Arguments about money are often about much else

David Zigmond

Healthcare workers' growing dissatisfaction is not primarily about work quantity or money. It is more about work quality: the loss of human connection and meaning.

When money speaks, the truth remains silent
– Russian proverb

When partnerships break down, money is an expected battleground. Conflict often turns internecine. Examples are most public and fiercely destructive in the disintegrated marriage. Charge and countercharge escalate; then these are translated into monetary forms – first mistrust, then retribution.

Understanding this translation is crucial to any hope of understanding or containing the human agenda – the subtext driving subsequent transactions. For money is so often the exchange currency (literally) that expresses other – frequently unarticulated, even unconscious – forms of loss: those of being valued and in relationship. Anger becomes a frequent foil for sorrow: litigation is often obliquely obscured grief.

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This process – the expression of degraded relationships into monetary or legal terms – is now commonplace in our NHS. Doctors are complaining increasingly, with great vigour and plausibility, that the quantity of work that is required is insultingly discommensurate with the payment offered. There are threats of strike action – gestures against the professional-governmental marriage. Many simply leave.

But is it the quantity of work or money that is really central to discontent? If not, what is?

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Until the last two decades most doctors worked longer hours than they do now and the pay was no better. Very significantly we willingly accepted much unaccounted and unremunerated out of hours responsibility. Yet the mass of evidence indicates that doctors then liked their work far more: aggrieved dissatisfaction was sporadic and solitary.

All this indicates that our burgeoning endemic problems are not primarily about working hours, or about pay.

What, then, is the source of our current fractious discontent?

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The answer, I think, is to be found by examining the changed *nature* of our work, not its *quantity*.

First, some complementary axioms. Healthcare is often difficult and demanding work. Our best efforts are both fired and sustained by meaningful human contact and recognition: these in turn need personal relationships and identifications. Such are the essential nutrients for gratified and resilient healthcarers.

What has happened to these essentials?

Inadvertently – without understanding complex consequences – our recent serial health reforms have been heedless in abandoning them. Instead, in an effort to assure uniformity and (impossible) fail-safety, we have created mandatory systems that replace personally invested professional judgement by depersonalised institutional procedure; familiar practitioners by rotas of anonymous teams; personal understanding by data. The list of culpable devices is very long and indicates the vast and dense bulk of our cultural change: management algorithms, QOF and Appraisal documentation, numerous and simultaneous goals and targets, payment by results, mandatory computer coding, autarkic Foundation Trusts, psychometry questionnaires… This preliminary list may seem diverse but indicates how widely we have spread our procedural net; how eager some have been to bring a machine-like efficiency, a commercial motivation, to our Welfare.

So it is that the structure of the factory replaces the ethos of the family.

The consequences have been cumulative though insidious. Hence the many

forms of alienated disaffection that will fatally undermine the many hopeful initiatives of management. What reformers and planners have not recognised is both the power and the delicate complexity of the human heart of welfare: it cannot be satisfactorily replaced by a mechanical one, however well-designed, engineered or inserted.

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The only sustainable remedy for our burning-out and wearying professional dis-ease is to re-establish ways back to our more natural forms of personal identification, belonging and fraternalism. For all their faults, our previous systems embraced such things much more successfully. We have much to revisit, review and retrieve.

This is a formidable task as it will involve the demolition of many of our most vaunted recent management structures. We must face this inconvenient paradox: to refind a more natural form of efficiency we need to relinquish many of the recent devices that have been marshalled to enforce 'objectivity' and managed efficiency.

Flexibility and trust may carry risk, but excessive management fares far worse – it destroys our healing and creative intelligence and spirit: the natural heart of healthcare.

This growing heart-failure in our healthcare is now a major hazard.

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The destiny of families offers seminal instruction. Parents who inordinately attempt to command and control their children may get short-term compliance and apparent obedience.

Longer term? The outcome is usually very different.

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Children need models rather than critics
– Joseph Joubert, *Pensée*, 1842