



Episode 19 – Emotion at Work in Humanising the workplace Chatting with Sarah Taylor

Phil: Hello and welcome to the Emotion at Work podcast, where we take a deep dive into the human condition. I'm incredibly excited today because I first had the thought of doing this podcast back in November or December I think it was, it might even be earlier than that, back in 2017 and it's just taken us a while to get together to do the recording for today. I'm incredibly excited about what we're going to get into today and the topics we're going to explore. So today is about emotion at work in humanising work. I think it started from a Tweet or a comment on LinkedIn around bureaucratisation or bureaucratising things, and then that prompted a discussion between myself and our guest today, which we then had a Skype. I got really excited on the Skype call that we had, I was like we need to do a podcast on this it would be amazing. Then we've finally got round to organising it and pulling it together for today. Without further ado let's get our guest on the air and let's welcome along Sarah Taylor. Hi Sarah?

Sarah: Hi Phil.

Phil: How are you?

Sarah: Yeah, very well thank you. Now that we've got past the slight technological hitch this morning.

Phil: Yeah, we got there in the end though didn't we, we had multiple ways and means of recording, so we got there in the end.

Sarah: Indeed.

Phil: So what I'd like to do then is to start, as I start all of my podcasts, with an unexpected but innocuous question, so it's a different way I guess of getting to know our guests without asking you to tell us...to do the classic kind of what do you do and where do you come from type thing? So let's start with, so my innocuous yet unexpected question today is, what lines have been crossed either with you or for you recently?

Sarah: Ooh, wow, okay. What lines have been crossed recently? That's one I might need to think about, as all the best questions usually do lead you to have to think a little bit.

Phil: So one for me is I have this thing, I don't know if it's a value, but when I hear people talk or when I see people having discussions on social media, I have a thing about I want contributions to be helpful or I can see some kind of helpful intent behind what it is. So if there's a contribution to a discussion or somebody's passing comment or something, that I work really hard to see the how is that helping? So what's the helpful intent that sits behind that comment or question? And there was one recently that just got me really cross because I spent...I reckon it must have been at least 20 minutes if not half an hour trying to come up with a way that it was helpful and it just wasn't. It was somebody that I know fairly well and it surprised me because it's not something that I would

normally expect to see in that way. Normally it's someone when I see or hear their contributions I think I can see where that's coming from. But this one I just didn't get it and it really annoyed me because I was like, yeah, it got me thinking I don't see how that's helpful. I don't see how that is in any way helpful or either contributing to the discussion or contributing to furthering the debate. I really struggled to find some helpful intent behind it. Then I went into all this analysis work and I thought why has that made me so angry? Why has that made me really cross? But I think what that got me to the point of I have a line which is that I need to be able to see or I want to see some helpful intent behind something and when I don't, yeah, that then makes me go mm.

Sarah: Yeah, absolutely. That is triggering quite a lot for me actually in terms of just how we have debates at the moment, whether it's in person or using social media as you say. It does remind me of a line, as an audience member actually. I went along to a really fascinating talk and book signing by somebody called Rupert Sheldrake, I don't know if you've come across...?

Phil: No.

Sarah: He writes some really quite interesting things around science and spirituality and how in his mind the two need not and are not separate and contradictory. He's had a fascinating life and work that's led up to that and written lots of books. If you wanted to look into that I would suggest Googling. I went along to this talk thinking gosh that would be really interesting, he's written this new book about spiritual practices for daily life, something like that, I've got the title wrong. But that was the gist of it and he talks about things like gratitude, modern day pilgrimages, really interesting things. What was really, really fascinating was not, well the talk itself was fascinating, but more so was the audience participation afterwards. Some really, really insightful, thoughtful, they genuinely seemed curious questions about all sorts really. He was able to really brilliantly respond to all of these but with such humility. That was the thing that really inspired me that this guy clearly knows so much about such a vast range of topics and yet was often prepared to say do you know that is something that is at the limits of human understanding and we cannot be too flippant or too certain when we talk about these things. Someone had asked him about quantum mechanics, something like that and that was his view. But the thing that relates to what you were saying and I suppose the line that was crossed for me was an audience member who quite dogmatically asserted that what he'd heard was a load of nonsense, because something of interest to him hadn't been cited as being part of his practices, it was all a load of nonsense and how come he hadn't looked at it from this angle? The guy responded with humility again and said there are different frameworks for coming at these things. To which the audience member replied no, this is the framework, the only framework. It was just quite fascinating because previously the discussion had been about dogmatism and what is this need for humans to feel this sense of certainty and to feel right. Yeah, how we're not so great at doubt and sitting with uncertainty. It was quite amusing in some ways that then we got this very, very dogmatic question that followed. I guess a line was crossed there even though it wasn't directed at me I felt uncomfortable listening to it and it was such a shame really. But it didn't seem to faze the speaker at all and he responded really quite kindly I thought considering so. But, yeah, you do see a lot of that it seems now, people really want to get their point across at all costs and the intention seems to be right, to win something rather than be curious, expand people's thinking. That's definitely a trigger.

Phil: I guess I'm going to use that then as a segue into where we're going. That want to be of certainty and to be right, to know what's happening and either what's happening now or to know that our understanding of the world is accurate and that sort of thing. I guess in terms of some of your research and some of your studies then, the period the work is in now, if we go with that shift around being from a more mechanistic industrial age or way of working to a more humanistic way of working. I guess that would then by definition bring with it those elements of uncertainty and lack of clarity and having to question and doubt our experiences, our practices of what we've done?

Sarah: Yeah, absolutely. A big theme of what I was looking at was this idea of paradigm change or shift in world views. And as you say moving away from being heavily invested in this mechanistic industrial world view to something else. There seems to be a yearning for more human ways of working and yet we can't be too...I don't think we can be too prescriptive or too certain about what is emerging, what is next for our fundamental ideas about what it means to be human, what it means to work in human ways. Human nature is constantly evolving and I think it might be useful to theorise and wonder about what's next. Thinking about utopias potentially, different ways of working. There has to be some kind of humility and doubt. For me it's about a spirit of enquiry rather than trying to lock these things down or get into arguments about definitive ideas of the future really. If we're on the edge of something then it's a little bit like it's not a straight line into the future, it's this curved line and you can't see around the curve. There is a model called Theory You, based on that very idea that the future is emerging and you can't just predict it and work backwards from this known future state because it is uncertain and it's around the corner rather than straight in front of you. How do you work wisely with that I guess is a good question?

Phil: You see now you've given me a lead in and I really want to play that question back to you. But before I do that, I guess I want to start on a bit more of a personal note if that's all right?

Sarah: Yeah, sure.

Phil: What took you or pulled you or pushed you or dragged you or whatever, movement based metaphor I'm going to use, how did you find this stuff then, where did it all start for you?

Sarah: I suppose part of it started back when I was an undergraduate, I studied philosophy and I was always really interested and grew more interested throughout that time in how our ideas about being human, what it means to be a human, actually shape our realities, shape how we organise our workplaces, how we organise society? I still do get quite frustrated, here's another line actually that can be cross with me, when people think philosophy or some of the social sciences it's just hot air or it's just theorising it's not connected to reality. I think well it really fundamentally shapes our reality, we talk about root causes of things. I guess I was always interested in root ideas if you like, how do our beliefs ultimately shape how we do things? That was this interest that I had combined with always being really...I suppose the context of that for me was always healthcare, health and wellbeing but health in the wider sense, what does it mean to live a good life, to thrive not just to be absent of disease? And became quite interested in our current times, the kind of things that we seem to be afflicted by as well as of course, we've still got infections, we've still diseases that require treatment. But we've got these so called diseases if you like as well. What's that all about?

I suppose that was my kind of question that motivated me to pursue that line of study and then ultimately work wise to get involved with the NHS and then with a local authority, health and social department. At that time feeling a little bit myself often frustrated, feeling a little bit disenchanted with how we do things. Feeling a little bit sometimes like a cog in a machine. I was working for...I've been lucky enough to have fantastic managers, wonderful teams, been involved with some really exciting projects, and yet I just felt there was something about working in a large bureaucratic organisation that could sometimes have this deadening effect, this stifling effect. Just that thing of bureaucracy really. I was having that frustration combined with these interests in well I wonder why we have got ourselves into a place where we organise ourselves this way.

I'd often had a wonder about doing further studies, I am quite a geek, I love reading. I love learning. I had often wondered would I go back to academia? Would I do a PhD? I always remember actually being given some advice by one of my lecturers back when I was an undergrad and she always said if you're thinking about doing a PhD do it because it would be an end in itself. So even if it didn't change anything really in your life or your career, do it because it's a topic that you would just love to explore in depth for that length of time and it would be worth doing regardless. I always had that in my mind. I never really saw a place that my interests would neatly fit within a school or a discipline. And then I came across this, I can't remember how I came across it now, but this work called A Fifth Wave of Public Health. What this did was it charted developments in public health, so the way we organise the health systems and thought about health since the enlightenment to basically now. They thought of these ideas of waves as a metaphor for paradigms, waves of thinking. They were really interested in root ideas as well and how our ideas about human nature, what it means to live a good life, what's important, actually gave rise to these different ways of organising healthcare. What they said, we've had four waves up until now and they've all been different, they've all had their unique features but they've all been part of this modernist overall wave. What they asked was what is next for the health of society? What would a fifth wave in public health look like? So basically they were asking about what's next? And they recognised that the previous four waves had at their heart an external fix it approach, that systems would fix things for us, mechanistic, bureaucratic, so what's next? They wondered about what are a more human relationship focused fifth wave would look like, that addressed these, "diss-eases" as they called them of modernity. They saw that there's been some brilliant things, anaesthetic dentistry, my supervisor would often talk about who would want to give that up? Nobody. Not knocking these brilliant advances that this kind of world view gave rise to, but what they're saying is for the challenges that we're facing now aging population, loneliness, obesity, addictions, actually there's a different mindset that's going to be helpful here. We're experiencing, diminishing returns of this previous world view. And potentially also adverse effects, so actually giving rise to some of these challenges that we see.

I became fascinated by that and I thought brilliant, discovered that one of the lead authors was in fact an academic at Glasgow University. Approached him with a very broad idea for a PhD. We got chatting and I was fortunate because he was going to be retiring that I became his last ever doctoral student that he supervised. I had just had this sense of brilliant, this is somewhere that I can fit. That's really what led up to doing the PhD.

Phil: Wow, that's an amazing story.

Sarah: It's a long story, sorry about that.

Phil: No, not at all. There's lots of different aspects within it. Just to check my understanding on something for a moment, you talked about the large bureaucratic bit and you being frustrated by that plus your curiosity on these not root causes, you called them root ideas, is that right?

Sarah: Root ideas.

Phil: What popped into my head, and I want to check that my understanding is accurate, is that there's, is it fair to say, I'm going to say it anyway, there's a narrative that we have an aging population and that aging population are a burden on society because they are draining resources, they are draining time, they are draining money. Those physical and non-physical resources are being drained by that elderly aging population who are living longer which is causing society issues. So what that does is that influences public perception, it influences public decision-making, it influences government policy, that sort of thing. I'm happy for you to say no you're wrong Phil, because I am often wrong, but is that an example of a root idea and how it then shapes what happens as a result?

Sarah: Yeah, I would say you're right there, I think that narrative that we've got around the burden if you like of an aging population, the idea that we even see it as a problem in society, absolutely shapes our ideas. I guess I would probably go even further than that and have really in the thesis of saying okay so what's given rise to the idea of aging being a problem? There's a couple of root ideas that I found give rise to that. So my PhD was a little bit like detective at times which made it quite interesting, because you ask questions like that, you chat to people and you see where it goes. Some of the things really are quite fundamental, you go back to what our beliefs in western enlightenment thought, if you like, are around what it means to be human, and to put it in a crude simplistic way, there's this idea of being a human is this rational independent actor if you like. So of course aging becomes problematic when aging is associated with losing some of those rational cognitive functions, with losing some of this independence. That's not to make a judgement about all aging, that happens to everybody. Brilliant book by Atul Gawande, What Matters in the End, I think it's called. He talks about if independence is what we live for how do we make sense of a meaningful life when for many of us losing independence will be a reality in the latter years of life.

Then you've got this kind of thing around the history of care for older people. So briefly there's ideas that come from that, that have shaped again the idea of older people being a burden. So you look at when care homes came about on the back of when there was different ways to access care. You had the what are now the teaching hospitals, these brilliant medical specialism that were attracting so much, and rightly so, attention around wonderful medical cures and treatment. There was something around the fact that for older people and for people with disabilities, that for whom a treatment approach just doesn't apply, they didn't attract the same funding, the same attention, the same kudos I suppose as a medical speciality. So became seen as something secondary. Even in the Beveridge report, quite fascinating, it warns against being lavish to old age and unproductive members of society. So even right back then you've got this belief there about older people not

being productive because you can't cure them. All these kind of things. What happened when geriatrics emerged as a speciality.

Phil: As a discipline.

Sarah: As a discipline, exactly. They almost had to prove themselves within this prevailing discourse that was all around fixing things, treating things. To fit within this dominant discourse rather than compete with it they presented themselves as well we can free up hospital beds by okay not curing these things but by restoring some kind of functionality, some sort of independence to people so they can be discharged, free up beds that are needed in these medical facilities. From the very beginning you've got people that are not trying to...well I suppose they're trying to solve the wrong problem, the problem was how do we free up these hospital beds? So from way back you've got these inherited ideas about what it is to age, what it means to care for an older person. I guess when you think about industrialisation, all the things that we know about, standardisation of tasks, economies of scale, all these kind of ideas, caring can become seen as an action to be performed. You look at the language of care, products of care, packages of care, very much fit in with this narrative of industrialised ways of doing things. So, yeah, you inherit a way of thinking about care as something to do rather than a way of being. Those are some examples of the kind of root ideas that I was exploring.

Phil: I guess you've got elements of linguistics and language then within that, you gave some examples of the packages of care, the processes of care, rather than care being a way of being. I'd like to pick up on that last one a bit more, tell me a bit more your thoughts on that then, about care as a way of being?

Sarah: So care as a way of being I think for its root idea depends on an idea of the self as being something that's relational. It's people that talk about relational care. Martin Buber he talks about rather than having an 'I' - 'it' relationship, he talks about an 'I' - 'thou' relationship. The 'I' - 'it' relationship that's characterised by I'm an I so I've got my subjectivity but you're an 'it' so there's some detachment there, some objectivity. The 'I' - 'thou' relationship is much more this genuine connection of two subjects meeting and you really respond to the specific uniqueness of that individual and that relationship. And crucially you're both changed by that encounter, it's not like one of you is this static self. If you have those ideas about what it means to be human it's quite natural that caring contains...it's a way of being. As well as an action, don't get me wrong, we're not saying this is good versus bad here, but just that maybe the caring as a way of being has been neglected in this world view. Yeah, caring as a way of being is much more about those internal states, so being really present with somebody, being emphatic, being attuned to their states. Being in a reciprocal relationship, so it's not that this older person is just a passive recipient that you just care for, you're together there in a relationship and both changed by it. You can't just see it as an action that isn't affected by emotional inner states.

Phil: I guess the term care giver presupposes that 'I' - 'it' relationship rather than 'I' - 'thou' would you say?

Sarah: Yeah, totally.

Phil: I know this is really big question, so it might be that we need to come back to it and review it a couple of times. I think what we've been trying to do is to set a philosophical/theoretical backdrop to the discussion and your findings in your research so far. Thinking about it from an all right we've got this shift in the world where we've moving from one which is standardised and rationalised, and consistent, and stable to one actually which is much more in flux. Like you said we can see the corner but not what's coming around it. So how does that link into what you've found in your research then?

Sarah: So I guess a big part of the research focus was very practical. I know we've spoken a lot about the theory and the philosophy if you like, but it was a case study. So it was a case study of care homes for older people. I guess what I was really interested in is okay let's say we are experiencing this shift or we're on the edge of some great shift. Well okay that's fine and we could spend time focusing on a critique of the previous way of doing things or we could focus on the future and what's emerging? But actually what I was quite interested in was well what is it like to be on the edge of a great shift? What's happening right now for people in this messy time of transition where the old world view will still be exerting a very dominant influence in the way that we do things, the way that we think about things. But equally we might experience signs or seeds of the new in what we're doing, lots of new ideas and yearning if you like, striving for different ways of doing things, experiments. So what is it like for people right now that are on the edge of all this and experiencing these messy times of the old diminishing and the new arising? And because of my interest in care and because my role at the time was involved with a quality improvement programme in care for older people in a local authority, and I'll just say a local authority because it's not named in the thesis as part of the confidentiality. So, yeah, it was really getting to know well what are the experiences of frontline care workers and also domestic staff that worked in these care homes?

As it turns out they've got just as much a huge part to play in the life of the care home. Also for care home managers and senior managers that they're...there's a great phrase, I can't remember who said it now, I think it's the International Futures Forum. That what we're trying to do at the moment in life in some ways is redesign the plane whilst keeping it in the air. So we're still trying to do what we've got to do whilst doing these transformational things. So what's that like for the care workers, the managers and senior managers? I was exploring their experiences in light of these root ideas if you like and also some perspectives from people that do theorise about what might be emerging. There was lots of talk at the time around this term co-production in care and how can we have more co-productive care homes? Co-production is all about reciprocal relationships, doing with rather than to, and really looking at the assets of individuals rather than their deficits and problems, and bringing those to bear. I thought well okay that sounds great, that sounds really, really in keeping with what might be emerging but let's just see how all that's playing out. How is this being interpreted and understood, and enacted on the ground by people working in care. And maybe what are some of the blind spots, tensions and contradictions in this messy time that are either making it more or less easy I suppose, with the potential of coproduction to do reality or for it to become a little bit subsumed in the old ways of doing things?

Phil: When you say people, just to make it clear, so you're talking about the people that work in these establishments as opposed to the residents or their families or so on? So the focus of your research was from an employee or a carer perspective, is that right?

Sarah: Yeah, exactly. That's probably one of the main limitations of the research but it was always at the outset I discovered this gap for the workforce perspective, that there wasn't really much known about how...particularly frontline care workers were experiencing this shift, what it meant to them? So to ground the research and give it a little bit more focus, that was the boundaries put around it, that this would be about the workforce experience rather than the residents' or the relatives' experience.

Phil: I'm okay with that, I just wanted to make sure that I was understanding it correctly.

Sarah: I think I'm stepping slightly into thinking gosh that was a question in my viva defence. I have reasons for that choice.

Phil: I think you're right. I've got a friend of mine who works in a care home and she describes to me a daily struggle that she has between achieving the tasks that she's being asked to do and providing the care that she wants to provide. So her role is, I would argue quite fundamental, she frames it as junior but they have quite different views, so her role is one of cleaning and tidying, and changing bedding, that sort of thing. She talks to me about how sometimes when she goes in to clean a resident's bathroom or to change their bed, they just want to chat, they just want to have somebody be with them for that period of time. For some she'll be able to do that whilst she's completing the task that she's being asked to do, for some she'll stop what she's doing and have the discussion or be, for want of a better phrase, be present with the person whose room she's working in. But she says that goes at odds with the expectations or the standards that are set for what her role is, because what her role is measured on is how much cleaning she gets done, not how many residents she chats to and provides some relief and respite to their day, if that makes sense.

Sarah: Yes, it does make sense.

Phil: She struggles with that.

Sarah: Yeah, that really, really resonates with some of the main findings actually, people either go into this job because they've got a real sense of vocation actually or they've gone into maybe not knowing exactly what they wanted to do, some people go into care work straight from school. But discover this real love of just making a difference to someone's day, that's how participants described it. So they've gone into it or they experience real pride and joy in their work based on the relational elements, these conversations, the connection. You're right just like your friend there, lots of care workers felt this incongruence between what they were wanting to do, and sometimes at a high level what they were being asked to do at a policy level let's say, work in a person centred relationship centred way. But ultimately on a day to day basis the care worker said, and they used this expression, it's like we're timed, you've got these really rigid set routines, tasks to do. As you say if that's what's getting measured the relational can be really missed. Interestingly some care workers even felt guilty for spending time talking to residents, they said, oh gosh I feel like I'm

having a skive by sitting and having a chat for longer with a resident. When actually that's amazing, that's a wonderful thing that they're doing and yet they're holding this sense of guilt for doing some of these amazing things and having these conversations. Yeah, absolutely that really, really resonates.

Phil: What are some of the things that shape that then? Now I'm doing my really ... I always criticise hosts for asking five questions at once and I've already done it once in this podcast, I asked you five different questions and you answered the last one on it. I'm kicking myself going no stop asking lots of questions at the same time. What did your research find, or what if anything did your research find about the reasons for that, for that discord or disconnect between what a policy might say and then what is actually happening day to day?

Sarah: I suppose one of the things that for me was really, really interesting and perhaps not surprising that there was no big bad guys, I couldn't find any anyway, of these people that are these lovers and custodians of bureaucratic systems. Nobody wanted or nobody intentionally set out to...

Phil: You can't say that because then that ruins another narrative that we have on this, there's these pen pushers somewhere wearing thin rimmed glasses and have thin lips, and suits, and sit behind the desk looking at spreadsheets.

Sarah: It's interesting isn't it because there's a slight tangent but sadly to my shame I do regularly watch EastEnders. And you notice on EastEnders if there's ever a manager that comes in for a new episode they totally fulfil that stereotype of a pen pusher.

Phil: I interrupted you, you were talking about how you didn't find the bad guys?

Sarah: Yes, and nobody...whether it was the inspectors or the senior managers, everybody was saying that they wanted the same thing, that they understood that what mattered to people was the human stuff, the relationships and the connections. And yet we're all part of this deeply complex entangled inherited system and ways of doing things that got in the way. I suppose that's the thing, first thing that is certainly wasn't because of these big bad guys there. Again it comes back to the root ideas in some ways that because we've got this idea of caring as an action or a task and that's also the stuff that's easier to measure and to record, that's playing a part. You've also got this really, really heavily scrutinised workforce as well with lots of...we all remember the horror stories, the cases that make the media. And care workers did speak about that and how that impacted upon their working day. So you've got these rules, these professional standards that even the senior managers were saying have you read them? If you read them and if you follow them to the letter, to use their words, you would be robotic with residents.

Phil: Really?

Sarah: Yeah, that's literally what somebody said. So there's an awareness that these things...because we try and lock it all down in rules and things that can be written and prescribed, there's a danger isn't there. I think let's not take away from the fact of the underfunding in older people's care as well. So time and resources came up again as something that was making it really, really difficult for

care workers to be in the moment and be present with that resident. Because they were relying on agency workers and they were covering this shift, they were running from task to task, to task. So you've got these very real things. But what was interesting was it wasn't just the lack of time that made it difficult to focus on the relational, it was the cognitive space that changed. If you're going from task, to task, to task you're thinking about what you're going to get done next. Are you simply able to, when you do have some time, snap into this much more present, much more slower way of being? I know myself that I find that hard. That's why I said before this podcast can we do it first thing in the morning before I get into the emails and tasks of my day, because it just puts me in a different mindset. There's something about all these things, how they combine to make it more difficult really for people to have these really relational moments with residents. And yet they did have them which was remarkable the kind of stories that you hear, but it did feel very much in spite of a very bureaucratic system rather than obviously because of in some ways.

Phil: I guess what I'm finding interesting is that the awareness and/or the recognition that the standards have been put together to protect I guess, are they there to protect, is that their dominant function?

Sarah: Yes, I think for good intentions, to keep people safe, yeah.

Phil: But you've got awareness and/or recognition from within the sector that actually to follow all of these things to the letter would mean that we would be robotic with residents. Yet my perception anyway of somebody who's outside of that sector, is that there's nothing being done to change those standards or shift them or amend them. But I want a sense check that with somebody who knows the sector better than I. So is there work being done to try and shift or to change that almost conflicting aspect of it?

Sarah: Yes. I think there is work being done, more so in pockets I would say. The work that I found the most inspiring in this regard is by a friend and somebody who is hugely inspirational for this PhD, Nick Andrews who's done a lot of work in Wales around this. Really got into some good conversations really with care workers, with managers and with people that are involved with setting the standards and inspecting to those standards around how can we humanise these a little bit? Think about what matters to the person rather than assuming that these things we think are important to people, these basic safety things, at the cost of actually living a life. We all take risks everyday don't we, we live with that to do the things that matter to us. There's no magic bullet I don't think, but I do think it starts with just having some really difficult conversations about how we can disentangle some of these things and do things in a more human way.

I think some of the findings were for example, the use of humour, how you speak to residents. One care worker said that she felt that she was judged for having particular unique relationships because that could be seen within the standards as some kind of favouritism. But of course again you think of life and we all naturally form stronger or richer relationships with people more than others. When you're in a residential setting and it's a home isn't it, it's a home for the residents and it's a very homely environment, or it should be, those kind of relationships are going to naturally, they should naturally be different and unique depending on the different individuals within it. I think that some of it relates to blind spots as well because of our inherited world view, it's like the lens isn't it

through which you see everything. It feels so pervasive and normal that you forget that you're looking through this lens. You have blind spots and there's a brilliant, I can read you the quote from somebody called Kitwood who wrote a lot about dementia care. And what he said it links to the 'I' - 'thou' relationship, he says the kind of care that we think is good care at the moment, you could be given the most accurate diagnosis, subjected to the most thorough assessment, provided with a highly detailed care plan, and given a place in the most pleasant surroundings without any meeting of the 'I' - 'thou' ever having taken place. I think for that sums it up, that we can just miss this stuff, we really can, unless we actually make an intentioned effort to focus on it and reflect on it and talk about it.

I guess the other thing on that and it's a different idea to having a rules based standardised approach to this sort of stuff and it's called Practical Wisdom. Again there's a really brilliant TED Talk by Barry Schwartz, a psychologist, who talks about how rules are encouraging us to do the wrong things basically in healthcare. In a similar context he talks about in a hospital how if people followed the rules exactly you wouldn't get these wonderful moments of care and humanity, and compassion that he discovered in his research. So what he talks about practical wisdom rather than rules. So rules are great for when you don't have to think because you just follow them, you can go on autopilot. I worked in Malawi for three months and I remember them saying that they had the most under resourced hospital ever, this maternity hospital. They were wanting to really train their midwives in this very standardised protocol, so that they didn't have to think because they had no time to think. That made sense in an emergency situation like that and maybe it's like that for flying a plane I don't know. But I guess if you want an 'I' - 'thou' encounter rules are not going to give you that. You want people in the moment to be able to...I suppose it's sort of like commonsense isn't it practical wisdom. That you do the right things for the right reasons and you can adapt and be responsive, and do what matters to the person. So it's much less of a rules driven thing and much more of a how do you help people use their practical wisdom for these situations? Because every situation's different, people are not tins of beans are they. So how you can be much more responsive to do what matters. I guess linked to that help people talk these things through, if it does seem like a complex or a grey area, ethical grey area then wouldn't it be brilliant if care workers felt they could have open conversations about these things with others. Rather than feel that they've got to hide it or feel guilty about it because they're not sure it fits with the rules. Yeah. for me part of it is just encouraging a much more open culture around some of these things so that people can talk things through if it is a grey area.

Phil: I really like that notion of practical wisdom.

Sarah: Mm, it's great isn't it.

Phil: I don't think commonsense would work just because...

Sarah: No, it's not quite the same.

Phil: I think it's just got too much history with it. Because there's the implication if you don't use commonsense you're stupid. I like that notion of practical wisdom. I think we've touched on maybe one or two of these areas already, but what surprised you most in your research, in your findings?

Sarah: Well I suppose some of the things that surprised me were this thing about, well there's no bad guys hiding behind a corner with their pens, and the guilt I suppose that some care workers felt for doing amazing things. But I guess maybe more broadly than that I probably went into the PhD thinking that really what everybody needed, what society needs is a shift in world view. I feel like that's a bit naive now, a bit utopian, probably a little bit arrogant actually. Because I guess hidden within that belief is an assumption that my world view was the best world view or something, and everybody else is living with these outdated world views. Yeah, I guess what really struck me was the fact that actually a shift in thinking isn't enough and actually care workers were naturally wanting to work in these ways, it was the culture and the routines of the day if you like that were making that difficult. I would hear things from managers that would say care workers they're very task focused, maybe they need some training on person centred care so they're not so task focused. As if going on a, it might be a brilliant training course, I'm sure it would be, but if you then go back to exactly the same culture that encourages you to be task focused and measures you on tasks, and rewards you on how many tasks you get done, well if a shift in thinking is part of it, is actually going to become quite frustrating for people. That they've had this shift in thinking, they want to work in these ways and actually feel that it's very hard to do so within the prevailing culture.

So that was a big shift and with that a huge compassion and appreciation, and sense of awe for the amazing work that these care workers and everybody actually involved with the care homes that I spoke to, were actually achieving against all the odds in some ways. And in a line of work that doesn't attract as much reward financially, as much reward in terms of reputation, whatever. I just don't think we value care work enough and get a sense of these brilliant moments that care workers were having. So that certainly developed.

Phil: You mentioned brilliant moments, I remember when we spoke back last year you talked about beautiful moments of connection. I really loved that, that's another turn of phrase that you've coined in the duration of this podcast that I've realised. Tell me more about that, about those beautiful moments of connection?

Sarah: Well I have to say I wish I had coined it but it wasn't my phrase.

Phil: Oh, was it not?

Sarah: No, it was a phrase that really resonated with me when I was interpreting the findings and became a really useful way to conceptualise some of these things that were happening. Because when I was speaking to care workers about what great care meant to them, what co-productive care meant to them, they didn't speak about a process or anything standardised, even if it was an outcomes focused, personalised process. That's really not what they spoke about. They spoke about very spontaneous unplanned moments of connection. Whether that was brilliant conversations or whether it was just these encounters that needed no words but there was a real sense of genuine connection felt there. It was a term coined by Owen & Mayer as part of their work on something called My Home Life, which is a social moment in residential care for older people encouraging more relationship focused ways of working. I can give you some of that stuff, references. It was a huge inspiration to come across that term and, yeah, just really helps conceptualise some of what came

out of the findings as these moments of connection. And unplanned as I say which was the interesting stuff. So the good stuff isn't the stuff that you can plan for quite often, it's like life isn't it, life is what happens whilst you're making plans.

Phil: But that's it isn't it because if you then...I can imagine that if, I don't know if it's fair to say but I'll say it anyway, that a passionate and energised, and determined care home manager/owner would be right, beautiful moments of connection, love that phrase, they're great, they're amazing, we want them to happen, so let's have more of those. And yet the way you've described them is actually you can't say I want more of those, they just happen. I can imagine we then start to measure beautiful moments of connection which then ruins the point of beautiful moments of connection.

Sarah: I know exactly what you mean, we're very good at killing something aren't we by trying to lock it down or prescribing it. Gosh, I end up being full of quotes and can never remember who says them. But there is a brilliant quote, I think this might be a Ken Wilber quote, apologies if not but what he says I think is that these moments, he's using a totally different context here, but these kind of moments are accidents, but what you can do is make yourself more accident prone. For me using that idea it's about how you can...I think you can have an intention, you can foster an intention to be open for these moments and you can help people have the headspace, again being this cognitive space where these moments are more likely. We know what makes them less likely it's all that kind of stuff about being rushed from task, to task, to task etc, etc. Too much focus on paperwork, trying to lock everything down in paper rather than just actually having a moment with the person themselves. So there's all these kind of things that get in the way and how could we actually help people have the kind of headspace that these moments are more likely to naturally and spontaneously arise, is where my thinking goes on that one.

Phil: Our discussion has taken me to places now where I'm thinking about, and it may be unfair of me to do so, but I think there's a lot of overlap between some of the principles that you're talking about and some of the principles that you found in your research, and the workplace in general really. If I think about the role of a manager whether it be in a care home or wherever is quite bureaucratised in terms of the processes you have to follow, the policies you have to adhere to, the guidelines you need to uphold, all of those sorts of things. And yet the things that matter the most or the things that shape culture the most, and it's in my experience and the research that I do, are those unplanned spontaneous things. They're the moments where the manager puts down their pen and paper and she says, are you all right? And then a discussion happens off the back of that, that you weren't necessarily expecting. Or it's where a manager says, you know what go home you've done enough this week just go. It's not about having a HR person who may want to then create a policy for what are the conditions that allow you to say to a member of your team you can go home and how you'll be consistent in your application of your go home instruction. But actually it's not about that, I guess I come back to the wisdom quote that you talked about earlier on, the practical wisdom. The practical wisdom is that if you can see somebody in your team is exhausted and you know they've worked incredibly hard that week, the practical wisdom is tell them to go home. But it doesn't need a policy or a process or those sorts of things to go along with it.

Sarah: Absolutely. Imagine if we had processes and standards to guide our lives it would be crazy wouldn't it. You can see that for yourself and then yet we think we need all these things in the workplace. I think there's a lot of resonance in there and just how we help people almost unlearn some of the things that in the mechanistic world view are associated with being a good manager. How do we unlearn some of those and make it easier for people to bring their full selves, their human selves to the workplace and as you say bring that practical wisdom to do the right thing really for their colleagues?

Phil: Sticking with that train of thought for a moment then, how have you taken the findings? When I say the findings I don't mean like the findings that went into your thesis or the findings that come out in the paper. But in terms of the things that you found or the things that you've learnt from your experience of doing that research, how has that affected your practice, how has that affected your approaches in work?

Sarah: I suppose first of all after the research which was with care home staff there was then a move to look at actually how can we encourage more relationship centred care in home care as well? So care workers that work in people's own homes and using some of the, as you say, insights. I guess what came from the project, was first of all let's start with the care workers rather than have something prescribed from the top and just keep it really simple. Just by chatting to people about what matters to you in your day? How come you wanted to be in care and what now is the most rewarding? What care workers said time and time again was, it's all the wee things. It's just all the wee things. And they're often quite dismissive about it like it was nothing and yet these wee things were amazing, they were the things that made the hugest of differences to people. So we started there but then used some of the examples of the wee things that might feed...does that touch on something that's not prescribed in the standards and therefore what does that mean because it's self-evidently the right thing to do for that person. To actually have some conversations with then the managers who felt quite responsible for insuring the quality of care and the upholding of these standards, to just get into some conversations about what kind of things do these examples throw up for you? What tensions does that bring up? What dilemmas and encouraging much more open conversations?

I suppose that was the first really practical thing but then opening it up much more broadly. I'm no longer linked to health and social care, but I'm in part of the wider HR team now, so much more of a corporate wide role for the council. For the last year, yeah, it has been just over a year really living, breathing and actually dreaming quite often about this project. Which has been about a performance framework that is all centred on relationships and the full person, being a human at work and the performance, yeah, that's actually just a by-product of all these different things. I've been involved with lots and lots of development workshops for managers to actually explore over two days in a very small group, maximum ten people, why do relationships matter? How do we focus on the full person at work? How do you reveal your full self? You can be real in your conversations with others and just exploring all the different kind of things that that throws up for people over two days. And that's really been fascinating. One of our what we call early adopters, so we pick six teams that we really wanted to get behind this from the beginning, try things out, was in fact a care home for older people. It's almost come full circle in some ways, it's been really, really fascinating to hear from the team leader of that care home, who's been a total champion of this

approach really. To hear the difference that it's made just by putting an emphasis on conversations, on the full person. So asking care workers to work in person centred relationship ways, brilliant but they need to experience that themselves to be treated as a full person not just what they do but who they are actually. Just by changing the emphasis and much more emphasis for example in their one to ones, in how are you doing? As you say rather than let's get straight to the tasks and how many care plans are up to date and this, that and the other, just how are you? What's going on for you? How's your week been? What have you learnt from that, what's been challenging? All these kind of things to just that shift in emphasis hearing what a difference that's made in their care home has been really interesting in light of those findings.

Phil: I might have to book you in for another podcast to talk about that some more.

Sarah: It would be a pleasure.

Phil: So you said it's been going a year the project now?

Sarah: Yeah, well it's been almost a year since it was launched. It was launched April last year but there's obviously the development and whatnot that led up to that. And the development itself was quite interesting because that was what we tried to do was not go away in a darkened room and invent something, but genuinely coproduce it with different teams to find out well what would work for you? What's going to be flexible enough as a framework that's not going to get in the way of you having these brilliant conversations? That's often as much of the challenge as anything. So, yeah, it's been in development a year or so before that. But, yeah, it's been launched almost a year.

Phil: I want to bagsy, that's a very Bristolian term that I know, I want to reserve some of your time then later on in the year, so maybe August time, maybe August/September time, something like that, where you're over a year in to then explore okay how have you found it? How's it been? How have people found it? What are you finding in terms of...because we've got some of the short term impact that you were talking about, you were alluding to earlier on, in terms of some of the things that have come from the experience of implementing it in the care home. But, yeah, it will be interesting to hear more and from a wider perspective as well.

Sarah: Yeah, totally, I'll be up for that.

Phil: Okay, that sounds good. I guess I want to do a real tack change and ask, and it's a bit of a selfish question because at some point having completed my MSc a couple of years ago I know that PhD, I would like that to happen at some point. I'm going to be a little bit selfish if I may as a host and say how was doing a PhD and working?

Sarah: So, yeah, doing a PhD and working it has its pros and cons of course as you can imagine. At times it was really hard, I'm not going to lie, I did have a moment, I think it was about halfway through where I thought gosh is this just too much? And it was at a stage where it was challenging to see how some of the stuff would all come together because I'd picked such vast topics if you like. But, yeah, I suppose for me it was about finding the right way of working for me. So I would almost put it out of my mind, not out of my mind, that's wrong because it was always set, then I was

noticing things. But in terms of giving myself stuff to actually work on, I wouldn't do that during the working week, I'd compress my hours. I had a free Friday off and I would use the Friday, Saturday, Sunday to really then go into just immerse myself in it and that really worked for me. What it did do, and this is...it just gave me a different way of looking at the workplace, I was looking at it through different eyes. Which was fantastic, it really enhanced my working life by studying at the same time, it helped it feel really grounded, really relevant to my own life as well as it being grounded in that practical context. So for me it was the way to do it, it was, yeah, brilliant. It was a journey and I miss it now. As much as I don't miss...I am enjoying having weekends where I can just wake up and think mm what shall I do today rather than have all my actions for the PhD planned out? That's brilliant but on the other hand I do miss the, yeah, just that quest, that journey that you're on when you do a PhD and just, yeah, the different way of seeing things that that brings.

Phil: Thank you, that was my self-indulgent moment, thank you. So is there anything else then that you think is important? We said that this podcast is about emotion at work and humanising work. And we've talked about a whole host of things along that...in terms of the change in society but also change in work and how that links in with a desire for process and bureaucracy, and certainty, and actually what matters the most to people appears to be the antithesis of that. So is there anything else that you're thinking, feeling or want to say or you think is important for the listeners to hear?

Sarah: I think I would just maybe leave it with something that was put to me by one of my key theoretical informants with all this, that certainly gave me food for thought, which is we need to relate this stuff to our own lives rather than see it as something separate and out there. So what he asked me was to notice in my own life how I command and control rather than be in the moment, be responsive. It's quite fascinating when you look at that because on the one hand you can really believe in something and yet find it quite hard to do. If you think about how you organise your days, how you plan your lives, yeah, it can just be quite revealing to think about how this mindset plays out in a very grounded everyday sense. Just to notice these things. I guess I'll maybe leave that as food for thought.

Phil: Can I not let you leave that as food for thought, can I ask you for one example? So when you thought about it for your life then, would you be willing to share one example of how you thought, yeah, you know what I do that in that way and that stops me doing it?

Sarah: Well I guess it's this thing for me of self-improvement. I love self-improvement, I'm always interested in whether it's mindfulness, exploring that or some kind of new hobby or new subject to explore and that's great. Except sometimes I notice that I can turn that into something very mechanistic, I must get up at this time every day and have a morning routine and start the day with ten minutes meditating blah, blah, blah. And actually how useful is that really to do that? So just noticing the mindset that I bring to some of those things was quite fascinating and doing that a lot. Yeah, I also recently went on a seven day silent meditation...well mostly silent meditation retreat I would say.

Phil: Oh, wow, how was that?

Sarah: Well it was amazing actually, it was one of the best things I've ever done, one of the hardest things as well. It really showed to myself some of the things that we tell ourselves that are maybe not true. So this thing of ah well if I had time, if I didn't have distractions I'd be able to be in this kind of mode. Well what I found was even with no distractions other than literally just sitting and noticing things my mind would still be very, very task focused, quite often. It's really annoying I was expecting to have all these amazing moments of enlightenment and at one with whatever, and actually what it showed me was just how stuck my mind can get in some of these ways of being. So, yeah, that was quite interesting. What I noticed was I would get these insights but rather than just sitting with them or being in the experience I would be thinking ah I can weave that into my next workshop about this kind of stuff. Or I can share this as a story with people. I was always one step ahead and that got in the way of these things like being present and being open to things and being responsive, and spontaneous. So, yes, that would be my example.

Phil: That's wonderful, thank you. I've taken lots of notes as we worked our way through and so I'm going to...if I send them across to you would you mind adding links to either books or papers. The TED Talks and stuff I'll be able to find but some of the authors that you mentioned. I wrote down phonetically how I thought their name might be spelt but I don't know if that's accurate or not. If I send you that over would you mind just pinging that back with some links so that if our listeners wanted to do more reading, more exploration, then they've got ways and means to be able to go and do that, would that be okay?

Sarah: Yeah, sure absolutely.

Phil: So some standard questions that I ask our guests then, is there anybody that you would recommend, anybody you would suggest that I need to go and seek out and get on the podcast?

Sarah: In relation to this particular topic or just because I think they're...?

Phil: No, I guess somebody that you either think has got an interesting story to tell or that you think you'd like to listen to or you'd like to hear from?

Sarah: Can I come back to you on that one with the links and the references?

Phil: Yeah, absolutely.

Sarah: Lovely, I'll give that a little bit of thought.

Phil: So we'll put links to...send me that back and then we'll also have links to books and TED Talks and all those sorts of things in the show list for our listeners as well.

Sarah: Okay.

Phil: So my final question then, is there anything else then that you're thinking/feeling that you want to say before I take us into the outro and wrap the podcast up?



Sarah: No, I don't think there is.

Phil: In that case then, Sarah, thank you so much for your time today. I've really enjoyed it. And I'm excited already for the next instalment to hear more about how you've taken what you've found in your PhD research and then applied it into a slightly different yet similar context. I've really enjoyed today so thank you so much for your time.

Sarah: Yeah, me too, thank you very much.

Phil: Thanks, Sarah, take care, bye bye.

Sarah: Take care, bye bye.