observations and co-mediation before carrying out mediation on their own.

There are conversion courses for those with some existing knowledge and skill in relation to personal interaction, psychology, interviewing, facilitating, coaching and training. In fact, experienced mediators often reflect later that they wish their training had included more:

■ ways of using brief therapy techniques
■ techniques for responding constructively to each emotion – including shame, jealousy, grief etc
■ coaching skills when working with individuals
■ ways of discovering what people think or want subconsciously, and bringing them into conscious awareness
■ better ways of analysing conflict stories and transforming them
■ better techniques for generating options and 'expanding the pie' (or creating more to share between the parties)
■ ways of becoming aware of and responding to the 'energies' and 'vibrations' of conflict
■ ways of gaining permission to work with people on a spiritual or heartfelt level
■ ways of addressing the underlying systemic issues and chronic sources of conflict
■ ways of addressing our own unresolved conflicts and making sure our emotions and judgments don't get in our way.

As a result of much discussion during 2008, the Civil Mediation Council (CMC)[6] is now a substantial umbrella professional body for those working in the employment and workplace fields. Its website includes a definition of 'employment and workplace' mediation, along with the standards it expects of mediator members. Government has been reassured that should the ACAS helpline (expanded in the light of the legislation) receive cases which are less about statutory conciliation and more about mediation at work, they will refer callers to the CMC website where they will find contact details for mediation suppliers meeting a certain standard.

'Don't be a believer, be experienced.'
(Machteld Pel J, CMC Conference 2009)

If you would like to comment on the development of mediation in the workplace, please visit our blog at www.peopleresolutions.com ■

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Pandem

Mandy Rutter explores how the workplace can

Between 24 April and 6 May 2009, 31 people died of swine flu – 29 in Mexico and two in the USA. During that same period there were 253,442 news reports about swine flu, equating to 8,176 articles for every person who died[1].

With the plethora of news articles about each tragedy, it is not surprising that the media has provided us with a range of contradictory headlines in a desperate attempt to find a new angle on the swine flu situation. The combination of a new virus with an unknown trajectory and a range of media contradictions has caused some people to feel panic and anxiety. However, as one journalist has commented, 'What should scare the public is not flu but the shambles of scaremongering that regularly envelopes it'[2].

Whatever the cause of anxieties around swine flu, it is our role as workplace counsellors to listen, contain and support employees with such concerns. However, as counsellors we are in a unique position to offer workplace managers advice and guidance about the psychosocial issues accompanying the swine flu pandemic.

The majority of workplaces will by now have business continuity plans in place to deal with the second wave of swine flu. It is likely that these plans will focus on ensuring business-critical tasks and procedures are in place, whether it be telephone answering, IT servicing, or supply chain monitoring. But many plans may not have in place ways to deal with human aspects of the pandemic such as:

■ managing anxiety about health and wellbeing
■ communicating the organisation's expectations of employees during a pandemic
■ understanding morale and motivation of staff who have to move to home working
■ communicating with employees who have suffered a bereavement through swine flu
■ assisting staff who are unable to identify a flu buddy
■ supporting employees back into the workplace after long periods of absence (due to illness, bereavement or working from home).

ic pandemonium

respond to the psychological issues of swine flu

This article provides some information for workplace counsellors about the psychological issues of swine flu and how workplaces can take simple, commonsense steps to ensure that the psychological needs of staff are addressed as well as their physical and employment needs. As there is very little research on the psychological effects of swine flu, the contents, examples and guidance are taken from a range of sources (listed at the end) and recent experience in supporting a number of organisations and individuals through the recent swine flu pandemic.

All businesses at some time have to cope with unpredictable situations that threaten their continuity – for example floods, power outages, fire, accidents or terrorist threat. Swine flu in essence is a business continuity threat which is all about people – their physical illnesses, their wellbeing and their psychological motivation and ability to keep working.

Psychological considerations of swine flu in the workplace

It is useful to separate the considerations into four main areas:
■ What are the perceived threats and fears about swine flu and how are these influencing behaviour?
■ How can the workplace monitor changes in the psychological state of employees?
■ How can the workplace assist employees to develop resilience during a pandemic?
■ Are there any additional services that the organisation needs to offer to support employees with their psychological needs?

Threats and fears

The easiest way to find out how employees are thinking and feeling is to ask them and to encourage an open dialogue about swine flu reactions. During the last wave of the pandemic some organisations initiated a specific email system directed to HR or business continuity planners, entitled 'questions and answers about swine flu', which was an open access system where all questions were anonymous but employees could view the questions and answers. This system enabled managers to assess employees' concerns on an ongoing basis.

So what did managers find when they asked employees about their concerns? As expected, they found a range of reactions, from employees feeling calm and informed – to those who had strong emotions about aspects of the illness. Here is a list of some of the concerns identified by employees during the first wave of the pandemic:
■ fear of catching the virus and transmitting it to others
■ feeling ineffective and powerless to protect self and family
■ feeling angry about prejudice, stigmatisation and isolation
■ feeling angry about the Government or organisational response, feeling that the 'authorities' aren't doing enough
■ feeling angry that routines are disrupted by family illness, childcare or restricted travel
■ feeling angry that commuting to work will expose employees to the virus
■ feeling anxiety about separation from family members who live in different parts of the country or the world
■ feeling concern for children and other vulnerable family members
■ questioning the effectiveness of anti-virals and fears of insufficient anti-viral supplies
■ feeling the stress of dealing with another difficult and distressing situation in addition to a debilitating recession.

These emotions are not unusual or unexpected. Any new, unfamiliar situation with unknown outcomes can create anxiety in some people – we know that as our adrenalin gets raised in response to fear of the unknown, our brain's quickest response is an emotional one. But the emotional anxiety needs to be calmed as anxiety can spread through an organisation very quickly.

The organisation can assist employees to move from the emotional response to a thoughtful, commonsense reaction by providing access to information and encouraging employees to research and explore the information for themselves – the very act of looking for the information that answers our own individual question can be therapeutic in its own right – it encourages people to think logically, and find their own answers. This helps them feel more in control, and develop personal

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autonomy over their own reactions. Once they have begun to search the enormity of information available, they will see that there are consistent messages about hygiene, health, NHS guidelines, symptoms and reactions.

The next stage in managing anxiety is to encourage staff to develop their own personal and family plan, and to think about how they would manage themselves and their family. For example, one employee who contracted swine flu moved out of his own house for a week while he was symptomatic and stayed at the empty house of a friend who was on holiday, as he didn't want to infect his 18-month-old baby and pregnant wife. Another family decided that if their children's school closed, the father would work from home to care for the children as his wife was a healthcare worker and had vulnerable people dependent on her care. Much reassurance can be gained from developing a family continuity plan while the family is physically well and calm, rather than having to make difficult decisions in tense situations when competing priorities are causing great stress. It is important to encourage employees to be holistic about planning and ensure that their family plans are not at odds with the expectations of their workplace.

I asked a group of pandemic planners at a local authority what their priorities would be if the second wave of the pandemic was more severe than the first. Conscientiously, they said they would be attending work without interruption, they had essential roles within the organisations and they would be ensuring plans were in place. I asked them if they had said this to their families and if they had explained that work would remain a priority throughout the worse phases of a pandemic and that they wouldn't be at home to look after sick children, elderly parents or spouses. No planner in the room had discussed these issues with their family, which is clearly a disaster waiting to happen, in addition to the swine flu virus.

In summary, personal family planning helps to develop common sense and rational thought, and raise important questions of logistics and strategy.

Psychological reactions

The second issue to consider is how to monitor psychological reactions in the workplace as the pandemic develops and changes. How can managers take the emotional temperature of their staff during this time? This is where we need to use the management process. It is important as far as possible to maintain the familiar managerial processes that keep us functioning – it is through this process that managers gain feedback. Each organisation has its own communication procedures, but

workplace counsellors need to emphasise to managers the importance of listening to employees' experiences at this time. The two main areas of employee/employer communication in most organisations is team meetings and individual line management sessions. Therefore we need to:
■ encourage managers to put swine flu on the agenda of team meetings, to check out personal issues and changes of health status
■ ensure that all absentees have return-to-work interviews, and ensure particularly that anyone off with swine flu has a thorough interview about what the organisation can learn about its swine flu response.

A recent example was a sales manager in a finance company who lived near her office but travelled a lot. When she contracted swine flu she was asked by her GP to send a flu buddy to collect her Tamiflu. Unfortunately, as she had recently moved to the area, had not made local friends and her family lived miles away, she did not have a flu buddy. To make her isolation worse, the following day two health workers turned up at her door with masks and gloves to give her the Tamiflu. She felt she had a very isolating and lonely experience which could have been assisted by a colleague maintaining contact and being her flu buddy. However, as the organisation did not conduct an effective return-to-work interview, the lessons from this situation were not learnt for other staff.
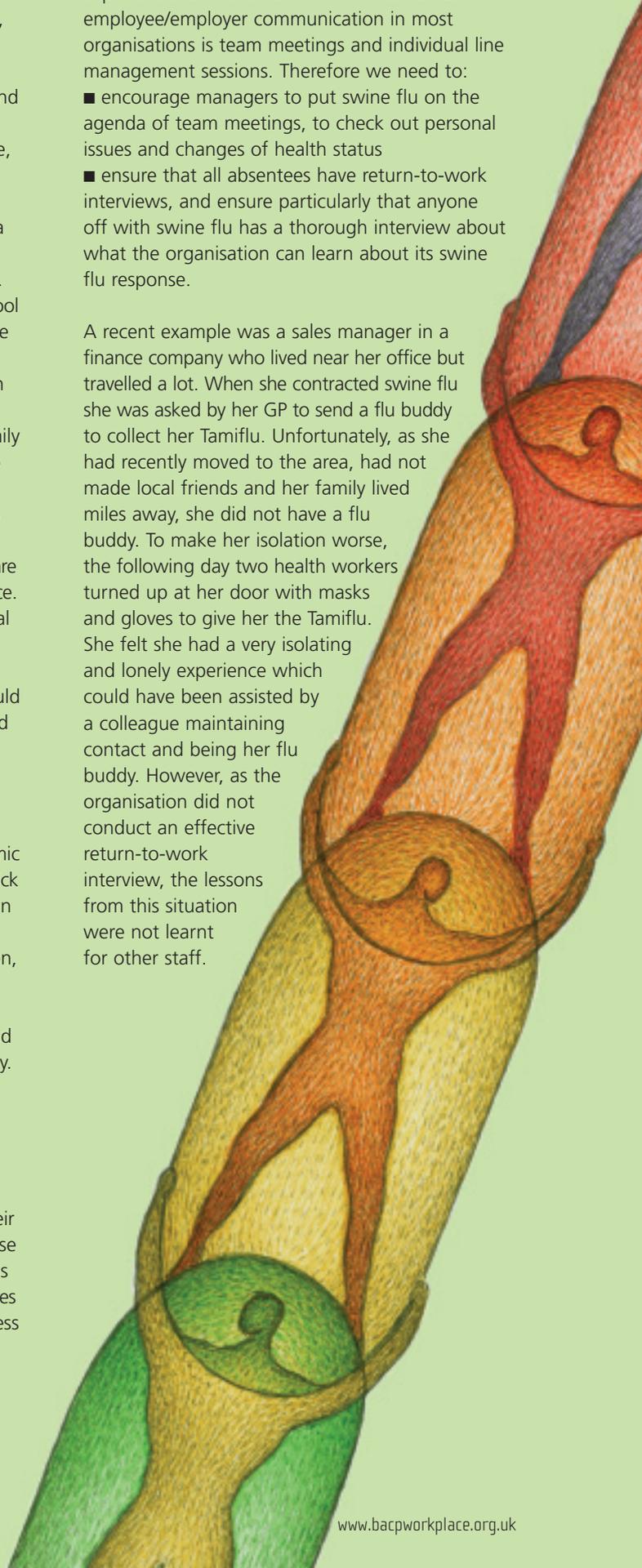
Having a mechanism for monitoring the feelings and reactions of staff is crucial in the run-up to the winter season, and is essential in planning resources.

Resilience

The third area to focus on is assisting and encouraging employees to develop personal and group resilience during a pandemic.

Personal resilience is our ability to adapt reasonably well in times of difficulty and stress. It is not about avoiding the stress but about recognising what keeps us healthy both physically and psychologically during difficult times. Many of the things that keep us functioning well are 'good habits'. I asked a team of medical administrators if they could identify what kept them resilient. Here are some of their answers:

■ walking my dog every day
■ reading a story to my daughter
■ planning my meals weekly so I have healthy food
■ chatting to my mates every Friday in the pub
■ going to my aerobics and pilates class
■ having a long bath
■ telling jokes with my son
■ having my colleagues tell me when I'm stressed and irritated.

One of the most important features of resilience is the employee's ability to develop and utilise their support network. There is increasing evidence that having people around to support you reduces the effects of stress – this can be applied to swine flu in relation to identifying flu buddies, developing a family plan, and discussing swine flu with colleagues.

The collective resilience we develop through building networks encourages our families, teams and workplaces to adopt a supportive, commonsense approach without resorting to cynicism, gossip and scaremongering.

> **'The collective resilience we develop through building networks encourages our families, teams and workplaces to adopt a supportive, commonsense approach'**

Support and guidance

Finally, it is important for workplace counsellors to offer managers guidance about practical actions that can help employees manage their psychological needs:

■ Provide authorised information and guidance on swine flu, and encourage staff to search the information and identify what is relevant to them.
■ Ask staff to develop their own personal and family plan for swine flu, and identify their flu buddy (if they can't identify a buddy their workplace colleagues may be able to help).
■ Provide information about personal resilience and encourage staff to develop health-sustaining habits.
■ Identify staff who may be at greater risk either through pre-existing conditions or who may be exposed to the virus through regular travel, or contact with clients, customers or service users.
■ Train managers to identify stress and distress in their staff and remind them of resources available.
■ Ensure managers maintain the usual management functions but with an additional focus on swine flu. This is particularly important when supporting employees back to work after sickness absence.
■ Take an audit of existing staff support systems – whether it be the occupational health service, EAP (employee assistance programme) provision, in-house counsellors or welfare staff, and identify what enhanced service they are offering during this time.
■ Collate the range of responses and experiences that have arisen as a result of the recent pandemic phase and use them to develop effective support systems for the second pandemic phase likely to be upon us in the winter months.

References

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Useful links

NHS Direct www.nhsdirect.nhs.uk
Department of Health www.dh.gov.uk/en/Publicationsand statistics/Publications/PublicationsPolicyAndGuidance/DH_103168
NHS 24 (Scotland) www.NHS24.com
Direct Gov www.direct.gov.uk/en/Swineflu
World Health Organisation www.who.int
Health and Safety Executive www.hse.gov.uk
Foreign and Commonwealth Office www.fco.gov.uk
Royal College of Obstetricians and Gynaecologists www.rcog.org.uk/news/swine-flu-alerts
Centres for Disease Control and Prevention www.cdc.gov/h1n1flu
Health Protection Agency www.hpa.org.uk
Faculty of Occupational Medicine www.facoccmed.ac.uk
Business Link www.businesslink.gov.uk
Scottish Government www.scotland.gov.uk
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