

# Caring for the 'Third Workforce': Developing Resilience and Wellbeing with Carers

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# Declaration of Interests

- Who has paid me to give talks – Welsh NHS, CIA, grays.
- Who has paid me for advice – Welsh NHS, Welsh Government.
- Who has funded my research – Welsh NHS, ESRC, ESF, Welsh Government, grays.
- Who has paid for me to attend conferences – Welsh Government, University of Wales, grays.

1. The 'Third Workforce' is a significant contributor to the health, wellbeing and economy within our countries.
2. In order for carers to endure their 'work role' we need to provide cost effective knowledge and skills that will support them in the long term.
3. We can efficiently develop sustainable capacity for resilience and wellbeing at a grass roots level.



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# What are we going to do today?

- Explore a case study of workplace resilience and wellbeing with the 'Third Workforce'
- Develop a Salutogenic understanding of resilience and wellbeing
- Think about how you can utilise this back at work

# European and UK context

## Workplace stress – Demographics

Europe - EU-funded project (2013), the cost to Europe of work-related depression was estimated to be €617 billion annually.

UK (HSE, 2010/11) conservatively estimated the cost of stress, depression and anxiety at £3.6 billion.

**Third Workforce** - The pressures of caring can take a toll on carers' physical and mental health - 54% of carers have suffered depression because of their caring role; carers also felt more anxious (77%) and more stressed (83%) because of their caring role. Almost 1 in 3 (30%) carers had seen a drop of £20,000 or more a year in their household income as a result of caring.

Carers number 6.5 million, rising to 9 million by 2037. Not a static workforce – 2.1 transition per year.

Cost - Value of caring work estimated £119bn per year – considerably more than total spending on the NHS in England

# Malaysian context

## Workplace stress - Demographics

National Institute of Occupational Safety and Health - General increase in workplace depression. In 2015 the Global Kelly Workforce Index on “Worker Preference and Workplace Agility” - 67 per cent of workers in Malaysia will consider a career that can strike a balance between life and career.

**Third Workforce workload** = Large ageing demographic in Malaysia + in the Asian region shows almost three quarter of patients with mental illness live with family members.

How much is known about wellbeing and resilience of Malaysian Third Workforce? Caregiver's burden impacts upon resilience.

Cost - 10,000 plus at home = 1,780.25 GB per month for 2 elderly relatives.

Overall spending on public sector in recent years is less. Although there is a strong drive to strengthen the economy, culture and workload indicate there is a likelihood of increased burden on Malaysian Third Workforce.

# The project

As an unpaid 'Third Workforce', carers provide services that range from simple to complex health care, social and administrative support to families, friends and members of their local communities.

They work alongside colleagues in health and social care on the 'front line' of care delivery. They are vulnerable to stress and burnout, which is evidenced through related cognitive, emotional, and physical decline.

Likelihood for sub-optimal care, and termination of the caring role, results in an increase in public sector services required for the carer and the cared for.

# The project intervention - I

The intervention was a resilience and wellbeing programme designed using Antonovsky's (1979) wellbeing theories, known to develop resilience through an emerging 'Sense of Coherence' (SoC).

The theories are incorporated in a resilience model developed by Gray (2014; 2016).

The programme encouraged carers to devise salutogenic solutions to remedy pathogenic responses to isolation, stress, and loss of identity.

Practical application of Gray's (2014; 2016) model to develop a psychobiological situational awareness of resilience and wellbeing.



# The project intervention - II

- The intervention had a broaden a build design and ‘homework’ to strengthen social bonds between carers.
- Wanted to determine whether the adapted Resilience and Wellbeing Programme © could address known ‘Carer workforce’ issues associated with **isolation, stress, and identity**
- The intervention was evaluated using the Shortened Warwick Edinburgh Mental Wellbeing Scale (SWMWBS), augmented by three qualitative questions before and after the intervention took place.

# Visual minutes...



# Findings

- The findings demonstrated a significant improvement in mental wellbeing (anything over 0.5 would have shown a positive change, we achieved  $r=.78$ ).
- A shift from managing stressors through being physically active to prioritising a positive mindset and 'self' help.
- New identity as 'Caring Friends'. Sustainable peer work group.
- Collection of new experiential descriptors of resilience and wellbeing.

# The Third Workforce Film

- <https://goo.gl/ZMFWjX>

# Let's have a go.....What number are you?

- Develop a situational awareness of your R&W
- Consider where you are on the R&W scale
- Identify what you can do about it
- Action and review

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Thank You

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