

Workforce Stress and the Supportive Organisation

A framework for
improvement through
reflection, curiosity
and *change*

The National Workforce Skills Development Unit



The Importance of Staff Wellbeing

Facts and figures



of NHS Staff
reported feeling unwell
due to work
related stress¹

an increase of 1.3% since 2016

There are over
100,000
vacancies
across NHS trusts²



One in five
staff on average
have left their role
in **2017/18**
in community trusts³

The **COST**
of employee
mental ill health
accounts for an average of
£1,794 to £2,174⁴
per employee



The **Median stability**
index across trusts
has declined from

89% to **85%**³
in 2010/11 in 2017/18





One of the biggest challenges facing the NHS is workforce resilience, capacity and wellbeing. Key issues such as recruitment and retention of staff are 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 National Workforce Skills Development Unit (the Unit) to bring together an expert reference group 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 rapidly recognised that insufficient attention had been paid to the impact poor psychological wellbeing and stress can have on organisational success. In addition, the reference group 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. This is founded on key theoretical and philosophical principles which underpin the Tavistock and Portman’s work while incorporating other approaches and ideas. We have built on these foundations to create and articulate pillars and a cyclical process of ‘Reflection, Curiosity and Change’, to structure thinking 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 you think differently about it so you can make a difference.

“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.

This framework encourages you to stop doing what you have always done and reflect upon and understand what is happening around you.

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

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.

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Further reading around the theories and ideas underpinning the framework



A Systemic Approach to Psychological Wellbeing



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 burn out, 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.

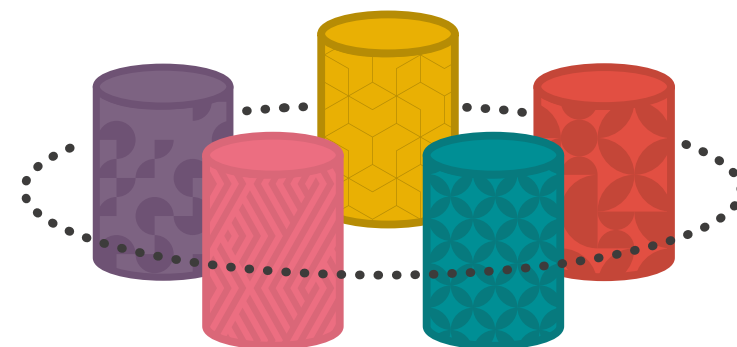
The Unit commissioned the Mental Health Foundation to review the literature and evidence around the impact on staff psychological wellbeing and approaches and interventions available (<https://tinyurl.com/yau46ctx>).

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 with a structured process and space to think through and understand the issues confronting their people. It points towards addressing the organisational experience while accepting the psychologically challenging nature of the kind of work we do.



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

Using this Document

This framework is intended to be used as a basis for a facilitated group session, using either internal or external facilitators. We hope it will encourage you to develop a systemic understanding of your organisation 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 any level 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 board 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 purposively 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.




- The *framework* refers to the whole document
- The *model* is the diagram including the five pillars
- The *process* refers to reflection, curiosity and change

It is important to recognise that working through the framework might create some discomfort, 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 curiosity and change 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.

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

A Model for the Supportive Organisation



The model below 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 5 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.

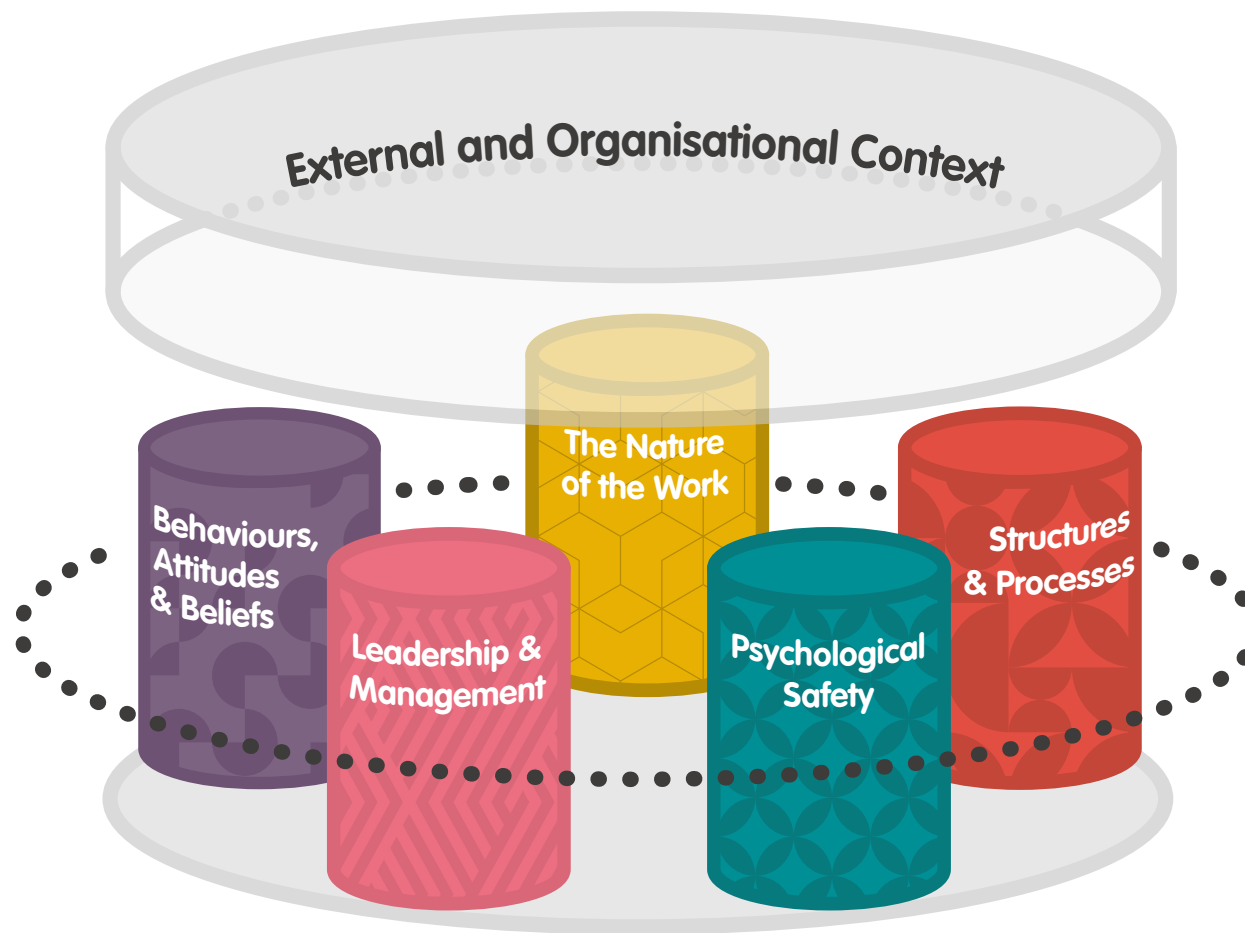
If all of these pillars are regularly engaged with, discussed, and taken seriously, you can use them to find ways of supporting people to provide the best care possible and contribute to achieving your organisational aims.



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](#).

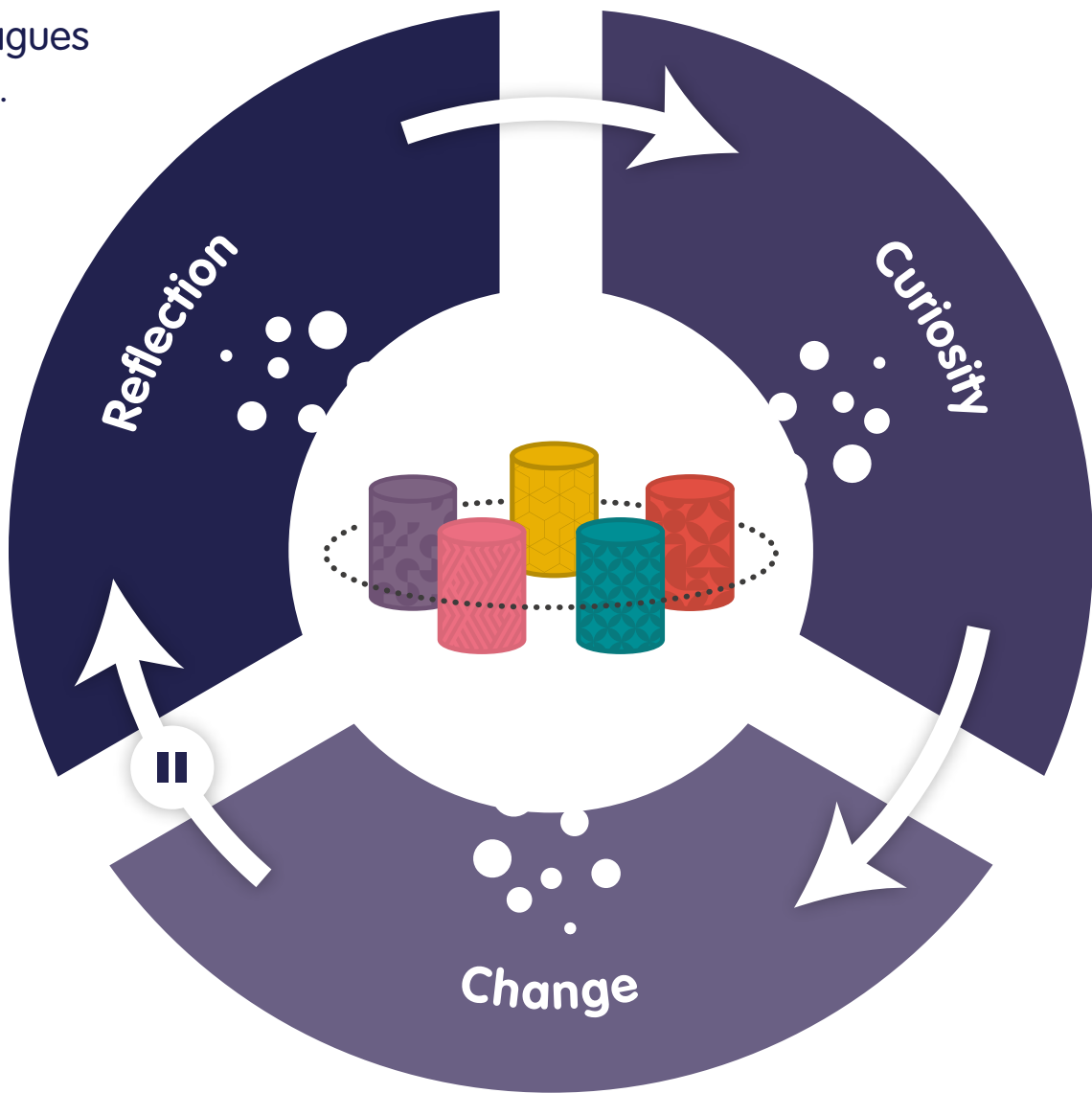
Reflection, Curiosity and Change

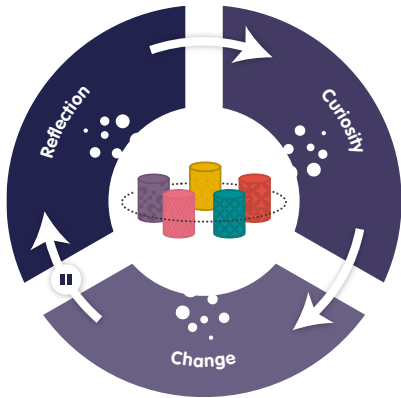


This process is intended to demonstrate the value of taking time and making space to develop a systemic understanding of your organisation and the extent to which it supports you, your colleagues and your team to work effectively in your roles.

The process of reflection, curiosity and change is a structured approach to thinking about your experience of your organisation. In turn, this approach will invite you to think about your organisation's external context and the five key dimensions, or pillars, of a supportive organisational environment.

Taking time to think through the different elements of the model will help you identify those aspects of the organisation that are most and least supportive. It will also help you scope out ways of shifting your organisation, or parts of it, into a more supportive form, with enhanced conditions for psychological wellbeing enabling effective performance and service delivery.





The reflection, curiosity and change process is cyclical and in three phases. You can use the process to help you to properly engage and fully consider each phase. By continually cycling through these phases and fully considering the pillars while keeping the focus on staff psychological wellbeing then this should become a 'way of being' for your organisation.



Phase 1: Engaging with this approach; exploring your organisational experience

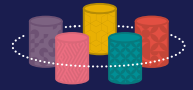
This phase encourages you to **reflect** on your individual or group experience of your organisation; **be curious** about which of the pillars you think might impact on you and others the most and to think about what positive **change** might look like. A series of questions against each stage of the process is included below to help you to do this.

Phase 2: Using information; sense checking your organisational experience

The second phase asks you to **reflect** on what you might need to find out and whether your experience is that of others; **be curious** about how you might go about this - data sources, other sources of information, - and to start taking action to **change** by collecting the information you have identified. It is important to stress that this phase is not about jumping to solutions, rather you should be using the process to better understand the organisational experience.

Phase 3: Taking action; changing your organisational experience

This phase encourages you to **reflect** on what the information you have collected is telling you, **be curious** about the approaches, actions and interventions you can take and those others have taken. Once implemented, have they brought about the **change** you intended?



Phase 1

Engaging with this approach; exploring your organisational experience

Reflection

Reflection on all the pillars will develop an overall sense of your organisation as a more, or less, supportive place - [p.17](#)

Curiosity

Curiosity encourages you to be curious by investigating each of the five pillars in more depth - you may wish to prioritise these depending upon your own circumstances - [p.18](#)

Change

Change helps you to identify changes that would make your organisation a more supportive place for you and your colleagues - [p.19](#)



Phase 1: Reflection

The aim of reflection is to develop an overall sense of your organisation as a more, or less, supportive place. Use these questions individually or in a group to think about your experience of your organisation.

- What words come to mind when you think about your experience of working in your organisation?
- Do you think this experience would be different in different parts of the organisation? How?
- Has your experience of your organisation changed in the time you have worked there? How?
- Which external factors are having the biggest influence on your organisation at the moment? How are these external factors felt and understood by people in your organisation?
- What is your sense of your organisation's relationship with external organisations e.g. commissioners, Care Quality Commission? What impact do these organisations have?
- What are the top three concerns for your organisation at the moment? How are these concerns being felt by people across the organisation and what impact is this having?
- To what extent are the different **Ways of thinking** part of everyday thinking in your organisation? Which one of the "Ways of thinking" do you feel is particularly relevant to understanding the current state of your organisation?
- Do any of the five pillars strike you as particularly influential in forming your current experience of your organisation as a more or less supportive place?
- If you drew a version of the model to illustrate your organisation as an image, what would that look like? How would you draw the different pillars? What size and shape would each one be? How stable,

"Develop a sense of your organisation as a more, or less, supportive place"

solid (or not) would they be? What would the resulting picture tell you about your experience of your organisation? (If you do this exercise in a group, what is different and similar about the different pictures people have drawn?)



Phase 1: Curiosity

The aim of this phase of the process is to explore the five different pillars in depth to develop a more detailed understanding of each, and the impact that they might be having on your organisation's capacity to support you and colleagues in your work.

Answer these questions for each pillar in turn. Based on your initial reflection, you may already have a clear sense of which pillar(s) it would be most helpful to explore in more detail – perhaps the least stable one, or perhaps the one you are least certain about. Detailed descriptions of each pillar can be found on [p.28-33](#).

- In a few words, how would you describe this aspect of your organisation – what does it currently look like?
- How would you describe the impact that this pillar has on you and your colleagues' everyday experience of work?
- What are the strongest and weakest aspects of this pillar in your organisation? The most and least helpful aspects?
- How consciously does your organisation engage with this pillar? Does it feel like a priority? Are there any specific projects and initiatives currently underway that are relevant to this pillar?
- Thinking about the data sources listed on [p.21-22](#), what might these tell you about this pillar of your organisation? How does information align with your thoughts so far about this pillar?
- Which **Ways of thinking** are particularly relevant in thinking about this pillar in your organisation? What do they highlight about its contribution to a supportive environment?
- If the best possible version of this pillar existed in your organisation what would that look like? How would it feel? What would you hear people saying about it? What would be most different ?
- If this pillar was changed for the better, what difference would that make to your experience of work?

explore the five different
pillars in depth to
develop a more detailed
understanding



Phase 1: Change

The aim of this phase of the process is to identify changes that would make your organisation a more supportive place for you and your colleagues and, in doing so, reduce stress levels, increase wellbeing and reduce the need for individuals to rely on their own individual resilience. This is also a process of understanding what shift might be possible, where to start and how to prioritise your effort.

- Which of the five pillars in your organisation, if strengthened, would have the most immediate effect on stress and wellbeing?
- Given your role in the organisation and the resources you have access to, what level of change would it be reasonable for you to aim for in relation to this pillar? Local, organisation-wide, or something in between?
- What specific changes – if any – come to mind that could make a difference at the level you have chosen to affect?
- Thinking about the particular pillar that you want to change - Are there any people who would be effective allies, advocates or advisors? How could you engage them in the help you need to make the changes?
- Are there any existing or recent initiatives that could connect to and amplify your effort in relation to a particular pillar?
- Has change been successfully implemented in your organisation recently? What can you learn from this success, and those involved in it, before you begin your own process of change?
- Are there any parts of the organisation likely to be concerned about making changes? Why? How can you address their concerns?
- What barriers or resistance might you encounter as you try to make this change happen? What will help you to persevere in the face of these?
- What initial signs would you expect to see if your change was making a difference?

“identify changes that would make your organisation a more supportive place”



Phase 2

Using information; sense checking your organisational experience

Reflection

What do you need to find out? Who do you need to engage with? Who has the ability to influence change?

Curiosity

What information sources are available? How can I engage with views across the organisation? What have other organisations done?

Change

Collect the information you need, investigate the available data sources, engage with staff

Phase 2



There is a large amount of quantitative data available to the NHS that will help you understand things like retention, sickness and absence and staff experience. In addition you will be able to access existing qualitative data by engaging with people in your organisation. It is likely that you will want access to more qualitative data than you might have immediately available and there are a number of ways you can approach this, NHS Employers give some good examples - <http://www.nhsemployers.org/staffengagement>.

You should use the pillars to make sense of this information and to guide how you approach what you want to find out.

NHS staff survey: This collects data on the views of NHS staff to improve working conditions and ultimately patient care. The data is collected annually which provides a better understanding of staff conditions and views over time. The data is used at a national level to and feedback reports are produced each year. NHS organisations can access the data via the NHS staff survey website. Pointers and support for analysing NHS staff survey data can be found here: <http://www.nhsemployers.org/-/media/Employers/Publications/staff-survey-analysis-briefing.pdf>

Internal staff survey: NHS organisations may choose to run additional internal surveys to obtain staff feedback. Data obtained from staff surveys can be both quantitative, in form of additional surveys, or qualitative such as through focus groups.

Patient surveys: National patient surveys are carried out by the Care Quality Commission (CQC) and can be downloaded from their website. Additionally, organisations may choose to conduct local patient surveys to obtain feedback from patients on issues such as communication, involvement, dignity and respect, quality of care etc. These can be qualitative or quantitative.

Electronic staff record (ESR): ESR has a range of tools and functions which allow for the storage and analysis of workforce data. Analysis on retention and sickness can be conducted. More information can be found here - <https://www.nhsemployers.org/your-workforce/plan/electronic-staff-record>

Support for analysing quantitative data is provided by NHSI: <https://improvement.nhs.uk/resources/making-data-count/>

Phase 2



Qualitative data will often help you flesh out quantitative data and uncover things that figures and statistics only suggest. It may also form part of any staff engagement plan or strategy you plan to undertake and this is key.

Exit interviews/staying interviews:

These can provide a information on workforce issues. Some organisations also choose to conduct staying interviews to gain an understanding of their existing staff's motivation.

CEO question time/roadshows:

Organisations may choose to organise regular or occasional opportunities for staff to directly engage with the organisation's CEO to provide feedback or ask questions.

Appraisals: Staff appraisals can be a useful source of information on workforce issues. These can be collected via ESR.

Unions: Unions can provide useful feedback on staff issues and priorities and the NHS as a whole is heavily unionised. Organisations should regularly engage with Unions for this purpose.

Internal Staff Survey: Various qualitative staff feedback options are available.

Organisations may choose to conduct focus groups to ask people about their experience and beliefs in a structured way. Another example are cross sectional reference groups where people of all levels of the organisation are brought together for feedback.

CQC: Inspections will gather evidence from different sources including speaking to people individually or in groups and information from complaints and concerns, reviewing records. They will provide feedback at the end of the inspection which can be used as a source of information.

Analysis of past interventions:

Organisations should conduct reviews and evaluations of previous action taken. This can help build a picture of what has worked in the past.

Benchmarking data: Organisations may choose to benchmark themselves against other organisations. This supports understanding of areas for improvement and of areas that are working well compared to other organisations. iView and iViewPlus might be useful in this regard: <https://digital.nhs.uk/services/iview-and-iviewplus>





Phase 3

Taking action; changing your organisational experience

Reflection

What is the information you have collected telling you? Is it what you expected?

Curiosity

What approaches, interventions and actions should I take? Is the culture management strategy currently in place working?

Change

Developing and implementing the approaches, interventions and actions identified and evaluating efficacy

Phase 3



Once you have gathered the information you think you need, understood elements of the pillars that might be weakening your organisational experience and engaged fully with people you will be thinking about moving on to implementation.

There is a list of actions or interventions in 'Further Information' but please remember, applying these in an ad-hoc manner will not yield the best results.

The King's Fund have collated a suite of tools that will help you to develop a plan and undergo cultural change - <https://www.kingsfund.org.uk/projects/culture>. They also emphasise the idea of 'collective leadership'. This is a helpful model for thinking about staff engagement and culture change:

'everyone taking responsibility for the success of the organisation as a whole – not just for their own jobs. It requires organisations to distribute leadership power to wherever expertise, capability and motivation sit within organisations.'

NHS Improvement also have helpful case examples of organisations that have gone through culture change programmes - <https://www.nhsemployers.org/your-workforce/plan/electronicstaff-record> and go on to collate another series of helpful tools, concepts and diagnostics.

You will find all of these helpful when creating your plan for change and implementing it but we would like you to bear several key things in mind while doing this:

- 1 Taking the time and making the space to reflect and properly understand what is happening within your organisation using the information and data you have gathered.
- 2 Personal resilience should not be the focus, although it is important given the nature of the work we do - what elements of the organisational experience can you improve to minimise the need for this? Refer back to the pillars to help you do this.
- 3 Psychological wellbeing will directly contribute to achieving your organisational aims - What elements of the organisational experience will contribute most to the psychological wellbeing of the people in your organisation? How can you minimise those that may be doing harm and make the most of those that might help with this?
- 4 Listen to the people in your organisation, engage properly with them and act on what you have learned. There is nothing worse than giving people a voice and then not acting on what it is saying.



Further Information

In the following sections you will find detail explaining the ideas informing the model. This includes the pillars, ways of thinking, external and organisational context. We encourage you to refer to this information while you are using the document.

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 health care (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.

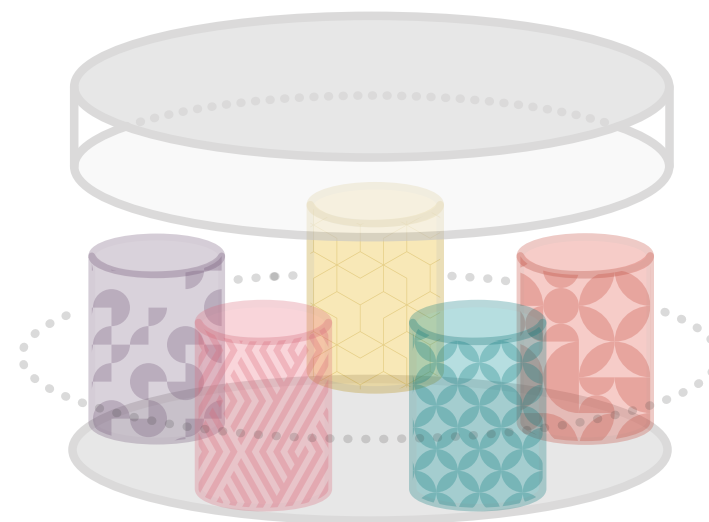
Some of the ways in which the external context exerts pressure on the system can

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).

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/their STP partners, whereas frontline staff are preoccupied with the level of resource and the expectations

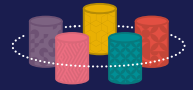
upon them to treat a specified number of people in a given time. In this way a punitive or critical dynamic around scrutiny at national or commissioning level moves into an organisation, and can impact on staff relationships with each other, with patients and with management.





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 allowed to continue without consequence or even seemingly rewarded, will be learnt as an accepted norm by other people in a team, department or organisation, especially new joiners.

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).

For example 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.

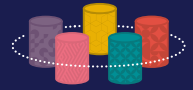
Climate is ***“the shared meaning employees attach to the policies, practices and procedures they experience and the behaviours they observe getting rewarded, supported and expected”*** (Schneider and Barbera, 2014). The behaviours of first line supervisors play an important role in creating this experience,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

with staff in an organisation, especially in times of change (Kotter, 1995).

There is limited evidence concerning which leadership approach is most effective for healthcare organisations though more recently the model of Collective Leadership has been proposed (West et al. 2014), in which leadership is a group activity centred on relationship building and the encouragement and enabling of others to take up their own leadership role.

**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, as a response to the nature of the work 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. 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,

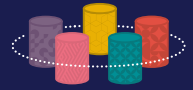
work schedule, control, environment and equipment, organisational culture and function, interpersonal relationships at work and home-work interface (Leka, S., and Cox, T., 2008). Nursing staff working in intensive care / high dependency units, neonatal theatre and outpatients gave the highest ratings for their ability to provide the quality of care they would like to receive; nursing staff in prison health care 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).

In teams with psychological safety, ***“team members feel able to take interpersonal risks and be vulnerable in front of each other.”*** (Google re:Work, 2017)

“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)

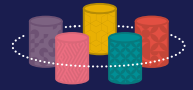
Psychological safety within a team enables curiosity, connection and the engagement with, different perspectives and experiences, which in turn supports effectiveness, learning and innovation.

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. (Edmonson, 2003).

High psychological safety in a hospital would enable a nurse to challenge the decision of a consultant surgeon, whereas low psychological safety might mean a manager in a care organisation overlooking inappropriate behaviour of a team or its members.

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 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**

Ways of Thinking



You may find it helpful to reflect on some of these ideas in more depth in exploring your organisational experience. Therefore we have included more detailed descriptions of these in the section below. You may wish to refer back to these when thinking about the pillars.

Interconnectedness

A central idea of systemic thinking, that all parts of an organisational system impacts on other parts of the system. The organisation or system is better thought of as an eco-system, instead of a machine. 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;

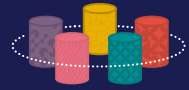
A central idea of systemic thinking, that all parts of an organisational system impacts on other parts of the system.

Uncertainty;

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

Uncertainty

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

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

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 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.

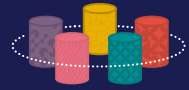
Unconscious Life of Organisations;

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.



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 saying they are going to end their life. The team has a plan in place for this particular client who has made many similar threats and 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. Whilst feeling anxious, and unsure whether she should be responding with more action or with less concern the team member is able to feel calm and undisturbed having had the chance to work within managed structures and with responsive colleagues.

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 her first managerial post she can struggle at times to assert herself, and the service lead is making sure in her conversations with the ward manager, that she is making visible the decisions that are being taken about the running of the ward and noticing how her staff respond to her decisions.

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Creating a Supportive Organisation



We have put together suggestions on possible actions or interventions. They have been categorised by level of intervention (individual/group/organisation) or processes. This is to support you in finding the type of intervention that is needed.

It is important to emphasise at this point that the actions listed here should be carefully considered as part of an overall package following significant reflection and processing of the approach already described. The focus should be on taking time and space to consider your organisation, your place in it and the impact you can have rather than simply jumping to specific actions in an attempt to resolve particular issues without taking the time to fully understand them.

The interventions below are intended as a starting point for further reflection and are by no means exhaustive. It also includes links with further information or specific interventions. Many of these were identified in the Mental Health Foundation Report commissioned as part of this work - <https://tinyurl.com/yau46ctx>



Organisational Approaches



Organisational approaches are often focussed on culture change and leadership. It is likely that your organisation will already be using one or more of these approaches. It is worth investigating which ones are being used and to reflect on the impact they may be having.

Collective leadership

Collective leadership aims at empowering people in all areas and at all levels to lead and take decisions. The link below provides practical support and resources to help providers improve their culture and to run their own culture and leadership programme. <https://improvement.nhs.uk/resources/culture-leadership/>

Transformational leadership

Here, *“a leader works with their staff or followers to identify where change is needed, serving to motivate, boost morale and job performance of staff by connecting with their sense of identity, the collective identity of the organisation and being a role model.”* The NHS leadership academy provides further information and programmes on the topic: <https://www.leadershipacademy.nhs.uk/>

Appreciative enquiry

Appreciative inquiry is a type of approach and a way of thinking. Rather than focusing on the negative, appreciative inquiry asks what is working well within an organisation and how to build on that. This can help with looking at an issue from a different perspective and opening up new ways of thinking. There are usually several steps to the process. The Scottish Social Services Council provides an appreciative inquiry resource pack at: <http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=67>

Creating healthy workplaces

Health and wellbeing are essential to an organisation's culture. The toolkit below aims to support NHS organisations to improve the health, wellbeing as well as effectiveness and productivity of its workforce. It is a useful reference to think about the topic and take further actions. <http://www.nhsemployers.org/-/media/Employers/Documents/Retain-and-improve/Health-and-wellbeing/Creating-healthy-workplaces-toolkit.pdf>

Management Practices



Good management practices involve questions around job quality, role clarity, delegated decision making, access to learning and development opportunities, scope to feedback through performance management and supportive managers. Some of these might be simple interrogations as to whether a policy or practice exists and is well adhered to. Others refer to more specific interventions.

Workload management

One example of workload management is the tool below which allows staff groups such as multidisciplinary team (MDT) co-ordinators to track the important areas of their activity and assess the time spent on each over a week.

<https://improvement.nhs.uk/resources/staff-workload-tracker-tool/>

Tackling work-related stress using the Management Standards approach

The Health and Safety Executive (HSE) has published a workbook that promotes a systemic approach to implementing an organisational procedure for managing work-related stress

<http://www.hse.gov.uk/pubns/wbk01.htm>

People performance

The toolkit below encourages NHS managers to make time to talk about performance with staff.

<http://www.nhsemployers.org/case-studies-and-resources/2018/04/people-performance-management-toolkit>

Handover process

The link below provides an example of improved handover processes for junior doctors in orthopaedics. <https://improvement.nhs.uk/resources/handover-process-for-junior-doctors/>

Flexible working

“Flexible working for employees is part of good employment practice. Flexible options support the delivery of improved service outcomes providing benefits for the organisation, individual and the patient.”
<http://www.nhsemployers.org/your-workforce/retain-and-improve/managing-your-workforce/flexible-working>

Breaks

Ensuring that staff take regular breaks and have access to space to doing so as a team can be a powerful way to increase staff wellbeing. <https://www.nhsemployers.org/tchandbook/part-4-employee-relations/section-27-working-time-regulations>

Continuing Professional Development

Supporting staff in their continuing professional development (CPD) is an important part of good management practices.

Consultation Processes



A research report by the Work Foundation provides further recommendations on how to increase and measure engagement:

<http://www.theworkfoundation.com/wp-content/uploads/2018/09/FINAL-Making-the-case-for-Employee-Engagement-in-the-NHS-overall-1.pdf>

Whistleblowers' support scheme

"The "whistleblowers' support scheme helps staff in secondary care who have suffered detriment as a result of raising concerns to find alternative employment within the NHS" <https://improvement.nhs.uk/events/whistleblowers-support-scheme-launch/>

Speak Out Safely (SOS) campaign

The Speak Out Safely (SOS) campaign is an example of a way to *"encourage NHS organisations and independent healthcare providers to develop cultures that are honest and transparent, to actively encourage staff to raise the alarm when they see poor practice, and to protect them when they do so."*

Freedom to speak up

This is a report that can support you to create the right conditions for NHS staff to speak up. <http://freedomtospeakup.org.uk/the-report/>

Trade Union engagement

Engaging with trade unions can be a good way to ensure that staff voices are represented and heard.

Groups



Reflective supervision

This refers to the creation of a space to explore emotional responses and reactions to trauma. In practice, this could be a regular meeting between a supervisor and a supervisee to discuss cases. The space allows the health professional to reflect on the differences between their worldview and that of the patient they are caring for to prevent secondary trauma and other negative consequences such as burnout, desensitisation or dysfunctional coping.

Balint Group

Balint Groups are a type of reflective group practice and refer to ***“a type of clinical supervision in which doctors are able to present and discuss a case and the emotional aspects of the patient-doctor relationship.”*** More detailed descriptions can be found on the Balint Society's website: <https://balint.co.uk/about/introduction/>

Schwartz Rounds

“Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.” They are part of reflective practices. <https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/about-schwartz-rounds/>

Team building

Team building and team working encompasses a wide range of tools and interventions from team away days to team consultations. As a starting point, MindTools provides a tool to assess team effectiveness and proposes further interventions: https://www.mindtools.com/pages/article/newTMM_84.htm

Individuals



These interventions can be used at an individual staff level to address coping mechanisms. Many of these interventions sit within the psychological safety pillar but the behaviours, attitudes and beliefs of an organisation are essential to ensure access and availability to these interventions.

Workplace Mental Health interventions

This refers to workplace interventions addressing common mental disorders. These interventions can include: Stress management programmes – CBT based, CBT for established depression or anxiety disorder, exposure therapy for established anxiety disorders and PTSD or counselling. While these act on an individual level, providing mental health interventions and information on mental health is an organisation wide task.

There are training courses available to employees to support each other better. One example of this is Mental Health First Aid. This consists of an educational course for employees to help them identify, understand and help a person who may have or is developing mental health issues. This is similar to physical first aid. More information can be found under: <https://mhfaengland.org/>

Another example is **Trauma Risk Management** or TRiM which was developed by the British military. It is a peer-group risk assessment consisting of 1:1 or group risk assessment in which an assessor is identifying a person's need for support following a traumatic incident.

Psychological First Aid (PFA) usually consists of training modules for staff who may be involved in the response to an emergency. The goal is to understand when and how to provide PFA in the immediate aftermath of an emergency.



Bibliography

Facts and Figures

1. NHS Survey Coordination Centre (2018), NHS Staff Survey 2017. http://www.nhsstaffsurveys.com/Caches/Files/P3088_ST17_National%20briefing_v5.0.pdf
2. NHS Improvement (2018) Performance of the NHS provider sector for the quarter ended 30 June 2018. <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-1-201819/>
3. The Health Foundation (February 2019) A critical moment: NHS staffing trends, retention and attrition. https://www.health.org.uk/sites/default/files/upload/publications/2019/A%20Critical%20Moment_1.pdf
4. Deloitte (2014), Mental health and employers: The case for investment. <https://www2.deloitte.com/uk/en/pages/public-sector/articles/mental-health-employers-review.html>

Interconnectedness

- Gregory Bateson (1972). Steps to an Ecology of Mind: Collected essays in Anthropology, Psychiatry, Evolution, and Epistemology. University of Chicago Press. (reprinted 2000).
- De Board, R. (1978). Human Behaviour and General Systems Theory, ch 8 in The Psychoanalysis of Organisations London: Routledge p86-111
- Lewin, K. (1947), 'Frontiers in group dynamics. I', Human Relations, 1 (1), pp. 5–41.
- Lewin, K. (1947), 'Frontiers in group dynamics. II', Human Relations, 1 (2), pp.143–153.

Uncertainty

- Simpson P. & French, R. (2005) Thoughtful Leadership, Organisational & Social Dynamics 5(2) 280-297
- Hyde, P. & Thomas, A.B. (2002) Organisational Defences Revisited: Systems and Contexts

Journal of Managerial Psychology, 17 (5) 408-421.

Hinshelwood, R.D. & Skogstad, W. (2000). Observing Organisations: Anxiety Defence and Culture in Healthcare. London: Routledge

James, K. & Clark, G. (2002) Service organisations. Issues in transition and anxiety containment, Journal of Managerial Psychology 15 (5) 394-407

Complexity

- Foster, A. (2006), 'Living and working with difference and diversity', in Foster, A., Dickinson, A., Bishop, B., and Klein, J. (eds), Difference: An avoided topic in practice. Karnac Books, London, pp. 5–24.
- Bertalanffy, L.v. (1969). General System Theory. New York: George Brazillier.

Bibliography

Kauffman, S. (1995). At Home in the Universe. The Search for the Laws of Self-

Organization and Complexity. New York: Oxford U.P.

Unconscious life of organisations

Armstrong (2004) Emotions in organizations: disturbance or intelligence? In

Huffington, C. et al. Working Below the Surface: The Emotional Life of Contemporary Organizations, London: Karnac

Halton, W. (1994) Some unconscious aspects of organizational life: contributions from psychoanalysis in Obholzer, A. and Roberts, V. Z. (Eds) The Unconscious at Work. London: Routledge

Stokes, J. (1994). What is unconscious in organisations? R. Casemore (Ed.) What makes consultancy work: Understanding the Dynamics; International Consulting Conference. London: South Bank University Press

Containment

Bion, W. R. (1962), 'A theory of thinking', in Bion, W. R., Second thoughts. Selected papers on psychoanalysis. Heinemann, London, pp. 110–119.

International Journal of Psychoanalysis, 1962, vol. 43. pp. 306–310. Cooper, A. & Dartington, T. (2004) The vanishing organization: organizational containment in a networked world. In: Huffington, C., Armstrong, D., Halton, W., Hoyle, L. & Pooley, J. Eds. Working Below the Surface: The Emotional Life of Contemporary Organizations, London: Karnac

Van Burskirk, W. & McGrath, D. (1999). Organisational Cultures as Holding Environments: A Psychodynamic Look at Organisational Symbolism. Human Relations, 52(6): 805-832

Dartington, T. (2010). Managing Vulnerability: The Underlying Dynamics of Systems of Care. London: Karnac Books.

Collaboration (and rivalry)

Roberts, V. Z. (1994), 'Conflict and collaboration: managing intergroup relations', in Obholzer, A., and Roberts, V. Z. (eds), The unconscious at work. Individual and organizational stress in the human services. Routledge, London, pp. 187–196.

Authority

Obholzer (1994). Authority, power and leadership: contributions from group relations training. In Obholzer, A. and Roberts, V. Z. Eds: The Unconscious at Work. Individual and organizational stress in the human services London: Routledge

Hughes, L. & Pengelly, P. (1997). The Use of Authority: Challenge and Containment versus Persecution and Collusive Support. In Staff Supervision in a Turbulent Environment: Managing Process and Task in Front-line Services. London: Jessica Kingsley

Hirschhorn L. (1997) Reworking Authority: Leading and Following in the Post-Modern Organization. MIT Press: Cambridge MA

Contact

If you would like to comment on the document or discuss the framework in general then please contact the National Workforce Skills Development Unit (the Unit) at workforce@tavi-port.nhs.uk



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The National Workforce Skills Development Unit (The Unit)

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.

<https://tavistockandportman.nhs.uk/training/workforce-development/national-workforce-skills-development-unit/>

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<https://www.hee.nhs.uk>