

From Our Irregular Correspondent

Where have all the good times gone?

It's Good to Talk

One in a series of occasional papers on health and social care topics by Terry & Monica Dennis of Healthcare Alliances. The purpose of the papers is to give a high level view of current issues – making serious points in a casual style.

This paper explains why we think poor communication in the NHS wastes over £1 billion a year by causing high levels of stress, and what can be done about it.

Many studies report that people working in the NHS are overworked and stressed out. There are claims of disaffection and the good old days of commitment and loyalty are gone.

It is considered a cliché to say that the NHS has always been like this. Newspaper headlines from 20 or 40 years ago are quoted which are similar to today's headlines; and statements by Nye Bevan are repeated in which he foresees many of the problems the NHS faces today (and which it has always faced). For example:

*We shall never have all we need
Expectations will always exceed capacity
The service must always be changing, growing and improving*

If you type “stress” + “NHS” into Google, you will find plenty of evidence of high stress levels in the NHS. Some examples of statistics are as follows:

- NHS managers have stress levels 50% higher than the general population
- female managers can have stress levels that are 100% higher

Reported causes of stress include:

- interruption of family life
- dealing with problem colleagues
- workload
- lack of management and administration support
- communication
- insecurity
- isolation
- disillusionment
- changing demands
- time pressures
- unrealistically high expectations

Some general characteristics of stress are:

- difficulty in concentrating
- poor timekeeping
- lower productivity
- difficulty with understanding new processes
- lack of co-operation
- irritability
- aggressiveness
- withdrawal
- resentment
- making mistakes
- resistance to change

A 1998 Nuffield Trust report, *Improving the Health of the NHS Workforce*, stated that sickness absence costs the NHS £700m per year. That figure is probably now over £1bn.

We have been working in and around the NHS for over twenty years. We are naturally sanguine (cheerful, confident and full of hope). Until recently, we have been of the Nye Bevan school of realism.

However, in our consultancy and training we have begun to find some worrying aspects:

- a move from delegation to direction as the preferred management style
- increasing examples of top-down, transactional change initiatives
- strategies being developed on the hoof
- a lack of understanding of the role that other agencies can play
- short-termism and inability to see the big picture

For the first time we are not confident about the future of the NHS.

The continued:

- unethical restructuring
- plethora of not-joined-up pseudo-intellectual policy initiatives
- divisiveness of Agenda for Change
- unfair financial pressures resulting from the government's handling of the consultant contract
- in England, the destabilising impact of payment by results and foundation trusts

is changing the culture and norms of the NHS.

By itself, we have no strong view on whether that is for better or for worse. No organisation is static and the NHS needs to evolve continually.

However, the changes are having one fundamental detrimental impact – there is no time for natural evolution. The pace is too fast - the changes are forced through rather than being a natural reaction to the fluctuations in the environment.

There is no easy answer to sorting out the problems.

But there is one thing that could make a difference – find time to talk. Talking (which includes active listening) helps to:

- create a bond between you and others
- put your concerns into perspective
- provide reassurance that your feelings are normal and shared by others
- stops your fears from growing in your mind
- make you feel appreciated and supported

So, put your NSFs down, cancel a few meetings, go-off site and treat yourself to a few unstructured hours with your colleagues.

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We welcome comments on this paper which:

- disagree with us
- agree with us
- amplify the points we make
- give a different perspective

Please send your comments to:

correspondent@healthcarealliances.co.uk

Comments will be added to this paper. Please indicate how you would like to be acknowledged – your full name, initials only or anonymous.

All *From Our Irregular Correspondent* papers and comments can be accessed on our website: www.healthcarealliances.co.uk

Comments

I agree with your comments wholeheartedly, with regard to making the time to talk. Of late I have started doing one clinical shift per month. This wipes out a day in my diary, but the benefits that can be gained from it are well worth it. I am able to talk to the midwives "at the coalface" and have found exactly what you said - some of the issues they raise are because we have not had the time to explain/talk and fears (sometimes irrational) have built up in their minds and it tends to be around thinking that there is a hidden agenda.

DC