

SOME OF THE BEST  
THINGS  
IN LIFE ARE FREE



# Bringing your whole self to work

A facilitator's guide

Part of the *DNA of Care* Programme

## Acknowledgements

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This guide, together with the accompanying presentation and the other guides and presentations in the series, can be downloaded from [www.patientvoices.org.uk/dnaoc.htm](http://www.patientvoices.org.uk/dnaoc.htm)

### ***DNA of Care* guides for facilitators**

This guide, together with the others in the series, has been developed to enable you to make the most effective use of the *DNA of Care* stories. It is not intended to be prescriptive, but rather it is intended to offer some direction on the journey towards improving experiences of care for all those who deliver it as well as all those who receive it. We hope you will find it helpful.

There are five guides in the series:

**Bringing your whole self to work**

**Compassion**

**Compassionate leadership**

**Improvement and change**

**Resilience**

We would love to hear about your own experience of using the guide/s and sharing the stories. If you have any questions or would like to share any feedback with us, please contact the authors:

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# Bringing your whole self to work

*'Be yourself, everyone else is already taken.'* Oscar Wilde

It is common to distinguish between the personal and the professional but, actually, we are just ourselves for, as Oscar Wilde says, 'everyone else is taken'. It can be tempting to feel that we have to both arm and protect ourselves before facing our colleagues, but that can absorb huge amounts of energy and is more likely to lead to confusion and conflict than to collaboration and community.

You might find it interesting to watch this [Tedx talk by Mike Robbins](#) about bringing your whole self to work. He discusses the need to be vulnerable in order to find our courage and how authenticity can serve us in good stead inside the workplace as well as outside it.

## Background and context

One of the key themes in the *DNA of Care* stories is the significance of the interface between the personal and professional selves of many of the storytellers. As Laloux (2014) says:

*'We are all of fundamental equal worth. At the same time, our community will be richest if we let all members contribute in their distinctive way, appreciating the differences in roles, education, backgrounds, interests, skills, characters, points of view, and so on.'*

Bringing our whole selves to work means bringing *all* the elements of who we are to work: that includes our values and hopes, our projects, passions and partners, our families and relationships, our strengths and even our vulnerabilities. This allows us to be truly ourselves and alleviates some of the pressure we often feel to leave behind some of our personalities and experiences as we enter the workplace.

In reality of course, the lines between our professional and personal lives are blurred and whatever is happening in one of these places follows us into the other. We may feel that we ought to keep these realities under wraps but, as Mike Robbins (2018) explains, *'we can work better, lead better, and be more engaged and fulfilled if--instead of trying to hide who we are--we show up fully and authentically'*.

There is much for us to learn from the 15 years of research Robbins has undertaken about essential human experiences and high performance in the workplace, across a wide range of organisations. A key message emerging from this research is that *'for us to thrive professionally, we must be willing to bring our whole selves to the work that we do'*.

Bringing our whole selves to work relies on acknowledging and sharing our vulnerabilities through having the courage to take risks, act with compassion, and allow ourselves to be truly seen as the people we are. This is what being authentic is all about. In fact, one *DNA of Care* storyteller had this to say:

*'You don't want to lose your authenticity because that's when you lose your compassion'.*

The [Great Place to Work organisation](#) also believes that *'the days of leaving your personal life at the company doorstep are over...we can't expect to get 100 percent from people if only 50 percent is allowed to show up to work'.*

## **The impact of culture**

During the 2015 Great Place to Work Conference in Dallas, a common theme emerged about people bringing their whole selves to work and developing cultures that encourage this to happen. A strong connection was also made between this and staff engagement where employees are strongly connected to the organisation's purpose. Michael West (2012) has pointed out that

*'Employee engagement emerges as the best predictor of NHS outcomes. No combination of key scores or single scale is as effective in predicting trust performance on a range of outcome measures as is the scale measure of employees' engagement'.*

So, one way of looking to improve staff engagement in healthcare is to focus more attention on the potential impact of cultures where staff are encouraged to leave part of themselves at the door of the organisation, service or team they work with.

Lissy and Henry are senior leaders with a global provider of employer-sponsored child care and back up care. They point out that encouraging staff to bring their whole selves to work not only impacts positively on staff engagement but also helps with attracting and retaining the best talent for organisations. Furthermore, Lissy and Henry (2015) assert that

*'bringing your whole self to work isn't a corporate program. It's a mindset that permeates the culture. It happens because trust exists at every level of the organization.'*

A key element of this kind of organizational mindset is that staff feel cared about as people and not just as employees. This kind of transformation requires both courage and trust and, as Lauby (2015) describes, a shift from 'having *employees* who do the work' to 'having *people* who do the work.'

## **Whose responsibility?**

Lauby (2015) points out that *'employees only bring a piece of themselves. People bring their whole selves'.* While organizations are responsible for creating cultures that support bringing the whole person to work, individuals need to accept responsibility for acting and working in this way. Put simply, enhancing levels of engagement through people bringing more of themselves into the workplace requires organisations *and* individuals to share the responsibility.

## Covering your identity

Zimmermann (2016) asks ‘are you covering your identity at work?’ He goes on to explore what it really means to bring your whole self to work and highlights ‘covering’ as a strategy that individuals frequently use to downplay a ‘*stigmatised identity*’. Covering can be an individual response to the unwritten rules that reflect the culture of an organisation or department or professional group. While these unwritten rules can undoubtedly be positive, they can also result in individuals hiding parts of their identities or experiences in efforts to fit in. This fitting in can, in turn, impact negatively on innovation, productivity and team working with implications for both individual’s performance and progression and their engagement with and contribution to the success of the organisation. Zimmermann describes this as ‘*feeling like the other....who does not belong in the dominant majority and does not feel valued for their difference*’.

There is an important connection here with the practice of compassionate and inclusive leadership that is highlighted elsewhere in these facilitator packs. Leadership styles characterised by listening, understanding and responding sensitively are essential in driving transformational change that will enable people to bring their whole selves to work. This kind of leadership is likely to result in staff who are more engaged and innovative, leading in turn to improved organisational performance and happier staff.

## Connecting staff and patient experience

Recognising that personal and professional selves are inextricably linked, the NHS England Patient Experience Team established a work programme to drive improved outcomes and experiences of care for patients through improving experiences of caring for staff. Karen Deeny, one of the authors of this guide, pointed out in 2017 that:

*‘Focusing on this relationship could be one of the most important moves the healthcare system makes to drive better productivity, and improve experiences of care for millions of people – both staff and patients.’*

We understand that asking patients ‘what matters to you?’ instead of ‘what’s the matter with you?’ makes a big difference to their experiences of care. How much more difference could we make if we started asking both patients and staff the same question: ‘What matters most to you?’ One example of this approach in action is Commitment 6 in [Leading Change, Adding Value](#) that encourages us to respond to what matters most to staff and colleagues.

Making better connections between staff and patient experience is a key feature of The NHS England staff experience work programme. One important way of doing this is by engaging people’s feelings. Kenneth Schwartz, a Boston healthcare lawyer, who founded the [Schwartz Centre](#) a few days before his death from lung cancer, made powerful feelings-driven observations of connections between staff and patients...between people. He said:

*‘I cannot emphasise enough how meaningful it was to me when care-givers revealed something about themselves that made a personal connection to*

*my plight. The rule books, I'm sure, frown on such intimate engagement between care-giver and patient. But maybe it's time to rewrite them.'*

While we are becoming familiar with Schwartz Rounds, we have arguably more progress to make in the direction of the Schwartz Centre mission that makes compassion a priority for staff, patients and families alike.

One step in this direction is the [DNA of Care programme](#), where NHS staff were invited to create their own digital stories about working in healthcare. If you watch the stories, you will see that authenticity, vulnerability and courage are important characteristics of many of the stories. Sharing stories in this way helps contribute to healthcare that is more dignified, more humane and more compassionate for everyone.

So perhaps the key question for us is: In what ways can the *DNA of Care* staff digital stories help you, your team and your organisation make improvements in experiences of care through bringing your whole selves to work?

## The power of stories: the DNA of Care

*'Just as care in the NHS is free at the point of need, NHS staff carry within them a vast reservoir of expertise and experience that is free at the point of telling: their unspoken, unheard stories of care and caring. The intertwined relationship between patient care and staff well-being has been likened to the double helix. And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.'*

[www.patientvoices.org.uk/dnaoc.htm](http://www.patientvoices.org.uk/dnaoc.htm)

In the first half of 2016, NHS England funded five Patient Voices™ workshops for staff to create their own digital stories about working in healthcare. The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone.

The *DNA of Care* digital stories have been used in a wide variety of ways and evaluation indicates that they highlight important issues in an impactful way. They have been used in Trust training and induction events, at local, regional, national and international conferences, in multi-disciplinary team meetings, in workshops, as part of reflective activities, in care homes, in digital Schwartz Rounds, as a means of exploring professionalism and values, and in other ways that we don't even know about. Viewers of the stories are reminded of our humanity and our connection, while the storytellers themselves experienced the process of creating their stories as therapeutic, reflective, fulfilling and positive.

## Stories of bringing your whole self to work

You may find the following *DNA of Care* digital stories useful as inspiration and/or as prompts for reflection and discussion. Please feel free to show them from the [Patient Voices website](#) or use the slide packs that accompany these notes.

It's a good idea to watch the stories before you present them to others so that you can select the most appropriate story or stories for your audience and your purpose. The stories can affect different people in different ways so you may wish to consider giving a general trigger warning such as 'Many of these stories are very emotional and we are aware that they may trigger strong feelings.'

### *A little bit awkward*

As a nurse, Rebecca wants the best possible care for her elderly patients. But taking on the challenge of bringing about transformation in healthcare can be discouraging, isolating and exhausting. Joining the School for Health and Care Radicals offered support, inspiration, skills and tools for leading change, and the important realisation that change works better when people work together.

### *Time to care...*

Jacqueline has been a nurse for the last thirty years and her personal opinion of what makes a good nurse has not changed in all of that time. A diagnosis of cancer, going through treatment and having a temporary tracheostomy reinforced for her what is important for patients. It is not necessarily the clinical skills, the documentation or the care planning that always matters to patients, but rather the small acts of kindness and compassion that take just a little more time.

### *The Moonlight World*

What we think, what we write, what we do are shaped by our experiences of our own lives and of the lives of others. Those experiences underpin our skills and motivations and so who is better qualified to lead, speak of or work towards, service improvement, patient engagement and patient leadership than those who have experience as service users?

### *Forgotten to remember*

When we have concerns about our lives, family, children or health we take them to our GP. Each GP practice in England listens to and carries the concerns of thousands of people. But the GPs in those practices have lives, families, children and health concerns of their own. One GP tells a personal story of how vocation, dedication and career can be crushed between those pressures.

### *I'm sorry*

Sharon's nan was a stroke victim. Perhaps that's why Sharon works in a job that requires her to listen to patients, find out what matters, what works well and then use what she has

learned to identify and support best practice. At a listening event, Sharon meets Amber, who had a stroke at 19. Amber has her life ahead of her; she is courageous, resilient, resourceful and determined to lead a fulfilling life, despite instances of poor care – and Sharon learns from her what it means to be a stroke survivor and live life to the full after stroke.

### Stickers

Paediatrics was the obvious choice for Claudia: she was curious and caring, fun-loving and full of energy – which was just as well as she found herself running faster and faster to keep pace with clinical work, research and leading a team. Only when life deals her some challenges, does she understand the true meaning of resilience, become able to stop and find a slower pace, learn important lessons about caring and being cared for....and discover the value of stickers!

### Now I know health?

As a physiotherapist and researcher, Nick knows a lot about health and pain. As a person, he has always been healthy, capable, fearless, limitless resilient. A pulmonary embolism offers opportunities to learn about vulnerability, limits, loss of control and identity and, of course, pain – as well as a deeper understanding of his patients and himself.

### Touch

The choices we make in our personal and professional lives may be made despite, or because of, our own experiences, but they are always affected by them. A consultant anaesthetist tells of how the discovery of his own physical and emotional vulnerabilities when he became a patient has informed his care for his patients, his colleagues and himself.

### Toil

Sheena's family life with an autistic son has always been demanding, but rewarding. Her professional life as a psychologist has also always been demanding, but was once rewarding. Now, ironically, as her son's achievements bring her more sense of reward, her experience of the NHS is of an organisation becoming less rewarding, less fulfilling for committed staff. How can she steer a path between these two massive forces in her life that will take her on her own journey?

### Why would they even say that?

As an NHS manager, Yvonne has to be the consummate professional, to support her staff through their career and life choices. She has to be accommodating and supportive when people make and come to terms with, their life choices. But sometimes the life choices open to others are choices that are not open to Yvonne. Where then, is she to find support and understanding of the type that she chooses and she needs, that respects her choices and her rights to grieve if, as, how and when she chooses?

### *No one should have to walk home in their pyjamas*

Chris' grandfather escaped a Japanese POW camp in World War II and walked to liberty. He escaped from the mental hospital in Hull where he was confined when he returned to the UK and walked across the city in his pyjamas to get back to his family. They supported and protected him, and he became a paint salesman. His granddaughter now uses paint, amongst many other media, as an art therapist providing support and an escape route from social isolation and mental illness for service users and refugees. She has a dream of creating city studios in a similar way to Maggie's Centres which provide support for people with cancer. But those sorts of escape routes are under attack from budget cuts and austerity – will she be able to continue to help people escape to freedom?

### *An ordinary surgeon*

There is more that connects us than divides us. Graham had always viewed his career path and contributions as a public health consultant to be on a very different path to that of his grandfather, a surgeon – an ordinary surgeon. But then comes the realisation that his grandfather's path and career goals actually have more points of connection with Graham's own. His grandfather lived, and worked, with special people through special times but always towards the same goals that have driven Graham's own career.

### *The light on the water*

The DNA of Care project is underpinned by the philosophy that staff and patient stories are intertwined. In a similar way, our personal and professional life experiences and learning are inter-connected and can shape our career choices and approaches to our work. Exploring, better understanding and sharing these connections may be one way of positively influencing cultures, and enabling and sustaining both our own and others resilience, compassion and focus on the art of the possible.

### *Kirsty's tale*

A couple of days planned to be spent as quality father and daughter time together visiting concerts and restaurants takes a marked turn. For a father, who is a consultant, and his daughter, a medical student, a rare and unusual condition – surgical emphysema – brings shared understanding and new experiences of what it means to be father, daughter, patient or clinician.

## **Questions for reflection, discussion and debate**

The following questions are suggestions – please do feel free to ask questions that occur to you or that may be more relevant to the session you are delivering.

- 1 How do these stories illustrate examples of showing up fully and authentically?
- 2 How do these stories highlight the challenges when staff feel unable to bring their whole selves to work?

- 3 How do these stories illustrate the ways in which people have demonstrated courage in allowing themselves to be truly seen as the people they are?
- 4 How might you use these stories to highlight the connection between bringing your whole self to work and staff engagement?
- 5 How do these stories reflect individuals taking responsibility for bringing more of themselves into the workplace?
- 6 How do these stories reflect 'uncovering' of people's identities and experiences?
- 7 How do these stories illustrate the 're-writing of the rule books' that Kenneth Schwartz called for?
- 8 In what ways can the *DNA of Care* staff digital stories help you, your team and your organisation make improvements in experiences of care through bringing your whole selves to work?

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