



Organisational Workbook

Wellbeing

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Louise Grant, Gail Kinman
and Louise Bostock



A resilient organisation prioritises the wellbeing of its workforce and takes a systemic approach to reducing stress and enhancing job satisfaction. The KFP Wellbeing is defined as where:

- Practitioners perceive a deep commitment to their wellbeing; wherever possible, stress is reduced at source and working conditions improved.
- Where possible, flexible adjustments are made to support practitioners to work in ways that suit their preferences and circumstances.
- Practitioners feel able to thrive in a job that is rewarding and manageable and make a difference to people who access services.

The term 'wellbeing' covers a range of issues, such as how satisfied people are with their lives, whether they feel what they do is worthwhile, their everyday emotional experiences, and the state of their general mental and physical health. A sense of wellbeing also depends on the extent to which people feel in control of important areas in their life, and whether they feel supported by others. Work is a major source of wellbeing and satisfaction for many people, but it can also be highly stressful and a major threat to health. As highlighted earlier in this workbook, the COVID-19 pandemic placed unprecedented demands on the health and social care workforce, and stress and burnout increased for many.

Under the law, all employers have a duty of care to their employees, which means they should take all reasonable steps to ensure employees' health, safety and wellbeing. This is particularly important in health and social care jobs where the risk of stress and burnout is high. This workbook highlights the need for evidence-informed, systemic interventions at the organisation, team and individual levels to support the wellbeing of practitioners. This final section describes a range of initiatives to tackle stress in your organisation and make it a happier and healthier place to work.

1 Action planning: Developing an effective and inclusive wellbeing policy

Leaders should ensure they have a policy that articulates their organisation's commitment to cultivating an environment that prioritises the safety, health, and wellbeing of workers. This policy should be transparent, easily accessible, and developed collaboratively with workers, management, and trade unions. The Health and Safety Executive provides guidance on formulating a wellbeing policy (or assessing whether an existing policy is fit for purpose – see [here](#)). In line with best practice (Donaldson-Feilder et al., 2011), the policy should commit to address wellbeing at three levels (see below):

1. Eliminating or reducing stress at source (primary management) involves assessing risks, identifying, implementing, and evaluating interventions, delivering high-quality, targeted management training, and introducing initiatives such as Mental Health First Aid and Wellness Action Plans. Health promotion is also a crucial component of primary management.
2. Enhancing employees' responses to stress (secondary management) involves aiding practitioners in developing skills to navigate a highly pressured working environment and safeguard their wellbeing. This is achieved by providing high-quality tools and resources.
3. Managing the symptoms and effects of stress on wellbeing (tertiary management) includes initiatives like occupational health, supporting return to work after stress-related sickness absence, and negotiating reasonable and flexible adjustments to accommodate practitioners' needs.

Fig. 5.1: Multi-level approaches to managing stress



For a wellbeing policy to be effective, it must include a clear action plan that outlines implemented or planned interventions and mechanisms for evaluation. As shown in Fig. 5.1, initiatives should be in place at the primary (preventative), secondary (proactive) and tertiary (reactive) levels.

The following four [stages](#) are designed to assist you in developing and evaluating a comprehensive programme of wellbeing interventions in your organisation that covers the three tier approach. This framework aims to help you:

- Understand the needs of the workforce
- Identify the desired wellbeing outcomes
- Develop appropriate interventions
- Assess whether interventions are having a beneficial effect

Establishing and maintaining a workplace culture that supports the safety and wellbeing of practitioners will not be achieved by a "Task and Finish" working group alone. It should be recognised as an ongoing process that identifies interventions to continue, stop, or modify. This process should also include mechanisms for responding to new threats to wellbeing and considering initiatives for future implementation.

Stage 1: Analyse

This stage lays the foundations for subsequent phases. It entails forming a leadership group to guide the process, gaining insight into the workforce's needs, and defining key outcomes and goals for the interventions. Key actions at this stage are to:

- Secure commitment from leaders and employees, allocate resources, and provide support, ensuring employee involvement at each stage.
- Form a steering group comprising representatives from diverse backgrounds who bring a range of complementary skills and knowledge.
- Assess the workforce's needs and evaluate the current interventions offered by the organisation.
- Establish Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals related to risk management and identify desired outcomes.

Stage 2: Plan

The planning stage encompasses numerous issues, and engaging employees in this process is crucial. Key actions at this stage are to:

- Prioritise goals and desired outcomes, considering the diverse needs of employees, while also taking into account organisational structures and available resources.
- Develop the evaluation strategy for this and future phases.
- Delegate specific tasks within the steering group.
- Identify role models and wellbeing champions at all levels within the organisation.
- Formulate an ongoing communication strategy to establish and maintain employee engagement.
- Consider the implementation of interventions, whether through 'in-house' personnel or external providers.

Stage 3: Implement

This stage involves identifying individual roles for implementing interventions and exploring opportunities for piloting and evaluation. The key action at this stage is to:

- Ensure clear organisational roles by assigning individual responsibilities within the steering group, piloting the intervention if possible, and monitoring progress

Stage 4: Evaluate

The evaluation stage is crucial in developing effective workplace wellbeing interventions. Without this stage, establishing the impact or value of the intervention becomes challenging. It is essential to gather baseline data for comparisons before and after the intervention. Key actions at this stage are to:

- Decide what the evaluation should measure, such as awareness of the intervention, accessibility, engagement, and satisfaction, and wellbeing outcomes like stress or staff retention.
- Gather information on the intervention, understanding how it is intended to work.

- Formulate key questions that the evaluation should address, defining and measuring the intervention's impact.
- Develop an evaluation design to assess whether the desired changes have been achieved
- Review the organisational context, considering factors such as management changes and external forces that may affect the intervention's successful implementation
- Reflect on practice to identify lessons learned that will inform future interventions

More information on this process and a series of tools and templates to help you analyse, plan, implement, and evaluate interventions can be found [here](#).

Managing psychosocial risks: using the HSE resources

The Health and Safety Executive (HSE) has developed a risk-assessment process (with a set of accompanying resources) which helps employers to manage work-related wellbeing in their workforce. This approach is centred on a set of benchmarks – the HSE Management Standards – for measuring good practice across six key areas of work that, if not properly managed, can lead to poor health, lower productivity, higher rates of sickness absence, and retention problems. The six key areas (see Fig. 5.2 below and Box 5.1) – demands, control, social support (from leaders and peers), interpersonal relationships, clarity of role, and involvement in organisational change – represent potential psychosocial hazards for the workforce.

Fig. 5.2: The six areas covered by the HSE Management Standards



The HSE framework is a widely used and effective way to identify the most stressful aspects of work for different organisations or sectors. For health and social care organisations in particular, the approach has strong potential to help manage workforce stress and build a culture that supports resilience. It helps employers to assess how well they are managing each potential 'hazard' and to target interventions more effectively. The process, which is illustrated in Fig. 5.3, involves:

1. Identifying risk factors: Identify the risk factors using the [HSE's Management Standards Indicator Tool](#) (i.e. the questionnaire – see Box 5.1); this is usually administered via an online survey. Care must be taken to assure people of anonymity and confidentiality.
2. Who can be harmed and how?: Analyse the data using the HSE's [Analysis Tool](#) and [Indicator Tool User Manual](#). A 'traffic light' system is used to identify priority areas for attention (e.g. demands, control or support, or change management).
3. Evaluate the risks: Identify whether any groups of employees (e.g. job type, sex or mode of employment) are at greater or lesser risk than others.
4. Develop and implement interventions: A comprehensive [workbook](#) developed by the HSE provides guidance on how to shape interventions to address each of the hazards.
5. Monitor and review: Re-administer the survey to assess the effectiveness of the interventions.

The full range of resources and tools developed by the HSE as part of its Management Standards approach can be found [here](#).

Fig. 5.3: The HSE risk assessment process



Every type of job has its own stressors, so the HSE approach can be supplemented with questions that are particularly relevant to specific working contexts. Research findings show, for example, that the emotional demands of health and social care can be a particular source of stress, as is working within a 'blame culture' (Ravalier, 2018; Travis et al., 2016). Setting up a steering group can help leaders identify the more job-specific sources of stress experienced by practitioners, which might otherwise be overlooked when using a more generic approach. Steering groups and/or focus groups that are chaired by an independent facilitator in an informal environment are particularly effective in encouraging people to contribute. The HSE resources include advice on setting up a wellbeing [focus group](#) or [steering group](#).

Box 5.1: Identifying psychosocial risk factors using the HSE Indicator Tool

HSE has developed a self-report questionnaire – the [HSE Indicator Tool](#) – to help employers measure levels of risk across each of the six key work areas or potential hazards.

The questionnaire comprises 35 statements (e.g. 'I have unachievable deadlines'); practitioners are asked to tick one of five options to indicate the extent to which each statement applies to them. The work areas, or hazards, are:

1. Demands: workload, pace of work and working hours
2. Control: levels of autonomy over working methods, pacing and timing
3. Support – peer support: assistance and respect received from colleagues and managerial support: supportive behaviours from line managers and the organisation itself, including encouragement and the availability of feedback
4. Relationships: conflict at work, including bullying and harassment
5. Role: role clarity and the belief that work fits into the organisation's aims
6. Change: how well organisational changes are managed and communicated.

Box 5.2: Co-producing interventions with the workforce

Interventions developed with input from employees can be especially effective in improving wellbeing. The HSE resources include a series of [case studies](#) highlighting the benefits of co-produced solutions. For example:

- Earlier reporting of stress, due to increased awareness of the signs and symptoms
- Reduced sickness absence
- Greater ownership of change

- Improved communication, particularly between leaders and practitioners
- Increased recognition of the need to encourage peer support
- Better understanding among leaders of the importance of listening without judgement.

Box 5.3 provides guidance on using an Appreciative Inquiry (AI) approach in focus groups, drawing on key frameworks of work-related stress to generate solutions. As AI is an iterative process, several meetings will be needed to identify options for interventions and evaluate their success.

Box 5.3: Using AI approaches to develop stress management interventions

KFP2 Sense of Appreciation describes the features of Appreciative Inquiry (AI) and highlights its potential to create options for self-determined change. The four stages of AI could be used in focus groups to identify simple, low-cost but effective strategies to reduce stress and improve wellbeing. That process might involve:

- Finding examples of current activities that work well (Discovering)
- Using them as a basis for envisioning possibilities for change (Dreaming)
- Identifying potential interventions (Designing), and
- Implementing those interventions (Delivering).

Mechanisms for evaluation are also required.

Work-related stress is often perceived as an 'imbalance' between key aspects of the working environment and individual capacities and needs. The three models of stress described below provide useful frameworks to help the workforce generate options for change.

1. The Job Demands-Resources model (Demerouti et al., 2001) recognises the importance of resources in helping employees to meet the demands of their work and remain healthy. Demands are aspects of the job – such as workload pressure, interpersonal conflict and insecurity – that require physical or mental effort and so have the potential to drain energy. Resources are factors that: a) help people meet their work goals; b) reduce demands and the associated costs to wellbeing; c) facilitate personal growth. Key resources include the availability of support, control and feedback at work, as well as personal resilience-building attributes, such as self-efficacy and optimism. This simple model could be used via AI techniques to identify resources that may help practitioners meet the demands of their work more effectively and enhance their personal development.

2. The Conservation of Resources model (Hobfoll & Shirom, 2000) also recognises the value of resources in protecting workers against the negative effects of job demands. It is based on the premise that people are motivated to gain and protect things they value; stress occurs when they are threatened with resource loss or fail to gain resources despite investing considerable effort. The model specifies four types of resource:

1. objects (physical entities such as work equipment)
2. conditions (social circumstances such as status and respect)
3. personal (skills and attributes such as self-efficacy)
4. energies (such as knowledge).

People use their existing resources to help them manage stress currently and to develop additional resources to sustain them in future. Those with more resources are less vulnerable to resource loss and more capable of resource gain. This model could be used in focus groups to identify resources that might help to buffer the effects of stress and create individual and collective 'resource reservoirs' (such as resilience) to offset the risks of future resource loss and build collective strength.

3. The Effort-Reward Imbalance model (Siegrist, 2002) maintains that strain (such as mental and physical health problems) stems from an imbalance between the amount of effort that people believe they put into their work and the rewards they perceive they gain. Efforts are things that make work more demanding, such as heavy workload and frequent interruptions, whereas rewards are obtained from three potential sources: a) money (salary); b) esteem (respect and support) and c) security/career opportunities (promotion prospects and job security). This framework could help practitioners generate options for change by identifying the features of health and social care work (e.g. meaningfulness and a sense of belonging) that help them feel rewarded and therefore could restore their feelings of equity.

Enhancing managers' competencies

Not only must leaders be aware of their duty of care to protect the wellbeing of practitioners, they must also have the capacity to offer support. Several frameworks can help leaders develop the knowledge and skills they need. First, leaders must be able to recognise that an employee needs help; the checklist in Box 5.4 and the use of Wellness Action Plans (see below) can help them discern any changes in behaviour that suggest an employee may be struggling and in need of support.

Reassuringly, research suggests that the 'signs of struggle' leaders identify tend to correlate well with employees' self-reported wellbeing (Dimoff & Kelloway, 2019). Practitioners who are experiencing chronic and severe stress should inform their employer, but they are often reluctant to do so due to the stigma surrounding mental health difficulties. The checklist below (Box 5.4) can help leaders spot signs at an early stage and use supervision or one-to-one meetings to explore problems, identify potential solutions, agree an action plan and review progress. Spotting signs of struggle when people are working remotely is more challenging, particularly for new recruits, so leaders should be vigilant for subtle behavioural cues. Any practitioners showing extreme signs of stress, however, should be referred for professional support.

Box 5.4: Spotting signs of struggle

- Changes in behaviour and attitudes from their 'normal' self.
- Easily irritated and angry.
- Emotional outbursts and dysregulated.
- Intolerant and impatient.
- Confused and lacking in focus.
- De-sensitised and lacking empathy.
- More rigid or resistant.
- Negative and disengaged.
- Quiet and withdrawn, disengaged and not contributing to video calls or team meetings.
- Deteriorating quality or quantity of work; missing meetings and deadlines.
- Regularly sending emails out of 'usual' working hours.
- Change in the tone of emails and in verbal and non-verbal communication online.
- Avoiding social contact – face to face or online.
- Looking tired and 'zoning out'

This checklist was developed with input from practitioners who are working remotely and can be used to help identify when somebody needs support. The list could be discussed with teams and supplemented with any other signs people may have noticed. [Wellness Action Plans](#) (see below) can also be used to highlight individual signs of struggle and signpost the type of support that people might need from leaders and co-workers. Further guidance on supporting remote practitioners is included later in this section.

Recognising and tackling mental health stigma

As discussed earlier, people working in social care are more vulnerable to work-related stress, anxiety and depression and burnout than many other occupational groups. Recent research indicates, however, that only around half of employees in general feel comfortable discussing mental health issues in the workplace (Health and Safety Executive, 2023). Leaders may encounter challenges initiating conversations about work-related wellbeing and mental health. Fostering an environment where individuals feel comfortable speaking out is a crucial first step in reducing stigma and cultivating an open and inclusive wellbeing culture. Stigma surrounding mental health can stem from external sources, such as individuals or groups, but an individual's own perspectives and misconceptions can contribute to 'self-stigma'. This may result in self-blame, feelings of shame, or denial, meaning that practitioners are reluctant to disclose their experiences of work-related stress and burnout. Addressing stigma is vital, as it can act as a significant barrier to seeking support, delaying assistance, and fostering a sense of isolation.

A set of 'mental health core standards' and an actionable framework has been developed to diminish the stigma associated with mental health in the workplace. These guidelines aim to provide support employees with mental health conditions, enabling them to remain in work and thrive within their professional environments. More information can be found [here](#).

An effective strategy for reducing the stigma associated with mental health is for leaders to share their own experiences. This involves leaders openly discussing any personal encounters with mental health challenges, emphasising that seeking support is a sign of strength, and fostering a culture of empathy and understanding. By breaking down barriers and demonstrating vulnerability, leaders play a pivotal role in establishing an environment where employees feel secure addressing their mental health concerns without fear of judgment or stigma. This approach normalises discussions surrounding mental health, fosters open communication, and contributes to the development of a supportive and inclusive work culture.

Other effective ways of addressing mental health stigma at work and increasing support are making a commitment to Mental Health at Work and introducing Mental Health Champions. These are discussed further below.

Make a Commitment to Mental Health at Work

This framework provides employers with a roadmap, or set of actions, to enhance mental health outcomes for practitioners. It comprises [six standards](#):

- **Prioritise mental health:** Develop and implement a systematic, long-term programme of activity to support mental health in the workplace.
- **Optimise work design and organisational culture:** Proactively shape work design and organisational culture to drive positive mental health cultures. Clearly articulate expectations for employees and establish how and when these expectations should be met.
- **Promote an open culture about mental health:** Introduce mechanisms for open conversations at all levels. Encourage an environment where individuals feel comfortable seeking support if they are facing challenges. As mentioned above, leaders should serve as role models for openly discussing stress and mental health.
- **Build organisational confidence and capability:** Ensure that people at all levels within the organisation understand their role in building a positive wellbeing culture and feel supported in fulfilling it.
- **Provide mental health tools and support:** Ensure employees are aware of the mental health support available and encourage them to utilise these resources.
- **Enhance transparency and accountability:** Recognise the importance of factors such as wellbeing, engagement, and retention in sustaining high-quality practice and outcomes for people using services.

More information on the Mental Health at Work Commitment can be found [here](#). Developing a calendar of campaigns and events aligned with national wellbeing initiatives is a strategic approach to maintaining a workplace culture focused on wellbeing. Examples include National Stress Awareness Day, Mental Health Awareness Week, National Work-Life Week, World Mental Health Day, Anti-bullying Week, and National Self-Care Week. Other initiatives, such as National Inclusion Week and International Day against Homophobia, Transphobia and Biphobia, can be marked by events that focus on how inclusion, diversity, equity and equality can improve workplace wellbeing.

It is essential to actively involve a diverse group of employees in planning these initiatives, fostering a sense of engagement and ownership in promoting workplace wellbeing. Information on these initiatives can be found [here](#).

Starting conversations about work-related stress

This is an important step towards preventing work-related stress and implementing change in your organisation. Normalising conversations about stress can also reduce stigma and encourage people to speak out. The HSE have developed a '[talking toolkit](#)' to help leaders have conversations with workers about stress, with different templates for conversations based on the six key areas included in the HSE Management Standards Framework (see above). For example, for control, employers could ask people the following questions:

- Do you feel involved in how decisions about your job are made? Think about whether you feel listened to and trusted, how you are consulted and any opportunities for input.
- Do you feel your skills are used to good effect? How could they be used more effectively?
- Do you feel you have a say in how your work is organised and undertaken?
- What improvements or support is needed to help with any of the issues you have talked about?

Leaders, managers and supervisors must also develop the necessary skills and strategies to engage in inclusive conversations. This approach assists individuals in navigating diverse perspectives, building stronger relationships, and promoting greater inclusion and belonging within the workplace. Genuine curiosity, empathy, and understanding are essential components of inclusive conversations, turning them into valuable learning opportunities for all participants.

There are a number of ways to foster and develop inclusive conversations in your organisation (see Winters, 2020):

- People in positions of power must be aware of the challenges faced by people from an ethnic minority and sympathetic to their struggles.
- Co-develop team norms that align with a shared understanding of creating a 'safe space'.
- Prioritise trust, respect, and professionalism within the team.

- Allocate time and space for individuals to process and understand their emotions.
- Use language that highlights the importance of inclusive conversations as a driver of change.
- Acknowledge and communicate to your team that perceptions of safety and bravery vary among different identity groups.
- Actively listen to and validate the experiences of diverse identity groups.
- Recognise that not everyone will possess the appropriate vocabulary to express their feelings, thoughts, or observations, and be open to colleagues who are willing to learn.
- Be aware of biases that may contribute to an inequitable environment. As a leader, review employee performance assessments for language discrepancies based on gender or race. Reflect on the reasons behind any differences and engage in self-reflection to understand and address biases.
- Become an ally for minorities and marginalised groups

Employees often identify management behaviour as a major factor in any work-related stress. So, leaders need also to think about their own behaviour and whether it adds to or helps alleviate the stress experienced by practitioners. The HSE, in collaboration with the CIPD (Chartered Institute of Personnel and Development) and Investors in People, has developed a set of competencies (see Box 5.5) to help leaders assess whether they have the behaviours known to be effective for preventing and reducing stress at work (Donaldson-Feilder et al., 2011).

The HSE process enables leaders to reflect on their behaviour and management style and identify areas for development. There are three related tools (see [here](#)):

1. A self-assessment tool for leaders.
2. A tool that also requires input from the manager's team (180 degree).
3. And a tool that requires input from workers, senior leaders and colleagues (360 degree).

Many organisations use this framework to help them manage stress proactively by guiding management recruitment, selection and training. It will help leaders in health and social care organisations identify the behaviours that are likely to support wellbeing and build a culture of resilience. (There is more information on the use of 360 Degree Feedback in KFP4 Mission and Vision). The CIPD provides a quiz to help leaders identify the extent to which their management approach aligns with the behaviours found to support health, wellbeing and engagement.

Box 5.5: Management competencies for preventing or reducing work-related stress

The framework comprises four broad areas of managerial behavioural (and 12 specific behaviours) that have been identified as important for preventing and reducing stress.

1. Managing emotions and having integrity

- Managing emotions (e.g. approaches deadlines or crises calmly; does not pass their own stress on to the team)
- Integrity (e.g. is a good role model; is honest and consistent)
- Considerate approach (e.g. shows respect; prioritises people's work-life balance)

2. Managing and communicating workload

- Proactive work management (e.g. communicates objectives clearly; manages current and future workloads to minimise stress)
- Problem-solving (e.g. deals rationally with difficulties; is decisive)
- Participative/empowering (e.g. delegates work fairly; involves team members in decision-making)

3. Managing the individual within the team

- Personally accessible (e.g. communicates in person rather than by email; responds to requests promptly)
- Sociable (e.g. is friendly and has a sense of humour)
- Empathic engagement (e.g. a good listener; shows an interest in others and concern for their problems)

4. Reasoning/managing difficult situations

- Managing conflict (e.g. remains objective; deals with conflict promptly)
- Use of organisational resources (e.g. seeks advice and support from others to resolve difficulties)
- Taking responsibility for resolving issues (e.g. tackles bullying; follows up conflicts after resolution).

For more information and to download the tools, see [here](#).

Identifying and developing the management behaviours that support people working remotely is also crucial for health and social care organisations; this will be discussed later in this section.

Stress, depression and anxiety related to work are common reasons for sickness absence (HSE, 2020). Some people may struggle to return after a long-term absence, while others may not return at all. Leaders' behaviours are crucial in supporting employees back to work. Munir and colleagues (2012) have identified the specific behaviours that are associated with successful returns after long-term sick leave:

- Communication and support during sick leave: e.g. communicates regularly in a supportive (not intrusive) way; expresses concern for wellbeing; emphasises continued support.
- Inclusive behaviour on initial return to work: e.g. offers a phased return; explains any changes to role and responsibilities; makes themselves available on first day back.
- General proactive support: managing the team (e.g. asks employee's permission to keep colleagues informed about progress); has an open and sensitive approach (e.g. listens to concerns and takes responsibility for rehabilitation); has strong legal and procedural knowledge (e.g. is aware of legal responsibilities and the need for reasonable adjustments).

Building conflict resolution skills

It has been estimated that leaders spend up to 60 per cent of their time trying to resolve workplace conflict. While some degree of conflict is unavoidable, and can even enhance individual and group effectiveness, it can have a major impact on wellbeing and job performance. Interpersonal conflict at work is more negative, enduring and pervasive than other types of stress, so it must be carefully managed. Quick Win 5.1 offers some useful ways to help manage conflict. More information (from CIPD) on resolving conflict at work for leaders can be found [here](#).

Quick Win 5.1: Six steps to managing conflict

Step 1. Consider how to achieve a mutually desirable outcome. Be aware that one party 'losing' to the other is likely to escalate conflict rather than resolve it. Perceived loss encourages people to try to re-establish a sense of fairness through competition, criticism or disengagement.

Step 2: Encourage people to communicate human to human. Recognise that conflict compromises people's fundamental need for respect, autonomy, feelings of competence and social status. Encouraging one party to see that the other is 'just like them' will encourage trust and the use of positive language and behaviour.

Step 3: Anticipate people's reactions and rehearse your responses to them. Before having a difficult conversation, thinking through how the other person might react to your argument can expose its weaknesses. It can also help ensure your message will be received in the way that is intended without the other party becoming defensive.

Step 4: Substitute blame and criticism with curiosity. Blame will escalate conflict, encourage defensiveness and lead to disengagement, whereas adopting a learning mind-set will inspire people to explore potential solutions where both parties can win.

Step 5: Ask for feedback on how you managed the conflict situation. Showing fallibility can disarm opponents, as this is a quality that inspires trust in leaders. Ask people how you could have handled the situation more effectively.

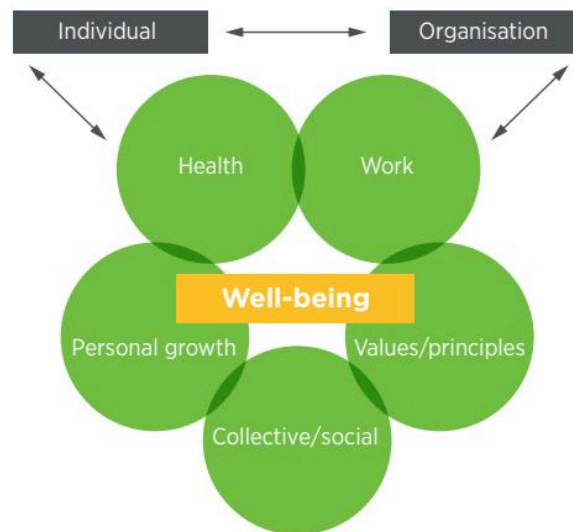
Step 6: Assess psychological safety in your organisation. Conflict is much less likely if people feel able to make mistakes or raise issues without fear of criticism or retribution. A psychologically safe environment (see KFP1 Secure Base, KFP3 Learning Organisation) that encourages moderate risk-taking and curiosity, and which enables tolerance of uncertainty, will make conflict resolution easier for all.

Adapted from Delizonna (2017)

Promoting a healthy working environment: Implementing holistic interventions

When planning interventions, adopting a holistic approach is beneficial. As shown in Fig 5.4, this approach should encompass key domains of wellbeing, acknowledging the significance of collective and social wellbeing, personal values and principles, and personal growth. This perspective allows for a more inclusive and nuanced understanding of wellbeing, addressing various dimensions that contribute to a healthy workplace environment.

Fig. 5.4: The holistic approach to wellbeing interventions



Examples of possible workplace initiatives for each domain include:

Health

- physical health: e.g. health promotion, occupational health support, and disability management.
- physical safety: e.g. safe working practices, equipment, and training.
- mental health: e.g. stress management, risk assessments, conflict resolution training, and mental health management.

Work

- work environment: e.g. cultivating an open and inclusive culture.
- line management: e.g. training and people management policies.
- work demands: e.g. job design, role quality and working hours.
- autonomy: e.g. providing opportunities for control and fostering innovation.
- change management: e.g. effective communication and involvement in the change process.
- pay and reward: e.g. ensuring fair and transparent remuneration practices.

Values/Principles

- Leadership: e.g. clear mission and objectives and a robust, evidence-informed health and wellbeing strategy
- Ethical standards: e.g. promoting dignity and respect at work
- Diversity: e.g. encouraging inclusion and valuing differences

Collective/Social

- Employee voice: e.g. communication and involvement strategies
- Positive relationships: e.g. management style and effective teamworking

Personal growth

- Career development: e.g. offering mentoring, coaching and performance management emotional growth: e.g. focusing on positive relationships, supervision and the development of resilience
- Lifelong learning: e.g. providing access to personal development opportunities and career reviews
- Creativity: e.g. encouraging an open and collaborative culture and conducting innovation workshops

Public Health England provides a practical [tool](#) for organisations to assess aspects of workplace health and wellbeing (such as activity, sleep and mental health, as well as the working environment and workplace culture). This can also inform a holistic programme of interventions that will support organisational wellbeing and resilience. A [toolkit](#) is also available to help organisations develop and evaluate health interventions. This framework has four stages:

1. Analyse: e.g. establish internal support; set up a steering group; identify needs at an individual and organisational level; specify goals and outcomes.
2. Plan: e.g. prioritise goals and outcomes; plan an evaluation strategy; identify tasks for the steering group and develop a community strategy.
3. Implement: ensure clear roles, pilot interventions and monitor progress.
4. Evaluate: develop an evaluation design; review and reflect on practice.

More information on this process is available [here](#).

As discussed earlier in the workbook, people working in health and social care are at greater risk of stress, burnout and mental health problems related to work than most other sectors. There is also evidence that the pandemic compounded the pressures experienced by practitioners. The findings of a recent survey of the mental health of UK employees suggest that more than four out of ten (41%) workers have experienced poor mental health caused or worsened by work in the last year (Business in the Community, 2020). This represents a substantial increase from 36% in 2018. More than half (51%) indicated that their mental health symptoms caused by pressure of work. Although the number of employees reporting that their organisation supports their mental health has increased and most (76%) felt that their managers are considerate of their mental wellbeing, fewer than one in three (30%) feel comfortable talking about mental health difficulties and only 14% had spoken about this to their manager.

A comprehensive mental health toolkit for employers is available [here](#), with guidance on how to manage common problems and take pre-emptive action. NHS England also provides extensive resources to support the health and wellbeing of leaders and practitioners in health and social care – see [here](#). Training workers in Mental Health First Aid (MHFA) (see Box 5.7) and appointing Wellbeing Champions (see Box 5.8) are popular and effective ways to help reduce the stigma of mental health and support a culture of wellbeing at work.

Box 5.7: Mental Health First Aid

MHFA England provides volunteers with training in critical areas of mental health first aid, such as the signs and symptoms of common mental health difficulties, and providing 'crisis' first aid for depression, panic attacks and acute stress reactions. Mental health first aiders can provide support by engaging in an initial conversation with someone in distress and, if needed, helping them access appropriate support.

Evaluations of MHFA training suggests it can increase participants' knowledge of mental health, reduce negative attitudes among the workforce, and enhance supportive behaviours towards people with mental health difficulties (Brandling & McKenna, 2010; Kitchener & Jorm, 2006; MHFA, 2019).

Information on MHFA training and resources can be found [here](#).

Box 5.8: Wellbeing Champions

Appointing Wellbeing Champions or Ambassadors can play a valuable role in helping to build a culture of wellbeing in your organisation. Champions can drive the wellbeing agenda (e.g. by being part of a wellbeing steering group), raise awareness of new initiatives and encourage colleagues to participate. Champions are often better placed than leaders to encourage reluctant colleagues to engage.

Time To Change provides a range of resources for the workplace, including support for running a Champions programme, and practical tips on starting conversations about wellbeing and signposting support. For more information see [here](#).

Introducing Mental Health Champions and Mental Health First Aiders in your workplace requires careful planning and implementation. Particularly important issues are:

- Provide leadership support: Ensure commitment from leaders to emphasise the organisation's dedication to mental health
- Identify champions: Choose individuals who are passionate about mental health, empathetic, and willing to be advocates. Consider volunteers or those nominated by peers
- Provide training: Offer comprehensive training encompassing mental health awareness, stigma reduction, active listening, and available resources. This is available via external agencies (see above)
- Define the role: Clearly outline the role and responsibilities, such as promoting mental health initiatives, offering peer support, and connecting colleagues with resources
- Create a supportive environment: Foster a culture that values mental health and encourages open conversations. Ensure volunteers feel adequately supported in their roles
- Communicate clearly: Communicate the introduction of mental health champions/first aiders to the entire organisation. Highlight the confidential and non-judgmental nature of the support they offer
- Offer resources and tools: Provide resources and tools, including information on available mental health services, effective coping strategies, and self-help materials.

- Ensure regular check-ins: Schedule regular meetings to discuss volunteers' experiences, challenges, and successes, ensuring ongoing support and development
- Provide feedback: Establish mechanisms to gather input from employees regarding the effectiveness of the mental health programme and make continuous improvements
- Evaluation: Regularly assess the impact of the scheme on the workplace through surveys, feedback sessions, or other evaluation methods

By following these guidelines, organisations can effectively introduce and sustain mental health programmes using volunteers, contributing to a supportive and mentally healthy workplace environment.

There is evidence that training managers in MHFA can enhance their knowledge and confidence over time (Brandling & McKenna, 2010). As yet, there is little evidence that MHFA has a measurable impact on individuals experiencing mental health problems at work, but research is underway. Remember that these initiatives cannot in themselves provide solutions to mental health difficulties in the workplace; they should be implemented alongside the other structural interventions described in KFP5 Wellbeing.

Box 5.8: Wellness Actions Plans (WAPs) (Mind, undated).

Wellness Action Plans (WAPs) are valuable tools for leaders to support employees' mental health and wellbeing, fostering a supportive team environment and enhancing team support. WAPs are personalised and practical tools, applicable to all individuals, whether or not they have a mental health problem. They can assist in the following:

- Factors that enhance personal wellbeing: WAPS prompt individuals to identify the factors that contribute to their personal wellbeing at work. They may include specific work conditions, support systems, and coping strategies
- Recognising stressors: WAPS help people recognise potential stressors or triggers that may impact their mental health, enabling targeted interventions and support

- Addressing mental health challenges: Individuals using WAPS can identify specific mental health challenges and practical steps to address them. This may include strategies for managing stress, improving work-life balance, and seeking support
- Identifying signs of struggle: WAPS can help managers and colleagues identify the personal 'early warning signs' suggesting individuals are struggling and need support. Signs might include changes in behaviour and attitudes, emotional outbursts, and deterioration in quality of work
- Communication and conversations: WAPS encourage open and constructive conversations between employees and managers. These

Recognising moral injury and moral distress

As discussed earlier in this workbook, health and social care professionals are at greater risk of burnout and other emotional reactions to work than workers in most other sectors. It is therefore crucial for leaders to be aware of the effects of working conditions. Moral injury refers to the distress resulting from actions (or inactions) that violate a person's moral or ethical code.

It has been seen more frequently among health and social care practitioners during the COVID-19 pandemic and its aftermath, in response to the difficult decisions or actions that many have been obliged to take (Williamson et al., 2020). It is crucial to raise awareness of the risks of moral injury and encourage people to discuss their feelings. A workplace culture that supports ethical practice is helpful but ensuring that professional psychological support is readily accessible and opportunities for informal support by peers and leaders will also be effective. Practitioners also need to develop 'moral resilience' to recognise when their integrity is threatened and be aware of the actions needed to support ethical practice.

There are several ways of increasing moral resilience:

- Preparing people for the moral challenges of healthcare work through frank discussions and realistic training that includes exposure to scenarios such as moral challenges.
- Ensuring that practitioners are aware that, despite their best efforts, undesirable outcomes (e.g. mistakes and deaths) may occur.

- Fostering a culture within which practitioners routinely talk about potentially morally injurious events and the impact on them.
- Encouraging practitioners to define or refine their personal moral compass by considering how they might react in ethically challenging situations they could experience.
- Defining a personal code of ethics: setting this out in writing can be helpful.
- Developing practitioner's coping skills; for instance cultivating mindfulness to improve focus and mental clarity.
- Helping practitioners enhance self-awareness and understanding that it is necessary to take a step back and adopt a broader perspective following morally challenging situations.
- Developing self-regulation skills to disrupt negative patterns of thinking and behaviour will help to restore balance when difficulties or ethical challenges occur.

For further information see Williamson et al. (2020); Williamson et al. (2021).

Presenteeism: the risks of working while sick

Sickness absence can be high in health and social care organisations, frequently caused or exacerbated by work-related stress and pressure. While it is crucial to reduce unnecessary absence, leaders must also be aware of the risks to practitioner health and effectiveness posed by 'presenteeism'. This term refers to situations when people continue to work despite feeling sufficiently unwell to take sick leave, or when the return to work too soon after a period of sickness. Presenteeism is particularly common among the so called 'helping' professionals, as they have a strong sense of duty and moral obligation for the welfare of others that can increase pressure to attend work (Kinman, 2019; Kinman & Grant, 2021). People working under conditions of high demand and low support and where staffing levels are low are also more likely to work while sick.

Although working while sick can facilitate recovery, presenteeism can increase the risk of future health problems and long-term sickness absence. It can also compromise the health and safety of colleagues and people who access services due to the risk of contracting infectious illness (a particular concern during a pandemic) and an increased likelihood of errors and accidents.

Leaders who are tasked with developing a sickness absence strategy for their organisations should be aware that reducing absenteeism can increase pressure to attend work while sick. This is a particular risk during times of high demand and short staffing, and where jobs may be seen as insecure. Some ways that leaders can tackle presenteeism are shown in Box 5.9 below.

Box 5.9: Tackling presenteeism in your organisation

- Identify the risks and causes.
- Undertake a review of absence management policies and practices.
- Ensure that the organisational culture values and promotes practitioners' health.
- Consult practitioners about their experiences and involve them in deciding how to manage it.
- Monitor their workload and working hours to ensure they are not overloaded.
- Identify the support they need.
- Enable practitioners to take sick leave when required.
- Implement an employee wellness programme to highlight the importance of self-care.
- As a leader, role model 'healthy' sickness absence behaviour.

More information on sickness presenteeism and how to manage it is available [here](#).

Supporting conditions for work-life balance and effective flexible working

Resilient organisations encourage a healthy work-life balance among their workforces. There is growing awareness that working long hours can damage health and family relationships and reduce satisfaction with work and life in general. Worrying about work can make it hard to 'switch off', meaning that people can struggle to replenish their mental and physical energy after the working day. Health and social care professionals may find it especially hard to balance the demands of their work and personal lives, and detach themselves psychologically from work (Chan et al., 2022). This can lead to stress, feelings of strain mental health difficulties and relationship difficulties (Kalliath et al., 2012; Kinman & Teoh, 2018; Kinman et al., 2020b).

Conflict between work and personal life also has serious implications for workforce retention; the number of NHS-based professionals who cited poor work-life balance as their main reason for leaving the service tripled between 2010 and 2018 (Buchan et al., 2019). Similarly, a recent survey of nearly 1,200 social workers identified poor work-life balance as one of the most important for wanting to leave the profession (Cooper, 2019).

It is crucial, therefore, to make a clear and strong commitment to supporting work-life balance among your workforce and to provide practical strategies at organisational and individual levels. Leaders might consider developing a specific policy for helping practitioners achieve an effective work-life balance. Box 5.10 lists some issues that could be covered in such a policy. Some practical tips for achieving work-life balance are in Quick Win 5.2. Guidance on implement hybrid working is provided below.

Box 5.10: Making a commitment to work-life balance

An organisation that is committed to maintaining a healthy work-life balance places this high on its list of priorities. Such an organisation:

- Acknowledges that individuals are healthier, happier and more productive when they have a 'healthy' balance between their work and their personal life.
- Is aware that 'one-size fits all' strategies are unlikely to be effective and people's preferences for integrating and separating their work with their personal life will differ. What they consider a 'healthy' work-life balance will also vary.

Quick Win 5.2: Tips to improve your self-care work-life balance

Have regular breaks away from your desk: This will help reduce the intensity of work and get you in the habit of switching off. Micro breaks (two or three minutes focused on something other than work) can improve concentration and reduce stress. Regular breaks from a computer screen each day are vital for visual and musculoskeletal health. Short bursts of exercise are beneficial, but wherever possible try to get outside to exercise during the day in natural settings.

Establish an unwinding ritual: For the last 30 minutes of your working day, only start jobs that you can complete easily. Alternatively, spend time clearing your desk.

Write a daily exit list: Jotting down what you need to do the next day will help clear your mind and provide a sense of control and resolution. Mentally prepare yourself as you review your activities the following day.

Identify a corridor between work and home: People who do emotionally demanding work often need to 'decompress' before moving into their personal life. Consider how you can transition between work and home, physically and mentally: change your clothes, have a shower, cook a meal, or go for a run. Mindful walking can be a good way to switch off. It helps you become more aware of your bodily sensations and encourages you to tune into your environment as you walk. (See [here](#) for some guidance from Headspace.)

Find a restorative place: Spend 15 to 20 minutes somewhere you feel happy and relaxed. This could be a favourite chair or a place in the garden.

Switch off when you commute home: Try not to see commuting as extra work time; read a book or talk to a fellow passenger if you are on public transport or listen to music in the car. If you are working at home, use a 'virtual commute' such as meditation, yoga or a go for a walk, to unwind before and after the working day.

When you think about work after the working day, are you are problem-solving or ruminating? Problem-solving can provide solutions and insights, whereas ruminating will drain your mental and physical energy. So, try to make sure any thoughts about work are restricted to the former.

Do something different: It is particularly replenishing to use a totally different skillset during leisure time. So, for example, take up a craft, join a choir, or learn a foreign language. See guidance on increasing flexibility earlier in this section.

Use your diary to schedule activities that you enjoy: Planning your leisure time well in advance will help make sure you get opportunities to switch off.

Practise self-compassion and self-kindness: avoid the punitive self-talk that can encourage you to work longer and more intensively. See guidance on using CBT techniques later in this section.

Get another perspective: Regular input and advice from a mentor or a coach can be liberating. Anticipating opportunities to talk about concerns with a trusted person can help people contain difficult emotions and to switch off.

Disconnect: Switching off from the outside world for a while will help you recoup your energies.

As discussed in KFP1 Secure Base, that many people are working remotely for at least part of the time. And while there may be benefits, those who work off-site can feel isolated from their colleagues and may struggle with work-life balance. This can be a particular risk for health and social care practitioners who can experience intense emotional demands and require regular support from leaders and colleagues to sustain their wellbeing. It should be noted that employers have a duty of care to support the health and wellbeing of practitioners that work remotely as well as those working on-site. Guidance can be found [here](#).

Supporting agile and hybrid working

Agile working has become common in some areas of social care, with many organisations introducing a 'hybrid system - an arrangement that combines remote and on-site working. Hybrid work models can enhance employee wellbeing, improve work-life balance, boost job performance, and contribute to better retention, but they also present many challenges (Felstead, 2022; Chan & Kinman, 2024). A considerate and inclusive approach will help health and social care organisations navigate the complexities of hybrid working, fostering a supportive, responsive, and flexible work environment. This approach will ensure that the wellbeing and requirements of the individuals and families social workers serve remain at the forefront.

The key to successful hybrid working is:

- a culture that promotes flexibility, trust and empowerment
- new policies and systems that are inclusive and free from bias
- clear guidelines and expectations
- a robust technological infrastructure
- effective communication, collaboration, and team connection
- provision of necessary tools and support for remote work

- leaders who effectively role model this way of working
- transparent focus on outcomes rather than hours worked
- regular evaluation and adaptation of policies

Leaders must recognise that a 'one-size-fits-all' approach to hybrid working is unlikely to succeed (Chan & Kinman, 2024). When planning hybrid working arrangements, it is essential to actively involve practitioners from different backgrounds and circumstances. Acknowledging employees' diverse commitments and preferences, and wherever possible trying to accommodate them, is essential for the effectiveness of hybrid working. Allowing employees some autonomy over their working patterns is therefore crucial for success.

Employers have a legal duty of care to support the health and wellbeing of remote as well as on-site workers. Evaluating the risks of home-based working is essential to safeguard the health, safety, and wellbeing of practitioners. Research in Practice offers guidance to help leaders support remote and hybrid working (Kinman, 2021). This includes information on conducting comprehensive risk assessments for remote working that considers considering psychosocial risks, as well as physical and ergonomic factors. The guide also provides insights into supporting digital wellbeing, managing online meetings, and handling email effectively.

Additionally, specialised guidance is available for social workers who may be susceptible to vicarious trauma while working at home (Tehrani et al. 2021). BITC also provide a toolkit to support inclusive remote working, emphasising the need to conduct equality impact assessments (see [here](#)).

Research conducted during the pandemic has highlighted the multi-faceted impact of digital working on service users. Digital working can enhance accessibility to services, offer more flexibility and convenience, and broaden the scope of available resources, information, and support.

Nonetheless, there can be technological barriers, reduced opportunities for personal connections, and privacy and security concerns.

Some vulnerable or marginalised groups may be further marginalised if they face challenges in accessing or navigating digital platforms. When implementing hybrid and digital working practices, it is crucial for leaders of social work organisations to carefully consider the needs, preferences, and circumstances of service users. The aim should be to maximise the positive impacts of this mode of engagement, while mitigating the potential drawbacks. Steps should also be taken to ensure internal communication processes and multi-agency collaboration are not compromised.

A Research in Practice guide acknowledges the challenges stemming from shifting work practices during and after the COVID pandemic, and their implications for child and family social work. The guide offers valuable insights, recommendations, and highlights effective practices to help leaders navigate the evolving landscape of social work. It specifically addresses the implications of remote and on-line working on service delivery (see [here](#)).

Managing online meetings

Some guidance on mindful listening in online meetings was provided in KFP2 (Sense of Appreciation). Many people are spending a considerable amount of their time online and this is set to continue as a high proportion of organisations move to permanent remote working, or hybrid working patterns. Regular 'check ins' with practitioners who work remotely can provide routine and structure as well as reassurance and support. Opportunities to connect informally with colleagues are also effective. Nonetheless, a full day of remote meetings and video calls can make us feel drained and fatigued – far more so than after a day of face-to-face meetings.

What has become known as 'Zoom fatigue' reflects the additional demands we experience during online meetings. Firstly, we need to concentrate more intently on conversations online to absorb the same amount of information. Secondly, the temptation to multitask during meetings means we can easily lose focus. Thirdly, online meetings can be stressful due to technological difficulties and the distractions of family and pets. Finally, online conversations can be particularly challenging as we are less able to pick up non-verbal cues, may struggle to follow the points arising, and the potential for misunderstandings is increased. Evidence that zoom fatigue can have an adverse impact on people's psychological, social and technical functioning and threaten their work performance highlights the need for interventions (Li & Yee, 2022).

[Guidance](#) is available to help social care practitioners build rapport and establish meaningful relationships using technology, with input from people who access services. Guidance is also available for healthcare professionals. The first thing to consider is, do you really need to hold a meeting? Could the outcomes and aims could be met another way: e.g. by having a one-to-one phone call, or by using email to review and feedback on a document. A decision tree can be helpful for this – see [here](#). Some research-informed tips on reducing Zoom fatigue are:

- Avoid multitasking: although it is tempting to use the opportunity to do more in less time, there is evidence that switching between tasks takes more time and effort and we risk making errors. Close any programmes or tabs that may distract you (e.g. your email inbox) and remain present in the meeting.
- Avoid scheduling back-to-back calls, build in breaks: ensure that there is enough time between online meetings to get up and move around and try not to schedule meetings during lunchtimes.
- Agree an end time for the meeting and stick to it: ensure that meetings do not over-run. Sharing an agenda in advance of the meeting can be helpful.
- Do not feel obliged to turn your camera on.
- Make online social events optional: after a long day of online meetings, people may not want to join in.

See Bailenson (2021). For more information, see [here](#).

Managing email

Engaging with email has become one of the most stressful activities in the workplace. People spend a high proportion of their working time on email (Hearn, 2019), particularly those who work remotely. As email use increases, productivity worsens and the risk of burnout and disengagement rises. There is also growing awareness that failing to switch off from email during evenings, weekends and holidays can be a major threat to practitioners' work-life balance and wellbeing. Many organisations now offer guidelines on managing emails in a healthy way. Quick Win 5.3 has examples of strategies that can be implemented at the organisational and individual level.

Quick Win 5.3: How to be 'e-resilient'

- Develop an organisational policy on email use and etiquette, with input from practitioners.
- Remember that email is a key part of the job, particularly when people are working at home, so should be included in job descriptions and when estimating workload.
- Lead by example: leaders are powerful role models for email behaviour. Unless it is an emergency, do not send emails out of hours (or use the delay function).
- Consider limiting (or even banning) the use of the 'reply all' function.
- Limit the use of 'OK' and 'thank you' emails – instead, use 'thank you in advance'.
- Encourage people to review their email strategies – are they purposeful and efficient, or reactive and habitual?
- Process and clear an email whenever you check it, rather than intend to return to it later.
- Switch off email notifications – they can cause stress and anxiety.
- Be aware that 'switching' between email and other types of work can add up to two hours to your working day.
- Use blocks, filters and folders and keep up with digital housekeeping (e.g. maintaining folders, deleting files, etc.)
- Manage other people's expectations: an 'out of office' notification should mean just that.
- Consider picking up the phone if emails are >3 paragraphs, or if messages fill the screen (>2 paras).
- Remove email from your phone and other personal devices, or else have a separate phone for work.
- Develop 'rules of engagement': set boundaries and decide when you will read emails and when you will switch off.
- Take email vacations – disconnect for half a day a week, or even longer.

Based on a systematic review of research studies, Russell et al. (2023) highlighted some key actions to inform best practice in managing emails to mitigate the risks to wellbeing and job performance. These involve communicating and adhering to work-email access boundaries (e.g. uses automatic replies, delay send functions out of hours and removing pressure for employees to respond to emails out of hours), regularly triaging emails (e.g. checking and dealing with email often and explicitly providing employees with time to deal with work email), sending work-relevant email (e.g. providing training on good work-email practice), and being clear and considerate in email exchanges (e.g. being polite, concise with clearly actionable points and intentions).

Increasing opportunities for support

Various options for enhancing support have been discussed in this workbook. These include Schwartz Rounds, peer coaching and supervision. Some other strategies that are likely to be effective are outlined below:

Reverse mentorship, also known as reciprocal mentoring, involves less experienced or younger individuals providing guidance and insights to more experienced or senior colleagues. This is in contrast to traditional mentorship, where the more experienced individual typically mentors the less experienced one. Reverse mentorship can also enhance the mentee's cultural and inclusion competencies by exposing them to diverse perspectives. It is an effective way to build genuine awareness of the barriers faced by practitioners from an ethnic minority, and can improve their engagement, overall experience, and retention. While reverse mentorship has potential benefits, its success depends on open communication, mutual respect, and a commitment to learning, ultimately creating a more cohesive and collaborative workplace culture. More information on reverse mentoring can be found [here](#).

Matching mentors for diversity at work is a strategy that involves intentionally pairing individuals from underrepresented groups with mentors who can provide support, guidance, and opportunities for professional development (Deng et al., 2022). When planning such initiatives, it is crucial to identify goals and objectives, promote volunteerism by highlighting the benefits for both mentors and mentees and celebrating success stories, implement opportunities for learning for both parties, and use a matching system that considers their preferences, goals and backgrounds. It is also important to recognise the intersectionality of individuals' identities, considering factors such as race, gender, ethnicity, sexual orientation, and disabilities when making matches.

Identify barriers to accessing support

Recognising barriers to accessing support within your organisation is essential for encouraging uptake and shaping intervention strategies. A large-scale survey of NHS staff has revealed potential barriers that should be considered when planning interventions, although some barriers may be specific to your organisation and need identification through internal mechanisms.

- Time: employees may feel they do not have the time to access support.
- Awareness: lack of awareness regarding the support available and where and when it can be accessed.
- Lack of trust: concerns that accessing support may be disclosed to managers or colleagues, with negative consequences.
- Feeling overwhelmed: feeling too tired or overburdened to consider the support they need and take action to access it.
- Denial: a reluctance to admit the need for help or support.
- Technical issues: problems with IT or signing up for apps may hinder accessing support online.
- Too much on offer: overwhelming options for support, causing uncertainty about what might be suitable.
- Difficulty finding out what is available: information on support options and how to access them may be provided in different places or across different platforms .
- Not needing support: some individuals may feel they do not need support from their workplace, as they can seek it from family or friends.
- No barriers: employees being comfortable accessing the available support for health and wellbeing.

Improving personal safety and tackling bullying and harassment.

Employees are entitled to do their job without feeling threatened, and employers are required to manage the risk to practitioners. For lone workers, risks include vulnerability to violence, threats to mental health or wellbeing, and a person's medical suitability to working alone. A lone working policy should incorporate several key components to ensure practitioners' safety and wellbeing when working independently:

- Purpose and scope: Clearly define the policy's purpose and scope, specifying the situations where health and social care workers may work alone.
- Risk assessment: Conduct a comprehensive risk assessment covering physical and psychological risks associated with lone working.
- Communication protocols: Specify communication procedures, including regular check-ins, reporting mechanisms, and emergency communication channels.
- Training and guidance: Provide comprehensive training on recognising risks, self-defence techniques, and emergency procedures.
- Equipment and resources: Identify the necessary tools, resources, and safety equipment, such as mobile phones, and personal alarms.
- Service user assessment: Establish guidelines for assessing the potential risks associated with specific service users or situations, and procedures to avoid or manage these risks.
- transportation safety: Address safety measures for travel, including vehicle checks, road risks, and safety guidelines for public transportation, or walking.
- health and well-being: Promote practitioners' physical and mental well-being with an emphasis on taking breaks, prioritising self-care, and prompt reporting of safety concerns.
- emergency procedures: Clearly define emergency procedures, including contacts, evacuation, and first aid measures.
- supervision and support: Establish a support system for lone workers, ensuring access to regular supervision, debriefing sessions, and psychological support.

- review and evaluation: Periodically review and evaluate the policy for effectiveness, making necessary adjustments based on feedback, incidents, or changes in working conditions

Skills for Care provide guidance on effective practice in supporting lone workers [here](#). Guidance for employers and employees on managing the risks of lone working can be found [here](#).

Employers should be aware that risk assessments are needed for home workers, who should be considered lone workers.

Bullying and harassment

In the UK, the Equality Act 2010 makes harassment based on protected characteristics (such as age, disability, race, religion or belief, sex, and sexual orientation) unlawful. However, harassment unrelated to these characteristics is not covered by the Act. While there is no specific legislation addressing workplace bullying, it is part of an employer's legal obligation to ensure the safety of workers. Workplace bullying refers to repeated, unwelcome, and negative behaviours directed at an individual or a group of employees within an organisation. It encompasses a wide range of behaviours such as:

- Verbal abuse and hostility: Insults, name-calling or offensive remarks; shouting, or yelling at a target.
- Social exclusion: Deliberately excluding somebody from work-related activities or events.
- Intimidation: Threatening behaviour or gestures; using one's position of power to intimate or coerce others.
- Undermining work performance: Persistent criticism and unwarranted negative feedback; sabotaging or undermining the work of others; blocking access to key documents or other types of information.
- Demoting or demeaning: Actions that intentionally lower an individual's status, position, or self-esteem.
- Cyberbullying: Harassment through emails, messages, or social media platforms; spreading false information online to damage a person's reputation.
- Interference with work: Taking credit for somebody else's work; deliberately setting someone up for failure.

- Excessive monitoring; Micromanaging to an extreme degree; unreasonable scrutiny of a person's work or activities
- Gossiping: Creating gossip about an individual's personal life so that it affects their professional credibility

Research with health and social care practitioners indicates that factors such as power imbalances, stress and burnout, competition for resources, lack of job control, and role ambiguity, increase the risk of bullying (van Heugten, 2009; 2021). Workplace bullying can have significant and far-reaching consequences for individuals and organisations. It can adversely affect mental and physical health, threaten job satisfaction and sense of professional identity, and impair professional effectiveness and overall workplace culture (Birkeland et al., 2012). Bullying can also result in increased absenteeism and higher turnover rates and, if not addressed appropriately, can also damage an organisation's reputation and have financial repercussions via legal action and compensation (Boudrias et al., 2021).

Addressing workplace bullying is crucial for maintaining a healthy, supportive and productive work environment. It requires employers to implement a range of measures such as:

- Establish and communicate clear policies: Implement a robust and well-communicated policy emphasising the organisation's commitment to promoting dignity and respect at work, and the behaviours expected. Policies that are co-designed are likely to be particularly effective.
- Integrate with other policies: Ensure that the anti-bullying policy is integrated with policies related to diversity and inclusion, equal opportunity, and employee code of conduct.
- Promote a positive organisational culture: Foster an inclusive workplace climate based on tolerance and acceptance of every individual. Ensure that senior leaders and managers role-model and champion the desired behaviours.
- Address power imbalances: Promote fair and transparent decision-making processes and discourage the abuse of authority.
- Offer guidance: Provide information on recognising and preventing workplace bullying.
- Establish mechanisms for conflict resolution: Implement processes such as mediation to amicably resolve disagreements or disputes to avoid escalation into bullying.

- **Implement reporting mechanisms:** Establish confidential and easily accessible mechanisms for employees to report instances of bullying. Ensure people feel safe and supported when voicing concerns, as they may fear negative repercussions.
- **Take all allegations seriously:** Treat formal allegations of harassment, bullying or any intimidating behaviour as a disciplinary offence.
- **Investigate promptly:** All complaints should be investigated promptly and formal grievances resolved in line with the [ACAS Code of Practice](#) on grievance and disciplinary procedures.
- **Monitor and evaluate:** Regularly monitor the workplace for signs of bullying. Evaluate the effectiveness of anti-bullying measures and solicit feedback from employees to identify areas for improvement.

The CIPD provides some useful information on how to tackle bullying and harassment effectively, see [here](#). A factsheet and toolkit for tackling racial harassment and bullying is also available from BITC, see [here](#).

An individual toolbox of wellbeing skills

As well as tackling stress at source, organisations should ensure that practitioners are provided with guidance to develop their skills in managing stress and building resilience. It is crucial to offer a range of strategies and encourage people to try something new – this will encourage flexibility, enhance tolerance of uncertainty and broaden their skill set (see KFP3 Learning Organisation). Our research found that multi-modal training (including mindfulness, challenging unproductive thinking, peer coaching, reflective supervision and goal setting) can enhance the personal characteristics that underpin resilience and improve wellbeing in early career social workers (Kinman & Grant, 2014). When planning interventions, however, it should be recognised that people are often attracted to training that strengthens (or validates) the skills they already possess; for example, more action-oriented people may seek out training in time management and goal setting, rather than the relaxation techniques that would help them switch off from work. Similarly, the findings of our recent evaluation of a mindfulness intervention (Kinman et al, 2019) suggest that it tends to attract practitioners who are more 'naturally' reflective.

Strategies that could be included in personal toolboxes have been outlined throughout this workbook. Some of these are likely to be particularly helpful in managing stress and enhancing wellbeing.

Peer coaching techniques (see KFP3 Learning Organisation) can provide practitioners with a mechanism to give and receive support and identify solutions to stressful problems. Opportunities for reflective conversations will help people to manage challenging situations and explore and resolve uncomfortable emotions. In the next section, we highlight the importance of self-compassion and self-care in underpinning a resilient organisational culture. Particular focus is placed on challenging unproductive thinking, as they can be an effective way to protect wellbeing and may be used individually, in teams and/or during supervision. We also provide some quick wins to help you fill your toolbox. More information on these strategies can be found in our book (Grant & Kinman, 2014).

Building a culture of self-compassion

For people whose work is emotionally demanding, self-compassion and self-care are essential. Health and social care practitioners gain considerable satisfaction from supporting others, but the emotional demands of the job can lead to compassion fatigue and burnout. Research (Kinman & Grant, 2020) has found that maintaining compassion towards the self can protect against these negative effects.

Self-compassion can improve coping abilities and protect us from stress and burnout. It is also one of the most powerful sources of resilience, enabling us not only to survive adversity but to flourish. And because self-compassion can enhance empathy and improve interpersonal relationships, there are also likely to be benefits for people who access services.

Neff (2016) identifies three elements of self-compassion:

- Self-kindness: being warm, patient and understanding towards ourselves when we suffer, fail or feel inadequate, rather than being self-critical and hostile.
- Common humanity: recognising that personal suffering and feelings of inadequacy are part of the human condition, and not something that makes us different from others.
- Mindfulness: taking a balanced and accepting approach to our negative emotions, so feelings are neither avoided nor exaggerated.

It is particularly important to develop interventions to encourage compassionate feelings towards the self and healthy self-care strategies among health and social care practitioners early in their career, as this can be more challenging for people who have spent longer in the job.

Kinman and Grant's (2020) research found that social care practitioners often see themselves as self-compassionate but are reluctant to prioritise their own wellbeing over other people's needs; this can even be considered self-indulgent and irresponsible. Research with healthcare professionals has yielded similar findings, where prioritising self-care in both working and personal lives can be challenging and practitioners often feel they need 'permission' to do so (e.g. Andrews et al., 2019; Egan et al., 2019).

A review of 22 studies that evaluated self-care interventions among social care workers found that all focused on modifying individual behaviours, attitudes and knowledge (Kaapu et al., 2023). The need for multi-level interventions, with a particular emphasis on organisationally focused initiatives, has been highlighted (Collins, 2023). Leaders can build a culture that supports self-compassion by role-modelling self-kindness, common humanity and mindfulness, and encouraging practitioners to accept that, like everyone, they are imperfect. But in seeking to develop such a culture, leaders must pay attention to working conditions; a heavy workload, staff shortages, and lack of appropriate supervision will thwart any attempts to improve self-compassion and self-care.

At an individual level, compassion-focused expressive writing can help people overcome self-criticism and develop the self-reflection that underpins self-compassion (see Quick Win 5.4). Other strategies, some of which are outlined in this workbook, can also help:

- Reflective supervision and having reflective conversations can foster self-compassion and encourage people to prioritise self-care.
- Peer coaching (see KFP3 Learning Organisation), and group approaches such as World Café (see KFP4 Mission and Vision) and Appreciative Inquiry (see KFP2 Sense of Appreciation), will help identify and share best practice among co-workers to improve self-care.
- Mindfulness techniques (see Quick Win 5.5) can help us maintain personal boundaries and enhance awareness of the self and the need to care for it.
- Using strategies to challenge unproductive thinking (see below) can also help us relate to ourselves in a more compassionate, friendly and forgiving way.

More information about self-compassion and some useful resources can be found [here](#).

Quick Win 5.4: Expressive writing

Research findings show that people who regularly engage in expressive writing tend to feel happier and more satisfied. Writing about negative feelings and life experiences can help us reduce stress, depression and anxiety and discourage unhealthy rumination; it can even improve immune system functioning and physical health. There is also evidence that writing about positive experiences can be beneficial for wellbeing.

Research with social work students (Grant et al., 2014) found that writing about their emotional reactions to practice in diary form significantly improved their reflective ability and empathy and reduced feelings of distress. Studies (e.g. Procaccia et al., 2021; Tonarelli et al., 2018) have also found similar benefits for the mental health and wellbeing of healthcare professionals. Several mechanisms are thought to underlie the benefits of expressive writing – as it involves thinking about experiences as well as expressing emotions, writing helps people process their thoughts and give meaning to their experiences. There is also evidence that expressive writing can improve emotional regulation skills, which is a key aspect of resilience for practitioners.

To get maximum benefit, people should write every day, but it need not take up much time. Studies suggest that expressing emotions in writing for only a few minutes a day can improve wellbeing (Burton & King, 2008). There is no one 'correct' way to do this, but these tips may help:

- Try writing in the third person to give you some distance and even a new perspective.
- Write about your emotional responses to specific situations: i.e. those that evoked negative feelings (e.g. fear, confusion, embarrassment or frustration) and those that were positive (e.g. satisfaction, pride or a sense of meaning).
- Make a note of what you were doing and who you were with; this can help you identify patterns to your emotional reactions to different situations and individuals and can encourage a more in-depth understanding of your emotions.

Although writing about emotions can be helpful, it may not be effective for people who are experiencing ongoing or serious mental health challenges. Any personal reflections on emotional reactions to work experiences should always be kept in a secure location.

Mindfulness is the basic ability to be fully present, aware of where we are and what we are doing, and not overly reactive or overwhelmed by what is going on around us. (Mindful.org, 2014)

Many studies have demonstrated the positive effects of mindfulness, particularly for people working in health and social care (NICE, 2020); van der Riet et al. (2018) highlighted the effectiveness of mindfulness for the wellbeing of healthcare practitioners, and research by Kinman et al. (2019) found wide-ranging benefits for the wellbeing and resilience of social workers. Kinman et al. found that an eight-week mindfulness training course increased emotional self-efficacy and reduced compassion fatigue and distress. Interviews with participants revealed that mindfulness can benefit many aspects of wellbeing. In particular, it enhances work-life balance by helping people 'switch off' from work concerns and enabling them to replenish their energy and motivation.

This study also found mindfulness can help improve job performance:

- When experiencing pressure, we are more aware of the options we have available to manage it.
- We are able to sharpen our focus and prioritising skills.
- We become more adept at identifying what we can and cannot control in high-stakes situations.
- We carry more energy by reducing wasted effort and enhancing recovery processes.
- We are less judgmental towards others and ourselves, more patient, and trust in our intuition and authority.

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Quick Win 5.5: Learning to be mindful

Several apps are available that introduce people to mindfulness principles and offer guided meditations; these can be customised to individual needs and contexts. For example, 'one-minute mindfulness' exercises can help people recover after difficult meetings and switch off from work when they get home.

Some brief mindfulness techniques include:

- Mindful eating: paying attention to the taste, sight and textures of what you eat. For example, when drinking a cup of tea or coffee you could watch the steam that it gives off or focus on how hot and liquid it feels on your tongue. Mindful eating can also help us avoid over-eating by making us aware that we are full.
- Mindful walking: if possible, find a quiet space outside to walk. Notice the feeling of your body moving. You might notice the air against your skin, the feeling of your feet on the ground, and the different sights, smells and sounds that are around you.

- Body scan: this involves moving your attention slowly through different parts of the body. Start at the top of your head and gradually move down to your toes. You could focus on feelings of warmth or relaxation of different parts of your body.
- Mindful meditation: sit quietly and focus on your breathing, your thoughts, your bodily sensations, and what you can hear around you. You might choose to do a systematic body scan (as above), or you could choose to explore bodily sensations randomly as they occur. If your mind wanders, simply notice this is happening and gently try to focus yourself back on the present.

Grant and Kinman recommend:

- [Buddhify](#)
- [Headspace](#)

Both require subscriptions, but others are available free of charge. At the time of writing this workbook, NHS workers have free access to several wellbeing apps (including Headspace). See [here](#) for details.

Challenging unproductive thinking

Thinking errors are cognitive distortions based on erroneous beliefs about ourselves or about the world. Everyone experiences thinking errors, but when those errors are extreme, they can impair personal functioning, relationships and wellbeing. An understanding of the principles of cognitive behavioural therapy (CBT) provides insight into how cognitive distortions can be replaced by more helpful thoughts, feelings and actions. Examples of different types of thinking errors are outlined in Box 5.11 and Box 5.12. Techniques are also included to help leaders track the thinking patterns and understanding of their workforce, helping them to identify and challenge unhelpful thinking errors when they occur. How these strategies can be used to manage stress and support emotional resilience is also considered.

Box 5.11: Thinking errors

- Magnification and minimisation: recognising only the negative aspects of a situation and ignoring or downplaying the positive. 'My personal achievements are insignificant, but my mistakes are very important.'
- Catastrophising: ruminating about irrational worst-case scenarios and impending disaster. 'I couldn't solve the service user's problem before the weekend – I just know something awful will happen to them.'

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- Over-generalising: making broad interpretations from a single incident or a single piece of evidence. 'I made a mistake with this person who uses services, so I am an incompetent worker and a bad person.'
- 'All or nothing' thinking: over-generalising and seeing things in extremes. 'I never do a good enough job – I am always going to fail.'
- Dogmatic demands: believing that things should be a certain way can cause guilt and expectations of punishment if our rules are violated. 'I should do this/I shouldn't do that.'
- Emotional reasoning: the assumption that our unhealthy emotions reflect reality. 'I feel guilty, so I must have done something bad.'
- Magical thinking: a belief that one's acts will influence unrelated situations. 'I am a good person so bad things shouldn't happen to me.' (Or vice versa.)
- Personalisation: the belief that one is responsible for events outside of one's control. 'The service user is upset. It's my fault; I haven't done enough to help her.'
- Jumping to conclusions: interpreting the meaning of a situation despite having little or no evidence. This has two strands: a) mind-reading: interpreting the thoughts and beliefs of others without evidence ('I wouldn't get promotion, as I am stupid'), and b) fortune-telling: believing that future events are pre-ordained ('Things will turn out badly, so why bother?').
- Control fallacy: beliefs about being in control of every situation in one's life. If we feel externally controlled, we are helpless and a victim of fate or chance: 'I did a bad job as I was given the wrong advice'; if we feel internally controlled, we assume responsibility for the wellbeing and distress of everybody: 'Why are you angry, what did I do to upset you?'
- Global labelling: generalising one or two personal characteristics into a negative global judgement about oneself or others. 'I'm such a loser'; 'He is such an idiot'; 'People always let you down.'
- 'Just world' fallacy: the belief that the world is a fair place – good things happen to good people, and bad things happen to bad people. 'Nobody has that much bad luck. She must have done something to bring it on.'

- 'Heaven's reward' fallacy: the belief that self-sacrifice and self-denial will eventually pay off. 'If I work hard enough, people will notice, and I will be rewarded.'

Thinking errors have implications for people's wellbeing and professional functioning. 'Personalisation' and the 'heaven's reward fallacy' might encourage over-commitment to the job, poor boundary setting and a reluctance to prioritise self-care; 'global labelling', on the other hand, could compromise positive outcomes for people who access services. We may fail to see the person behind the label and filter out any information that does not fit with our belief. So, the 'just world fallacy' may encourage us to blame 'victims' in the belief that people who are experiencing challenging circumstances must somehow have brought it on themselves. 'All or nothing thinking' is a distortion often found in those who are anxious, perfectionist or have low self-esteem. This can also be damaging for people who access services; a tendency to believe that 'everything is right, or it is wrong' may lead a worker to 'over-generalise' from one perceived 'failure' and so overlook improvements in other areas.

Box 5.12: Identifying thinking errors in meetings and supervision

Active listening – based on warmth, genuineness and unconditional positive regard – is necessary to enable formation of a trusting relationship.

Conversations should be collaborative and should involve feedback and reflection. Notice how people use words that might signify thinking errors. For example, most people exaggerate at times, but chronic 'all or nothing' thinking can make us see the world and other people in over-simplified terms and encourage pessimism and feelings of helplessness. Listen out for and challenge words such as 'always', 'never', 'everything', 'totally', 'everyone' or 'no one'.

A more structured approach can be used to examine specific incidents (i.e. activating events) where thinking errors have been used. By focusing on the following issues during supervision and reflective conversations, leaders can gain insight into how unhelpful behaviours and mood states are triggered – and maintained:

- Situational: the environmental factors that were present
- Behavioural: what the person did
- Cognitive: the thoughts that were present at the time

- Affective: the emotional reactions that occurred
- Interpersonal: who else was present
- Physiological: the bodily reaction that occurred.

Cognitive behavioural techniques for stress management and resilience

The techniques discussed above can be incorporated into supervision, reflective conversations or peer coaching sessions in which options for change are explored. Identifying thinking errors that underpin self-criticism, poor self-care, inflexibility and feelings of isolation will be particularly helpful. Cognitive behavioural techniques are an effective stress management tool for individuals. They can provide a fresh perspective on a situation, help people reduce the physical and emotional symptoms of stress and regain a sense of control, and encourage self-compassion.

There is evidence that stress management training based on the principles of cognitive behavioural therapy (CBT) is more effective than many other methods (Bhui et al., 2012). Research (Grant & Kinman, 2016) found that CBT also has the potential to enhance wellbeing and many of the qualities that underpin resilience. Computerised CBT programmes can be as beneficial as face-to-face training for reducing stress and improving mental health (Proudfoot et al., 2003) and are more cost-effective. CBT principles can also be applied to teams and organisations. Spotting and challenging individual and collective thinking errors has clear potential for enhancing group problem-solving and guiding systemic change. More information on developing resilience using CBT strategies for social care workers can be found in Alexander and Henley (2020). This guide will also be relevant for healthcare professionals.

Using self-care audits and action plans

Addressing workplace wellbeing requires interventions at both organisational and leadership levels. However, practitioners also bear the responsibility of cultivating the skills and resources necessary to navigate a high-pressure working environment. A guide from Research in Practice (Kinman, 2022) offers practitioners evidence-informed, practical tools to support their self-care and wellbeing. This will enable them to thrive personally and professionally and provide continued effective support to others.

The guide is designed to support individuals in cultivating a comprehensive approach to well-being across various aspects of their lives. It offers tools for employees to assess their self-care practices relating to their mental, physical, and social dimensions of wellbeing. It aids in developing personalised action plans, incorporating strategies to repair, maintain, and improve wellbeing. Emphasis is also placed on fostering self-compassion, tackling dysfunctional perfectionism, maintaining a healthy work-life balance, avoiding rumination, and enhancing recovery via effective coping strategies. The guide is available [here](#).

Radical self-care refers to a concept of self-care that goes beyond routine or conventional practices and involves making significant, intentional, and transformative changes in one's life to prioritise well-being (Nayak, 2020) It emphasises a deep commitment to self-preservation, mental health, and overall personal flourishing. Key elements include:

- Setting boundaries to protect personal time and energy and learning to say 'no'.
- Embracing authenticity and self-expression without fear of judgement.
- Cultivating mindfulness practices and engaging in inner work to understand and address underlying issues or trauma.
- Accepting oneself fully, including both strengths and vulnerabilities.
- Challenging societal norms and expectations that may contribute to stress or burnout.
- Advocating for one's needs, both personally and professionally, and seeking support where necessary.
- Prioritising physical health, nourishment and rest.
- Building and nurturing supportive communities that encourage and uplift.
- Committing to continuous growth.

More guidance on radical self-care practices can be found [here](#) and [here](#).

BITC provide a toolkit to support ethnically diverse women in coping with the unique mental health challenges they face at work. See [here](#).

The importance of self-care for leaders

Leaders play a key role in preventing and reducing work-related stress and are expected to be role models for 'healthy' behaviour. This is a major responsibility, especially if you are struggling to maintain your own work-life balance and protect your own wellbeing.

What you can realistically achieve may feel constrained by the need to manage teams with large caseloads or having day-to-day responsibility for the functioning of an entire service. At the time of writing, leaders are required to navigate their organisations through considerable uncertainty that will compound the existing pressures of the job. Although the health and social care sectors tend to have a more positive approach to stress, mental health and wellbeing, you might work within an organisational culture that stigmatises (albeit unconsciously) stress and help-seeking, encourages long working hours and presenteeism, and overlooks the adverse implications for the wellbeing and performance of its workforce.

Protecting your own wellbeing will be challenging under such conditions; but if you are not able to take care of yourself, then you will not be able to support your team. Remember, the strategies in this workbook apply to you as much as to your team or workforce. Self-care is not a luxury for leaders of health and social care organisations but a core competency, and it is essential for survival. So, it is crucial that you develop your own 'toolbox' of strategies to sustain your resilience and make sure you are as compassionate towards yourself as you are to others.

