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## ACUTE PERSPECTIVE

## David Oliver: Reconciling patients and professionals after poor experiences

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When people in key public service roles feel pressurised, overwhelmed, or unfairly attacked for failings outside their control they can become defensive or self-justifying, or they counterattack. This is a human being's natural "fight, flight, or siege" mentality.

In recent times I've seen this repeatedly among fellow NHS clinicians. With blame laden media headlines and reports from unhappy service users, our response is often to get our defence in early. But in the process we can sometimes seem to dismiss or minimise those concerns. On occasion, different parts of the health and social care sector have even turned on one another.

I worry that such intuitive reactions will worsen antagonism, deepen the gulf of misunderstanding, and prove counterproductive in the long run. Somewhere between reflexive denial and apologetic passivity is a third way of partnership between patients, the public, and professionals, with a shared goal of improving care and understanding the real reasons for problems.

The NHS remains the institution that people feel most national pride in. In general, public support has remained high for decades,<sup>1</sup> and nurses and doctors consistently top the league table of most trusted professions.<sup>2</sup> However, doubtless accelerated by the impact of the covid pandemic on services, the 2022 British Social Attitudes survey showed the lowest public satisfaction in 25 years, with staffing levels, access, and waiting times the biggest concerns.<sup>3</sup>

Last year research by Engage Britain involving over 4000 participants in 100 community groups found participants very grateful for NHS professionals and care. They also believed that services were too stretched and often disorganised, with some respondents feeling abandoned or "not knowing where to turn."<sup>4</sup> Less sanitised sources of negative feedback exist in mainstream and social media, campaigns, and complaints.

In the face of all of this, overstretched NHS staff can tend to filter out the positive comments, focus on the negative ones, and go into self-defence mode. We quite rightly want people to understand the workforce gaps, workload pressures, and resource and capacity constraints—problems that the pandemic has raised to a new level. But while defending ourselves, we risk losing any focus on what patients and the public are saying. We should acknowledge that patients' concerns—about delayed, rushed, or missed care; care that isn't sufficiently person centred; access, delays, or fragmented care systems; or sometimes

poor or unempathetic communication—are concerns that we also notice and share.

The concept of "moral distress" among health professionals who are unable to give patients the standard of care they would like, or would want for themselves, is very well described, not least during the covid era.<sup>5 6</sup> We're well placed to understand where the gaps and problems are, as we live with them daily.

We'd surely be better off saying, "We share your concerns. We see your distress. We meet people in your predicament every day. We agree that the status quo isn't good enough. We're doing what we can with the resources we have"—and then explaining the reasons for the care gaps. And we should unite with patient groups to push the government for sufficient staffing, funding, and support. We can act as advocates and champions alongside patient organisations and campaigning groups.

All of this is hard to do when you're already at the end of your tether, but it's worth bearing the principle in mind.

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