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Caring through stress, anxiety and change

Robin McRoberts

1 Introduction

Figure 1 Encounters with health and social care – whether on the providing or receiving end – can often bring with them change, anxiety and stress

Stress and change are both naturally occurring things in life. Whether you're sitting exams, starting a new job, moving house, receiving a diagnosis or losing a loved one, the ebb and flow of daily living brings a variety of change, sometimes extremely challenging change. Change is also inherent in health and social care, and this has an impact on us all in one way or another. We are all users of health and social care services – either for ourselves or our dependents – and stress and anxiety are not uncommon when it comes to lengthy waiting times, appointment delays, changes in care providers or developments in a medical condition or care needs. For those working in the sector, the potential stress of caring for vulnerable people in ever-changing environments is undoubtable. It is, therefore, important to acknowledge that a range of anxieties can arise in any caring encounter, which must be understood and accommodated, to avoid stress building up and reaching breaking point.

This reading explores what a caring approach to leadership and management can offer to address those anxieties and minimise the amount of stress that affects people across health and social care, especially during times of change. Whether it is practitioners working with service users, family, friends and informal carers or leaders and managers caring for their employees, you will look at the role of leadership and management in responding to personal and organisational stress.

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2 The nature of stress

Figure 2 Stress manifests at the individual level but can have multiple external causes

Stress is a state of mental, physical or emotional strain resulting from the adverse or demanding circumstances people may find themselves in. Stress impairs an individual's concentration and motivation levels and can have a draining effect (Blanchflower, 2014). Sometimes people may try to rise above their stress, to be 'stoical', to deny that it is happening or perhaps convince themselves that they are good at coping with stress. As Van der Kolk (2015) cautions, though, the body keeps the score. Stress damages health and wellbeing when it goes on for too long and becomes chronic (Thomas, 2018) leading, ultimately, to the point of burnout or serious illness, including increased risk of cardiovascular disease, a shorter lifespan, depression and compromised social skills (Folkerson, 2018).

Life stress

Stress often initially occurs in our lives as the result of some significant change – perhaps due to a loss, a traumatic event or a radical change in circumstances. Alternatively, it may be the result of accumulated challenges over time and the consequence of external circumstances beyond individual control (see Table 1). As individuals, we can cope with some changes and difficulties and 'bounce back'; others become more complex, enduring and challenging.

Table 1 Potential causes of personal, life stress

Life stressor	Examples
Loss and bereavement	Death of parent, spouse, child, sibling, friend or pet; miscarriage or fertility struggles.
Caring responsibilities	Looking after an older or sick relative or a dependent child with additional care needs.
Traumatic events	On-off or ongoing events, including sexual, physical or emotional abuse or experiencing crime, discrimination or a serious accident.

Financial pressures	Debt, poverty, paying the bills, lack of savings, cost of a one-off event such as a wedding
Relationship issues	Separation, divorce, blended families, parenting, family conflict.
Substance abuse/addiction	Alcohol, prescription/illicit drugs, smoking.
Chronic diseases/conditions	Multiple sclerosis, chronic fatigue syndrome, cancer, chronic obstructive pulmonary disease, asthma, mental ill health, chronic fatigue and pain.
Service user experiences	Waiting times, cancelled appointments, inaccurate diagnosis, interactions with practitioners.
Employment status	Unemployment, redundancy, zero-hour contracts, bullying or harassment in the workplace.
Unresolved emotional/psychological problems	Anger, guilt, resentment, phobias, trauma.

You may have experienced one or more of the above life stressors. Can you identify what helped you to cope and what exacerbated your stress?

One-off stressors may be easier to endure and overcome. However, many people struggle to cope with several stressors simultaneously. For example, it is not uncommon for people to feel stressed about money. A recent survey in the UK suggested the average household debt was around £15,400 (*Trades Union Congress*, 2019). The Money Charity (2020), in March 2020, found that 12.8 million households in the UK have either no savings or less than £1500 saved, and the average credit card debt per household is £2595. Sometimes, on top of existing financial pressures, a person finds they have to give up work due to illness. Perhaps their partner then also has to stop working in order to become a full-time carer, or their child becomes one of the estimated 700,000 young carers across the UK (Young Minds, 2020). Stress may then be intensified across the household, as well as across generations.

No better example can be provided than the COVID-19 pandemic, which began in early 2020, causing enormous anxiety for so many across the world. If there was already stress in someone's life, the sudden and unprecedented changes associated with the pandemic would undoubtedly have added to that.

Work-based stress

Stress doesn't only eventuate from people's personal lives; it can also be driven by workplace factors. Today more than ever, anxiety is prominent in the workplace (Cheng and McCarthy, 2018). Workplace stress is on the rise, as confirmed by a major global employee survey covering nearly 50 countries (Korn Ferry, 2020). Within the health and social care sector, speaking as a director of the largest NHS Trust, Amaechi (2019) confirmed that stress is commonplace among staff. Meanwhile,

93 per cent of social care workers surveyed reported that stressful workloads contributed to a deterioration in mental health (Randstad, 2019). In total, according to Investors in People (2020), 15 million days are lost each year in the UK due to work-related stress and this is the leading cause of sickness absence, costing the economy £70 billion per annum (Kinman, 2017).

The Chartered Institute of Personnel and Development surveyed 1078 HR professionals (CIPD, 2019, p. 35) and found the top causes of workplace stress were:

1. workloads/volume of work
2. management style
3. relationships at work
4. non-work factors – relationships/family
5. considerable organisational change/restructuring
6. pressure to meet targets and/or deadlines.

The consequences of stress in the workplace include diminished performance, increased absenteeism and rapid staff turnover (Blanchflower, 2014). It is interesting to note that 43 per cent of those surveyed cited 'poor management style' as the second most common cause of stress in their organisation. The role of the manager is clearly critical in creating a caring workplace where employee wellbeing is valued. Although leaders and managers may not want their employees to get burned out, they also feel the need to inspire higher productivity and performance (Wigert and Agrawal, 2018). As a result, one of the factors that may inhibit organisations from focusing too much on employee stress is the concern that this may 'mollycoddle' them to the extent that productivity decreases and people remain in their comfort zones. It is, therefore, a balancing act from the perspective of the employer.

Management style continues to be one of the main causes of work-related stress. Have you ever had a boss whose way of working you found very difficult? What impact did this have on you?

The interrelationship between life stress and work-based stress

Of course, non-work situations can also cause stress in the workplace and vice versa. If someone is struggling in their personal life, it will be extremely problematic for them to be able to focus on their job role (Stirzaker, 2018). Similarly, if an individual is feeling under significant pressure and stress in the workplace, it is difficult to switch off from this at home. As Miller (2016) asserts, if you're experiencing challenges in your personal life, they don't disappear when you walk through the door to work. Ragins *et al*. (2014) refer to this as 'home-to-work spillover'. Examples of negative spillover include being irritable, cynical, distracted or unenthusiastic at work because of problems at home.

Although home-related stress that impacts on the workplace can be difficult to identify, since employees may not wish to share the details of it, ultimately stress is stress, regardless of where it comes from, and the workplace is often the place it manifests with greatest impact. Caring relationships at work can help to mitigate this impact. Leaders and managers therefore need to recognise the interaction of work and home problems (Health and Safety Executive Northern

Ireland, 2020) and need to see their staff's mental wellbeing as a core part of their responsibility (Stirzaker, 2018).

As illustrated in Figure 3 stress is, therefore, interactive and iterative, regardless of its source. Furthermore, it will impact on the different roles that people play because stress knows no boundaries, and the cumulative impact on the individual is the same, regardless of where they happen to be or what role they hold.
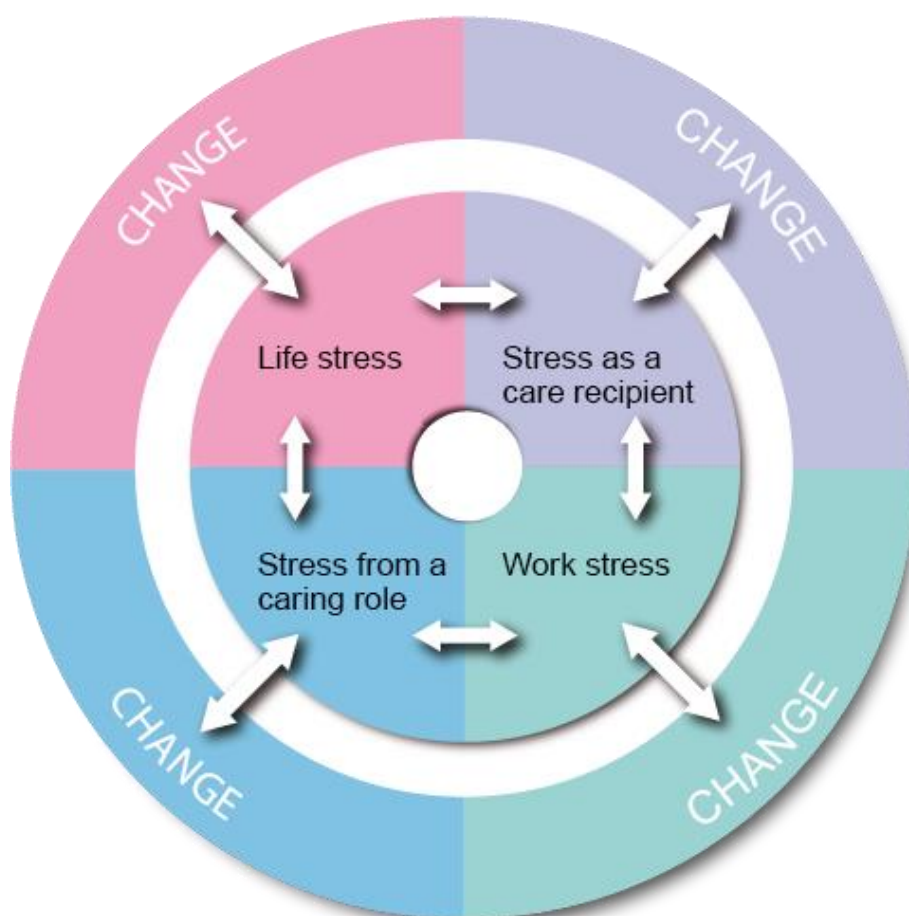

Figure 3 The interactive, cumulative nature of stress

Is stress always a bad thing?

According to the American Psychological Association (2013), stress can have a negative or a positive effect or, as Cheng and McCarthy (2018) put it, stress can have a dark side or a bright side. In the 1970s the endocrinologist Hans Selye (1974) coined the term 'eustress', meaning positive stress that can enable someone to be appropriately challenged in order to focus and succeed. This type of healthy stress can be a motivating force, causing people to strive to do better, reach further and work harder (Baffour, 2017). Sometimes a small amount of anxiety or stress can help to enhance

performance, just like it does for an athlete on the starting blocks or an actor about to take to the stage. Students, too, may find that feeling a degree of stress or anxiety as they go in to sit an exam may enable them to be focused, recall information and excel. However, if too much stress is experienced, then concentration and memory can be adversely affected and panic can set in. The link between stress levels and performance is known as the Yerkes–Dodson law and is shown in Figure 4.
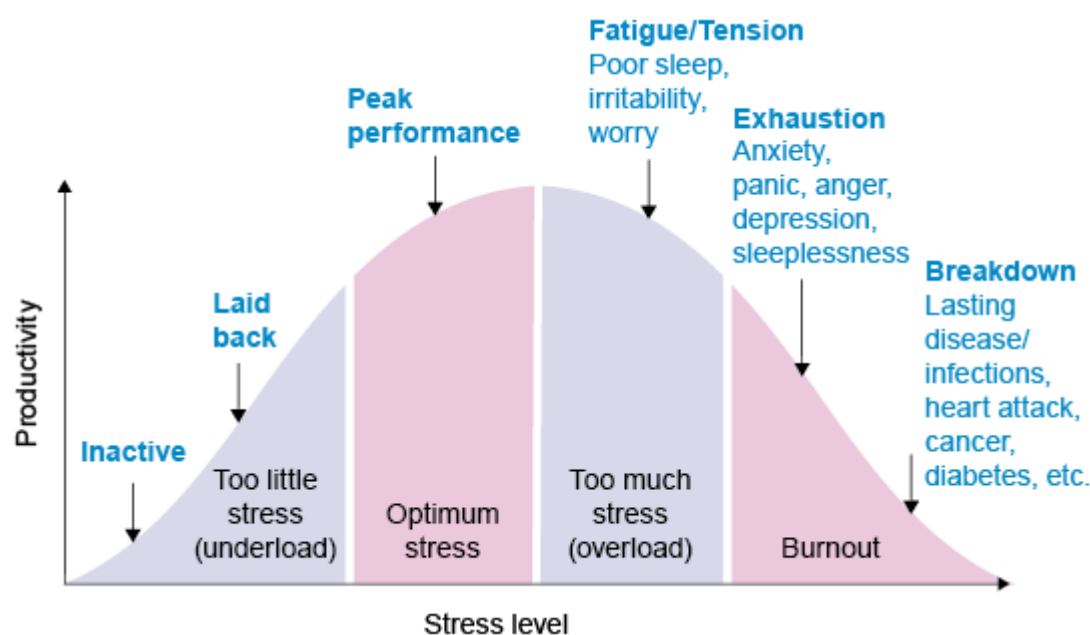
Figure 4 Yerkes–Dodson stress curve (adapted from Wrike, no date)

Peak performance occurs when there is a healthy level of stress that enables people to remain focused and motivated and, ultimately, to achieve (Corbett, 2015). Conversely, too much stress drives people into anxiety overload, sickness, exhaustion and poor performance. This is when stress turns to *dis*tress.

Prolonged, relentless exposure to others' distress has become known as 'compassion fatigue' (Figley, 2002). This is a state of emotional exhaustion or burnout where the person's own wellbeing and ability to function are compromised. Compassion fatigue can worsen significantly in the absence of appropriate caring support and can be particularly problematic in some health and social care jobs, such as social work, crisis intervention, or intensive or palliative care, as well as in informal care roles (Cavanagh *et al.*, 2019).

This is why exploring anxiety and stress, and how leadership and management in health and social care might support people through it, is so important. This is particularly true when considering the most ubiquitous and constant of all stresses in health and social care – change. When employees face impending organisational change, their anxiety levels can increase because they are fearful

about what it may mean for them; individual stress can then filter through to teams and even whole organisations (Blanchflower, 2014). One thing which is almost certain within health and social care is that change is more or less constant.

3 The nature of change

Figure 5 Which way next?

> People will be feeling fearful, guilty, lonely, disoriented. You're no different – you depend on your colleagues as they depend upon you, so now's the time for humility, compassion and revealing just a little more of that vulnerable human-ness that you've been conditioned to hide away because of your job title … remember that leadership and change are things we experience together, not exert on one another.
>
> (James, 2020)

As a society, we are constantly facing change. Numerous breakthrough inventions and fundamental social shifts over the years have led to radical changes in the way society operates. For example:

- the steam engine
- industrialisation
- antibiotics
- the printing press
- electric lighting
- women's suffrage
- civil rights movements.

Although these changes subsequently led to positive social, cultural or economic development, at the time they were associated with considerable anxiety and stress for many of those living through the change.

Paradoxically perhaps, even unquestionably destructive large-scale change can eventually lead to a positive outcome as well, as a result of society's attempts to adjust and adapt. For example, the British welfare state was born out of the devastation of the Second World War. More recently, by the end of 2019, poor air quality was threatening environmental sustainability and killing 4.6 million people annually. Yet in the first few months of 2020, as countries around the world went into lockdown in response to the COVID-19 global pandemic, pollution levels fell by nearly one-third, suggesting something positive was emerging even from such a catastrophic and destructive global change, if only temporarily (Muhammad, Long and Salman, 2020). Time will tell how lasting this particular change might be.

From the changes imposed on everyone as a result of the COVID-19 pandemic, Phil James, CEO of the Institute of Leadership and Management, suggested this was a time for leaders and managers to acknowledge that things will never return to a previous 'normal', and that we must all learn from this change experience. Uniquely, everyone across the world was affected by this particular change. The SARS-CoV-2 virus, which causes COVID-19, has claimed many lives, caused widespread anxiety and stress due to fear and uncertainty and caused radical changes in terms of how people lead their lives. Livelihoods were lost, economies shattered and relationships suffered, while depression, loneliness, isolation and abandonment increased, and children's education was compromised. Notions of social distancing and safe working practices radically altered people's personal and working lives. However, perhaps the most radical and disruptive of all changes were faced by those on the front line providing health and social care services, as well as the managers and leaders supporting them in their efforts.

The COVID-19 pandemic brought about many changes. As you reflect on your experiences of the impact of the pandemic, what new stresses emerged for you? Did any positive experiences come out of these radical changes?

Change in health and social care

The changes resulting from the COVID-19 pandemic undoubtedly had some of the greatest impact on those working in health and social care services. From staff having to move into the residential care homes where they work to minimise infection to front-line nurses and medics wearing full personal protective equipment in daily interactions with patients, the experience of providing and managing care changed almost overnight. Medical staff across the UK were issued new guidelines on shift patterns, rotas and working hours (see, for example, BMA Scotland, 2020), while routine social care inspections were suspended (Turner, Blackwell and Carter, 2020). Growing concerns emerged that new legislation rushed through under the Coronavirus Act 2020 significantly watered down the crucial care obligations set out in the Care Act 2014 (North, 2020). Informal carers were also affected and some volunteers were suddenly prevented from carrying out their normal roles due to their own underlying health conditions or the vulnerability of those they cared for (Social Care Wales, 2020). Every household with someone identified as 'at risk' suddenly had to adjust the way their home was managed on a day-to-day basis, including putting in place shielding measures, arranging deliveries of food and medicines, and frequent hand-washing.

Figure 6 In the Spring of 2020, rainbow hearts appeared on roads across the UK to thank NHS staff and carers during the COVID-19 pandemic. This one appeared overnight by the local hospital in a town in North West England.

Many of the measures put in place during the first few months of 2020 were reactive: attempts to adjust quickly to an unforeseen challenge. Meanwhile, in wider everyday life, the pandemic instilled a sense of urgency and collective responsibility, which meant the public began to manage their own response – setting up neighbourhood support networks, delivering food for vulnerable neighbours and participating in a weekly 'clap for carers'. Much change occurs like that; it cannot always be anticipated, and we are left responding as best we can. However, there has since been concern that this was indeed a challenge that should have been anticipated and could have been planned for. A planning simulation – Exercise Cygnus – carried out in October 2016 had revealed gaping holes in Britain's Emergency Preparedness, Resilience and Response plan, but the government failed to listen to the concerns raised, leaving health and social care organisations and public health agencies unprepared (Nuki, 2020). With hindsight, it might be suggested that the potential of such a change occurring should have been acknowledged and prepared for sooner.

Even before the pandemic, however, health and social care services across the UK had been subject to almost constant change initiatives, frequently resulting from a change in government and

subsequent policy adjustments. Since such changes are often initiated from the top level, with a trickle-down effect, employees may feel, at best, mystified and, at worst, fearful about what the change will bring, particularly if they don't understand the process (Raza, Khan and Mujtaba, 2018). Organisational change can, therefore, be a significant source of stress for employees as it leads to role changes, shifting job expectations, transformed working relationships and even challenges for career development (Griffin *et al.*, 2010).

Demographic developments – such as an ageing population, increased prevalence of chronic comorbidity and growing health inequalities – also act as a change imperative for services to adapt (Lumbers, 2018). Additionally, the pace of new pharmaceutical treatments, technological innovation and constant policy developments means that transformational changes impact heavily on the health and social care workforce, often leading to change fatigue (Camilleri, Cope and Murray, 2019). Changes may be planned, such as a relocation or service merger, or sudden, as in the case of the COVID-19 pandemic. But no matter how big or small, change requires careful management (Raza, Khan and Mujtaba, 2018) by leaders who understand the emotions and stress which may emerge during a change process (Aslam *et al.*, 2018).

According to research (Stensaker and Meyer, 2012; Tang and Gao, 2012; Raza, Khan and Mujtaba, 2018), the main emotional and psychological reactions to change among employees are:

- stress/anxiety
- fear
- uncertainty
- disbelief
- frustration
- anger.

Have you ever been in a situation where you have felt anxious and uncomfortable about a change that was coming, particularly when you were unsure how it might affect you? What were your thoughts and feelings? Did these turn out to be justified?

The long-term impact of the sudden changes imposed on health and social care services by COVID-19 is, at the time of writing, unknown, but the remarkable response of so many individuals and communities will undoubtedly provide future scholars and managers with much material from which to design new models, frameworks and theories about change. For now, the rest of this chapter will look at existing approaches to change within health and social care and reflect on the importance of caring leadership and management within them.

4 Approaching change

> The only thing that is constant is change.
>
> (Heraclitus, 540–480 BC, quoted in Tarim, 2014)

Change is inevitable in health and social care organisations, but when it happens, leadership often underestimates the impact those changes have on employees and the experiences of those receiving their care. If they damage their relationship with employees, ratchet up stress levels and create a climate of negativity and cynicism, managers can undermine the very change they're trying to pursue, with a detrimental impact on the service provided (Ballard, 2017). The approach taken by leaders and managers can directly influence how successful the outcome will be.

Figure 7 illustrates the dynamics involved in managing stress and change. The top half shows how managing with a caring approach can lead to successful change and maintain staff wellbeing. The bottom half depicts the consequences of managing in an uncaring manner, which is likely to undermine chances of successful change. A caring approach is closely related to transformational leadership and the concept of a health-promoting style of leadership (Turgut et al., 2020). By contrast, an uncaring approach is characterised by autocratic leadership and management, where decisions tend to be made over the heads of people, communication is ineffectual and relationships are weak. A caring approach provides a culture and safe space where people can engage with change processes, leading to successful change outcomes, enhanced wellbeing and stress reduction. Conversely, an uncaring approach stymies successful change, leads to a range of unfavourable reactions and increases stress levels.

Of course, these two approaches represent polar opposites and, in reality, leadership and management styles and organisational cultures may fall at any point on a continuum between the two, thereby resulting in varying levels of change success. To help support the likelihood of a successful outcome, a manager attempting to lead with a caring approach may like to make use of appropriate change models to aid the process.
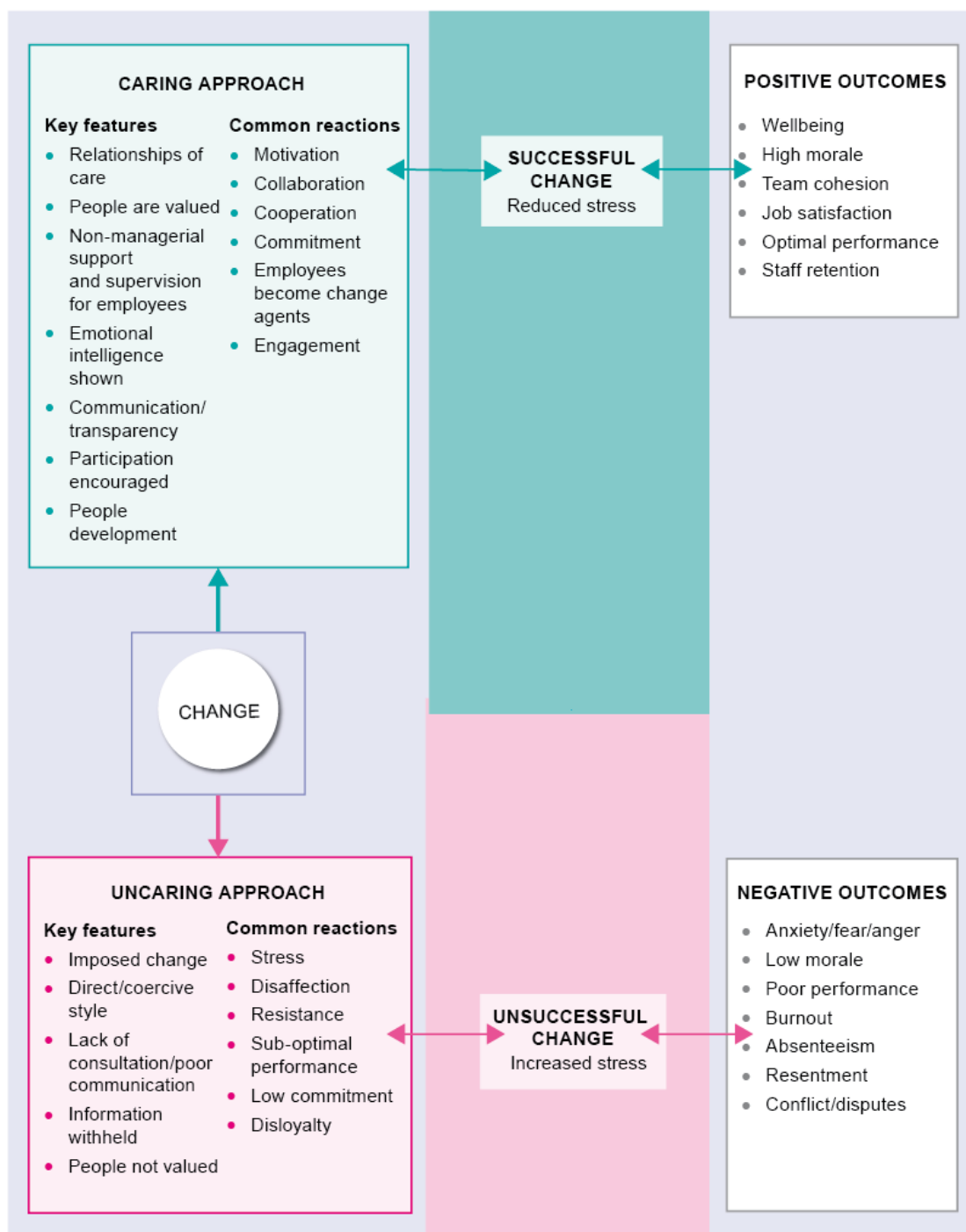
Figure 7 Dynamics involved in managing stress and change

Change models

Change models provide frameworks that can be used to help facilitate effective change. There are many models available, some focused on organisational change and others on individual change. Each comes with its own benefits and limitations (Lumbers, 2018), and three are explored below.

The ADKAR model of change, first developed by Jeff Hiatt in 1996 (Creasey, 2020), presents five essential elements which need to be in place for successful change to occur (Figure 8). This model highlights the importance of mobilising awareness and the desire among employees to encourage participation and buy-in, as well as stressing the importance of ensuring staff have the knowledge and ability to participate meaningfully in implementing the change successfully. Based on galvanising desire for change and generating a shared sense of empowerment, this model focuses a manager's mind on developing contextual and team awareness, in particular, to ensure change is implemented successfully.

Figure 8 The ADKAR change model (adapted from Prosci, no date)

Another widely used framework is John Kotter's eight-stage model of change, which outlines a series of sequential steps to be taken (Kotter, 2012; see Figure 9). This model takes a more directive and managed approach to change. It also incorporates the notion of providing short-term wins, based on the idea that

success with a 'quick win' will motivate people and spur them on. It seems that goal awareness is particularly central to this change model, including a desire to ensure personal awareness is focused on the necessity of this goal.
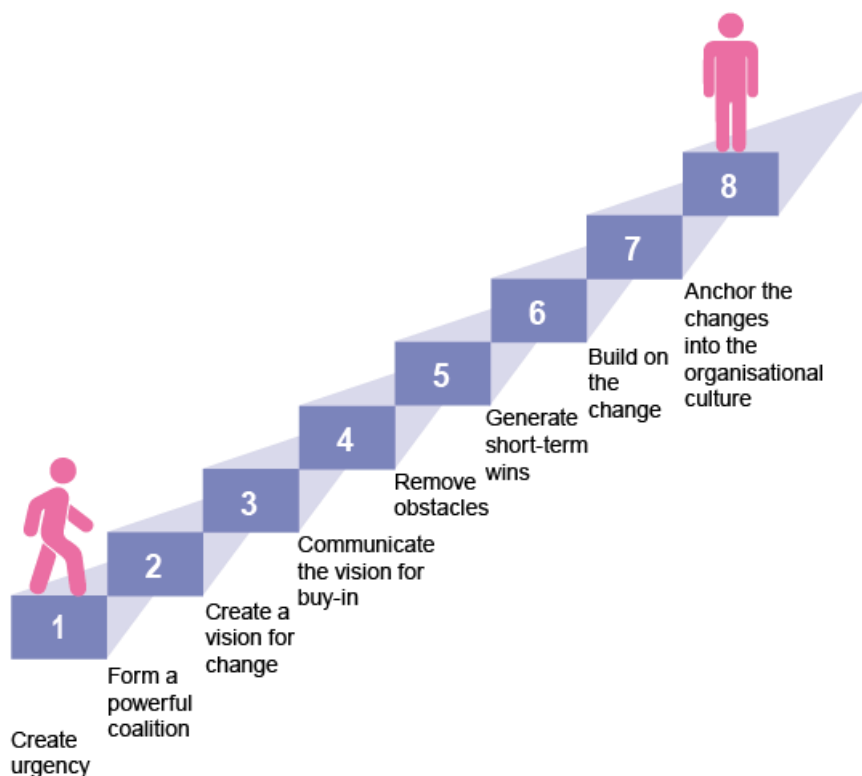
Figure 9 Eight-stage change model

While both ADKAR and Kotter's eight-stage model focus on an end point where the change, whatever it may be, has been achieved, others, such as Prochaska and DiClemente's stages of change model, acknowledge that the process of change is cyclical and unfolds over time (Prochaska, Redding and Evers, 2002). This model is widely used in helping to understand and support individual health and lifestyle changes across a variety of contexts, including psychotherapy and social work (Singer, 2009). This model has in-built flexibility, in terms of acknowledging that an individual may enter at different stages and might go round the cycle more than once if the change is not fully embedded. The idea being that even if a change has been adopted and acted upon, there may not inevitably follow a clear end-point destination. The reality is often that a relapse occurs, and the cycle continues (Figure 10).
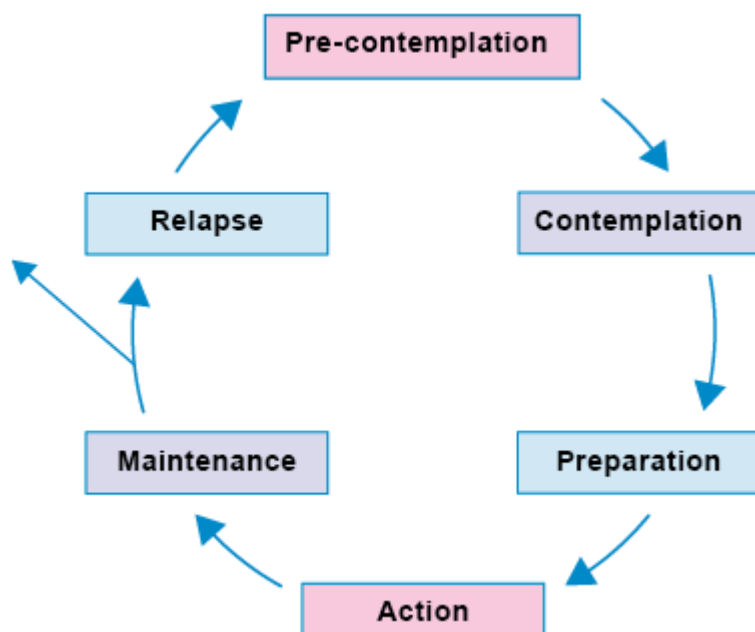
Figure 10 Prochaska and DiClemente's stages of change model

Similar to ADKAR and Kotter's model, the stages of change model acknowledges that before change can occur, people need to be emotionally and psychologically ready and must build in ways of consolidating desired changes. What it offers, in addition, is the acknowledgement that change isn't necessarily a one-off end state. Change is an iterative process and the idea of a cycle, rather than clear steps to an end point, embodies that.

Of course, change cannot always be anticipated and planned for; it can sometimes just emerge, perhaps unexpectedly, and it then becomes more a case of quickly adapting to change as it unfolds. What these models offer, nonetheless, is a framework for thinking about some of the key points, processes or requirements you might want to be aware of as a change takes place, in order to help support yourself and others through it. While change processes are particularly relevant in an organisational context, change models can also be helpful in everyday life. When contemplating personal life changes or experiencing transitions caused by illness or caring for others, these models can support you in reflecting on the potential steps involved, what obstacles you may face and how you can support yourself through the process.

What do you feel is the most difficult thing about making changes in your life? Can you think of a situation where one of these models might be useful?

5 Leading change and managing stress

Experiencing change can be challenging in any situation, especially when it involves potentially vulnerable individuals. Within the health and social care workforce, therefore, it is incredibly important to handle change, and those affected by it, with care. This includes the carers and people who use services, who will also seek empathic communication and caring support when facing any change. Change management is complex, however, and when not handled effectively, various detrimental effects can ensue, such as organisational cynicism, stress, staff turnover, weak commitment, poor job satisfaction and resistance (Aslam et al., 2018). This section explores two different approaches to change, rooted in the approaches outlined in Figure 7: first, an uncaring approach; second, a caring approach.

Imposed change

Organisational culture is an important determinant of employee health (Skarholt et al., 2015), and management has a responsibility to ensure that workplace stress levels do not adversely impact employees. This becomes particularly crucial at times of change, as some approaches to leadership and management are more likely to cause stress and anxiety.

Autocratic management with a lack of consultation and dialogue tends to have a negative influence on employee wellbeing. A workplace study carried out by Span (2019) found that 62 per cent of employees are more likely to consider leaving their job when they are managed by someone who can't maintain a constructive dialogue. Yet, surprisingly, as many as 45 per cent of managers ignore or reject ideas and feedback from members of their team rather than seeking to listen or understand. When change is imposed without consultation or warning under this sort of management approach, resistance and high levels of stress can occur, putting the whole organisation at risk (Lumbers, 2018).

A lack of consultation and constructive dialogue can lead to increased stress, resentment and disaffection among staff and often results in unsuccessful change outcomes. As many as 70 per cent of organisational change projects are doomed to fail (Alsher, 2018), despite widespread awareness of some of the common causes (Barr and Dowding, 2012, pp. 253–254). These include:

- inappropriate timescales
- unclear aims
- inadequate resources
- ignoring knock-on effects
- contamination in trying to change too many things at once
- hijacking – where someone who may wish to settle an old score tries to sabotage the new project
- incorrect diagnosis – limited analysis or a knee-jerk reaction to solving the problem
- lack of ownership.
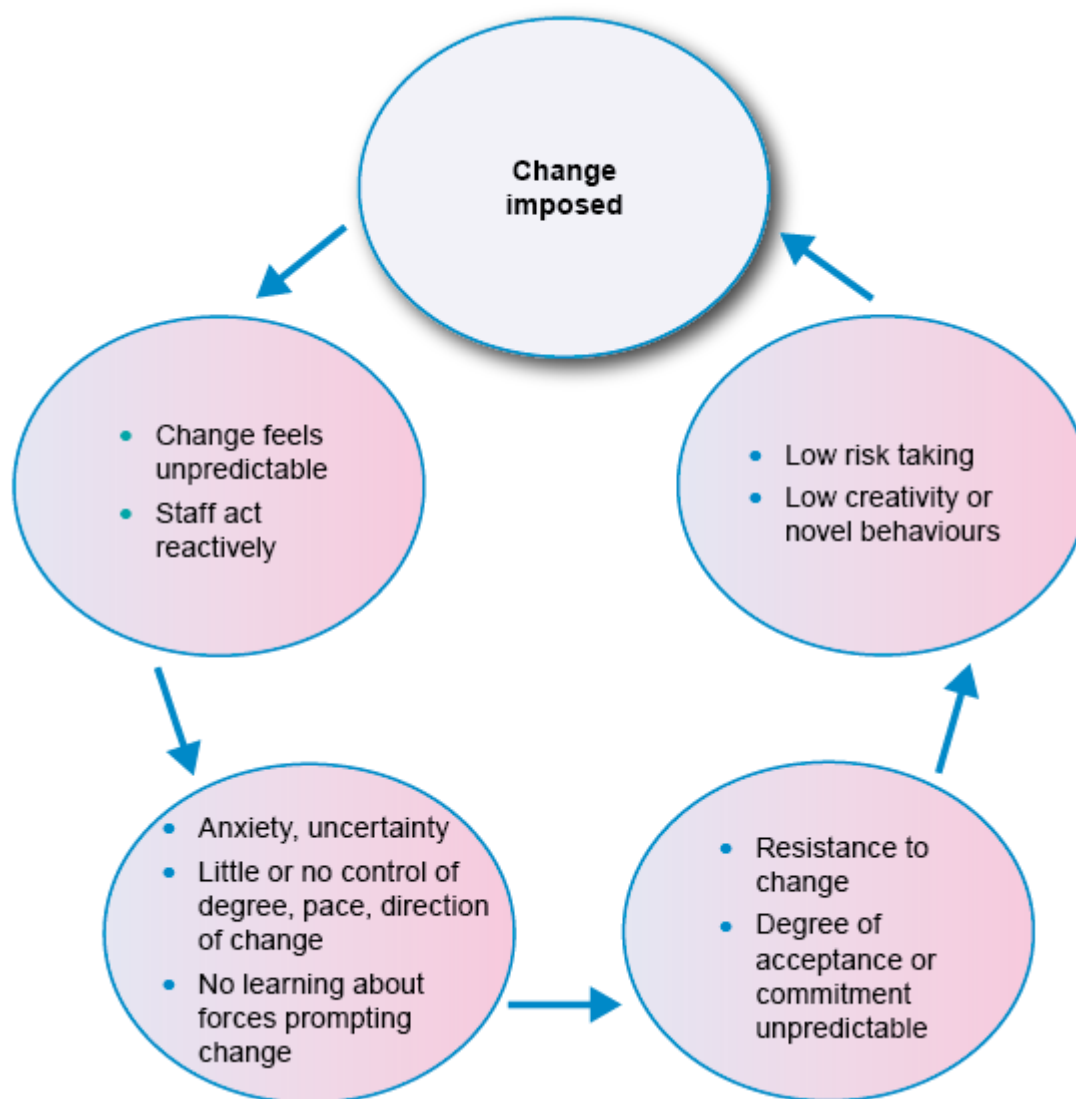
Figure 11 Effects of imposed change (adapted from Barr and Dowding, 2012, p. 254)

Have you ever been in a situation, either in work or your personal life, where you believed that a change was being imposed upon you? How did this feel? How did you handle the situation? What might you have done differently in retrospect?

Perhaps unsurprisingly, resistance to change can be strong with imposed change. According to Harvey and Broyles (2010), resistance operates at any one of three levels, as shown in Figure 12. At the most basic level, people can resist change due to a lack of information – they don't have enough facts to enable them to understand and engage with the change process. Without this knowledge reassurance, defensiveness can understandably escalate. Resistance of this nature can usually be diffused by communicating explanatory information, perhaps using a change model approach such as ADKAR. At the second level, resistance may stem from worries about the personal implications of the change; people

may be concerned that there will be a knock-on effect on their role, status, future prospects or security. Managing this level of resistance is more challenging, but effective dialogue/communication is the key. The third level of resistance is where someone actually resists the individual initiating the change, regardless of its merits. Whether conscious or unconscious, the obstructiveness is founded on resentment or antipathy towards the individual. This is where building ongoing relationships, rapport and trust are paramount.
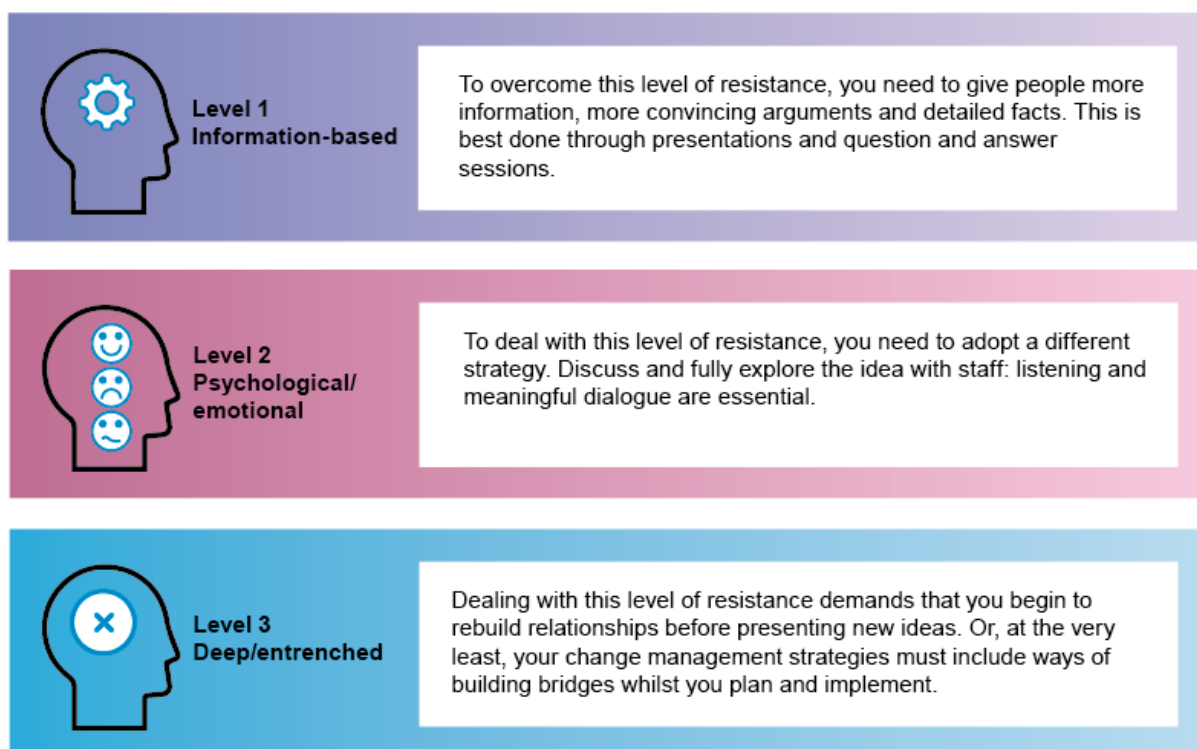
Figure 12 Resistance to change (Harvey and Broyles, 2010)

Planned change

The extent to which organisational change is experienced as stressful by employees is often determined by the way people are treated during the change process (Tavakol, 2010). The degree to which relationships are valued and staff are supported and given time will have an important effect on how they behave (Lewis, Donaldson-Feilder and Godfree, 2017). If employees are taken seriously and respected, they will flourish and their energy will be oriented toward success of change plans (Tavakol, 2010). Nurturing a collaborative climate, including increased participation in the process when organisations are planning change, sustains employee wellbeing (Guidetti et al., 2018). The same applies to informal relationships of care, where stress at times of change can be alleviated or exacerbated depending on how that change is managed.

Someone managing with a caring approach is more likely to take a planned approach to change. This will provide opportunities to create collaboration and buy-in before the change, resulting in less resistance, higher commitment and less overall anxiety (Barr and Dowding, 2012). When change is carefully planned

with transparency and consultation, rather than imposed autocratically, the positive impact on those involved can be substantial (see Figure 13).
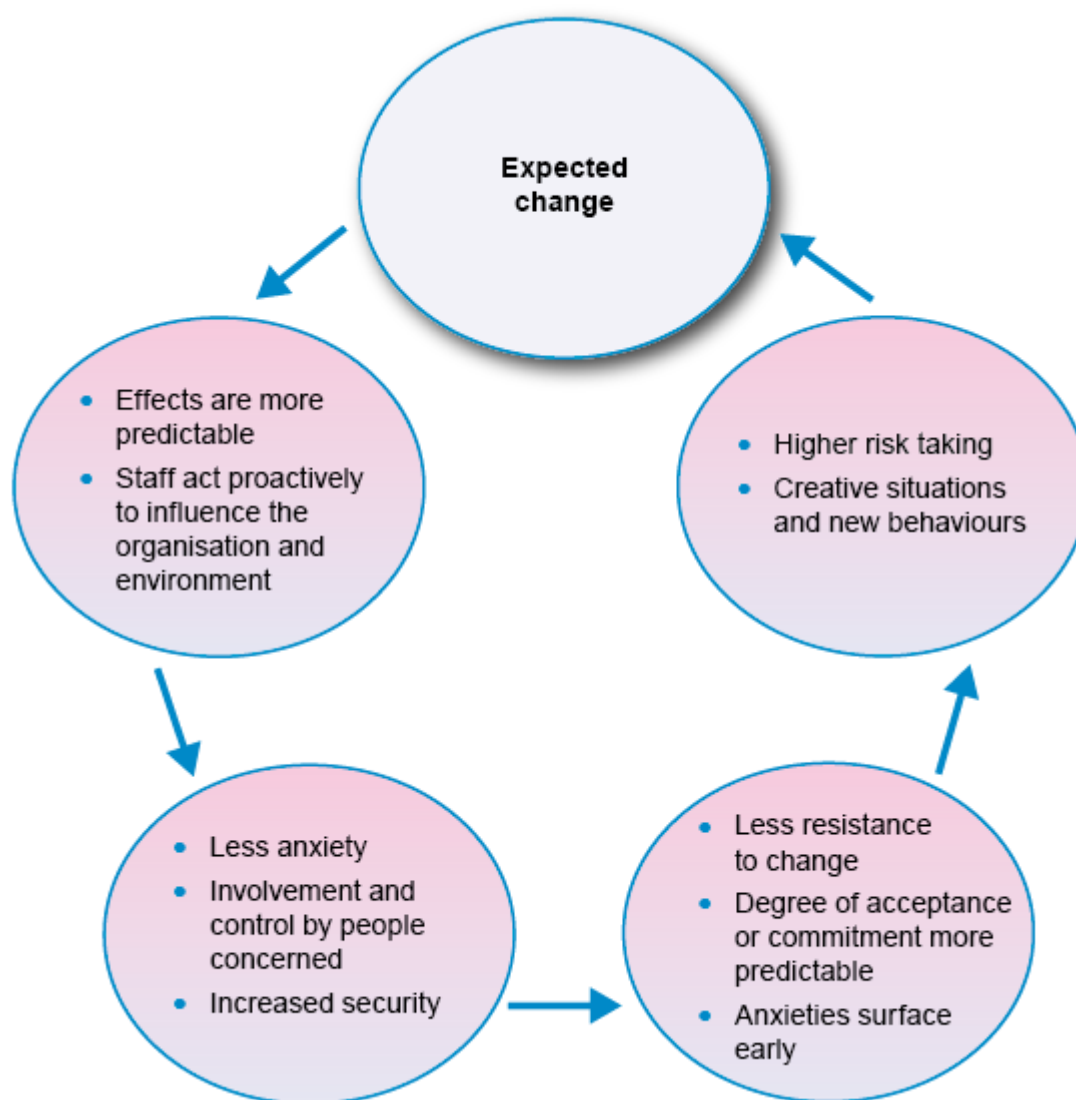
Figure 13 Positive effects of planned change (adapted from Barr and Dowding, 2012, p. 255)

Rather than trying to implement change through authority and control, in contemporary leadership transformational change is achieved through negotiations and social interactions with employees (CIPD, 2020). The same is true when approaching informal caring relationships, which will derive more benefit from consultations with professionals where there is understanding, dialogue and participation in decision-making from service users (Chichirez and Purcărea, 2018).

Beyond the formal sphere of leadership and management, clear parallels with these elements can be drawn for people in their everyday lives. Informal carers or people who receive services can also benefit

from understanding the idea of a caring approach and draw on similar interpersonal and planning skills. For instance, effective communication in relationships, giving and receiving support, being emotionally aware, learning from mistakes and being honest and trustworthy are all prerequisites to achieving life goals, maintaining stress at its lowest possible level and managing personal change.

Table 2 Key elements in managing change and minimising stress

Element	Research studies	Positive outcomes
Relational leadership and support. This is based on the idea that leadership is a process of social influence and the role is to use interpersonal communication and skills to bring people together.	Day, Crown and Ivany (2017); Akerjordet, Furunes and Haver (2018)	Employees feel valued, inspired and motivated. There is a sense of connectedness with management and the organisation.
Non-managerial supervision and debriefing. This differs from supervisory management in that it provides support and facilitates supervisees to explore and articulate all aspects of their work, including vulnerabilities and stressors.	Dehlin and Lundh (2018); Cavanagh et al. (2019)	Compassion fatigue is minimised, as practitioners in challenging roles are able to process the toxic impact of the work and have their competence validated.
Emotional intelligence, which refers to leaders' ability to recognise and manage their own emotions and those of employees, leading to greater understanding and team togetherness.	Jain and Duggal (2018)	People feel that their feelings are being acknowledged and respected.
Employee Assistance Programmes, which provide confidential counselling-type support for employees. This is based on the notion that employee productivity and performance issues are linked to the resolution of the personal concerns of individual employees.	Joseph, Walker and Fuller-Tyszkiewicz (2018)	Stress is reduced regardless of where it originates, even in home life. Burnout is mitigated/eradicated.
Ensuring the change is planned	Barr and Dowding (2012)	Employees don't receive unwelcome surprises because they are involved in the

		planning of the change from the outset.
Participation in decision making	Eriksson (2011); Furunes, Kaltveit and Akerjordet (2018)	People fully understand the need for change, feel that their voice is heard and that they are co-constructors of the change.
Climate of learning from mistakes and failure. Organisations can be characterised by employee apprehension of a blame culture or they can be learning organisations where errors are seen as opportunities to improve.	Nytrø et al. (2000)	Creativity and innovation flourish in the absence of a blame culture. Full potential can be realised.
Effective communication and freedom of expression	Blanchflower (2014); Yuan et al. (2019)	People understand what is happening and why it is happening. Thoughts and feelings can be openly articulated rather than repressed.
Transparency, openness, honesty and trust	Turgut et al. (2020)	People feel respected, safe and secure that there are no hidden agendas.
Shared identification with organisational goals and values	Van Dick, Ciampa and Liang (2018)	Employees feel a strong affinity, identification and commitment to organisational culture, vision, values and goals.
Clarity of roles and expectations	Furunes, Kaltveit and Akerjorde (2018)	People are clear about what they do and how their contribution fits within the planned changes.

6 Conclusion

This reading set out to focus on a caring approach to leadership and management through stress and change. Change occurs routinely within organisations and within people's personal lives, as does stress. Invariably each of these singularities is interconnected. Change in the workplace can cause stress at work and have a knock-on effect at home. Change in one's life can be stressful, for instance as a carer or service user, and this can spill over into other relationships. Because of these linkages, it is incumbent

upon leaders and managers, service providers, friends and family to take account of people's stress, regardless of where it originates.

At times of change, stress can increase, therefore a caring approach can make a positive difference. Key elements such as participation, communication, congruence, respect and empathic understanding make it more likely for successful change outcomes to be secured, and stress reduced. Conversely, the antecedents of unsuccessful change lie in autocratic, non-empathetic behaviours where people may feel that decisions and change are being imposed, without communication or engagement, leading to increased stress and potential resistance. This illustrates the central importance of support and why leaders and managers need to handle any change in the workplace in a caring way, communicating effectively with employees, and supporting them through it (McCarron, Eade and Delmage, 2017; O'Connor, Muller Neff and Pitman, 2018).

Key points

Anxiety and stress are naturally occurring aspects of daily life and can seep from one situation (for example work) to another (home life).

A small amount of anxiety or stress can be viewed as a positive force for enhanced performance when it operates at a manageable level. Too much stress, however, can overload us and, in its most acute or chronic form, may cause burnout and significant negative psychological and physical effects.

Change is also a constant in life, and while it often brings welcome transformations it too can be stressful, whether in our personal lives or at work.

When change occurs in caring contexts – whether formal or informal – managers, leaders and carers have to adapt in often challenging circumstances.

Adopting a caring approach through transitions helps to ensure change is successful and stress is reduced. Conversely, uncaring responses mean that change is likely to be unsuccessful and stress increased.

Change models and frameworks provide useful structures through which a change process can be understood and negotiated. But we are constantly learning and even such models will change and adapt over time, in response to enhanced insight and learning, as we are forced to adapt to new changes and emerging challenges.

Sudden and imposed change can be particularly disturbing, increasing stress and anxiety and undermining people's ability to adapt, if not managed in a caring manner.

It can be easier to support individuals, teams and organisations through planned change, but it still relies on a caring approach to leadership and management.

References

Akerjordet, K., Furunes, T. and Haver, A. (2018) 'Health-promoting leadership – an integrative review and future research agenda', *Journal of Advanced Nursing*, 74(7), pp. 1505–1516.

Alsher, P. (2018) 'The truth behind why 70% of organizational change projects are still failing', *IMA's Implementing Organizational Changes at Speed Blog*. Available at: https://www.imaworldwide.com/blog/the-truth-behind-why-70-of-organizational-change-projects-are-still-failing (Accessed: 9 March 2020).

Amaechi, J. (2019) 'Stress – can't live with it, so what should we do about it?', *BPS Blogs*, 23 April. Available at: https://www.bps.org.uk/blogs/john-amaechi-obe/stress-cant-live-it-so-what-should-we-do-about-it (Accessed: 30 April 2020).

American Psychological Association (2013) *How stress affects your health*. Available at: https://www.apa.org/topics/stress-health (Accessed: 26 April 2020).

Aslam, U., Mugadas, F., Imran, M.K. and Saboor, A. (2018) 'Emerging organisational parameters and their roles in implementation of organisational change', *Journal of Organizational Change Management*, 31(5), pp. 1084–1104.

Baffour, F. (2017) 'Stress – the good, the bad and the ugly', *BPS Blogs*, 18 December. Available at: https://www.bps.org.uk/blogs/dr-funke-baffour/stress-good-bad-and-ugly (Accessed: 30 April 2020).

Ballard, D.W. (2017) *Change at work linked to employee stress, distrust and intent to quit, new survey finds* [Press release]. Available at: https://www.apa.org/news/press/releases/2017/05/employee-stress (Accessed: 28 April 2020).

Barr, J. and Dowding, L. (2012) *Leadership in healthcare*. London: Sage.

Blanchflower, D. (2014) 'The impact of stress in the workplace', *Management Services*, 58(2), pp. 37–39.

BMA Scotland (2020) *COVID-19: managing junior doctor rota changes in Scotland*. Available at: https://www.bma.org.uk/advice-and-support/covid-19/rota-changes/covid-19-managing-junior-doctor-rota-changes-in-scotland (Accessed: 9 June 2020).

Camilleri, J., Cope, V. and Murray, M. (2019) 'Change fatigue: the frontline nursing experience of large-scale organisational change and the influence of teamwork', *Journal of Nursing Management*, 27(3), pp. 655–660.

Cavanagh, N., Cockett, G., Heinrich, C., Doig, L., Fiest, K., Guichon, J.R., Page, S., Mitchell, I. and Doid, C.J. (2019) 'Compassion fatigue in healthcare providers: a systematic review and meta-analysis', *Nursing Ethics*, 27(3), pp. 639–665.

Cheng, B.H. and McCarthy, J.M. (2018) 'Understanding the dark and bright sides of anxiety: a theory of workplace anxiety', *Journal of Applied Psychology*, 103(5), pp. 537–560.

Chichirez, C.M. and Purcărea, V.L. (2018) 'Interpersonal communication in healthcare', *Journal of Medical Life*, 11(2), pp. 119–122.

Chartered Institute of Personnel and Development (CIPD) (2019) *Health and well-being at work*. Available at: https://www.cipd.co.uk/Images/health-and-well-being-at-work-2019.v1_tcm18-55881.pdf (Accessed: 9 September 2020).

Chartered Institute of Personnel and Development (CIPD) (2020) *Change management*. Available at: https://www.cipd.co.uk/knowledge/strategy/change/management-factsheet#8088 (Accessed: 18 April 2020).

Corbett, M. (2015) 'From law to folklore – work stress and the Yerkes-Dodson law', *Journal of Managerial Psychology*, 30(6), pp. 741–752.

Creasey (2020) 'ADKAR – core to the people side of change', *Prosci Blog*. Available at: https://blog.prosci.com/ADKAR-CORE-TO-THE-PEOPLE-SIDE-OF-CHANGE (Accessed: 8 April 2020).

Day, A., Crown, S.N. and Ivany, M. (2017) 'Organisational change and employee burnout: the moderating effects of support and job control', *Safety Science*, 100, pp. 4–12.

Dehlin, M. and Lundh, L-G. (2018) 'Compassion fatigue and compassion satisfaction among psychologists: can supervision and a reflective stance be of help?', *Journal for Person-Oriented Research*, 4(2), pp. 95–107.

Eriksson, A. (2011) *Health-promoting leadership: a study of the concept and critical conditions for implementation and evaluation*. PhD thesis. Nordic School of Public Health. Available at: https://www.diva-portal.org/smash/get/diva2:786453/FULLTEXT01.pdf (Accessed: 28 September 2020).

Figley, C. (ed.) (2002) *Treating compassion fatigue*. New York: Brunner-Routledge.

Folkerson, J. (2018) 'How to harness positive stress in the workplace', *Training Journal*. Available at: https://www.trainingjournal.com/articles/features/how-harness-positive-stress-workplace (Accessed: 8 April 2020).

Furunes, T., Kaltveit, A. and Akerjordet, K. (2018) 'Health-promoting leadership: a qualitative study from experienced nurses' perspective', *Journal of Clinical Nursing*, 27(23–24), pp. 4290–4301.

Griffin, M.L., Hogan, N.L., Lambert, E.G., Tucker-Gail, K.A. and Baker, D.N. (2010) 'Job involvement, job stress, job satisfaction, and organizational commitment and the burnout of correctional staff', *Criminal Justice and Behavior*, 37(2), pp. 239–255.

Guidetti, G., Converso, D., Loera, B. and Viotti, S. (2018) 'Concerns about change and employee wellbeing – the moderating role of social support', *Journal of Workplace Learning*, 30(3), pp. 216–228.

Harvey, T.R. and Broyles, E.A. (2010) *Resistance to change*. Plymouth: Rowman and Littlefield.

Health and Safety Executive Northern Ireland (2020) 'Stress and mental health at work and home – good practice', *HSENI*. Available at: https://www.hseni.gov.uk/articles/stress-and-mental-health-work-and-home-good-practice (Accessed: 26 April 2020).

Investors in People (2020) #makeworkbetter. Available at: https://www.investorsinpeople.com (Accessed: 18 April 2020).

Jain, P. and Duggal, T. (2018) 'Transformational leadership, organizational commitment, emotional intelligence and job autonomy', *Management Research Review*, 41(9), pp. 1033–1046.

James, P. (2020) 'What Covid-19 says about management and change', *The Institute of Leadership and Management*. Available at: https://www.institutelm.com/resourceLibrary/what-covid-19-says-about-management-and-change.html (Accessed: 9 June 2020).

Joseph, B., Walker, A. and Fuller-Tyszkiewicz, M. (2018) 'Evaluating the effectiveness of employee assistance programmes: a systematic review', *European Journal of Work and Organizational Psychology*, 27(1), pp. 1–15.

Kinman, G. (2017) 'Working together towards change in workplace culture', *The Psychologist*. Available at: https://thepsychologist.bps.org.uk/working-together-towards-change-workplace-culture (Accessed: 30 April 2020).

Korn Ferry Institute (2020*) The case for motivation – what's sapping it, what will bring it back*. Available at: https://www.kornferry.com/content/dam/kornferry/docs/article-migration/IntrinsicMotivation.Summer2018.pdf (Accessed: 28 September 2020).

Kotter, J.P. (2012) *Leading Change*. 1R edn. Boston, MA: Harvard Business Review Press.

Lewis, R., Donaldson-Feilder, E. and Godfree, K. (2017) *Developing managers to manage sustainable employee engagement, health and well-being*. Available at: https://www.cipd.co.uk/Images/developing-managers-to-manage-sustainable-employee-engagement-health-and-well-being_2017_tcm18-18364.pdf (Accessed: 26 April 2020).

Lumbers, M. (2018) 'Approaches to leadership and managing change in the NHS', *British Journal of Nursing*, 27(10), pp. 554–558.

McCarron, R.H., Eade, J. and Delmage, E. (2017) 'The experience of clinical supervision for nurses and healthcare assistants in a secure adolescent service: affecting service improvement', *Journal of Psychiatric and Mental Health Nursing*, 25(3), pp. 145–156. doi: 10.1111/jpm.12447.

Miller, J. (2016) 'Tackling the top 3 causes of stress at work', *CIPD Blogs*, 2 November. Available at: https://www.cipd.co.uk/Community/blogs/b/jill_miller/posts/tackling-the-top-3-causes-of-stress-at-work (Accessed: 28 April 2020).

The Money Charity (2020) *The money statistics March 2020*. Available at: https://themoneycharity.org.uk/money-statistics/march-2020/ (Accessed: 30 April 2020).

Muhammad, S., Long, X., and Salman, M. (2020) 'COVID-19 pandemic and environmental pollution: a blessing in disguise?', *Science of the Total Environment*, 728, pp. 1–5.

North, M. (2020) 'Social care burdens in the Coronavirus Act 2020', *The Law Society Gazette*. Available at: https://www.lawgazette.co.uk/practice-points/social-care-burdens-in-the-coronavirus-act-2020/5104471.article (Accessed: 9 June 2020).

Nuki, P. (2020) 'Exercise Cygnus uncovered: the pandemic warnings buried by the government', *The Telegraph*, 28 March. Available at: https://www.telegraph.co.uk/news/2020/03/28/exercise-cygnus-uncovered-pandemic-warnings-buried-government/ (Accessed: 9 June 2020).

Nytrø, K., Saksvik, P.Ø., Mikkelsen, A., Bohle, P. and Quinlan, M. (2000) 'An appraisal of key factors in the implementation of occupational stress interventions', *Work and Stress*, 14(3), pp. 213–225.

O'Connor, K., Muller Neff, D. and Pitman, S. (2018) 'Burnout in mental health professionals: a systematic review and meta-analysis of prevalence and determinants', *European Psychiatry*, 53, pp. 74–99.

Prochaska, J.O., Redding, C.A. and Evers, K. (2002) 'The transtheoretical model and stages of change', in Glanz, K., Rimer, B.K. and Lewis, F.M. (eds) *Health Behaviour and Health Education: Theory, Research, and Practice*. 3rd edn. San Francisco, CA: Jossey-Bass.

Prosci (no date) *What is the ADKAR model?*. Available at: https://www.prosci.com/adkar/adkar-model (Accessed: 30 July 2020).

Ragins, B.R., Lyness, K.S., Williams, L.J and Winkel, D. (2014) 'Life spillovers – the spillover of fear of home foreclosure to the workplace', *Personnel Psychology*, 67(4), pp. 763–800.

Randstad (2019) *How to deal with stress in social work jobs*. Available at: https://www.randstad.co.uk/career-advice/work-life/how-to-deal-with-stress-social-work-jobs/ (Accessed: 6 June 2020).

Raza, M.A., Khan, M.M. and Mujtaba, B.G. (2018) 'The impact of organisational change on employee turnover intention: does stress play a mediating role?', *Public Organisation Review*, 18(3), pp. 313–327.

Selye, H. (1974) *Stress without distress*. New York: JB Lippincott Company.

Singer, J.B. (producer) (2009) Prochaska and DiClemente's stages of change model for social workers [Podcast]. 10 October. Available at: http://www.socialworkpodcast.com/2009/10/prochaska-and-diclementes-stages-of.html (Accessed: 8 June 2020).

Skarholt, K., Blix, E.H., Sandsund, M. and Andersen, T.K. (2015) 'Health promoting leadership practices in four Norwegian industries', *Health Promotion International*, 31(4), pp. 936–945.

Social Care Wales (2020*) Guidance for volunteering in social care settings*. Available at: https://socialcare.wales/service-improvement/guidance-for-volunteering-in-social-care-settings (Accessed: 9 June 2020).

Span, S. (2019) 'How do you make your employees feel heard?', *Recognition and Engagement Excellence Essentials*, July 2019.

Stensaker, I.G. and Meyer, C.B. (2012) 'Change experience and employee reactions: developing capabilities for change', *Personnel Review*, 41(1), pp. 106–124.

Stirzaker, S. (2018) 'How stress from home affects the workplace – and how employers can help', *AMEinfo*. Available at: https://www.ameinfo.com/lifestyle/work-stress-home-employers (Accessed: 26 April 2020).

Tang, C. and Gao, Y. (2012) 'Intra-department communication and employees' reaction to organizational change', *Journal of Chinese Human Resources Management*, 3(2), pp. 100–117.

Tarim, N. (2014) 'Heraclitus quotes', *Medium*. Available at: https://medium.com/@nazmitarim/heraclitus-quotes-5610b68d5e6d (Accessed: 3 September 2020).

Tavakol, M. (2010) 'A positive approach to stress, resistance and organisational change', *Procedia – Social and Behavioural Sciences*, 5, pp. 1794–1798.

Thomas, D. (2018) 'Is stress at work always a bad thing?', *Raconteur*. Available at: https://www.raconteur.net/business-innovation/stress-work-always-bad (Accessed: 8 April 2020).

Trades Union Congress (2019) 'Unsecured debt hits new peak of £15,400 per household – new TUC analysis'. Available at: https://www.tuc.org.uk/news/unsecured-debt-hits-new-peak-£15400-household-–-new-tuc-analysis (Accessed: 30 April 2020).

Turgut, S., Schlachter, S., Michel, A. and Sonntag, K. (2020) 'Antecedents of health-promoting leadership and workload as moderator', *Journal of Leadership and Organisational Studies*, 27(2), pp. 203–214.

Turner, A., Blackwell, A. and Carter, C. (2020) 'Covid-19: how has social work responded to the coronavirus crisis?', *Community Care*. Available at: https://www.communitycare.co.uk/2020/03/19/covid-19-social-work-responded-coronavirus-crisis/ (Accessed: 9 June 2020).

Van der Kolk, B. (2015) *The body keeps the score: mind, brain and body in the transformation of trauma*. London: Penguin Books.

Van Dick, R., Ciampa, V. and Liang, S. (2018) 'Shared identity in organisational stress and change', *Current Opinion in Psychology*, 23, pp. 20–25.

Wigert, B. and Agrawal, S. (2018) *Employee burnout, part 1, the 5 main causes*. Available at: https://www.gallup.com/workplace/237059/employee-burnout-part-main-causes.aspx (Accessed: 28 April 2020).

Wrike (no date) *The stress epidemic: employees are looking for a way out*. Available at: https://cdn.wrike.com/ebook/Report_stress_and_productivity.pdf (Accessed: 9 September 2020).

Young Minds (2020) *Young carers*. Available at: https://youngminds.org.uk/find-help/looking-after-yourself/young-carers/ (Accessed: 6 June 2020).

Yuan, C., Wang, Y., Huang, W. and Zhu, Y. (2019) 'Can coaching leadership encourage subordinates to speak up? Dual perspective of cognition-affection', *Leadership and Organisation Development Journal*, 40(4), pp. 485–498.

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