We need to value and support the emotional labour of NHS staff

Professor Jon Glasby, Health Services Management Centre

In many ways, 2013 has been a tough year for the NHS. Following the Francis Inquiry into events at Mid-Staffordshire, we have also witnessed a number of other serious and high profile care failings, and – quite understandably - a public and media outcry. This has rightly led to a renewed focus on quality and compassion – but the risk is that in the process we hit the target and miss the point. The Francis Inquiry had 290 recommendations, and even its executive summary was 125 pages long. No system can truly do justice to this level of detail all at once, and the danger, as always, is that we achieve the easy recommendations and miss the one or two that really matter.

While all this has been going on, pressures on the ground have been intense – particularly in Accident and Emergency (A&E). The NHS has had its budget relatively protected compared to other public services, but it faces a difficult mix of rapidly rising demand and higher public expectations. Estimates of the savings to be made vary from £20 billion to £30 billion – just to stand still. All this has also come on the back of a major structural reorganisation – one of the biggest in the history of the NHS – and the current infrastructure looks overly complicated, fragmented and profoundly unfit for purpose.

Against this background, it’s amazing that front-line care is as good as it is. As I go out and about in the health service, I never cease to be amazed and humbled by the quality of care that is provided day in and day out. When we get it wrong, the implications can be catastrophic, and we need to understand what’s happened, put it right if we can and try to make sure it can’t happen again. However, we also need to acknowledge that we get it right so often and in such difficult circumstances. When I talk informally to European and US colleagues, they have questions about some aspects of our system, but are often also very positive about the quality of our primary care, our focus on person-centred approaches, the cost-efficient way in which we deliver care and the quality of our mental health services (to name but a few elements of what we do). Interestingly, an NHS audience is always amazed by this – and perhaps finds it difficult to comprehend how it is viewed externally.

As we move into 2014, all the signs are that it’s going to be another difficult year – especially if we have a bad winter. However, if we learn anything from the care scandals of 2013, it’s that health care is a form of ‘emotional labour’ and that front-line staff need to feel adequately supported and cared for themselves if they are to deliver high quality, compassionate, dignified care to others. Providing health care is often very difficult, very distressing and can sometimes be disgusting – and we seldom talk about the details of what staff do every day in polite conversation. Rather than blaming individuals, penalising mistakes and beefing up inspection regimes, we need to pay more attention to the well-being of staff. All of us have an ‘emotional bank account’ that constantly gets depleted, and we all have different ways of topping that bank account back up. Rather than focus just on the finances or on narrow targets like 4 hour waits in A&E, we need to spend equal time (if not more) on health care as emotional labour – otherwise the mistakes of 2013 will be repeated. Every major inquiry since the scandals of the long-stay hospitals in the 1960s and 1970s has tried to make sure that similar things can’t happen again, and yet the response is too often a top-down, heavy-handed, punitive approach. In 2014, we owe it to the people of Mid-Staffordshire, of Morcombe Bay, of Colchester and elsewhere to make sure that we respond differently and better.

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A longer version of this article appeared in ‘The Conversation’ (http://theconversation.com/nhs-staff-do-a-fantastic-job-its-time-we-gave-them-more-credit-20804).

For more on health care as ‘emotional labour’ see the work of HSMC’s Yvonne Sawbridge (http://staff/profiles/social-policy/sawbridge-yvonne.aspx) via:

- Time to Care: Evaluating a model of emotional support for nurses working on acute wards in hospital (http://schools/social-policy/departments/health-services-management-centre/research/projects/2012/time-to-care-nurses-on-acute-wards.aspx)