Corporate Images of the United Kingdom National Health Service: Implications for the Recruitment and Retention of Nursing and Allied Health Profession Staff

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ABSTRACT

A qualitative study is reported concerning the images of the United Kingdom's National Health Service (NHS) held by 231 potential recruits in the nursing, physiotherapy and radiography professions. Existing research suggests that these images are likely to affect willingness to be employed by the NHS, and that this could crucially affect the achievement of UK government targets for NHS workforce expansion. It also suggests that images and reputation of the NHS are likely to be very difficult to manage. The present research found that dominant images of the NHS concerned its operational difficulties, especially pressure, understaffing and resource shortages, although its core mission of equal access to healthcare for all was also salient. Interviewees reported that their images of the NHS were derived from media coverage as well as personal experience. Although the NHS's ideals were applauded, there was relatively little sign that informants personally identified with the NHS. The findings are discussed in the contexts of the interplay between image and identity, and of practical attempts to improve the NHS's reputation as an employer.

INTRODUCTION

The corporate reputation of an organization has been identified as one of the key factors that can affect the likelihood of potential applicants choosing to apply to work for it (Fombrun, 1996; Turban *et al.*, 1998). Similarly, general company reputation has been found to be an important influence on applicants' assessments of their fit with firms (Rynes *et al.*, 1991). For example, Turban *et al.* (1998) found that applicants' general assessment of the reputation of the organization influenced their perceptions of the specific attributes of a post, even after they had been interviewed for it. Fombrun (1996) described reputation as representing the 'net' affective or emotional reaction of customers, investors, employees and the general public to the organization's name. It is the collection of personal judgements and evaluations of the organization concerning, for example, its credibility, reliability, responsibility and trustworthiness. He argues that reputation is of particular concern to people seeking employment in knowledge-based institutions, such as hospitals and universities, because the services they provide are largely intangible. However, although the importance of corporate reputation to the recruitment and retention of staff in commercial firms has been well documented in the literature (Gatewood *et al.*, 1993; Cable and Graham, 2000; Turban, 2001), relatively little attention has focused on its impact for public sector organizations. In this study we focus on images of the UK's National Health Service held by potential recruits and returners in nursing and the allied health professions (AHPs), such as physiotherapy and radiography.

Over the last 10 years the falling number of people entering the United Kingdom's National Health Service as healthcare professionals, along with high levels of attrition, has meant that attracting potential staff to the NHS has become an increasingly important policy concern.

This has been reflected in the high level of attention given to these issues by the media and professionally-focussed research (Barriball and While, 1996). Much of this has concerned the nursing profession, which has been suffering from a shortage of qualified staff for some time (Firby, 1990; Seccombe and Smith, 1996; Buchan, 1999). However, other areas such the AHPs have also been experiencing recruitment and retention problems (NHS Executive, 1998). The need to study and understand the key factors that encourage or dissuade people to work for the NHS therefore remains a major research and policy issue. In fact it is particularly urgent because the NHS Plan specifies recruitment targets of 35,000 more nurses, midwives and health visitors, and 30,000 more therapists and scientists, by 2008 (Department of Health, 2002).

Dukerich and Carter (2000) have differentiated between the reputation of the organization and the external image. In their approach, the former represents outsiders' views of the organization, whereas the latter represents how organizational members think outsiders view the organization. When a mismatch occurs between how outsiders see an organization and what organizational members believe that reputation to be, then managing the reputation of the organization can prove difficult. Reputations are derived from stakeholder perceptions. As Dukerich and Carter (2000: 99) have noted:

> It is less important whether the organization is in fact at fault when stakeholders send negative reputation signals than whether the stakeholders perceive the organization to be at fault.

This management of reputation is further complicated because organizations usually present many possibly conflicting images, not just one (Thompson, 1967). Multiple audiences or

stakeholders therefore will have different images of the same organization (Riordan *et al.*, 1997).

Many other writers depart from Dukerich and Carter's definition of image, construing it instead as simply the outsiders' perceptions of an organization, independent of what insiders believe those perceptions to be. That is the approach adopted here. Drawing on Gray and Balmer (1998), we construe images as being what comes to mind when one sees or hears the organization's name. Reputation is in effect the estimation of the organization arising largely from images. Hatch and Schultz (1997) argue that images arise both from individual or group sense-making and from communication by the organization of a desired picture of itself. Senior managers are certainly concerned that the NHS should communicate that desired picture. In 2001 the then deputy HR Director for the NHS (Barnett, 2001: 5) declared that

> The NHS brand, as an employer, had to be sold much more vigorously, on an ongoing basis at all levels…we need to re-establish pride in the product.

There is some evidence that corporate reputation as an employer can indeed be enhanced by advertising campaigns that promote the organization as a whole, and by ensuring that media communications are appropriate (Turban and Greening, 1996).

Additional concepts relevant to our concerns are organizational identity and identification. Again, there are alternative definitions of identity available (see for example Davies and Miles, 1998). Drawing on Albert and Whetten's (1985) influential work, we take identity to refer to what is central, enduring and distinctive about an organization's character as

perceived by its members. Dutton *et al.* (1994) have defined organization identification as when a person's self-concept contains the same attributes as those in the perceived organizational identity. So when employees identify strongly with an organization, the attributes they use to define the organization also define them. People therefore may feel proud to belong to an organization that is believed to have socially valued characteristics. Conversely, if the organization suffers from negative images, then employees may experience negative personal outcomes, such as depression and stress. Outsiders too may judge employees by the characteristics attributed to the organization through its reputation. Newspaper articles, radio or television news, as well as other printed material such as magazines or trade journals, provide outsiders with impressions upon which images and reputations can be built. They also provide organizational members with cues as to how their stakeholders view the organization's reputation (Dukerich and Cater, 2000). Consequently, Dutton *et al.* (1994: 241) have concluded that,

> As the media publicises information about an organization, public impressions of the organization and of the organization's members become part of the currency through which member's self concepts and identification are built or are eroded.

Some of the issues mentioned above have a particular relevance to the National Health Service. The NHS is highly visible to a very large percentage of the UK population. It is the subject of huge volumes of media coverage, often to the media's agendas. It is the UK's largest employer, so many people are currently working in it and many more have done so at some point in their lives. Almost everyone uses the NHS, and some use it frequently. Health is an important personal issue, and consequently also a hot political issue. In short, the NHS is continuously exposed to a wide range of different stakeholders, either working for it or as

clients for its services, many of whom may feel they have a personal interest in its quality, service provision and ultimately, reputation. All this means that image and reputation are likely to be particularly difficult to control for the NHS. People have diverse, vivid and intensely personal experiences of it. To use Gray and Balmer's (1998) term, the "routine interactions" that outsiders have with the NHS are likely to be very important in shaping image and reputation. Corporate communications are likely to be received with scepticism when they do not match personal experience. The interdependence between image and identity will probably be particularly strong, as the large number of people who work in the NHS tell outsiders what it's like for them, whilst the outsiders tell the insiders how it seems from where they are.

When people consider whether or not to work for the NHS, they will usually also have an occupation in mind. In fact, for many public sector workers it seems that the sector in which they work is less important than the activities and mission associated with their occupation (Audit Commission, 2002). So for some people the images and reputation of the NHS may be less than crucial to their decision of whether to work for it. On the other hand, it also seems implausible that the reputation of the NHS will be irrelevant. This is for two rather paradoxical reasons. The first is that a substantial number of health professionals are employed by private sector organizations, including some who work in NHS settings. Some people therefore have a choice about whether to work *for* (as opposed to *in*) the NHS. Their image of the NHS may well affect their choice. Second, people who train in nursing or the AHPs almost always experience work placements in the NHS and most are subsequently employed by it, at least for a time. So, for the not-yet-qualified, images of the NHS are likely to affect their career decisions because they are going to have to work in it and usually for it.

How might images of the NHS influence career decisions? Choice of organization is sometimes seen as a neglected aspect of career theory (Osborn, 1990), but is likely to be governed by similar factors. One perspective is to view the choice in terms of expectancy theory (see Greenhaus *et al.*, (2000: chapter 7). This views behavioural choice as a function of (i) the extent to which a person feels confident in their ability to perform successfully the action they are considering (expectancy); (ii) the perceived probability that performing that action will lead to certain outcomes (instrumentality) and (iii) the value to that person of those outcomes (for example, rewards) (valence). Negative images of the NHS might attack all three elements. For example, perceiving the NHS to be short-staffed may lead a person to doubt his or her ability to cope. If the person values a close caring relationship with patients, an image of the NHS as short-staffed may also lead the person to doubt whether working for the NHS as a nurse or AHP will permit that - thus undermining both instrumentality and valence. More generally, if a person values the esteem and respect of others, then working for an organization which is positively regarded will be important. In fact, there is some reason to suspect that those who work in healthcare professions in the NHS are indeed admired and respected, though (perhaps crucially) not envied, at least if they are nurses (Foskett and Hemsley-Brown, 1998). So for all these reasons, as well as the academic work already discussed, we might expect reputation to affect people's decisions to work (or not) for the NHS as a nurse or AHP.

We have recently conducted research funded by the UK government's Department of Health to explore the factors that influence the reputation of the NHS from the perspective of potential recruits. The data reported here are from the first, qualitative, stage of the project, which was designed to identify and explore the key factors influencing the corporate reputation of the NHS amongst six sample groups who may wish to enter the NHS in either

the radiography, physiotherapy or nursing professions. Four of the six groups were not qualified in nursing or an AHP: (i) school pupils; (ii) mature students on higher education or other courses consistent with health-care work but not actually training; (iii) people currently in training; and (iv) people working for the NHS but not qualified (for example, health care assistants). The other two groups consisted of people who are already qualified and working, but not for the NHS: (v) agency and (vi) independent sector nurses, physiotherapists and radiographers.

This paper has four specific aims:

1) To explore perceptions of the images and reputation of the NHS held by potential recruits and returners to the nursing, physiotherapy and radiography professions in the NHS;
2) To investigate what people believe are the sources of their images of the NHS, and the role of NHS publicity in influencing images;
3) To explore the extent to which potential recruits and returners to the nursing, physiotherapy and radiography professions identify with the NHS as an organization;
4) On the basis of 1), 2) and 3), to suggest how the corporate reputation of the NHS can be effectively managed to increase the likelihood of potential recruits and returners to the nursing, physiotherapy and radiography professions joining or rejoining the NHS.

METHOD

A qualitative approach was adopted in order to capture the full range of issues that may help to establish a better understanding of the phenomena under investigation. Group interviews of approximately eight interviewees were adopted whenever practical for sample groups 1-4

(see Table 1) although some smaller group and even individual sessions were occasionally conducted when necessary. Group interviews were chosen as the primary research method partly because they were quicker and cheaper to conduct than individual interviews with the same number of participants, and also because group interviews allow stimulation of ideas and perspectives between individual interviewees. By contrast, individual or small group interviews were the main approach for sample groups v and vi as it was considered impractical to attempt to arrange larger group sessions for these people. In total 231 participants were interviewed in 75 interviews across the six different sample groups although as Table 1 shows, it proved difficult to access staff working in the agency and independent sectors. Each interview focussed either on working as a nurse or as an allied health professional for the NHS.

<<<<<<Take in Table 1 about here>>>>>>

All the interviews followed a common semi-structured topic guide. Adopting a semi-structured approach allows the interviewer to ask certain major questions the same way each time, but remain free to alter the sequence and probe for more information. The interviewer is therefore able to exert some flexibility over the interview style, tailoring it to the level of comprehension and the ability of the participants to articulate. It also provides flexibility for the interviewer to respond to the issues raised by informants (Fielding, 1993). A small number of pilot interviews were carried out in order to ensure the usefulness of the topic guide and format.

Three sections of the interview schedule were most relevant to the concerns of this paper.

1. Images of the NHS, usually started off by the question "What comes into your mind when I say "NHS"?";
2. Sources of these images, which followed on from the above, usually with a prompt such as "Where do these impressions come from?";
3. Organizational identity and the NHS. The lead-off question for this was "Would you say there is anything about the NHS you particularly identify with?" Some respondents found this difficult to respond to, so the following was sometimes used as a prompt: "Is there anything about what the NHS stands for that you feel is something you stand for too?"

The interviews were conducted between February and August 2001. At least two participating organizations were used from which to draw participants for each group in order to reduce the possibility of collecting views from a single organizational perspective. The majority of sessions were conducted in-situ at the host organization (most of which were in the Midlands of England), although a small number of interviews were conducted at the interviewees' home or by telephone. The interviews lasted approximately one hour. Informants were told that this was a Department of Health commissioned study concerning what might make people want or not want to work for the NHS as a nurse, physiotherapist or radiographer. It was emphasised to informants that although the interview had some structure in terms of its content, they were welcome to volunteer additional information should they feel it was relevant to the overall aims of the session (Marginson, 1996). All the participants agreed to have the sessions tape-recorded and the tapes were duly transcribed verbatim. To ensure the validity of responses, participants were encouraged to provide specific examples to support their statements.

The analysis of the transcripts involved the three concurrent activities of data reduction, data display and conclusion drawing/verification (Miles and Huberman, 1994). Data reduction was utilised to analyse each interview transcript using a structured coding framework. Data display was facilitated through the use of the qualitative software package QSR NVivo.

The analysis of the transcripts indicated the most common themes identified by participants when asked about a particular issue, for example images of the NHS. The importance associated with these themes was judged by the research team in terms of the number of times a particular theme had been coded, the significance of the theme in relation to existing literature, and the nature of the discussion that the theme was raised in (through reference to the original transcript). The themes discussed in the findings section of this paper are therefore presented in a considered order of importance. However, it is important to note that exact numbers of participants making particular comments have deliberately not been reported. This is because when analysing group interviews it is only possible to code what the participants say and their visible body language. Suppose that two participants of a group of eight comment that they are in favour of more pay for healthcare professionals, but the remaining six participants do not comment. Simply reporting that two people said it might be taken to imply that nobody else thought it, but we cannot know that for sure. So the presentation of exact numbers might look precise but could actually be misleading.

RESULTS

Images of the NHS

Taking the data overall, and in some cases combining codes that were closely related to each other, four highly dominant themes were discernible. Their dominance was inferred from the frequency of mentions and the extent of elaboration upon them in discussion. In no particular order, these were:

- Continuing staff shortages and work pressure
- Lack of funds and/or other resources
- Health provision for all, free at the point of use
- Waiting lists (often described as high or long)

The first theme was often discussed by the informants with considerable feeling and sometimes venom or even despair. It was sometimes connected implicitly or explicitly with performance targets, and with consequent inability to provide for patients:

> Pressure, pressure, pressure, on a conveyor belt system where we have got to get people through as fast as we can without the caring aspect of it. (Independent sector radiographer).

Students in particular also talked about continued staff shortages and this issue was illustrated by comments from a physiotherapy student who stated:

> Every hospital that I've been to, there are vacancies. They are waiting for Physios to come because they are obviously under-staffed.

Similarly, the staffing problems experienced by agency staff while working for the NHS in a previous position were described from their personal experiences, sometimes in emotive language for example:

> Staff levels were getting terrible. I was going to work at 7 in the morning and not getting home until 9 at night. We couldn't keep the staff. I'd been there 17 years. Senior staff were leaving and being replaced with auxiliaries. I put down that staff levels were unsafe. I took a drop in salary to get out. (Agency nurse).

These comments were frequently followed or preceded by others falling into the second theme above. Note that this theme does *not* include references to the pay of NHS staff. Often informants simply said "lack of money" or "not enough funding" or "under-resourced". On two occasions they used the phrase "financially bottomless pit". Sometimes their comments were elaborated upon a little, but usually not much. The most elaborated, and relatively moderate, comment came from an agency nurse:

> You are aware of the budget all the time. You know you feel that you have got to justify all the time. If you need new equipment or whatever, you know it's not just a simple question of applying for it.

More positively, the traditional NHS ideal of free health provision was also salient to informants. For example, one radiography assistant said:

> For me it conjures up just a service to everybody for their health. A free service in inverted commas basically. Basically for the public.

A lot of comments were similar to the following, from a physiotherapy assistant:

> You don't have to pay for it. It's available to everybody.

And from a nursing student:

> It's always there for everyone and it's always accessible at any time.

It is perhaps significant that this theme is pitched at quite a general and ideological level. It does not refer directly to the quality of patient care, nor to relationships between individual staff and patients.

The last of the four most dominant themes was waiting lists. Rather like the second theme described above, many of the responses here were terse, such as "long waiting lists". Some elaborated a little. A school pupil said "The time it takes for an operation. The waiting time", and an independent sector nurse offered the following:

> They have got a kind of National Health in [European home country], it's completely different. They don't have waiting list and things like that.

A few informants put the waiting lists issue into a wider context of injustice, or not getting a fair return on investment:

> One thing that does bug me about the NHS service and that is that yes, all your life you pay into it and yet at the end of it you find you have got to wait for God knows how long to wait to be seen. So then you go privately, so therefore you are paying twice. (Radiography assistant).

A further four themes cropped up frequently, though not as frequently as those discussed above. Again in no particular order, these were:

- Hospitals
- Big
- Helping and curing people
- Poor pay

The "Hospitals" responses were usually simply that word, which reflects the salience of hospital-based NHS services as opposed to others. The "Big" theme came up in a variety of contexts, sometimes with (negative) evaluative overtones of inefficiency. The "helping and curing" theme was often expressed in terms like "people looking after people" (school pupil). Sometimes it was juxtaposed with potential alternative motives. For example a radiography assistant asserted:

> I'm not in this profession for the money. I'm in it because I'm helping people.

The "poor pay" theme was perhaps less prominent than might be expected. Nevertheless, it was mentioned a number of times (and more frequently again when informants described their images of the nursing profession). Terms like "low pay" and "underpaid" were the most frequently used. Comparisons with other employment occasionally cropped up:

> When you think of the jobs we have to do or the work that we have to do and you can get better money for shelf-filling at Asda. (Healthcare assistant).

Finally it is noteworthy that some further subsidiary themes appeared moderately frequently in the interview transcripts, though less so than those already described. Some were to do with inefficiency and poor management, but several others included positive images of teamwork, job security and good availability of jobs, including for example, the ease of moving geographically. A nursing student reflected some of this in saying "It's where the staff work well as a team". Another nursing student said:

> It's got good stability as in job prospects because with it being such a big organization it's not able to go under.

It is notable that three of the four dominant images of the NHS concern its operational difficulties. So it seems that, when people are asked what the term "NHS" means to them, the images that come most readily and persistently to mind concern perceived problems in its functioning, sometimes of crisis proportions. Staff shortages, work pressure, and a lack of funds and/or resources seemed to be the dominant images. These themes were particularly prominent from participants who had experience of working for the NHS. A statement of what the NHS stands for is also salient, but themes of individualised caring, curing or helping

are somewhat less prominent. On the whole this does not bode well for the corporate reputation of the UK's National Health Services as a potential employer. Not surprisingly, though, school pupils seemed less aware than other groups of the pressures on staff and were less likely to mention low pay.

Sources of NHS Images and Perceptions of NHS Publicity

The media, particularly television, was the most frequently mentioned source of NHS images. Television news seemed more influential than UK television dramas such as *Casualty* and *Holby City*. Newspapers and magazines were also specifically mentioned frequently. Often the references here were very brief, like "the media", or "in the papers". Sometimes they were elaborated-upon a little: "Like in the newspapers nurses are underpaid and overworked" (healthcare assistant), and "TV the news, always talking about it" (school pupil). Some informants felt that their orientation towards the NHS had been significantly affected. This included people with personal experience of working in NHS environments:

> But then on the other hand when you watch the News, and you hear these stories about this hospital storing dead bodies in a cupboard, you can't help but form a negative impression of it. (Physiotherapy student).

Only slightly less often mentioned than the media were various forms of personal experience. For some participants, this was experience of working in the NHS, but for others it was from being a patient or visitor. Although only the NHS assistants held a current employment contract with the NHS, many others had current or past experience of NHS work. This included the students, most of whom had experienced one or more clinical placements.

Therefore it is not surprising that work experience was salient to some, though interestingly it often seemed to be rather an afterthought after discussing the media. Some work experiences were quite negative, but the following quote presents an interesting contrast and perhaps a reflection of how NHS images are constructed. It is from a physiotherapy student who was referring to a previous job as a healthcare assistant:

> We weren't working that hard and we were getting decent enough money for it, so it was just that everyone moaned about it so I joined in and said how terrible it was but it was not that bad really.

Also mentioned, but less frequently than personal experience, was the influence of family and (to a lesser extent) friends, as employees or patients in the NHS. Again this included some people with plenty of their own experience to draw upon. For example:

> "My daughter…she was in for a week and she was attached to various drips and things and the drip was on for ages and ages and ages and in the end I thought no-one is going to sort this out, I'll do it myself, I'll fiddle with it myself". (Independent sector nurse).

With regard to recruitment publicity put forward by the NHS, television recruitment adverts were the most frequent form mentioned, most notably the one referred to in this quote from a nursing student:

> There's the one where you've got the list of all the people when you come in to the hospital, actually look after you and then they say 'can you do this?' 'Can you do these jobs?

This advert had clearly made an impression, with many comments along the lines of "That one where the little lad broke his leg", and "oh yes 23 people needed". Nevertheless, some informants remembered it as being primarily about the paramount importance of nurses or doctors as opposed to other professionals in the boy's recovery, which was in some ways the very opposite of the intended message.

Significant numbers had also noticed advertisements in newspapers and magazines, advertisements on the radio, job adverts, open days and national promotions (for example radiography awareness week). Perceptions of NHS publicity were predominantly negative, though on occasions deliberate NHS publicity drives were blurred with media coverage of NHS issues. Some comments were positive, and these particularly concerned the television advertisement already referred to. Negative comments tended to fall most often into one of the following themes: too much focus on nurses (and to a lesser extent doctors); the necessity (and sometimes failure) to be honest about the reality of working in the NHS, without over-glamorising; the need to avoid giving the impression of a desperate willingness to employ almost anyone; the lack of information, and sometimes active discouragement, experienced from school or careers advice; and that the NHS publicity was not sufficiently prominent.

To illustrate some of these themes, we turn first to an agency nurse:

> It doesn't put forward a career structure in any of the adverts that would make a young person think yes, that's a good prospect. It might just show a smiling nurse or I don't think they show physios etc. do they really, it's all nursing at the moment isn't it? It appears to be.

Quite a common response was that informants were not aware that the NHS did attempt to publicise itself. Sometimes this perception was accompanied by frustration:

> Well I don't know what the NHS do at the moment for publicity to try and compete with the bad press a bit. Because there are so many good things that outweigh the bad that people don't know about. (Healthcare assistant).

Frustration was also a feature of some comments from informants who were aware of NHS publicity:

> You hear these 'come back to nursing and we will help you in very way' and everyone that I have spoken to that has tried to get back in has just met brick walls. They have not had the flexibility that the advert claimed. You know, if they have got families. (Agency nurse).

As noted above, there was also some feeling that it was important not to over-glamorise the experience of working for the NHS. In effect, some informants were saying that it was important to provide what has been termed a "Realistic Job Preview" (Wanous *et al.*, 1992). This theme was most colourfully expressed by a student nurse:

> You see the images of hospitals, you know you see these lovely well equipped, clean wards and everybody is there you know tuckered up and all the patients are smiling and creates this euphoria…and you walk into a real ward and it's noisy, smelly, often dirty and they haven't got the equipment that you need and the patients are moaning and the staff are moaning, you know. So there is a big gap between what you see when get out there and what you see on the telly.

Some other informants felt that there was a hint of desperation about NHS advertising. It was seen more as an appeal than a sell. One agency nurse put it like this:

> I think it seems that the Return to Nursing campaign is saying that we need you so that there is a certain appeal, a certain emotional appeal there, come back because of the crisis.

Nevertheless, as noted earlier, a number of comments about NHS publicity were positive and suggested that NHS publicity was having some impact on its corporate image. The TV advert about the boy cropped up again here. For example, one school pupil said "There is a good advert on at the moment about a little kid". An agency nurse summed up a general impression shared by some other informants:

> Well I think it's improved recently. They are looking at things a bit more with more modern ideas and forward thinking. You know sort of things like you are aware of the advertisements that they are doing now and that's quite positive I think. Certainly a lot better than it was.

Identification with the NHS

When discussing whether participants identified with the NHS, the dominant theme concerned the equality of provision and/or free care provided by the NHS. In addition, rather smaller numbers of people indicated that they identified with the image of tolerant, caring people in the NHS; and with the teamwork inherent in NHS work. Participants who gave these responses were saying, in effect, that they felt personally in tune with these core values of the NHS. As one school pupil put it:

> You can get people who are different or not as well off as other people, yet you are treated the same,

and an agency nurse said

> I really like the egalitarian nature of it, the certain equality of care which I really like.

A small number of informants contrasted this with other countries they had experienced, and there was also occasional suggestion of a sense of moral obligation, though this was not common.

It is perhaps significant that the next most common response was to the effect of ‘No, I don't identify with the NHS’. Informants who said they did not identify with the NHS often left it at that with short comments like "No, not really". Some others such as this healthcare assistant avowed an identification with their chosen occupation rather than the NHS:

> I'd just be plain and simple and say I'm a nurse whether it be private or the NHS is no-one else's business.

Some others felt that they didn't wish to be aligned with what they saw as a failing service. An agency radiographer illustrated this: "But no personally I don't because there is an enormous amount that is wrong with it". Still others (especially the school pupils, whose interest in the NHS was very limited) did not identify because they felt the NHS did not reflect their interest or personality:

> No I don't like watching Casualty. I don't like the gory bits. It's just not what I am interested in. (school pupil).

DISCUSSION

The findings suggest that NHS operational difficulties are at least as salient to people as its core goals and activities. These difficulties make the NHS an unattractive organization in which to be employed and are likely to be contributing to the existing problems of recruitment and retention in the nursing, physiotherapy and radiography professions and probably in other occupations as well. Turban and Greening (1996) have argued that an organization's corporate social performance is crucial in determining its attractiveness as an employer and its reputation. Key features of an organization's corporate social performance include community relations, employee relations, treatment of the environment, quality of services and product, and treatment of women and minorities. The findings of this study support some aspects of Turban's theory but also suggest that operational working conditions, such as staffing levels and resource provision; need to be included in determining

the attractiveness of an employer. Although the core NHS value of free care for all (which perhaps reflects corporate social performance) is something some interviewees signed up to, for most it appears not to have been a compelling reason to work in the NHS, nor to feel a moral obligation to do so.

In the language of expectancy theory, there were few signs that the perceived pressure of working in the NHS made our interviewees doubt whether they were capable of doing the job (expectancy). The problem seemed more to do with instrumentality: people felt that the pressure would undermine their chances of enjoying close helping relationships with patients, and of upholding a caring self-image. In other words, they felt that doing the job as required by the NHS would not be instrumental in bringing them these kinds of "psychological" rewards. Furthermore, our data suggest that these rewards had high value (valence) for respondents. Some other rewards of NHS work, such as teamwork, job security/availability, and opportunities for mobility, seemed to be valued somewhat less. However, they might achieve higher valence if they were higher in people's consciousness. We will return to that point shortly.

The findings also suggest that in order to ease recruitment problems in the NHS, improvements need to be made at both a local and national level, to the employment image and reputation of the NHS (Gatewood *et al.*, 1993). In particular, specific attention needs to be devoted to redressing the tendency of perceptions of crisis to outweigh other more positive images of the NHS. This is particularly important given that some of the negative images reported by our informants had very direct and obvious connections with perceptions about what it would be like to work for the NHS day by day. Indeed, the existing literature may underestimate the impact of reputation on willingness to seek employment as a nurse or AHP

(Turban *et al.*, 1998). This is because it tends to construe the reputation of an organization as a general concept, rather than one based largely on perceptions of what it would be like to work for it.

That said, there were clear signs of hope for the NHS's reputation. Images of teamwork, job security/availability and mobility opportunities were certainly present in the data. Although they were subsidiary themes rather than dominant ones, they were virtually uncontested. It may well be helpful to the NHS's reputation to try to bring these features to the fore rather more in recruitment publicity, instead of trying to deny negative images which are highly prevalent and frequently based partly on personal experience. Again in the language of expectancy theory, we are suggesting that publicity might increase the valence of outcomes like teamwork – outcomes which seem to be generally acknowledged features of NHS work. No doubt "upping the stakes" in this way would nevertheless elicit some counter-images (for example, non team-working doctors or nurses laid off as a result of ward closures) but our data indicate that these would probably not be generally perceived as characteristic of NHS work. It might also be helpful to emphasise the key importance of the large array of non-hospital NHS services because these appear not to spring readily to most people's minds. Awareness of them may elicit different images such as visiting people in their homes.

Some additional suggestions for how the NHS should publicise itself also arise from our findings. Careful use of realistic job previews follows from our interviewees' references to mismatches between image and reality, plus the tendency for those who had worked for the NHS to be more negative than those who had not. NHS publicity should therefore reflect clearly the experiences, both positive and negative, of those who do the work, preferably in their own words. It might even include the perspectives of people who have subsequently left

the NHS. The impression would be one of a challenging work environment that will require people to use all their potential while making an important social contribution. The main negative points conveyed by realistic job previews should be (i) there is not always as much time as one might like to help patients and establish relationships with them and colleagues; and (ii) some staff find that pressure and unsociable hours eventually wear them down.

Improvements in NHS operation and service delivery, particularly increases in staffing levels, should be publicised and specifically portrayed as representing more opportunity for staff to enjoy job satisfaction through opportunities to thoroughly care for and get to know patients. Expectancy theory predicts that this would help to increase the extent to which NHS work was perceived as instrumental in bringing rewards that have high valence for most potential NHS employees.

The results also illustrate some of the issues the NHS faces when attempting to manage its corporate reputation. The varying perspectives from different stakeholder groups make it extremely difficult for the NHS to be presented in ways that satisfy everyone. Similarly, a careful balance needs to be achieved between on the one hand making working in the NHS sound better than many people perceive it to be, and on the other hand virtually pleading with people to join on the basis that 'Your NHS needs you'. The possibility noted above of emphasising teamwork, job security and job availability may help to achieve that balance because it accentuates the positive without making claims that many people would find implausible. This should in turn influence both attitudes and intentions of potential recruits regarding working for the NHS (Ajzen, 1991). It also gives insiders something to help reinforce their own positive identities as people who can work together and who can maintain employability in an era of so-called self-managed careers (Arthur *et al.*, 1999).

Indeed, the findings as a whole illustrate well the interplay between image, reputation and identity. If we treat reputation as an amalgam of images, then the NHS's reputation seems to be as a very large pressurised over-stretched and under-resourced organization that tries to achieve a valued social mission but often fails. This is quite similar to the Audit Commission's recent findings (2002) about the UK public sector as a whole, although bureaucracy and paperwork are somewhat less salient factors in the present study than in the Audit Commission's. We identified no major discrepancies between the views of NHS insiders and outsiders, although those with prior experience of working as a nurse, physiotherapist or radiographer for the NHS tended to be rather more negative. It seemed that negative images were being conveyed by insiders to outsiders and vice versa, all fuelled by media reporting and also personal experiences. Indeed, the distinction between insiders and outsiders partially breaks down because many outsiders have been insiders, and may be again in the future. Also, people who have substantial experience as a patient, or whose close relatives work in the NHS, may count themselves as insiders.

O'Rourke (1997) has recommended that in a crisis managers should endeavour to manage the flow of information and communicate directly to relevant constituencies rather than concentrating entirely on internal fire-fighting. Information-flow management is difficult in such a large and visible organization. However, direct communication is possible, not least because of the media interest which means that messages put out by the NHS will be covered. It appeared that attempts to change images (or in some cases form them for the first time) amongst young people might be especially important. Many informants said that they had received little or no information about NHS careers at school, and the school pupils confirmed this through verbal self-report, and also through what they clearly didn't know.

General endorsement of the founding principles of the NHS did not on the whole lead to a desire to be employed by it. Our informants often seemed more inclined to admire it from afar rather than attach their identity to it. There was general agreement that it was broadly a 'caring' kind of person who was attracted to it. Yet the dominant images of the NHS were perceived to get in the way of caring. Understaffing and resource limitations restricted the amount of caring it was possible to do for any individual patient. Ironically perhaps, some of our agency and independent sector interviewees indicated that they steered clear of the NHS precisely because their core value or identity of caring was more easily expressed in non-NHS settings. More optimistically, if small inroads could be made into the pressure and understaffing images, perhaps a virtuous cycle could be triggered as more people entered or re-entered the NHS, which in turn encouraged others to believe there will be more time and scope for caring.

Finally, it is noteworthy that NHS attempts to publicise itself as an employer were rarely spontaneously mentioned as a source of people's NHS images. However, there was a sense amongst some that publicity attempts were improving, and that one in particular had proved quite memorable. Indeed, this may have been one reason why teamwork figured moderately prominently in interview responses. Pitched in the right way, then, corporate communication may have real potential as a counter to more negative media-initiated stories (Hoeken and Renkama, 1998). Future research might profitably investigate whether publicity messages about the characteristics of NHS work can indeed change people’s perceptions. Specifically, we need to know whether (as suggested earlier) perceptions of the probability of receiving certain rewards, and of the personal value of those rewards, are subject to change through new information. This might be investigated experimentally by comparing the impact of

different types of message (or none). It can also be examined in other ways. For example, it might be possible to conduct a longitudinal test of whether people's awareness of UK government announcements about planned increases in NHS staffing levels leads to more positive perceptions of the nature and rewards of NHS work. As noted in the introduction, this would be a stern test of the power of publicity because of the "competition" from personal experience and media stories.

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Table 1: Number of Participants by Sample Group and Profession Discussed in Interview

	Nursing	Physiotherapy	Allied Health Professions	Radiography	Totals
School pupils*	21	n/a	30	n/a	51
Mature (OU & Access) students	16	9	n/a	18	43
Students undertaking professional training	17	24	n/a	18	59
NHS staff not qualified as nurses or in the AHPs	9	16	n/a	17	42
Qualified agency staff	8	6	n/a	2	16
Qualified independent sector staff	10	7	n/a	3	20
Totals	81	62	30	58	231

* For school pupils, both radiography and physiotherapy, representing the allied health professions, were discussed.