

Addressing a Dysfunctional District Nursing Team Using the Morale Index

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Introduction

My name is Walter Brennan, I am a training consultant, conflict management and performance specialist. I am an expert witness and have been commissioned to write reports on more than 380 occasions involving civil litigation on behalf of employees who have issued proceedings against employers for violence, bullying, stress and mental health issues and I have been doing this kind of work since 1999. I design, deliver and even train trainers to present training courses designed to enhance performance, eliminate poor practice, build morale and reduce workplace stress to minimise litigation and improve employee wellbeing. In September 2019 I carried out a project looking at conflict and stress within an NHS setting.

According to a report by Ed Sweeny (Making Work Better: An agenda for Government,) published in 2014 (The Smith Institute), 'The UK has a high percentage of troubled workplaces. Nearly one in four employees experience unfair treatment at work. There were previously concerns over the application of employment rights, employee/ worker status and the recent changes to the employment tribunals system.' though this situation has been rectified with the re-introduction of free access to Employment Tribunals since July of this year.

In terms of poor productivity he recommends: 'Britain should invest significantly more in management training so that managers can manage their staff fairly and effectively...'

What is Morale?

Among the definitions, McKnight, Ahmad and Schroeder (2001) describe it as "the degree to which an employee feels good about his/her work and work environment"

Why is good morale important?

A study by Mazin (2010) found that agencies with higher morale have more staff who arrive to work on time, communicate better, waste less time on gossip, have higher rates of recruitment and retention, and are more creative. Moreover, Fard, Ghatari and Hasiri (2010) found that employees who work for an organisation with high morale develop higher rates of job satisfaction, creativeness and innovation, job honourability (i.e., respect for their own job), commitment to the organization, eagerness to satisfy group objectives instead of individual objectives, and they desire to improve the organisation's performance.

Managers play a significant role and influencing morale at a local level. Even when issues are beyond the manager's control, they can still influence essential elements that contribute to good workplace morale.

To protect the organisation, I have changed the names of the health centre and its location, however it is based in the North West of England. However, elements are true, such as the CQC rating, the Index scores, action plan and outcomes.

Bridson Health Centre is located in Trumpton. According to the NHS Choices website there were 16,540 patients on the practice list at the time of this report (December 2019). The majority of patients were of white British background. It has a higher percentage of elderly patients compared to other practices in the area. In 2018 They were given an overall score of 'Good based upon its most recent inspection by the Care Quality Commission (CQC). Staff. The practice is open, providing district nursing support 24 hours per day, every day – with a skeleton staffing level at nights and weekends. The District Nursing team consists of eighteen staff, ten qualified and eight Health Care Assistants.

The age range of the district nursing team is between 19 years and 64 years of age. The average length of service is approximately 8 years. Only two of the eighteen staff working in the department are males, As part of this project I completed eighteen Morale Index questionnaires for the reception department and eighteen aspirational interviews with the same group of employees.

There were reports of conflicts - both acute and chronic, allegations of bullying and a 'toxic' work atmosphere. There were further claims that because of the historical practices within the department, the senior nurses have felt uncomfortable carrying out day to day management of the team for fear of complaints of harassment and concerns about formal action being pursued by some the 'aggrieved' employees.

My brief is to engage with the district nursing team, carry out a scoping exercise, evaluate the level of existing conflict and put together an action plan.

This included conflict and stress management and provide some team building with the hope of developing opportunities for those staff who felt dissatisfied to air their views, clear the air and get back to working effectively in the best interest of the patients.

Therefore I started by using the Morale Index tool to collate information, establish a baseline measure and gauge trends of actions within the teams.

How the Morale Index works

The Morale Index (Mindex) was originally designed in 1999 to understand how bullying in the NHS was impacting upon employee performance including staff turnover, recruitment, stress levels, conflict and its management. Version 1 of the Mindex was piloted at the Borders Hospital in Scotland between 1999 and 2002. It was completed by 124 medical, nursing and administrative employees. The Mindex was originally titled the Morale Audit and consisted of just nineteen questions (Brennan 2001).

Over the last twenty years has been refined and updated to its current model. It has been completed by more than 3,000 employees in a wide range of work areas, ranging from health and social care to sporting clubs, education and energy producers. As well as providing a quantitative outcome, the Mindex actually is a barometer of the mental wellness of the assessed group, department or organization being interviewed.

It is essential that employees trust the Mindex in terms of how data is obtained. Experience has found that computer based surveys are not trusted and unlikely to yield true, honest answers – that’s assuming that employees will actually comply with survey.

Author, Rajeev Peshawaria, (2018) stated, “...the best-performing employees are often so busy that they don't take time to fill out such surveys. Hence, the bulk of the data therefore [comes from] average- or low-performing employees.” He added, “some workers don't believe that such surveys will protect their anonymity. So they refuse to fill them out.”

This project involved 18 employees and I spoke to all the staff in a meeting, highlighted the importance of a safe and ethical process and emphasised that their managers were entirely clear that I would interview each person in private and the findings would be produced within a safe framework of anonymity and confidentiality. This was a condition of the work going ahead and was agreed in writing prior to commencement.

The Mindex asks 36 questions. These questions are divided into six main components of morale:

1. **Contentment and pride in position**
2. **Conflict and its resolution**
3. **Stress levels and support**
4. **Relationships with senior managers**
5. **Opportunity for Development**
6. **Trust in Equality and Diversity**

All eighteen members of the team interviewed answered all questions asked within the questionnaire

In any kind of workplace ‘crisis’ it is essential to identify the nature, source and depth of the conflict, quantify the same and finally design an action plan to effectively change the culture and ultimately improve morale within the department.

There were reports of some members of staff who felt they were being victimised and bullied by immediate supervisors. The perceptions from some of the supervisors were that they felt reluctant or unable to ‘manage’ certain members of junior staff without provoking claims of bullying. This kind of conflict can result in maladaptive practices with supervisors and managers being hamstrung and feeling reluctant to manage such staff and this can become unhealthy and set dangerous precedents (the tail wagging the dog syndrome). This is wholly unacceptable. Supervisors

and managers must be empowered to supervise, manage respectively if respectfully.

During the process of gathering information from the nursing team, I was able to record several comments that were supportive of the quantitative information obtained.

These were some of the comments were made by the nursing staff:

‘There are some of the more experienced staff who seem to be resentful towards the newer and younger members of the team.

‘There seems to be a divide between certain groups of staff.

‘There is a need for a formal handover. Too often it is depending upon who is passing on the information. It is irregular and inconsistent.

‘We need to address the bullying culture here.

‘The work is hard, but I feel valued here.

‘Staff have lost their way. They have become hard. They have forgotten what care is.

‘We regularly have situations where some staff talk to others like they are sh*t.

‘We have situations where senior staff often berate and shout at staff.

‘It is a good place to work sometimes, I like it here.

‘ The people who seem to do well here are the ones who don't care about people.

‘The rules here are not consistently applied. One rule for one and...

‘Retention is affected by the recent amalgamation and changes (Question 14)

‘New staff don't get enough time to learn the ropes. There is inconsistency around how they learn the job. This is at times overwhelming and causes staff to leave. One person should be responsible for the training of new staff to ensure they all learn the basics.

‘Appraisals are a waste of times as nothing changes afterwards.

‘ I dread my appraisal because I know I’m going to be criticised.

‘There are too many exclusive groups in the team.

‘Supervisors need to be less judgmental.

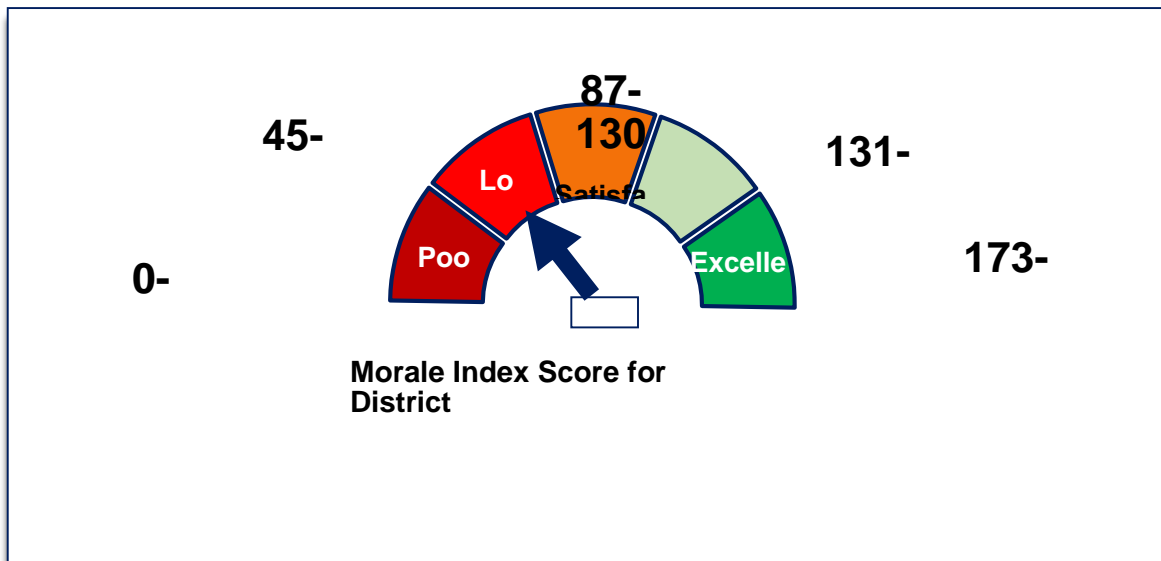
‘ Many of us would be scared to go off sick with stress, so we come in even when we are struggling.’

Below, some of the comments by the qualified nurses and supervisors:

‘Some of the staff here have got away with poor time keeping, excluding new staff and have not been challenged, so when I do challenge, I’m made to feel like I’m wrong – especially when there is no back up from the senior managers’

‘At times I wonder who is in charge here, junior staff tell me when they are working or who they want to work with!’

‘How can I feel scared to challenge someone who is regularly late because they storm out, go to the union and my manager says, “ She’s always been like that” So that makes it alright then?’



The department’s score was **84 out of 216**.

This is in the ‘Low’ category and 47 points below ‘Good’ Morale.

Paradoxically, the highest scoring question was numbers 13.

Question 13 *‘Have you taken time off sick as a result of stress within the last 12 months’*. It was given a high score of 5.75 out of a possible 6. In other words staff sickness from a subjective perspective was low. However this score’s authenticity was challenged when staff felt that the workplace culture forced them to come in to work for fear of further bullying if they took time away due to stress related conditions.

Question 30 *‘Would you feel confident enough to complain about a health and safety issue to your supervisor/partner?’*

This suggests that whilst stress may be an issue, the vast majority of those surveyed (16) scored a maximum on this question. Interestingly despite having its own category, Stress is a health and safety issue!

Question 35 *‘Do you feel able to report a health and safety or issue around discrimination without fear?’*

Fourteen out of eighteen felt they could report such an issue without fear. However, there was a caveat cited by several staff members who added that it may also depend on who the person is they are reporting to and the nature of the complaint.

Lowest Scoring Questions

Question 7: *‘Are you able to deal with most disputes/grievances informally and amicably within your department/organisation?’*

This once again indicated that conflict and its management (or lack of) was given a score of 16.7%. Fifteen out of eighteen respondents did not feel able to deal with issues without involving unions or HR.

Question 33: *‘Do you ever have situations where staff have not spoken to one another for weeks or even months?’*

Only 28% of respondents (13/18) answered ‘No’ to this question.

Question 36 *‘Have you received any training on dealing with stress in the last 12 months?’*

According to the questionnaire, not one member of staff interviewed had received any training on dealing with stress in the workplace. This is a fundamental omission and requires an immediate response to comply with

the statutory requirements of the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999.

Question 28 *‘Do you look forward to having your appraisal (Annual Performance Review) completed with your manager/supervisor?’*

Two out of three of the staff (12/18) did **not** look forward to having their appraisal done by their supervisor. This highlights the importance of having a sound appraisal system in place.

Question 14 *‘Does your department encounter problems retaining or attracting good staff?’*

This question is not specific enough admittedly. However the interpretation of almost everyone who was questioned answered it from the inability to keep good staff, due to things like workload, how they are trained and how they are treated.

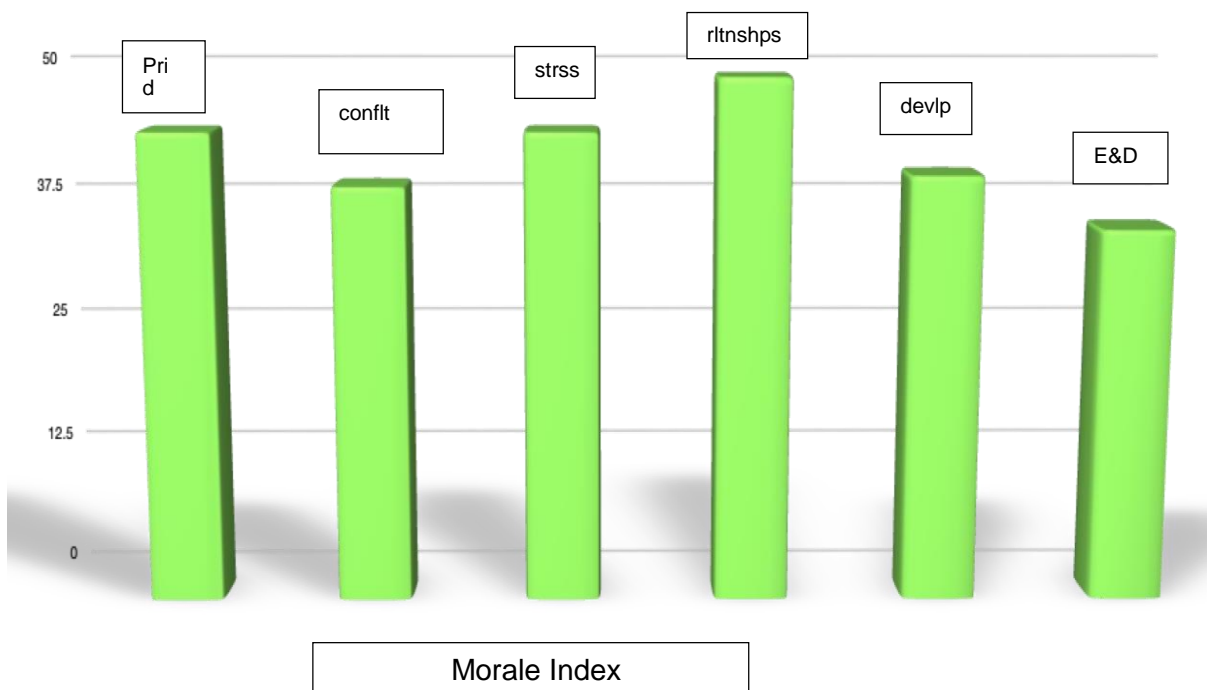
Question 23 *‘Are you actively looking to leave or work away from this practice?’*

This presented as a 50 – 50 split. It is often the case that where the overall score has been low or even poor, this question has scored at 3 – 4. So for a Satisfactory score, the number of staff looking to leave the practice is high.

Breaking down Morale into its six major elements

1. Contentment and pride in position = 44%
2. Conflict and its resolution = 39%
3. Stress levels and support = 44%
4. Relationships with senior managers = 49%
5. Opportunity for Development = 45%
6. Trust in Equality and Diversity =35%

	Score	
Contentment and Pride	44	100
Conflict	39	100
Stress & mngment	44	100
Relationships with senior managers	49	100
Development opps	45	100
E&D & H&S	35	100



The District Nursing team scores low overall with only 44% of the staff being content and having pride in their position. They believe that there are few real opportunities for personal development if the right position became available (40%).

Relationships with senior managers (partners) is only at 49%. (the highest scoring category) Conflict and how it is managed is the lowest scoring element at 39%, which confirms the initial reason for carrying out this project.

What a Low Morale score means

Morale could be worse but it doesn't have far to go to be so serious that working relationships are broken, sickness levels are unacceptably high and ultimately patient care is seriously compromised. Conflicts will start to become obvious and other disciplines and even patients will recognise this.

Employees asked whether they want to stay in the department, will make it clear that it is not good nor nice place to work.

Apathy, loss of focus, interest and lack of desire are indicators of low morale. Many of the staff are going to look for work elsewhere and will not be good ambassadors. Rarely recommending someone to consider working in their team. Those who remain will be 'happy' to moan about what is happening yet not interested in getting on board themselves to influence a better workplace. The danger here is that the 'dominant' staff have the potential to exert a disproportionately negative influence over the rest of the department.

It is unlikely that any of the above anecdotes will have proved surprising to senior members of staff within the Practice. New ideas, initiatives or other change elements will be resisted in a passively aggressive manner transforming to active hostility towards colleagues trying to 'rock the boat', a boat only big enough for 'some'. New staff members feel the need to find a way to be accepted and if they cannot achieve this then they feel very much on the outside or chose to leave. When morale is low, so too is trust, faith and loyalty in leadership. Stress and conflict will impact upon performance and the risk of a serious incident occurring is a real possibility.

This cannot happen. There are some exceptionally gifted, positive and enthusiastic employees working in this team and these staff need to be retained and developed.

Action

All employees need to feel wanted and appreciated. Aspirational interviews can provide tangible evidence of this, by asking the staff to share their visions, skills and ambitions. The process of conducting such an interview can make the employee feel valued and quite possibly bringing a previously dormant skill set into the team for everybody's advantage. This has had the initial incidental effect of buoying the staff, but it will not last.

Team building can also involve these employees with tasks designed to take the department forward, giving them responsibilities as an integral member of the team.

The next stage will be to take this forward with a one day team building session. Which will be about 're-booting' the way the department works, its vision and how each member of the department can contribute to changing the culture and making it a place that challenges, stretches and enhances employee performance and not a place that hurts employees.

Helping staff to understand the process of change helps to get them thinking about the necessary skills to become resilient and more accepting of the change process.

Re-introducing basic Accepted Standards of Behaviour is essential as part of the 're-booting' process.

This however cannot be an isolated, cosmetic exercise. The ripples of this process will inevitably spread out to other departments and therefore yield questions to be answered in department such as administration and other clinical areas also.

The supervisors must be empowered to manage. They must be able to challenge the 'powerful' individuals fairly but firmly.

They must have the skills to use mediation. The need for tangible support to use appraisal to support the staff who want to be part of the team and

also to demonstrate all reasonable actions have been put in place to manage those employees who are damaging others and 'polluting' the work culture by failing to 'get on board' and bullying younger, less experienced, or less able colleagues. No employer wants conflict and a bad atmosphere to pervade the workplace. At the same time having demonstrated clear evidence of reasonable, firm but fair management, there are occasions when some employees have to be managed out of the organisation. The consequences of failing to act will prove expensive in the long run and no good organisation can afford that!

Timetable for Action from 5th January 2020

Next 7- 14 days Feedback with senior managers on this report and its implications for the practice.

Next 7 – 14 days. Stress Risk Assessment to be carried out in compliance with necessary health and safety law and regulations.

Next 28 days – Stress Awareness training for all staff (half day programme) to ensure compliance with Statutory requirement

Next 28 days – Team building day for Reception staff.

Next 3 months – Training in Mediation for managers/supervisors

Next 3 months – Training Needs Analysis

Next 3 months – Appraisal Re-evaluation and introducing a complete performance management system for the practice.

Next 3 months – Training for staff in dealing with difficult members of the public (half day) workbook and certified.

Next 6 months – Re-conduct the Morale Index **

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