In this article...

- Research on wellbeing in healthcare
- What managers and clinical leaders can do to support staff
- Different resources to help manage stress

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In the first of a two-part series on health and wellbeing, this article looks at how nurses can focus on their own health and wellbeing, and signposts resources to help them find coping strategies to prevent stress. Although many of the reference documents concerning health and wellbeing relate to the NHS themes from them, lessons learnt and suggested recommendations are relevant to anyone working in health and social care organisations.

Nursing is known for being a stressful occupation. In 2006, Ball and Pike reported that nurses’ level of psychological wellbeing had fallen during the five years between the two Royal College of Nursing employment surveys in 2000 and 2005 (Ball and Pike, 2005; 2000).

In 2008, the Health and Safety Executive (HSE) identified self-reported work-related stress within the profession. That same year, the Department of Health commissioned The NHS Workforce Health and Wellbeing Review (Van Stolk et al, 2009). Its aim was to gather evidence, develop an evidence base for potential action to improve the health and wellbeing of staff, and make practical recommendations.

The review highlighted a group of NHS staff who were subject to regular absenteeism or presenteeism (going to work despite being ill). Of those surveyed 10% said they had taken more than six days off due to illness in the previous three months. Interestingly, 20% had attended when not capable of working. Staff applied personal pressure on themselves to return to work earlier than they should; this was because of team loyalty rather than feeling pressured by colleagues or managers.

This review helped to inform the Boorman (2009) report. The interim report findings demonstrated “there is a strong business case for investing in staff health and wellbeing”. The business case suggested reducing sickness absence rates would result in an additional 3.4 million working days, giving a cost saving of £555m.

The Boorman report recommended all leaders and managers should be able to recognise the links between staff health and wellbeing and organisational performance, and act appropriately. It also highlighted concerns about reported levels of stress. Some of the management practices that contributed to this included:

- Bullying and harassment of staff;
- Culture of long working hours that staff found difficult to challenge. This included the pressure they put on themselves to work long hours;
- An apparent lack of support and interest by management in staff concerns about their own health and wellbeing.

What managers and leaders can do

The DH’s Wellbeing Delivery Group has developed five high-impact actions that it believes will help embed staff health and wellbeing (tinyurl.com/five-key-actions):

- Ensure health and wellbeing initiatives are backed with strong leadership and visible support at board level. Producing an annual report of the organisation’s wellbeing will help to communicate commitment and progress;
- Develop and implement an evidence-based staff health and wellbeing improvement plan to meet your organisation’s needs. This should be prepared and agreed in partnership between management, staff and unions with progress monitored regularly;
- Build the capacity and capability of management at all levels to improve the health and wellbeing of staff. This will include recognising and managing presenteeism, conducting return-to-work interviews and supporting staff with long-term conditions;
- Engage staff at all levels with improving their own health through education, encouragement and support;
- Use an NHS occupational health service

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that offers a targeted, proactive and accredited support system for staff and organisations.

**What you can do to manage stress**
The following resources may help you to cope with stress and look after your own mental health and wellbeing.

**Conflict resolution**
Conflict resolution is one of the many online courses for nurses available from Nursing Times. The unit helps you to resolve conflicts using active listening, cooperation, boundary setting and other techniques. It teaches about the main elements of the NHS Security Management Service national syllabus for conflict resolution, common causes of conflict, how to recognise conflict warning signs and to understand the different communication models and methods of dealing with actual or potential conflict. For details, go to www.nursingtimes.net/learning

**Time management**
Time management is a frequently used phrase, but it is actually how we manage ourselves and prioritise what is important. The RCN Learning Zone resource “Time and Stress Management” suggests individuals consider the subject of “time thieves.” These are issues, people, situations, events and chores that “steal away your time”.

The RCN Learning Zone is for members only at tinyurl.com/RCN-learning-zone

**Mental health**
The students Against Depression website has a wide appeal. High stress levels can lead to depression, anxiety and anger and often a mixture of all three emotions. The website looks at different interpretations of depression, and also how low mood, depression, anxiety and anger can result in habits of behaviour that feed off each other.

The website advises individuals to avoid “all-or-nothing” strategies to tackling depression and suggests they plan small steps at first as often even the small changes can set off a chain effect that can make a big difference:

- **Situation**
  - You’ve had a bad day, feel fed up, so go out shopping. As you walk down the road, someone you know walks by and, apparently, ignores you
- **Thoughts**
  - They ignored me – they don’t like me
- **Emotional feelings**
  - Low, sad and rejected
- **Physical**
  - Stomach cramps, low energy
- **Action**
  - Go home and avoid them

This vicious circle can make you feel worse or even create new situations that make you feel worse. You can start to believe unrealistic (and unpleasant) things about yourself. This happens because, when we are distressed, we are more likely to jump to conclusions and interpret things in extreme and unhelpful ways.

Cognitive behavioural therapy (CBT) can help to break this vicious circle of altered thinking, feelings and behaviour. When you see the parts of the sequence clearly, you can change them – and the way you feel. CBT aims to get you to a point where you can work out your own ways of tackling these problems.

Source: www.rcpsych.ac.uk/info

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**TABLE 1. HOW THOUGHTS IMPACT ON ACTIONS**

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