
Care for the Caregivers: The Patient and Client First Paradox

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Patients and clients come first sounds noble. But in practice, it often becomes a slogan that most institutions cannot operationalize; smiles papering over understaffing, apologies without fixes, and burnout among the very professionals whose judgment and compassion we depend on. The counterintuitive truth, as echoed in research and management practice, is that patients and clients truly come first when employees come first. Care for the people who care for people, and they deliver safer, faster, kinder care as a byproduct (Heskett et al., 1994/2008; Spiegelman & Berrett, 2013).

I learned how uncomfortable this idea can be when I first proposed it to the leadership of a large healthcare facility. I laid out a straightforward case: if we invest in developing people, provide them with tools that actually work, identify clear roles, and foster a culture of psychological safety, patients will experience the benefits of shorter wait times, fewer errors, and better continuity. I was dismissed without a hearing. The message was that patient-first banners are the organization's core philosophy and cannot be compromised. Interestingly, the very same organization struggled with employee turnover and preventable escalations, symptoms of a system that prioritizes slogans over people. That experience cemented a lesson I carry into every organization: employee-first is not a luxury; it is the operating system that makes patient- and client-first a reality. When I speak across the country about servant leadership, I present the patient's second philosophy in much broader terms: patients are our clients, just as students are in academia, and guests are in hospitality, and optimal service for them begins with how we care for our teams.

Healthcare makes the gap visible. A hospital can hang patient-first banners, but if nurses cover unsafe patient-to-nurse ratios, lab technicians work double shifts, and clinicians operate under taxing conditions, the banner becomes a broken promise. Patients experience the downstream effects of longer wait times, inconsistent communication, medical and surgical errors, and missed follow-ups. In clinics that invert the logic, obsessing over staff's psychological safety, clarity of role, optimal tools to perform the function, and adequate timeout, patients feel the difference immediately: someone answers the call, knows the plan, keeps the promise, and repairs quickly when things slip (Heskett et al., 1994/2008; Aiken et al., 2002).

Employees first is not just a sentiment; it is an operating model. It starts with **clarity** - what good looks like and who owns what; **capacity** - adequate staffing and sensible schedules; **capability** - training and coaching; **tools** - systems that work; and **trust** - psychological safety that allows concerns to be raised early. Where psychological safety is high, people speak up about risks sooner; teams learn faster and perform better (Edmondson, 1999). Where staffing and engagement are stronger, mortality and failure-to-rescue fall, and organizational performance improves (Aiken et al., 2002; West & Dawson, 2012). ***The moral equation that patients and clients deserve our best is fulfilled by the operational equation that staff must be set up to give their best.***

Consider two ordinary moments. In an ambulatory surgery center, a pre-op nurse spots a consent ambiguity. In a culture that prioritizes speed at all costs, she hesitates and hopes for the best. In an employee-first culture, she is thanked for identifying risks, protected for raising them, and given a clear path to resolve them. The patient never sees the drama, only safe, on-time care. In a primary-care clinic, a receptionist faces a wave of walk-ins while phones ring off the hook. If leadership treats that role as expendable, turnover and temping follow; patients bounce between strangers, and stories fall through the cracks. When leadership treats that role as pivotal with adequate staffing, cross-training, and a simple escalation script, patients experience calm, continuity, and dignity at the door.

Leaders sometimes worry that focusing on staff will make patients and clients an afterthought. The evidence points to the contrary. When employees have a positive work experience, service quality and outcomes improve (Heskett et al., 1994/2008). Teams that feel psychologically safe speak up sooner and learn faster, key ingredients for reliability and safety (Edmondson, 1999). Better nurse-to-patient ratios are associated with lower mortality and reduced burnout (Aiken et al., 2002). Across the NHS, higher staff engagement tracks with stronger system performance (West & Dawson, 2012). Practitioner guides, such as *Patients Come Second*, demonstrate how to implement this principle as daily leadership habits that empower staff to feel seen, supported, and accountable, ensuring patients consistently receive excellent care (Spiegelman & Berrett, 2013).

What does employees first require from leaders? Be honest about the workload and address the root causes of friction, not just the tone. Keep promises about staffing, scheduling, and equipment; when you cannot, renegotiate early and compensate fairly. Share decision rights with the frontline so people can solve the problems they see and back them when they do. Measure upstream indicators, retention, sick days, time-to-train, equipment downtime, and the proportion of issues raised early, and connect them to patient outcomes like wait times, turnaround time, length of stay, readmissions, and complaints (Heskett et al., 1994/2008; West & Dawson, 2012). When you fall short, repair quickly: name the miss, own the impact, make a new promise, and follow through.

It must be recognized that compassion is not a form of permissiveness, and accountability is not a form of cruelty. The art is holding both at once. Patients and clients experience that balance as competence with kindness. ***Patients and clients come first is the right goal. The most reliable strategy to achieve it is to put employees first.*** Put people, purpose, and performance in the correct order, and care for the team so that they can, in turn, care for the patients and clients. (Heskett et al., 1994/2008; Edmondson, 1999; Aiken et al., 2002; West & Dawson, 2012; Spiegelman & Berrett, 2013).

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