

Organisational anxiety – feeling confident with emotions at work

Naja Felter and Kiran Chauhan, The King's Fund
DoOD Conference
7 May 2026



Sources and effects of anxiety

(from the 2024 lit search)

Sources

- Direct exposure to suffering and death¹
- Constraints of physical environment²
- Increased pressure from workload increase + workforce shortages^{1,2,3}
- Budgetary constraints
- Transition to senior roles⁴
- Dissatisfaction with terms and conditions (esp for doctors)⁴
- Moral injury⁸
- Preoccupation with targets/KPIs over subjective experience of giving and receiving care^{2,5}
- Concerns about institutional management/leadership^{1,3}

Effects

Individual

- Overwork and exhaustion leading to stress, anxiety, burnout⁶
- Health care worker health - in decline for 10-15yrs²
- NHS sickness rate has been 27% higher than other UK public bodies²
- Exacerbated by COVID

Organisational

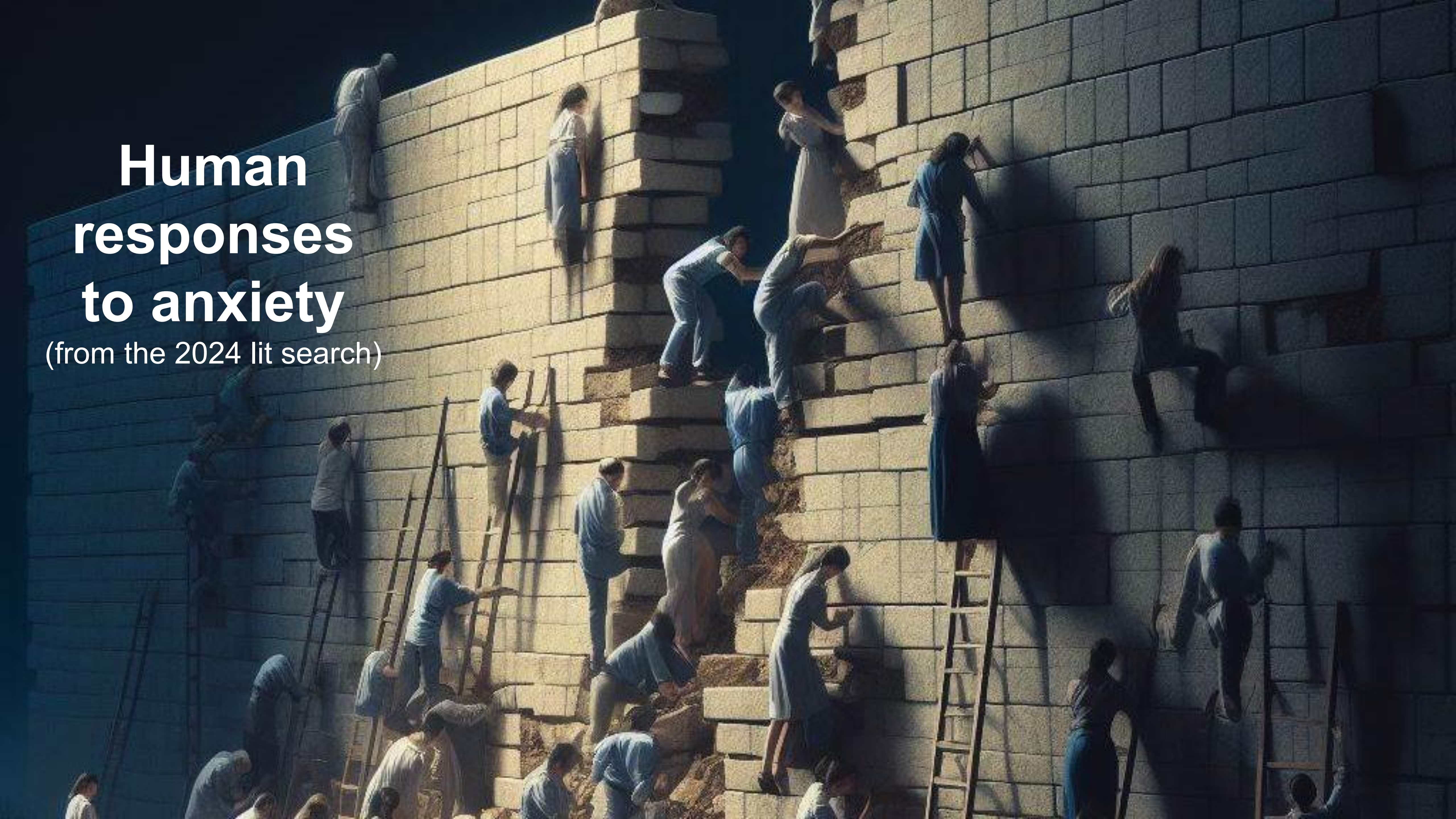
- Absenteeism, turnover^{3,7}
- Adverse incidents⁶
- Lower quality of care⁶
- Poor patient satisfaction⁶

Societal

- Economic losses⁷

Human responses to anxiety

(from the 2024 lit search)



defences

individual

mature^{1,11}

alleviate anxiety and moderate distress, protective against psychological and somatic disease

immature^{1,11}

may provide short term resilience but hinder conscious processing

maladaptive strategies⁵

self-destruction, denial, withdrawal, substance misuse

Social^{1,9,12}

avoid the personal disruption and social chaos that may result from acknowledging and dealing with their anxiety

Eg retreat from primary task, depersonalise relationships turn inwards/scapegoat others

stress > burnout^{5,6, 1}

- emotional exhaustion
failure of empathy/ compassion fatigue
- reduced self-efficacy
- depersonalisation

'Wellbeing' interventions in literature search 4,6,13-20

Individual(ised)

- Health promotion/ raise awareness of risks
- Employee assistance
- Emotional support/ stress management (e.g. CBT, counselling, mindfulness, yoga, meditation, etc)
- Training in relational leadership skills

Organisational

Resources

- Provision of adequate workforce/ funding to manage workload
- Physical environment/ ergonomics (space, light, food, rostering, rest)

Processing the impact of work

- Support groups (e.g. Balint groups, Schwartz rounds)
- Practice supervision/ consultation
- Routes for speaking up (e.g. FTSU, chaplaincy)
- Team/co-worker support (e.g. meetings, forums, team building)
- Holistic reflective practice

Management/leadership approach

- Relationship-based practice = role modelling tolerance of uncertainty, ambiguity and risk, enhancing psychological capital
- Thoughtful re: containing anxiety, reducing emotional dissonance
- Clear comms about purpose, objectives, expectations, role clarity and professional, role clarity, participative decision making
- Workload management, rostering, protected development time

Societal

- Govt policy
- Social attitudes

Social defences against anxiety

Key ideas in Isabel Menzies Lyth's 1960 paper^{3,9,10}

- Feelings like guilt, shame, disgust, or even attraction are common in caring work, but they can be hard to acknowledge. This primary anxiety is frequently managed in unhealthy ways, leading to distorted or alienated relationships.
- Groups often manage this anxiety through **social defences** - eg: depersonalising relationships, withdrawing from the core task of the team/ organisation, or blaming external factors for problems. These responses may help in the short term, but they also create new problems and further anxiety.
- When groups stop blaming others and instead recognise their shared anxiety, they can find healthier ways to cope with the stress inherent to their work.
 - *IML was critical of her own 1960 study for not saying enough about what to do about social defences – and was unhappy that the response focussed largely on providing support groups, rather than the addressing the ‘broader structural and management context’.*
 - *The latter would mean attending systematically to e.g. clarifying roles, structures, boundaries and even buildings that enable attachment and solid identities.*¹⁰

Where we started

Read the blog post:

Organisational anxiety and what leaders are (or aren't) doing about it

Overall aim

To enable the best possible patient care and staff experience, we want to make health and care organisations more containing places for work. We want to do this by encouraging more action based on 'systemic' thinking (informed by social defences theory) about worker experience.

Initial project aim (2024)

To find out what happens when we try to do that using a participatory action research approach.

Project Update 1 (February 2025)

Can we even talk about organisational anxiety?

Read the blog post:

**Organisational anxiety –
can we even talk about it?**

- **Counter cultural in a managerialist paradigm** – no space for emotion, humanity, messiness and irrationality alongside mechanistic/rational understandings of work and norms of evidence-based management
- **Talking about anxiety raises anxiety** – which is then defended against
- **Makes an already out of control system feel even more out of control** – and may generate feelings of incompetence, shame, hopelessness

So, trying to work on it takes time and a relational approach:

- Needs familiarity with the ideas
- Needs a tolerance for sitting with uncertainty and disturbance
- Needs a trusted group/trusted other

Update 2 (July 2025)

What does taking a relational approach mean?

Read the blog post:

Organisational anxiety: what does taking a relational approach mean in practice?



Amelia Randle
GP Glastonbury
Health Centre



Steve Veevers
CEO, HFT

- **Role modelling** care for others and interest in and tolerance for ambiguity, uncertainty, emotionality, discomfort, and risk.
- **Actively making space to normalise conversation about emotions/anxiety** that may have otherwise been managed through dysfunctional group behaviour.
- **Leaders doing their own work**, being curious about how their own experience, and that of others, and how they arise systemically.

Update 3 (January 2026)

Feeling our way forward: three key insights

Read the blog post:

**Feeling our way forward:
emotions, leadership, and the
future of care**

- **Leadership is an emotional process.** Emotions shape how we show up, how we relate, and how we lead. Yet our systems often reward detachment and control. When we create space for emotional reflection, we create new possibilities for connection and change.
- **Leadership is a relational process.** Leadership happens in and through relationships that shape and are shaped by the emotional climate of our organisations. Relational leadership is about being present and engaging with others with compassion, clarity and honesty.
- **Reflection and dialogue must be ongoing.** Emotions aren't problems to fix, they're data to understand. They tell us what matters and where our attention is needed. By embedding reflection and dialogue into our work, we can build work cultures that are more humane and responsive – potentially enabling better quality work in challenging circumstances.

Questions for you:

How confident do you feel about these aspects of working relationally?

What would help you feel more confident?

- **Role modelling** care for others and interest in and tolerance for ambiguity, uncertainty, emotionality, discomfort, and risk.
- **Actively making space to normalise conversation about emotions/anxiety** that may have otherwise been managed through dysfunctional group behaviour.
- **Leaders doing their own work**, being curious about how their own experience, and that of others, and how they arise systemically.

More questions for you:

Who needs to be convinced to get this on the agenda in your context?

What would catch their attention and why?

What support would you need to feel confident to do this work?

Want to find out more?

ENGAGE

Community of practice in planning

Send Kiran an email to join the mailing list:

k.chauhan@kingsfund.org.uk

DEVELOP

The King's Fund Organisational Development Programme

Next cohort starts Oct 26. Email Naja for more info:

n.felter@kingsfund.org.uk

READ

- Menzies, I.E.P., (1960). A case-study in the functioning of social systems as a defence against anxiety: a report on a study of the nursing service of a general hospital. *Human Relations*, 13(2), pp.95–121.
- Hirschhorn, L. (1988). *The workplace within: psychodynamics of organizational life*. MIT Press
- Armstrong, D and Rustin, M. (2015) *Social defences against anxiety: explorations in a paradigm*. Routledge
- [Organisational Anxiety: What Leaders Are \(or Aren't\) Doing About It | The King's Fund](#)
- [Organisational Anxiety – Can We Even Talk About It? | The King's Fund](#)
- [Organisational Anxiety: What Does Taking A Relational Approach Mean In Practice? | The King's Fund](#)
- [Emotions, Leadership, and the Future of Care | The King's Fund | The King's Fund](#)

Thanks

kingsfund.org.uk



Bold thinking for better health

References

- 1) Di Giuseppe, M., Nepa, G., Prout, T.A., Albertini, F., Marcelli, S., Orru, G. and Conversano, C., (2021). Stress, Burnout, and Resilience among Healthcare Workers during the COVID-19 Emergency: The Role of Defense Mechanisms. *International journal of environmental research and public health*, 18(10).
- 2) Lawrence, W., Hine, J., Watson, D., Smedley, J. and Walker-Bone, K., (2022). How to improve hospital employees' health and well-being: a staff consultation. *BMC Health Services Research*, 22(1), p.1488.
- 3) Lawlor, D., (2009). Test of Time: A Case Study in the Functioning of Social Systems as a Defence Against Anxiety: Rereading 50 Years On. *Clinical Child Psychology and Psychiatry*, 14(4), pp.523–530. <https://doi.org/10.1177/1359104509339545>
- 4) Spiers, J., Kokab, F., Buszewicz, M., Chew-Graham, C.A., Dunning, A., Taylor, A.K., Gopfert, A., van Hove, M., Teoh, K.R.-H., Appleby, L., Martin, J. and Riley, R., (2022). Recommendations for improving the working conditions and cultures of distressed junior doctors, based on a qualitative study and stakeholder perspectives. *BMC Health Services Research*, 22(1), p.1333.
- 5) Shields, G. S., Fisher, M., & Vega, M. O. (2023). Teaching power skills to improve physician self-efficacy, reduce burnout, and improve patient outcomes. *Future healthcare journal*, 10(2), 119–123. <https://doi.org/10.7861/fhj.2023-0050>
- 6) Zakaria, N., Zakaria, N.H., Rassip, M.N.A.B.A. and Lee, K.Y., (2022). Burnout and coping strategies among nurses in Malaysia: a national-level cross-sectional study. *BMJ Open*, 12(10), p.e064687.
- 7) Emal, L.M., Tamminga, S.J., Daams, J.G., Kezic, S., Timmermans, D.R.M., Schaafsma, F.G. and van der Molen, H.F., (2022). Risk communication about work-related stress disorders in healthcare workers: a scoping review. *International archives of occupational and environmental health*, 95(6), pp.1195–1208.
- 8) Rabin, S., Kika, N., Lamb, D., Murphy, D., Stevelink, S.A., Williamson, V., Wessely, S. and Greenberg, N., (2023). Moral Injuries in Healthcare Workers: What Causes Them and What to Do About Them? *Journal of Healthcare Leadership*, 15, pp.153–160.
- 9) Menzies, I.E.P., (1960). A Case-Study in the Functioning of Social Systems as a Defence against Anxiety: A Report on a Study of the Nursing Service of a General Hospital. *Human Relations*, 13(2), pp.95–121. <https://doi.org/10.1177/001872676001300201>
- 10) Lawlor, D., & Webb, L. (2009). An interview with Isabel Menzies Lyth with a conceptual commentary. In D. Lawlor & L. Webb (Eds.), *Organisational and social dynamics*, (Vol. 9, no. 1). London: Karnac Books.
- 11) Fitzgerald-Yau, N. and Egan, J., (2018). Defense Styles Mediate the Association Between Empathy and Burnout Among Nurses. *The Journal of nervous and mental disease*, 206(7), pp.555–561.
- 12) Whittaker, A., (2011). Social defences and organisational culture in a local authority child protection setting: challenges for the Munro Review? *Journal of Social Work Practice*, 25(4), pp.481–495.
- 13) Jacobs, S., Johnson, S. and Hassell, K., (2018). Managing workplace stress in community pharmacy organisations: lessons from a review of the wider stress management and prevention literature. *The International journal of pharmacy practice*, 26(1), pp.28–38.
- 14) Ruch, G. (2007) 'Reflective practice in contemporary childcare social work: the role of containment', *British Journal of Social Work*, vol. 37, no. 4, pp. 659 –680
- 15) Jun, J. and Costa, D.K., (2020). Is It Me or You? A Team Approach to Mitigate Burnout in Critical Care. *Critical care nursing clinics of North America*, 32(3), pp.395–406.
- 16) Barrientos-Trigo, S., Vega-Vazquez, L., De Diego-Cordero, R., Badanta-Romero, B. and Porcel-Galvez, A.M., (2018). Interventions to improve working conditions of nursing staff in acute care hospitals: Scoping review. *Journal of nursing management*, 26(2), pp.94–107.
- 17) Health Education England and National Workforce Skills Development Unit eds , (2019). *Workforce stress and the supportive organisation : : a framework for improvement through reflection, curiosity and change*, London: HEE.
- 18) Niinihuhta, M. and Haggman-Laitila, A., (2022). A systematic review of the relationships between nurse leaders' leadership styles and nurses' work-related well-being. *International journal of nursing practice*, 28(5), p.e13040.
- 19) British Medical Association ed , (2021). *Moral distress and moral injury: recognising and tackling it for UK doctors*, London : BMA.
- 20) Brand, S.L., Coon, J.T., Fleming, L.E., Carroll, L., Bethel, A. and Wyatt, K., (2017). Whole-system approaches to improving the health and wellbeing of healthcare workers: a systematic review.