How Are You Feeling This Week?

A National *Qualitative* Survey of Staff Experiences

Defining staff feelings, morale and why they really feel the way they do.

An nhsManagers and Akumen joint project.

[www.nhsmanagers.net](http://www.nhsmanagers.net)  [www.Akumen.co.uk](http://www.Akumen.co.uk)

Staff morale survey November 2013
“This has been the worst six months in all my 33 years as a manager in General Practice. The whole of the NHS has fragmented.”

“The work load just gets larger, staff morale is at an all time low and there's no easy way of raising it.”

Warning: Reading Real Experiences Is Very Enlightening

“Morale very poor in the office. I have never known things seem so dreadful.”

“NHS generally I can't remember it being so bad and I have worked in the NHS for 30 plus years.”

“Feeling low in energy and morale, the changes in structures and organisations have created chaos and communication between organisations is poor.”

“I feel despondent. All my colleagues are looking for opportunities to take early retirement or redundancy. The service that I have worked in for nearly 25 years is being destroyed.”

“I have never, in all my 20 years of working for been so despondent about the present or future of the NHS.”

“I am involved in senior briefings and meetings with DH where I have witnessed the Secretary of State actively baying for the blood of CEO's...I feel totally demoralised and cannot see an end to the bullying culture that Mr Lansley started and it's now got ten times worse under Hunt...”

“Very positive, as I avoid naysayers and visit the frontline”

“Overall quite optimistic about what I can deliver with my team.”
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Why Are We Doing This Staff Survey?

“‘The Trust’s board was found to be disconnected from what was actually happening in the hospital and chose to rely on apparently favourable performance reports...”

Robert Francis QC

Ironically The Secretary of State, Department of Health, NHS England, CQC and Monitor are all reliant on the same data....

...so by Robert Francis’s definition they are all disconnected from what is actually happening in the NHS

So we want is to give staff a real voice, analyse their feedback word for word and distil insights from it and therefore connect leadership in all organisations to what is really happening in the NHS.

We hope that once decision makers are better informed, they can make better decisions.

Staff morale survey November 2013
Measuring Staff Morale


18% of the respondents described feelings/morale as positive
82% of respondents described feelings/morale as negative

HSJ/NHS Employers Barometer Survey, HSJ 30 May 2013

Of the 70 NHS provider HR directors who responded to the HSJ/NHS Employers barometer survey...

9% rated morale as “high”
79% rated morale among their staff as “moderate”
12% rated morale “poor”
Morale is a funny thing. Some days you feel good, other days you don’t.

1. Tell us in your own words how you are feeling this week?

2. What are the top two or three things that are making you feel this way?

3. What 2 things would you change, if you could, that would make working in your place better this week?

No tick boxes – No numbers!
“Real experiences, real feelings, your words”
The Rich Data

2,000 Separate Experiences
From
Nurses, GPs, Supervisors, Managers, Directors, Non Executive Directors And Senior Executives From Many Organisations
Question 1

Tell us in your own words how you are feeling this week?

"The work load just gets larger, staff morale is at an all time low and there's no easy way of raising it"

"Feeling respected, heard and appreciated for my professional experience and accountability"
Emotions Word Cloud For All Experiences

Emotion categories: Happy, Love, Anger, Sadness, Excitement, Fear and Frustration

“Frustrated as there is still low morale and we are functioning at half capacity”
Some Experiences of Frustration

“Frustrated trying to do things that I think will improve services but we are still suffering from the fall out from reorganisation and relationships between organisations are a mess”

“I'm frustrated nobody's listening”

“Frustrated as my department can help change some things but we're being ignored! defeated, I've never felt less loyal to my hospital than at the moment”

“Frustrated but still motivated”

“Frustrated forced to watch the obvious outcomes of bad decisions”
Experiences of Overworked, Overwhelmed

“Completely overworked, demotivated and concerned about the total mess the system is in”

“The work load just gets larger, staff morale is at an all time low and there's no easy way of raising it”

“An impending feeling of being overwhelmed with tasks - some of which appear to have little or no value”

“Mixture of overwhelmed and exhausted with motivation and desire to do a great job and get the right results for patients and staff”

“Hugely pressured. Mopping brows, battling bureaucracy, juggling more must-do's than it is possible to achieve”
Experiences of Feeling Good

“Feeling respected, heard and appreciated for professional experience and accountability”

“Satisfied that all tasks have been completed on time and that the earlier staff issues have been resolved”

“Great - doing a return to nursing course and have a fab mentor and am part of a really dedicated District Nursing team”

“Now I am back in the real world dealing with patients and staff, truly living real care I am much happier”

“Positive about my own role and that of my team”
### The Numbers

<table>
<thead>
<tr>
<th></th>
<th>Negative</th>
<th>Positive</th>
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</thead>
<tbody>
<tr>
<td>Overwhelmed, Overworked</td>
<td>18.81%</td>
<td></td>
</tr>
<tr>
<td>Frustrated</td>
<td>16.50%</td>
<td></td>
</tr>
<tr>
<td>De motivated</td>
<td>10.89%</td>
<td></td>
</tr>
<tr>
<td>Tired, Exhausted</td>
<td>9.24%</td>
<td></td>
</tr>
<tr>
<td>Feeling Good</td>
<td></td>
<td>7.92%</td>
</tr>
<tr>
<td>Despair, Stressed</td>
<td>6.60%</td>
<td></td>
</tr>
<tr>
<td>Down, Depressed</td>
<td>6.60%</td>
<td></td>
</tr>
<tr>
<td>Optimistic/Inspired</td>
<td></td>
<td>4.62%</td>
</tr>
<tr>
<td>Unappreciated, No recognition</td>
<td>4.29%</td>
<td></td>
</tr>
<tr>
<td>I am OK</td>
<td></td>
<td>3.63%</td>
</tr>
<tr>
<td>Lost</td>
<td>2.31%</td>
<td></td>
</tr>
<tr>
<td>Head Down, Hope, and Cope</td>
<td>1.98%</td>
<td></td>
</tr>
<tr>
<td>No work life balance, unsustainable</td>
<td>1.98%</td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td>1.65%</td>
<td></td>
</tr>
<tr>
<td>Love My Work</td>
<td></td>
<td>1.32%</td>
</tr>
<tr>
<td>In Control</td>
<td></td>
<td>0.66%</td>
</tr>
<tr>
<td>Bullied</td>
<td>0.66%</td>
<td></td>
</tr>
<tr>
<td>Still Passionate About NHS</td>
<td></td>
<td>0.33%</td>
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<tr>
<td></td>
<td>81.52%</td>
<td>18.48%</td>
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Staff morale survey November 2013
Question 2

What are the top two or three things that are making you feel this way?

The following slides aim to define why staff feel the way they do.

“If I had an hour to save the world, I would spend 55 minutes defining the problem and 5 minute finding solutions” Albert Einstein
We mapped the staff experiences to a systems diagnostic model; because we need to diagnose the system as a whole, not fiddle with parts of it in isolation.

The silver circles represent where the collective experiences are mapped. Each quadrant and the blue core are broken down into ten sub themes.

It is very evident from the model that most of the staff replies are focused on what’s happening internally, which is typical of staff experiences.
Some answers contained multiple experiences that are mapped to the relevant themes on the systems diagnostic model. The example below is one answer split into 4 themes.

<table>
<thead>
<tr>
<th>Experience</th>
<th>Mapped to ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>New management making themselves felt.</td>
<td>Leadership Style &amp; values</td>
</tr>
<tr>
<td>An ignorance of what my contribution is on a daily basis and what I've done over the last 33 years.</td>
<td>Not Engaging, Listening or Understanding Staff &amp; Stakeholders &amp; Lack of Motivation or Recognition</td>
</tr>
<tr>
<td>The 5th reorganisation for me in 18 months.</td>
<td>Structure, Roles, Procedures</td>
</tr>
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</table>

To see an on line flash presentation of how experience mapping to patient pathways works, [click here.](#)
We Question Strategy, Vision, Direction, Focus

New Structures, Roles, Procedures Don’t Work

Lack of Buy In

Way to many Metrics, Targets, Tick Boxes

Lack of Time, Money, Resource

Leadership is Not Engaging, Listening, Understanding

Not Empowered

Poor HR Management

Poor Communication, Meetings

Lack of Buy In

Leadership Style - Command and Control

Poor Teamwork

Too Much Patient Demand

Poor Partnerships Across Organisations

Excessive Bureaucracy

Training, Capability

Question Purpose, Methods of Ext Orgs

Negative Culture

Doing Work That Adds Little Value

Very Critical Media and Politicians

Poor Teamwork

2000 Experiences Mapped

Please note: Size of oval is relevant to number of experiences in each theme

Staff morale survey November 2013
Those making strategic decisions keep restructuring the NHS, whilst adding more and more metrics, targets and bureaucracy.

This has created chaos, uncertainty, confusion and firefighting, creating a demand whereby a lot of people are adding little value to what really matters “The Patient”

This waste of time is diverting money time and resource away from the frontline.

Please Note:
• The red double ended arrow shows a loop or a possible conflict whereby strategy is dictating measures and measures are informing strategy
• The filled blue shapes show the large clusters of staff experiences, white boxes represent small clusters.
• The ovals are significant collector points
• The arrows suggests what leads to what, and is based on cause and effect theory.
This “Insight Map” identifies the lack of “buy in” and Lack of Motivation so many things are pointing to them.

Leadership and Management are thus forced to **command** the workforce (who are resisting) more aggressively force change, and **control** everything by more and more policy, targets and metrics.

This vicious circle is renewed every time we have a change of government, ideology and the subsequent top down restructure.

No time to bed the new changes in before the next election, its revolution followed by revolution.
We inevitably underfund the frontline and let patients down!
“Your not listening to us,

We don’t share your vision & strategy especially the new NHS restructure

We don’t like your top down command and control leadership. You are disconnected from us!

The new structures, policies, targets, metrics and bureaucracy is overwhelming us

We are not motivated, morale and culture is poor. Vast amounts of money, time and effort is being wasted and diverted from the front line.

― Staff morale survey November 2013
The Trust's board was found to be disconnected from what was actually happening in the hospital and chose to rely on apparently favourable performance reports...

...rather than effective internal assessment and feedback from staff and patients.” Robert Francis QC

This disconnect from what is actually happening occurs from Secretary of State down, in all NHS organisations, to various degrees.

Leadership and decision makers are not effectively engaging, listening to, and understanding staff experiences, there are a few exceptions. This is the root cause of negative morale, leads to a poor culture and no buy in to imposed change.

“A good decision is based on knowledge and not on numbers.” Plato

“The only source of knowledge is experience.” Albert Einstein
The Real Issue That Needs Resolving

With morale and culture at an all time low, this is the “real” problem that needs solving.

Staff culture, morale and buy in is a well known critical success factor to execution of any change, project, programme or strategy.

“Culture eats strategy over breakfast”

Peter Drucker
Question 3

What 2 things would you change if you could that would make working in your place better this week

The two changes proposed are based on the distillation of 2000 staff experiences, most of them managers themselves, ignore them at your peril!

1. Uphold the NHS constitution pledge* to “engage staff in decisions that affect them and the services they provide.”

2. Ensure decisions are based on what is actually happening, and strategy is shared by staff.

NHS Constitution: 4a. Staff – your rights and NHS pledges to you page 13, points 5,6,7
Other Issues Affecting Staff Morale

There are two very significant themes that will not be addressed by the two changes proposed, they are:

- **New Structures, Roles, Procedures Don’t Work**

  “I would STOP the top down reorganisation and performance management if the NHS, pull together all of the performance management and regulator functions into one or two Max organisations.

  We don't need TDA, Monitor, CQC, NHS England with an even more complex matrix of National, regional and area teams sitting underneath.”

- **Way to many Metrics, Targets, Tick Boxes**

  There were few constructive comments like the one above, most were simply scrap targets, and the non front line organisations, see examples. This data was not rich enough to provide solutions to this highly complex issue.

  As a consequence we will be focusing on these two areas in future surveys.
For Your Information

All conclusions in this report are directly traceable back to the original 2000 staff experiences.

All analysis was done using Akumen’s PanSensic Software

Thanks to all those who took part in this survey without your experiences we cant make a difference

www.nhsmanagers.net

www.Akumen.co.uk

Akumen are part of the Systematic Innovation Network