

Workforce Stress and the Supportive Organisation

A systemic approach
to workforce wellbeing
Framework Overview

The National Workforce Skills Development Unit

Contents

You may not wish to read this document in order from start to finish. The document has been designed to be flexible in use allowing you to flip between sections as and when you feel they are particularly relevant to you. We do suggest that you take the time to read through the first three sections before diving in further as this will frame your thinking as you work your way through.

The importance of staff wellbeing **3**

An overview of the wellbeing challenge facing NHS organisations



A systemic approach to psychological wellbeing **9**

A brief introduction setting out the context and aims of this document

Using the organisational wellbeing framework **12**

A guide on how to get the most out of this document



External and organisational context **17**

A more in depth explanation of the external and organisational context



The five pillars **19**

Further detail about the interconnected pillars that form the main part of the Organisational Wellbeing Framework

Ways of thinking **25**

Further details about systemic ways of thinking about organisation



Bibliography **30**

Further reading around the theories and ideas underpinning the framework

The importance of staff wellbeing

Facts and figures



of NHS Staff
reported feeling unwell
as a result of
work related stress
in the last 12 months

an increase from 40.3% in 2019

There are over
100,000
vacancies
across NHS trusts



The **annual cost**
per employee
of **poor**
mental health
varies from
£1,500 to £2,400



A meta-analysis of **61 studies**
of the **psychological impacts**
of viral pandemics on
healthcare workers found



45% experienced
anxiety

38% experienced
depression **31%** experienced **acute**
stress disorder

Facts and figures

More than
7800
doctors

responded to the questions
around mental health;



41%

of the doctors surveyed said
that they were currently
suffering from

anxiety, stress, burnout or other mental health
conditions relating to or made worse by their work.

Inclusivity

felt by employees with **disabilities /**
differently abled employees has

decreased
by 7%



due to the **impacts**
of **COVID-19** on
the workplace.

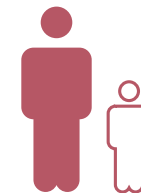
Overall

74% of staff
felt they were
well supported



but this **falls to 56%**
among those from **socially**
disadvantaged backgrounds

Black Africans are 50% more likely
to be a key worker than a white British working
age person and nearly three times as likely to be a
health and social care worker.



Reported **COVID-19** related deaths of the Black Caribbean
population was **three times** those of the **British majority**.¹



One of the biggest challenges facing the NHS is workforce resilience, capacity and wellbeing. Key issues such as recruitment and retention of staff have been reflected in publications such as the Health Education England draft health and care workforce strategy; ‘Facing the Facts, Shaping the Future’.

With this in mind Health Education England commissioned the Unit to bring together an Expert Reference Group (ERG) to think differently about the problems facing the NHS workforce.

It is important to acknowledge that the nature of the work done by any caring profession can be challenging to psychological wellbeing. This framework recognises that being able to recognise the vulnerability and anxiety this might prompt can make the work more rewarding and promote empathy and compassion.

It was recognised that insufficient attention had been paid to the impact poor psychological wellbeing and stress can have on organisational success. In addition, the ERG concluded that the organisation has a substantial role to play in supporting the workforce to undertake what is an inherently psychologically demanding role; that is caring for and treating people. The psychological wellbeing of staff impacts patient care, staff retention and our ability to meet the broader workforce challenges facing the NHS.

The focus of this framework is on taking the time and making the space to carefully consider the elements of the organisational experience that can impact on staff psychological wellbeing, and to recognise the differing experiences of staff across role, ethnicity, gender and other aspects of staff identity. This is founded on key theoretical and philosophical principles which underpin the Tavistock and Portman NHS Foundation Trust’s work while incorporating other approaches and ideas. We have built on these foundations to create the Organisational Wellbeing Framework, a way of thinking in depth about psychological wellbeing within organisations.

There are of course a wide range of approaches and interventions available within the NHS and beyond. This framework is not intended to replace them but instead to complement, understand any barriers that may have previously prevented effective implementation, and to help NHS organisations and their leaders to adopt a different approach to workforce wellbeing.

“The psychological wellbeing of staff impacts patient care, staff retention and our ability to meet the broader workforce challenges facing the NHS”



This framework was developed by the National Workforce Skills Development Unit and supported by an Expert Reference Group (ERG).

Through the work commissioned from the Mental Health Foundation and a series of discussions in the ERG, it became clear that there is a gap when considering the impact of workforce stress and the role organisations can play in minimising this. This framework is our response to this journey.

You may find much of this process challenging and full implementation will not be quick - this might represent a substantial change in thinking for you or your organisation.

The Expert Reference Group (ERG)

The ERG consisted of experts from across the NHS and beyond including representatives from:

- Tavistock and Portman NHS Foundation Trust
- NHS Improvement
- Mersey Care NHS Foundation Trust
- The London Ambulance Service
- The King's Fund
- Nottinghamshire Healthcare NHS Foundation Trust
- NHS Employers
- The Royal College of Nursing
- The Royal College of Psychiatrists
- Health Education England

Framework testing

The framework has undergone proof of concept testing through a series of workshops across the NHS. Testing has resulted in a number of changes to the framework - highlighting the need for facilitation and the inclusion of staff at all levels in particular. The Unit is extremely grateful for the time, energy and emotional honesty of those participating in the workshops, which were held in the following organisations:

- Dorset Healthcare University NHS Foundation Trust
- East Kent Hospitals University NHS Foundation Trust
- Barts Health NHS Trust
- North West Ambulance Service NHS Trust
- Mersey Care NHS Foundation Trust
- Norfolk Community Health and Care
- Nottinghamshire Healthcare NHS Foundation Trust
- Tavistock and Portman NHS Foundation Trust

Pilot feedback and learning



Following on from that proof-of-concept testing, the Framework was further tested in a two stage pilot at Barts Health NHS Trust in London. In the first stage of the pilot a Barts 'Testing Group' was formed with a diverse membership of people from across the organisation, from different professions and different minority groups. There were also varying levels of existing knowledge and engagement with wellbeing across the group.

Supported by external facilitators, the Testing Group worked with the Framework in depth, sharing perspectives and exploring organisational experiences and working with each of the pillars to jointly-develop an understanding of the more and less supportive aspects of their organisation. This work informed the Trust's wellbeing strategy and wider organisational development and helped to shape the concept of 'Good Wellbeing Governance'. It also highlighted how the Framework could be implemented organisationally and led to a second stage pilot testing the extent to which the Framework could be a helpful tool at team level.

This second stage pilot has contributed to the new Applying the Framework document and to further thinking about how the Framework can be used to support wellbeing for leaders and managers and their development more broadly.

Participants in both stages of the pilot valued the structured process and the way in which the Framework provided an accessible way of thinking about their, and their teams', wellbeing. The systemic approach was also welcomed and the move away from the reliance on individual resilience. Participants also found the Framework and overall approach a helpful way of engaging with less-acknowledged aspects and more challenging aspects of wellbeing and the wider organisational context.

Geraldine Cunningham, Trust Lead for Wellbeing, Barts Health NHS Trust

"We have been working hard to make Barts Health an outstanding place to work and we saw participating in the pilot as an opportunity to support us on this journey.

We particularly liked the systemic approach and the encouragement to reflect, be curious and make sense of system wide interdependencies as well as the move away from placing an emphasis on individual resilience.

Participants in the pilot have really valued taking time out to reflect and make sense of organisational life and its challenges and opportunities and we are currently using the five pillars that underpin the approach to inform our wellbeing strategy."

Sara Little, Head of Quality and Efficiency, St Bartholomew's Hospital, Barts Health NHS Trust

"We have used the Stress & Resilience model with a group of team leaders in order to help develop their understanding of wellbeing beyond physical and mental health. We hoped the discussions would enable them to come up with new ideas of how they could look after their team's wellbeing.

Team leaders have appreciated the opportunity to reflect on their leadership and the role the organisation plays in how individuals feel at work. They have also found the systemic approach useful, for example in thinking about different aspects of their role as leaders."

**A systemic
approach to
psychological
wellbeing**

Diversity and wellbeing



In our commitment to improving the workforce's wellbeing, we recognise the importance of acknowledging the link between inequalities and mental health at work.

A systemic approach to wellbeing requires a shift from a focus on individual responsibility and also a shift from simple, one-size-fits-all interventions to a way of thinking about wellbeing that acknowledges complexity, difference and intersectionality.

In thinking about wellbeing, there has to be a recognition of the way in which people from different cultural and ethnic backgrounds and other minority groups may have different experiences of the organisational context, and its impact on stress and wellbeing.

For example, disparities were evident in the NHS workforces' experiences of COVID-19 when staff from Black, Asian and Minority Ethnic groups were disproportionately impacted in comparison to their White counterparts.

In addition, the absence of an explicit recognition of difference, and the creation of 'normative environments' can result in additional stress for individuals who are forced to deny aspects of their identity in order to be included.

Unconscious bias can lead to marginalisation. Discrimination can lead to feelings of pain, despair, humiliation, and isolation. An explicit and authentic drive for diversity and inclusion, on the other hand, can play a part in improving wellbeing across an organisation as those individual and groups feel included and valued, rather than questioned or excluded.

Finally, it is important to keep in mind the difference between Equality/ Equity when thinking about implementing the Organisational Wellbeing Framework.

“When considering the provision of equal opportunities, it is important to acknowledge the distinction between ‘equality’ and ‘equity’. Equality exists when people are treated the same; underlying this is the assumption that all people will benefit the same from being given the same support. Equity exists when people are given the support they need to thrive; the support needed is likely to differ for different people.”



People are the most important resource in the NHS, yet in some situations and organisations staff can feel undervalued, powerless and invisible. This leads to burnout, increased time off work, low productivity, and reduced empathy and compassion - prompting many to leave the NHS and putting some off from joining it in the first place.

The Unit commissioned the Mental Health Foundation to review the literature and evidence around the impact on staff psychological wellbeing and approaches and interventions available (<https://tinyurl.com/yau46ctx>).

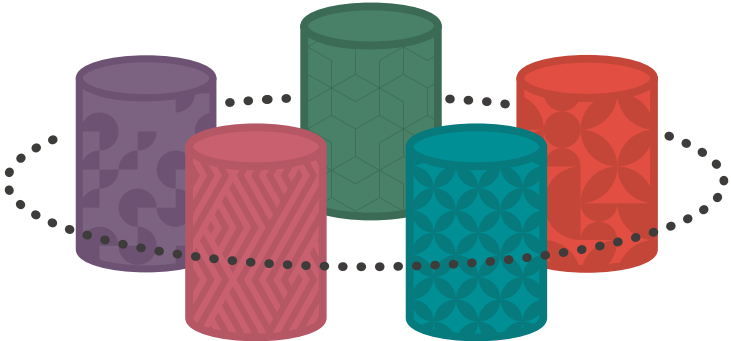
The Expert Reference Group noted that one traditional way of tackling these problems has been to promote the idea of individual resilience. To varying degrees, the individual is considered responsible for how much they can take and the organisation around them has been largely absolved of responsibility for supporting them.

It is clear there is a place for personal resilience and it is important to recognise that the nature of the work undertaken by the NHS does require large reserves of it. However, organisations and indeed the wider system have a duty to support people who are doing very difficult jobs

in challenging circumstances. In short, an organisation should maintain a culture and operate in such a way that the need for personal resilience is minimised as much as possible, allowing people to maintain the compassion and empathy that led them to choose careers in the health service.

This framework for thinking is intended to provide organisations and their leaders and managers with a structured process and space to think through and understand the issues confronting their people.

In describing this as a systemic approach we are using the term in its broadest sense to emphasize the importance of thinking about wellbeing as a product of organisational factors as well as individual ones, and of considering those factors as complex and interconnected. For more detail see 'Ways of Thinking' on [p26-p29](#).



“Supportive organisations reduce the reliance on individual resilience and instead create the conditions for staff to flourish and thrive”

Using the organisational wellbeing framework

The Organisational Wellbeing Framework is intended to be used as a way of thinking systemically about wellbeing. It will help you to develop a deeper understanding of your organisation, department or team and the extent to which its 'five pillars' support you and your colleagues to work effectively in your roles.

This approach can be used at different levels of an organisation and you may choose to focus on a team or department rather than the whole organisation. We expect that working through the framework will bring about a deeper understanding of you and your colleagues' experiences of work. It is likely that, particularly if you're intending to work across the organisation, your priority will be to gain broad sign-up to go through this process, but **it is also extremely important to ensure you include perspectives from across the whole organisation and that a plan is developed for how to do this from the very beginning.**

The key focus is on creating time and space to reflect properly on your organisation, your team and your place within it. This document is purposely structured to encourage this and necessarily does not skip straight to 'solutions'. We want you to take time to think about what is really going on in your organisation, what factors might be having an impact on this and where you would like to get to.

The framework has been developed as an interactive PDF and you will see a number of pop up boxes throughout. This is intended to make information more accessible and easily digestible but care has been taken to ensure it works as a printed document too.




There are two separate documents.

The **Framework Overview**, which should be read first, contains information about the development of the Organisational Wellbeing Framework, explains the underlying concepts in detail and provides a bibliography for further reading.

Applying the Framework explains how to use the framework to gain a deeper understanding of organisational experience and to frame an overall approach to wellbeing.

It is important to recognise that working through the framework might create some discomfort,

Key to this PDF

-  Click this button to see more information
-  Click this button to close information boxes
-  Click this button to return to Contents page

Click **bold and underlined text** to take you to the URL or page

require people to expose some of their vulnerability and bring different, and perhaps strong, emotions to the surface.

Effective planning and facilitation are particularly key to ensure this is done in a helpful way that allows space for sense-making and insight. For this reason, it is also important to ensure that the whole process is undertaken so that issues arising during the reflection phase can be explored in more depth and addressed in the following phases.

Please remember, this approach deliberately shifts the focus away from immediately jumping to solutions at an individual level to thinking more systemically. In this way the outcome should be an organisation that enables people to work, treat, and care for patients, and each other, while taking in to account the realities of the work you do and the context you are in.

Good governance for systemic wellbeing



NHS Organisations have a substantial role to play in supporting the workforce to undertake what is an inherently psychologically demanding role; that is caring for and treating people. The psychological wellbeing of staff impacts patient care, staff retention and our ability to meet the broader workforce challenges facing the NHS.

Particularly given the impact of the pandemic, staff wellbeing is increasingly recognised as a strategic priority, equal to patient outcomes and financial sustainability.

NHS organisations should maintain a culture and operate in such a way that the need for personal resilience is minimised as much as possible, allowing people to maintain the compassion and empathy that led them to choose careers in the health service.

The Organisational Wellbeing Framework provides a way for you to think about your organisation, your place in it and the organisational elements that can support or hinder the people who work there.

There are five equally important and interconnected pillars: The Nature of the Work, Structures & Processes, Psychological Safety, Leadership & Management, and Behaviours, Attitudes & Beliefs.

Regularly engaging with, discussing, and including these pillars as part of strategic and operational planning will help your organisation highlight ways of supporting people to provide the best care possible and contribute to achieving your organisational aims.

For this approach to be sustainable, however, wellbeing must be actively emphasised as a strategic priority and embedded as part of organisational governance.

given the impact of
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strategic priority

It is also important to recognise that good wellbeing governance is both an enabler of the supportive organisation, and a possible improvement outcome from adopting the Organisational Wellbeing Framework.

What does good wellbeing governance look like?



Just as NHS organisations are clear about the need for good governance in relation to patient care, finances and decision making, our work in developing the Organisational Wellbeing Framework has shown that a systemic approach to wellbeing needs to be underpinned with good wellbeing governance, summarised by the following principles.

1. Wellbeing is at the top of the organisation's agenda and a headline in its strategy

It should be understood as strategic and integral to performing effectively rather than a 'nice to have' that can be dealt with 'when there's time'.

2. Wellbeing principles and metrics are an explicit part of executive decision-making

Staff wellbeing has an impact on patient outcomes and organisational performance, and can be measured and tracked using existing data, such as the NHS staff survey, or tracking indicators such as absence or retention as well as through simple additional data gathering using e.g., the ONS 4 survey. This data should be as important as financial and clinical targets and be given the same weight when making strategic decisions.

3. Wellbeing is led by a dedicated network of well-resourced, inter-professional roles

Sometimes wellbeing activities are one-off activities organised in response to crises, at times by volunteers working in spare time they don't have, and with little formal authority or resourcing. A systemic approach to wellbeing calls for a sustained network of formal roles with the authority, resources and sponsorship to ensure that wellbeing is treated as a priority across the organisation. This network is responsive and ensures that issues are identified and attended to before they impact performance. Its members should be drawn from different departments, teams, professions and backgrounds.

4. Team managers have the support they need to prioritise and respond to the wellbeing issues in their part of the organisation.

Team managers have a key role to play in creating a supportive work environment, both in terms of emphasising the importance of wellbeing and also in putting into practice models such as containment and psychological safety. This requirement shouldn't be yet another initiative checklist to fit

into their day but a genuine aspect of their role, enabled through support from their own managers, ongoing training and development for themselves and role modelling from senior leaders.

5. Wellbeing is a valid and prioritised workplace activity

A supportive organisation is one where attention to wellbeing is not something that people fit into their spare time, lunch break or after work, but rather something that is a normal and integral part of work and the time spent at work. Managers and their teams should see wellbeing as something that they 'have permission' to make space and time to think about, discuss and work on. Taking time to reflect on and process the nature and experience of the work that they do is valued and encouraged – it 'counts as work'.



The Organisational Wellbeing Framework is intended to prompt thought and reflection by individuals, pairs and groups. Along with the reflective process that follows, this will help you to take an in-depth look at your organisation and identify its more and less supportive aspects. Before you move onto the detailed version of the model on the next page, take a moment to think about your organisation in relation to the model and note any initial responses, ideas or questions you might have.

The model shows a way for you to think about your organisation, your place in it and the organisational elements that can support or hinder the people it comprises.

There are five interconnected pillars, all of equal importance. These pillars are intended to structure your thinking when reflecting on your organisation and the things that are being done well, not so well, or perhaps not at all.

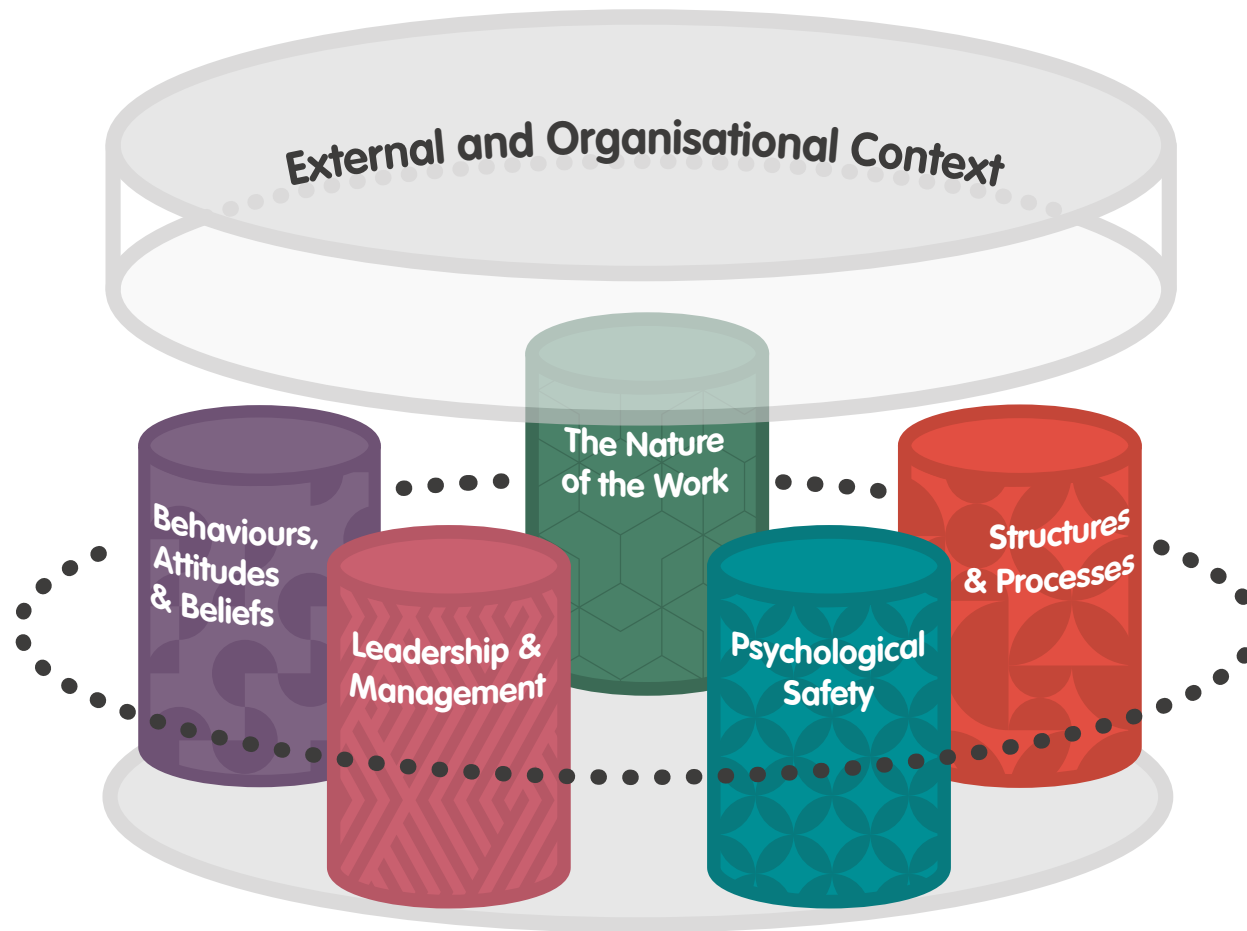
If all of these pillars are regularly engaged with, discussed, and taken seriously, you can use them to find ways of supporting people to provide the best care possible and contribute to achieving your organisational aims.



Of course, no organisation exists in a vacuum and this is especially true in the NHS where the external context or system will be exerting multiple pressures that cannot always be controlled or predicted.

The stronger the pillars within your organisation, the better equipped the people who make up your organisation can manage and respond to external pressures while providing or supporting care and treatment.

You can find **more information** on the **next page** and in the further information section (**p.25**).



Ways of thinking

The model is informed by a number of concepts and theories which we believe are helpful as ways of thinking about your organisation and going through the five pillars. To find out more, [click here](#).

External and organisational context



The external context has a crucial impact upon an organisation. There are many aspects or factors in the external environment, which influence or even determine how the organisation sets itself up internally in order to survive and respond to the external demands.

The external context includes: the wider structures of resource allocation, the relationships with commissioners and regulators as well as educational and professional bodies. It also includes epidemiological, seasonal and event-based trends in healthcare (demands), public health agendas, policy context and funding priorities. Crucially the external context includes the level of funding, contract KPI's and societal expectations.

Additionally, local factors particular to the organisation can also have an influence, for example key sites being distributed over a wide geographical area or the particular portfolio of services delivered by a Trust. History, particularly recent history, can also colour organisational life, for example a merger, restructure or significant changes within the top team.

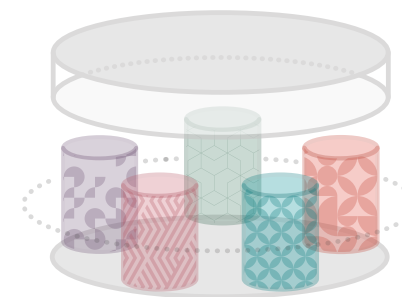
Some of the ways in which the external context exerts pressure on the system can be predicted (such as winter demands) and even

mitigated (by 'flu vaccinations) while some will be unpredictable such as a media 'reveal' about the quality of care which if negative can have a detrimental impact upon both reputation and morale, or an unexpected event such as the Grenfell fire.

The COVID-19 pandemic is a clear and recent example of an extreme external context that had a significant, complex and lasting impact on the NHS and the wellbeing of its workforce. At the same time, while some of the effects (such as stress and fatigue) were shared in common across the NHS, others were more varied across different Trusts, departments, roles and staff groups. This is also true for some of the recent societal events, such as the 2019 Birmingham protests against LGBTQ+ inclusion or the media coverage and social media response to the Black Lives Matter movement in 2020.

Identifying the factors in the external context that are impacting, influencing and organising you and your colleagues is a helpful part of thinking about your organisation.

These factors may be influencing the structure, resource allocation and the thinking in your organisation, perhaps with little awareness, and different parts of the organisation may be pre-occupied by apparently different priorities and issues. For example senior management may be preoccupied with reviewing a contract with commissioners, whereas frontline staff are preoccupied with the level of resource and the expectations upon them to treat a specified number of people in a given time. In this way a punitive or critical dynamic around scrutiny at national or commissioning level moves into an organisation, and can impact on staff relationships with each other, with patients and with management.



The five pillars

Behaviours, Attitudes and Beliefs



The particular mix of these, which are (consciously and unconsciously) encouraged and reinforced in a team or organisation, making up the organisational climate.

The behaviours of individuals, and the people around an individual, are one of the most obvious and direct factors in creating the psychosocial work environment and staff experience of the organisation as a whole. Negative attitudes and behaviours will have a negative impact on wellbeing and, if not challenged, or even seemingly rewarded, will be learnt as an accepted norm by other people in a team, department or organisation, further perpetuating negative behaviours.

The underlying attitudes and beliefs that inform behaviour in the workplace may be consciously or unconsciously held and may be different or even in opposition to the espoused beliefs that an organisation publicly declares it holds, for example as organisational values (Schein, 2010) or societal beliefs (Kelly et al., 2020).

The behaviour of a team might differ from the values described on a poster on their office wall, in some ways that they may be aware of, but in some that they may not. For example, rather than being valued, diversity and difference may instead be tolerated, creating an environment that pushes staff with differing identities (such as transgender staff or staff with disabilities) to feel that they need to assimilate or minimise their difference rather than feeling accepted for who they are, having a huge impact on their wellbeing over and above the demands of their role.

Climate is ***“the shared meaning employees attach to the policies, practices and procedures they experience and the behaviours they observe getting rewarded, supported and expected”*** (Schneider and Barbera, 2014). The behaviours of first line supervisors play an important role in creating

this experience, as do the values and attitudes of senior management and Chief Executives as perceived by others (West et al, 2015). This is particularly true when it comes to introducing new ways of working when a team’s perception of the extent to which managers are embodying these will have a large impact on the extent to which the new behaviours are taken up.

More recent research into incivility (e.g. rudeness and swearing) has found that it is not only a cause of anxiety but that it can reduce performance, creativity and cognitive ability in bystanders as well as the person being subjected to the behaviour (Cortina & Magley, 2009; Porath et al., 2012).

For example a consultant behaving aggressively towards a nurse in an open plan setting would have an emotional and cognitive impact on the nurse and also on any of the nurse’s colleagues present at the time.

Leadership and Management



The ways in which those in formal authority at all levels of the organisation take up and carry out their role.

There is much in the literature to highlight the importance of effective leadership and management in the workplace and it is a crucial area for instigating positive changes at organisational and systemic levels.

Leadership is important for optimising workforce efficiency and achieving organisational goals. It is also an important mechanism for creating and changing organisational culture (e.g. Schein, 2010). Thoughtful leadership (Simpson & French, 2005) offers an account of the emotional containment leaders offer, which enables their staff to both reflect and think about their work, and to keep on task.

This provision of certainty and containment by leaders and managers is particularly important during significant organisational change (e.g. restructuring, cost cutting, a Trust being placed in special measures) where levels of stress and anxiety might be heightened. In these

circumstances managers who simply pass on negative emotions or experiences to their team do the opposite, creating a less supportive and more stressful environment for staff.

Good people-management practices are associated with significantly higher levels of job satisfaction, engagement, patient satisfaction, and lower levels of sickness absence compared to Trusts who employed these practices less. (Ognonnaya & Daniels, 2017). The 'hour by hour activity' of managers and the behaviour that they demonstrate is one of the most important, though often overlooked, forms of communication with staff in an organisation, especially in times of change (Kotter, 1995).

Recent work by Michael West (West et al., 2017, 2019) emphasises the importance of Compassionate Leadership and a focus on creating conditions that enable staff effectiveness, wellbeing and fulfilment at work.

Current studies also show the positive impacts of Inclusive Leadership in different healthcare settings such as operating theatres (Minehart et al., 2020) and in times of crisis like COVID-19 (Ahmed et al., 2020). Inclusive leadership focuses on encouraging all staff members to contribute to decision making, which creates a more effective and cohesive work environment where all staff feel valued and safe to speak up.

**Leadership is important
for optimising workforce
efficiency and achieving
organisational goals**

The Nature of the Work 🙌



The particular aspects of the work that individuals and teams in health and care organisations carry out.

The nature of the work has an impact upon the individuals in an organisation, and there are particular feelings associated with different work tasks. For example healthcare tasks evoke feelings including pity, anxiety, compassion, guilt and even disgust (Ballatt & Campling, 2011).

Individuals can evolve particular coping mechanisms, which can take the form of unconscious defences, to protect themselves from being overwhelmed by these feelings. These coping mechanisms can include depersonalisation, detachment and denial of feeling which, though successful in the short term, undermine the staff-patient relationship and avoid the complex reality of working with patients in healthcare settings (Menzies Lyth, 1960). This avoidance can in turn lead to unacknowledged emotions and anxiety emerging in other ways or leading to stress and burnout.

Different aspects of work include job content, workload and work pace, work schedule,

control, environment and equipment, organisational culture and function, interpersonal relationships at work and home-work interface (Leka, S., and Cox, T., 2008). Nursing staff working in intensive care / high dependency units, neonatal theatre and outpatients gave the highest ratings for their ability to provide the quality of care they would like to receive; nursing staff in prison healthcare gave very low ratings. Therefore, it is important to take into account the varying experience of staff working in different parts of the service.

Forms of psychological stress and trauma were highest in particular professional specialisms: forensic, hospice, ICU, emergency departments, paramedic and psychiatric nursing. Young and newly qualified staff were at higher risk. Research indicates the need to take account of staff age, gender, education level and personality traits; and whether someone has a personal history of trauma.

The extent to which a person identifies with and engages with their work is also a factor: a positive level of involvement can increase efficacy, wellbeing and resilience (Luthans et al 2007) though over-engagement can have negative consequences, interfering with work-home balance and leading to health problems (Geurts & Demerouti, 2003).

**avoidance can in turn
lead to unacknowledged
emotions and
anxiety emerging**

Psychological Safety



“A climate of trust and respect, where employees feel valued and their psychological well-being prioritised by management” (Dollard, M.F., and Bakker, A.B. (2010).

Drawn from a significant body of research including work in healthcare settings by Professor Amy Edmondson, ‘psychological safety’ is **“a shared belief held by members of a team that the team is safe for interpersonal risk taking” and this “exists when people feel their workplace is an environment where they can speak up, offer ideas and ask questions without fear of being punished or embarrassed.”** (Edmondson, 2019).

Research carried out with 180 sales and engineering teams across the world found that psychological safety was a highly important factor when it came to team performance. Moreover, **“Individuals on teams with higher psychological safety are less likely to leave Google, they’re more likely to harness the power of diverse ideas from their teammates, they bring in more revenue,**

and they’re rated as effective twice as often by executives.” (Google re:Work, 2017)

Psychological safety within a team enables curiosity, connection and the engagement with different perspectives and experiences, which in turn supports effectiveness, learning and innovation.

Low levels of psychological safety in organisations have a negative impact on team-working, collaboration and relationship building, where there is simultaneously a high emphasis on accountability, anxiety levels are greatly raised. (Edmondson, 2003).

High psychological safety in a hospital would enable a nurse to challenge the decision of a consultant surgeon or a junior physiotherapist to feel safe in raising concerns about the conduct of a manager.

Low psychological safety on the other hand might result in the manager of a long-term care facility feeling unable or unwilling to address inappropriate behaviour of care staff, resulting in a negative impact on patient care.

Edmondson’s research (2008) has also shown that an explicit focus on high standards in an environment without psychological safety can increase stress and anxiety for staff and lead to a decrease in performance.

Psychological safety within a team enables effectiveness, learning and innovation

Structures and Processes



The environmental, technological and managerial systems of an organisation.

Working in well-structured team environments with clear goals and support from immediate managers and opportunities for contributing toward improvements at work were linked to outcomes such as patient mortality, patient satisfaction, staff absenteeism, turnover intentions, quality of patient care and financial performance (West, et al 2011).

People's experience of HR and people management processes such as recruitment, appraisals, performance management and grievance handling is an important part of their organisational experience. The aim of the processes, as well as the way in which they are designed and implemented can reduce or increase stress and anxiety, unconnected to whether or not they improve performance (Van de Voorde et al., 2012). For example, if a new IT system is introduced without

sufficient training for all employees, using the system could increase employee stress. Similarly, cost-cutting measures (e.g. around everyday tasks such as printing) introduced without explaining the rationale in sufficient detail might be experienced as punitive by front line staff.

Technology, especially communications technology, within the workplace, has been shown to lead to an ever-increasing work pace, which can reduce an individuals flexibility to cope with shifting demands and a greater number of interruptions which, when unpredictable and out of a person's control can contribute to stress (Jett & George, 2003). While technology use encourages and supports multi-tasking, which can appear to be efficient, multi-tasking is cognitively inefficient and may lead to job strain in some settings (Carrier et al., 2015).

HR and people management processes are an important part of organisational experience

This pillar also includes the most basic, everyday aspects of people's working environments, which should be facilitative, not something to be put up with or worked around, for example lack of suitable break rooms or intermittently working WiFi.

Ways of thinking



You may find it helpful to keep some of these ideas in mind when using the Organisational Wellbeing Framework to explore your organisational experience in more depth.

Interconnectedness

A central idea of systemic thinking is that all parts of an organisational system impact on other parts of the system. Organisations can be thought of as being more like ecosystems than machines. There are mutual and circular patterns of influence such as feedback loops, instead of one-way linear step-by-step connections. For example, a senior leader plans leadership development for their team leads, but when other people hear about this, they request similar development and are included in the training. This leaves some of the team leads unhappy they will not be in a small group, and so they do not attend the sessions.

Interconnectedness;

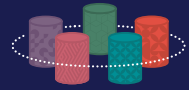
A central idea of systemic thinking, that all parts of an organisational system impacts on other parts of the system.

Uncertainty;

Uncertainty in organisations is a fundamental part of organisational life, particularly in the context of change.

Uncertainty

Uncertainty in organisations is a fundamental part of organisational life, particularly in the context of change. How to engage with this inevitable uncertainty is a central issue for organisations. Acknowledging uncertainty and the anxiety it can bring enables organisations to deal with uncertainty in a way that avoids difficulties and enables good performance. For example, an organisation is undergoing a restructure and staff are not sure whether and where they will have jobs in the new structure. How options and decisions are communicated, how plans are made and how changes are responded to organisationally, can have a big impact on the anxiety experienced by staff at a time of uncertainty.



Complexity

Within any organisation there are teams, and people who have multiple perspectives. The perspectives and positions taken up by different parts of an organisation may change as the organisation itself changes and evolves. Each person or group's perspective is based upon their unique context, including their history. As a result any event or action can be interpreted and experienced in many different ways.

Organisations will both make use of multiple perspectives, and need to find ways to address complexity when it emerges in 'wicked' organisational problems: where there is no obvious solution, no way to take all perspectives into account, and where there may be a number of unintended consequences through taking a particular course of action.

For example, arranging a medical cover rota for a ward involves individual junior doctors co-ordinating with each other when they wish to take time off, understanding the new employment legalities and advice from HR for setting a rota system to manage cover, and relationships with ward teams who may have their own systems and demands for medical staffing.

Complexity;

Organisations have a history and context with any event having multiple interpretations.

Unconscious Life of Organisations;

There are aspects of organisational life that are unspoken, unseen, and often unacknowledged and unnoticed, but which have an impact upon the experience of the people within the organisation.

Unconscious Life of Organisations

There are aspects of organisational life that are unspoken, unseen, and often unacknowledged and unnoticed, but which have an impact upon the experience of the people within the organisation. Many unconscious dilemmas and dynamics influence individual and team emotions and behaviours, and how effective they are in their work.

For example, in response to uncertainty a management team might put in place a strict timescale for personal development reviews. There is good thinking that this is a way to engage individual staff members in their work and their development, but there is also an underlying anxiety about staff members doing their work and needing to be controlled that is felt by staff, who do not keep to the timetable.

Unconscious biases, for example towards ethnic and other minority groups, can often go unnoticed in many organisations, especially if they have become part of a set of common attitudes and behaviours.



Containment

Individuals and groups experience emotion in their work life, and this emotion can motivate and inspire, and also disable and distress. Containment is the way both management structures and the nature of relationships with others, including the messages they give and the ways they respond to the emotions of others, can make emotions more manageable for individuals and groups.

For example, a staff member in a crisis home treatment mental health team returns to base from a home visit having had to leave a client who has expressed suicidal thoughts. The team has a plan in place for this particular client who has disclosed similar thoughts in the past. The staff member has followed this plan, and also has the chance to debrief in the whole MDT meeting that occurs following morning visits, where the concerns of each team member are listened to and best next steps agreed. Managed structures and responsive colleagues allow the staff member to feel calm and confident in their response to the situation, reducing the impact on the staff member.

Containment;

Individuals and groups experience emotion in their work life, and this emotion can motivate and inspire, and also disable and distress.

Collaboration;

Groups of people can achieve more than individuals acting alone.

Collaboration

Groups of people can achieve more than individuals acting alone. Collaboration around a shared task, where individuals work together with reciprocal cooperation, is central to any team and organisational endeavour. At the same time, individuals have ambition as well as wishes to collaborate, and this leads to experiences of rivalry for individuals, teams and organisations. Rivalry, which often occurs in pairs and also in teams, can raise uncomfortable feelings, but can also be productive and motivational when healthy.

Collaboration can emerge in different ways – for example through hierarchical structures (e.g. medical trainees perform work under Consultants who enable and teach them) or in distributed, emergent ways (e.g. a member of staff suggests that a team starts celebrating birthdays, and another team member sets up a system for remembering dates, and the team all sign a card for each member for their birthday). Similarly rivalry may emerge in different ways – for example conflict over the best way to set up a service, competition for a new service lead position, or simply a wish to be in charge of a particular task instead of having to take on other jobs.



Authority

In organisations different people in different roles have specified tasks and authority, which means they can make decisions and delegate tasks to others. This role authority is sanctioned by the organisation, but in more informal ways it must also be sanctioned by those who are asked to respond to those in authority, in order for authority to be acted on. In addition, individuals respond to their own authority in particular ways, and must take up their authority in their role to effectively carry out the tasks the organisation has assigned to them. The collection and coordination of roles with authority make up formal organisational structure.

For example, a service lead has three ward teams, each with a ward manager and staff who work on the ward. The service lead supports the ward managers with their staffing levels, structures and processes, and also visits the wards to assess the atmosphere and activity of staff. When a ward manager has a performance management issue with a member of staff, the service lead supports the ward manager to carry out a review, taking care not to undermine the ward manager's role. As the ward manager is in their first managerial post they can struggle at times to assert themselves, and the service lead is making sure in their conversations with the ward manager, that they are making visible the decisions that are being taken about the running of the ward and noticing how their staff respond to their decisions.

Authority;

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The national workforce skills development unit is situated within the Tavistock and Portman NHS Foundation Trust. The trust has a history of delivering psychologically minded training and clinical services. The work of the trust is founded on a commitment to the value of time to think and reflect on practice.

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