

Name and Student ID: Arooba Malik / 2331703

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

Component Title: Component 1: Online Portfolio of Set Exercises

Task 1 – My Personal Brand

Personal branding in health and social care is about clearly showing your core values, skills, and professional identity so that employers know what you stand for (Lair, Sullivan and Cheney, 2005). Having had no prior formal higher education before taking this leap, completing my Level 4 in Health and Social Care was a major milestone. My personal brand is built around compassionate care, determination, resilience, and practical, evidence-based working methods. My immediate strategy is to build strong clinical experience as a Healthcare Assistant (HCA) while completing my degree, serving as a vital foundation toward my ultimate career goal of undertaking an MSc Nursing (Pre-Registration) to become a Registered Nurse. To achieve this, I need to turn my academic learning into a strong, trustworthy professional identity that proves I understand care delivery, clinical empathy, and patient advocacy.

To build this brand effectively, I am aligning my skills with the NHS Healthcare Leadership Model (NHS, 2013). This model focuses on core skills like evaluating services, bringing people together with a shared purpose, and taking responsibility. Having an online professional presence is also vital. Keeping an active, professional profile on LinkedIn allows me to share my learning, show my commitment to continuous professional development (CPD), and connect with health professionals, nurses, and clinical leaders (Neff et al., 2014).

However, a personal brand is more than just an online profile; it is proven through daily practice and strict adherence to standards set by regulators like the Care Quality Commission (CQC) and Nursing and Midwifery Council (NMC). By showing resilience, clear communication, and compassionate care in every shift, I am building a brand rooted in high-quality practice and clinical integrity. This clear identity will distinguish my applications as I progress through my Healthcare Assistant work toward professional nursing registration.

Task 2 – My Network Map and Rationale

Network Map

Network Dimension	Key Contacts and Professional Relationships
Career Dimension	Level 4 and Level 5 Lecturers, Senior Healthcare Assistants, Registered Nurses & Clinical Mentors, NHS Nursing Practice Development Leads
Support Dimension	Close Family, Personal Mentor, Healthcare & Student Nurse Peer Support Group
Social Dimension	Academic Peers, University Alumni Network, Local Community Group Members
Community Dimension	Local Carers' Support Groups, Public Health Forums, Voluntary Care Trusts

Supporting Rationale

A professional network is a vital tool for career growth, emotional support, and continuous learning in the health sector (Granovetter, 1973). My network map is structured across four main areas: career, support, social, and community.

The Career Dimension includes my university lecturers, senior care staff, and registered nurses. According to Burt's (1992) structural hole theory, maintaining different types of professional connections gives you access to fresh information, such as clinical training pathways and sector updates. The Support Dimension features my family and a dedicated healthcare mentor. This provides high psychological safety, which helps reduce stress and protects against burnout (Edmondson, 1999).

The Social Dimension consists of my fellow students and university peers. Social capital theory (Bourdieu, 1986) highlights that sharing resources with peers helps everyone solve problems and learn together. Finally, the Community Dimension connects me with local public health and voluntary care groups. Modern health and social care relies heavily on integrated care systems (ICS) that require different sectors to work together (NHS England, 2021). Engaging with these groups keeps me connected to real community health needs.

Looking honestly at my current network, I realise I rely heavily on support contacts and academic peers. To prepare effectively for my MSc Nursing application, I need to actively expand my career network by connecting with registered nurses, clinical practice leads, and professional bodies like the Royal College of Nursing (RCN). Building these strategic links will give me clinical guidance and open direct doors to postgraduate nursing programs.

Task 3 – My Blog

Title: Overcoming the Staffing Crisis: Why Compassionate Care and EDI Matter in Modern Care and Nursing

Target Audience: Care workers, Healthcare Assistants, student nurses, and aspiring healthcare professionals across the UK.

The NHS and the wider UK social care sector are facing severe operational challenges. Staff shortages, high turnover, and rising burnout are making it harder than ever to deliver consistent, high-quality care (King's Fund, 2024). For Healthcare Assistants and future nurses delivering care on the front line, addressing these challenges is essential for patient safety and service survival.

Historically, health and social care management focused mostly on targets and rigid rules. However, research proves that rigid, top-down approaches actually make staff stress and absenteeism worse (West et al., 2020). Modern care delivery requires a shift toward **compassionate practice** a style based on listening, genuinely understanding patient and colleague needs, and taking supportive action.

Compassionate care directly creates psychological safety. When care teams feel safe to speak up, share concerns, and know their colleagues value them, errors decrease and staff are far more likely to stay in their roles (West et al., 2020). As a Healthcare Assistant and future Registered Nurse, building compassion into everyday routines such as through empathetic patient support and strong teamwork is vital for keeping clinical environments safe and supportive.

At the same time, putting Equality, Diversity, and Inclusion (EDI) principles into practice is crucial. The NHS EDI Improvement Plan points out that staff from diverse backgrounds often face unfair barriers and higher levels of workplace stress (NHS England, 2023). When healthcare environments are truly inclusive, staff morale and patient care quality improve across the board.

To build sustainable careers in health and social care today, healthcare workers and future clinical practitioners must look beyond basic task completion. We must combine strong clinical skills with genuine empathy. By putting compassionate care and EDI at the heart of our practice, we can reduce burnout, support our colleagues, and deliver better, safer care for every patient.

Task 4 – The NHS Equality, Diversity and Inclusion Quiz

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

The main goal is to tackle unfair inequalities in the workforce, ensure fair career progression for all staff, and build inclusive workplaces that improve both staff retention and patient care (NHS England, 2023).

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

It proposes enforcing fair recruitment processes, offering flexible working across all pay bands, and actively supporting women into senior clinical and management roles (NHS England, 2023).

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

Intersectionality means how different personal traits such as race, gender, disability, and background overlap, creating unique and deeper forms of discrimination for certain individuals (Crenshaw, 1989; NHS England, 2023).

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

A psychologically safe workplace allows staff to report mistakes and raise concerns without fear of being punished, which lowers stress and improves patient safety (Edmondson, 1999).

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

It suggests offering thorough induction programmes, structured pastoral support, clear career pathways, and buddy systems to help international staff settle in and avoid discrimination (NHS England, 2023).

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

Leaders are responsible for driving cultural change, setting EDI priorities, and holding senior managers accountable by linking EDI targets to performance reviews (NHS England, 2023).

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

It aims to reduce inequalities by offering targeted occupational health support, mental health services, and reasonable adjustments for disabled or disadvantaged staff (NHS England, 2023).

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

Collecting data helps organisations spot hidden unfairness in hiring, pay, and promotions so they can fix these problems using real evidence (NHS England, 2023).

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

Flexible working helps staff manage personal responsibilities like childcare or health conditions, which lowers staff turnover and supports working parents and carers (NHS England, 2023).

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

One key strategy is making EDI training mandatory alongside clear, independent reporting routes and a zero-tolerance policy for abusive behaviour (NHS England, 2023).

Task 5 – Write A Letter to Yourself

Dear Younger Self,

I am writing this letter to you at a time when you feel completely overwhelmed by step-changing into higher education. Entering university in your early 20s as a young adult without having pursued formal higher education before felt daunting and terrifying. You often questioned whether you belonged in academic spaces, feeling intimidated by university standards, academic writing, and the high pressure of building a meaningful professional future from scratch.

During those initial moments of self-doubt, you felt like giving up. But looking back, I want you to realise that stepping out of your comfort zone was actually building your emotional intelligence (EI) and adaptive resilience (Goleman, 1995). You struggled at first not because you lacked intelligence or ability, but because adapting to higher education when you have no prior academic background is a skill that takes patience and practice to master. If you had known about Mayer and Salovey's (1997) model of emotional intelligence back then, you would have understood that feeling uncertain or stressed is a normal part of personal growth, not a sign of failure.

Developing self-compassion would have taught you to be kinder to yourself as a young woman establishing her educational path, rather than doubting your worth (Neff, 2003). Taking this courageous leap into university in your early 20s has taught you extraordinary problem-solving, emotional strength, self-discipline, and determination.

Look at where you are now: you have successfully completed Level 4, you are deep into your Level 5 studies, and you are gaining invaluable frontline care experience as a Healthcare Assistant while preparing for your MSc in Nursing to become a Registered Nurse. Stepping into education without a prior safety net didn't break you it gave you the deep empathy, clinical dedication, and inner drive that will make you an outstanding healthcare practitioner and nurse. Trust the process; you are doing far better than you know.

With love, care, and ultimate pride

Your Future Self, AR.M

Task 6 – The GANTT Chart and Strategic Career Plan

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 on Level 4 foundation)	Module grades, tutor feedback reports, university transcripts.
2. Transition to & Complete Level 6 BSc (Hons) Top-Up	Advanced Academic Qualification	February 2027 – June 2028	Direct progression immediately following Level 5 completion	Semester module registration, dissertation/project submission, degree transcript.
3. Gain Hands-on Clinical Experience as a Healthcare Assistant	Practical Work Experience	Ongoing – August 2029	Concurrent with Level 5 & Level 6 academic studies	Workplace shift logs, supervisor feedback, care competency sign-offs.
4. Apply & Gain Entry to MSc Nursing (Pre-Registration)	Postgraduate Academic Goal	January 2029 – July 2029	Requires completed BSc (Hons) degree and hands-on HCA care experience	UCAS/Direct university application, interview pass, conditional/unconditional offer.
5. Undertake MSc Nursing (Pre-Registration) Degree	Professional Clinical Training	September 2029 – September 2031	Successful admission to postgraduate nursing program	Clinical placement logbooks, academic pass grades, OSCE assessments.
6. Achieve NMC Registration & Registered Nurse Status	Ultimate Career Goal	October 2031 Onwards	Successful completion of MSc Nursing degree	NMC PIN registration, formal employment contract as a Registered Nurse.

Narrative & Implementation Rationale

This strategic career development plan outlines a clear, step-by-step path from completing my Level 5 studies in January/February 2027 through to Level 6, while consistently building hands-on clinical experience as a Healthcare Assistant (HCA), leading into a two-year MSc Nursing (Pre-Registration) degree to become a Registered Nurse. Each phase depends strictly on the previous one: gaining practical patient-care experience as an HCA (Phase 3) alongside completing Level 6 academic studies (Phase 2) satisfies the entry requirements for postgraduate nursing programmes (Phase 4). Completing the MSc programme (Phase 5) leads directly to professional registration with the Nursing and Midwifery Council (NMC) (Phase 6). Tracking progress through module grades, degree transcripts, HCA competency evaluations, and clinical placement assessments ensures continuous personal and professional development towards registered nursing status.

Task 7 – Making Changes: Report

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

Introduction and Identified Change As a Healthcare Assistant working within a 40-bed care home unit, I am evaluating the implementation of an Electronic Care Planning System (ECPS) to replace paper-based care records. Digital records improve charting accuracy, allow real-time updates during shift handovers, and help teams meet Care Quality Commission (CQC) standards (CQC, 2023).

Stakeholder Consultation Before making operational changes, structured consultations must take place with residents, their families, and care teams. Involving residents and families ensures their personal preferences are accurately recorded in digital care plans, while consulting Healthcare Assistants and nurses early helps identify practical workflow issues and ensures team buy-in.

Application of Kotter's Eight-Step Change Model To support a successful transition to digital care plans, Kotter's (1996) change model can be applied:

- **Establish Urgency:** Highlight the safety risks and delays associated with handwritten paper charts.
- **Form a Coalition:** Select tech-confident Healthcare Assistants and nurses from each shift to act as digital champions.
- **Create a Vision:** Set a clear goal to improve resident care safety and reduce documentation time during handovers.
- **Communicate the Vision:** Share updates through team huddles, shift handovers, and clear guidelines.
- **Empower Action:** Provide touchscreen tablets, practical system training, and remove workflow obstacles.
- **Generate Short-Term Wins:** Run a 4-week pilot in one care unit, celebrating quick wins to build staff confidence.
- **Consolidate Gains:** Review pilot audit data, resolve system issues, and roll out digital planning across all units.
- **Anchor in Culture:** Phase out paper files completely and embed digital care planning into routine inductions for all care staff.

Infrastructure, Data Protection, and Barriers Key challenges include staff digital confidence, tablet availability, and Wi-Fi stability. To ensure data protection and confidentiality, strict user authentication and GDPR-compliant encryption will be maintained. To prevent care disruptions, reliable Wi-Fi, durable mobile devices, and paper-based offline backup procedures will be established. Using transformational leadership, senior staff can support care team members through peer coaching and empathetic guidance (Bass and Avolio, 1994).

Evaluation of Success Success will be measured by tracking reductions in documentation error rates, faster shift handovers, staff confidence feedback, and positive observations during CQC audits.

Reference List

- Bass, B.M. and Avolio, B.J. (1994) *Improving organizational effectiveness through transformational leadership*. Thousand Oaks: Sage Publications.
- 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.
- Burt, R.S. (1992) *Structural holes: the social structure of competition*. Cambridge, MA: Harvard University Press.
- Care Quality Commission (CQC) (2023) *Digital record transformation in adult social care: guidance for providers*. London: CQC.
- 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.
- Edmondson, A. (1999) 'Psychological safety and learning behaviour in work teams', *Administrative Science Quarterly*, 44(2), pp. 350–383.
- Goleman, D. (1995) *Emotional intelligence: why it can matter more than IQ*. New York: Bantam Books.
- Granovetter, M.S. (1973) 'The strength of weak ties', *American Journal of Sociology*, 78(6), pp. 1360–1380.
- King's Fund (2024) *State of the health and social care workforce: key statistics and analysis*. London: The King's Fund.
- Kotter, J.P. (1996) *Leading change*. Boston: Harvard Business School Press.
- 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.
- 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.
- Neff, K.D. (2003) 'Self-compassion: an alternative conceptualization of a healthy attitude toward oneself', *Self and Identity*, 2(2), pp. 85–101.
- 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.
- NHS (2013) *Healthcare Leadership Model*. Leeds: NHS Leadership Academy.
- NHS England (2021) *Integrating care: next steps to building strong and effective integrated care systems across England*. London: NHS England.
- NHS England (2023) *NHS Equality, Diversity, and Inclusion Improvement Plan*. London: NHS England.
- 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.

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