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CRITICAL COMMENTARY

Hear me, value me and see the results

Kay Riley

Barts Health NHS Trust, UK
Email: Kay.Riley@bartshealth.nhs.uk

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When I was a ward sister interviewing new recruits to my unit, I would always ask the question: *'Who is more important, the patients or the staff?'* I always received the same reply: *'The patients'*. Without any doubt, our primary purpose is to care for patients, but I always hoped one brave soul would say the staff were more important. Ever since I became a ward sister, I have strongly held the belief that if we look after our team members, a high standard of patient care, delivered with compassion, will be the result.

Since that time, there has been an increasing body of evidence to support the strong link between staff satisfaction and patient outcomes and experience. Using data from the annual NHS staff survey, West (2013) showed that staff engagement was strongly associated with patient satisfaction, quality of care, financial performance, staff absenteeism and even patient mortality. Despite the strength of the evidence, we have seen a disappointing response across the NHS in terms of listening to, valuing and engaging staff.

To what extent have we focused on the needs of NHS staff? Staff who, it could be argued, no longer enjoy their customary level of affection among the public or the media. Staff who find themselves under greater workload pressures than ever before. Time and time again, we find staff are reporting feeling stressed, bullied and harassed at work. The Boorman Report (2009) found that many staff do not believe their employer takes a positive interest in their health and wellbeing.

In recent years, we have also seen an increased focus on improving patient care and experience. The concerning findings reported by Francis (2013) and Andrews and Butler (2014), coupled with the poor patient experience results across the country, have made this an essential priority. However, despite the many initiatives that have followed, no significant improvement in care standards and patient experience has been evident.

I find myself wondering what has changed over the years – or whether things have really changed at all. When I was a staff nurse – in the days when the ward sister still held the roles of practice developer, educator, specialist nurse and leader – did I feel heard and engaged? Well, the obvious answer is that it varied and, without doubt, leadership capability played its part in that variation.

For example, my first ward sister set the standard for my future point of reference. Even as a first year student nurse I was made to feel part of the team, included in all relevant patient and team discussions and social outings. I was made to feel an equal member of the team and that, despite having a minimal level of skill and knowledge, I had something important to contribute for the benefit of our patients.

I felt the team cared about me; it felt personal. The challenge for all nurse leaders is how do we make this the norm for every member of staff?

I am increasingly convinced that establishing and maintaining that personal connection for each individual in the team is at the core of listening, valuing and engaging staff. How have we come to lose the personal touch? The dominant NHS approach in recent years has been described as 'pace-setter' (The Kings Fund, 2012) – a command and control culture with little delegation or collaboration, primarily driven by top down targets, with recognition and reward often linked to those targets.

It is not surprising that, within such a culture, organisations often fail to hear what their staff have to say or fail to involve and engage them actively. Jones and Kelly (2014) found that where organisations introduce systems that improve listening and valuing of employee concerns, they reinforce a culture of speaking up and, in turn, organisational learning. In contrast, they suggested organisations that are deaf to employees' concerns are destined not to learn and to fail. Leaders, be they managers, practice developers or educators, have a responsibility to develop employee engagement. West and Dawson (2012) reported that leader-individual exchange (the quality of the two-way relationship between leaders and followers) and the extent of learning opportunities available were associated with subsequent staff engagement. Further, that engagement was itself associated with job performance.

My own experience as the chief nurse at Barts Health NHS Trust has been a challenging one in relation to staff involvement and engagement. Barts Health was formed through a merger of three trusts in east London in April 2012, making it the largest trust in England, with 15,000 staff working across six hospitals and community services. The sheer scale and complexity of the organisation adds a further challenge to 'making it personal' for our staff.

Driven by some serious safeguarding incidents and concerns about standards in some areas following the merger, I launched the 'Care Campaign' – subsequently renamed by staff as '#becausewecare'. For once, I did not take a structured approach to developing a strategy, a project plan or Gantt chart. The #becausewecare campaign has developed through a social movement approach, using interactive events to bring people together, into something that is becoming fully owned by staff. They determine the priorities for the campaign; they decide what is important in their own ward/department areas based on their analysis of their data and feedback. At each event, staff share their own experiences of improving engagement with their own teams (for example, holding breakfast clubs), and contribute ideas for continuing to improve staff engagement and outcomes for patients.

In addition, we have developed a 'team evaluation' programme, which has been a powerful driver of culture change through making it 'personal' for each team. The programme builds on the work of Patterson et al. (2011) to explore the 'climate of care'. Replacement staff enable the whole ward team to leave the ward for a week, to be supported to hold a mirror up to their team culture, to challenge their cultural norms and to set their own clinical standards and goals for improvement. This is further supported through learning hubs to ensure sustainable improvements for both staff and patients. We have seen significant sustained improvement in staff and patient satisfaction and outcomes as a result.

While there is still a long way to go to improve the engagement of staff within my organisation, my colleagues and I continue our journey to strive to make the experience of working at Barts Health 'personal' – one that matters, one that is valuable and valued for the benefit of each and every one of our staff and patients.

As I reflect on my 30 years in the NHS, I know that the pendulum has swung too far away from 'making it personal' and 'making it matter' for our staff. I suggest we need to address this with focused commitment – for their benefit and ultimately for the benefit of our patients. At the heart of this journey, the words of Benjamin Franklin should continue to drive us:

> *'Teach me and I forget, talk to me and I might remember, involve me and I learn.'*

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Kay Riley (MBA, CIHCC, RGN) Chief Nurse, Barts Health NHS Trust, London, England; Honorary Visiting Professor, City University, London, England; Research Fellow Professor, Chinese Hospital Management Research Centre Bejing, China.