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SUMMARY

Listening to staff experience should be central to healthcare design so that the right changes are made to improve staff's working lives. Although it is now widely accepted that patient experience is a crucial quality outcome in health care, with many improvement efforts focused on it, better staff experience should be as important. The evidence is clear that staff experience and patient experience are related; indeed, paying attention to improving staff experience will mean better patient care.

Key Words

Staff experience; patient experience; health care; patient care

INTRODUCTION

Earlier in 2018, *The Journal of Health Design* published a special edition focused on co-design,¹ and several papers were published demonstrating how co-design involving patients and staff can improve health services. The key to the co-design approach taken in those projects on which papers were published was listening to patients describe how they experience the services they received, working with them to identify priorities for improvement, and testing and implementing the ideas patients and staff devise together.

The Point of Care Foundation in the United Kingdom (UK) has trained and supported teams to use the experience-based co-design (EBCD) approach for 10 years now, and nearly always the experiences of patients have been prioritised over those of staff. Interestingly, the original purpose and process of evidence-based co-design was to focus equally on the experiences of staff and patients and to make improvements for both,² but a focus on staff has tended to be overlooked in most co-design projects. As part of the EBCD method, the experiences of staff are collected through interviews, (in parallel to the collection of patient data), and a staff event is held during which the key priorities for improvement from the staff's point of view are identified. In our experience, this has been difficult to achieve—for the best of reasons. Staff members are concerned first and foremost with the wellbeing of their patients and find it difficult to focus on themselves. When asked to talk about what it is like to work in a service, typical answers will be, for example, “I feel so bad for my patients to have to wait in that environment.” or “It must be awful for the patients when we are so busy.” When staff sit and observe a clinical area as part of the EBCD method, they rarely notice what is going on for staff, even if prompted to do so. Even when staff do suggest improvements that would make their lives easier, and these ideas are put alongside those identified by patients at the co-design event, when put to the vote, staff members' suggestions generally do not get chosen to go forward. Staff themselves are reluctant to make their experience a priority, even though patients often voice their concern to design improvements that will benefit patient *and* staff.

The Point of Care Foundation's interest in staff and their experience at work stems from its mission to humanise health care. We believe it is only possible to ensure every patient is treated with kindness, dignity, and respect all of the time when staff feel positive about their work and engaged with their colleagues and the wider environment. Evidence has been available for a decade now in the UK that there is a clear relationship between staff experience and patient experience. Organisations where staff feel positive both about their own work and the working environment achieve better outcomes for patients in terms of mortality rates and patient satisfaction.^{3,4} Trusts with positive results in the National Health Service (NHS) staff survey also achieve positive results on the patient survey.⁵ A recent NHS England report analysed the 2014 and 2015 staff and patient surveys together and confirmed and added to previous findings, showing “clear and strong associations between staff experience and how satisfied patients are.”⁶ The most important factors associated with patient satisfaction included work pressure felt by staff, and the percentage of staff feeling satisfied with the quality of work and patient care they were able to deliver. Moreover, it is now clear that the

relationship between the two sets of results is causal: rigorous research has demonstrated that staff effect and wellbeing is the antecedent to patient experience.⁷

All this underlines that healthcare managers and leaders should have no qualms in prioritising and investing in projects that are designed to improve the experience of staff from the bottom up. EBCD projects that engage staff have a dramatic impact for the working lives of staff, and in turn their confidence that they are providing their patients with better care.

In conclusion, staff experience should be central to the conversation about healthcare design so that the right changes are made—changes that benefit both staff and patients. In addition, staff will become more engaged and motivated through being involved in making the changes.⁸ And although it has become widely accepted that patient experience is a crucial quality outcome in health care, better staff experience should be as important.

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