

Our Welfare is ill-fared by yet more strictures and structures

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Surely, all Welfare professionals should forever be more strictly appraised and registered? Here are some reasons why not.

Tristram Hunt, Shadow Education Secretary, recently vaunted a policy to improve our State schools: that all teachers should be regularly and strictly appraised and licensed, as is now routine in the medical profession. This may seem overdue and briskly sensible. Yet wider experience shows that such plans and their consequences are often bewilderingly discrepant. This is a brief survey of that discrepancy.

We can probably all agree on our starting point: a wish for our Welfare professionals to have good personal, technical and ethical standards and skills. The crystallising rhetoric is always appealing and easy to construct. How to foster and assure these human qualities proves considerably trickier. What goes wrong, and why?

As a long-serving GP I have been increasingly witness and subject to this process: to managerially quality assure all NHS doctors. The results often turn paradoxically perverse: the laudable intent rapidly degrading into a bureaucratic maze of procedures, passable only by 'correct' statements of compliance. This rapid transition from aspirational to bureaucratic is now a common welfare anomaly and leaves a long wake of leaden consequences. For our consequent coagulations of acquiescence then obstruct the possibility of any more searching or authentic dialogue. Most doctors expediently practise recitation of the required protocols, Shibboleths and submissions: this is called 'Preparing for an Appraisal'. The Appraisal itself is usually undertoned and subtended by compounds of fearful obedience, pragmatic stoicism or concealed resentment. In such a coercive charade how can anything real or useful be exchanged between practitioners and their governing bodies?

So, such formulaic attempts to govern welfare turn heavy, blunt and blind. Their success is restricted, possibly, to the most egregious or wilful failures of standards: the obvious ones. Our public safeguards have thus frequently relegated themselves to mere theatres of hegemony. This is an excellent current example of how, with good intent, substantial NHS time and resources are squandered. Goodwill is an early but lasting casualty.

Longer-term damage accrues insidiously: it is now wide and deep. For excessive and clumsy hegemony begets fearful compliance – and then the human terrain turns barren; our personal habitat becomes unable to nourish or sustain creative spirits of personal vocation and its gratifications. This is important because our best Welfare

evolves from a delicate blend of self-responsible freedom and inner discipline. Clearly this kind of inner growth and balance cannot be simply conjured by yet more external rules.

Throughout Welfare our planners and politicians have lost sight of an important natural and human principle. It is this: people who like their work, generally, will want to do it well, and will need relatively little management. Conversely, those who do not like their work will be inveterately resistant to all management initiatives – be they payments, inducements, trainings, threats, goals, targets or deadlines. In Welfare particularly the nature of our human input cascades and amplifies: so, an increasing plethora of remote controls and formulaic edicts will produce demoralised and officious practitioners. Throughout education and pastoral healthcare, our positive influence comes more from attitude and morale than technical compliance and qualifications.

In NHS healthcare such principles are often disregarded in the stentorian ‘driving up standards’: the price we pay is akin to a stress-related internal haemorrhage. For example, we can readily adapt the imperative to eliminate the small number of severely substandard or rogue practitioners. But how do we do this without an even greater loss amongst the remainder: of morale, trust, goodwill and empathic vocation – the natural springs of professional humanity, collegial beneficence and thence good Welfare? For those doubting the seriousness of this question: look at the statistics about Welfare services workers – these indicate clear and rapid rises in sickness, intrainstitutional litigation, career abandonment and early retirement. These are the human costs of disregarding such questions. Hence it is that the excess and heaviness of our management is ill faring our own welfare.

This wide range of evidence converges back to an observable truth that should now be a truism, but in our hustling business we have become heedless to. It thus merits reiterating: frustrated and etiolated Welfare professionals are unlikely to work well or to stay long. Our mounting healthcare debacles are yet another alarming reason for us to revisit and restore our investment in human connection and understanding – for this is the provenance of any wholesome realm of human care. These lessons may be currently sharpest in healthcare, but are seminal throughout our Welfare services.

To understand and nourish one another better in our indefatigably industrial world we must know when to take our hand off the ratchet and our foot off the accelerator.

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