

# Regulation, 'donated labour' and NHS reforms. *Dr Tim Ensor et al.*

## Rationale

Healthcare productivity and service quality has often been held to be dependent, at least in part, on non-financial incentives i.e. beliefs, values and attitudes that go beyond self-interest to include concerns for the needs of others and the greater common good. It is also often claimed that those reforms that treat those working in the public services as 'knaves' rather than 'knights' – by low-trust controls such as audits, assessments and targets – risk unintentionally undermining such altruistic values. A feature of recent public sector management reform, including that of the NHS, has been a greater emphasis on extrinsic incentives to improve productivity and service quality. Extrinsic incentives are rewards and sanctions imposed by employers as opposed to those that come from personal self-motivation or vocation. They include an emphasis on financial rewards tied to clear and often complex contract specifications, such as performance-related pay. Central to this study,

was the question whether such reforms reinforce or undermine low-cost intrinsic incentives: incentives that are based on impulses coming from within a person that motivate them to do a job well.

## Methodology

This project involved a two-part survey of 48 nurses and 46 doctors employed at UCLH. The interviews recorded the following:

- background and training
- recall of work patterns and changes in team ethos throughout their career
- knowledge of recent health service reforms
- history of paid and unpaid working hours.

## Implications/conclusions drawn for the GMC

**Key findings and conclusions:** : Changes in regulation have had a tangible effect on working patterns and team structures (e.g. through EU working time directives) but this does not seem to have altered levels and perceptions of altruism within the profession.

- Working hours have reduced as intended by the inception of the EU working times directive. It is unclear whether this has had an effect on patient safety
- Evidence suggests that extrinsic incentives have become more important particularly those associated with management of working hours, better specified contracts and a steady rise in (hourly) incomes. At the same time willingness to work additional (unpaid) hours appears to have declined. It remains unclear whether the shift in incentives has affected quality of care.
- Individual perception of management changes is negative but overall both clinical productivity and productivity per consultant increased.