Motivation & Task Initiation in the Workplace

FACTS — Understanding depression, getting started, and removing unnecessary workplace barriers

Depression can affect motivation and task initiation. Someone may want to complete a task, understand its importance and still struggle to begin. This is not necessarily a lack of effort, interest or responsibility. Depression can reduce energy, concentration, decision-making capacity and the ability to move from intention into action.

At work, the difficulty may be invisible. An employee can appear to be sitting quietly, delaying a response or postponing a familiar task while internally trying repeatedly to get started. This guide explores how that experience may arise, how to respond without judgement and what practical workplace support may help.

1. Motivation and task initiation are not the same thing

Motivation describes the drive or desire to act. Task initiation is the process of actually beginning an activity. A person might feel motivated but be unable to organise the first step; equally, someone may start a task because of routine or structure even while experiencing very little motivation.

Depression can affect both. Low mood and loss of pleasure may reduce interest in activities that once felt rewarding. Cognitive and physical symptoms can also make starting, planning, concentrating and persisting more difficult. These experiences vary between people and can fluctuate over time.

2. What this can look like at work

- Staring at an email or document and being unable to begin
- Taking a long time to choose which task to do first
- Avoiding tasks that involve several steps or unclear expectations
- Needing repeated prompts to return to an interrupted task
- Feeling overwhelmed by a growing to-do list
- Struggling to switch from one activity to another
- Completing urgent work but being unable to start less immediate tasks
- Experiencing guilt or anxiety about delays, which makes starting harder
- Finding tasks significantly harder later in the day or after demanding interactions

These signs do not establish that a person has depression. Sleep difficulties, medication effects, stress, ADHD, autism, burnout, physical illness and workplace conditions can also contribute. The purpose is to identify barriers rather than guess a diagnosis.

3. Why being told to “just get started” may not help

Advice that assumes the barrier is simply willingness can increase shame. An employee may already be trying to overcome fatigue, slowed thinking, indecision or feelings of hopelessness. Repeated pressure without practical support can increase avoidance and make the task feel larger.

A more useful response is to explore **what makes the first step difficult**: Is the task ambiguous? Is there too much information? Does it require a difficult conversation? Is there a fear of making mistakes? Are there competing demands? Is the person already exhausted?

4. How task initiation can create a cycle

A task feels difficult to begin. It is delayed. The delay increases worry, guilt or perceived pressure. Those feelings make the task more emotionally demanding, so beginning becomes even harder. As the backlog grows, the employee may feel increasingly unable to explain the problem or ask for support.

Breaking this cycle often involves reducing the demand of the starting point, clarifying priorities and offering support without treating the delay as a character flaw.

5. Practical workplace adjustments

- **Clarify the first action:** replace “finish the report” with a concrete starting step such as opening the template or drafting three headings.
- **Agree priorities:** identify what must happen today, what can wait and who can help when tasks compete.
- **Use written instructions:** provide short steps, deadlines and examples that can be revisited.
- **Break work into manageable stages:** agree milestones rather than relying on one distant deadline.
- **Offer predictable check-ins:** use brief, collaborative reviews to remove obstacles, not constant surveillance.
- **Reduce unnecessary interruptions:** protect a reasonable period for focused work where the role allows.
- **Allow flexible timing:** schedule demanding tasks at times when concentration is most accessible where practical.
- **Review workload:** temporarily redistribute, pause or simplify non-essential demands when appropriate.
- **Offer a choice of communication:** written questions, one-to-one discussion and time to process can make asking for help easier.

Adjustments should be chosen collaboratively. A timer, reward chart or rigid productivity target will not be helpful for everyone; some approaches can add pressure. Reasonable adjustments depend on the individual and the job. In the UK, depression may meet the Equality Act 2010 definition of disability where its legal criteria are satisfied.

6. For managers: supportive conversations

Begin with an observation rather than an accusation. For example: *“I’ve noticed it has been harder to get started on some tasks recently. Is there anything about how the work is set up that we could change?”*

Ask what would make the work clearer or more manageable. Consider whether instructions, workload, deadlines, environmental demands or expectations need reviewing. Avoid demanding personal medical details to have a practical conversation about support, and maintain appropriate confidentiality.

Helpful follow-up questions include: “Which part is hardest to begin?”, “Would a short list of priorities help?”, “Would it be easier to plan the first step together?” and “When should we check whether this adjustment is working?”

7. For employees: communicating a practical need

You do not need a perfect explanation of why a task feels difficult to request a workable adjustment. You may find it easier to focus on what helps. Some examples:

- “I can complete the task more reliably if we agree the first two steps.”
- “Could you confirm which of these tasks is the priority today?”
- “I am finding open-ended tasks difficult to start. A clear deadline and example would help.”
- “Could we split the project into shorter milestones?”
- “Can I send an update in writing rather than explain everything on the spot?”

8. A gentle five-step task initiation approach

- **Notice the barrier:** name what feels difficult without judging yourself.
- **Choose one task:** focus on what matters most rather than the entire backlog.
- **Make the entry point tiny:** write a title, open the file, gather materials or send one question.
- **Make support visible:** use an agreed check-in, accessible instruction or trusted colleague where helpful.
- **Review capacity:** if the task remains inaccessible, consider reducing demand or seeking support rather than escalating self-criticism.

A small step can be useful, but it is not a substitute for addressing illness, unrealistic workloads, inadequate adjustments or other significant barriers.

9. Personal reflection worksheet

Which tasks are hardest for me to start?

_____

What seems to be getting in the way?

_____

What is the smallest realistic first step?

_____

Which expectations could be clarified or reduced?

_____

What support or adjustment would help?

_____

How will I know whether that support is helping?

_____

10. When further support may be needed

If low motivation, difficulty initiating tasks or loss of interest is persistent, worsening or significantly affecting daily functioning, a GP or qualified mental health professional can help assess the wider picture. Workplace adjustments and professional care can work alongside each other. If someone is in immediate danger or at risk of harming themselves, seek urgent local emergency support.

Final thoughts

Difficulty beginning a task is not automatically laziness or a lack of commitment. Depression can make apparently simple activities require substantial effort. Clear expectations, compassionate conversations, realistic workload adjustments and appropriately timed support can help an employee participate without being expected to push through at any cost.

The goal is not to demand constant productivity. It is to make work more accessible, sustainable and humane.

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Educational information only. This guide does not diagnose depression or replace individual clinical, occupational health or legal advice.