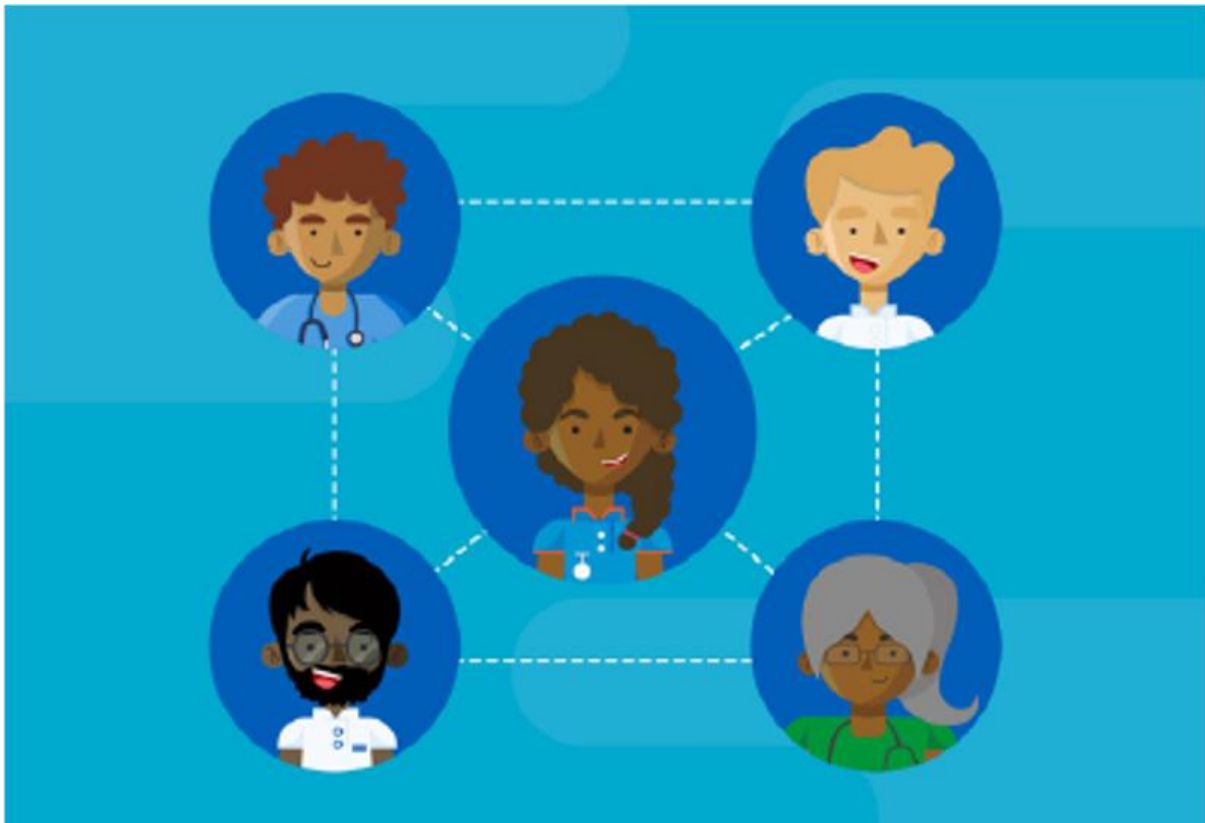


# Wellbeing Conversations



## Resource pack

*August 2021*

NHS England and NHS Improvement



# **Wellbeing Conversations**

## **Resource Pack**

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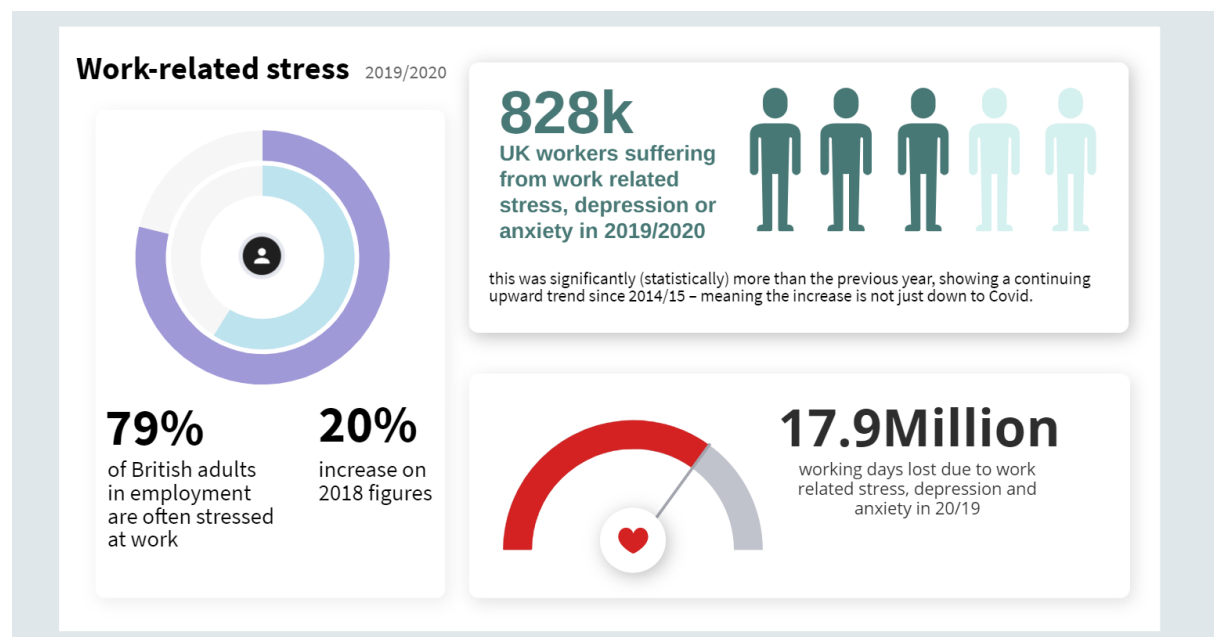
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## Wellbeing: What the research tells us

If we had asked ourselves a few years back what we would be doing in 2020, not many would have got it right, and these last eighteen months have certainly taken a toll on people.

But even before the pandemic, the signs were there that we need to take wellbeing more seriously.

The research findings summarised below show us that poor wellbeing is rising and impacting organisations and individuals in significant ways.



The most common causes of stress at work are understood to be:

- Work-related office politics
- Lack of interdepartmental communication
- The work performance of others
- Workload pressure – including tight deadlines
- Too much responsibility
- Lack of managerial support.

The impact can be seen in that fact that 55% of the workforce experiences anxiety as a result of work-related stress, with nearly half of those (43%) losing sleep as a result; while a third admit to comfort eating.

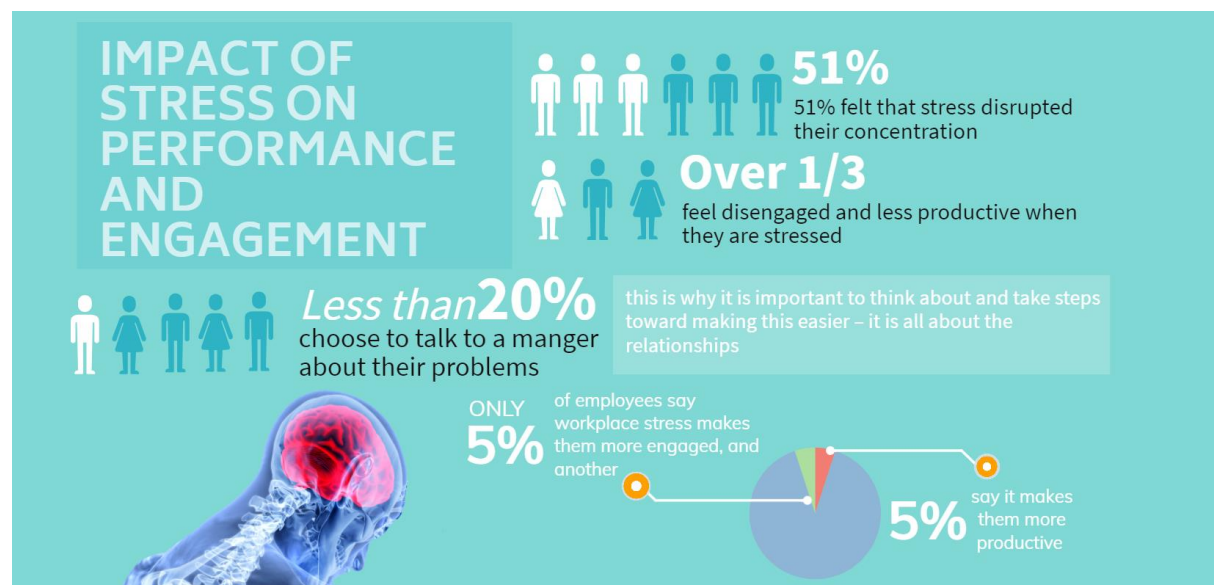
In addition, as working from home has become prevalent, employers are increasingly aware of the cross-over of non-work stressors...



## Impact on work

Recent research has revealed a lot about the specific effect of stress and anxiety on employee engagement and performance.

This pictogram sums up many of the most significant findings...



## Signs of change for the better

It isn't all doom and gloom though. Rising awareness of the importance of wellbeing is translating into a noticeable improvement in practices that can be helpful...



There is plentiful evidence that taking steps to enhance employee wellbeing can have the following outcomes for organisations:

- Reduced staff turnover
- Improved decision making
- Better quality in working relationships
- Reduction in sickness absence
- Better customer service
- Higher employee engagement
- Happier, healthier teams.
- Improved talent attraction.

And if these reasons are not enough to persuade you that taking the time for wellbeing conversations with your colleagues is a good use of time, ask yourself:

- What would it be like to work in a place where everyone feels a little bit better?
- What difference would that make for me and what I do?

### Sources

*HSE Work Related Stress, Anxiety or Depression Statistics On Great Britain, 2020*  
*The 2020 UK Workplace Stress Survey – Perkbox*  
*The Culture Economy Report 2021 - BreathHR*

## Your support network

Who or what can you rely on for support with day to day pressures? Are there people you can call on for encouragement, straight talking or a sense of perspective?

There can be a tendency towards stoicism and self-sacrificing behaviour among many in the NHS, and if you recognize this in yourself, there's never a bad time to fight it!

Not only will a strong support network provide much needed emotional reinforcement, but – if carefully assembled – it could also be a source of practical help, useful advice and honest feedback. And of course, other people may not be your only source of support or succour. Pets, past-times, religious faith, a private place – the support you value most could come in almost any form.

*Use this table to think about the sources of support you can draw upon; and about what steps you could take to strengthen your own support network.*

Type of support	Who/what can you rely on	Action needed
<b><i>Encouragement to act positively and with energy</i></b>		
<b><i>Honest, reliable advice and feedback</i></b>		

<b><i>Consolation after a set-back, re-charging your batteries</i></b>		
<b><i>Practical help enabling you to devote time to your goals</i></b>		
<b><i>Other forms of support of value to you</i></b>		

***Finally, if thinking in this systematic way about your own network has been helpful to you, why not share this approach with others?***



## Spotting the signs

Line managers or peers who know someone well and interact with them regularly are well placed to spot any signs of stress or adverse effects on wellbeing. Often the key is a change in typical behaviour.

Signs will vary, as each person's experience of poor wellbeing is different, but there are some potential indicators to look out for. The summary below is not exhaustive, but it offers some useful pointers. **However, if you do observe one or more of these signs, this does not automatically mean the employee has a wellbeing-related problem – it could be a sign of another health issue or something else entirely. Always take care not to make assumptions or listen to third party gossip; it's always best to talk to the person directly.**

Physical	Psychological	Behavioural
Fatigue	Anxiety or distress	Increased smoking/ drinking
Indigestion/ upset stomach	Tearfulness	Using recreational drugs
Headaches	Feeling low	Withdrawal
Appetite/ weight changes	Mood changes	Resigned attitude
Joint and back pain	Indecision	Irritability, anger or aggression
Changes in sleep patterns	Loss of motivation	Over-excitement or euphoria
Visible tension or trembling	Loss of humour	Restlessness
Nervous trembling speech	Increased sensitivity	Working far longer hours
Chest or throat pain	Distraction or confusion	Intense or obsessive activity
Sweating	Difficulty relaxing	Repetitive speech or activity
Constantly feeling cold	Lapses in memory	Uncharacteristic errors
	Illogical or irrational thought processes	Increased sickness absence
	Difficulty taking information in	Uncharacteristic problems with colleagues
	Responding to experiences, sensations	Apparent over-reaction to problems
	Suicidal thoughts	Increased risk-taking
		Disruptive or anti-social behaviour

It is equally important to be aware that with some people, the warning signs may not be obvious. Some are good at disguising how they really feel, or they may be reluctant to open for personal reasons. Equally they may not be fully aware themselves of the stresses building up, and of the impact on their wellbeing – it is sadly not uncommon in the NHS for people to reach burnout without seeing the signs.

This is one reason why regular and frequent conversations about wellbeing are so important – don't take it for granted that someone who appears to be bearing up well under pressure, is genuinely OK. It is essential to be proactive in engaging with those people who don't appear to show the signs of strain.

## Everyday coaching

For some, coaching can appear a distant, slightly mysterious art – perhaps not aligned with their view of themselves.

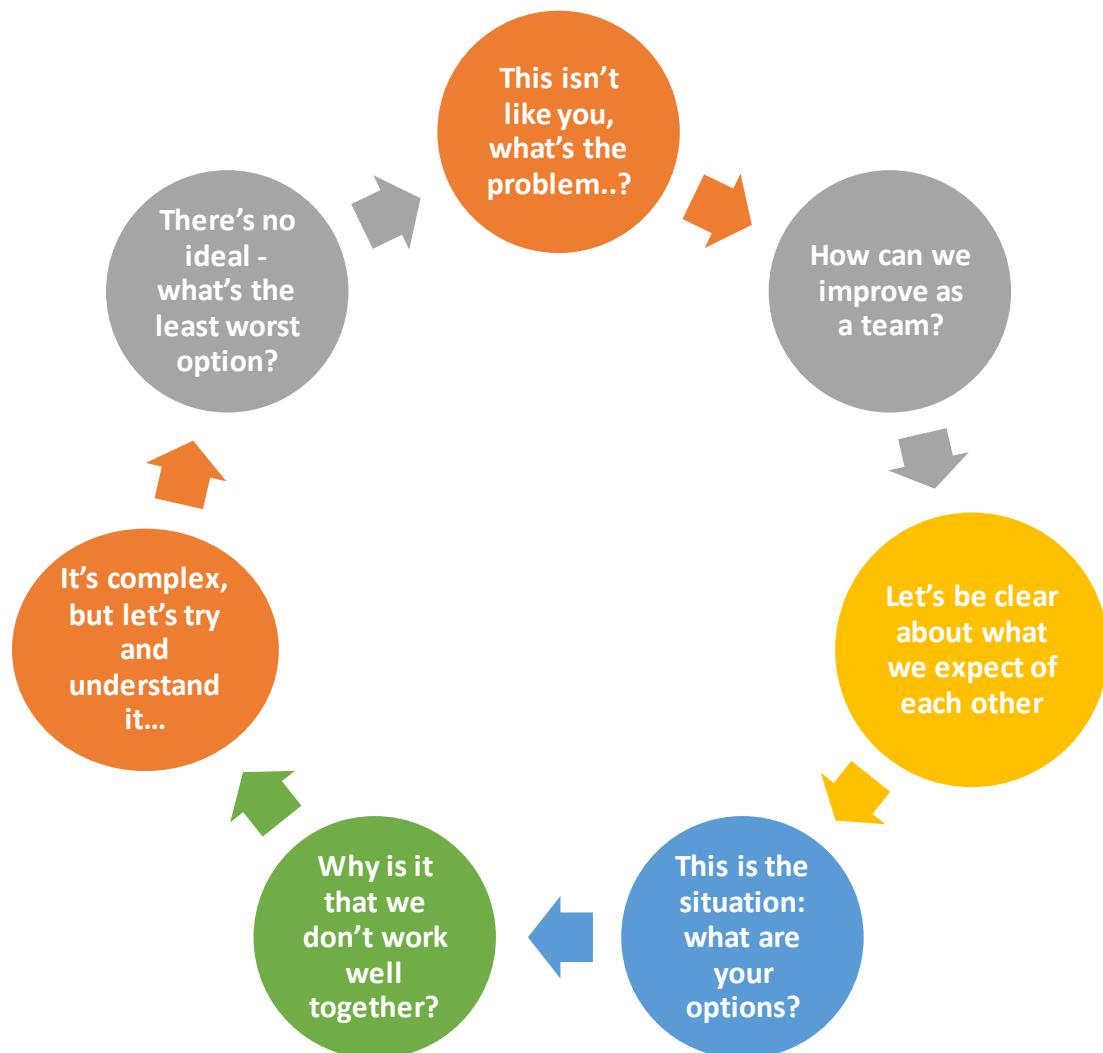
But the truth is most people can coach and coach well. With positive intent, and some essential skills, it is possible to be of great help to others purely in the way you interact.

Specific examples of value we can offer with simple, everyday coaching practices include:

- Helping others make sense of what may feel to them like overwhelming or highly complex situations
- Increasing personal commitment to take difficult steps or make changes
- Improving self-confidence and self-esteem
- Boosting morale and wellbeing.

One element that can be especially helpful is to be confident about finding natural ways to start the conversation. This is about spotting the opportunity and coaching in the moment, and it can often be far more effective than sitting down for a formal and lengthy coaching conversation.

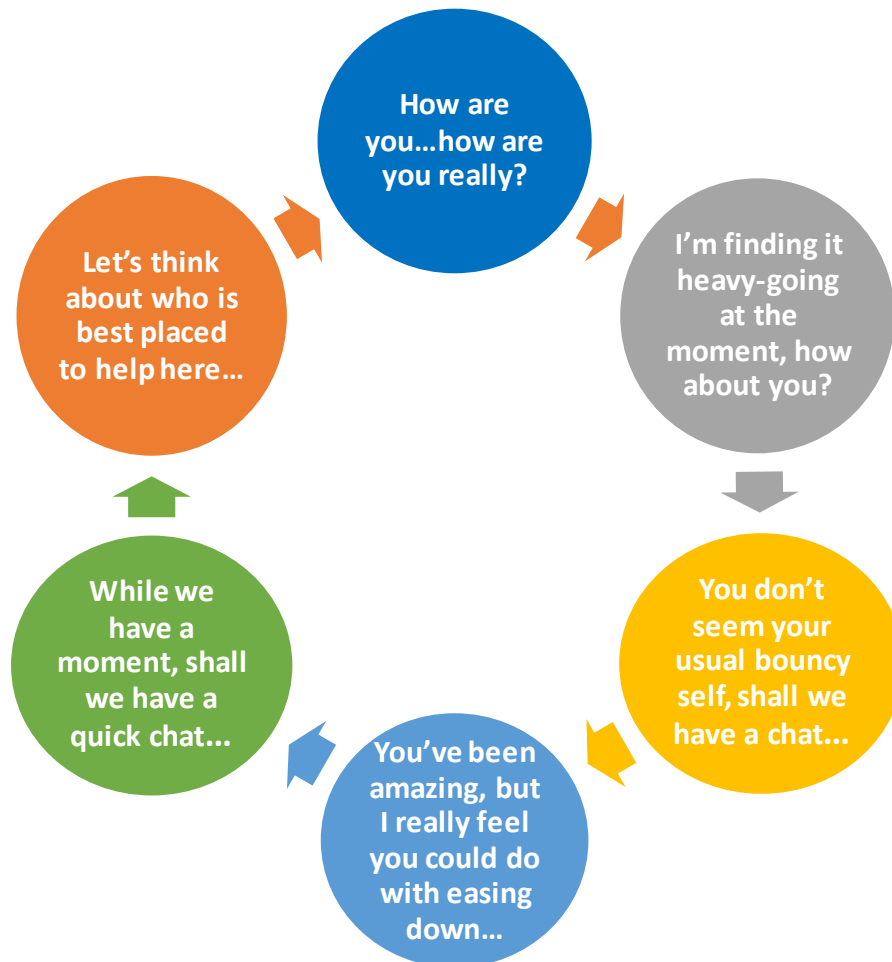
General everyday coaching conversation openings might include some of those shown below.



Note that these often involve a matter fact acknowledgement of some difficulty or challenge, but they don't overplay it and they immediately offer the other person an opportunity to express their perspective and be heard.

A similar approach can be used to broach what may feel like potentially awkward conversations about wellbeing....

Here are some examples of openings specifically intended to start a conversation about wellbeing which can be informal, but still meaningful.



## Holding emotions

There are times when emotions can feel powerful and even overwhelming.

When we are having wellbeing conversations, these can be with people who are in a good place, whilst others may be finding life rather difficult.

There may be times when people voice their distress and become visibly emotional – after all we are all human and emotions are a big part of the human condition.

Sitting with someone experiencing a high level of emotion can be uncomfortable for some.

We may ask ourselves, what do I do here? So here are a few pointers which may ease you both through the situation:

- Keep listening
- Ask – how are you feeling right now? Or use a reflection - I can see this is difficult/upsetting/distressing for you – what is the feeling you are experiencing right now? *Naming a feeling can reduce its intensity*
- You may gently ask if any others are aware of their experience/distress – and what support they have
- Ask what would be helpful to them right now, and what they find most helpful to soothe themselves
- What would have to change for the distress to reduce – what would good look like?
- Towards the end of the conversation, ask what their plans are for later in the day
- It can be helpful to have a pack of tissues to hand
- Remember to check in with the person in the day or two following the conversation
- Above all give the person time and approach the conversation with compassion, maintaining the focus on the person and their experience.

## Challenging situations

### Those reluctant to engage

We can't force people to open up to us, and it is important to recognise that some may have their own very good reasons for avoiding conversations about their own wellbeing. Perhaps they find it intrusive, or that you (or others) wouldn't truly understand their experience.

Of course, it will help a lot if you have a pre-existing and trusting relationship – if this is not the case, you may want to consider whether someone else is better placed to help than you are.

It also helps if the situation and approach are relatively informal. Diary appointments, formal records, and closed doors can put some people on their guard. So wherever possible, you should aim for a spontaneous chat, perhaps connected to something that has just happened – like a tough shift, or a team meeting.

If there is still some reluctance, rather than just dropping the matter there are a few things we can try which may help a “reticent” person to get support they may really need:

1. Acknowledge that it can be awkward talking about personal matters like health and wellbeing, and reaffirm that you are available and happy to talk any time they are ready
2. Gently persevere – assuring them of the total confidentiality of the conversation, and your desire to offer positive and practical support
3. Ask if there is someone else who they feel they can talk to about their wellbeing, and...
4. ...check that they do feel able to access the support they need
5. It may also be helpful subtly to ask someone you know is trusted by this person if they could have a quiet, informal word when the time is right

6. And lastly, it may also be important (especially if you have a management or caring responsibility for this person) to ask yourself whether the level of trust between you is all that it should be. What could you do to build a relationship where they do feel safe to open up with you?.

As mentioned previously, it is important also to acknowledge that colleagues whose wellbeing suffering may not recognise that they have a potential problem themselves. There is some evidence that the more troubled someone is, the more concerned they will be about accessing support. This is why it is important to show a little tenacity in this situation to ensure that you do what you can to help this kind of person get the support they need.



## Moral injury – treating people who refuse vaccination

This situation is a current and very difficult example of the kind of ethical dilemma many healthcare staff are facing.

An important thing to keep in mind is your aim to support the other person's wellbeing, and this shouldn't mean getting into the moral rights and wrongs of vaccination and anti-vaccination beliefs. ***You are interested less in the detail of the situation, and more about how it is affecting them.***

That said, there are clear and significant risks around treating unvaccinated patients, and an early action you should take if this situation arises is to make sure you understand and act in accordance with local policy. In many NHS organisations, there is pathway for referring such matters to Occupational Health so that a risk assessment can be undertaken. But national guidelines do change and local policies vary, so it's important to get up-to-date advice ideally from HR.

There may be steps you can take yourself if you have the right authority, perhaps relating to work/shift allocation or PPE provision.

But a fundamental matter at stake here is that people should feel safe to raise concerns, and to have adult to adult conversations about the risks they run in their job, and the impact this has (emotional as well as health-related).

It's important to be aware of the potential for a staff member in these circumstances to suffer moral injury, as they wrestle with the implications of caring for someone who has taken a decision with potentially harmful consequences for many (themselves, their families, the healthcare work and their own family members to name a few).

If the staff member concerned is insistent on getting into the moral arguments, it would be better to engage with them rather than avoid the deeper issues. Although everyone's stance on matters like this is personal, as an NHS employee you may find it helpful to bring out some fundamental principles guiding health and social care provision in the UK.

1. Deprioritising certain people runs counter to our NHS Constitution and the core idea that healthcare should be freely accessible to all who need it at the point of delivery. Need for care is defined clinically, and not based on moral or social judgment about more or less deserving patients.
2. Different treatment is also problematic as it is likely to raise questions about healthcare inequalities, especially important when many vaccine-hesitators are from social groups already disproportionately at risk
3. Up until now vaccinations have been provided on the basis of each person's voluntarily given and informed consent, and it is a fundamental tenet of medical practice that a person may refuse an intervention for any reason, including irrational reasons..

**Source**

*BMJ, Should treatments for covid-19 be denied to people who have refused to be vaccinated? August 4, 2021*

## Those who have experienced trauma

The first point to make here is that all NHS organisations have a post-incident policy, and it is essential that employees are aware of these, ideally of the core principles, and about where they can go to for detailed information. HR or Safeguarding Teams would be good first ports of call.

More generally, it is helpful to understand some basic principles that can be drawn from guidance on trauma-informed care which can be equally relevant for managers and others looking to support NHS colleagues who have experienced trauma in the course of their work.

Feeling supported by a non-defensive supervisor or senior person can go part of the way to helping people recover.

Most important: don't force anyone to do anything. Help them feel they have a choice, and try to avoid doing anything that could lead the person to feel controlled or trapped in a situation.

Don't prompt them to detail distressing events.

Realise that people process things differently and may need different forms of support in order to do so (and different trauma therapies, in some cases).

Provide support – access to a trained professional who can help people process trauma.

Help them feel understood and that their feelings are understandable.

Don't do anything that could be seen as shaming them (e.g. don't compare them with colleagues who are coping better or who you think are going through something worse, and don't compare them with how they used to be).

Express that the decisions they made at the time were understandable and were part of the terribly difficult and unbelievably stressful situation they were in.

Don't go on too much about how terribly difficult and unbelievably stressful it was (unless they are expressing shame and you are reassuring them that they have done nothing shameful)

Don't deny their feelings (e.g. don't tell them they shouldn't be ashamed – tell them you understand their shame, and that they don't need to feel ashamed).

Don't expect them to open up to you and don't take it personally if they won't open up to you or avoid you.

Writing can be less distressing, as it activates different parts of the brain to speaking, and may be more likely to allow people to process things without feeling overwhelmed (and thus getting stuck in their memory, looping on repeat in the form of rumination or flashbacks where traumatic events seem to be happening in the present).

Understand that they may be in a state of hyperarousal and fear – don't expect them to calm down – rather provide support and education, and the option to link up with dedicated, perhaps clinical support

Realise that the state of your own nervous system can influence theirs and vice versa

Realise that your ability to stay calm and caring will influence whether they will trust you

Realise that you may get overwhelmed and may need to seek help yourself

Realise that you may not be able to handle some conversations and may need to delegate them

## Those at risk of self-harm or suicide

Thoughts like “*I’d be better off dead*” are not uncommon after highly challenging events, and can also occur after a build-up of pressure over time.

It is also possible that an already stressed individual may find that ‘yet another’ challenging event pushes them past their ‘breaking point’.

Where you are talking to someone and it becomes obvious that their mood is very low or they mention, even in passing, about harming themselves, do not be afraid to sensitively, but directly ask about how they are thinking about the future.

If someone says they are feeling suicidal or “*can’t go on*”, or if you suspect they are thinking of taking their own life, it is vital to get them to a place of safety and some professional help.

The individual needs to be seen by a doctor or mental health professional for at least an evaluation

If the situation is acute and life threatening advise them to call 999 for urgent medical support and stay with them to ensure they do so

If you are not sure they will access urgent medical support, you (or someone you trust) should call 999 on their behalf and you should advise the individual what you are doing and stay with them

You may also need to call their emergency contact person to alert them of your concerns

In the longer term, follow up treatment can be arranged through your local Occupational Health services, the person’s own GP, your local wellbeing hub, another NHS/private health provider or another appropriate source.

Your job at the time you identify this high risk is not to be too concerned about the long-term outcome of their difficulties, but to ensure that they get in front of someone who can professionally help them. You can also consider directing them to the suicide prevention app 'Stay Alive' if that's appropriate.

As with the other challenges explored, it is important to be aware of local pathways and policies devised for precisely this kind of situation. Safeguarding, Emergency Department, Crisis or IAPT Teams will all have readily available support and guidance.

**For more information and free training on suicide prevention**

<https://www.zerosuicidealliance.com/>