The hole in the NHS: the loss of sense of community is quite as important as beleaguered finances

Camilla Cavendish's recent article *The NHS is failing the nurses which keep it afloat* (FT 14/11/22) offers us an enlarged view – beyond that of pay – of how and why nurses do not feel valued. She gives practical and remediable examples: the lack of free car parking, affordable accommodation, hospitable canteens and secluded social spaces.

In the erstwhile era of hospital nursing schools and matrons, such facilities were provided: professional satisfaction then was much more positive and stable. Cavendish's examples are both causes and symptoms of the industrialisation and commodification of NHS healthcare. The consequent problems have grown with each successive 'moderning' NHS reform since the 1990s: we have replaced vocational professional communities with factory-like networks of contracted service workers.

Both doctors and nurses used to feel that our working life was spent in a community-within-a-community. The work was still often difficult, but we often felt known and cared for; that was a good basis to offer the equivalent for our patients. Now the work increasingly resembles a giant call centre or gig economy conurbation. Caring for patients, oneself or colleagues becomes very difficult.

The NHS doctors have suffered overlapping and parallel losses to their sense of professional welfare and community: in hospitals the demise of consultant-led firms,

and the absence of doctors' dining rooms and messes; in general practice the vanishing of small-enough-to-be-human scale of personal lists and familiar faces.

These erstwhile markers of healthcarers' welfare are not dispensable luxuries. They are essential to good staff morale, stability and retention. For the neoliberals among us, that translates into good economics, too.

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