

# Increasingly supportive environments

We talked to clinicians about the environment in which they contributed to organisational decisions, rather than clinical decisions, but many felt the lines between the two were often blurred.

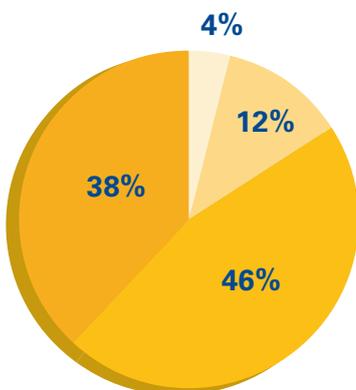
Clinical managers in particular felt they had little time to contribute to organisational decisions and so these duties were often conducted in between clinical and other duties. Some also told us about the discretionary efforts they made, such as taking their work home or working longer hours. This supports the findings from the most recent NHS staff survey, which shows almost three quarters of staff working extra hours.

Almost half of clinical staff say that most of their decisions are made in a busy, sometimes distracting environment, and a large majority note that some or most of their decisions are made when feeling stressed. The consequence for this can also be shown in the feedback on decisions being made while feeling both physically and mentally tired, with a large number of people who feel they are making decisions while physically tired.

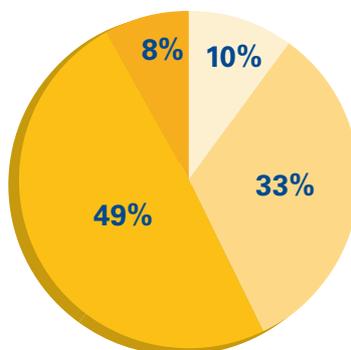
### Three key messages

- 1 Environments have a big impact on how decisions are made and the ability people have to consider quality and finance in decision-making.
- 2 Most people feel they are making some or most of their decisions in a busy, distracting environment and while feeling stressed and physically tired.
- 3 Some of these environmental factors are natural, but more needs to be done to improve staff health and wellbeing as part of a strategy to enhance decision-making.

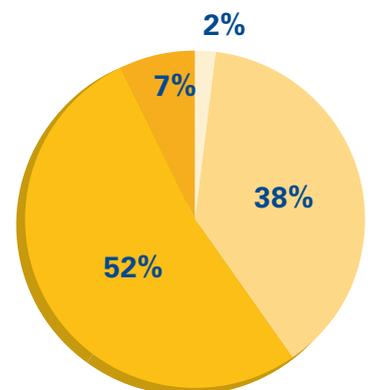
### Please indicate what proportion of your decisions take place with the following factors



In a busy, distracting environment (Nr=181)



When feeling stressed (Nr=181)



While physically tired (Nr=180)

None of my decisions
  Few of my decisions
  Some of my decisions
  Most of my decisions

The picture this paints is a bleak one. The study shows many people feeling tired, stressed and distracted when making decisions. This is at a time when we are looking for people, particularly clinical staff, to be more engaged in decision-making to deliver value. People told us candidly how this environment was leading them to make bad financial decisions or to withdraw from some decisions altogether. It also makes it harder for them to develop and maintain the types of relationships and behaviours expected of them as part of the culture shift in the NHS.

Senior leaders and their organisations seem to understand these pressures and are looking at ways to support staff health and wellbeing. Work is underway to look at how staff health and wellbeing could be improved in many organisations, although this has focused on it as a responsibility of the employer, for example to reduce sickness absences, rather than in their interest as part of a strategy to improve decision-making.

Senior leaders we spoke to felt that improving service delivery, so there was an appropriate model of care for the patients coming through the door, would naturally improve the environment in the NHS, although they doubted this was likely to happen rapidly. There is also a sense that greater empowerment and identity would improve the mindset of staff and help them to feel more engaged and comfortable with their environment. Certainly some of the people we spoke to felt more stressed in situations where they felt they were being ignored. As such, it is hard sometimes to see what needs to come first between empowering staff or improving environments – both must progress to have maximum effect.

“

Frontline staff are too willing to go the extra mile – you cannot forget there is a patient at the other end. But this can lead to fatigue. Sixty-hour weeks are just not sustainable and will inevitably impact on value.

**Nursing team leader**

”