



Cover Page

Student Name: Abdul Ahad Abdus Begum

Student Number: 2334047

Module Title: Building your Personal Brand for Sustainable Employment

Module Code: BMHP5015

Assignment Title: Component 1 - Portfolio

Task 1 - Personal Brand

Reflection on My Personal Brand in an Employment Context

In the competitive NHS administrative job market, a personal brand is more than a list of qualifications, it is the strategic communication of the unique value I bring to a healthcare team. Recent research shows that graduates who authentically curate their online professional identity gain a distinct advantage, bridging the gap between their desired and perceived professional selves (Trang et al., 2024). My current brand is defined by a blend of technical competence and operational resilience. My Level 4 in Computing Skills provides the digital literacy essential for modern NHS roles, where proficiency in data systems is a core competency (Brommeyer et al., 2023), while my experience as a warehouse team leader instilled a calm, organised approach to high-pressure environments, traits aligned with digital health administration. However, reflecting critically, my digital footprint does not yet communicate this hybrid. My LinkedIn profile lacks the consistency and clarity that recruiters expect. This gap matters significantly, if my online presence does not reflect my technical and leadership capabilities, I risk being overlooked by NHS recruiters who increasingly screen candidates digitally (Trang et al., 2024). To address this, I will refine my LinkedIn profile to explicitly frame my warehouse experience as transferable leadership and my computing background as a foundation for NHS digital transformation. These actions will directly improve my employability by ensuring my professional narrative aligns with the competencies employers seek. Developing this brand will enable me to progress into a Digital Health Administrator role, leveraging both systems knowledge and people-management experience. Building a personal brand is an ongoing process of aligning authentic strengths with sector needs.

Task 2 - Network Map and Rationale



Figure 1: My Personal Network Map - Career, Social, Support and Community Dimensions.

Network Rationale

My network is best described as a hybrid network, combining closed and selective patterns. My support network primarily-family and close-friends provides the emotional foundation I need to manage academic pressures. In contrast, my career network is emerging and selective, including university lecturers, a placement supervisor and professional mentors. Research indicates that graduates who develop labour-market-oriented networks gain practical, job-specific support from weak ties, while strong ties provide social and emotional support (Batistic and Tymon, 2024). My network map reflects this distinction, the thick lines to Support and Social represent strong bonding ties, while the thin lines to Career and Community represent weaker, emerging bridging and linking ties. While my bonding social capital is strong, I recognise that my bridging and linking social capital remains underdeveloped. Although my community dimension includes volunteering and local groups, these connections are still thin and my relationships with people in positions of power or influence within health and social care are emerging rather than established. Of these two gaps, my lack of linking capital is the more critical weakness, bridging ties may connect me to diverse peers, but without linking ties to decision-makers, these connections are unlikely to translate into concrete career opportunities (Pedersen et al., 2023). To strengthen my network and support my goal of becoming a Digital Health Administrator, I plan to attend industry networking events, engage more actively on LinkedIn by connecting with NHS professionals and seek mentorship from experienced administrative leaders. These actions will help me build the bridging and linking ties necessary for career progression and provide direct insight into health informatics.

Task 3- Blog

Title: Digital Exclusion in Healthcare: The Silent Barrier to Equitable Care

Target Audience: Healthcare professionals and social care practitioners

The NHS has undergone a profound digital transformation, accelerated by the COVID-19 pandemic. Telehealth platforms, electronic health records and mobile health apps now play a central role in service delivery. Yet for a significant portion of the population, this digital shift is not a gateway, it is a barrier.

Recent research by Poduval et al. (2025) highlights that digital health exclusion disproportionately affects older people, those on lower incomes, individuals with less education and those for whom English is not a first language. These groups already experience health inequalities, digital exclusion exacerbates them further. The Care Quality Commission (2025) has warned that a "digital by default" approach risks deepening these disparities. In 2024, 33% of the British public lacked the digital skills necessary for day-to-day life (NHS Digital, 2024). These statistics are not just numbers, they represent real patients missing vital appointments, failing to order repeat prescriptions and delaying essential care. Over time, these small exclusions accumulate, leading to poorer health outcomes and increased pressure on urgent care services.

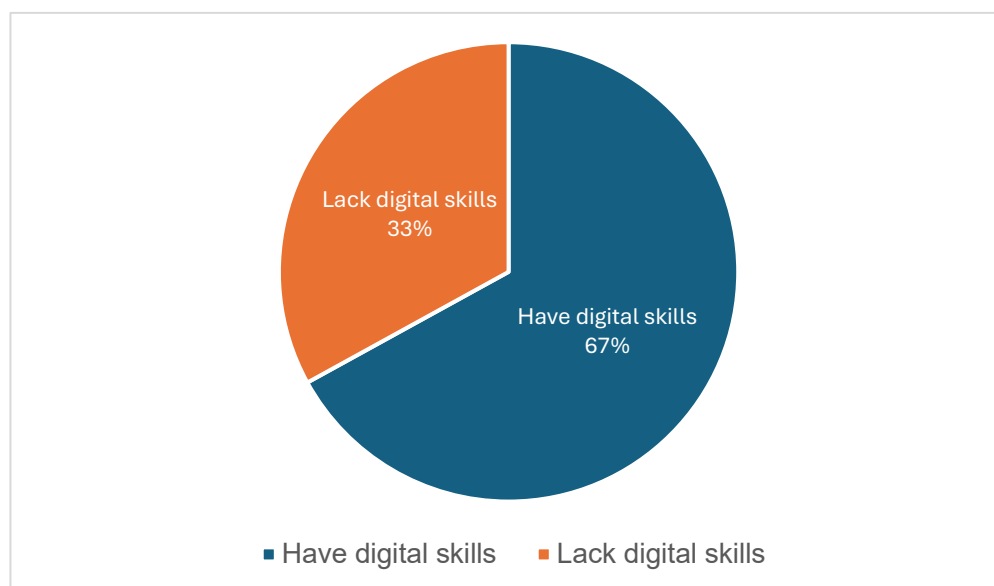


Figure 2: The Digital Skills Gap in the UK (NHS Digital, 2024)

As healthcare professionals, we must advocate for hybrid service models that preserve face-to-face options while cautiously embracing digital innovation. Community-based digital health hubs, which provide personalised, trusting support, have shown promise in improving digital skills and social resilience (Poduval et al., 2025). However, these initiatives require sustained investment and a recognition that technology should complement-not replace-human connection in care.

From the perspective of a future Digital Health Administrator, the solution is not just about technology, it is about people. We must design systems that support frontline staff in identifying digitally excluded patients. Simple steps, such as checking patient digital confidence during triage or providing helpline alternatives to online booking, can make a significant difference. Digital health administrators can also play a critical role in auditing systems for accessibility, ensuring that platforms meet the needs of all service users, not just the digitally confident.

Call to Action: Reflect on your own practice. Are there patients you serve who are being left behind by digital-first services? The first step towards equitable care is recognising that the digital divide exists. We must work collaboratively to ensure that the march of technology does not leave the most vulnerable behind.

Task 4- NHS Equality, Diversity and Inclusion Quiz

1. What is the primary goal of the NHS Equality, Diversity, and Inclusion Improvement Plan?

To improve equality, diversity and inclusion and enhance the sense of belonging for NHS staff, addressing direct and indirect prejudice and discrimination through six high-impact actions (NHS England, 2023).

2. How does the NHS EDI Improvement Plan propose to tackle the gender pay gap?

The plan proposes publishing pay gap data, setting improvement trajectories, and implementing fair recruitment and promotion practices to reduce disparities (NHS England, 2023).

3. What is meant by the term ‘intersectionality’ as used in the NHS EDI Improvement Plan?

The plan recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage can combine to create obstacles that cannot be addressed through a single characteristic in isolation (NHS England, 2023).

4. Why is it important for the NHS to create a psychologically safe work environment?

It is essential for staff morale, enabling staff to safely raise concerns, ask questions, and admit mistakes, which ultimately leads to improved patient care and outcomes (NHS England, 2023).

5. How does the NHS EDI Improvement Plan suggest improving the experience of internationally recruited staff?

The plan suggests improving their experience through targeted support, fair treatment, and ensuring they feel valued and integrated into the workforce (NHS England, 2023).

6. What role does leadership play in advancing EDI objectives according to the NHS Improvement Plan?

Leadership is central to advancing EDI objectives; leaders must model inclusive behaviours and be held accountable for progress against EDI metrics (NHS England, 2023).

7. Identify one way the NHS EDI Improvement Plan aims to reduce health inequalities within the workforce.

One approach is ensuring fair and equitable access to career progression opportunities for all staff, regardless of background (NHS England, 2023).

8. Why does the NHS EDI Improvement Plan emphasise the importance of collecting and analysing data on protected characteristics?

Collecting and analysing this data is emphasised to identify disparities, monitor progress, and ensure accountability in addressing inequalities (NHS England, 2023).

9. Explain how flexible working policies can contribute to equality and inclusion in the NHS workforce.

These contribute to equality and inclusion by supporting staff with caring responsibilities, disabilities, or other needs to remain in and progress within the workforce (NHS England, 2023).

10. What is one strategy mentioned in the NHS EDI Improvement Plan to combat bullying and harassment in the workplace?

The plan includes implementing robust reporting mechanisms and ensuring that complaints are dealt with swiftly and fairly (NHS England, 2023).

Task 5- A Letter to Yourself

Dear Me,

I am writing to you from a place of greater understanding. I know you are struggling to balance the demands of being a warehouse team leader with your Level 4 Computing coursework. The pressure felt immense, the shifts were exhausting, and you questioned whether you were strong enough. What you felt was valid, and the pain did not last forever.

Looking back, what you lacked was not intelligence or capability, but emotional intelligence and resilience. Research shows that professionals with higher emotional intelligence handle stress better and maintain resilience in demanding environments (Hashmi et al., 2024). You could not label your feelings without labelling yourself, believing that overwhelm meant weakness. Had you practised emotional literacy—naming exhaustion rather than interpreting it as personal failure—you could have separated your feelings from your identity. This specific skill helps regulate stress and prevents temporary pressure from becoming chronic burnout (Hashmi et al., 2024).

Instead, you internalised the pressure, a common pattern among student-workers juggling multiple responsibilities. Recognising this pattern earlier would have allowed you to seek support sooner.

Similarly, had you developed resilience as a set of coping strategies—rather than viewing it as a fixed trait—you could have used problem-focused coping, such as delegating tasks or seeking supervisor support, rather than emotional avoidance. This would have protected your wellbeing during those difficult shifts.

If I could send one piece of advice, it would be this: learn to distinguish between thoughts and feelings, and shoulder the responsibility of your own emotions. Resilience is not about never struggling; it is about recovering and adapting. The emotional regulation you developed in that warehouse served you well, giving you the foundation to transition into Health and Social Care and pursue your goal of becoming a Digital Health Administrator.

With compassion,
Your Future Self

Task 6- GANTT Chart

Career Progression Plan: Digital Health Administrator

University of Wales Trinity Saint David

Abdul Ahad Abdus Begum

Project Start:

Mon, 12/01/2026

Display Week:

1

TASK	ASSIGNED TO	PROGRESS	START	END	Dependencies
Phase 1: Career Progression Plan (2026-2028)	Self		12/1/26	11/1/28	None
Complete Level 5 Coursework	Self	75%	12/1/26	31/12/26	None
Attend Career Development Workshops	Self	40%	1/3/26	31/12/27	None
Complete Level 6 Coursework	Self	0%	1/1/27	31/12/27	Level 5 Coursework Passed
Secure Voluntary Work Experience	Self	20%	1/6/27	31/8/27	Level 6 coursework in progress
Develop CV and LinkedIn Profile	Self	0%	1/10/27	30/11/27	Work experience secured
Apply for Digital Health Administrator Roles	Self	0%	1/12/27	31/12/27	CV and LinkedIn profile complete
Prepare for Interviews	Self	0%	11/1/28	10/1/28	Job applications submitted
Secure and Start Role	Self	0%	11/1/28	11/1/28	Successful interviews

★ Milestones

★ Milestone

Month

★ Complete Level 5 Coursework	Dec-26
★ Complete Level 6 Coursework	Dec-27
★ CV and LinkedIn Profile Ready	Nov-27
★ First Job Application Submitted	Dec-27
★ Interview Preparation Complete	Jan-28
★ Role Secured	Jan-28

Figure 3:Gantt Chart - Starting Project

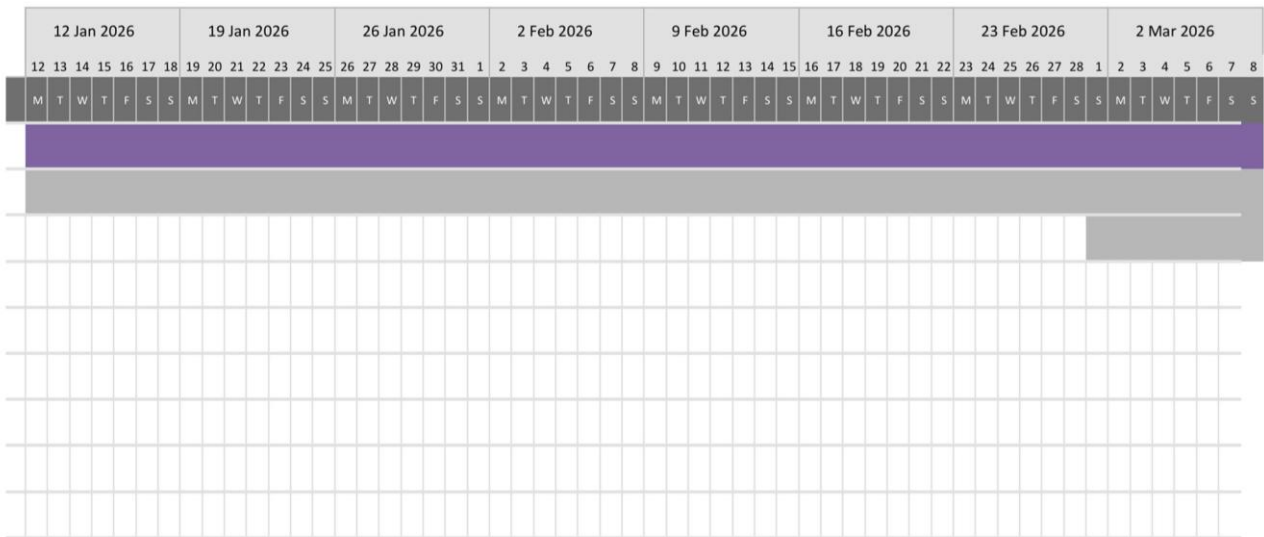


Figure 4: Gantt Chart- Weeks 1–8 (January-March 2026)

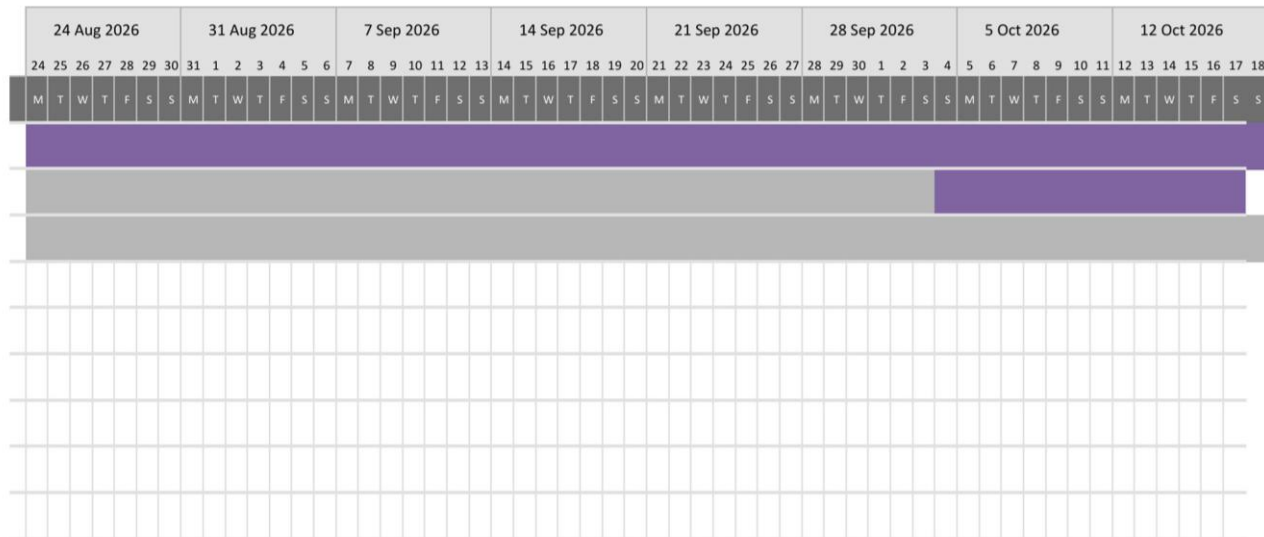


Figure 5: Gantt Chart - Weeks 33-40 (August-October 2026)

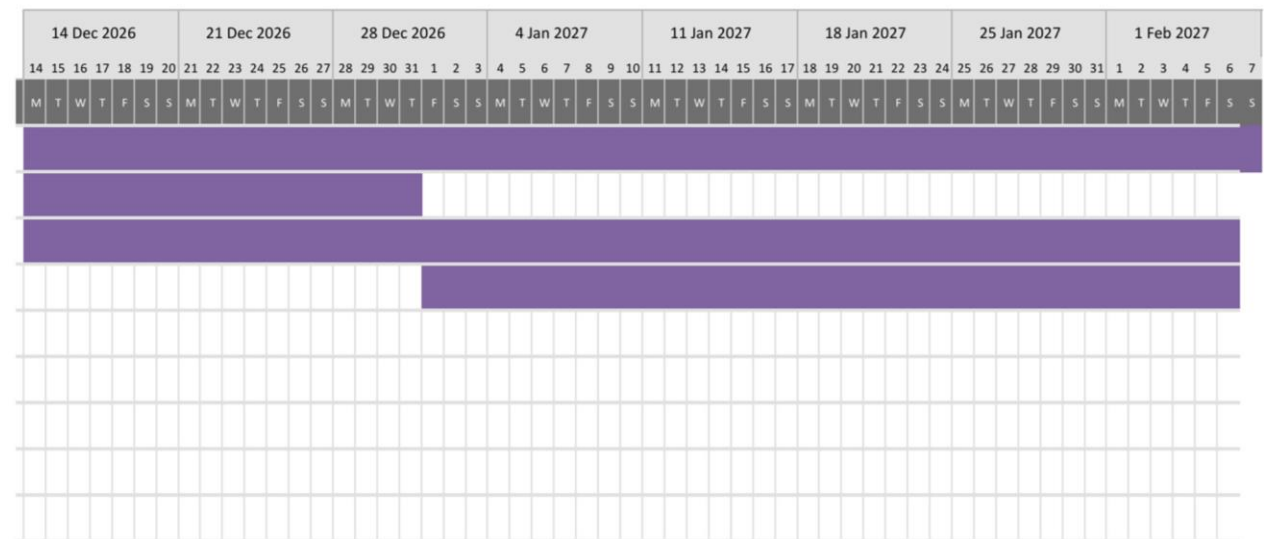


Figure 6: Gantt Chart - Weeks 49-56 (January-February 2027)



Figure 7: Gantt Chart - Weeks 65-72 (May-July 2027)

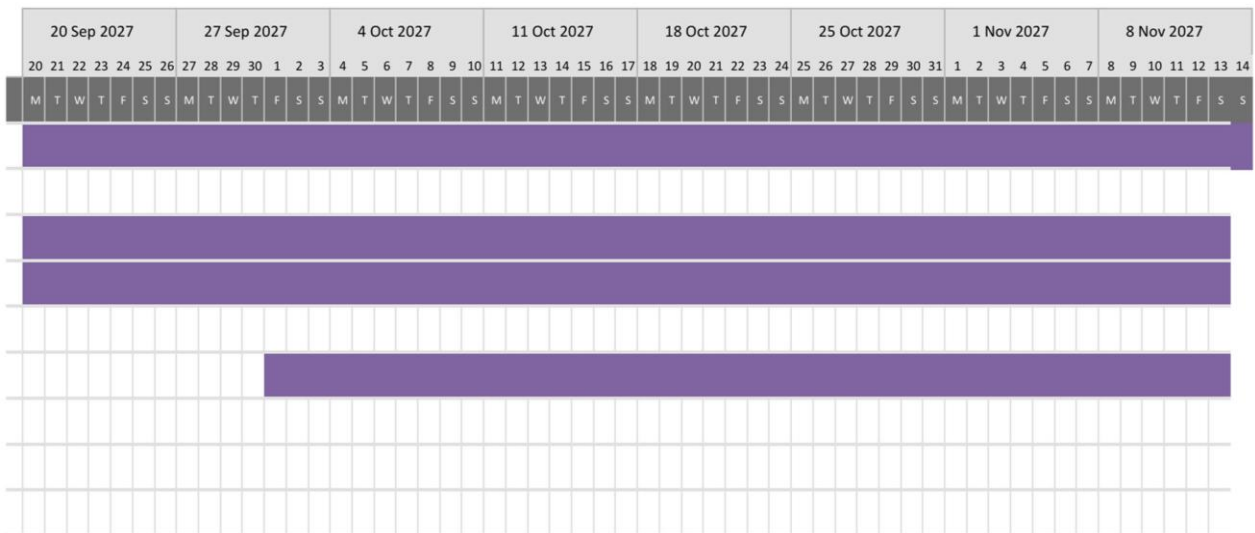


Figure 8: Gantt Chart - Weeks 89-96 (November-December 2027)

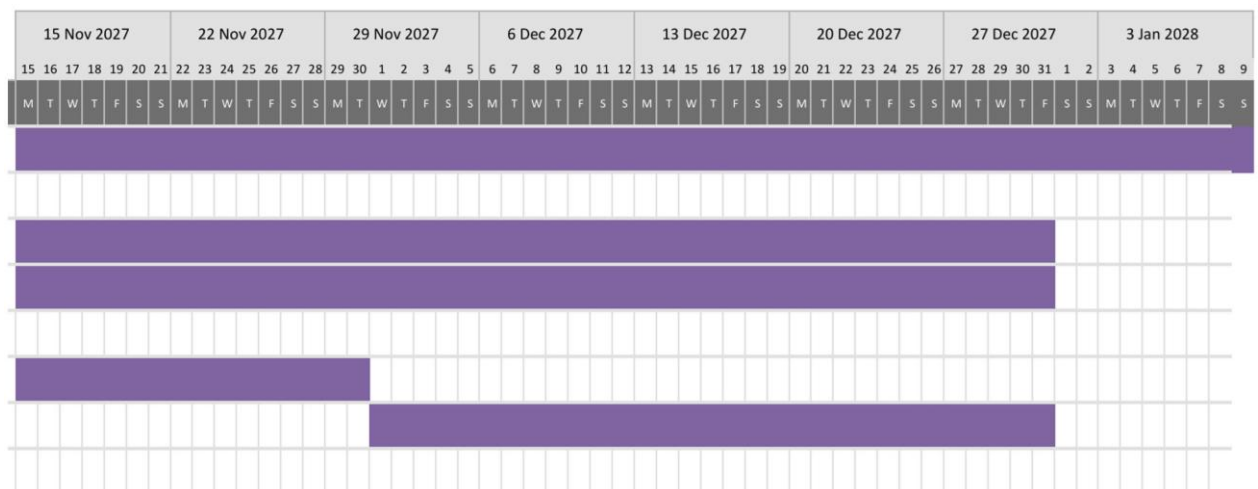


Figure 9: Gantt Chart - Weeks 97-104 (January 2028)

Task 7- Making Changes- Report

1. Introduction

As the manager of a residential care home, I propose implementing a digital care planning system to replace our paper-based records. This change is necessary to improve record accuracy, reduce documentation time, and enhance regulatory compliance.

2. Planning the Change (Change Model)

The implementation will be guided by Kotter's Eight-Step Change Model (Kotter, 1995). Kotter's model was selected over Lewin's three-stage approach because it provides more actionable steps for managing the human dimensions of change—crucial where staff resistance is a primary barrier. While Lewin offers a useful overview, it lacks Kotter's specific guidance on communication and empowerment. However, Kotter's model can be criticised for being top-down and assuming strong positional authority, which is a limitation in a care home where managers must negotiate with, rather than direct, experienced staff (Gillam et al., 2025). First, I will create urgency by presenting evidence of how paper records cause delays. I will then form a coalition of senior carers to communicate a clear vision. Staff will be empowered through targeted training and removal of obstacles, such as providing adequate devices.

3. Skills Required

Successful implementation requires leadership to articulate a compelling vision. Communication and emotional intelligence are essential to address staff anxieties and guide the team through the transition. Furthermore, project management skills are necessary to coordinate training schedules and monitor progress.

4. Barriers and Solutions

A significant barrier is staff resistance, driven by fear of job displacement or poor communication. This will be overcome by involving staff in decision-making and providing visible leadership support (Lemmettylä and Kinnunen, 2025). Insufficient training is a critical weak point in digital adoption (Bradshaw et al., 2024); this will be addressed through a phased, paid training programme with one-to-one coaching. Finally, technical interoperability can hinder adoption if systems do not integrate

smoothly (Gillam et al., 2025). To mitigate this, the system will be piloted with a small group before full rollout (NIHR, 2026).

5. Conclusion

Implementing a digital care planning system will significantly improve efficiency and care quality. By applying a structured change model, proactively addressing barriers, and mitigating top-down limitations through staff involvement, this change can be successfully embedded within the care home.

Reference List

- Batistic, S. and Tymon, A. (2024) 'Networks and networking behavior in the school-to-work transition', *Vocations and Learning*, 17, pp. 311–332. Available at: <https://doi.org/10.1007/s12186-023-09329-8>.
- Bradshaw, A. et al. (2024) 'Exploring the contextual assumptions, interventions and outcomes of digital advance care planning systems: A theory of change approach to understand implementation and evaluation', *Palliative Medicine*, 38(10), pp. 1144–1155. Available at: <https://doi.org/10.1177/02692163241280134>.
- Brommeyer, M. et al. (2023) 'Building health service management workforce capacity in the era of health informatics and digital health – A scoping review', *International Journal of Medical Informatics*, 169, p. 104925. Available at: <https://doi.org/10.1016/j.ijmedinf.2022.104925>.
- Care Quality Commission (2025) *State of Care 2024/25*. Available at: <https://www.cqc.org.uk/publications/major-report/state-care> (Accessed: 18 October 2026).
- Gillam, J. et al. (2025) *Leading Change in Health and Social Care: A Guide for Managers*. London: Sage Publications.
- Hashmi, S. et al. (2024) 'Impact of Emotional Intelligence on Professional Performance and Stress Resilience Among Healthcare Practitioners', *Cureus*, 16(11), p. e74113. Available at: <https://doi.org/10.7759/cureus.74113>.
- Kotter, J.P. (1995) *Leading Change*. Boston: Harvard Business School Press.

- Lemmettylä, A. and Kinnunen, U.M. (2025) 'Driving and Restraining Forces in the Implementation of Information Systems in the Public Sector: Scoping Review', *HealthManagement.org*, 21 June. Available at: <https://healthmanagement.org/index.php/c/it/News/implementing-health-it-forces-at-play> (Accessed: 18 October 2026).
- NHS Digital (2024) *Digital Inclusion in Health and Social Care*. Available at: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/digital-inclusion/digital-inclusion-in-health-and-social-care> (Accessed: 18 October 2026).
- NHS England (2023) *NHS Equality, Diversity and Inclusion Improvement Plan*. Available at: <https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/> (Accessed: 18 October 2026).
- NIHR (2026) *Transforming care planning for older adults in English care homes*. Oxford: NIHR Applied Research Collaboration Oxford and Thames Valley. Available at: <https://www.phc.ox.ac.uk/impact/nihr-arc-oxtv/improving-care-planning-older-adults-care-homes> (Accessed: 18 October 2026).
- Pedersen, L.M. et al. (2023) 'Positive association between social capital and the quality of health care service: A cross-sectional study', *International Journal of Nursing Studies*, 137, p. 104380. Available at: <https://doi.org/10.1016/j.ijnurstu.2022.104380>.
- Poduval, S. et al. (2025) 'Do community-based digital health inclusion programmes contribute to tackling health inequalities?', *BMC Public Health*, 25(275). Available at: <https://doi.org/10.1186/s12889-025-21455-8> (Accessed: 18 October 2026).
- Trang, N.M. et al. (2024) 'I do not want to be perfect: Investigating Generation Z students' personal brands on social media for job seeking', *Information Technology & People*, 37(2), pp. 793–814. Available at: <https://doi.org/10.1108/ITP-08-2022-0602>.