Managers must support nurses to boost their commitment to care

Attention to staff satisfaction and motivation can pay dividends, as positive work experiences will result in better patient care and outcomes, argues Liz Lees

You only need to ask most nurses why they wanted to join the profession and stories will flow about “being a patient in awe of the nurses”, or of visiting someone in hospital and the impact this had. These are the ways in which most of us realised our desire to care and thus embarked on our lifelong NHS careers.

This desire to care needs to be nurtured in order to be sustained throughout a working lifetime, especially alongside the dynamics of a shifting work-life balance. One case study in which a trust defined a set of values to improve staff engagement produced the following five core values: putting patients first; respecting others; striving to be the best; taking pride in what we do; and acting with integrity (NHS Employers, 2008).

There is a huge difference between the motivation and mentality of turning up to work to do a job, and doing that job really well and contributing to effective teamwork. Motivated staff will strive to promote the latter and take pride in what they do, which if eroded will directly impact on the quality of care delivered. It is a potentially vicious circle requiring attentive management. Although it is paramount, the focus on patient throughput must not detract from putting patients’ care needs first. Feeling empowered to change things that are relevant to them will enable staff to feel proud of where they work (NHS Employers, 2008). However, if staff are not supported to focus on delivering hands-on care, we risk being unable to continue recruiting and retaining good staff. One of the main points of the Boorman review is “it is essential that all NHS trusts put staff health and wellbeing at the heart of their work” (Department of Health, 2009).

NHS staff satisfaction surveys have been carried out yearly since 2003, yet they can only address issues in the context of the NHS, not our individual places of work. In a recent local survey of staff working in two acute medicine units, they most frequently cited “team working environment” as a reason to work, and “burnout” as a reason to leave. Despite this, when asked if they would choose the same career again, they replied with a unanimous “yes”. Hence, providing leadership to understand the issue from within wards provides staff with opportunities to positively influence issues affecting care.

Nurses who stay in one area of work for a long period are in danger of becoming too introspective; they may only appreciate their area of practice and not hear, respect or celebrate stories of success from elsewhere in the NHS. Nevertheless, staff experience can be improved through a personal commitment to update practice, rotate work settings or even take secondments as part of lifelong learning, which is likely to be reinvested into patient care and outcomes. This must coexist outside managing organisational risks to develop knowledge and skills for a lifetime of transferrable learning.

The reputation of “what nurses do well” must be looked after to secure the commitment of people with a desire to care, long into the future. After all, we are probably all going to be consumers of care services at a future point in our lives.

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