

PAD

Eportfolio

Kathryn Jenkinson

02/05/2019

Contents

- Self-Assessment on Interview write up
- Interview Write up
- Report
- Comparison of three counselling theories
- Video Critique

STUDENT SELF FEEDBACK FORM LEVEL 4

You will need to submit AT LEAST ONE of these and link it to one of the assignments you are submitting. We recommend self-assessing your interview write up. Use the criteria on the last page below to help you self-assess.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
Within the interview write up I believe my skills with literature and research to be good, I feel I didn't use enough research material and didn't meet the reference list criteria which is 10 and over, I only used 6 in the end and didn't have enough word count to add anymore. Literature skills seem to be an important part of completing assignments, as they want you to show that you have read a wide range of resources to gain the knowledge required to complete the assignment.	10	7
2. Knowledge and Understanding Skills		
Within the interview write up I believe my skills of knowledge and understanding to be very good, I believe that I showed competent knowledge of principles and I have exhibited a sound understanding of what is required of me. In understanding I used Johns model of reflection which a model is where a series of questions are used in order to reflect with a certain kind of structure.	20	15
3. Cognitive and Intellectual Skills		
I would award myself very good for cognitive and intellectual skills section of the self-assessment. Within the interview write up I analyse internal factors from the Johns model of reflection and how they had an effect through my nerves when attending the interview and how difficult questions that may arise could be the source of my nerves (Kumar, 2010) and also to the success of the interview with regard to the question regarding communication, and putting pressure on myself since I have been working in the health care setting for eleven years	20	15
4. Practical Application Skills		
I would consider myself to have a good understanding of applying my skills to practical work, I believe I have shown a wide variety of skills in my interview write up. I have used referencing, organisation, I believe that I have used academic wording at times and have shown that I understand how to create a write up that is suitable for the standards of university	25	18
5. Transferable Skills for Life and Professional Practice		
I believe my skills in this section to be very good, I have shown organisation and it flows well throughout the write up. It shows I have the ability to work coherently and alone as the interview took place with a group of other students, I have shown good presentation skills and wording of an academic level which are transferable to professional practice for future employment and for progressing my career in the future	25	

1. Interview write up

The following contains an analysis of a simulated job interview which took place in front of a panel of four individuals. It contains personal recommendations clearly presented to show how I can improve in similar situations in the future. I have chosen to use Johns model of reflection to discuss and reflect upon my performance in order to determine those improvements.

A reflection is the consideration of thoughts and feelings, this ultimately allows for appropriate changes to occur in order to improve and help one deal with complex issues (Howatson-Jones, 2016). This assignment is focused on my reflection of an interview which occurred on Friday the 15th of March, when I attended a simulated job interview along with four others. There are 3 types of interview style, structured, semi structured and unstructured, the interview we faced could be seen as a structured interview, which is a series of pre-established questions asked to each person (Fontana, 2016). It was before a panel of four individuals who were chosen by the subject lecturer. A series of questions were asked and each of us took our turn to answer. Considering Johns model of reflection, which is a structured model of reflection where a series of questions is considered in order to organise the reflection (University, 2019). I will reflect on my performance using this model by beginning with the start of the interview, the model suggests looking at what was the main achievement during the interview (University, 2019). The main achievement during the interview was that I discovered how well I could present myself and how I would deal with the situation in another setting. I felt quite nervous and a little apprehensive having not been in a similar situation for several years, despite of this fact I feel the interview went very well overall, it gave me a good understanding of how an interview can be constructed and allowed me to further understand how I might feel in a similar setting in the future. Another aspect of Johns model of reflection to be considered is any internal factors which were of influence (University, 2016). There were internal factors which contributed to the nerves and also the success of the interview, I put a lot of pressure on myself as I have been in the healthcare environment for several years and felt I should be able to give the response the interviewers were looking for. Nerves are common in interviews and do affect the outcome, it is suggested that nerves arise because of many different factors which could include meeting new people, attention focused on you, how you are dressed and being asked difficult questions (Kumar, 2010) difficult questions could have been the source of my nerves as it might have challenged my healthcare knowledge. Response is another key factor involved in Johns model of reflection; I feel in the situation I responded well to the questions I was faced with, apart from one which it was noted that the answers given could have been elaborated on. As I look back on the interview there were several things which could have been done more effectively to improve my performance in the interview. The first being a well written CV, this was an issue on the feedback I received from the panel at the interview, it stated that I should consider the font of the CV and that it should include more information. It did not however make apparent what information was absent from the CV. Through research I discovered that the CV is important from the perspective of potential employers and creating a professional CV is about researching the employer in order to

determine what they actually want and what to put in the CV and what to leave out in order for the CV to stand out from the rest, it is also a chance to sell yourself and give yourself the best chance of getting the job in question (Innes, 2009). I received very good feedback surrounding my answer to the question regarding communication, I will agree with the panel and their comment, I do feel that I have learnt valuable communication skills, I have been working in the sector for eleven years, over this period of time I have learnt the best ways in which to communicate with a variety of different individuals, patients and staff. Lang (2009) states that Bercow (2008) explains that without the correct communication individuals might feel isolated. Communication in health care is important, it should demonstrate compassion and understanding of how the patient is feeling, patients can be anxious and worried, and the impact of such communication is very valuable (Gault et al, 2007). Having gone through the interview process and looked at reflection, I feel more confident in my abilities to perform much better in similar situations in the future. Reflection aids development of confidence and personal development, but it is also a skill in itself (Webb, 2011). Boud et al (2013) suggests that we learn from reflecting on our experiences and without it our experiences are just experiences and the full learning potential may not become apparent.

In conclusion it has been noted that reflecting on experiences are important for change to occur. Looking back, it was determined that the interview went well overall but there was room for improvement with regards to my CV. Johns model of reflection was used in order to analyse the outcome of the interview to determine my strengths and weaknesses. Nerves were looked at to demonstrate how internal factors affected my behaviour in the interview.

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REPORT

Patients and Nurses views on providing psychological support within cardiac rehabilitation programmes: a qualitative study

By Kathryn Jenkinson

14/03/2019

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Introduction

Contained within the following you will find how the chosen paper was located. Each heading has a brief description of its meaning and what is contained in the paper regarding each of those headings. A discussion of the papers findings is noted and a conclusion has been written summarising the meaning of a conclusion and what the paper has written in its own conclusion

Research Process

The research process is concerned with how the research paper was located. To begin with it was necessary to log onto Moodle, the purpose-built site that allows students access to a range of features including the library, which was the next step in this process. Once the library link was chosen, it was then a matter of choosing 'Databases by subject', which appears in the drop-down bar along with other choices which can be selected. A range of subjects then appeared on the following page from which 'sports health and outdoor education' was chosen, again several choices appear, out of the choices 'ProQuest central' was selected. A basic search page presented itself and Cardiac Rehabilitation was entered. The following page gave a range of filters in order to condense the findings to a manageable amount, these filters included full text only, scholarly journals, it also gave a filter to focus on UK based papers only, and lastly changing the date range, so it focused the attention on the last 5 years. All the filters were applied in the above order and the paper that was chosen was first on the list {UWTSD Online Library}.

Background

'Patients and Nurses views on providing psychological support within cardiac rehabilitation programmes: a qualitative study, was the title of the chosen paper, Turner et al {2017} discusses how 18 patients and 7 cardiac nurses took part in a pilot trial where nurses delivered a care intervention to patients who were suffering from depression. It is thought that a percentage of patients who are involved within rehab programmes associated with the heart and specifically Coronary Heart Disease report signs of depression. The main objective of the trial was to discover the opinion of the patients and nurses on the provision of psychological care within cardiac rehabilitation through a series of interviews (Turner et al, 2017).

Abstracts

Abstracts are located at the start of a research paper. They are a self-contained statement which gives a description of the content in the paper, they are written for various reasons, one of which is to allow readers time to decide whether it is worth their time reading the whole article {The University of North Carolina at Chapel Hill 2019}. There are different forms of abstracts, informative abstracts, which is the form the chosen paper has used, provide a detailed summary of a document, providing essential data and a conclusion, contain headings and usually range between 100 and 250 words (Singh, 2013). Descriptive is another form of abstract, in contrast to the informative abstract, descriptive is brief and may contain up to 100 words and will not usually provide any form of conclusion (Lukenbill, 2012). The chosen paper for this report provides an informative abstract, it gives an in-depth summary of the paper which follows it (Turner et al, 2017)

Literature Review

The Literature review is concerned with the examination of literature surrounding the chosen topic, it analyses and evaluates research findings which is relevant to a topic (Efron, 2019). The paper discusses the need for psychological care whilst attending cardiac rehabilitation from the views of patients and nurses (Turner et al 2017). It identifies that several areas have been researched and this has been left open for investigation. The paper has provided evidence through a wide range of literature, gathering a variety of background knowledge whilst undertaking the research. Primarily most of the research is up to date, with references dating from 2010 up to the most recent of 2016.

Aim

An aim is a statement which describes the main intention of the research (Writing Dissertations, 2019). There is an importance to an aim, as they set out goals and guidelines which the rest of the paper will follow, aims can be evaluated in conclusions to determine whether they have been achieved (Oliver, 2012). The aim of this paper was not clearly stated, instead an objective was introduced. On reading the paper it was determined that the aim was to look at whether psychological support should be permanently placed within cardiac rehabilitation programmes. 25 participants were involved in the study, 18 patients and 7 cardiac nurses in order to discover this {Turner et al, 2017}.

Study design

The main designs are Qualitative and Quantative. Qualitative data deals with meanings which are expressed through language and action, thoughts and feelings rather than that of quantitative which are based on evidence through data and numbers (Bernard, 2000). Qualitative research is a term used for several approaches which gather information through several resources, including human behaviour, experiences and beliefs (Parahoo, 2014). The paper states that the research was gathered through a few interviews, which indicates that it is a qualitative study, it is also observed in the title (Turner et al, 2017).

Sample

Sampling involves a group of individuals which have been taken from the population to gain knowledge and information. It is an important part of the research process and must be suited to the topic in question (Holloway, 2010). The group is used as a representative of the entire population, researchers work with a small portion of the population as it is more cost effective and neither time nor resources are readily available to study the whole population (Polit, 2004). Many sampling methods are used in research one of which is purposive sampling, this method has been utilised for the purpose of research in the chosen paper. Purposive sampling involves the selection of individuals because they have characteristics which are relevant to the research and they have the knowledge to answer any questions that are asked (Houser, 2011). The chosen participants involved in the paper were individuals in rehabilitation and the nurses which treat them, 18 patients and 7 nurses were approached and interviewed, meaning that the sampling of this paper was purposive sampling (Turner et al, 2017).

Data Collection

Data collection refers to the collecting of data for a study, the steps of the collection are specific to the research topic. During the process of data collection, the researcher will recruit people into the study and collect data in a consistent way, the data collection process is described in the paper and is usually addressed in the method section (Grove, 2014). The paper clearly states the data collection process as a pilot trial in the method section of the paper. Pilot trails can be referred to as studies which are small scale and are done in preparation for the main study (Teijlingen, 2002). After their five months follow up patients were then interviewed face to face and further interviews took place over the phone. Interviews were the only form of data collection which took place during the trial (Turner et al, 2017). Interviews are defined as a meeting between

two or more people where questions are asked and answered (Gillham, 2004). There are three types of interviewing, they are semi structured which is when the interviewer attempts to gain information from another person by asking questions, in a semi structured interview the interviewer has a list of questions but it generally unfolds into a conversation which allows participants the chance to discuss what they feel is important (Clifford et al, 2016). Another form of interview is structured, these are generally controlled by the interviewer and have closed ended questions which are predetermined (Tappen, 2010). The third type of interview is un-structured which have broad open-ended questions with in depth answers, they are flexible and follow the lead of the participants answers (Tappen, 2010).

Ethical Considerations

Ethics is a set of principles which surround what is thought of as good or right and which identifies what is bad or wrong, to be ethical is good or right (Hammersley, 2012). Ethical research is something you do, it is the steps taken during research in order to be honest and truthful with regards to the people involved, it is important for moral reasons to act ethically whilst carrying out research as it could have consequences for the people involved. Following moral motives and principals will determine whether an issue is seen as ethical or not (Farrimond, 2013). For research to be of benefit and to minimise the risk of harm to the participants it must first gain ethical approval (UCL, 2019). There are key ethical principles to follow whilst research is being carried out, these include Informed consent, which is the participants right to make a decision concerning themselves (H.Leino-Kilpi et al, 2000). Confidentiality, meaning that the privacy of the participants is always kept (Wilson, 1978). Turner et al (2017) follows this principle as no one who was involved in the research is identifiable. The use of deception is another key principle in ethical research, it demands that participants enter voluntarily, and that no false information is given (Office, 2019). Another principle is that participants have the right to withdraw, if they participants have given consent then they also have the right to withdraw this consent at any time, some may give a date by which they can withdraw (ESRC, 2019). into the research program that for this report gained its ethical approval from NRES Committee South West – Exeter.

Data Analysis

Data surrounds us and allows us to discover information through an alternative means to intuition or common sense, which when acting alone these could not uncover. Data analysis is about assessing the findings and identifying areas

which need improvement (Bergin, 2018). Within the paper the data analysis and data collection were done simultaneously, interviews took place and were recorded and then transcribed, analysed, and attention was given to the views of patients and nurses regarding the feasibility of cardiac nurses providing psychological care. Two independent companies were used to read through the transcripts and identify themes to enable a coding framework to be established, similar codes were also used in order to assist with the triangulation of nurses and patients accounts of the pilot study (Turner et al, 2017). Triangulation is concerned with approaching an area of research from at least 2 different perspectives (Flick, 2018). Triangulation was achieved in the chosen paper as it was the account of nurses and patients who were involved in the study (Turner et al, 2017).

Results

This section of the paper should clearly introduce the findings from the research, it should be concise and clearly presented with charts, diagrams or in a narrative form (USC,2019). Identification numbers are used in this section to identify patients and nurses instead of names to maintain confidentiality. The results section of the chosen paper firstly identifies the topic in question, it then goes on to discuss in a narrative form, how the interviews went and the information that was gathered from them (Turner et al, 2017).

Discussion

The discussion section of the paper contains a version of the main findings, it is an opportunity for an evaluation of the findings, and it shows the studies strengths and how future problems can be over come (Watson et al, 2008). During the discussion of the chosen paper, the perspectives from the nurse and patient were looked at, and it clearly states thoughts and feelings from both. It evaluates how cardiac rehab is draining for the patients to go through, but it also suggests the psychological impact on nurses whilst doing this extra work could be mentally and emotionally demanding. The results also state the future of delivering this sort of care to cardiac rehab patients, arguing that the support should be in conjunction with the rehab programmes. It indicates the studies strengths and weaknesses, stating that with the study being small scale was limited in who could be approached and that certain groups were not included in the study, no one of ethnic minority was included (Turner et al, 2017).

Conclusion

This section concludes the paper, highlighting the findings and reinforcing the initial message of the research, there is no new information, only what has been

discussed in previous sections (Watson et al, 2007). The conclusion within the chosen paper, clearly outlines what has been discussed in previous sections. It highlights that both nurses and patients view the psychological care highly in the rehabilitation process, but there are time resource barriers so alternative approaches may need to be considered (Turner et al, 2017)

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The following essay looks at the similarities and differences between three of the main counselling theories, Humanistic theory, Cognitive behavioural theory and psychodynamic theory. An awareness and understanding of the theories have been shown, and the value and importance of each theory has been noted. The difference between professional counselling practice and counselling in a healthcare setting has been looked at and the importance of communication in the healthcare setting has been noted. The BACP has also been looked at and discussed drawing upon one of its main aspects in more detail to show an understanding and awareness of its importance.

The Psychodynamic theory, which was first developed by Ernst Von Brucke in 1874, is now mostly recognised from the work of one of his students, Sigmund Freud (John T. Cacioppo, 2010). Freud developed a collection of theories which have formed the basis of the psychodynamic approach to psychology, the theory is concerned with the patient's thoughts which are driven by the unconscious from the ID, Ego and Super Ego [McLeod 2019]. Cognitive Behavioural Theory was first developed in the 1960s by Dr Aaron T Beck who describes the theory as an active, directive, time limited, structured approach used to treat a variety of psychiatric disorders, it is important for the client and therapist to work together and the sessions are planned and structured (Graeme Whitfield, 2007). Humanistic approach, developed by Carl Rogers in the 1960s, is concerned with individuals having the ability within themselves to understand and adjust their concepts attitude and behaviour, so long as the right environment is provided (Rogers C. , 1980). Rogers suggest that the core conditions, congruence, empathy and unconditional positive regard are present for the individual to reach their goals (McMillan, 2004).

The above approaches, although having numerous differences between them, do offer some similarities one of which being the importance of a relationship. Each theory recognises the importance of a relationship, this is especially noted in the practice of person-centred theory or Humanistic theory. Developed by Carl Rogers, it recognises that open communication and the building of a therapeutic relationship is necessary for change to occur (Rogers C. R., 1961). It focuses on the client being in control of the counselling session and concluding for them-selves what they need to achieve to have the outcome they desire (Kirschenbaum, Carl Rogers's Life and Work: An Assessment on the 100th Anniversary of His Birth, 2004). In his book, Understanding the Counselling Relationship, Feltham [1999] suggests that the therapeutic relationship can refer to any relationship where some form of

therapy is occurring. A good relationship is also an important aspect of the therapy known as Cognitive Behavioural, although Evans-Jones et al [2009] suggests that a strong relationship can be difficult to establish when dealing with psychotic clients due to their past experiences using the example of clients holding delusional beliefs about their therapist, and therapists being unable to empathise with the client due to the unusual experiences they may have had, however, a therapeutic relationship is very important within cognitive behavioural therapy for psychosis. With relationships in mind and looking at the therapy known as Psychodynamic, Mcloughlin [1995] states that for the resolution of conflict and disturbance to be achieved, a therapeutic relationship within a defined setting is required. Relationships are seen as an important part of healthcare and establishing a positive and trusting therapeutic relationships with patients is recognised as a significant component of nursing practice and is important for effective care (Feo, Rasmussen, Wiechula, Conroy, & Kitson, 2017). Relationships are mentioned in the BACP, British Association for Counselling and Psychotherapy, a charitable organisation which exists to support registered Counsellors, also enabling the general public access to a wide range of recognised professional counsellors. It provides a robust framework, ensuring the profession follows and adheres to the high standards that protect people seeking therapy (BACP, about us, 2018). BACP [2018] describes one of its main aspects as being able to inform the public about the contribution counselling professionals make in meeting the needs of individuals who are physically impaired or with psychological health needs or disability. Taking this objective into consideration, a strategy was launched in 2016 stating what the BACP will be doing to achieve their main aspects. They mention promoting expertise, efficient use of resources and to encourage research and relationships to ensure that they can champion best practice in the counselling professions.

Whilst comparing the Cognitive Behavioural and Psychodynamic theories, one of the primary contrasts between them is the time spent in therapy. Cognitive behavioural is brief and focused on the present and the current situation (Mind, CBT Sessions, 2018), whereas psychodynamic therapy is over a longer period of time getting to the depths of why the behaviour or attitude is presenting itself (Counsil, 2018). This can be related to the counselling you may receive in a healthcare setting. Time spent in professional counselling practice and the counselling you may receive in the healthcare setting differ considerably, professional counselling is often planned with regular sessions

lasting anything from 50 minutes (BACP, What happens in therapy, 2018), whereas nurses may interact with a patient for a considerable portion of their admission to hospital. This interaction could be classified as using counselling skills (Armstrong, 2018)

The three theories have different approaches which is one of the main contrasts between them. Humanistic approach focuses on self-actualisation and our ability to grow psychologically if our environment enables us to (Kirschenbaum, Carl Rogers's Life and Work: An Assessment on the 100th Anniversary of His Birth, 2004). The main focus of Cognitive Behavioural Therapy is how thoughts and perceptions affect the way individuals feel and behave (NHS, Cognitive behavioural therapy (CBT), 2018), whereas the main focus of the Psychodynamic theory is an individual's unconscious thoughts, and how they affect their current behaviour (McLeod, Perspectives » Psychodynamic, 2018). When comparing these three theoretical approaches to counselling, humanistic and cognitive behavioural both deal with the conscious mind and both view the individual as being able to determine their own future, whereas in contrast to this, the psychodynamic approach is concerned with the individual's unconscious (Jane Bronwyn Holder, 2018). Psychodynamic, Cognitive behavioural therapy and Humanistic therapy additionally vary by what issues they generally suit, although the majority of these issues are generally varied, they also have similarities. Psychodynamic therapy is frequently used for difficulties identified with relationships, trauma, and more serious psychological disorders (NHS, PSYCHOANALYTIC / PSYCHODYNAMIC PSYCHOTHERAPY, 2018), Cognitive Behavioural is often used for issues such as weight management, mood disorders, anxiety and OCD, although it is also used for psychosis and schizophrenia (Mind, What CBT can treat, 2018) whilst Humanistic therapy is suited to low self-esteem, improving wellbeing and to someone feeling lost, but in addition to this it may also be of benefit to those suffering addiction, depression and schizophrenia (Limited, 2018).

One of the primary differentiations between the psychodynamic and the humanistic theory is that they contrast with respect to how the personality is made up. Psychodynamic theory mentions that the personality consists of three aspects, the ID or the biological aspect, the Ego or the decision-making aspect and the Super ego which incorporates values which are learned from our parents and society (McLeod, Perspectives » Psychodynamic, 2018). In contrast the Humanistic theory see the personality as human traits consisting of one main motive, to self-actualize, self-actualization is sought through

congruence and that the person's ideal self is congruent to how they behave (Nicholas, 2003).

In looking at the differences between the Psychodynamic Approach and Cognitive Behavioural approach, Cognitive Behavioural focuses on what is going on in the present situation (Mind, Cognitive Behavioural Therapy, 2018), whereas the Psychodynamic Approach allows the client to think and speak of the past and their childhood which helps to uncover the root of any problems they are currently facing (Counsil, 2018)

The theories of person centred and cognitive behavioural likewise contrast by who the session is driven by, person centred therapy enables the client to lead the session, enabling them to take control and to clarify the explanation behind attending the therapy session (McLeod, Person Centred Therapy, 2019), Cognitive behavioural therapy is a collaboration between the client and the therapist, working together to identify and challenge any behaviour causing difficulties (Mind, Cognitive Behavioural Therapy, 2018).

The above theories all have a significant value and importance to the contribution in counselling today. They provide a framework to enable counsellors to understand and interpret clients and provides direction to ensure counsellors are effective with the help they provide (LoFrisko, 2019). Although counselling theories differ, Henson [2014] suggests that counsellors often draw upon many theories in order to understand their client's situation and how best to assist them.

The last comparison is based around how change occurs through therapy. Person centred therapy states that change occurs through the core conditions of congruence, empathy and unconditional positive regard, and as long as they are in place, the client will reach their goal (Owen, 1999) In contrast to this the psychodynamic theory recognises that change occurs when the client recognises events from their past are significant to the behaviour and feelings they are having at present (Jacobs, 2012)

Counselling and communication skills are an important aspect of a healthcare setting, good communication is an important part in the delivery of nursing care, poor communication can prompt claims and decline in patients' health (Lubbers & Roy, 1990). Communication between patient and healthcare worker is also considered important, Rush and Cook [2006] looked at the views of patients, relatives and carers, they noted that communication and listening

skills were strongly valued, and that nursing education must educate students to develop this empathetic attitude (Percy M, 2018)

In conclusion, the above essay has shown a brief overview and understanding of Person-centred theory, Cognitive Behavioural theory and Psychodynamic theory. Each have been compared and several similarities and differences have been noted surrounding each one. It has been recognised that each theory can be used for a wide variety of issues, some more suited to the other but there are issues they can all be used for. Recognition of the fact that each theory has a different approach to counselling but, also recognised that counsellors sometimes draw upon each theory in order to suit their client. An importance has been put on the relationship between counsellor and client and how a therapeutic relationship is important for each theory to assist the client in the best possible way. The BACP was discussed and noted that they have a framework for the importance of the delivery of counselling in order to ensure the profession follows high standards to protect individuals seeking therapy.

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The following essay contains a reflective critique upon a recording of a counselling session. Communication and counselling skills have been identified and the humanistic theory of Carl Rogers has been referred to throughout. A reflection upon the value of the skills identified has been noted in relation to the nursing and healthcare environment.

Greason et al [2013] states that Rogers [1957] shaped counselling towards humanism, stating that change occurs when a relationship is formed. He also supports many characteristics contained within that relationship which Rogers considers necessary for change.

The counselling session begins with the counsellor welcoming the client by saying "Hello, good morning, very nice to meet you, my name is...". A short introduction before client and counsellor take their seats. Simple yet engaging, and a greeting related to the humanistic theory of Carl Rogers. It could be seen as the beginning of a therapeutic relationship. Kirschenbaum [1989] states that Rogers believed the most effective way to resolve any feelings directed towards the therapist was through the creation of a therapeutic relationship, one that complies with the conditions set in the client centred theory. The building of a therapeutic relationship is also necessary within the healthcare environment. Phillips et al [2015] explains that person centred care is currently used as a way of building a therapeutic relationship with the person, respecting any decisions they make and with good communication skills. This can be achieved through unconditional positive regard. Moon [2007] states that unconditional positive regard is related to attitude, and to be able to accept all communications, experiences and perceptions. Unconditional positive regard is shown throughout the session, the counsellor appears non-judgemental and accepting of the client as they are speaking of their problems allowing the client to discuss their concerns openly without fear or judgement or criticism. Erwin [1997] explains that Rogers claimed that therapeutic success is not determined through training or technological skill, rather through communication and the attitude the therapist has toward the client. Unconditional positive regard is also another good trait to have whilst working in the nursing and healthcare environment. It is a positive approach to the patient which allows them to discuss any concerns without the feeling of judgement or criticism. Bell and Ray [2014] suggests that in certain situations this could be more difficult than others. They speak of the difficulty in caring for patients with sexually transmitted illnesses in a non-judgemental way.

Evidence suggests nurses can struggle to care for these patients, and that better educational input is required in some cases.

Following the brief introduction, the question “how are you today?” is approached, an open-ended question which requires more than a simple yes or no answer. A question only the client can answer, allowing them to communicate and elaborate on their motive for attending the counselling session. Rogers [1961] claims that understanding of clients permits them to change. It allows the client to accept their fears and thoughts. Once understood, they find both them-selves and the feeling will change. The client begins to express how they are, revealing their reason for attending the session. The client appears relaxed and has no problem directing the session. Whilst the client is comfortable and speaking confidently about their concerns, the therapist nods, has an open posture and is making eye contact. Orientating them-selves in such a way that the client feels no intimidation and can relax in the counsellor’s company, conveying empathy. According to Clark [2010], within counselling empathy has developed into an important part of treatment and interventions. Empathy is a core condition and is important to the relationship between the therapist and client. Empathy plays its part in the nursing and healthcare environment. Rush and Cook [2006] looked at the views of patients, relatives and carers, they reported that skills such as communication and listening were strongly valued, and that nursing education must aid students to develop this empathetic attitude (Percy & Richardson, 2018).

Carl Rogers identifies in the humanistic theory the core condition of congruence, meaning the therapist is genuine and real. An important condition as it helps build a relationship between the therapist and client. In his book, *A Way of being*, Rogers [1980] describes how he has learnt that realness, genuineness or congruence is a necessary basis for communication (Rogers, 1980). For example, during the therapy session, the therapist appears to show congruence, openly allowing the client to discuss their motivation for attending; appearing to associate with the concerns. Within nursing and healthcare environment such an attribute would be considered valuable when associating with patients and their needs. Papastavrou et al [2011] states the importance of this but it can be difficult to achieve. Despite the word care being the focus of clinical practice, interpretations have led to opposing views. During the session the counsellor responds well to the client’s problems, the session concludes with the client feeling more at ease with their current

situation, which is the desired outcome in the humanistic counselling session. Kirschenbalm [2004] states that the theory is for the client to understand their problems and the outcome they require, and the function of the therapist is to create the environment where this is possible to achieve.

The above essay contains a reflective critique upon a counselling session between two students. The communication and counselling skills of the therapist was looked at in relevance to the humanistic theory of Carl Rogers. It has also been noted that the conditions can be related to the nursing and healthcare environment. Additionally, it was seen that it can be difficult to care for some in a non-judgemental way. But in general, it seems that being able to approach healthcare with these conditions in mind is of great benefit.

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Abstract

Management is an important part of any organisation and its success relies on management competencies to focus employee's attention to reach the organisations goals. Leadership is also important as it motivates and inspires individuals to aim for the organisation's objectives. It is suggested that management and leadership each have their own roles in running organisations each as important as each other and is vital to its smooth running. Motivation and morale are much needed in the NHS but recently it has been low because of staff shortages, staff feeling undervalued, lack of resources and the rate of pay. There are many theories surrounding motivation, Adair and his motivation theory, Maslow and his hierarchy of needs, Herzberg and the hygiene and motivation needs, and McGregor with theory X and Y. Even though there are problems in the NHS surrounding motivation and morale there are suggestions put forward that could improve the situation such as thanking each other at the end of a shift, managers involving staff in decision making and taking the time to better understand certain areas of work and staff, and maybe looking at individuals childcare needs so staff can work without concern for their children.

Introduction

Contained within the following assignment an overview of management and leadership will be looked at regarding the running of an organisation. What makes a good manager have been looked at and the qualities that is necessary for the role. Motivation and morale have been researched and related to the NHS and why it is lacking from staff and patients. Theorist have been included and what they believe motivation consists of has been noted and related to the problems faced in the NHS. To conclude several recommendations have been made as to how the problem may be resolved for the future of the NHS.

Main Body

Management is an important part of any business or organisation, business is usually made up of numerous people, all working together to reach a common goal. The success of any business relies on the competence of management and the strategies used to focus the attention of employees towards a common goal, and to achieve the organisations objectives. to achieve the Business success relies on the competence of the management as they direct business towards the main objectives, management keeps the businesses

focus on the consumers and their needs and good communication is essential (Bates et al, 2005). In contrast to management, Leadership is about motivation and inspiration, it is about recognising the skills in others and enhancing them (Gallos, 2008). Gallos (2008) suggests that Leadership and management each have their own function in a business or organisation, both are necessary for the business success but neither can work efficiently if one is weaker than the other. Andrew (2018) suggests that there are seven main attributes which make a great leader suggesting that vision, courage, integrity, humility and focus along with the ability to strategically plan are good qualities for a leader to hold. While managers should too hold these qualities there are others that they hold which differ to leaders. In his book “ Essence of a manager” Pillai (2011) suggests that there are nine attributes to a good manager these being, the ability to exercise power, judgement, communication, understanding networks, strong character, courage, motivation, integrity and class (Pillai, 2011). Having a good leader or manager is vital to the smooth running of any business or organisation, the effects of having leaders and managers who are not competent would be detrimental to the company’s progress. One form of poor management is not recognising employees efforts, staff may feel undervalued, and if efforts are not recognised then this leads to low morale and lack of motivation to do the job they are employed to do (Lavoie, 2019). Creating a negative environment is another way in which managers may perform badly, employees may suffer from stress or anxiety because of this and may not perform well in a given task (Lavoie,2019).

Management and leadership is how businesses and organisations are run, the NHS is an organisation which has been providing the population with a variety of services since the 1940s, it has grown from strength to strength providing services such as Emergency care, GPs, Pharmacies, Dentists Mental Health Services and many others (NHS, 2019). The care one receives is based on your needs and the healthcare is provided to all UK citizens (advice, 2019). The NHS has a structure consisting of many core organisations, these organisations contribute to the efficient running of the NHS, these organisations are The Secretary of State for Health and Social Care, The Department of Health and Social care, NHS England, Clinical Commission Groups, Health and Wellbeing Boards, Public Health England, Van guards, Regulation – Safeguarding peoples interests (NHS,2019). It is a hierarchical structure which has its advantages and disadvantages, the advantages are that it provides stability and organisation, as well as offering career and personal development opportunities

(Diefenbach, 2013). However, this kind of structure can have its disadvantages, those being that there are many channels of communication, authority and decision making which could make clear communication difficult, which could then lead to miscommunication (Lewis, 2002). Whilst looking at the structure it is important to note the impact it has in relation to the management of the NHS. Peate (2019) suggests that it needs to be less of a hierarchical structure and more about the impact individuals have, stating that empowerment is needed on every level of the organisation.

Empowerment could come from motivation; motivation is the force which influences your behaviour, it comes from within oneself and from the environment. It is about the effort an individual is willing to put into the task being completed. There are different kinds of motivation, intrinsic motivation which is directly associated with the individuals drive to achieve, and extrinsic motivation which is motivation from the environment one works and the rewards one may gain (Marquis, 2009). The most popular theory which is related to motivation is Maslow and his hierarchy of needs, Maslow suggests that motivation is the result of an attempt to meet one's basic needs which are physiological, safety, social, esteem and self-actualization (Marquis, 2009). Motivation can be defined as a psychological force which determines a person's effort behaviour and persistence. Motivation is an important part of the work environment; it has positives to some employees but may not be necessary for others. Some employees crave praise and power, and others want to be left alone to do the work they were employed to do without the need of further motivation or approval so employers must go on an individual basis (Lauby, 2005).

Finlayson (2002) suggested in an article with the Kings Fund, that morale and motivation within the NHS is at a low point, stating that morale and motivation are in this state because of staffing levels, whether staff feel valued in their work environment, the satisfaction they get from employee job role, the resources available to individuals and the rate of pay. Good morale and motivation also have a positive effect on patient care. A better understanding of the factors that affect motivation and morale in the NHS are needed so they can be addressed, it is not just about staff it's about improving patients' lives. If staff levels rise, investment is made in education, and staff are involved in decision making, then these will positively effect patients care (Finlayson, 2002).

It is evident from the literature shown above that management and leadership is a valuable resource needed in any organisation including the NHS with communication, motivation and morale being a necessity. There is a lack of morale and motivation in the NHS as suggested and there are several motivational theories to suggest that morale and motivation is key to the success of any organisation and how best to approach it. Adair (1998) suggests that there are many ways to motivate people, these include being motivating oneself, stating that if you are not fully committed to the task then how does one expect others to do the same. Set realistic targets, if the targets are attainable individuals will aim to reach them. Providing fair rewards for individuals or groups accomplishments and by giving recognition for those who have reached targets (Adair, 1998). Adair (1998) also suggests that providing fair rewards is not an easy process, does the whole team get rewarded or just the individual, it could go against motivation if done in an incorrect manner. In contrast to Adair, Lauby (2005) states that Hertzberg provides a motivation theory that suggests individuals have two sets of needs, motivation needs and hygiene needs. Hygiene needs refers to extrinsic motivation and behaviours performed to acquire rewards or to avoid punishment, these needs are met by providing comfortable work environments, job security, good relationships and effective supervision. Motivation needs refers to the work employees undertake and how challenging it can be. Hertzberg suggests that if the hygiene needs are not met, then employees will not be satisfied. Motivation needs also need to be met, it refers to the work employees undertake and how challenging it can be, it relies on how interesting the work is, responsibility, growth and a sense of accomplishment to satisfy the needs of employees and that the source of motivation is actually performing the work (Lauby, 2005). To further contrast Adair and his motivation theory, McGregor provides us with his theory X and theory Y, both theories are based on the idea that management believes that they have the responsibility to organise resources and people in the working environment for the benefit of the organisation (Lauby, 2005). Theory X relies on the concept that people generally do not want to work, and management must work against this to ensure productivity. Even though Theory X contrasts with Adair's theory, it does also believe in rewarding employees for their efforts. Theory Y assumes that employees will self-direct and have self-control in achieving the organisations goals and objectives and it is managements main target to maximise those efforts (Hindle, 2012).

From looking at the theories and the motivational problems that the NHS are currently facing there are several recommendations that could be put forward in order to attempt to rectify the problem. Colleagues thanking each other for their efforts in the days work, the higher managers could invest some of their time, to try and understand all areas of the organisation and to better understand the individuals which work there. Another way could be that managers try to involve employees in decision making where ever this may be possible, there are many ways to improve the service this can also include supporting childcare needs so staff can work without concerns for childcare (Finlayson, 2002).

Conclusion

In conclusion it has been noted that management and leadership are important in the smooth running of an organisation such as the NHS. They each have certain attributes and the success of the organisation relies on these as they are necessary for the running of an organisation and for the morale and motivation of staff. There is a motivation problem within the NHS, which was addressed, and motivation theories, such as Maslow, Adair and McGregor were looked at and it suggested that they each have different ideas as to how motivation in the work place could be achieved. Recommendations were made to resolve the issue for the future.

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