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The Final Straw

OPINIONS

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The straw that broke the camel's back came from a most unexpected source. It was the sudden removal of all access to safe drinking water in an acute medical unit in one of the largest hospitals in the country. This action left a 58 bedded unit with over 100 members of staff without access to a vital ingredient of health and wellbeing. In a system which has come through unpredictable, unreliable and inadequate access to personal protection equipment throughout the various surges of the COVID-19 pandemic, this was something that all the mandatory training in resilience should have given strength to pull through. But sadly, it seemed to be the final straw. At the end of a long and arduous ward round which covered many patients housed in various corridors and fighting the inevitable moral and ethical challenge with one's Hippocratic oath, when a colleague realised that there was no safe drinking water, there was that classical crestfallen look of a defeated NHS warrior.

If at least one and a half decades of gruelling medical training is defeated by merely the lack of access to safe drinking water, there must be a much deeper and more sinister diagnosis to consider. It is merely the tip of the iceberg that sank the Titanic. Indeed, it is a sign that indicates a much graver problem with the well-being of staff in healthcare. When one combines this with the toxic culture, the perpetual lack of staffing numbers, the system deprived of basic financial resources and an outdated and crumbling infrastructure, we have the perfect soup mix for annihilation. But who is responsible for such a debacle and in a learning organisation who should be responsible to fix this?

At this point one can either look at our leaders or suggest that in an organisation which cares and has a flat hierarchy, that it is everyone's responsibility. But sadly, the healthcare sector is everything but learning, caring or wisely led. As healthcare professionals who dedicate a lifetime to learning how to find the causes of maladies and their cures, it shouldn't be beyond our intellectual capacity to use the same time-tested methods of detection and problem solving. So, what does the evidence suggest about the causes or contributors to burnout among health professionals. One may argue that healthcare professionals are no different from other professionals or the society in general and therefore the ailments that affect society should be easily applicable. But everyone who has worked even a day in the healthcare industry knows that it is a unique workplace in every way you may wish to look at it. It is not that there are living, breathing people as the clients or commodities in the centre but that they are at their most vulnerable both physically and emotionally. In addition, with each decision one takes or each action one undertakes there are multiple lives that are associated and impacted. The rigorous training that is provided after a gruelling selection process only provides for the science and hardly the art or the independent thinking that is essential for success. It is well known that a system that has multiple independent components needs a process which has to be intelligent and flexible or adaptive to the n^{th} degree to function. Any health care system needs to be serviced by independent thinking individuals who are signed up to the same code of ethics and share the same vision. What is the vision? To any apprentice in the healthcare industry, the answer is often simple. To provide safe and excellent care to our clients. The mantra of '*patient comes first*' has been drilled into the minds of all who are lucky to be inducted into a healthcare organisation. As in many well laid plans, the mantra is not the problem. How one implements it can be a challenge and how it is misinterpreted or misconstrued can lead to disaster. There are several reasons why the healthcare industry in the UK which is wholly publicly funded is at its knees or if one were to believe the opposition party, fallen flat on its face after the pandemic.

But we are not talking about that in this editorial. We want to shift the focus to the people who make up the healthcare industry and are engaged to serve or implement the vision of universal health. The 1.4 million who are directly employed by the UK national health service and the million more who work in social care and services aligned to the NHS. These are the people who are in public service and therefore dependant on the UK government for their pay and conditions, and on whom the UK department of health and social care depends for providing services to their citizens. Anyone who has not been in exile from the social sphere would be aware of the number of healthcare professionals who are expressing their dissatisfaction via the medium of strikes. It started with nurses, emergency paramedics, then physiotherapists and now we await the verdict of the ballot for junior and senior doctors. All are united in asking for better pay and working conditions. If they were

ever to coordinate their actions into a single day of strikes there will be catastrophic consequences for the public and the government. The government's response was perhaps predictable given the current ruling party's fundamental values that are often in direct conflict with offering healthcare to even those who are unable to afford it. Many argue that there has been a concerted effort to strip the healthcare industry of resources and allow it to fail so it may be disbanded and sold off to the highest bidder, who may well be from their circle of cronies.

So, when the health service is starved of resources after a pandemic, a time when the demands were highest, hospital admissions rose astronomically and to complicate matters, a significant proportion of healthcare workers suffered loss of life, ability to work and long-term personal health from the consequences of COVID-19. There are now astronomical gaps in the numbers of nursing and medical gaps that any increase in university placements will address anytime in the next decade. So where may be an interim solution to the workforce catastrophe?

Many UK Trusts are looking at overseas training programs where there may be a surplus (i.e., the Caribbean or the Philippines) or where the unbalanced economic drivers may entice cheaply trained individuals to get on the boat. We have seen many examples of unbalanced migration of trained healthcare staff over the years since the other less civilised modes of getting cheap labour were outlawed. There are guiding principles for sustainable and responsible migration of healthcare professionals agreed by countries who are members of the World Health Organisation, but there is no scrutiny or transparency. There is another problem for most countries who are grappling with a healthcare workforce strategy that includes sizable immigration, that is the negative impact of right leaning policies on managed or restricted immigration policies. A previous UK home secretary has been infamously quoted to describe how they may send the boats home[1]. In this background of a hostile environment[2], we expect the international health care staff to not only deliver excellent care with empathy and professionalism but also to do this at a meagre level of remuneration. Challenges of recruitment and retention are not unique to the internationally sourced workforce but universal in its reach. While recruitment is still not a major cause for concern for UK trained staff, the issues are more prevalent with retention. In the UK it is estimated that 1 in 11 aspiring candidates secure a medical school place and 1 in 2 for a nursing place. In 2021, total applications for nursing courses rose by a third to reach 60,130, with increases seen in each age group – from UK 18-year-old school leavers to mature students aged 35 and over.[3] Therefore, from the uninitiated

[1] Priti Patel to send boats carrying migrants to UK back across Channel | UK news | The Guardian

[2] Home Office hostile environment policy - Wikipedia

[3] Nursing applications soar as UCAS publishes latest undergraduate applicant analysis | Undergraduate | UCAS

applicant there is no dearth of aspiration to join the healthcare workforce.

There is a big change that happens after the initial enthusiasm wanes. The dropout from foundation training in progressing to core level training in specific specialities can be over 50-60%. Although many do return to our shores after a brief sojourn in the antipodes, they are refusing to choose the prescribed and straitjacketed training pathways offered. Many of the more onerous, acute training pathways or in geographically challenged locations are struggling to fill their places. This puts a huge strain on the safety of patients and staff as well as the sustainability of clinical services. The NHS has always depended on the concept of apprenticeships where healthcare workers learn as they serve and shoulder the dual responsibility of meeting their training goals, pass tough examinations/ assessments while carrying the burden of the health service on their shoulders. There has been a seismic shift in the 'perspectives' of the previous generations to the new post-millennial generations in how they perceive their work-life balance. Gone are the days, where healthcare workers accepted everything that was thrown at them. They are now voting with their feet, and happily walking away from jobs that do not offer a sustainable balance. Organisations are traditionally slow to arrive at the party and have archaic, unresponsive and non-agile processes that are consistently missing the opportunity to engage and understand what moves and shakes our current healthcare workforce. The crumbling away of what has been a noble profession, one where our predecessors for generations have been proud to dedicate most of their working lives to, is indeed painful to witness, especially for those of us who are still batting away at the crease.

Although much of the press with healthcare strikes is focused on the lack of pay progression, the real reasons are due to unsustainable workload, lack of dignity, autonomy and extremely poor infrastructure or tools to deliver good care, which is driving the current professional away from their chosen vocation. There is little, if any, understanding of the factors that matter to the current generation of healthcare professionals by those that are in positions of power and influence. Hence, we are constantly getting the workforce predictions wildly off the mark and most of our interventions are ineffective. The professionals are fashioning their own careers, choosing their own paths, and are totally ignoring all the best laid workforce plans. This disconnect between what the system wills them to do versus what they are doing is leading to further discontent, burnout amongst those that are still paddling in the stream and worsening any prospects of recovery from the pandemic.

The UK government's response to the strikes by healthcare workers includes blissful ignoring of offers to negotiate, hide behind pay award bodies, throw pitiful sums and bringing in draconian laws to restrict the right of the employees in critical industry to strike. The minimum staffing legislation carries a risk of backfiring because many organisations are functioning well below what any civilised system would consider minimum standards of safety. It is highly unlikely that there will be any satisfactory resolution of these '*pay and conditions*' disputes any

time soon. So, we are bracing ourselves for a summer of discontent. What really hurts more than being taken for granted or being ignored by the elected people's representatives, is the pain and suffering of the 'unsuspecting public' in their desperation to access care. This winter the NHS has seen scenes reminiscent of the war, with people being managed in rows of waiting ambulances, in corridors with no facilities and being boarded in any space one can find in clinical areas. There are rising numbers of people who are dying at home while waiting for care to arrive or on their way to clinical facilities. There are instances of primary care facilities being vandalised by frustrated members of the public. Rt Hon Jeremy Hunt MP, who in his time as a Health Secretary managed to fend off a major strike by junior doctors, then in his time from the back benches urged his colleagues in power to heed the needs of the health service, now finds himself in charge of a diminishing finance pot as the Chancellor of the Exchequer. Will he have the courage to be honest to his own previous demands for resources to health and social care? It looks highly unlikely as the UK economy takes a slide.

At a recent ward round, I prefaced my short discourse with the words, 'I can't seem to see the light at the end of the tunnel…', which brought a sharp intake of breath from my team of junior doctors and a look of shocking disbelief. Has the Professor finally succumbed to despair. I tried to repair the damage by explaining that I was waiting for the last decade for more resources and more staff who were valued, but I cannot see that happening in my working life. So, I was going to suggest a different strategy, one that included arranging rotations with international partners and of inducting colleagues from allied health professions to share responsibilities of patient care much more than they are able to do at present. Both moves will require an open mind, a long-range vision from our leaders and flexibility from our regulators. We need sustainable models where junior doctors and nurses come on planned rotations from countries such as the Commonwealth where education and training are aligned but return to their countries enriched with their experience. The BAPIO Training Academy has similar schemes in place and all the Medical Royal colleges are keen to populate their medical training initiatives with international partner institutions. There needs to be a recognition and celebration of the diversity of the workforce and the contribution of migrants. An acceptance by the people of how the war was won and the country was rebuilt by the blood, sweat and tears of migrants working shoulder to shoulder with their UK peers. This change in mindset has to come from the top. Many had hoped that the first UK Prime Minister of colour may bring that change in mindset. Unfortunately, this is not what appears as Rt Hon Rishi Sunak MP moving swiftly from the diversity of Diwali celebrations in Downing Street to pushing the boats back rhetoric. A change is needed. We, in the health service need to be the change (in mindset of equality, diversity and inclusion) that we wish to see. The final straw must not break the camel's back.