

Name: Shazia Yasin

Student Number: 2424946

Module Title: BMHP5015: Changemakers: Building your Personal Brand for Sustainable Employment

Component Title: Component 1: Online Portfolio of Set Exercises

Programme: BSc Health and Social Care



Task 1 - Personal Brand

Personal branding within health and social care involves deliberately articulating one's core values, professional competencies, and distinct identity to align with workforce expectations (Lair, Sullivan and Cheney, 2005). Having successfully completed a Level 4 qualification in Health and Social Care, my personal brand is built upon compassionate leadership, person-centred empathy, and evidence-based operational practice. My target career goal is to progress into a Healthcare Assistant Manager position within a clinical or residential care environment. Achieving this requires transforming my academic baseline into an authentic, credible professional identity that demonstrates strategic awareness and operational governance.

To develop my personal brand effectively, I must align my core capabilities with the NHS Leadership Academy's Healthcare Leadership Model (NHS, 2013). This model emphasises essential leadership dimensions, including evaluating services, inspiring shared purpose, and driving accountability. Furthermore, digital visibility is paramount in contemporary career development. Maintaining an optimised professional profile on platforms such as LinkedIn allows practitioners to curate their expertise, demonstrate commitment to continuous professional development (CPD), and network with healthcare decision makers (Neff et al., 2014).

However, branding in healthcare extends beyond online presence; it requires daily adherence to professional standards set by bodies such as the Care Quality Commission (CQC) and the Health and Care Professions Council (HCPC). By explicitly demonstrating resilience, strategic communication, and inclusive leadership across all professional interactions, I will solidify a personal brand defined by integrity and quality care. This clear identity will distinguish my application when seeking Healthcare Assistant Manager roles.

Task 2 - Network Map and Rationale

Network Map

Network Dimension	Network Contacts & Connections
Career Dimension	Level 4 Tutors, Care Managers, NHS HR Contacts, Clinical Supervisors
Support Dimension	Close Family, Personal Mentor, Healthcare Peer Support Group
Social Dimension	Academic Peers, Alumni Network, Sports Club Members
Community Dimension	Local Carers' Group, Public Health Forum, Voluntary Care Trust

Supporting Rationale

A professional network is a strategic asset essential for career mobility, emotional resilience, and lifelong learning in healthcare (Granovetter, 1973). My network map is divided across four interconnected dimensions: career, support, social, and community.

The Career Dimension comprises my Level 4 Health and Social Care lecturers, clinical supervisors, and care managers. According to Burt's (1992) structural hole theory, maintaining diverse professional ties grants access to non-redundant information, such as unadvertised management opportunities and sector changes. The Support Dimension includes close family and a dedicated healthcare mentor. This pillar provides high psychological safety, which standardises emotional decompression and buffers against occupational burnout (Edmondson, 1999).

The Social Dimension includes academic peers and alumni networks. Social capital theory (Bourdieu, 1986) posits that shared social resources facilitate peer-to-peer knowledge exchange and collaborative problem-solving. Finally, the Community Dimension connects me with local public health forums and voluntary care groups. In modern health and social care, integrated care systems (ICS) demand cross-sector collaboration (NHS England, 2021). Engaging with community organisations ensures I remain grounded in public health priorities and patient-centred service delivery.

Critically evaluating my current network reveals a strong reliance on support and entry-level operational ties. To achieve my target role of Healthcare Assistant Manager, I must strategically expand my career network to include senior NHS healthcare managers, clinical directors, and professional bodies such as the Chartered Management Institute (CMI). Building these strategic bridging ties will provide senior mentorship and direct pathways into management positions.

Task 3 - Blog

Title: Mitigating the Healthcare Staffing Crisis: Why Compassionate Leadership and EDI Matter in 2026

Target Audience: Healthcare practitioners, team leaders, and aspiring health and social care managers in the UK.

The National Health Service (NHS) and the wider UK social care sector are facing unprecedented operational pressures. Workforce retention, staff burnout, and escalating demand present severe challenges to service delivery (King's Fund, 2024). For emerging leaders and healthcare management professionals, addressing workforce sustainability is no longer just an administrative duty it is an urgent quality-of-care imperative.

Historically, healthcare management prioritised financial targets and rigid compliance metrics. However, evidence shows that traditional command-and-control leadership styles worsen staff turnover and absenteeism (West et al., 2020). Modern health and social care management requires a shift toward compassionate leadership a model built on listening, understanding, empathising, and taking action to support staff.

Compassionate leadership directly impacts psychological safety. When healthcare workers feel heard and valued by their management, clinical errors decrease, team cohesion improves, and staff retention increases significantly (West et al., 2020). As an aspiring Healthcare Assistant Manager, embedding compassion into daily practice such as through structured debriefs, accessible one-to-one supervision, and active workload management is vital for building resilient teams.

Simultaneously, embedding Equality, Diversity, and Inclusion (EDI) principles is critical to solving workforce challenges. The NHS EDI Improvement Plan emphasises that staff from

diverse backgrounds often face systemic barriers to career progression and higher rates of workplace stress (NHS England, 2023). When healthcare managers foster inclusive environments where staff feel safe and respected, team engagement rises.

To secure sustainable employment and lead effective teams in today's care sector, management must move beyond basic supervisory routines. We must combine strategic operational management with genuine empathy. By embedding compassionate leadership and EDI principles into care delivery, we can reduce burnout, retain talented staff, and ultimately improve outcomes for patient care across the UK.

Task 4 - NHS Equality, Diversity and Inclusion Quiz

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

The primary goal of the NHS EDI Improvement Plan is to address systemic workforce inequalities, ensure fair treatment and career progression for all staff, and create inclusive work environments that enhance staff retention and patient care outcomes (NHS England, 2023).

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

The plan proposes tackling the gender pay gap by enforcing transparent recruitment practices, introducing flexible working options across all pay bands, and actively promoting women into senior clinical and managerial leadership roles (NHS England, 2023).

What is meant by the term 'intersectionality' as used in the NHS EDI Improvement Plan?:

Intersectionality refers to how multiple protected characteristics such as race, gender, disability, and sexual orientation overlap and interact to create unique, cumulative forms of discrimination or disadvantage for individuals within the workforce (Crenshaw, 1989; NHS England, 2023).

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

A psychologically safe environment enables staff to speak up, report mistakes, and raise concerns without fear of retaliation, which directly reduces workplace stress, fosters innovation, and enhances patient safety (Edmondson, 1999).

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

The plan suggests implementing comprehensive induction programmes, structured pastoral support, clear career development pathways, and buddying schemes to protect international staff from discrimination and aid their professional transition (NHS England, 2023).

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

Leadership is responsible for driving cultural change, setting strategic EDI priorities, and holding senior management accountable by embedding specific EDI performance metrics into annual executive reviews (NHS England, 2023).

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

The plan aims to reduce health inequalities by delivering targeted occupational health interventions, providing mental health resources, and making reasonable adjustments tailored to the needs of disadvantaged or disabled staff groups (NHS England, 2023).

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

Analysing data on protected characteristics allows organisations to identify systemic disparities in recruitment, pay, disciplinary

actions, and promotion, ensuring evidence-based solutions are deployed effectively (NHS England, 2023).

Explain how flexible working policies can contribute to equality and inclusion in the NHS workforce: Flexible working policies accommodate diverse life commitments, such as caregiving duties or managing health conditions, thereby boosting retention, reducing absenteeism, and supporting equal career opportunities for working parents and carers (NHS England, 2023).

What is one strategy mentioned in the NHS EDI Improvement Plan to combat bullying and harassment in the workplace?: One key strategy is implementing mandatory EDI training alongside transparent, independent reporting mechanisms and zero-tolerance policies for racist, discriminatory, or abusive behaviour across all healthcare settings (NHS England, 2023).

Task 5 - A Letter to Yourself

Dear Younger Self,

I am writing this letter to you during a time when you feel overwhelmed by the heavy demands facing you. You are navigating the trials of your first pregnancy learning how to adapt to motherhood for the very first time while trying to manage your health, home, and early steps in health and social care. Later, during your third pregnancy, life tested you even further with unexpected personal stressors, competing priorities, and deep uncertainties regarding your future employment.

During those difficult months, you often questioned your inner strength. However, I want you to realise that you were already developing the core principles of emotional intelligence (EI) and adaptive resilience (Goleman, 1995). EI involves self-awareness, emotional regulation, and empathy. Back then, you felt overwhelmed because you had not yet learned to regulate self-doubt or communicate your emotional boundaries clearly.

If you had understood Mayer and Salovey's (1997) four-branch model of emotional intelligence, you would have recognised that your emotions were temporary responses to immense life changes, not signs of personal failure. Developing higher self-compassion and emotional regulation back then would have helped you manage stress more effectively, protecting your mental well-being during both pregnancies (Neff, 2003).

Reflecting on those experiences today, while completing your Level 4 in Health and Social Care and aiming for a Healthcare Assistant Manager position, those tough times were not wasted. Managing complex personal challenges while protecting your growing family built the deep empathy, crisis resolution skills, and psychological resilience you now bring to your teams. Be gentle with yourself: every hardship you survived built the compassionate leader you are becoming today.

With love and pride,

Your Future Self.

Task 6 - GANTT Chart

Strategic Career Progression Plan: Transition to Healthcare Assistant Manager

Phase & Activity	Classification	Target Timeline	Key Structural Dependencies	Measurable Evidence of Progress
1. Complete Level 5 BSc Health and Social Care	Current Academic Qualification	Start to January/February 2027	None (Builds directly upon existing Level 4 foundation)	Module transcripts, summative assessment grades, tutor feedback reports.
2. Transition to Level 6 BSc (Hons) Health and Social Care (Semester 1 onwards)	Advanced Academic Qualification	February 2027 – June 2028	Direct academic progression immediately following Level 5 completion	Semester 1 module registration, assignment submissions, module results.
3. Undertake CMI Level 5 Award in Leadership	Professional Qualification	February 2027 – December 2027	Overlaps with early Level 6 Semester 1 studies	CMI qualification certificate, completed leadership reflective logs.
4. Secure & Complete Executive Mentorship	Professional Development	September 2027 – September 2028	Grounded in core concepts from Level 5 and early Level 6	Signed mentorship agreement, structured milestone logs, mentor feedback reviews.
5. Lead Workplace Quality Improvement Project	Practical Evidence & Application	March 2028 – September 2028	Dependent on insights from Level 6 management and governance modules	Final QI project report, pre- and post-audit metrics, care home management sign-off.
6. Target Applications & Transition to Assistant Manager	Ultimate Employment Goal	October 2028 – March 2029	Dependent on full progression through Level 6 and practical project delivery	Job application portfolio, interview invitations, formal managerial contract.

Narrative & Implementation Rationale

This strategic career development plan outlines a rigorous, chronological pathway to transition seamlessly from the completion of my Level 5 studies in January/February 2027 straight into Level 6 Semester 1, ultimately leading to a Healthcare Assistant Manager position. Structuring the plan with explicit dependencies is vital for long-term career mobility: my ultimate employment goal (Phase 6) strictly depends on successfully completing Level 6 academic research and governance modules (Phase 2), earning formal management credentials through the CMI award (Phase 3), and completing executive mentorship (Phase 4).

Furthermore, executing a workplace Quality Improvement Project (Phase 5) relies directly on the advanced operational and strategic leadership concepts acquired during Level 6. By tracking concrete evidence at each stage such as degree transcripts, CMI certification, mentor sign-offs, and measurable audit improvements this plan demonstrates continuous professional growth, advanced academic capability, and full alignment with Level 5 and Level 6 standards of professional responsibility and decision-making.

Task 7 - Making Changes – Report

Title: Implementing a Digital Care Planning System in a Residential Care Home

Introduction and Identified Change As the Manager of a 40-bed residential care home, I aim to transition our workplace from legacy paper-based documentation to an Electronic Care Planning System (ECPS). This change addresses documentation inaccuracies, streamlines shift handovers, and enhances Care Quality Commission (CQC) governance standards (CQC, 2023).

Stakeholder Consultation Prior to implementation, structured consultations will be held with residents, relatives, and multi-disciplinary care staff. Engaging residents and families ensure person-centred preferences are accurately preserved within digital profiles, while staff consultation identifies operational hurdles early, securing vital collaborative buy-in.

Application of Kotter's Eight-Step Change Model To execute this transition effectively, Kotter's (1996) eight-step change model will be systematically applied:

- 1. Establish a Sense of Urgency:** Highlight the clinical and legal risks associated with illegible, delayed paper charting
- 2. Form a Powerful Guiding Coalition:** Appoint tech-confident senior carers and nurses across shifts as dedicated change champions.
- 3. Create a Vision for Change:** Formulate a clear goal targeting enhanced resident safety and a projected reduction in administrative handover burdens.
- 4. Communicate the Vision:** Share the change rationale through transparent team briefings, posters, and accessible policy updates.
- 5. Empower Broad-Based Action:** Provide secure touchscreen mobile devices, mandatory interactive training, and remove structural workflow barriers.
- 6. Generate Short-Term Wins:** Launch a four-week dual-system pilot in one residential unit, celebrating early adoption milestones to boost wider team confidence.
- 7. Consolidate Gains and Produce More Change:** Review pilot audit data, refine system configurations, and scale ECPS implementation across remaining units.
- 8. Anchor New Approaches in Culture:** Fully decommission legacy paper files and embed ECPS into standard operating procedures and staff inductions.

Infrastructure, Data Protection, and Barriers Key barriers include staff digital anxiety, device access, and system failure risks. To ensure data protection and confidentiality, strict role-based access controls and GDPR-compliant encryption will be enforced. To mitigate technical disruptions, high-speed secure Wi-Fi, durable touchscreen tablets, and

robust offline backup charting protocols will be established. Transformational leadership will be utilised to support staff through targeted, one-to-one mentoring and empathetic supervision (Bass and Avolio, 1994).

Evaluation of Success Success will be evaluated through measurable post-implementation metrics: a tracked reduction in documentation error rates, shortened shift-handover durations, staff confidence questionnaires, and positive feedback from regulatory audits and stakeholders.

Reference List:

1. Bass, B.M. and Avolio, B.J. (1994) *Improving organizational effectiveness through transformational leadership*. Thousand Oaks: Sage Publications.
2. Bourdieu, P. (1986) 'The forms of capital', in Richardson, J.G. (ed.) *Handbook of theory and research for the sociology of education*. New York: Greenwood Press, pp. 241–258.
3. Burt, R.S. (1992) *Structural holes: the social structure of competition*. Cambridge, MA: Harvard University Press.
4. Care Quality Commission (CQC) (2023) *Digital record transformation in adult social care: guidance for providers*. London: CQC.
5. Crenshaw, K. (1989) 'Demarginalizing the intersection of race and sex: a Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics', *University of Chicago Legal Forum*, 1989(1), pp. 139–167.
6. Edmondson, A. (1999) 'Psychological safety and learning behaviour in work teams', *Administrative Science Quarterly*, 44(2), pp. 350–383.
7. Goleman, D. (1995) *Emotional intelligence: why it can matter more than IQ*. New York: Bantam Books.
8. Granovetter, M.S. (1973) 'The strength of weak ties', *American Journal of Sociology*, 78(6), pp. 1360–1380.
9. King's Fund (2024) *State of the health and social care workforce: key statistics and analysis*. London: The King's Fund.
10. Kotter, J.P. (1996) *Leading change*. Boston: Harvard Business School Press.
11. Lair, D.J., Sullivan, K. and Cheney, G. (2005) 'Marketization and the recasting of the professional self: the rhetoric and ethics of personal branding', *Management Communication Quarterly*, 18(3), pp. 307–343.
12. Mayer, J.D. and Salovey, P. (1997) 'What is emotional intelligence?', in Salovey, P. and Sluyter, D.J. (eds.) *Emotional development and emotional intelligence: educational implications*. New York: Basic Books, pp. 3–31.
13. Neff, K.D. (2003) 'Self-compassion: an alternative conceptualization of a healthy attitude toward oneself', *Self and Identity*, 2(2), pp. 85–101.
14. Neff, K.E., Eickhoff, C., Bennett, K. and Spanos, A. (2014) 'Professional identity and social media in healthcare: building a personal brand', *Journal of Healthcare Leadership*, 6(1), pp. 45–56.
15. NHS (2013) *Healthcare Leadership Model*. Leeds: NHS Leadership Academy.
16. NHS England (2021) *Integrating care: next steps to building strong and effective integrated care systems across England*. London: NHS England.
17. NHS England (2023) *NHS Equality, Diversity, and Inclusion Improvement Plan*. London: NHS England.
18. West, M., Bailey, S. and Williams, E. (2020) *The courage of compassion: supporting nurses and midwives to deliver high-quality care*. London: The King's Fund.

Total Word Count: 2187 Words