement is that it makes a difference. When interest first started to gather momentum in the world of management and HR in the early 2000s, the links between engagement and positive outcomes were not proven, yet it seemed to make intuitive sense that people who were engaged with their jobs and the organisations would have higher morale, and perform better, than those who were disengaged or unengaged. As time has gone on, a body of evidence has built up to support this hypothesis. These studies have been included in the NIHR evidence review[11].

3.1.1 Morale

'Morale' being defined here as positive perceptions of health and well-being, and positive work-related attitudes.

- Broadly, employees who are engaged:
  - report higher levels of life satisfaction and lower levels of ill health, depression and mental health problems
  - are less likely to experience symptoms of stress or burnout, such as emotional exhaustion and cynicism
  - are more satisfied with their jobs
  - report higher levels of self-efficacy (the extent or strength of one's belief in one's own ability to complete tasks and reach goals)

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[11] Truss et al (2014) *Employee Engagement: An Evidence Synthesis*. NIHR.

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- have higher levels of commitment to the organisation

- are less likely to say they intend to leave.

■ However, a word of caution: although engagement can be seen as generally good for morale, there is evidence that, if employees perceive that their organisation is pursuing engagement purely for *instrumental* purposes (eg to increase performance without any benefits for employees), their morale may be dented.

3.1.2　Performance

There is clear evidence of a link between engagement and performance:

■ There is a consistent association between engagement and *individual* performance outcomes.

■ The link between engagement and *organisational* performance is less clear, partly because the majority of academic research articles focus on the individual. This is because the engagement-performance link is easier to demonstrate at the level of the individual; it is notoriously difficult to identify conclusive links between people inputs and organisational outcomes. Some research studies, however, show a link between engagement and performance at a higher level than the individual, ie the team, unit or organisation.

■ There is also a link between engagement and *extra-role performance.* This means that employees who are engaged are more likely to be prepared to give discretionary effort, for example by working extra hard when the pressure is on, and volunteering for things outside their normal role.

'Going beyond the job description'

Individual employees, and trades unions, are sometimes suspicious of the concept of discretionary effort, because they understandably worry that the goodwill of employees might be exploited, and that 'going beyond the job description' might become the expected norm rather than the occasional exception. Managers, too, are sometimes wary of asking staff to carry out tasks that extend their normal role boundaries. In a highly unionised environment, a more collective approach to engagement (for example using recognised staff forums) is suggested.

■ There is also a negative link between engagement and *counter-productive behaviour.* Put simply, engaged employees are less likely to indulge in behaviour that damages the team or the organisation; this could be anything from criticising organisational decisions, gossiping and resisting change (at the mild end) to outright acts of sabotage such as theft.

4 What Drives Engagement?

To raise engagement levels, it is important to understand what causes engagement to happen (or not happen). This section presents the evidence about engagement drivers.

If engagement is accepted as important, what can line managers do to engage their staff?

4.1 The evidence from the review of academic literature

A very large number of research studies examined for this review (113 altogether) examined the factors associated with engagement. In some studies, these factors were identified as *drivers* or *antecedents* – meaning that they cause engagement to happen.

4.1.1 Positive psychological states

■ There is an association between *positive psychological states* and engagement. The term 'positive psychological state' encompasses a variety of things, which broadly relate to how employees feel about their jobs and how well they are able to cope with what the job demands of them:

  ● Personal resources (strengths) such as resilience and self-efficacy

  ● Wider aspects of the work, often facilitated by the line manager, such as empowerment

■ Some evidence is taken from studies that were set in the healthcare context. These identified the following factors to be important in bringing about and sustaining engagement:

  ● Self-care and self-tuning (often referred to as *mindfulness*, which is attracting considerable interest within the HR community and the NHS generally)

  ● *Psychological detachment*, which is particularly important for clinical staff who often deal with very emotionally-demanding situations; it is very important to

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empathise with patients and relatives, but the individual employee must also be able to detach from situations to prevent excessive personal involvement leading to possible burn-out

- *Personal resources* that help to equip employees with strengths necessary to manage difficult and demanding jobs: resilience and coping mechanisms

4.1.2   Management

- There is a lot of evidence to demonstrate a link between *positive and supportive management* and engagement. A variety of factors were considered in these studies, notably *supervisory support* and *management style.*

- In most of these studies, the term 'leadership' is used to refer to line managers rather than senior leaders, and the day-to-day relationship between the individual and his/her line manager is identified as very important. **There is clear evidence that the relationship between the individual employee and the manager is crucially important for engagement.**

Research bite: Management styles associated with engagement

Which of these management styles comes closest to yours?

- **Authentic leadership:** "Authentic leaders are aware of their core end values and resist compromising them…(They) have optimal self-esteem and they objectively accept their strengths and weaknesses. They present their true selves to others in a trusting and open manner and encourage them to do the same"[12].

- **Empowering leadership:** Empowering leaders are able to delegate authority and share information well; lead by example and set themselves as accountable for their actions; and encourage the personal development, decision-making and innovation of employees.[13]

- **Ethical leadership:** Ethical leaders demonstrate and encourage values, attitudes and behaviours that are socially acceptable and morally justifiable. They communicate and reinforce these clearly and consistently, and they show responsibility and accountability for their own behaviours and decision-making.[14]

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[12] Alok, K. and Israel, D. (2012). Authentic Leadership and Work Engagement. *Indian Journal of Industrial Relations,* **47**(3).

[13] Eg Mendes, F. and Stander, M.W. (2011). Positive organisation: The role of leader behaviour in work engagement and retention. *SA Journal of Industrial Psychology,* **37**(1).

[14] Eg Hartog, D.N. and Belschak, F.D. (2012). Work engagement and Machiavellianism in the ethical leadership process. *Journal of Business Ethics,* **107**(1).

> ■ **Transformational leadership:** Leadership behaviour that encourages and inspires employees to perform beyond their own expectations to meet the goals and values of the organisation (i.e. transform their own desires for the greater good of the organisation)[15]
>
> ### Research bite: Authentic leadership
>
> A study of 280 nurses in acute care hospitals in Ontario in 2010[16] demonstrated that authentic leadership was associated with both trust in the manager and engagement – and these, in turn, predicted voice behaviour (willingness to express opinions, make suggestions etc) and perceptions of the quality of care in the unit to which the nurses belonged.

■ A further link has been identified between *job design* and engagement. 'Job design' is widely defined here, in that it encompasses job resources, job demands and autonomy as well as the way in which the job is crafted and specified. The line manager is very important here, as he/she has considerable influence over the way jobs are defined and specified within the team.

■ Some research studies, including those conducted in the healthcare context, showed positive links between *communication* and *co-worker support* and *team-level engagement*. This is encouraging, in that good quality (and often inter-disciplinary) teamwork is essential in the NHS. Again, the influence of the line manager – building the team and helping to ensure harmonious and effective relationships – is highly important.

4.2 The evidence from the review of practitioner literature

In addition to the academic review, several reputable studies by non-academic consultancies and research institutes (such as IES, CIPD and Kenexa) have identified engagement drivers.

In broad terms, the drivers of engagement found in the practitioner literature can be grouped into seven themes. Some of these themes will be areas where the line manager has considerable impact, some are less easy to influence. However, none are completely outside the scope of the line manager.

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[15] Eg Tims, M., Bakker, A.B. and Xanthopolou, D. (2011). Do transformational leaders enhance their followers' daily work engagement? *Leadership Quarterly,* **22**(1).

[16] Wong, C.A., Laschinger, H.K.S. and Cummings, G.C. (2010). Authentic Leadership and nurses' voice behaviour and perceptions of care quality. *Journal of Nursing Management,* **18**(8).

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4.2.1   Senior leadership

Studies consistently find that positive perceptions of senior leaders are linked with high levels of engagement. *Trust in senior leaders* is particularly important, as is a belief in their vision and a positive view of their communication style.

> ### Research bite: Trust and effectiveness
>
> Several studies have shown that employees who **trust** their senior leaders, and believe in their vision, are much more engaged than those who do not. Alfes et al (2010)[17], for example, showed that positive perceptions of the communication style and vision of senior leaders were associated with high engagement. Kenexa (2012)[18] found that the engagement levels for employees who trusted their leader stood at 81 per cent, compared with just 29 per cent for employees who distrusted their leader.

4.2.2   Role of the line manager

The line manager's role in engaging employees is extremely important. Particularly influential behaviours are:

■ Reviewing and guiding

■ Giving feedback, praise and recognition

■ Encouraging autonomy and empowerment

■ Communicating and making clear what is expected

■ Listening

■ Valuing and involving the team

■ Being supportive.

> **Research bite: An effective intervention**

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[17] Alfes, K., Truss, C., Soane, E.C., Rees, C. and Gatenby, M. (2010). *Creating an engaged workforce – Findings from the Kingston Employee Engagement Consortium Project.* CIPD.

[18] Kenexa (2012). *Engagement and Leadership in the Public Sector – A 2011/2012 Kenexa High Performance Institute Work Trends Report.*

> One study, in the Chesterfield office of the government department HMRC[19], demonstrated that engagement levels (measured via the national civil service 'People Survey') rose after line managers had been on a programme of leadership development. This was linked to the introduction of a programme of behavioural change called the 'Chesterfield Way'.

4.2.3 Appraisals, performance management and training

Having a manager who manages performance well is associated with higher levels of engagement. The aspects of managing performance well are:

■ Good quality appraisals

■ Regular supervisory meetings that focus on good performance management principles

■ Giving constructive feedback

■ Building performance, via coaching, analysis of training needs, and providing training and development opportunities.

> **Research bite: Importance of good quality appraisals**
>
> An analysis of 2009 and 2010 NHS staff survey data[20] showed that having an appraisal on its own was not associated with higher engagement; the key factor was whether the appraisal was of good quality or not. 'Good quality' was defined as being considered well structured (useful, clear and valuable) by the employee. The survey data showed that 71% of respondents had received an appraisal, but only 32% said it had been well structured. The research showed that a good quality appraisal was associated with high levels of engagement, whereas the engagement levels of those who had received a poor quality appraisal were even lower than those who had received no appraisal at all.

4.2.4 Meaningfulness

Meaningfulness – a belief that the work 'makes a difference' and is worthwhile and personally significant – is found to be an important driver in several research studies. Indeed, in two studies it was found to be the most important driver. In one of these studies, Alfes et al (2010)[21] describe meaningfulness as *'the extent to which employees find*

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[19] Government Social Research (2013). *Embedding Employee Engagement, Engagement Best Practice: Case Studies, How HMRC Chesterfield office improved engagement; 2013.* www.civilservice.gov.uk

[20] West, M.A. and Dawson, J. (2012). *Employee Engagement and NHS Performance.* The King's Fund.

[21] Alfes, K., Truss, C., Soane, E.C., Rees, C. and Gatenby, M. (2010). *Creating an engaged workforce – Findings from the Kingston Employee Engagement Consortium Project.* CIPD.

meaning in their work…where people can see the impact of their work on other people or society in general'. Line managers, by giving employees a clear light of sight between what they do day to day, and the core purpose of the organisation, can help team members see and value the contribution they make.

4.2.5   Employee voice

Employee voice refers to the opportunities employees have to input into decisions affecting their work, and to be properly consulted about workplace issues. Key factors here are:

■ Having opportunities to feed views upwards

■ Managers who welcome comments, ideas and suggestions for improvement

■ Managers who actively involve the team in decision-making.

Research studies consistently find that having a voice is associated with higher levels of engagement.

4.2.6   Team working

Being part of an effective team is associated with higher levels of engagement in several studies. In Kenexa's 2012[22] research, it emerged (described as 'co-worker quality', which includes feeling part of a team) as one of the four key drivers of engagement. Important aspects of team working are listed below. It is very apparent that the line manager plays a key role here.

■ Believing that the team is well structured

■ Having opportunities to contribute to organisational decisions via team discussions or team events

■ Feeling a sense of belonging to the team

■ Having good quality, mutually supportive relationships with colleagues.

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[22] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

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> ### Research bite: the importance of well-structured teams
>
> Research conducted in the NHS, using NHS staff survey data[23], shows that feeling part of a well-structured team is associated with higher levels of engagement, yet being part of a poorly-constructed 'pseudo-team' is linked to lower engagement levels.

4.2.7   Support for work-life balance

Several studies demonstrate that employees who are satisfied with their work-life balance, and have some flexibility in their work, are more engaged than other employees. In Kenexa's 2012 research[24], having support for work-life balance emerged as one of the top three drivers of engagement; it is perceived as an important aspect of showing genuine concern for employees. The line manager plays an important part here. However, it is important to be fair; employees without caring responsibilities, for example, may still want access to flexible working opportunities.

4.2.8   Other themes

In addition to the above, several themes emerged as important drivers in at least two research studies:

- Job variety

- Job autonomy

- Equal opportunities

- Health and safety.

In the latter two, the important aspect was not just the existence of policies and statements; it was rather the belief that the line manager and the wider organisation were genuinely committed to equality of opportunity and health and safety in the workforce.

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[23] West, M.A. and Dawson, J. (2012). *Employee Engagement and NHS Performance.* The King's Fund.

[24] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

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4.3 Engagement drivers in the NHS

Research carried out by IES, published in 2004[25], identified that the key driver of employee engagement in the NHS is a sense of *feeling valued by, and involved in, the organisation.* Feeling valued and involved is a particularly strong driver in the healthcare context; it is important in other sectors and settings, but less so than in the NHS. A variety of things were found to influence feeling valued and involved, as the diagram below shows. The 'immediate manager' is one of the key drivers of feeling valued and involved, but it is also apparent that he/she will exert an influence via almost all the other drivers, too. Think about how you, as a line manager, can improve some of these aspects of working life for your team.

Engagement diagnostic tool: NHS

training, development and career
immediate management
performance and appraisal
communication
equal opportunities and fair treatment
pay and benefits
health and safety
co-operation
family friendliness
job satisfaction

feeling valued and involved → engagement

ies

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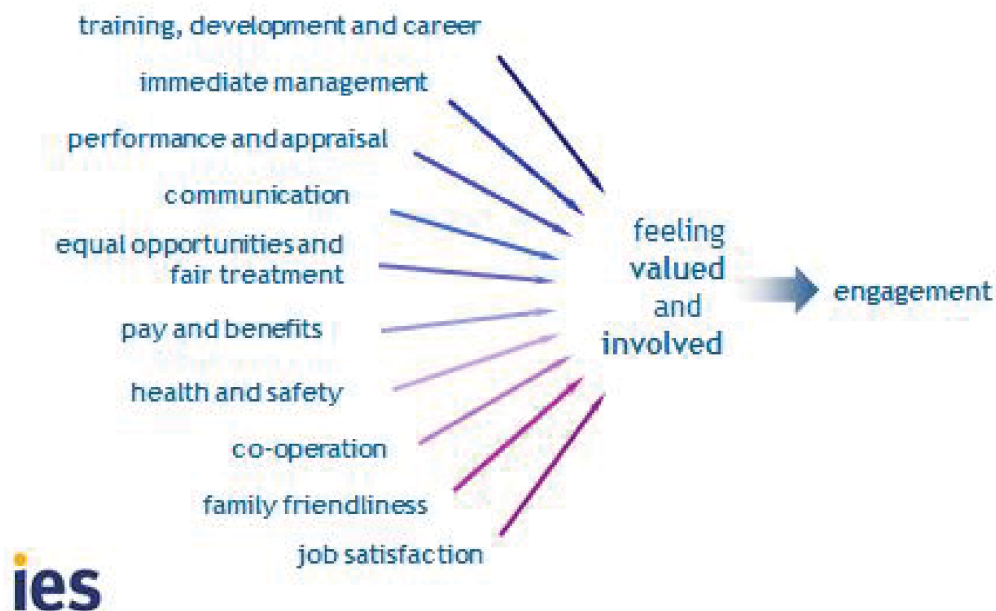
[25] Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement.* Institute for Employment Studies (IES).

5 What Can Line Managers Do?

This final section gives you some practical advice about actions you can take to engage your staff.

The preceding sections demonstrate that engagement is important for morale, well-being and performance, and is associated with higher levels of advocacy. They also show that there is considerable agreement about the drivers of engagement. The key question for any line manager is, what can I do to raise engagement levels in my team?

With such a wide-ranging list of things that can influence engagement levels, it can be difficult to know where to start, and what will have the most impact. It might help to think about what you can do firstly to help your team, and secondly to understand and improve your own management style:

■ To help **individuals and the team** become more engaged, resilient and effective

■ To **behave** in an engaging way.

5.1 Individuals and teams

■ **Bring the right people in.** The literature on job design and engagement indicates that a good job-person fit is essential. This suggests that job descriptions should be accurate and that person specifications should be really clear about the type of person who is being sought – not just skills and experience, but attitudes. Candidates should have a chance to 'preview' the job, via online tools such as virtual tours and recordings of existing staff describing the role, and/or discussions with team members on the interview day. Psychometric testing and aptitude tests might be appropriate for some roles. The line manager's role in recruitment and selection – from specifying the vacancy right through to choosing the best candidate – is crucial.

■ **Give good quality inductions.** Research indicates that the first few weeks in the role are crucial. New joiners who are welcomed, are given a good induction, meet their line manager and new team members straight away, and are equipped with the right resources from day one, are far more likely to feel engaged and positive

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about their role. Although the line manager does not design the Trust's induction programme, he/she *can* ensure that the team gives newcomers a good and friendly welcome.

- **Be clear about expected behaviours in the team.** Most Trusts have a set of values, and at an organisational level these are likely to be linked to expected behaviours. However, as a manager you will have a very good idea of the behaviours and standards you expect within your team, and how individual team members can demonstrate these. It is very important that you make these clear to the team, to avoid any misunderstanding and to ensure that the team is working towards the same ends.

- **Give your team a voice.** The annual NHS staff survey is an excellent way of finding out staff opinions and experiences over a wide range of issues, across the whole organisation. However, the survey is held only once a year. It is really important that individual team members feel they have an opportunity to voice their views, offer opinions and suggestions, and input to decisions that affect them. The line manager plays a key role here, not just at team meetings but throughout the working day; the team should feel that you are accessible and visible.

- **Encourage your team to participate in resilience and mindfulness training, and take part yourself.** Some relatively simple techniques, based on the principle of 'positive psychology', can help to boost employees' resilience, coping mechanisms, and awareness of self and others. This is very important in the NHS, where jobs and situations can be extremely stressful and resources are constrained.

> ### Example: Mindfulness in Derbyshire Healthcare NHS Foundation Trust[26]
>
> Derbyshire Healthcare uses the concept of 'mindfulness' to promote caring and positive behaviours, including self-care – 'compassion for self'. Mindfulness is a central plank in the Trust's efforts to engage better with staff, and is used together with values that have been organically-grown, and listening events involving hundreds of staff. The chief executive is a passionate advocate of the benefits of mindfulness.

5.2 Your own behaviour

To the team, the line manager is the single person who will impact most on morale and motivation, so your people management skills are extremely important. New

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[26] Presentation by Steve Trenchard at 'Staff Engagement in the NHS' conference, University of Sussex, 25 February 2014

supervisors and line managers – who have usually been promoted due to high performance in the job – can find the people management aspects of their new role daunting, and will need some help. Even more experienced line managers encounter difficult situations and may need some help.

■ **Ask for training in people management, especially if you are a first-time manager or have never had any training before.** If you are new to the role, find a more experienced manager who you know to be good at people management, and ask if you can 'buddy' with them. If you are experienced, remember how alarming it was for you when you took your first line management role - look out for new managers and offer to support them.

■ **Be clear about people management behaviours your organisation expects of you.** There might be a guide, or blueprint, or list of behavioural competencies with descriptors. If not, ask HR which behaviours you should adopt, and which you should avoid.

■ **Ask for training in coaching.** Engaging managers typically adopt a coaching style with their teams, including coaching poor performers to improve. This style comes naturally to some people, while others will need to learn the techniques. Managers who are known to be good coaches can act as mentors to others who are relatively new to coaching principles.

■ **Self-assess and gather feedback about your performance as a people manager.** Some Trusts use 360 or 180 degree feedback, enabling managers to gain a rounded picture of their performance. An alternative is to use a self-assessment tool – either for your own self-reflection, or if you are feeling brave, for sharing with your own manager and/or your team. Would your team agree with your self-assessment? IES's research-based[27] self-assessment questionnaire for line managers is included as an appendix for you to use.

■ **Ensure you know what to do when tackling poor performance and poor behaviour.** This is always a difficult thing to do, particularly if the situation does not improve after the coaching stage and there is a need to invoke formal procedures. However, tackling poor performance and behaviour within the team is appreciated by the rest of the team, so is likely to raise engagement levels overall. Many managers will only have to take people through formal disciplinary processes and few times in their lives, so it is very important to ask for support from HR about the policies and procedures to use.

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[27] Robinson, D. and Hayday, S. (2009). *The Engaging Manager*. IES

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■ **Be generous with praise and recognition.** Most people work very hard, and want to do a good job. Giving praise and recognition for a job well done takes very little effort, but is hugely appreciated.

GOOD LUCK IN YOUR ENGAGEMENT EFFORTS
WE HOPE THAT THIS GUIDE WILL HELP YOU TO ENGAGE YOUR TEAMS!

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6 Appendix: The Engaging Manager Self-assessment Tool

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Self-assessment questionnaire: behaviours

Please look at the following descriptions of behaviours that our research participants have identified as 'engaging'. Rate yourself according to how frequently you demonstrate these behaviours, on the following scale:

0   Never

1   Rarely

2   Sometimes

3   Quite often

4   Usually

5   Always

Be honest! Try to envisage how your team might experience you

Put your rating in the box

1. Welcome suggestions and act on them   ☐

2. Delegate work on the basis of the strengths of my team   ☐

3. Trust individuals to get on with their work   ☐

4. Manage my time effectively   ☐

5. Try to lead by example   ☐

6. Listen, even when it's not what I want to hear   ☐

7. Know when to stretch people and when to hold back   ☐

8. Try to protect my team from organisational pressure   ☐

9. Talk up my team to the rest of the organisation   ☐

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10. Stay positive, even when things get tough ☐

11. Encourage my team to give their best ☐

12. Share information about the organisation and the wider world ☐

13. Give team members my undivided attention during one-to-ones ☐

14. Own up to my mistakes ☐

15. Praise and say thank you for a job well done ☐

16. Ensure I am accessible to my team ☐

17. Give clear instructions and direction ☐

18. Understand what motivates the different members of my team ☐

19. Say no and challenge organisational decisions on behalf of my team ☐

20. Keep my door genuinely open ☐

21. Strike a good balance between being friendly and professional ☐

22. Stay calm when the heat is on ☐

23. Try to be honest, truthful and open in all my dealings ☐

24. Am pleased to see members of my team ☐

25. Treat all my team members with consistency and fairness ☐

26. Organise my work well ☐

27. Ensure people know when I'm in ☐

28. Am responsive when my team come to me with problems ☐

29. Respect my colleagues in the team ☐

30. Tackle problems, even if it makes me uncomfortable ☐

31. Stand up for my team when they are under attack ☐

32. Encourage team members to tell me about their lives outside work ☐

33. Do what I say I'm going to do ☐

34. Roll up my sleeves and pitch in if necessary ☐

35. Ensure my team knows how we contribute to the organisation ☐

36. Give my team public recognition for their achievements ☐

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Scoring sheet for behaviours

Enter the scores you have given to the individual behaviours in the boxes for each 'behaviour group' below, and then add them up to arrive at an overall score for each behaviour group.

Behaviour group A

Scores for individual behaviours 1, 12 and 17 ☐ ☐ ☐
Overall score ☐

Behaviour group B

Scores for individual behaviours 16, 20 and 27 ☐ ☐ ☐
Overall score ☐

Behaviour group C

Scores for individual behaviours 2, 18 and 21 ☐ ☐ ☐
Overall score ☐

Behaviour group D

Scores for individual behaviours 7, 10 and 11 ☐ ☐ ☐
Overall score ☐

Behaviour group E

Scores for individual behaviours 3, 13 and 29 ☐ ☐ ☐
Overall score ☐

Behaviour group F

Scores for individual behaviours 8, 19 and 31 ☐ ☐ ☐
Overall score ☐

Behaviour group G

Scores for individual behaviours 23, 25 and 33 ☐ ☐ ☐
Overall score ☐

Behaviour group H

Scores for individual behaviours 9, 15 and 36 ☐ ☐ ☐
Overall score ☐

Behaviour group I

Scores for individual behaviours 5, 22 and 34 ☐ ☐ ☐
Overall score ☐

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Behaviour group J

Scores for individual behaviours 6, 14 and 30

Overall score

Behaviour group K

Scores for individual behaviours 4, 26 and 35

Overall score

Behaviour group L

Scores for individual behaviours 24, 28 and 32

Overall score

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Analysis sheet for behaviours

Now take your totals for each behaviour and shade in the appropriate number of squares on the bar graph below:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A Two-way communication															
B Visibility and accessibility															
C Understanding the team															
D Motivating colleagues															
E Giving respect and trust															
F Protecting the team															
G Being trustworthy															
H Giving recognition															
I Being a role model															
J Tackling problems															
K Personal effectiveness															
L Empathy and approachability															

In which areas do you score highly?...

....

Where might you need to improve?...

....

Would your team agree with your assessment? ....

....

Would your own manager agree with your assessment?..

....

Think about managers in different parts of your organisation, how would they score? ....

....

Would this tool work effectively using a 360^0 approach: self-assessment, team assessment, manager assessment?

....

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Self-assessment questionnaire: manager types

Now read the following descriptions of manager 'types'. Against each one, rate yourself according to how often you behave like this. Some of these descriptions are very positive, others may be uncomfortable to read, but all have been derived from our research. Sometimes, in the descriptions, the manager is described as 'he', while other times 'she' is used. There is nothing significant about this, in that these gender labels have been randomly allocated.

For this part of the assessment, please use the following scale:

0   This is **never** me

1   This is **hardly ever** me

2   This is **sometimes** me

3   This is **quite often** me

4   This is **usually** me

5   This is **always** me

The High Performer

The High Performer is very focused on business outcomes, goals and targets. He monitors and reviews results on a regular basis with his team, and has frequent discussions about the best way to tackle any performance slippage. He wants to improve and looks for opportunities for his team to do even better. He is knowledgeable, well organised and methodical.

My score: ……….

The Communicator

The Communicator is particularly good at getting across messages across to her team. She is clear in her explanations and her team know exactly what is expected of them, whether this is related to standards of behaviour, objectives, or tasks. She is also a good listener and likes to involve her team in decision-making. She is adept at communicating bad news as well as good.

My score: ……….

The Micro Manager

The Micro Manager finds it difficult to delegate. He has lengthy task lists and fusses about minutiae. When he gives a task to a member of his team, he cannot let go, but bothers the team member at frequent intervals for progress reports. He interferes, is reluctant to allow the team to make any decisions, and stifles initiative.

My score: ……….

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The Muddler

The Muddler is personally disorganised and inflicts this on her team. She gives confusing and sometimes contradictory instructions, and changes her mind frequently. She finds it difficult to communicate the organisation's vision and purpose, which means her team do not understand what their objectives are. Because she cannot allocate work and monitor progress effectively, her team often appears inefficient and fails to deliver.

My score: ……….

The Visionary

The Visionary is particularly good at communicating the big picture to his team, and selling new ways of working. He is an innovator who is not afraid to introduce change if it is in the wider interests of the organisation. The Visionary understands exactly where he and his team fit into the organisation, and what contribution they need to make. He is good at getting to the crux of the issue and seeing things with fresh eyes, untrammelled by convention.

My score: ……….

The Empathiser

The Empathiser can identify with her team, and individuals within it, and understand how they feel. Because of this, the Empathiser can break bad news, or tackle difficult conversations, with particular sensitivity and tact. She understands what motivates individuals within the team, and appreciates the contribution that different people make. She knows who needs help, whose confidence requires a boost, and who can be left to get on with it.

My score: ……….

The Blamer

The Blamer does not accept responsibility when things go wrong, instead pointing the finger at one or more members of his team. People in the team will be reluctant to make suggestions, even if they see that things are going wrong, because they know they will be held responsible. The Blamer does not defend his team's reputation to the rest of the organisation.

My score: ……….

The Bully

The Bully is aggressive, relying on heavy-handed tactics to get work done. She frequently shouts and belittles people in front of colleagues. She sometimes loses her temper and is intolerant of mistakes and weaknesses. Her team members are often afraid of her.

My score: ……….

The Developer

The Developer looks out for members of his team who have potential, and gives them opportunities and challenges to show what they can do. He coaches individuals who are experiencing difficulties, to help them improve. He looks at the work of his team to ensure that jobs are as interesting and rewarding as they can possibly be. He will facilitate access to opportunities such as secondments, special projects and entry onto development or talent programmes.

My score: ……….

The Enthusiast

The Enthusiast is able to galvanise and carry individuals, teams and even large groups of people due to her passion and powers of persuasion. She is energetic and encouraging, and has a strong sense of belief and identification with what the organisation stands for. She recognises and celebrates success.

My score: ……….

The Protector

The Protector looks out for his team, and shelters them from being buffeted by organisational politics and conflicts, or scorched by the heat from on high. He nurtures the team and encourages people to put forward their ideas and suggestions for improvement. He defends his team from attack by outsiders, but will readily tackle and resolve any disputes within the team that threaten to undermine the well-being and performance of the team as a whole.

My score: ……….

The Networker

The Networker is adept at identifying people within the organisation – and sometimes outside – whom she needs to cultivate. She has a wide circle of contacts and

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understands the work of other departments, functions and locations. This in-depth knowledge of the organisation enables her to position the work of her team to benefit both the organisation and the individual.

My score: ……….

The Egotist

The Egotist believes that he, personally, is entirely responsible for his team's successes – but that failures are the fault of the team. He has an air of superiority, and is often aloof from his team, with whom he does not interact on a day-to-day basis. He uses inaccessible language and likes to score points. The Egotist rarely gives praise or recognition unless it reflects well on himself.

My score: ……….

The Pessimist

The Pessimist is draining of energy. She finds fault with everything and rarely smiles. She sees problems with any suggestion for improvement, which means that any ideas her team put forward are stifled in the early stages. She does not display enthusiasm and fails to motivate or encourage her team.

My score: ……….

The Rock

The Rock is steady, calm, dependable and reliable. He tackles problems in a straightforward way and never panics. His team and organisation can rely on him in a crisis. He is loyal to his team and is always considerate of their interests. He will roll up his sleeves to help and would not ask his team to do things he would not be prepared to do himself.

My score: ……….

The Brave

The Brave is not necessarily outgoing or people-focused, but knows how important it is to understand her team, herself and her organisation. She will overcome her natural reluctance and reserve to tackle difficult situations, stand up for the team in public, and act in accordance with her principles. She has integrity and courage, even when quaking inside.

My score: ……….

The Juggler

The Juggler is particularly good at managing resources and allocating work appropriately within the team. He is able to manage many different strands of activity, and keep all the balls in the air. He is a good delegator and has an excellent grasp of timescales, workload and project progress. Usually, he is a fast learner and a fast worker, but curbs any impatience he may feel with others, and accepts the value of different ways of working.

My score: ……….

The Maverick

The Maverick does not always toe the company line, and will sometimes bend the rules. However, she always has the best interests of her team and her organisation at heart. She will work with her team to devise new and innovatory ways of doing things, and she encourages imaginative solutions. She helps her team to achieve breakthroughs.

My score: ……….

Thank you for completing this questionnaire

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Appendix 11 Practitioner output 3: 'Guide to engagement for senior leaders'

Reproduced with permission. This appendix contains some material that draws on findings from Robinson D, Hayday S, *The Engaging Manager*, Report 470. Institute for Employment Studies; November 2009.[308]

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Contents

1 Introduction

Welcome to this guide on staff engagement in the NHS. The aim of the guide is to inform you about engagement: what it is, why it matters, what makes it happen, and above all what this means for you, in your role as a senior leader. It focuses on the actions you should take to foster and sustain engagement levels throughout your organisation.

The NHS is a complicated organisation, employing people in many different roles, staff types, and professional groups. It is under intense scrutiny – perhaps more so now than at any time in its history. Staff are looking to their senior leaders to steer the organisation in a people-centred, values-driven way.

There are many reports and 'how to' guides about staff engagement, so how does this one differ? Firstly, the evidence review on which this guide is based[1], together with an associated review of practitioner research[2], was commissioned with the NHS in mind, so the outputs from the review have a strong focus on what will work best in an NHS context. Secondly, the evidence review followed a systematic methodology, so you can be confident that the advice in this guide is based on robust, reliable, good-quality evidence.

There are four sections to the guide:

1. What is Engagement? This section describes engagement definitions, different perspectives on engagement, and how engagement is measured in the NHS.

2. Why Does Engagement Matter? This section presents the evidence showing that it is worthwhile investing in increasing staff engagement, because engagement makes a difference to morale and performance.

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[1] Truss, C., Madden, A. Alfes, K., Fletcher, L., Robinson, D., Holmes, J., Buzzeo, J. and Currie, G. (2014). *Employee Engagement: An Evidence Synthesis.* National Institute for Health Research (NIHR).

[2] Holmes, J., Fletcher, L., Buzzeo, J., Robinson, D., Truss, C., Madden, A., Alfes, K. and Currie, G. (2014). *NIHR Staff Engagement in the NHS: Review of Practitioner Studies of Engagement.* NIHR.

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3. What Drives Engagement? To raise engagement levels, it is important to understand what causes engagement to happen (or not happen). This section presents the evidence about engagement drivers.

4. What Can Senior Leaders Do? This final section gives you some practical advice about actions you can take to raise and sustain engagement levels in your organisation.

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2 What is Engagement?

This section describes engagement definitions, different perspectives on engagement, and how engagement is measured in the NHS.

The question 'What is engagement' sounds straightforward, but in fact there are many different views about engagement and what it is, and there is no single, widely-accepted definition. A common factor, however, is that engagement is seen as a *positive psychological state*. This stems from Kahn (1990)[3], the first academic to use the term 'engagement'. He viewed it as *'the individual's emotional and physical expression of the authentic and preferred self at work'*.

2.1.1 Engagement perspectives

There are two broad perspectives on engagement:

- The focus of **academic researchers** in the field of engagement tends to be the individual and the job, as the following two examples illustrate:

  - Schaufeli et al (2002)[4], defined engagement as *'a positive, fulfilling, work-related state of mind'*.

  - Saks (2006)[5], viewed engagement as being multi-dimensional: *'a distinct and unique construct consisting of cognitive, emotional and behavioural components that are associated with individual role performance'*.

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[3] Kahn, W. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *The Academy of Management Journal,* **33**(4).

[4] Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V. and Bakker, A.B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies,* **3**(1).

[5] Saks, A.M. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology,* **21**(7).

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Research bite: the influence of Schaufeli

Schaufeli et al's definition of engagement[6], together with his underpinning conceptual model and engagement measure, is very influential in academia. Numerous studies have been published in academic journals that test the definition, model and measure in different sectors, settings and countries.

The model is known as the 'Job demands-resources' model, JD-R for short. It proposes that there is a relationship between job demands (such as work pressure and emotional demands) and job resources (not only physical, but also personal, organisational and psychological such as resilience, career guidance and role autonomy). High job demands, combined with low resources, can lead to burnout – whereas high levels of job resources are associated with engagement, even if job demands are high.

Schaufeli's engagement measure is known as the 'Utrecht Work Engagement Scale', or UWES. It measure three aspects of engagement: vigour, dedication and absorption.

■ Most **practitioners** (ie managers and HR/OD professionals who are working to engage the workforce) have a broader perspective, in that they would like individual employees to be engaged not only narrowly with their current job, but more widely with their team, their line manager, their business or functional area, and their organisation. This is particularly important for senior leaders, who need to take people with them in times of change. Examples of these definitions illustrate this different focus:

● The Institute for Employment Studies (IES - 2004)[7] defines engagement as *'a positive attitude held by the employee towards the organisation and its values'*. IES goes on to describe how the engaged employee behaves, and stresses the two-way nature of engagement: *'An engaged employee is aware of 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.'*

● Kenexa's definition (2012)[8] is that engagement is *'the extent to which employees are motivated to contribute towards organizational success, and are willing to apply*

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[6] Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V. and Bakker, A.B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, **3**(1).

[7] Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement.* Institute for Employment Studies (IES).

[8] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

discretionary effort to accomplishing tasks important to the achievement of organizational goals'.

- NHS Employers, in its online staff engagement resource[9], focuses on the positive outcomes of engagement: '*Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in.*'

Research bite: How practitioners see engagement

Practitioner definitions of engagement typically encompass a range of positive attitudes towards the organisation, and sometimes also include engagement drivers (such as communication and involvement) and engagement outcomes (such as performance and desired behaviours).

Because of the different agendas and perspectives, academics and practitioners may not feel they share much common ground. Academics might feel that practitioners are insufficiently rigorous, while practitioners think that the narrower definitions and measures used by academics are not very useful, because they who want people to be engaged outside the boundaries of their jobs. Fortunately, some rigorous studies that use wider definitions and conceptual models of engagement have been published by reputable consultancies, survey houses and research institutes, and the broad findings are included in this guide.

2.1.2   How does the NHS measure engagement?

Engagement levels in the NHS are measured via the annual staff survey[10]. The **headline engagement indicator** is derived from nine questionnaire statements, to which respondents allocate a rating on a scale of 1 to 5: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree. This headline indicator is broken down into three sub-dimensions called 'key findings' (KFs), each of which is made up of three statements.

- KF22 is 'staff ability to contribute towards improvement at work', often given the shorter label of '**involvement**':

  - '*I am able to make suggestions to improve the work of my team/department.*'

  - '*There are frequent opportunities for me to show initiative in my role.*'

  - '*I am able to make improvements happen in my area of work*'.

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[9] http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement

[10] www.nhsstaffsurveys.com

- KF24 is described as 'staff recommendation of the trust as a place to work or receive treatment' or more simply '**advocacy**':

  - *'Care of patients/service users is my trust's top priority.'*

  - *'I would recommend my trust as a place to work.'*

  - *'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.'*

- Finally, KF25 is labelled 'staff motivation at work', usually abbreviated to '**motivation**':

  - *'I look forward to going to work.'*

  - *'I am enthusiastic when I am working.'*

  - *'Time passes quickly when I am working.'*

All three of these sub-dimensions are clearly very important, and the senior leaders will be influential in all of them. **Advocacy** is a behavioural outcome of engagement that every organisation would want to see. It is gaining in prominence within the NHS as it can be linked to the overall development of a 'Friends and Family' indicator within the patient satisfaction survey. However, you should try to guard against the very natural tendency to focus on this aspect of engagement alone, simply because it is attracting so much national attention. **Involvement** and **motivation** are also essential aspects of engagement.

Research bite: different staff groups, different engagement

Work carried out by Jeremy Dawson and his colleagues[11] at the University of Sheffield, using the NHS staff survey engagement measure, shows that the headline staff engagement indicators can mask differences between staff groups in the way that they respond to the statements in the three sub-dimensions. The 2011 staff survey results, for example, showed that medical and dental staff had the highest motivation scores, general managers the highest involvement scores, and maintenance and ancillary staff the highest advocacy scores.

2.1.3　What does this mean for senior leaders?

As a leader of your organisation, you will want employees to be absorbed in their day-to-day work and motivated by their jobs, but you will also want them to take an

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[11] Presentation by Jeremy Dawson at 'Staff Engagement in the NHS' conference, University of Sussex, 25 February 2014

interest in the organisation, get involved in activities outside their immediate area of work, and speak positively about the organisation to outsiders. However, you do not have direct managerial influence over the employees in your organisation day-to-day, which means that you have to work through the line and HR. To do this successfully, you will need to ensure that HR not only has good policies, processes and development programmes in place, but that managers understand these and use them effectively. You will also need to act as a role model to line managers, to encourage them to adopt engaging behaviours and management styles.

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3　Why Does Engagement Matter?

This section presents the evidence showing that it is worthwhile investing in increasing staff engagement, because engagement makes a difference to morale and performance.

The reason why senior managers pay so much attention to employee engagement is that it makes a difference. When engagement first appeared on the business scene in the early 2000s, the links between engagement and positive outcomes were not proven, yet it seemed to make intuitive sense that people who were engaged with their jobs and the organisations would have higher morale, and perform better, than those who were disengaged or unengaged. As time has gone on, a body of evidence has built up to support this hypothesis. These studies have been included in the NIHR evidence review[12].

3.1.1　Morale

35 high quality studies examined the link between engagement and morale, with 'morale' being defined here as positive perceptions of health and well-being, and positive work-related attitudes.

- Broadly, the results show that employees who are engaged:

  - report higher levels of life satisfaction and lower levels of ill health, depression and mental health problems

  - are less likely to experience symptoms of stress or burnout, such as emotional exhaustion and cynicism

  - are more satisfied with their jobs

  - report higher levels of self-efficacy (the extent or strength of one's belief in one's own ability to complete tasks and reach goals)

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[12] Truss et al (2014) *Employee Engagement: An Evidence Synthesis*. NIHR.

- have higher levels of commitment to the organisation

- are less likely to say they intend to leave.

■ However, a word of caution: although engagement can be seen as generally good for morale, there is evidence that, if employees perceive that their organisation is pursuing engagement purely for *instrumental* purposes (eg to increase performance without any benefits for employees), their morale may be dented.

3.1.2 Performance

42 high quality studies explored the link between engagement and performance.

■ 19 studies showed a consistent association between engagement and *individual* performance outcomes.

■ The link between engagement and *organisational* performance is less clear, partly because the majority of academic research articles focus on the individual. This is because the engagement-performance link is easier to demonstrate at the level of the individual; it is notoriously difficult to identify conclusive links between people inputs and organisational outcomes. Eight studies, however, showed a link between engagement and performance at a higher level than the individual, ie the team, unit or organisation.

■ 17 studies showed that there is a link between engagement and *extra-role performance.* This means that employees who are engaged are more likely to be prepared to give discretionary effort, for example by working extra hard when the pressure is on, and volunteering for things outside their normal role.

> ### 'Going beyond the job description'
>
> Trades unions are sometimes suspicious of the concept of discretionary effort, because they understandably worry that the goodwill of employees might be exploited, and that 'going beyond the job description' might become the expected norm rather than the occasional exception. This should not be taken to mean that unions are opposed to engagement; on the contrary, they welcome the opportunities for greater staff involvement, particularly via partnership working, and want their members to be managed properly and have a positive experience of working life. In a highly unionised environment, a more collective approach to engagement (for example using recognised staff forums) is suggested.

■ Three studies found a negative link between engagement and *counter-productive behaviour.* Put simply, engaged employees are less likely to indulge in behaviour that damages the organisation, from criticising organisational decisions and resisting change (at the mild end) to outright acts of sabotage such as theft.

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4 What Drives Engagement?

To raise engagement levels, it is important to understand what causes engagement to happen (or not happen). This section presents the evidence about engagement drivers.

If engagement is accepted as important, what should organisations do to engage their employees? How can organisations maintain or even increase engagement levels over time, in a sustainable manner?

4.1 The evidence from the review of academic literature

A very large number of academic studies included in the review (113 altogether) examined the factors associated with engagement. In some studies, these factors were identified as *drivers* or *antecedents* – meaning that they caused engagement to happen. In other studies, the factors were strongly linked to engagement, without the exact 'direction of causality' being proved. In addition, several reputable studies by research institutes have identified engagement drivers.

4.1.1   Positive psychological states

- 53 studies examined the association between *positive psychological states* and engagement. The term 'positive psychological state' encompasses a variety of things, which broadly relate to how employees feel about their jobs and how well they are able to cope with what the job demands of them:

  - Personal resources (strengths) such as resilience and self-efficacy

  - Wider aspects of the work, often manager-facilitated, such as empowerment

- Of particular interest are the 11 studies (of the 53 mentioned above) that were set in the healthcare context. These identified the following factors to be important in bringing about and sustaining engagement:

  - Self-care and self-tuning (often referred to as *mindfulness*, which is attracting considerable interest within the leadership community in the NHS)

- *Psychological detachment,* which is particularly important for clinical staff who often deal with very emotionally-demanding situations; it is very important to empathise with patients and relatives, but the individual employee must also be able to detach from situations to prevent excessive personal involvement leading to possible burn-out

- *Personal resources* that help to equip employees with strengths necessary to manage difficult and demanding jobs: resilience and coping mechanisms

4.1.2   Management and leadership

■ 36 studies, including eight in the healthcare context, demonstrated a link between *positive and supportive leadership* and engagement. A variety of factors were considered in these studies, notably *supervisory support* and *leadership style.*

- In most of these studies, 'leadership' refers less to senior organisational leaders, and more to line and middle managers, with whom employees might come into contact on a day-to-day basis. **There is clear evidence that the relationship between the individual employee and the manager is crucially important for engagement.**

Research bite: Management styles associated with engagement

Do you recognise your own leadership style here?

- **Authentic leadership:** "Authentic leaders are aware of their core end values and resist compromising them… (They) have optimal self-esteem and they objectively accept their strengths and weaknesses. They present their true selves to others in a trusting and open manner and encourage them to do the same"[13].

- **Empowering leadership:** Empowering leaders are able to delegate authority and share information well; lead by example and set themselves as accountable for their actions; and encourage the personal development, decision-making and innovation of employees.[14]

- **Ethical leadership:** Ethical leaders demonstrate and encourage values, attitudes and behaviours that are socially acceptable and morally justifiable. They communicate and

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[13] Alok, K. and Israel, D. (2012). Authentic Leadership and Work Engagement. *Indian Journal of Industrial Relations,* **47**(3).

[14] Eg Mendes, F. and Stander, M.W. (2011). Positive organisation: The role of leader behaviour in work engagement and retention. *SA Journal of Industrial Psychology,* **37**(1).

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reinforce these clearly and consistently, and they show responsibility and accountability for their own behaviours and decision-making.[15]

- **Transformational leadership:** Leadership behaviour that encourages and inspires employees to perform beyond their own expectations to meet the goals and values of the organisation (i.e. transform their own desires for the greater good of the organisation).[16]

Research bite: Authentic leadership

A study of 280 nurses in acute care hospitals in Ontario in 2010[17] demonstrated that authentic leadership was associated with both trust in the manager and engagement – and these, in turn, predicted voice behaviour (willingness to express opinions, make suggestions etc) and perceptions of the quality of care in the unit to which the nurses belonged.

- Some of the evidence of the link between *senior leadership* and engagement is less clear. This is partly because academic researchers focus mainly on job engagement, where the line manager's influence far outstrips that of the senior leader's. However, a few good-quality studies have been carried out by academics, consultancies and research institutes, and these are described in the 'practitioner literature review findings' section below.

4.1.3   Organisational actions

- 65 studies focused on the link between *job design* and engagement. 'Job design' is widely defined here, in that it encompasses job resources, job demands and autonomy as well as the way in which the job is crafted and specified.

- 53 studies examined the relationship between *perceived organisational support* and engagement. This concept includes the psychological contract between the employer and the employee, and the extent to which the employee identifies with the organisation. If these are both positive, the employee is far more likely to be engaged. Some of these studies, including those conducted in the healthcare context, showed positive links between *communication* and *co-worker support* and *team-level engagement*. This is encouraging, in that good quality (and often inter-disciplinary) teamwork is essential in the NHS.

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[15] Eg Hartog, D.N. and Belschak, F.D. (2012). Work engagement and Machiavellianism in the ethical leadership process. *Journal of Business Ethics,* **107**(1).

[16] Eg Tims, M., Bakker, A.B. and Xanthopolou, D. (2011). Do transformational leaders enhance their followers' daily work engagement? *Leadership Quarterly,* **22**(1).

[17] Wong, C.A., Laschinger, H.K.S. and Cummings, G.C. (2010). Authentic Leadership and nurses' voice behaviour and perceptions of care quality. *Journal of Nursing Management,* **18**(8).

- A small number of studies showed a positive link between organisationally-sponsored *training and development interventions* and engagement. Effective interventions were those aimed at enhancing personal coping, resilience and job autonomy.

4.2 The evidence from the review of practitioner literature

In addition to the academic review, several reputable studies by non-academic consultancies and research institutes (such as IES, CIPD and Kenexa) have identified engagement drivers.

In broad terms, the drivers of engagement found in the practitioner literature can be grouped into seven themes.

4.2.1 Senior leadership

Studies consistently find that *positive perceptions of senior leaders* are linked with high levels of engagement. *Trust in senior leaders* is particularly important, as is a belief in their vision and a positive view of their communication style.

Research bite: Trust and effectiveness

Several studies have shown that employees who *trust* their senior leaders, and believe in their vision, are much more engaged than those who do not. Alfes et al (2010)[18], for example, showed that positive perceptions of the communication style and vision of senior leaders were associated with high engagement. Kenexa (2012)[19] found that the engagement levels for employees who trusted their leader stood at 81 per cent, compared with just 29 per cent for employees who distrusted their leader.

However, the relationship is more equivocal when senior leaders' *effectiveness* is under consideration. The 2012 Kenexa study found a positive relationship between engagement and perceptions of effectiveness, whereas the 2010 Alfes et al study showed the opposite! Alfes et al speculate that the reason for this apparent anomaly might be that employees who are very involved with their organisations might trust their leadership overall, but disagree with certain actions.

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[18] Alfes, K., Truss, C., Soane, E.C., Rees, C. and Gatenby, M. (2010). *Creating an engaged workforce – Findings from the Kingston Employee Engagement Consortium Project.* CIPD.

[19] Kenexa (2012). *Engagement and Leadership in the Public Sector – A 2011/2012 Kenexa High Performance Institute Work Trends Report.*

4.2.2   Role of the line manager

In common with the academic studies, **the line manager's role in engaging employees is found to be very important.** Particularly important behaviours are:

- Reviewing and guiding

- Giving feedback, praise and recognition

- Encouraging autonomy and empowerment

- Communicating and making clear what is expected

- Listening

- Valuing and involving the team

- Being supportive.

> **Research bite: An effective intervention**
>
> One study, in the Chesterfield office of the government department HMRC[20], demonstrated that engagement levels (measured via the national civil service 'People Survey') rose after line managers had been on a programme of leadership development. This was linked to the introduction of a programme of behavioural change called the 'Chesterfield Way'.

4.2.3   Appraisals, performance management and training

Having a manager who manages performance well is associated with higher levels of engagement. The aspects of managing performance well are:

- Good quality appraisals

- Regular supervisory meetings that focus on good performance management principles

- Giving constructive feedback

- Building performance, via coaching, analysis of training needs, and providing training and development opportunities.

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[20] Government Social Research (2013). *Embedding Employee Engagement, Engagement Best Practice: Case Studies, How HMRC Chesterfield office improved engagement; 2013.* www.civilservice.gov.uk

> ### Research bite: Importance of good quality appraisals
>
> An analysis of 2009 and 2010 NHS staff survey data[21] showed that having an appraisal on its own was not associated with higher engagement; the key factor was whether the appraisal was of good quality or not. 'Good quality' was defined as being considered well structured (useful, clear and valuable) by the employee. The survey data showed that 71% of respondents had received an appraisal, but only 32% said it had been well structured. The research showed that a good quality appraisal was associated with high levels of engagement, whereas the engagement levels of those who had received a poor quality appraisal were even lower than those who had received no appraisal at all.

4.2.4   Meaningfulness

Meaningfulness – a belief that the work 'makes a difference' and is worthwhile and personally significant – is found to be an important driver in several research studies. Indeed, in two studies it was found to be *the most important* driver. In one of these studies, Alfes et al (2010)[22] describe meaningfulness as *'the extent to which employees find meaning in their work…where people can see the impact of their work on other people or society in general'*.

4.2.5   Employee voice

Employee voice, a term used rarely in academic studies but frequently in the practitioner world, refers to the opportunities employees have to input into decisions affecting their work, and to be properly consulted about workplace issues. Key factors here are:

- Having opportunities to feed views upwards

- Managers who welcome comments, ideas and suggestions for improvement

- Managers who actively involve the team in decision-making.

Research studies consistently find that having a voice is associated with higher levels of engagement.

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[21] West, M.A. and Dawson, J. (2012). *Employee Engagement and NHS Performance.* The King's Fund.

[22] Alfes, K., Truss, C., Soane, E.C., Rees, C. and Gatenby, M. (2010). *Creating an engaged workforce – Findings from the Kingston Employee Engagement Consortium Project.* CIPD.

4.2.6   Team working

Being part of an effective team is associated with higher levels of engagement in several studies. In Kenexa's 2012[23] research, it emerged (described as 'co-worker quality', which includes feeling part of a team) as one of the four key drivers of engagement. Important aspects of team working are:

- Believing that the team is well structured

- Having opportunities to contribute to organisational decisions via team discussions or team events

- Feeling a sense of belonging to the team

- Having good quality, mutually supportive relationships with colleagues.

Research bite: the importance of well-structured teams

Research conducted in the NHS, using NHS staff survey data[24], shows that feeling part of a well-structured team is associated with higher levels of engagement, yet being part of a poorly-constructed 'pseudo-team' is linked to lower engagement levels.

4.2.7   Support for work-life balance

Several studies demonstrate that employees who are satisfied with their work-life balance, and have some flexibility in their work, are more engaged than other employees. In Kenexa's 2012[25] research, having support for work-life balance emerged as one of the top three drivers of engagement; it is perceived as an important aspect of showing genuine concern for employees.

4.2.8   Other themes

In addition to the above, several themes emerged as important drivers in at least two studies:

- Job variety

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[23] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

[24] West, M.A. and Dawson, J. (2012). *Employee Engagement and NHS Performance.* The King's Fund.

[25] Kenexa (2012). *The Many Contexts of Employee Engagement – A 2012/2013 Kenexa WorkTrends Report.* Kenexa.

- Job autonomy

- Equal opportunities

- Health and safety.

In the latter two, the important aspect was not just the existence of policies and statements; it was rather the belief that the organisation was genuinely committed to equality of opportunity and health and safety in the workforce. Here, the actions of senior leaders are very important; if the top team seems to be paying lip-service to these aspects, employees are likely to become disillusioned and cynical.

4.3 Engagement drivers in the NHS

Research carried out by IES, published in 2004[26], identified that the key driver of employee engagement in the NHS is a sense of *feeling valued by, and involved in, the organisation.* Feeling valued and involved is a particularly strong driver in the healthcare context; it is important in other sectors and settings, but less so than in the NHS. A variety of things were found to influence feeling valued and involved, as the diagram below shows. The actions of senior leaders are clearly important in all of these.

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[26] Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement.* Institute for Employment Studies (IES).

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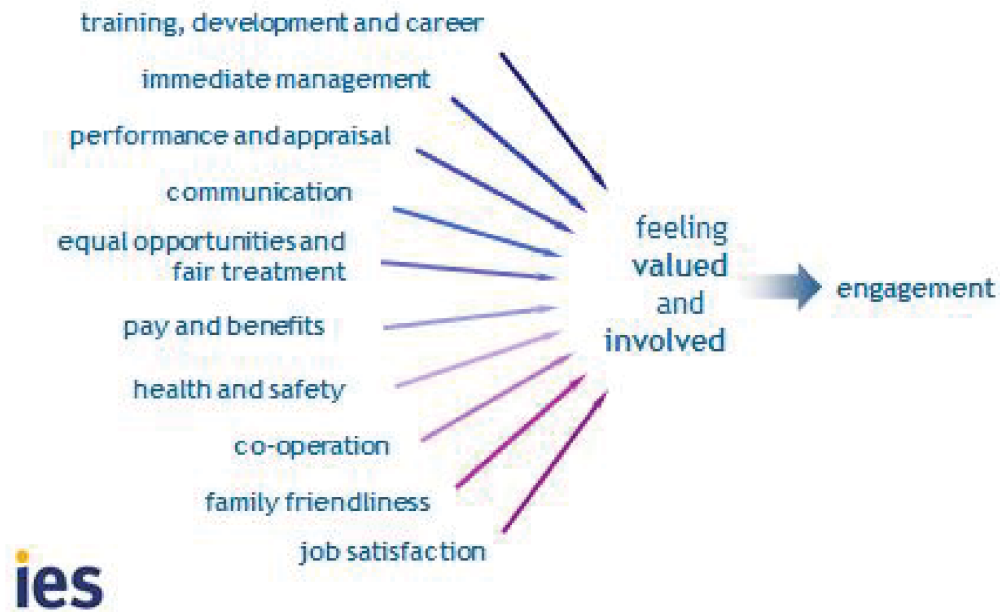
5 What Can Senior Leaders Do?

This final section gives you some practical advice about actions you can take to raise and sustain engagement levels in your organisation.

The preceding sections demonstrate that engagement is important for morale, well-being and performance, and is associated with higher levels of advocacy. They also show that there is considerable agreement about the drivers of engagement. The key question for senior leaders is, what can I do to raise engagement levels in my organisation?

With such a wide-ranging list of things that can influence engagement levels, it can be difficult to know where to start, and what will have the most impact. It might help to think about what can be done at different levels within the organisation:

- To help **individuals and teams** become more engaged, resilient and effective

- To encourage **managers** to behave in an engaging way

- To ensure the **organisation** is giving the right messages.

5.1 Individuals and teams

Most Trusts in the NHS are large organisations, employing several thousand staff based in different locations. Senior leaders cannot possibly know everyone in the organisation. These action points, however, should help to ensure that individual employees, and the teams they are in, stand a better chance of being engaged with both their work and the wider organisation.

- **Bring the right people in.** The literature on job design and engagement indicates that a good job-person fit is essential. This suggests that job descriptions should be accurate and that person specifications should be really clear about the type of person who is being sought – not just skills and experience, but attitudes. Candidates should have a chance to 'preview' the job, via online tools such as virtual tours and recordings of existing staff describing the role, and/or discussions

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with team members on the interview day. Psychometric testing and aptitude tests might be appropriate for some roles.

- **Give good quality inductions.** Research indicates that the first few weeks in the role are crucial. New joiners who are welcomed, are given a good induction, meet their line manager and new team members straight away, and are equipped with the right resources from day one, are far more likely to feel engaged and positive about their role. Both to demonstrate how important and valued the newcomers are, and to explain the organisation's commitment to its values, a senior leader should attend all induction sessions.

- **Be clear about expected behaviours.** Most Trusts have a set of values, and these should be clearly linked to expected behaviours. Some organisations are taking this a step further and introducing values-based recruitment. However, existing staff (often long-servers, who may have seen many 'initiatives' come and go) will need reminders about values-based behaviour, too. The strength of values-based behaviours is that staff have often had a huge amount of input to designing the Trust's values, which should encourage a greater sense of ownership.

- **Give all employees a voice.** The annual NHS staff survey is an excellent way of finding out staff opinions and experiences over a wide range of issues. However, many Trusts opt for the 'sample' approach, meaning that the majority of employees do not have a chance to express their views; and the survey is held only once a year. It is really important that individual employees and teams feel they have an opportunity to voice their views, offer opinions and suggestions, and input to decisions that affect them. The line manager plays a key role here, but senior leaders should work with HR to ensure that there are mechanisms to enable employees to have a voice: a few examples are staff forums (both physical and virtual/on-line), a comment board on the intranet, team briefings that request the line manager to gather opinions to feed back up the management chain. Some organisations are now using internal social media tools such as Yammer, which gives people a chance to air their views and pose questions, and which enable the organisation to see which issues are particularly important to staff at any one point in time.

- **Work with HR to really understand the NHS staff survey results.** This will help to pinpoint possible problem areas (locations or staff groups that are returning unusually low engagement scores) or conversely, areas where engagement is notably high. Both should be investigated, and good practice should be identified and shared.

- **Provide resources for resilience and mindfulness training.** Some relatively simple techniques, based on the principle of 'positive psychology', can help to boost

employees' resilience, coping mechanisms, and awareness of self and others. This is very important in the NHS, where jobs and situations can be extremely stressful and resources are constrained.

> **Example: Mindfulness in Derbyshire Healthcare NHS Foundation Trust[27]**
>
> Derbyshire Healthcare uses the concept of 'mindfulness' to promote caring and positive behaviours, including self-care – 'compassion for self'. Mindfulness is a central plank in the Trust's efforts to engage better with staff, and is used together with values that have been organically-grown, and listening events involving hundreds of staff. The chief executive is a passionate advocate of the benefits of mindfulness.

- **Consider whether psychological supervision is needed for some roles.** This is appropriate for people working in extremely emotionally-demanding areas, where clinical/professional supervision alone may not be enough to maintain people's mental equilibrium. The required skills are likely to be beyond the scope of the line manager; they will need to be provided by professional psychologists, therapists and/or trained counsellors.

5.2 Line managers

It is worth repeating that the line manager's role in engagement is crucial. In smaller Trusts, it is possible that senior leaders practitioners know every manager by name/sight, but this is unlikely in larger Trusts. Again, you are reliant on the line to implement policies and processes accurately and effectively, and to communicate messages and strategic decisions appropriately. To the team, the line manager is the single person who will impact most on morale and motivation, so his/her people management skills are extremely important.

- **Provide training for first-time supervisors and managers.** It is important that this training happens early on, maybe even before the individual takes up their new role. There will inevitably be some task-oriented things to learn, such as budget management, but the bulk of the training should be focused on people management. Consider 'buddying' new managers with more experienced managers who are known to be good at managing their teams.

- **Be clear about expected people management behaviours.** This clarity can be achieved via a guide, or blueprint, or list of behavioural competencies with

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[27] Presentation by Steve Trenchard at 'Staff Engagement in the NHS' conference, University of Sussex, 25 February 2014

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descriptors. The important thing to ensure is that all line managers understand the behaviours they should adopt, and those they should avoid.

- **Ensure that the training and expected behaviours are reinforced at intervals.** Use every opportunity – meetings, workshops, training on other topics such as health and safety, diversity, performance management etc – to ensure that the messages about good people management behaviours are repeated. It can be very easy for managers to slip into 'task' mode when the pressure is on.

- **Provide training in coaching.** Engaging managers typically adopt a coaching style with their teams, including coaching poor performers to improve. This style comes naturally to some people, while others will need to learn the techniques. Managers who are known to be good coaches can act as mentors to others who are relatively new to coaching principles.

- **Encourage managers to self-asses and gather feedback.** Some Trusts use 360 or 180 degree feedback, enabling managers to gain a rounded picture of their performance. However, this can be expensive, especially if implemented at every managerial level. An alternative is to offer managers a self-assessment tool that they can use – either for self-reflection alone, or for sharing with their own manager and/or their team. IES's research-based[28] self-assessment tool is attached to this guide as an appendix, for use within your organisation. It is aimed at line and middle managers, but you might want to try it yourself!

- **Ensure line managers know how to manage poor performance and poor behaviour.** This is always a difficult thing to do, particularly if the situation does not improve after the coaching stage and there is a need to invoke formal procedures. However, tackling poor performance and behaviour within the team is appreciated by the rest of the team, so is likely to raise engagement levels overall. Many managers will only have to take people through formal disciplinary processes and few times in their lives, so it is very important to not only provide training, but also support from HR about the policies and procedures to use.

5.3 Organisation

Senior leaders should support their HR practitioners in their attempts to ensure that people-management policies and processes are applied consistently and fairly across the whole organisation.

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[28] Robinson, D. and Hayday, S. (2009). *The Engaging Manager.* IES

■ **Ensure that all people-related policies and processes are clear and accessible.**
They need to be clearly signposted on the intranet, with explanatory notes and
illustrative examples. Managers might need training in how to apply these policies
and processes accurately and fairly. All staff will need to know who to contact in
HR if they need help in understanding them.

■ **Take every opportunity to promote good job design across the organisation.** This
might be during a recruitment exercise, although there will also be opportunities
when departments or functions are being restructured.

■ **Ensure that the impact of engagement interventions is monitored and evaluated.**
Examples might be a well-being programme for all staff, or a training intervention
for all line managers or for a particular group of staff. The evidence will help you to
demonstrate what works and what is less successful, which in turn will assist you
to use scarce resources in the most cost-effective way.

■ **Above all, act as a role model.** If line managers are told to behave in an engaging
way, but observe the senior leadership team behaving differently, it will be hard
for them to know which behaviours to follow.

- Use the NHS staff survey results to find out how the senior team is viewed

- Participate in 360 or 180 degree feedback, even if the results are uncomfortable

- Read case studies of good practice, such as those on the NHS Employers website,
  to find out how engagement scores could be improved

- Be as honest, open and accessible as possible to the line and to staff.

**GOOD LUCK IN YOUR ENGAGEMENT EFFORTS – WE HOPE THAT THIS
GUIDE WILL HELP YOU TO IMPROVE ENGAGEMENT IN YOUR
ORGANISATION!**

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6 Appendix: The Engaging Manager Self-assessment Tool

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Self-assessment questionnaire: behaviours

Please look at the following descriptions of behaviours that our research participants have identified as 'engaging'. Rate yourself according to how frequently you demonstrate these behaviours, on the following scale:

0   Never

1   Rarely

2   Sometimes

3   Quite often

4   Usually

5   Always

Be honest! Try to envisage how your team might experience you

Put your rating in the box

1. Welcome suggestions and act on them ☐

2. Delegate work on the basis of the strengths of my team ☐

3. Trust individuals to get on with their work ☐

4. Manage my time effectively ☐

5. Try to lead by example ☐

6. Listen, even when it's not what I want to hear ☐

7. Know when to stretch people and when to hold back ☐

8. Try to protect my team from organisational pressure ☐

9. Talk up my team to the rest of the organisation ☐

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10. Stay positive, even when things get tough ☐

11. Encourage my team to give their best ☐

12. Share information about the organisation and the wider world ☐

13. Give team members my undivided attention during one-to-ones ☐

14. Own up to my mistakes ☐

15. Praise and say thank you for a job well done ☐

16. Ensure I am accessible to my team ☐

17. Give clear instructions and direction ☐

18. Understand what motivates the different members of my team ☐

19. Say no and challenge organisational decisions on behalf of my team ☐

20. Keep my door genuinely open ☐

21. Strike a good balance between being friendly and professional ☐

22. Stay calm when the heat is on ☐

23. Try to be honest, truthful and open in all my dealings ☐

24. Am pleased to see members of my team ☐

25. Treat all my team members with consistency and fairness ☐

26. Organise my work well ☐

27. Ensure people know when I'm in ☐

28. Am responsive when my team come to me with problems ☐

29. Respect my colleagues in the team ☐

30. Tackle problems, even if it makes me uncomfortable ☐

31. Stand up for my team when they are under attack ☐

32. Encourage team members to tell me about their lives outside work ☐

33. Do what I say I'm going to do ☐

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34. Roll up my sleeves and pitch in if necessary ☐

35. Ensure my team knows how we contribute to the organisation ☐

36. Give my team public recognition for their achievements ☐

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Scoring sheet for behaviours

Enter the scores you have given to the individual behaviours in the boxes for each 'behaviour group' below, and then add them up to arrive at an overall score for each behaviour group.

Behaviour group A

Scores for individual behaviours 1, 12 and 17

Overall score

Behaviour group B

Scores for individual behaviours 16, 20 and 27

Overall score

Behaviour group C

Scores for individual behaviours 2, 18 and 21

Overall score

Behaviour group D

Scores for individual behaviours 7, 10 and 11

Overall score

Behaviour group E

Scores for individual behaviours 3, 13 and 29

Overall score

Behaviour group F

Scores for individual behaviours 8, 19 and 31

Overall score

Behaviour group G

Scores for individual behaviours 23, 25 and 33

Overall score

Behaviour group H

Scores for individual behaviours 9, 15 and 36

Overall score

Behaviour group I

Scores for individual behaviours 5, 22 and 34

Overall score

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Behaviour group J

Scores for individual behaviours 6, 14 and 30
Overall score
Behaviour group K

Scores for individual behaviours 4, 26 and 35
Overall score
Behaviour group L

Scores for individual behaviours 24, 28 and 32
Overall score

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Analysis sheet for behaviours

Now take your totals for each behaviour and shade in the appropriate number of squares on the bar graph below:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A															
B															
C															
D															
E															
F															
G															
H															
I															
J															
K															
L															

A   Two-way communication

B   Visibility and accessibility

C   Understanding the team

D   Motivating colleagues

E   Giving respect and trust

F   Protecting the team

G   Being trustworthy

H   Giving recognition

I   Being a role model

J   Tackling problems

K   Personal effectiveness

L   Empathy and approachability

In which areas do you score highly?..

....

Where might you need to improve?..

....

Would your team agree with your assessment? ....

....

Would your own manager agree with your assessment?..

....

Think about managers in different parts of your organisation, how would they score?.......................

....

Would this tool work effectively using a 360^0 approach: self-assessment, team assessment, manager assessment?

....

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Self-assessment questionnaire: manager types

Now read the following descriptions of manager 'types'. Against each one, rate yourself according to how often you behave like this. Some of these descriptions are very positive, others may be uncomfortable to read, but all have been derived from our research. Sometimes, in the descriptions, the manager is described as 'he', while other times 'she' is used. There is nothing significant about this, in that these gender labels have been randomly allocated.

For this part of the assessment, please use the following scale:

0   This is **never** me

1   This is **hardly ever** me

2   This is **sometimes** me

3   This is **quite often** me

4   This is **usually** me

5   This is **always** me

The High Performer

The High Performer is very focused on business outcomes, goals and targets. He monitors and reviews results on a regular basis with his team, and has frequent discussions about the best way to tackle any performance slippage. He wants to improve and looks for opportunities for his team to do even better. He is knowledgeable, well organised and methodical.

My score: ……….

The Communicator

The Communicator is particularly good at getting across messages across to her team. She is clear in her explanations and her team know exactly what is expected of them, whether this is related to standards of behaviour, objectives, or tasks. She is also a good listener and likes to involve her team in decision-making. She is adept at communicating bad news as well as good.

My score: ……….

The Micro Manager

The Micro Manager finds it difficult to delegate. He has lengthy task lists and fusses about minutiae. When he gives a task to a member of his team, he cannot let go, but bothers the team member at frequent intervals for progress reports. He interferes, is reluctant to allow the team to make any decisions, and stifles initiative.

My score: ……….

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The Muddler

The Muddler is personally disorganised and inflicts this on her team. She gives confusing and sometimes contradictory instructions, and changes her mind frequently. She finds it difficult to communicate the organisation's vision and purpose, which means her team do not understand what their objectives are. Because she cannot allocate work and monitor progress effectively, her team often appears inefficient and fails to deliver.

My score: ……….

The Visionary

The Visionary is particularly good at communicating the big picture to his team, and selling new ways of working. He is an innovator who is not afraid to introduce change if it is in the wider interests of the organisation. The Visionary understands exactly where he and his team fit into the organisation, and what contribution they need to make. He is good at getting to the crux of the issue and seeing things with fresh eyes, untrammelled by convention.

My score: ……….

The Empathiser

The Empathiser can identify with her team, and individuals within it, and understand how they feel. Because of this, the Empathiser can break bad news, or tackle difficult conversations, with particular sensitivity and tact. She understands what motivates individuals within the team, and appreciates the contribution that different people make. She knows who needs help, whose confidence requires a boost, and who can be left to get on with it.

My score: ……….

The Blamer

The Blamer does not accept responsibility when things go wrong, instead pointing the finger at one or more members of his team. People in the team will be reluctant to make suggestions, even if they see that things are going wrong, because they know they will be held responsible. The Blamer does not defend his team's reputation to the rest of the organisation.

My score: ……….

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The Bully

The Bully is aggressive, relying on heavy-handed tactics to get work done. She frequently shouts and belittles people in front of colleagues. She sometimes loses her temper and is intolerant of mistakes and weaknesses. Her team members are often afraid of her.

My score: ……….

The Developer

The Developer looks out for members of his team who have potential, and gives them opportunities and challenges to show what they can do. He coaches individuals who are experiencing difficulties, to help them improve. He looks at the work of his team to ensure that jobs are as interesting and rewarding as they can possibly be. He will facilitate access to opportunities such as secondments, special projects and entry onto development or talent programmes.

My score: ……….

The Enthusiast

The Enthusiast is able to galvanise and carry individuals, teams and even large groups of people due to her passion and powers of persuasion. She is energetic and encouraging, and has a strong sense of belief and identification with what the organisation stands for. She recognises and celebrates success.

My score: ……….

The Protector

The Protector looks out for his team, and shelters them from being buffeted by organisational politics and conflicts, or scorched by the heat from on high. He nurtures the team and encourages people to put forward their ideas and suggestions for improvement. He defends his team from attack by outsiders, but will readily tackle and resolve any disputes within the team that threaten to undermine the well-being and performance of the team as a whole.

My score: ……….

The Networker

The Networker is adept at identifying people within the organisation – and sometimes outside – whom she needs to cultivate. She has a wide circle of contacts and

understands the work of other departments, functions and locations. This in-depth knowledge of the organisation enables her to position the work of her team to benefit both the organisation and the individual.

My score: ……….

The Egotist

The Egotist believes that he, personally, is entirely responsible for his team's successes – but that failures are the fault of the team. He has an air of superiority, and is often aloof from his team, with whom he does not interact on a day-to-day basis. He uses inaccessible language and likes to score points. The Egotist rarely gives praise or recognition unless it reflects well on himself.

My score: ……….

The Pessimist

The Pessimist is draining of energy. She finds fault with everything and rarely smiles. She sees problems with any suggestion for improvement, which means that any ideas her team put forward are stifled in the early stages. She does not display enthusiasm and fails to motivate or encourage her team.

My score: ……….

The Rock

The Rock is steady, calm, dependable and reliable. He tackles problems in a straightforward way and never panics. His team and organisation can rely on him in a crisis. He is loyal to his team and is always considerate of their interests. He will roll up his sleeves to help and would not ask his team to do things he would not be prepared to do himself.

My score: ……….

The Brave

The Brave is not necessarily outgoing or people-focused, but knows how important it is to understand her team, herself and her organisation. She will overcome her natural reluctance and reserve to tackle difficult situations, stand up for the team in public, and act in accordance with her principles. She has integrity and courage, even when quaking inside.

My score: ……….

Senior Leaders guide.doc   33

The Juggler

The Juggler is particularly good at managing resources and allocating work appropriately within the team. He is able to manage many different strands of activity, and keep all the balls in the air. He is a good delegator and has an excellent grasp of timescales, workload and project progress. Usually, he is a fast learner and a fast worker, but curbs any impatience he may feel with others, and accepts the value of different ways of working.

My score: ……….

The Maverick

The Maverick does not always toe the company line, and will sometimes bend the rules. However, she always has the best interests of her team and her organisation at heart. She will work with her team to devise new and innovatory ways of doing things, and she encourages imaginative solutions. She helps her team to achieve breakthroughs.
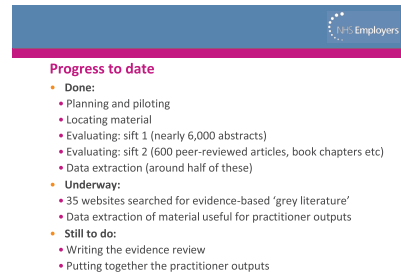
My score: ……….

Thank you for completing this questionnaire

Appendix 12 Input to NHS Employers' human resource development summit outlining National Institute for Health Research-funded research project into staff engagement (November 2013)
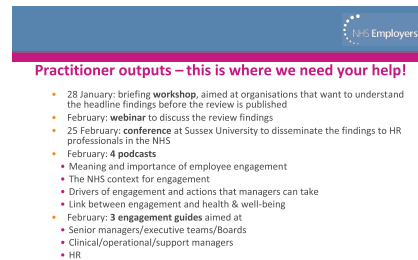
Slide 1

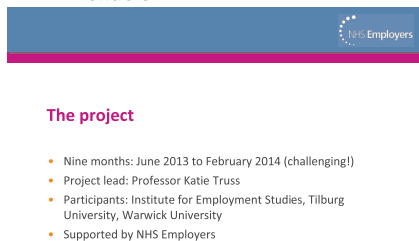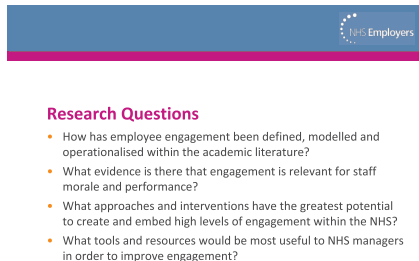**NIHR Evidence Review: Staff Engagement in the NHS**

NHS Employers

Slide 5

NHS Employers

Progress to date
- **Done:**
  - Planning and piloting
  - Locating material
  - Evaluating: sift 1 (nearly 6,000 abstracts)
  - Evaluating: sift 2 (600 peer-reviewed articles, book chapters etc)
  - Data extraction (around half of these)
- **Underway:**
  - 35 websites searched for evidence-based 'grey literature'
  - Data extraction of material useful for practitioner outputs
- **Still to do:**
  - Writing the evidence review
  - Putting together the practitioner outputs

Slide 2

NHS Employers

Purpose of review

- To provide NHS managers with the knowledge and tools to improve staff engagement (and therefore morale, performance, service quality and the patient experience), via:
  - a systematic evidence review
  - the production of evidence-based materials to help and guide managers

Slide 6

NHS Employers

Practitioner outputs – this is where we need your help!

- 28 January: briefing **workshop**, aimed at organisations that want to understand the headline findings before the review is published
- February: **webinar** to discuss the review findings
- 25 February: **conference** at Sussex University to disseminate the findings to HR professionals in the NHS
- February: **4 podcasts**
  - Meaning and importance of employee engagement
  - The NHS context for engagement
  - Drivers of engagement and actions that managers can take
  - Link between engagement and health & well-being
- February: **3 engagement guides** aimed at
  - Senior managers/executive teams/Boards
  - Clinical/operational/support managers
  - HR

Slide 3

NHS Employers

The project

- Nine months: June 2013 to February 2014 (challenging!)
- Project lead: Professor Katie Truss
- Participants: Institute for Employment Studies, Tilburg University, Warwick University
- Supported by NHS Employers

Slide 7

NHS Employers

Thank you

This report is independent research funded by the National Institute for Health Research (**Health Services and Delivery Research, 12/5004/01 – Enhancing and Embedding Staff Engagement in the NHS: Putting Theory into Practice**). The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health.

Slide 4

NHS Employers

Research Questions
- How has employee engagement been defined, modelled and operationalised within the academic literature?
- What evidence is there that engagement is relevant for staff morale and performance?
- What approaches and interventions have the greatest potential to create and embed high levels of engagement within the NHS?
- What tools and resources would be most useful to NHS managers in order to improve engagement?

Appendix 13 'Staff engagement in the NHS', NHS Employers' Workshop, London: outline, attendance and discussion notes (January 2014)

Date: 28 January 2014

Venue: NHS Employers, Floor 4, 50 Broadway, London SW1H 0DB

Programme

13.45   *Arrival and coffee*

14.00   Welcome
        Steven Weeks, Policy Manager, NHS Employers

14.05   Introductions: participants' interest in, and perspectives on, staff engagement

14:20   Overview of the NIHR Staff Engagement in the NHS project
        Dilys Robinson, Principal Research Fellow, Institute for Employment Studies

14:30   Presentation of evidence review results
        Luke Fletcher, Research Officer, Institute for Employment Studies

14:55   Overview of 'grey' literature: findings and limitations
        Jenny Holmes, Research Officer, Institute for Employment Studies

15:05   Staff Engagement in the NHS – a real-world perspective
        Andrew Foster, Chief Executive, Wrightington, Wigan and Leigh NHS Foundation Trust

15:30   Existing engagement resources available from NHS Employers
        Steven Weeks, Policy Manager, NHS Employers

15:35   Practical outcomes from the evidence review: overview of the practitioner outputs
        Dilys Robinson, Principal Research Fellow, Institute for Employment Studies

15:45   The way forward – a discussion forum
        All participants

16:00   *Workshop end*

NIHR Staff Engagement in the NHS Workshop

Date: 28 January 2014

Speaker List

Name	Jobtitle	Organisation
Andrew Foster	Chief Executive	Wrightington, Wigan and Leigh NHS Foundation Trust
Steven Weeks	Policy Manager	NHS Employers
Dilys Robinson	Principal Research Fellow	Institute for Employment Studies
Luke Fletcher	Research Officer	Institute for Employment Studies
Jenny Holmes	Research Officer	Institute for Employment Studies

Attendee List

Name	Jobtitle	Organisation
Katie Truss (Principal Investigator)	Director of Knowledge Exchange, Department of Business and Management	University of Sussex
Juliet Beal	Director of Nursing: Quality Improvement and Care, Nursing Directorate	NHS England
Ben Collins		Department of Health
Jeremy Dawson	Reader in Health Management	Institute of Work Psychology, Sheffield University Management School
Lillie Dunn		Department of Health
Joanna Goodrich	Research and Development Manager	Point of Care Foundation
David E Guest	Professor of Organizational Psychology and Human Resource Management	King's College, London
Bob Hughes	Chair, Guru	Engage for Success

	Steering Group	
Amy Leversidge	Employment Relations Advisor	Royal College of Midwives
Marianne Loynes	Assessment Director	Monitor
Adrian Madden (Project team)		University of Sussex
Rachael McIlroy	RCN National Officer	Royal College of Nursing
Kate Moran	Head of Employment Research	Chartered Society of Physiotherapy
Martin Reddington		Martin Reddington Associates
Keith Young	Senior HR Manager	NHS Trust Development Authority

Appendix 14 'Staff engagement in the NHS' conference, University of Sussex: conference outline (February 2014)

Conference: Staff engagement in the NHS

Date: Tuesday 25 February 2014

Venue: Conference Centre, Bramber House, University of Sussex, Brighton, BN1 9QU

Programme

09.30	*Registration and refreshments*
10.00	Welcome and reflections *John Purcell*, Visiting Professor, Bath University School of Management
10.15	NIHR Evidence Review: the process and the findings *Katie Truss*, Department of Business and Management, University of Sussex, and *Adrian Madden*, Department of Business and Management, University of Sussex
11.00	*Coffee break*
11.30	Case study: The Co-op Group experience of employee engagement *Liz Bramley*, Head of Employee Engagement & Diversity, The Co-operative Group
12.00	Case study: Derbyshire Healthcare NHS Foundation Trust *Steve Trenchard*, Chief Executive, Derbyshire Healthcare NHS Foundation Trust
12.30	Table discussion: Your challenges, strategies and successes in employee engagement *All participants*
13.00	*Lunch*
14.00	What does the NHS Staff Survey tell us about engagement? *Jeremy Dawson*, Reader in Health Management, Institute of Work Psychology, Sheffield University Management School
14.30	The practitioner outputs: tools to help you

Dilys Robinson, Principal Research Fellow, Institute for Employment Studies and
Steven Weeks, Policy Manager, NHS Employers

15.00   Case study: Engagement at the coalface
Hendrika Santer Bream, Change Manager – Organisational Development, Guy's and St Thomas' NHS Foundation Trust

15.30   Closing thoughts
John Purcell, Visiting Professor, Bath University School of Management

15.45   Conference ends

Appendix 15 Webinar: screenshot taken from NHS Employers' website, 'New research on the benefits and impact of staff engagement in the NHS', with hyperlink

Reproduced with permission from NHS Employers.

Link to webinar: *New Research on the Benefits and Impact of Staff Engagement in the NHS*.[309]

Appendix 16 Podcasts: screenshot taken from NHS Employers' website showing four podcasts with hyperlinks (August 2014)

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Links to four podcasts.

1. *Analyzing the Impact of Staff Engagement in the NHS: An Overview*.[310] Steven Weeks chats to Dilys Robinson, principal research fellow at the Institute for Employment Studies, about a project analysing the impact of staff engagement in the NHS.
2. *What Is the Meaning and Importance of Staff Engagement?*[311] Steven Weeks speaks to Professor Katie Truss from the University of Sussex about the importance of staff engagement.
3. *What Are the Drivers of Staff Engagement and What Actions Can Be Taken by Line Managers?*[312] Steven Weeks chats to Dilys Robinson, principal research fellow at the Institute for Employment Studies, and Dr Katie Truss from the University of Sussex, about the drivers for staff engagement and what actions can be taken by line managers.
4. *What Are the Links between Employee Engagement and Health and Wellbeing?*[313] Steven Weeks chats to Dr Adrian Madden, research fellow at the University of Sussex, about the links between employee engagement and health and well-being.

Appendix 17 Data extraction form: grey literature

Field	Field guidance or detail
Source	i.e. name of organisation
Author	Or organisation of origin
Document title	Or first line of text if no title
Year	
Location (publication)	
Link to full text	
Full text saved?	Use dropdown
Reference added to EndNote?	Use dropdown
Assessment against quality criteria (use dropdowns)	Relevance/usefulness to NHS practitioner
Quality2	Contains evidence
Quality3	Has a described methodology
Quality4	Material original to this source?
Quality5	Most recent (if of a series)?
Country of origin	Insert details (country/ies in which research carried out)
Study population	
Type of environment/setting	
Aim of research/problem to be tackled?	Driver or prompt for research being done
Health context mentioned?	
Definition of engagement	
1st Type of T, R, A, I (Tools, Resources, Approaches, Interventions) discussed (one per field)	Insert detail or N/A
1st Study method(s)	Insert detail or N/A
1st Measures	Insert detail or N/A
1st Results	Insert detail or N/A
1st Evidence	If available, evidence for single T, R, A, I. Insert detail or N/A
Overarching evidence	If evidence not linked to single T, R, A, I, include here
2nd Type of T, R, A, I discussed (one per field)	Insert detail or N/A
2nd Study method(s)	Insert detail or N/A
2nd Measures	Insert detail or N/A
2nd Results	Insert detail or N/A
2nd Evidence	Insert detail or N/A

Field	Field guidance or detail
Above categories repeated for 3rd, 4th and 5th T, R, A, I	
Any models/framework/guidance mentioned?	Insert detail or N/A
Limitations (author identified)	Insert detail
Limitations (reviewer identified)	Insert detail
Comments, quotes, relevant findings or conclusions	Anything useful for final review, such as any particularly informative description or quotes

NA, not applicable.

Field	Field guidance or detail

Appendix 18 Number of empirical studies from which data were extracted by country of origin and relevance to each research question

| Country/region of origin | Research questions | | | | | | Overall weighting by country/region of origin (%) |
| | 2.1 Morale and engagement | | 2.2 Performance and engagement | | 3 Antecedents of engagement | | |
	General workforce	Health context	General workforce	Health context	General workforce	Health context	
Africa	1	0	0	0	0	0	0.4
Australasia	0	0	1	0	1	0	0.8
Australia	1	2	0	0	4	4	4.5
Belgium	0	1	0	1	1	2	2.0
Cameroon	1	0	1	0	1	0	1.2
Canada	1	2	1	2	2	5	5.3
Denmark	0	0	0	0	1	0	0.4
Finland	1	1	0	1	6	4	5.3
France	0	0	0	0	2	1	1.2
Germany	3	1	0	0	4	3	4.5
Greece	0	0	1	0	1	1	1.2
India	3	0	2	0	7	0	4.9
International (mixed)	1	1	0	0	1	4	2.9
Ireland	0	1	1	1	1	1	2.0
Israel	0	0	0	1	0	0	0.4
Italy	1	0	0	0	2	0	1.2
Japan	2	0	2	0	2	0	2.5
Malaysia	1	0	0	0	2	1	1.6
Netherlands	0	0	6	0	18	6	12.2
New Zealand	1	0	0	0	2	0	1.2
Northern Ireland	0	0	0	0	0	1	0.4
Norway	1	0	0	0	2	1	1.6
Pakistan	0	0	1	0	1	0	0.8
People's Republic of China	1	2	2	0	4	3	4.9
Poland	1	0	0	0	1	0	0.8
Republic of Korea	0	0	1	0	1	0	0.8
Romania	0	0	1	0	2	0	1.2
Scotland	0	1	0	0	0	1	0.8

| Country/region of origin | Research questions | | | | | | Overall weighting by country/region of origin (%) |
| | 2.1 Morale and engagement | | 2.2 Performance and engagement | | 3 Antecedents of engagement | | |
	General workforce	Health context	General workforce	Health context	General workforce	Health context	
South Africa	2	0	0	0	6	1	3.7
Spain	3	0	2	0	4	0	3.7
Sweden	1	0	0	0	1	0	0.8
Switzerland	0	0	0	0	2	0	0.8
Taiwan (Province of China)	0	0	1	0	4	0	2.0
Turkey	0	0	0	0	1	0	0.4
Uganda	0	0	0	0	0	1	0.4
United Kingdom	4	0	5	0	8	0	7.0
United States of America	5	0	6	0	14	2	11.1
Unstated/unclear	0	0	2	0	4	0	2.5
Subtotals	35	12	36	6	113	42	
Total[a]	47		42		155		100.0

a Many items were relevant to more than one research question, so totals do not add up to 172. Percentages are rounded.

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HS&DR
HTA
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PHR

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