

# **Five finished assignments**

**By kirsty Briscoe**

## **contents page**

**Page 1: Front cover**

**Page 2: Contents page**

**Page 3-5: Video critique following Carl Rogers therapies**

**Page 6-9: Counselling theories**

**Page 10-16: Motivation in management and leadership**

**Page 17-25: Why is research important within health care and nursing**

# person centred theory

The following discussion is to explore an understanding of counselling and communication skills within a simulation of a counsellor and client session. The Person-Centred theory of Carl Rogers will be applied

Carl Rogers developed the Person-Centred theory which was known as the start of the Rogerian movement. Rogers had a humanistic approach to counselling and Psychotherapy. Rogers believed that the Person-Centred approach was the most effective way of helping the client to understand that they are in fact a fully functioning person (BACPA,2018).

Rogers describes this as the good life where the client continues to aim to fulfil their full potential (Rogers, 1961):

It is important that in order too have a successful counsellor and client relationship that trust must be present from both parties within the session. Rogers also developed core conditions. (McLeod, 2008). These are congruence also known as genuineness this is one of the most important attributes within counselling generally meaning showing transparency. Rogers was keen to allow clients to experience counsellors as they are. The counsellor would not have a façade. This would be said to mean that the counsellor would be authentic and true. Unconditional positive regard is intended to help people understand that to fulfil their full potential they must be valued as themselves. The counsellor therefore must have a deep genuine caring for the client. It would mean caring for the client as a separate person, with permission to have his own feelings and his own experiences (Rogers, 1957). Empathy is having the ability to understand what the client is feeling, and to understand sensitively and accurately but not sympathetically. The counsellor would have to be able to understand the client's feelings. One can only be truly open and clear and be sensitive to emotions and feelings towards a client when authentic care begins (Carl Rogers, 1969). The counsellor would be working with the client with the intent of helping the client move forward. Therefore, helping the client to understand that with focusing on themselves that they can in fact resolve their own problems. In dealing with their problems they can learn how to trust their own feelings. The client must be able to look at the problems they are feeling within the here and now. Together, the core conditions build deep rapport and trust within the counsellor client relationship. (Kelly 2017:2018). Mearns and Copper (2005) also shared a similar view that trust and mutual respect is defiantly needed to form a positive strong relationship.

Communication comes in many different forms these include verbal, nonverbal and body language and emotions. It would be considered important to make sure that the lines of communication are open and fair. It is also important to make sure that communication is clear and exact when in a professional setting such as nursing and the care industry. Poor communication can have disastrous repercussions as appointments missed or medications could be given wrongly. Poor communication also leads to a person needing care could be left feeling isolated or lonely and uncared for. The same would be said in a counsellor and client relationship. When thinking about nonverbal body language its helpful to think of the following.

- S- squarely face the client rather than at an angle
- O- use open posture rather than crossed arms and legs
- L- lean a little toward the client rather than sitting back in the chair
- E- maintain eye contact rather than staring into space
- R- relax, keep it natural rather than sitting like a board
- F- look friendly rather than neutral or scowling (basic-counselling-skills)

At the start of the simulation it was clear that both counsellor and client seemed to be a little uneasy as it was their first meeting. The client was showing clear signs of feeling on edge in the way she was touching her face, fiddling with her fingers. Her feet were constantly moving. The counsellor changed position in her chair to try and help the client feel a little more relaxed. It soon became apparent that as the counsellor had changed the way she was sitting the client started to settle down. Although the client continued to move about throughout the simulation the movements she was making were definitely calmer. Along with applying the fore mentioned core conditions body language is also an important part of communication. This helps to give a clearer, deeper view into what the client is feeling not just what the client is saying (natural health courses.com). The counsellor was sitting slightly forward of the chair with hands in lap this did in fact help the client to feel more at ease. The counsellor also maintains eye contact throughout the session. This showed the client that the counsellor was listening to her and taking on board what the client was expressing. The counsellor's facial expression was one of empathy and unconditional positive regard. This allowed the client to speak freely as she was aware that the counsellor was not being judgemental. As the session progressed the counsellor was able to ask open and reflective questions which helped the client to open more about the issues she was having. Throughout the session it became clearer that the client was feeling a little guilty about her situation but also some small amount of relief due to some of the life's pressures had been lifted from her. As the simulation was coming to an end the counsellor was able to help the client understand that it in fact was perfectly fine to accept the help that was being offered to her by the professionals that were involved in her situation. At the end of the session both counsellor and client had become very relaxed and settled within the simulation.

Within this discussion it can be concluded that either if in a professional nurse, patient setting or within a counsellor, client setting clear and strong communication is key to building a successful relationship. These lines of communication must always remain open and authentic.

## Reference list

BACPA, (2018) <http://www.bacpa.org.uk/>

Basic counselling-skills <http://www.basic-counselling-skills.com> [accessed 2018]

Body language and how it relates to therapy (2015) <http://naturalhealthcourses.com> [accessed 2018]

Carl Rogers (2018) <http://www.bacpa.org.uk>

Carl R. Rogers (2004) *On Becoming A Person*. London: Constable

Counselling tutor online <http://www.counsellingtutor.com> [accessed 2018]

Empathy <http://www.counsellingdirectory.org.uk> [accessed 2018]

Good Therapy [http://www.goodtherapy.org/learn about therapy/person centred](http://www.goodtherapy.org/learn-about-therapy/person-centred)

Hepworth and Larsen (1986) <http://www.counselling: A problem-solving approach.com>

Saul Mcleod(2008) Person centred therapy <http://www.simplypsychology.org> [accessed 2018]

Kirsty Briscoe

The following discussion will give a brief overview into the British Association for Counselling and Psychotherapy (BACP). Exploring one aspect of its framework in detail and how the BACP supports counselling practice. Three counselling therapies will be examined offering a comparison between the three. Finally, there will be a discussion between professional counselling practice and counselling skills within a nursing/healthcare environment.

The BACP are there to support not just their registered counselling members but the clients of the counselling members and the families of the clients. The BACP engage in a significant amount of research so that best practice can continue to be maintained. The members of the BACP adhere to a robust framework, which is followed by their members, to make sure that the profession can deliver the highest standards that protect the members and clients seeking therapy. Following this structure general members of public, service users and professionals can make informed choices and make sure ethical standards remain high. The BACP are a not for profit organisation that work closely with the government. Their funds are used to maintain and develop the organisation which benefits its members and services users. Working with the government ensure that the law is followed and therefore guarantees the correct guidelines and protocol is being followed. This also means that by working with the government the BACP is kept up to date with political monitoring and targets. (BACP.co.uk)

The BACP are constantly raising and promoting their standards within counselling, ensuring that confidence within counselling profession continues to raise. The BACP use a vast range of counselling therapies which include cognitive behavioural therapy, humanistic therapy, Person centred therapy and many more (BACP.co.uk). The BACP along with the department of health work closely together with training and investment to improve access to counselling and psychological therapies (Mental Health Today).

For a client wishing to access counselling a GP may be informed as a first point of call. The GP would then make a referral for the client to the correct counselling service depending on the needs of the client, this is not always the case though. A GP referral is not always needed, a person in need of help can do a self-referral to a psychological therapies' services such as the NHS or the BACP. (NHS)

There are significant differences between counselling with the nursing and health care sector and professional counselling. That is not to say that nursing and health care professionals are not suitably trained but rather that, within nursing and care roles, this may be very different to that of a counselling professional would apply based on what skills they have been taught within their training against professional counsellors doing it as a daily profession. Nurses that may listen to their patients and be understanding to the patient's needs but are unlikely to be able to give them a full counselling session due to the lack of time, nurses would have within the working day and the number of patients there would be to look after. It is highly possible that a nurse may only spend a couple of hours with a patient but may also see a patient for days or weeks, never the less, the level of care and compassion would remain the same. Professionally trained counsellors however would tend to have more time, this is because a client would generally be given an appointment time. This meaning that a professional counsellor would be able to spend more time with the client. This would give both the counsellor and the client more time to decide together on the best form of therapy the client would benefit from. Depending on what course of therapy the client would need would be an indication to how long the sessions would need to be. Counselling sessions would normally start as a six-week course; however, sessions can be followed up for longer if the counsellor and client should think that is needed, (NHS.uk).

There are many different forms of counselling therapies. It would depend on the client and their situation to which therapy would benefit them.

Cognitive behaviour therapy is a talking therapy, which focuses on how the client's thoughts and beliefs affect their feelings and behaviours. Carl Rogers would have taught that Cognitive behaviour therapy teaches the client coping skills, the client would be able to put these skills into practise so that they would be able to cope with they situation in the most affective way. The client may well be experiencing negative emotions because of the way they might interpret a situation, this can then lead the client to act in a negative manner. An example of this could be the client would start with feeling low which could lead the client to feeling that they have let people around them down. It could come from traumatic event that has happened at some point through their life that they have not dealt with. When the client gets into a cycle of feeling like they have let people around them down the low feeling becomes more intense. This is when the counsellor needs to be able to teach specific skills and coping mechanisms. It would be at this point when the counsellor would need to be able to understand the client's situation rather than their reactions to the situation at this starting point, (Mind.org.uk).

One important part of CBT is to help the client improve their mood, this can be done by helping a client change the way thoughts about a particular situation are being dealt with. This in turn will help the client change their behaviour towards the situation. A situation comes with an automatic thought which leads to a reaction. The aim of the counsellor would be to help the client change from an emotional negative reaction to a positive reaction (Beck Institute). For the counsellor to be able to do this there needs to be an understanding of the client's individual specific beliefs and or patterns of behaviour.

For CBT to be affective there needs to be a collaborative from both parties. The client would need to define end goals and express their concerns of getting to their end goal. The counsellor would need to be able to the client face those concerns and set smaller achievable goals, this would make the end goal more achievable for the client to obtain. The client would be expected to carry out techniques taught within the sessions at home. CBT is a structured and directive therapy and requires effort from both parties for it to be effective.

Rational emotive behaviour therapy or REBT is a pioneering form of cognitive behaviour therapy. REBT is to teach the client to be able to identify, challenge and replace self-doubt with more rational thoughts of competence. This in turn helps the client to have heathier thoughts and promotes a state of emotional wellbeing. Albert Ellis founded (REBT) in 1955, Ellis worked within a simple ABC framework. "A" stood for the Activating Event, "B" represented a person's belief about the event and, "C" denoted the clients emotional and behavioural response or consequences, much in the particular way of holding and beliefs of "B". A major advantage of the framework was in fact its simplicity (Wessler&Wessler, 2007).

REBT can be helpful for people that are living with a variety of situations the would include; Depression, anxiety, addictive behaviours and so on. In very much the same way as CBT, REBT would be setting end goals. The aim is to pin point what is irrational thinking and to promote rational thinking. Ellis suggested that a core number of beliefs are responsible for self-doubt and self-beliefs. These could be such as feeling the need to not make mistakes, believing that everything must be done correctly. Needing love and approval of all those around a person. This could lead quite quickly to a person developing the want to stay away from public situations as so not to feel unloved or unaccepted, in which creating isolation and a feeling a lack of self-worth. It is thought that by encouraging the client to carry out tasks at home they can overcome some of these issues.

Some of these activities could include reading, exercise, keeping a journal. (heathline.com).

Psychodynamic therapy is the psychological understanding of mental and emotional thoughts and feelings. Psychodynamic therapy seeks to reduce such symptoms and improve the client's lifestyle by focusing on the foundation and formation of the fore mentioned feelings and thoughts. In psychodynamic therapy the therapist is likely to help the client to gain an insight not just into the present-day issues, but also by helping the client to evaluate the patterns of behaviour, that the client has developed over time. These patterns of behaviour could be due to negative thoughts and feelings. To be able to change those thoughts and feelings the client would need to be able to recognize reoccurring patterns. This would also allow the therapist to be able to help the client how to avoid distress or how to develop defence mechanisms to cope, (goodtherapy). These maybe based on relaxation techniques, meditation, listening to music or even physical exercise. Typically, Psychodynamic therapy requires at least two years of sessions. This is due to the nature of the therapy. During the therapy sessions the aim is often to be able to change an aspect of the client's identity or personality. The aim of this is to develop a missed stage of learning in early development, (Psychodynamictherapy).

There are a few differences between the three forms of therapy mentioned, however there are also some similarities. Psychodynamic therapy is a much deeper kind of therapy that really delves deep in to the client's early development. REBT is relatively shorter therapy course tends to shorter in the length of time a client would spend with a therapist than CBT or Psychodynamic therapy. REBT teaches clients to become more assertive and encourages problem solving and ways of dealing with anger in a more appropriate manner. CBT teaches the same lessons but sees anger as a healthy expression of feelings, (Psychologytoday). However, with all three therapies a partnership between therapist and client is a must. Trust must be built between both parties. The same is said for nurses working with patients in hospital or home care situations.

With all forms of therapy that have been looked at it is clear to suggest that all therapies work on the same basis, both client and therapist need to be able to work together and that there must be a level of trust between both parties. Whilst the therapist is there to support the client on the road to recovery most of the work is carried out by the client itself. If a person needed some sort of therapy a persons first port of call would possibly be a GP or by contacting the BACP, self-referral is also an option. Any of these can help a person that is need.

## Reference List

(2007) The practice of emotive behaviour therapy: united states of America: 2nd edition: springer publishing company,inc. Wessler & Wessler

BACP [WWW.BACP.co.uk](http://WWW.BACP.co.uk)

Crystal Raypole(2013) rational emotive behaviour <http://WWW.healthline.com/health/rational-emotive-behaviour-therapy/> [accessed 13 december 2018]

Mental Health Today (2013) <http://WWW.mentalhealthtoday.co.uk/bacpcallsformore/> [Accessed 9/12/18]

Psychodynamic core principles [WWW.goodtherapy.org/learn-about-therapy/types/psychodynamic](http://WWW.goodtherapy.org/learn-about-therapy/types/psychodynamic)

Rogers,R.Carl (2004) A Therapists view of Psychotherapy on becoming a person: London: Constable LTD, 1967.

[WWW.albertellis.org/rebt-cbt-therapy/](http://WWW.albertellis.org/rebt-cbt-therapy/)

[WWW.beckinstitute.org/getinformed](http://WWW.beckinstitute.org/getinformed)

[WWW.mind.org.uk/cognitive-behavioural-therapy](http://WWW.mind.org.uk/cognitive-behavioural-therapy)

[WWW.nhs.uk/conditions/counselling](http://WWW.nhs.uk/conditions/counselling)

[WWW.nhs.uk/using-the-nhs/nhs-services/mental-health.services/how-to-access-mental-health-services/](http://WWW.nhs.uk/using-the-nhs/nhs-services/mental-health.services/how-to-access-mental-health-services/)

[WWW.psychcentral.com/lib/psychodynamic-therapy/](http://WWW.psychcentral.com/lib/psychodynamic-therapy/)

[WWW.psychologytoday.com/us/blog/the-three-minute-therapist/201703/5-major-differences-between-rebt-cbt](http://WWW.psychologytoday.com/us/blog/the-three-minute-therapist/201703/5-major-differences-between-rebt-cbt)

MOTIVATION IN LEADERSHIP AND MANAGEMENT

BY

KIRSTY BRISCOE

## CONTENTS PAGE

- Page 1: Front COVER
- Page 2: Contents Page
- Page 3- 6: Main body
- Page 6: Conclusion
- Page 7: Reference List

## ABSTRACT

Within this report team cohesion and effectiveness will be identified in relation to the NHS and health care. Also, the differences are between leadership and management will be explored, along with identifying what the impact of communication and culture have within nursing and healthcare. How effective structure can help the organisation manage teams and employees. Finding that ineffective communication and structure can result in fast turn over of staff and poor care for patients.

## INTRODUCTION

The following report will discuss issues raised within the management and leadership structure. Effective and ineffective structure will be discussed and how improvements can be made to provide quality and best practice in care. Different leadership and management theories will be explored.

## MAINBODY

There are many different theories relevant to management and leadership, for example some of these theories are Theory X, Theory Y. These theories were formulated by Douglas McGregor. There is also Theory Z which was formulated by William Ouchi. McGregor suggests that managers basic

beliefs are to have a dominant influence about how an organisation would be run. (research methodology). Theory X and Theory Y are used to describe two different views of people at work and two different opposing management styles.

Theory X is described as a traditional view of control and directional management style, based on the assumptions that the average human being has an inherent dislike for work and will avoid working if possible. Therefore, meaning that this type of manager would need to coerce, control, direct and even threaten employees for adequate effort to be achieved within the organisation. People that tend to have an inherent dislike for work prefer to be directed in this manner as this then leads to not having to take responsibility this also would highlight that these employees lack ambition. McGregor acknowledges while the 'stick and carrot' approach can have its place this does not always work if the needs of the people are predominantly social and egoistic. (Human side of enterprise).

Theory Y is explained as being the opposite to Theory X, this meaning that the average human not having an inherent dislike for work, depending on controllable conditions. These people may find work be a great source of satisfaction. Which in turn brings about effort to achieve. Employees that strive for success need to be able to show self-direction and self-control, commitment to the organisation and to the function of the role would be rewarded with self-satisfaction and self-ego.

The comparison between Theory X and Theory Y finds that employees that work with a Theory X attitude would require constant supervision as where employees that work with a Theory Y attitude can work independently, (small business total quality).

William Ouchi talks about Theory Z, Ouchi said that by adding theory X and Theory Y together brought about Theory Z, this would then be a more 'enlightened' and 'empowering' management style. Encouraging more participation within the organisation. Theory Z would bring employees together with collective decision making, job rotation which then teaches an overall generalisation of the organisation. This is thought to bring long term employment within the organisation and job security. This style of management also conducts on going staff training leading to continual improvement for the organisation. Theory Z is known as the Japanese management style, (Theory Z in organisational communication).

Lewin presented a three-step leadership module, (enotes.com). An authoritarian leadership. This type of leader would be one that takes control and command, not really considering the thoughts and feelings of employees. Therefore, not passing on the ability for persons to be involved in any of the decision-making process.

Lewin suggests that there is a positive side to this type of leader, as if the leader was working with an inexperienced team for example. Control and effective strategy leadership would benefit the organisation in getting the policies and instruction followed through with. However, if the team were more capable of carry out a more autonomous role the team would be more likely to push against this type of leader, therefore possibly causing unrest within the organisation, (management and leadership for nurse administrators). If conflict is present within an organisation this can cost the company greatly, productivity will also suffer as a result. Conflict can spread rapidly throughout the team leaving leaders and management spending more time on rectifying issues rather than carrying out the job at hand, (The impact of conflict).

Democratic leaders would tend to engage with the idea that all organisational policies are a matter that would be open to the team, therefore bringing together a collective decision-making process, which then would be encouraged by the leader to work together as one team. A Laissez-faire leader

would be described as a relaxed leader. The team would be given the materials and all the information needed for the team to discuss then the leader would likely take no further part in the decision-making process, (leadership: all you need to know).

According to Charles Handy, organisations can have four types of culture within anyone organisation. Which would likely be as follows, power culture, task culture, person culture and role culture. When in an organisation if power culture is present it tends to only be a few people that hold the power. Those with the power will generally make all the decisions and judge employees and what is achieved rather than how it is achieved. This type of culture can quickly turn toxic within the organisation. Role culture within organisations tend to be highly controlled with a great deal of rules to follow. Everyone within the organisation would tend to be expected to understand roles and responsibilities within the organisation. When an organisation has specific problems or projects that need to be addressed, this would then be when a task culture would more than likely be brought into practice. Within this type of structure, the team would be generally made of people that would likely have a mix of different skills, personalities and leadership qualities. It would be expected that these culture groups would generally work together in a productive manner. However, within the organisation if person culture is present it is thought that individuals tend to see themselves as unique and superior to the organisation. This culture within the organisation is seen as a place of work amongst employees, this then becomes a collection of individuals who simply put just work within the same organisation, rather than working together as a balanced team, (models of organisational culture).

For example, as a result of poor leadership and management the performance of three hospitals in NHS Scotland were brought into question. Academy of medical royal colleges were urged to address the systemic failings throughout the three hospitals. Professor Alan Paterson OBE found that there were serious failings including a culture of learned helplessness, meaning that poor patient care was being condoned due to staff pressures. The report uncovered that on all levels leadership was poor resulting in disconnect within staff and management. Moral and motivation was seriously lacking, and inadequate care was given to patients, had leadership and management been working together these failings could have been avoided, (RCPE.ac.uk).

Within an organisation, it can be said that managers are more likely to hold very similar traits to a leader. Though it is thought that leaders are more likely to be part of a team. The leader of a team would have a certain amount of likability and empathy but within certain structures would need to be assertive and be able to make decisions on behalf of the team and the organisation alike. This is not to say that anyone person would need to hold all these traits and characteristics within one specific combination, (mindtools.com). Information suggests that there needs to be a clear define between leaders and managers. Employees within an organisation need to follow clear instruction to achieve optimal outcomes for the organisations, (skills you need.com).

There is an assumption that some people are born leaders or managers, however, this is not always the case and like any other skill leadership and management can be taught, however, it is a thought that some people are just able to adapt to situations much easier than others, (psychology today.com). Mintzberg believes that management skills are learnt but to gain experience this cannot be taught in the classroom, (business.com).

while a good leader is required to be able to organise time in an effective manner. Drucker says that for there to be effective structure within an organisation a person within a management role should focus on building strengths rather than focusing on weakness, this will then help a manager to encourage colleagues to become more effective, ( people and performance). However, if an

organisation have too many levels of Management this may lead to poor communication resulting in misinterpretation of what processes that must be carried out in order to achieve best practice and outcomes for the organisation, (Tabbners nursing care).

Structures are defined by different departments within any organisation, take the NHS for example. The secretary of state has overall responsibility for the department of health and social care (known as DHSC). The DHSC provides structure and strategic leadership and funding for public health, the NHS and social care in England. The DHSC are a ministerial department supported by twenty-three agencies and public bodies, (nhs.uk). NHS England is an independent body, at arm's length of the government. Within its role priorities and direction of the NHS needs to be set to improve health and care outcomes for England. NHS trust development authority, patient safety, the national reporting and learning system, these all come under one umbrella organisation for improvement. There are also individual professional regulatory bodies, the general medical council, Nursing and midwifery council, general dental council and the health and care professions council.

The NHS Wales underwent a major reform in 2009 to be able to provide better health care. The Welsh assembly government set out a strategy document determined that NHS Wales needed to be redesigned to improve health care outcomes, to be able to deliver effective care with its partners, alongside this document an ever-growing population. It was identified that challenges with providing timely, effective and cohesive services within rural locations could be managed in a more effective manner if organisation and communication were carried out more coherently. NHS Wales services are delivered through seven health boards and three NHS trusts, (Wales.NHS.uk).

The NHS are facing many challenges in Wales, as the population is increasing in age. It has been found that by 2050 a quarter of the Welsh population will be over 65. That population is predicted to be over a third where people will be over 60 and that by 2069 those over the age of 75 will be the biggest proportion of all age groups. This in turn brings more challenges to the organisation and employees to make sure that team work and cooperation is in place. As the age of the population is growing so are the chronic illness and complicated conditions meaning longer stays in hospitals and growing need for residential care homes, (south.wales.co.uk). It is suggested that there will be 2.8 million people over 65 needing nursing and social care, according to new research this shows a 25% increase in those needing care between 2015 to 2025. This is likely to be due to a rise in disability relating to dementia. This will be a rise of 40% amongst people aged 65 to 84. Whilst it is thought that other disability is likely to increase by 31%, (The Guardian.com).

To cope with this ever-changing demand for care training and employment needs to be improved on, bringing in a more caring and compassionate toward patients, relatives and employees of the organisation type of management and leadership structure, (effective teamwork)

## CONCLUSION

It is found that poorly structured management and leadership can result in poorly carried out tasks leading to poor care being carried out, however when correct management and leadership is present organisations proceed to grow in strength. Continuing training is a very important part of any organisation as this helps to keep abreast of even changing challenges and new protocols being brought into the care industry. As the age of the population is growing and people are living longer more health and social care is needed.

## RECOMMENDATIONS

Recommendations that could be useful in these cases are,

- Continuing training for all
- Making sure that communication is key
- Employees work as a team
- Compassion is present

## REFERENCE LIST

Academy of medical royal colleges (2015). Available at [rcpe.ac.uk/royal-colleges-urge-action-address-systemic-failings-nhs-care](http://rcpe.ac.uk/royal-colleges-urge-action-address-systemic-failings-nhs-care) accessed (28th March 2019)

- Boseley, S (2017) increase in cost of elderly care 24/05 [www.theguardian.com](http://www.theguardian.com) (accessed 6th March 2019)

Chaman, N (1997) People and Performance: The best of Peter Drucker on management. London

Dininni, J (2017) [www.business.com/articles/management-theory-of-william-ouchi](http://www.business.com/articles/management-theory-of-william-ouchi) (accessed 3rd March 2019)

Dudovskiy, J. Theory X and Theory Y (2013). Available at <https://research-methodolgy.net/theory-xandtheory-y/>

Enotes.com (2010) Authoritarian, Democratic and Laissez-Faire Leadership. Available at [www.enotes.com](http://www.enotes.com) (accessed 28th March 2019)

Funnell, R and Koutoukidis G and Lawrence,K (2009) Tabbners nursing care: Theory and Practice. 5th Ed. Australia: Chatswood

Huxtable,N.(1995) small business total quality. London:Boundry Row

Leadership (2018). Available at [www.psychologytoday.com/us/basic/leadership](http://www.psychologytoday.com/us/basic/leadership) Accessed (13th March 2019)

Leadership Skills (2015). Available at [www.skillsyouneed.com](http://www.skillsyouneed.com). Accessed (13th March 2019)

McGregor, D and Gershenfeild – Cuthcher, J, E (2008) Human side of Enterprise. Publisher: Mcgraw - Hill Professional

Nhs structure (2016) [www.nhs.uk/using-the-nhs/about-the-nhs/nhs-structure-explained/](http://www.nhs.uk/using-the-nhs/about-the-nhs/nhs-structure-explained/) (accessed 7th March 2019 )

Pendleton, D and Furnham A. (2012) Leadership: All you need to know. Hampshire.

Prachi, J [www.managementstudyguide.com/importance-of-leadership](http://www.managementstudyguide.com/importance-of-leadership) (accessed 13th March 2019)

Riley, j (2015) Handy's model of organisational culture. Available at: [www.tutor2u.net/business/reference/models-of-organisational-culture-handy](http://www.tutor2u.net/business/reference/models-of-organisational-culture-handy) Accessed( 28th March 2019)

Roussel,L ( 1986 ) Management and leaderships for nurse administrators : New York

Rutherford, A (2016) [www.southwalesargus.co.uk](http://www.southwalesargus.co.uk) ageing population presents challenges. accessed [online] (13th March 2019)

Theory Z in Organisational communication (2015). Available at [www.communicationtheory.org/theory-z/](http://www.communicationtheory.org/theory-z/)

Universal class .com (1999) The Impact of Conflict. Available at [www.universalclass.com/articles/business/conflict-resolution/the-impact-of-conflict](http://www.universalclass.com/articles/business/conflict-resolution/the-impact-of-conflict) (accessed 28th March 2019)

West, M (2012) Effective Teamwork: Practical lessons from organisational research. West Sussex [www.business.com/articles/management-theory-of-henry-mintzberg-basics](http://www.business.com/articles/management-theory-of-henry-mintzberg-basics) (accessed 6th March 2019)

[www.mindtools.com/pages/article/leadership-in-theories](http://www.mindtools.com/pages/article/leadership-in-theories) (accessed 6th March 2019)

Why is research important within health care and nursing?

By Kirsty Briscoe

CONTENTS PAGE

PAGE 1: FRONT COVER

PAGE 2: CONTENTS PAGE

PAGE 3: ABSTRACT, INTRODUCTION, RESEARCH PROCESS, BACKGROUND, LITERATURE REVIEW

PAGE 4: AIM, STUDY DESIGN, SAMPLING, DATA COLLECTION

PAGE 5: ETHICAL CONSIDERATION, DATA ANALYSIS, RESULTS

PAGE 6 – 7: DISCUSSION, CONCLUSION

PAGE 8- 9: REFERENCE LIST

## ABSTRACT

The purpose of an abstract is to provide a description of what is being written the paper. An abstract should be used to describe the major aspects of the research paper are. Within academic writing there are informative abstracts or descriptive abstracts. The research paper used has an informative abstract due to the amount of information contained.

A descriptive abstract outlines information found within a research paper but does not contain any results or conclusions.

An informative abstract includes information that can be found within a descriptive abstract it also includes results, conclusions and recommendations, (writingcentre.unc.edu). Within the paper used the abstract points out what different methods were used within the research and brief overview of what the reader can expect within the paper, (the value of carers in mental health).

## INTRODUCTION

An introduction should contain what key points are within the piece of writing. It should also contain a brief account of the topic within the writing, the question and the answer within the writing can also be present, (Harvard university). Due to ever changing information and learning techniques it is important to focus on research and academic studies to ensure that best practice and care is being carried out, (Jacksonville university). The research paper talks within the introduction about the importance of carers within mental health and that how the sample group will be known by participants or care givers, also how the key word of services users will be used in terms of the people the care is being provided to. The paper will also explore the differences in carers in the UK along side care givers in other parts of the world, (the value of carers in mental health).

## RESEARCH PROCESS

When writing a research paper, it is important that certain steps are followed when collect research. This is to ensure that the correct information is collected, (the research process in nursing) This research paper was found using the following steps. Firstly, the online library at UWTSD was accessed, then by following links for databases looking for titles of health and social care in the community, findings were 1,865,931 journals, then by adding filters of full text, peer reviewed gave journals of 435,076, scholarly journals then filtered to 120,146, making sure that the correct date range of the last 5 to 10 years is in place to ensure up to date relevance information and that all the research papers were written within the UK this brought up 6,205 journals. Then the research paper was chosen by relevant information provided within the abstract of the paper, (uwtsd.online library)

.

## BACKGROUND

The purpose of the research paper is to ascertain the importance of research within an organisation, whilst understanding the key terms used within a research paper or report. The background to a research paper would normally be within the introduction of the paper. The background would likely be to briefly explain what the paper will contain, (enag.com/academy). The background of the paper used was within the introduction and the also found within the abstract. A background is usually

used when the context of the project is unusual, for example, if the research subject is on the health needs of the travelling community a background within the paper maybe beneficial, (think nursing).

## LITERATURE REVIEW

A literature review gives up to date information, relevant, meaningful and valid to the research topic. The research within the paper used can be dated within the last ten years. Literature that was used within the research paper said to be related to fields that showed carers have an expressed interest in research areas such as disability and social work education, the paper was written to say that care givers have the right to be involved in such research. The paper also discusses the implications of research. The research within this paper suggests that it is necessary to give value to people working within mental health, (the value of carers in mental health research). It can provide future guidance into research, (lib.uoguel.ca).

## AIM

The aim within a research study is to identify, describe, appraise and to interpret the research or study being carried out. Aims are also intended to outline the direction of focus to changing policies and expectations within the subject matter, (academy of medical royal colleges). This in turn helps organisations to be able to maximise processes and procedures, (research-methodology.net). Within the paper used the aim of the research was to assess the impact of being a care giver or service user within mental health. The groups work was to identify any changes necessary to improve the services and operations, (the value of carers in mental health). The aim within the paper studied stated that the paper was to see if the research on the subject was necessary. The paper also indicated that it was away to assess the impact of mental health carers in the heart of England.

## STUDY DESIGN

Study design is defined as being either qualitative or quantitative research methods. Study design also refers to the choice of specific methods used in how data is collected and how data is analysed.

Qualitative data is defined as being a collection of data obtained by using methods of observation, one-to-one interviews and focus groups. Quantitative data is based on data collected from numerical statistics. This type of data is collected by using closed-ended questionnaires and experiments, (research-methodology.net)

Primary data is when a researcher collects data first hand for a specific purpose or project. Primary data can be collected by using different techniques such as interviews, observations and experiments, (managementstudy.com). Secondary data is when a researcher uses data that has already been published from previous research or study. This data can be found using libraries, books, journals and the internet, (study.com). primary data and secondary data within the research paper were obtained by background documents, meeting agendas and minutes, email and telephone survey responses, (the value of carers in mental health).

## SAMPLING

Sampling is the process of selecting a group of people know as participants, this will be for the purpose of the research project. Within this process the sampling group tend to be made up of people from the same professional background, in the research paper used the sample group were all carers. The sampling group were chosen by interview and letters sent, this is known as purposive sampling, (sampling methods, simplypsychology). Purposive sampling is when a limited group of

people are chosen to take part in the study due to the knowledge and expertise of the subject being researched, (Adelaide.edu.au).

## DATA COLLECTION

The research paper used both types of methodology as well as using secondary data and primary data. Primary data is when a researcher collects data first hand for a specific purpose or project. Primary data can be collected by using different techniques such as interviews, observations and experiments, (managementstudy.com). Secondary data is when a researcher uses data that has already been published from previous research or study. This data can be found using libraries, books, journals and the internet, (study.com). primary data and secondary data within the research paper were obtained by background documents, meeting agendas and minutes, email and telephone survey responses, (the value of carers in mental health).

## ETHICAL CONSIDERATION

Ethical consideration is making sure that the researcher has the full permission of the persons taking part within the study, in the event of a company being involved with the research permission must also be obtained prior to any publication of findings. Maintaining anonymity of persons taking part in any research must also be present, (reference.com ethical considerations). Some research projects do not require informed consent of the participant, for example, if the use of anonymous questionnaires or simple observations meaning that the participants are not going to be identified. However, if any other form of research is to be carried out then the researchers are duty bound to receive a signed consent form from the participant. having a signed consent form does not mean that the participant must stay within the study, consent can be withdrawn at any time without penalty, the participant can also request any results or findings of the study to be made available at any time, (ethical considerations in research). Within the research paper used the participants were only referred to as 'carers' or 'services users' this in keeping with ethical considerations, (the value of carers in mental health).

## DATA ANALYSIS

The research paper used NVivo software to facilitate thematic analysis of qualitative data, NVivo software is used by researchers in order to be able to organise, categorise, store and retrieve data. NVivo data can also be used to explore data, visualise data and to analyse data. NVivo software is used to construct data from structured, semi structured or unstructured interview transcripts, reports, online documents and data bases, (datasolutionservices.co.uk). within the research paper the Excel software was also used. Excel is used in order to be able to collaborate numerical values and data into calculations, graphs and statistical analysis, (serc.carleton.edu).

## RESULTS

Results within a research paper or study is the section of which findings have been based, results findings should be arranged within a logical sequence without showing any bias or interpretation. The results should only show types of data that were reported. It is also important to remember that the results of the study or research do not prove the study or research as fact, (libguides.usc.edu). Within the research paper used the results were found be overall positive and that the study preformed would be of help to the persons involved moving forward, (the value of carers in mental health). The evaluation within research utilizes methodologies used in traditional social research. There are different types of evaluation for example, FORMATIVE and SUMMATIVE. It would depend on the type of research being carried out to which type would be used. A formative evaluation

would typically include the needs of the research, what might be needed, target population, possible outcomes and technology delivery. A summative evaluation would include whether the technology has any direct target outcomes against the cost of the research, re-examines existing data in order to address new questions, ([socialresearchmethods.net](http://socialresearchmethods.net)). Within the research paper used the evaluation can be said to be formative as it only discusses person within the research rather than any costs or technology, (the value of carers in mental health).

## DISCUSSION

Within the discussion of a research paper this is where the reader would expect to find the results of the study that has been carried out. The discussion would explain and interpret the findings within the paper and should provide a systematic analysis within a logical thought process, (writing an effective discussion). There was no evidence of any literature being used with the research of the study, however, the research paper used does have limitations stated. Limitations within the research paper used are present. Limitations within a research paper are primarily in place to highlight any weaknesses within research, (introduction to research). In the case of the paper used it is suggested that not all the sample members or the researchers were available at the end of the study to provide input to the theory of the study, (the value of carers in mental health).

## CONCLUSION

Conclusions are often short and should not contain any new information that is not already present within the paper or study that is being written about. There would be three stages to a good conclusion, these are, firstly providing an ending to the paper that has been written, secondly, providing a chance for the writer to express any opinions and thoughts on the subject, and third would be to leave the reader of the paper with a final impression to the quality of the works that have been carried out, ([heacademy.ac.uk](http://heacademy.ac.uk)). the research paper used identified that the study that was taken had a positive outcome. It is also indicated that there was no negative feedback. The paper also indicates that there is scope for carers within mental health to be able to contribute to further research in the future, (the value of carers in mental health).

## REFERENCE LIST

Adelaide,edu. (2014) Sampling. Available at: [www.adelaide.edu.au/sampling-questionnaire-interview-design](http://www.adelaide.edu.au/sampling-questionnaire-interview-design) (accessed 21st March 2019)

Anca, B. (2012) What is NVIVO. Available at: <https://datasolutionsservices.co.uk>

Centre for research writing resources (2010) writing an effective discussion, how to write a research paper. An Editage series Cactus communications

Cormack, D. (2015) The research process in nursing. 2nd Ed. West Sussex. Wiley Blackwell

Edusson.com (2018) Abstract research. Available at: <https://edusson.com/blog/abstract-research-paper> (accessed 14th March 2019)

Harvard University (2019) beginning academic essay. Available at: <https://writingcentre.fas.harvard.edu/pages/beginning-academic-essay> (accessed 14th March 2019)

HE Academy (2014) research conclusions. Available at: [www.heacademy.ac.uk/system/files/research-gateway-section8-conclusions](http://www.heacademy.ac.uk/system/files/research-gateway-section8-conclusions) (accessed 27th March 2019)

Kara,H. (2016) The value of carers in mental health research. Vol 15 no 2 (pp.83-92) (accessed 5th February 2019)

Mason,T and Whitehead,E (2003) Think nursing. Berkshire: open university press

Mcleod,S.A (2014). Sampling methods. Available at: [www.simplypsychology.org/sampling](http://www.simplypsychology.org/sampling) (accessed 21st March 2019)

Methodology.net (2019) Research methodology. Available at: <https://research-methodology.net/research-methods> (accessed 14th March 2019)

Nursing online (2017) why nurses need research. Available at: <https://nursingonline.nsuok.edu/articles/rnbsn/why-nurses-need-research.aspx> (accessed 21st February 2019)

Prachi,J. (2015) Secondary data. Available at: <https://managementstudyguide.com> (accessed 14th March 2019)

Reference.com. (2015) Ethical considerations. Available at: [www.reference.com/world-view/ethicalconsiderations](http://www.reference.com/world-view/ethicalconsiderations)

Salkind.N.J. (2010) primary data. Available at: <https://methods.sagepub.com>

Serc.Carleton (2018) Data analysis. Available at: <https://serc.carleton.edu/index> (accessed 21st March 2019)

Social research methods (2017). Available at: [www.socialresearchmethods.net](http://www.socialresearchmethods.net) (accessed 14th March 2019)

Walsh,M. and Wigen,L (2003) Introduction to research. NelsonThornes LDT

Wiley.com (2016) Ethical considerations in research. Available at:  
[www.wiley.com/college/sparta/samplechapters](http://www.wiley.com/college/sparta/samplechapters)

Writing guide (2016) results. Available at: <https://libguides.usc.edu/writingguide/results>

## REFLECTIVE INTERVIEW WRITE UP

As part of the nursing studies and health course we had to carry out mock interview sessions. I will be using the (Gibbs, 1988) Reflective cycle within this piece of writing. We were split into groups of five and we then went in front of a panel of three professionals. One of the panel was a lady from careers Wales, and the other two were year two students from UWTSD. We were given a time and place to meet within university campus.

I felt very nervous about doing the interviews with a group of my peers in the room, having my peers in the room was more daunting than being in front of a panel. On entering the meeting room, I introduced myself and extended a hand shake to the panel. A firm, full but not aggressive hand shake is very important, this expresses to the panel that you are confident in front of people you may not know. An employer will make its first impression of a candidate within these first few seconds of meeting, (Carniol, 2013). I also made eye contact at the same time. It is important to make eye contact with the people on the panel. Eye contact is a very important part of the start to an interview, not only does it show confidence it is also one of the first forms of communication a candidate will have with the employer. Eye contact needs to be delivered in the correct manner otherwise it can come across as aggressive, one to one eye contact can be relatively easy however, when in front of a panel the candidate must make sure that they are engaging with all the panel in equal measure, (Innes, 2012). Body language is also important, you need to make sure that you are sitting up straight. Sitting with your arms crossed can give the impression that you are unapproachable, place hands in the lap and avoid any nervous twitching, (Cheary, 2017). A little personality is good as it shows possible employers that you do in fact have a caring and compassionate nature. Employers will look for a little amount of personality as this is important for them to see if you will be a fit for the organisation however, do not come across too strong as this can have the opposite effect, (Doyle, 2018). As the panel were reading the CVs that had been handed to them there was an uncomfortable silence in the room. I am aware now that my CV is not up to standard and I need to reword, also as I had printed it straight from my Indeed account therefore it had the editing marks on it. I am also now aware that my CV could be confusing to potential employer, this needs work. I was starting to feel more on the spot as the time went on. As the panel started to ask questions, I was unsure on who they were directing questions to as the panel just looked at us, I think it would have been easier had the panel asked us by name at the point of asking the question as I didn't want to over talk someone else. Looking back over the session I understand that I may not have asked the question directly. In relation to question one I do feel that I came across as a caring compassionate person, and question two I think I answered well, as for question three I think that I could have answered better, I think by this point nerves were getting the better of me. Nerves are not always a bad thing though. Nerves generally tend to generate a rush of energy which in turn encourages you to speak up in tough situations, this can sometimes enhance performance putting one's self ahead of other candidates. It is suggested that is you can focus on the task in hand and not on what is going on around you and slow your breathing the nerves will start to calm down, (Corfield 2009). When it comes to question four, I could not think of any other answer other than a personal answer. I could not think of a challenging situation that I had ever been in that was appropriate for the session. In the future I need to be prepared for such a question in advance as this will stop me from drawing too much on personal experience. It is suggested that it is better to admit you don't know the answer to a question than offer something personal, as I did on the day, (Mar, 2013). I think that the overall interview session went well, however, had we have had a little more time to think about the questions maybe the answers might have been better and more thought out.

The overall experience was good and gives food for thought going forward. I think having the feedback on the interviews is also helpful as this not something you would normally receive. It helps you to see how you come across on first impressions, brings to attention on how important it is to stick to information and relative skills you hold as much as possible. In the future I think I would be able to handle this situation a lot better now, I had never been involved in this type of interview style so I didn't really know what expect.

## REFERENCE LIST

Cheary, M. (2017) Body Language: Interviews do's and don'ts. Available at: [www.reed.co.uk/career-advice/bodylanguage-interview-dos-and-donts](http://www.reed.co.uk/career-advice/bodylanguage-interview-dos-and-donts) (Accessed 5th April 2019)

Corfield, R. (2009) Successful Interview Skills: how to prepare, answer tough questions and get your Idea job. 5th Ed. London: kogan Page Limited

Doyle, A. (2018) How to show your personality at an interview. Available at: [www.thebalancecareers.com/how-to-show-your-personality-at-an-interview](http://www.thebalancecareers.com/how-to-show-your-personality-at-an-interview) (Accessed 5th April 2019)

Gibbs, (1988). The reflective cycle

Innes, J. (2012) The Interview book: your definitive guide to the perfect interview. 2nd Ed. Harlow: Pearson UK.

Mar, A. (2013) How to answer interview questions when you don't know the answer. Available at : <https://careers.simplicable.com/careers/new/how-to-answer-interview-questions-when-you-dont-know-the-answer> (Accessed 5th April 2019)