

E-Portfolio- Personal Academic Development

Contents Page

- Communication and Counselling Task 1- Pages 3-5
- Communication and Counselling Task 2- Pages 6-10
- Introduction to Research Task 1- Pages 11-16
- Managing Organisations Task 1-Pages 17-20
- Interview Reflection Write Up- Pages 21-22

Video Critique

The following essay will be reflecting on a simulation of a counselling interaction between a client and the counsellor. The reflection will identify the key communication and counselling skills that are used in the application of the Humanistic Counselling Theory. The essay will also reflect on the use and value of importance of communication and counselling skills that are needed within nursing and healthcare environments.

In the counselling session it shows that there are many communication and counselling techniques that are used based on Humanistic Therapy. A noticeable technique that is used in the sessions is that the counsellor paraphrase's what the client is saying to them. Paraphrasing is a technique that is used in humanistic therapy by the counsellor to put the information given to them and re-wording it to show the client that what they have said is important and they are showing the client that they have understood what is being communicated by them (Martin, 2017). The use of paraphrasing is shown throughout the counselling session.

Within a good counselling session, it is important for the counsellor to observe the way the client is sitting and their movements. The counsellor may try to mimic the client's movements in an appropriate way. This counselling and communication skills is useful in improving the communication between the client and counsellor. This is because it will make the client feel more comfortable on an unconscious level (Allen, 2015). Within the counselling session the counsellor does have a very relaxed body language as the client is introducing them self. In the begin of the session the client does make some movement with their hands, the counsellor does some form of mimic, but throughout the rest of the session the counsellor sits back in the chair with their arms crossed. This could imply that the counsellor is uninterested in the conversation with the client. Having crossed arms, legs or even having their body turned away slightly from the person they are in conversation with may show a lack of positive regard. (AICP, 2009)

In Humanistic Therapy the counsellor may use open-ended question. These questions are designed to encourage the client to share more detail about their life. These questions are more useful as closed ended question only provided one worded answer, while open questions allow the counsellor to gain a better understanding of their client (Holmes, 2018). In the counselling sessions the counsellor does use open-ended questions to gain a better sense of the client's problems.

Within Humanistic Therapy the counsellor must show three types of core conditions. These core conditions are characteristic's, the counsellor needs to be able to create a climate where the client can grow and become their true-self. The first core condition is congruence. This condition is about the counsellor most authentic self this shows the client that the counsellor is trustworthy. This will also instigate the client to show their true self to the counsellor (Pierce, 2016). The counsellor in the session video does show some aspects of congruence, as the counsellor does show that they are trustworthy and the client beings to open more counsellor. However, due to the body language of the counsellor it does show maybe they are not interested, as to be congruence the counsellor needs to show that what they are thinking is being shown on the outside (Pierce, 2016).

The next type of core condition is unconditional positive regard. This core condition is about the counsellor showing care for the client and not judging the clients and accept them for who they are (McLeod, 2015). During the counselling session the counsellor showed no form of judgement towards the client and listened carefully to what the client was saying. The counsellor also accepted what the client wanted to do about their problem.

The final core condition is empathy. This core condition is seen as an expression of respect that the counsellor has for the client and that the counsellor considers the client's background is different. It is seen as important that the counsellor understands what the client is feeling, and the counsellor's response given reflects on the client's mood and the content that is being discussed (Marta, 2012). In the counsellor session video, the counsellor does show empathy. The counsellor does this by using encouraging language and verbal cues that showed the client that the counsellor was understanding. The counsellor also showed empathy by listening to the client and showing non-verbal cues to show understanding, for example the counsellor was nodding and keeping direct eye contact, this showed the client that the counsellor's full attention was on what the client was discussing. (Ducrow, 2010)

In health and social care sectors such as nursing it is important to use communication and counselling skills. The use of counselling theories can contribute to the improvement of health and social care setting. The use of counselling in health-related settings, can help to identify factors that can affect patients. For example, being diagnosed with a chronic illness. The use of counselling skills could help patients cope better and reduce the risk of developing a stress-related illness. (Jan Walker, 2004)

Healthcare workers play an important role in motivating and assisting client/patients to make health behaviour changes. Healthcare workers do this by improving the client/patient behaviours and giving support. Counselling in healthcare is used for many reasons such as helping client/patient develop skills to help them brace new challenges and to make sure that the client/patient is making proper decisions about their health. (textilalearning, 2016)

As well as the use of counselling skills in healthcare sectors it is important to have good communication with clients/patients. In healthcare, clients/patients may feel anxious about their health, upcoming tests or treatment they may be receiving. It is important that the healthcare workers have good communication skills as this can reduce the client/patient's anxiety. (Nursing, 2016)

In conclusion, the counselling simulation showed that the counsellor used some counselling and communication skills that are based on the Humanistic Theory. However, the counsellor did demonstrate signs of boredom towards the client in the simulation. Also, it was discovered that the use of counselling and communication skills can be used in health care sectors to help support clients/patients.

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This essay will discuss and find comparison of three different counselling theories that are used in counselling practice. The theories that will be discussed are, Humanistic, Cognitive Behavioural and Psychodynamic therapy. This essay will also include an analysis of one of the areas in the BACP (British Association of Counsellors and Psychotherapists) framework that is referring to its importance in the professional practice within counselling practice.

The first counselling theory that is discussed is the Humanistic theory towards counselling. This theory was designed to look at the whole individual and to also help people reach their full potential. This theory believes that all people are initially good, however mental and social problems that a person can suffer from are caused by a deviation from the natural impulse. The humanistic theory believes in concepts such as free-will, self-actualization and self-efficacy (Cherry, 2018). The humanistic approach in psychology believes in the use of qualitative research methods and rejects the use of scientific research on animals, this is because the humanistic theory believes that experiments on animal will not tell them anything about the unique aspects of being human (McLeod, 2015).

The person-centred counselling approach is based of humanistic theory. This therapy was created to help make the necessary conditions to help the client find purposeful self-exploration of the persons feelings, behaviours and beliefs. The therapy was designed to help the client in their growth process and allow them to handle problems currently and in future situations. In this counselling approach it's important for a good client-therapist relationship. For this to happen this approach needs three attributes to build a growth-promoting climate, that will help people move forward and give them the ability to become their true-selves. These attributes are, congruence, unconditional-positive regarded and empathy (Pierce, 2016).

The next therapy is the cognitive behavioural therapy. This therapy works on changing the way a person thinks. This therapy is based on the concept that the way a person feel, thinks, their physical sensations and their actions are all interconnected. This therapy believes that a person's negative thoughts can corner them into a vicious cycle (NHS, 2018). These negative thoughts can cause an individual distress. This therapy's objective is to help clients become mindful of when they are experiencing and making negative interpretations and help the client identify the behavioural patterns that may increase the risk of distorted thinking (McLeod, 2008). This type of therapy aims to deal with a person's problems in a positive manner by breaking down the problems in to smaller parts (NHS, 2018).

In the cognitive behavioural therapy there is a theory towards personality that helps to interpret the characteristics of a personality disorder and emotional disorders. The theory is split into several topics, one of these topics are personality organisation. According to the theory there are two major influences on a person developing personality, these are social learning and the ability to process information. Social learning helps to reinforce the importance of roles in the recovery of behaviour and development of psychological distress. As well as this the way a person process information is involved with the development of a personality. A person's information processing ability can be affected by their beliefs and biases. (Augustine Meier, 2011)

The next counselling theory is the psychodynamic approach. This counselling approach mainly focus on many different theories of psychology, especially the theories that focus on the way people function, based on their interaction of their drives and the forces within a person, especially to do with the unconscious. This theory also looks at the different structures of an individual's personality

(McLeod, 2017). This type of approach to counselling helps people find out where their problems and thoughts originate from, this approach believes that these problems normally would originate from childhood experiences and that a person's emotions, thoughts and behaviour that are originating from the person's childhood, are impacting that person's current thinking and feeling towards situations. If these thoughts and feelings from childhood are negative, it would cause the person in adulthood to experience things, such as depression and fears. (Martin, 2018) In the psychodynamic approach it is important for the client to have a good therapeutic relationship with the counsellor in the therapy sessions. This would demonstrate the way the client will connect to people such as family and friends (Therapy, 2007).

In the psychodynamic theory it is believed that an individual's personality, is split into three sections; the ID, Ego and Superego. The ID part of the personality is seen as the part with the fundamental instincts, which would involve the body, sex and aggression. The ID functions to the pleasure and pain principle. The ID needs to have fulfilment or even a compromise fulfilment. By a person's adulthood the ID is a completely unconscious part of an individual's personality. However, the ID can deceive and put its thoughts in the form of slips of tongue, art and in wit, or any form of expression (Higdon, 2012). The Ego part of an individual's personality is based on the reality principle. This part of the personality oversees the demands of the ID, the superego and reality. This part of the personality stops people from acting out on basic urges formed by the ID and the ego also tries to balance a person's morals and standards (Cherry, 2018). The last part of an individual's personality is the superego. This part of the personality is in control of a person's morals and guides a person in-between the ID and the ego to make a good choice. The superego is in the conscious mind, so the superego can make a person feel guilty for doing something bad, or even good for doing something right (Bienenfeld, 2006).

In this section of the essay it will be comparing the three counselling theories that have been discussed already. There are many different comparisons between the three theories. Firstly, a comparison that is between psychodynamic therapy and cognitive behavioural therapy is that, both theories believe that their core conditions are not important but are desirable, while the humanistic therapy believes that the core conditions are a necessary part of the therapy. Another comparison that can be made between psychodynamic and cognitive behavioural therapy is that the counsellor must teach the client techniques and set homework for their client to help with their therapy. While the humanistic therapy is more focused on the relationship between the client and counsellor as it is seen as an important part of the success of the therapy (Tutor, 2019).

Another comparison that can be made is between the cognitive behavioural therapy and humanistic therapy. Both therapies deal with the individual's conscious mind and focus mainly on the present day and current problems a person can be facing (Holder, 2013)

As well as these comparisons, there are a few similarities between the humanistic and psychodynamic therapy. Both theories concentrate on the individual and believe that the environment can affect and change the way the individual progresses their development (Rhiannon19, 2016). An example of this in the humanistic theory is Maslow's Hierarchy of Needs. This is sectioned into five layers and when a person reaches the top layer, it is believed they have reached self-actualisation. However, due to environmental factors can cause a disruption to the development up the layers, these could be factors such as loss of a job, divorce or money problems (McLeod, 2018). In psychodynamic theory, Sigmund Freud believed that a child would need to go through five stages of psychosexual development before being able to develop an adult personality. If one of these stages were missed it could cause frustration and overindulgence, this could lead to the individual being fixated on a stage and not allow them to fully develop (Cherry, 2018).

The following part of the essay will be a short analysing of a part of the British Association of Counsellors and Psychotherapist (BACP) Framework. The BACP Ethical framework is designed to help counsellors provide their clients with a safe environment for them to work together. The Framework has created a structure that counsellors will work by, however, providing the adjustability to respond to the client's different needs and context (BACP, 2018). The part of the framework that it will be analysing is the Building an Appropriate Relationship. In any type of counselling practice, it is important to have a good therapeutic relationship between counsellor and client. The importance of this, is because it can create an effective and meaningful therapy (Miles, 2015).

Within the BACP framework the section about Building Appropriate relationships it discusses the best way to create an appropriate relationship between the counsellor and the client and not to go past the boundaries of that relationship. The section firstly, discuss how the counsellor should provide, information that is needed for the client, before therapy to help the client make decisions on the type of service they want to receive. As well as this it is important for the client to know that they're information is kept confidential and is protected (BACP, 2018). In any form of health and social care field, including counselling, it is important to maintain a client's privacy, security and trust in the professional relationship. In the therapeutic relationship it is more likely the client would trust the counsellor if they know that their private information is staying confidential (Rosanne Knox, 2015).

This section of the BACP also discuss about the importance of creating and maintain an appropriate professional relationship between he counsellor and the client. This can be insured by setting boundaries that are consistent and that aims to help counsellor ad client work with each other to the point where it is useful for the client. As well as this it's important that any type of dual or multiple relationship will be avoided if it risks or harms the client. It is also important to take care to separate and maintain a clear distinction between the professional and personal presence on social media, as this can cause a harmful dual-relationship with the client (BACP, 2018).

In conclusion, this essay discussed three different theories of psychological therapy, these theories were where Humanistic, Cognitive Behavioural and Psychodynamic therapy. In the humanistic theory it was about helping and looking at an individual and making sure that they reach their full potential and that they are self-efficient as an individual (Cherry, 2018). In Cognitive Behavioural Therapy, it mainly worked on change the way people think and feel about themselves. This theory believes that all our thoughts, feelings and physical sensations all work together (NHS, 2018). This theory also believed that a personality is developed through several different topics and can contribute to personality and emotional disorders (Augustine Meier, 2011). The last theory is the psychodynamic theory, this psychological theory, believes that a person's problems in adulthood would originate for our childhood experiences. This theory also believed that personality is split into three sections, they are known as ID, Ego and the Superego (Martin, 2018). In this essay there is a few comparisons that could be made between the three psychological theories. The last part of the essay was a short analysis of the BACP ethical framework. The section that was discuses was Building an Appropriate relationship between the counsellor and client. Its discuses about why it is important to build a therapeutic relationship and why not to develop a dual relationship with the client as it can cause harm to them (BACP, 2018).

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A report that demonstrates an understanding towards the process of research in a published paper

Introduction

Health research is extremely important as it helps to provide evidence of a type of method working correctly, and the use of health research could also identify gaps within a certain sector that can be improved upon and can help with the development of knowledge (Medicine, 2009).

Research Process

The Journal article that this report will be discussing was located by going to the online library of UWTSD and then going in to the E-journals section and typing in the journal name, *Health and Social Care in the Communities* and going to the year 2017. From there, the journal article called Dementia-Friendly Communities; Challenges and Strategies for Achieving Stakeholder involvement was selected from Volume 25 issue 3 (UWTSD, 2019)

Title

The point of a title is to state a condensed summary of the purpose of the research paper. A good research paper title should be straightforward and use words that a reader would understand (Editage, 2006).

Abstract

The first section in a journal article is the abstract. The abstract is a summarized paragraph that describes what is in the research paper, it does this by highlighting the important points that are noted in the main body of the research paper (Koltay, 2010). The abstract is designed to show information to the reader, to help them predict if the article has content relevant to what they need (Hall, 2012).

There are two different types of abstracts that can be used in a research paper. The first type of abstract that can be used is a descriptive abstract; this is normally a brief background of the research, instead of describing the research itself. A descriptive abstract is normally 100-250 words long, it would normally include the content of the paper, but not telling the reader the conclusion of the research. The second type of abstract is an informative one. This type of abstract would outline the research that is presented in the paper. An informative abstract should involve the introduction, materials, methods used and provide a statement on the result of the research. An informative abstract normally is 250 words or more (Editage, 2006). In relation to this research article, an informative abstract is used to outline the research undertaken, the methodology used to gather data, a brief reference to the results and the conclusions that were drawn as a result of the study (Heward, et al., 2017, p. 858).

Literature Review

The second part of a research paper is the literature review. The literature review is a condensed summary of several different research studies done. The literature used in the review should be significant to the study and be discussed in the literature review, while providing some similarities and inconsistencies discovered through literature research (Coughlan & Cronin, 2016).

Looking at previous research done in the literature review will identify gaps within research on that topic and open areas for further research to be done. The main purpose of doing a literature review is to help the reader interpret if the research paper will fit into a broader context (Oliver, 2012).

In connection to the journal article the literature review discusses the importance of having Dementia Friendly Communities (DFCs) to help support people with dementia (PWD) by providing support and resources to the community to help change the environment to make it more accessible for PWD and to empower them and their carers (Heward, et al., 2017, p. 859).

As well as this, the literature review in the journal article provides a wider explanation of the importance and benefits of the DFCs by discussing the policies that are already in place to help older people in the community. These policies are derived from World Health Organisation (WHO) initiative of Healthy Cities. This initiative is a public health approach to link experiences of health and social support in different communities (Heward, et al., 2017, p. 859).

In the literature review it also states that in some of the approaches taken to achieve a DFC it must rely on stakeholder participation and voluntary assistance from within the community (Heward, et al., 2017, p. 860). This supports the aim that there needs to be an establishment of challenges and strategies to involve stakeholders.

The literature review in the article also picks up on some weaknesses in the research already done, such as, there being little attention on the creation of DFCs in involving people from the community. This research is more focused on the findings from project workers (PW) and will not include experience from PWD (Heward, et al., 2017, p. 860).

Methods

The next section in the research paper is the methods section. This section would normally contain information such as methods, materials and procedures that are used in the research (Marin, 2018). There are three different approaches to that can be used in a research project. These approaches are qualitative, quantitative and mixed methods. The qualitative approach to research is about trying to understand an individual's perception on the topic rather than looking at the scientific data. A quantitative approach collects facts and uses numerical data (Bell, 2014). The mixed methods approach uses the combination of both quantitative and qualitative data, this provides a more complete understanding of the research than just the use of one approach (Creswell, 2014).

The approach that is selected for the research paper is all dependent on the research problem and the audience that the research is aimed at. Different types of research problems need a certain approach. If the research is more about identifying problems that can impact an outcome, or to do with interpreting the best prediction of the results, then the use of a quantitative approach would be used. If the research is based more on a subject that has little research on the topic, a qualitative approach would work better, especially if the subject is lacking enough research in a certain area of that subject. Finally, the best time to use the approach of mixed methods would be if the researcher wants to have discovered more around the subject and have established findings (Creswell, 2003, pp. 21-22).

Project Overview

Within the research paper by (Heward, et al., 2017) the methods section is split into several sections under different titles. The first title is the *Project Overview*, in this section it gives a brief overview of the funding provided for the project to run by ten different organisations. This section in the paper also discusses where the project was taking place and why the locations were chosen. The next

section in the paper was the *research design*, this section explains the type of approach used in the research, which was a collection of qualitative data. This approach was used because as the researchers needed to analyse the experiences of the project workers (PW) that were helping to develop the DFCs. (Heward, et al., 2017, p. 860).

In the study, the qualitative data was collected by doing interviews. There are three different types of interview structure that can be used, these are: structured, semi-structured and unstructured. In a structured interview the questions that the interviewer asks the participant are the same, with the exact pre-made questions said in the same order with no differences. The questions that are made are usually made in a way that the participant can only respond to the question in a limited number of ways (Fontana & Prokos, 2016). A semi-structured interview is designed to allow the interviewer to develop the question they want to ask to the participant; the majority of the questions that would be asked would be open ended questions to allow more of a detailed discussion about the topic which can generate more questions that could be asked (Wengraf, 2001). The last type of interview is an unstructured interview; in this type of interviews there is little to no structure used and the questions asked are mainly open-ended questions to allow more of a conversation and flow to the interview (McLeod, 2014).

In this research paper (Heward, et al., 2017), the method of semi-structure interviews was used to collect the data to show the experiences of the PW on developing the DFC. There were fourteen semi-structured interviews and a group interview. In a group interview there is normally six to ten participants, and the interviewer is there to moderate the group discussion and to keep the discussion on the specific topic (Leavy, 2014). The one to one semi-structured interviews in the research paper lasted around 30 to 60 minutes, and the group discussing around 90 minutes. (Heward, et al., 2017, p. 860).

Ethics

The next section in the research paper under methods is the *Ethics and Consent*. In the paper (Heward, et al., 2017, p. 861) it had ethical approval from the University Ethics Committee. The project workers (PW) that participate in the research were given information sheets that explained what the research was about and how it would be kept confidential and that the participants have anonymity. Participants are also told that they can withdraw from the project at any time should they so wish.

Data Analysis

The data that was collected was analysed using a direct content analysis method. This method involves using an analytical framework based on the key areas that are involved in DFC drawn out by Alzheimer's Society. This framework would be compared to see if the data collected matched this framework (Heward, et al., 2017, p. 861).

Results

The result section in a research paper is where the key results are presented. This section discusses what data was discovered on the topic. A results section is normally catalogued in a sequence of importance's of the data found and will follow with an answer to the hypothesis/ question. Any negative results that are discovered needed to be included in the results section as well as positive (Marine, 2018).

Within (Heward, et al., 2017, pp. 861-864) research paper, the results shown that there were similarities in the progression of the development of DFCs in each location and all of these locations

had the same progression in the same areas, such as, challenging of stigma, accessible community activities and respectful and responsible business/ services. The project workers (PW) that were interviewed also shared similar experience within the locations this allowed to show areas that need improvement and challenges that have been discovered such as the challenges of stakeholder involvement in Dementia Friendly Communities (DFCs). The challenges identify within this was that it was difficult to establish networks that will include people that represent the local area, as well as this there was difficulty in involving people that are affected by dementia.

Discussion

The discussion section of a research paper is where the results that have been collected for the research are explained and interpreted to be able to make a conclusions and suggestions for future research done on the topic. A discussion should include a brief summary of the main topic, and then should go on to state the main data that was collected while discussing the strength and limitations of the data and research (Editage, 2006)

In the journal article discussion section, it begins explaining ways of creating a sustainable dementia-friendly community, it explained that in different areas there was a distinct difference in the development of DFCs depending on the type of approach they used. In the discussing it considers implications for future research/ practice to happen, one of these implications can be the stakeholders as it could be unpredictable and if a DFC relied on the stakeholder can cause a high turnover and not much level of commitment of the people involved. The final section discussed in the discussion was the strengths and limitations of the research. One of the limitations that was discovered in the study was that the study itself was small and had predominately caused a limitation on the finding that were recorded for the paper (Heward, et al., 2017, p. 865).

Conclusion

The conclusion is a short paragraph that is relate to the discussion and will normally link the findings that were made in the study to any research done on the topic beforehand. A conclusion may identify if the topic being research will need to have further research done in it (Johnson, 2001)

In the research conclusion its discus that to have DFCs need the use of approaches and that these approaches rely in the use of volunteers and how this research has highlighted that. The conclusion also states that there needs to be designs for future polices that will help the improvement of quality of life for people affected by dementia. (Heward, et al., 2017, p. 866)

Final Word Count-2106

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A Report on How the Stress of NHS Staff is Affected by NHS Management

Abstract

In this report it will be discussing and evaluating the roles of leadership and management and their importance within the NHS. As well as this, the report will evaluate the impact of stress, which has implications both on staff and management within the Health care sector. Stress in the workplace has become a major concern because of the pressures it puts on staff and management, and the wellbeing of staff at every level has become a key priority within the workplace. The report will examine the measures taken by leadership and management to address this issue, and it will also examine how stress amongst staff may have an impact on service users.

Introduction

There is a notable difference between managers and leaders' ways of working in teams. A leader tries to influence and guide their team to ensure that the objectives are met while trying to inspire the team members to follow. On the other hand, a manager, is more attentive towards the planning and organisation of the team and how they are controlled and commanded (Mckimm & Phillips, 2010, p. 3).

In the health care sector, it is important to have leaders and management roles, to help provide a high-quality effective health care system that will be sustain and provide care towards the public (Daly, et al., 2014).

Managers that work in the NHS have a major responsibility, their roles are to be accountable for and look after the large work force of staff and run the service and the departments, while trying to keep to a strict budget. this can cause the managers make unpopular decisions (Health Careers, 2019)

In every health and social care sector such as the NHS, leadership should be present in any type of health care sector management roles, as they need to focus on the preferences and requirements of the patients under their care, and the managers have a personal responsibility towards the service user. This an essential aspect of being a good manager by having leadership qualities. The qualities that make a good leader in normally observed through their traits and characteristics as an individual (Gopee & Galloway, 2017, p. 5).

Within the NHS there is a design for a leadership model; this model helps leaders and managers to understand how their behaviour affects the culture and climate of their staff. This model is made up of nine leadership traits that are needed to be a good leader. This model is useful as it identifies the qualities a person would need to become a good leader and assists with helping the individual see where their strengths and limitations are in leadership standards (NHS, 2013, p. 3)

Main Body

The NHS leadership model is designed with nine leadership dimensions. In each of these dimensions a leadership behaviour is demonstrated on a four-part scale. The spectrum of this scale has essential, strong, proficient and exemplary. In the scale the leadership behaviour is a series of questions. These questions will be short defections of what that dimension is like at each step on the scale (NHS, 2013, p. 3).

The nine qualities of the model include, inspiring shared purpose, which is important because it helps the leaders to create a diverse environment in the work place, this will inspirer the team share beliefs in values, to help staff deliver a better service towards the service user. The next quality of leadership in the model is leading with care, this quality helps leaders to interpret the emotions the

staff maybe feeling and help the staff by treating them as individuals and not just as a group of people with the same needs. This quality allows the team to deliver a better service towards the patient. The next quality of leader that is needed is the ability to evaluate information. This quality is important as the leader needs to be open and alert to new information, investigating and what is going on at that present time, this allows them to think of ways to develop proposals for improvement. The following quality is the ability to connect services, this is necessary because a leader needs to recognise the differences between each team and help to share risks and cooperate effectively. Another quality is that leaders need to share their vision, because of their role they need to show a vivid and attractive image of the work everyone is doing in an honest and clear way. This should inspire the team to help others see how important their work is. A quality that is important for leader is to engage their team. The leader needs to promote teamwork and pride, by allowing individuals to have ideas, this would create an atmosphere of staff engagement. The next quality is what a leader needs to holds into account, leaders needs to create and clarify about what they expect and what success looks like in order to help staff focus their energy on the service they are delivering. The next quality is the development of capability. A leader is meant to be a champion towards the development of learning and capability this allows themselves and others to gain to help them with future development of service. The final quality is getting influences from results. Leaders needs to listen to the concerns of different people, organisations and groups. This information allows them to build networks and create plans on how to reach agreement on priorities (NHS, 2013, pp. 5-13).

Stress is defined as a negative reaction to a demand of pressure on a person. In any work force employees can feel stressed with the demand their work has. The role of employers is to decrease this demand and pressure on their employees (Health and Sfety Executive , 2019).

Stress can affect a person in physical and psychological ways. Physically stress can cause many different conditions. A long-term amount of stress can cause a varied amount of conditions. Firstly, problems with the gastrointestinal system, conditions such as Irritable Bowel Syndrome (IBS) and stomach ulcers have both been linked to long-tern stress related incidents. As well as this long-term stress can cause problems such as cardiovascular disease and high blood pressure. In addition, a person's weaken immune system can be caused by stress. This can explain why some of the first symptoms of chronic stress is having frequent short illnesses such as colds. In a psychological manner there is strong link between stress and mental health disorders. Stress has been linked to depressive conditions that can develop in to major depression with suicidal thought and self-harm tendency (Mental Health Fondation , 2018, pp. 8-10)

In 2016/17 it was worked out that 23.9 work days were lost due to work-related stress. It is believed that 15% of people in work have a mental health problem and approximately 300,00 people lost their jobs each year due to mental health problems (Mental Health Fondation , 2018, p. 12).

Within the NHS there is a rise with the number of staff members that are experiencing stress. It is suggested that in the NHS itself stress is the main reason for absents staff as stress is accountable for 30% of sickness cause by a stressful work environment. This absence is costing the NHS £300-400 million a year. In a recent survey that was conducted 38% of staff in the NHS suffered from work-related stress, this is 2% increase since 2016 (NHS Employers, 2019)

The stress within the NHS staff is caused by factors such as their environment, which can be mainly changeable, some of these environmental stresses are thing such as unpredictable staffing and scheduling, a lack of role clarity and a low say in the decision-making processes and poor support networks (Benntte, et al., 2001, p. 55).

According to an article by the Independent, some NHS staff nurses have been threatened with a capability hearing if they are unable to have 100% attendance with is causing the staff to not go on sick leave and ignore their health problems to come to work. Some nurses also stated that they feel bullied by their managers, and apparently a survey that was done under covered that there were instances of corporate bullying (Cooper, 2013).

Within any work place it is vital to have a good working-relationship between staff and managers, if not it can cause unnecessary work-related stresses. A poor work relationship will have a negative impact on staff as it shows a lack of understanding and support from the managers and superiors, which will cause work related stress (Moustaka & Constantinidis, 2010, pp. 211-212).

Conclusion

In conclusion, this report has discussed that in the NHS that it is important to have effective leadership and management, and that to make a good leader an individual will need nine qualities that will improve their leadership ability. Also, within this report it had discussed stress within the nursing staff of the NHS and discuss in detail that stress can affected a person in a physical and psychologic way. This could be linked to the reason why so many members of staff in the NHS end up on sick leave due to the amount of pressure they are put under daily. As well as this the report had discussed that staff struggle under their management, this proves that there is a possible link with management the increase in staff experiencing stress.

Recommendations

Some recommendations that could help improve the management of the NHS and decrease the levels of stress in nursing, to decrease the number of nurses to need time off due to illness. The NHS is already making steps to improving their management standards, by designing the Leadership Model, which has elements in it to help improve coping with stress in the work place. Out of the nine dimensions of the model, a few of the dimensions apply to helping to improve the stress levels in the work environment. One of the dimensions is Leading with Care. This dimension will help improve the staffs stress level, because the managers will develop ways of understanding staff emotions and decrease any stress that the staff are experiencing and help the members of staff through any difficult or unsettling emotions (NHS, 2013, p. 6). Other ways in which managers can decrease the levels of stress that is presented in their staff could be by trying to understand the cause of the stress and how it can impact the staff's wellbeing. As well as this a manager could try to identify the trends that cause the stress within the staff. Also, as a manager it would be important to identify who is most likely to need support and see if any members of staff experience more stress than others. Finally, mangers could encourage staff members to embrace any type of wellbeing policy to help them deal with stressful situations (NHS Employers, 2014)

Final Word Count -1806

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Interview Reflection write up

The mock interview was organised for my nursing studies and health course in university and consisted of two different interview panels which we could pick which from. We were then put into several groups of 5. As groups we went into the interview panel we picked, and all put in the same room with three different people interviewing us. The panels include people that were doing the nursing degree and a full trained nurse with an OBE. The panel asked us individually four different questions. These questions were;

1. Tell us the main skills and qualities you feel you possess which makes you suited to working as a nurse or other health professionals.
2. Why so you think communication is important hen working as a nurse or health professional.
3. What is the best way for staff in this sector to ensure dignity for all services users/patients?
4. Tell us about an occasion when you have dealt with a challenging situation.

The way I will be reflecting on my mock interview is using the Gibbs reflective model. The Gibbs reflective cycle was developed in 1988 by Graham Gibbs to help give structure to learning from experiences. The cycle is designed to examine a person's experiences and allow that person to reflect on, and the cycle will show if this experience has been repeated. This allows a person to plan better by observing what went well and what didn't. The cycle covers 6 stages of reflections and these stages are: the description of the what happened in the situation and then to describe how you felt at that exact moment. Then to evaluate the experience good and bad point of it. After this create an analysis to help make sense of the whole situation, from this draw up a conclusion about what was learnt from the experience and how things could have been different. Finally, to create an action plan on the best way to deal with the same situation or similar ones in the future (The University Of Edinburgh, 2019). To help me reflect on the way my mock interview went, the interview panel individually gave us written feedback critiquing our performance.

In my opinion, my mock interview didn't go very well. As we entered the room with the panel in, we all gave them our names and then they asked us the first question. I was the first person to answer, however when they asked me to explain further, I panicked and didn't answer as I shut myself off as I didn't know what to say. The feedback the panel gave me was that I seemed very shy as a person, and that I was nervous. At that point in the group interview, I felt anxious and scared, and I felt that I wasn't good enough to be there in the same room as my classmates as they were giving good answers to the questions. Due to this reaction from myself, I completely shut down, and didn't put any input into the next two questions, and I just sat there becoming tearful due to me feeling trapped in a vicious cycle in my head.

For the final question, we were all asked individually about a scenario we had been in that could help us in a nursing environment. When it came to my turn, I did answer with a scenario about a friend of mine who was ill and needed to rush off in an ambulance. I felt I started off well with the scenario; one of the interviewers commented I demonstrated skills such as communication, patients and remain calm in stressful situations. However, during my explanation of my scenario one of the interviewers looked like she was falling asleep, this caused me to shut down again as it made me feel uninteresting and boring. Overall, the interview feedback was that I needed to be more confident, and that I was shy and very quiet. They also said I need to become more involved in group discussions. My body language was very tense and fidgety because I was nervous.

In analysis of this mock interview, making sense of what happened in this situation, there are a possible few reasons for my reactions and behaviours in the interview. Firstly, due to the fact I have dyslexia, this learning difficulty can cause problems in speech as people with dyslexia can mispronounce words and misuse them in context, also when placed in things such as group speaking which can cause people with dyslexia to pause frequently in sentences, and haltering phases and not complete sentences (Red Sail, 2019). These are symptoms of my dyslexia that I have experienced in the past and people have pointed out the way I say things sometimes and it makes me feel very self-conscious and contributes to my low self-esteem. As well as this, my interview may have been affected by my own personality, I see myself as a very reserved and shy, especially towards people I don't know very well, and I also don't like being the centre of attention that much; in the interview situation when I was asked questions everyone was staring at me to answer so this caused me to shut down.

To help me develop from this situation, I have created an action plan to help me cope better in future interviews. First, I need to prepare better for future interviews, I could do this by researching more into the thing that I'm interviewing for and do research into the possible question that could come up, so I don't get caught off guard (Brooks Ed.D., 2015).

Another way to help me develop better in an interview is to learn more about my dyslexia to learn more about my triggers to give me better coping strategies for when my learning difficulties get in my way with everyday life.

Final word count-979

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