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# COUNTING THE SMILES

## Morale and motivation in the NHS

This research summary, based on a review of the literature and a series of focus groups with NHS staff, shows that while it is difficult to measure how people feel about their work, there is much to suggest that morale and motivation of the NHS workforce are low. It identifies three key factors that affect morale and motivation: whether staff feel valued, their working environment, and resources and pay. It argues that good staff morale and motivation will be critical to achieving the Government's ambitious plans for modernising the NHS, and shows there is evidence to suggest that healthy morale and motivation have positive impacts on patient care and outcomes. It concludes with a series of recommendations.

### FOCUS GROUP EXCHANGE

**A: I think measuring staff morale and motivation should become one of the Government's national objectives – you know, in the way we measure waiting times ...**

**B: They'll be counting the smiles on faces!**

In the *NHS Plan*,<sup>1</sup> the Government set out its blueprint for reform. It proposed a range of targets to be met by NHS organisations, including:

- new maximum waiting times for GP visits, outpatient visits and operations
- year-on-year improvements in patient satisfaction with the service
- a reduction in mortality rates from major diseases
- more effective working between health and social care.

Good morale and motivation are essential both for a healthy workforce, and for effective implementation of the Government's plans

The Government's commitment to modernising the NHS has extended to significant extra investment. It has pledged £19.4 billion to improve NHS services between 2001 and 2004, bringing spending on health care in the UK nearer the average for other European countries. It has promised to boost NHS capacity to provide care by employing an additional 20,000 nurses, 7,500 consultants, 2,000 GPs and 6,500 therapists.

Nearly two years on from the Plan, it is clear that this 'modernisation agenda' will require not only more staff, but staff who are motivated to create change and make improvements for the service and patients.

But the NHS faces significant problems recruiting and retaining key staff. Nurses and doctors are choosing to leave the NHS or retire early in significant numbers. Staffing issues are particularly acute in London, where the cost of living and transport add to the pressures.

Across the service, there are complaints about a lack of resources, coupled with too much interference from central Government, and a widespread feeling that morale and motivation are worryingly low. NHS staff feel they are no longer valued by politicians and the media, and worry about how this impacts on the public's perception of them.

Good morale and motivation are essential both for a healthy workforce, and for effective implementation of the Government's plans. They also have positive effects on patient care. Evidence from studies into 'magnet' hospitals in America – which have been shown to be successful in attracting and retaining nurses – suggests that higher nurse-staffing levels, investments in the education and expertise of nurses, and involving staff in organisational decision-making are critical to building good morale and motivation. Furthermore, once these changes have been effected, they positively affect patient outcomes.<sup>2</sup>

We need better to understand the positive and negative factors affecting morale and motivation in the NHS workforce, so we can address them. But it is equally important to recognise that efforts to boost morale and motivation are not just about 'counting the smiles' on employees' faces – they are also about improving patients' lives.

## Background

Since 1 April 2000, all trusts must conduct an annual staff attitude survey which monitors morale and motivation

### Research methods

**A literature review** on morale and motivation among the NHS workforce, particularly in London.

**Focus groups** with clinicians and managers from different parts of the NHS, including doctors, nurses, human resource managers, clinical directors, and information and technology managers. The focus groups were designed to probe current morale and motivation levels, how they can be measured, the factors that affect them, what can be done to improve them, and whose responsibility it is to boost morale and improve motivation.

**Interviews** with key workforce contacts from the NHS, Department of Health and the NHS Executive. These were conducted in association with a separate piece of work by the King's Fund to understand the recruitment and retention crisis in the NHS.<sup>3</sup>

### Research context

The literature review found some studies that related specifically to morale and motivation, but the majority focused on indicators such as stress, job satisfaction, recruitment and retention. Most of the studies which focused directly on morale and motivation looked at the impact of an issue on a specific staff group within a trust (for example, the effect of NHS reforms, hospital closures and local pay bargaining on morale among nurses in Leicestershire<sup>4</sup>) or nationally (for example, stress levels among ward sisters<sup>5</sup>).

Measuring morale and motivation is not easy. Most people assess them anecdotally, for example, through comments from staff or 'picking up on a feeling'. However, there has been work to look at indicators of the state of morale and motivation through staff surveys.<sup>4 5 6 7 8 9</sup>

In the past, such surveys were conducted on an ad hoc basis by individual trusts or across trusts in a particular region. But, since 1 April 2000, all trusts must conduct an annual staff attitude survey which monitors morale and motivation and gauges staff views on other aspects of the service.<sup>11</sup> While these surveys will be useful, it may be difficult to draw meaningful national comparisons, since trusts are permitted to develop their own ways of assessing response to different aspects laid out by the Government.

## Key findings

Too much rapid change and too much political control are demotivating, and are among the reasons people cite for wanting to leave the NHS

### Literature review findings

The literature review suggested that factors affecting morale and motivation can be grouped under four categories:

**Working environment.** The environment in which people work (for example, levels of staffing),<sup>5</sup> and degree and speed of reform, affect morale and motivation.<sup>4</sup> Too much rapid change and too much political control are demotivating.<sup>7</sup> They are among the reasons people cite for wanting to leave the NHS.<sup>8</sup>

**Feeling valued.** Morale and motivation are affected by whether staff feel valued in their own immediate workplace and elsewhere in their organisations.<sup>7</sup> The value they perceive as set on them by groups outside the NHS, for example, by politicians, public and the media, also emerged as an important factor. In recent years, NHS staff have felt uncertain of their worth. One in four workers believe the NHS does not value or appreciate staff; others feel their skills are undervalued.<sup>7</sup> The NHS Taskforce on Staff Involvement has suggested: ‘Employers in the NHS who involve staff in decisions, planning and policy-making ... have a happier, healthier, better motivated workforce and reduce staff turnover.’<sup>11</sup>

**Job satisfaction.** Job satisfaction is linked closely with morale and motivation,<sup>7</sup> and with people’s intentions to leave their job.<sup>6 8 12</sup> The nature of the job, whether there are opportunities for professional or skills development,<sup>8 13</sup> and what other employment opportunities are available all affect job satisfaction.

**Resources and pay.** How well resourced the service as a whole is, and how individual staff are rewarded, influence morale and motivation. Staff dissatisfaction with pay has been well documented.<sup>6 12</sup> Medical managers, GPs and hospital doctors all report that resource problems have an effect on morale.<sup>7</sup>

### Focus group findings

Three similar key themes emerged from the focus groups:

**Feeling valued.** Whether staff feel valued emerged as the most significant determinant of morale and motivation in the workplace, according to both clinical staff and managers. Key issues were:

- **Perceived worth.** While some individuals felt valued in their work, there was general consensus among the focus group members that the health service workforce as a whole did not feel valued. Staff were in fact more likely to feel valued by patients than by their colleagues or managers.

*I felt very demoralised recently, when my son came home disgruntled from his job in the city because he had only got a £2,500 bonus and a £3,000 pay rise. I tried to say to him, you earn more money than a ward sister with responsibility for 25 lives. He said to me, ‘Then she’s a mug, isn’t she? Why doesn’t she go down to the city and do what I do?’*

Trust complaints officer

*Management says the culture has to change, and we're now in a learning environment. But when there's a mistake, the trusts look at what it's going to cost them. The individual is marginalised and disciplined and everybody sees it. Then that's the whole learning culture and secure environment out the window.*

Assistant director of nursing

*I feel very motivated and valued... because I am able to influence the organisation. My opinion's valued. It's not always acted upon but there's an explanation of why.*

Practice nurse advisor

*Our local health authority chair came to spend a day with our department, and sat with everyone. The staff felt so valued. It was such a positive experience – it didn't cost anything and brought big rewards.*

Service manager

*Quality starts to drop, because there's a lot to do and a lot of pressure. So many patients to take care of, and you haven't got the staff or the time to do anything properly. I think that affects people very badly.*

Consultant

Some did not feel valued by other members of their own profession – for example, nurses without degrees sometimes felt looked down on by those who did. Many staff believed the health professions were not valued by the public in the same way as other careers.

- **Levels of support.** Many NHS staff do not feel supported by politicians or employers. One service manager commented that the Government had moved on from blaming teachers to blaming doctors, nurses and managers, and that this had changed public perceptions of people who work for the NHS for the worse. Staff did not feel well supported when a mistake was made, despite claims that the NHS has a 'learning culture'.

- **Being listened to.** Staff who felt they were not listened to in their organisation were more likely to feel demotivated. A consultant who had left her previous post said that, although in clinical terms it had been good, she had not been allowed to influence decisions in her organisation and that this had 'ground her down'. The reverse was equally true – staff who felt listened to, felt motivated.

- **Recognition and good treatment.** Staff were more likely to feel valued if they were treated well, in particular, if they felt recognised and supported in their work. Where senior managers had made a sincere effort to get to know staff and their areas of work, this had had a very positive impact on staff morale.

**Working environment.** Focus group members felt that the environment in which people worked had a significant impact on their own and colleagues' morale and motivation. Key issues were:

- **Staff shortages.** There was much concern about the day-to-day effects of significant staff shortages, and the fact that many staff felt unable to do the jobs for which they had qualified. One ward manager expressed the widespread view that feelings of stress and being overwhelmed were directly attributable to understaffing and working day after day 'above and beyond the call of duty.' For many, staff shortages were beginning to affect the type and quality of service they could provide.
- **Changing workloads.** Workloads have become more intense. A nurse from an NHS Executive regional office said that the amount of work to be covered in a given time had increased in every clinical area she knew. At the same time, jobs within the health service are changing, as duties shift within and between professions. This was felt to be both positive and threatening.
- **No slack in the system.** Staff shortages and increased workloads often mean that important investments like staff development fall by the wayside. A service manager said that if a staff member went off sick, others due to attend training courses had to cover their shifts, and that this was 'incredibly demoralising'.

*We are expected to steer by directions from the Department of Health – that's been a big problem. They talk about local decisions for local situations but then they say you must do a, b, c, d, e. They allocate you money and they tell you how to spend it. You're not allowed to be creative to suit your local population, and that's a big demotivator.*

Specialist registrar

■ **Over-centralisation.** The degree of central control over service reform and target-setting was felt to contribute to poor morale and motivation. A nurse from a professional body said that initiatives from the centre often failed to feel 'joined up' with services provided. This could leave staff feeling they had spend a significant amount of time on tasks which yielded few improvements in their own area of work.

**Resources and pay.** Some staff expressed concern over resources and pay, but these were not seen as major demotivating factors in their own right. Key issues were:

■ **Overall NHS resources.** The majority of focus group members were more concerned about the amount and level of resources for the service as a whole than individual pay. They suggested that where the promised extra resources are making it through to the frontline it is having a very positive impact. One service manager noted that, for the first time in her 15 years with the NHS, more money was coming in and this had been a huge morale-booster for her team.

■ **Inadequate pay.** Pay was a concern for staff who had left the private sector and taken a drop in wages, but in general it was more likely to influence morale if other things were already getting staff down. Managers were particularly aware they were asking a great deal from staff who were inadequately rewarded. An information technology manager said he felt that he was taking advantage of people, and a service manager spoke of depending on people's goodwill and commitment.

#### IMPROVING WORKING LIVES

In 2000, the Government set targets for all trusts to meet by 2004. These include:

- extending opportunities for flexible and family-friendly working
- providing staff with opportunities for professional development
- support with childcare arrangements
- tackling discrimination and violence against staff.

However, some staff remain unaware of the opportunities available to them,<sup>16</sup> and some of the targets remain extremely modest in relation to potential employee demands – for example, only 100 trusts are required to have on-site nurseries by 2004.

See *Improving working lives standard: NHS employers committed to improving the working lives of people who work in the NHS*. London: Department of Health, 2000.



## Recommendations

Since the Labour Government came to power in 1997, it has committed itself to improving the experience of working in the NHS, and has published policy documents outlining how it will improve the working lives of staff and change their career and pay structures.<sup>14 15</sup> It has identified a range of specific improvements required in NHS workplaces over a period of years.

These initiatives should have a positive impact on morale and motivation, but are taking time to impact on staff. In the meantime, the focus groups interviewed during our research suggested a range of measures:



#### Help NHS staff feel more valued.

■ **Within the NHS,** staff should aim routinely to thank colleagues for their work and share patient compliments. Senior managers should invest time in understanding all parts of their organisations and the people who work in them. Managers at all levels should involve people in decision-making wherever possible, encourage opportunities for staff

The mixed messages about public service workers conveyed by politicians need to be replaced by clear signals of support

development, and ensure these are not compromised by other pressures on the service.

- **Outside the NHS**, the mixed messages about public service workers conveyed by politicians have not helped NHS staff feel valued, or made the public sector seem an attractive place to work. These need to be replaced by clear signals of support.



#### Create a good working environment with sufficient numbers of staff.

- **Ways of working.** Everybody within an organisation should strive to make it a good place to work. Staff numbers are being boosted but it may take some time before sufficient numbers come through. In the meantime, the NHS should experiment with how new and different combinations and configurations of staff might provide services.
- **Support.** Everyone should work to ensure there is a balance between supporting people when a mistake is made, and ensuring appropriate accountability.
- **Targets.** The targets set down in the Government's *Improving working lives standard* should be met. The centre be less directive and detailed about the fulfilment of targets and encourage more local innovation. It should foster experimentation, and accept that even unsuccessful experiments can enable valuable lessons to be learned.



#### Sustain investment in NHS resources and staff pay.

- **Overall resource levels.** Increased levels of resource within the NHS – and efforts to ensure these feed through to the activities of frontline staff – should continue.
- **Pay.** Year-on-year pay increases for health service staff should continue.



#### Develop new initiatives to support the recruitment and retention of inner-city NHS staff.

- **Special cases.** Limited evidence is available, but it seems that staff recruitment and retention (and, by association, morale and motivation) are more problematic in the inner-city zones of cities such as London, where accommodation and transport problems are acute. Policy-makers should develop targeted strategies to recruit, retain and motivate workforce in these areas.
- **Special measures.** Offering support with accommodation, introducing transport subsidies, and developing alternative workforce configurations should all be considered as part of a 'package' of special measures to reduce turnover and raise morale.



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11-13 CAVENDISH SQUARE  
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INFORMATION LINE  
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SWITCHBOARD  
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