research in practice

University of Bedfordshire

Birkbeck
UNIVERSITY OF LONDON

SWORD workbook:

Understanding resilience

Understanding resilience

Working in social care is challenging but rewarding. Research findings show that, for the most part, social care practitioners enjoy their work. Workers in children's services have reported feeling valued by children and families, and well supported by their managers and colleagues (Murray, 2015). Similarly, people working with adults typically find their work meaningful and personally rewarding (McFadden et al., 2018), and those working in mental health settings generally report being satisfied with their role (Nelson et al., 2009). Nonetheless, social care work can be challenging, emotionally demanding and stressful. For several years, the annual Labour Force Survey (Health and Safety Executive, 2020) has found that people working in social care are at greater risk of work-related stress, depression and anxiety than most other occupational groups. The sector faces many challenges that can threaten the wellbeing of workers and the quality of the service they provide, such as:

> Rapidly changing social policies, complexity of multi-agency working, frequent reorganisations, and regular revision of policies and procedures.

> Public scrutiny and mistrust exacerbated by a 'blame' culture and negative perceptions of the profession promoted by the media and social media.

> Limited resources and reduced funding meaning that workers are increasingly expected to 'do more with less'.

> The national social care crisis and the additional demands placed on workers during the COVID-19 pandemic.

> The introduction of centralised management models of practice and decision-making with increased administrative burdens.

> The widespread introduction of agile and flexible working and associated practices (e.g. hot-desking) in some organisations with little guidance and support.

> Evidence of workplace harassment and bullying, including some employees being subjected to racism, discrimination, exclusion, homophobia or stereotyping that can compound the stress experienced from the job itself.

> High levels of absenteeism and 'presenteeism' (where employees continue to work when sick).

> Workforce shortages, high turnover of employees and recruitment difficulties resulting from challenging working conditions, low job satisfaction and chronic stress and burnout.

People working in social care are at particularly high risk of burnout (McFadden, 2015; Peinado & Anderson, 2020; Sanchez-Moreno et al., 2014), which is a state of emotional, mental and physical exertion caused by excessive and prolonged stress. A study of social workers employed in 22 local authorities in England (Hussein, 2018) found a high proportion of children's social workers were emotionally exhausted, felt jaded and cynical about their work, and lacked a sense of self-efficacy and achievement. More experienced employees were less likely to show signs of burnout, but high turnover meant there were fewer in post. Practitioners can experience burnout when organisational factors impair their ability to deliver a good quality service (Acker, 2010) and where they have little autonomy and poor support (Hamama, 2012; Johnson et al., 2012; Sanchez-Moreno et al., 2014). Lower self-perceived competence and increased role stress due to the changing ethos of services (e.g. an emerging business focus or target-based practice) can also increase the risk of burnout (Acker, 2010). Moves toward care management models, including the management of individualised budgets and their associated risks, have also added to the pressure adult social workers can feel in their role (Wilberforce et al., 2014).

Other studies have found that many social care workers struggle to maintain a healthy work-life balance (Social Work Watch, 2014; Kinman, 2021). This stems from the demanding and complex nature of their work, as well as lack of support and short-staffing and individual orientations to the job, such as a strong sense of duty and involvement (Kalliath et al. 2012). Meeting the expectations of others and excessively high self-expectations can also intensify work-life conflict by breeding self-criticism and encouraging people to work harder (Kinman & Grant, 2020a). Conflict between work and personal life can be damaging, as it can impair job satisfaction and increase the risk of stress and burnout (Kalliath & Kalliath, 2014; Kinman, 2021).

It is acknowledged that retention of the social care workforce is key to improving service provision, standards and outcomes, but the sector is experiencing ongoing difficulties (Costello et al. 2019; Ravalier, 2018). Reasons for attrition include the demanding nature of the work, a poor psychosocial safety climate, lack of control, poor managerial support, low pay and limited opportunities for career progression, as well as job-related stress, feeling burned out and work-life conflict (Ayakwah, K & Cooper J. 2019, Geisler et al., 2019; Samuel, 2020a). High turnover rates are not only costly for organisations but have a negative impact on people who access services due to factors such as poor continuity of care. Moreover, stress, compassion fatigue and burnout experienced by social care practitioners can also have adverse effects on people who access services (Bride, 2007; Hansson et al., 2013). It is therefore crucial to provide workers with adequate support to protect their wellbeing. Organisations have a key role to play in creating a workplace climate that builds the capacity for resilience to ensure that work is not detrimental to employees' wellbeing or their professional practice.

Wellbeing during the pandemic and beyond

Research findings indicate that the mental wellbeing of social care workers was generally poor prior to the COVID-19 pandemic and appears to have deteriorated further during the crisis. Workers experienced many challenges during the pandemic, some of which are ongoing. They include:

> Longer working hours and an increase in the complexity, volume and intensity of work.
> Managing uncertainty.
> Anxiety about outbreaks at places of work.
> The need to balance concerns about their own and their family's health with their ethical obligations.
> Concerns about personal health and safety and the safety of people accessing services.
> Moral injury referring to the distress resulting from actions (or inactions) that violate a helping professional's moral or ethical code.
> Bereavement and grief following the deaths of people accessing services, colleagues, family members and friends.
> Moving from face-to-face care provision to a predominantly virtual service.
> Working from home with limited support and feelings of social isolation.
> Difficulties getting support for any secondary trauma they may experience.
> Uncertainty around easing lockdown restrictions and what it means for social care settings.

See: Alston et al., 2021; Ashcroft et al., 2021; Gov (2021); Harrikari et al., 2021; Samuel (2020b); Turner (2020); Williamson et al. (2020).

Social care practitioners worked tirelessly during the pandemic to ensure that service delivery was maintained. Research provides evidence of their resilience in adapting to new practices and the use of considerable creativity and innovation when under pressure (Baginksy & Manthorpe, 2021; Kingstone et al. 2021). This may have been to the detriment of workers, as there is evidence that concerns about delivering services remotely, providing adequate support and feelings of failure have increased the risk of poor wellbeing and mental health problems (Atfield et al., 2021). Another recent study, however, that surveyed social workers before and during the pandemic suggests that mental wellbeing and the quality of working life may have improved rather than deteriorated, owing to increased support and beneficial changes to working practices (McFadden et al., 2021). Nonetheless, challenges are ongoing and organisations need effective support structures to help employees maintain and improve their wellbeing.

In the UK, there is a national shortage of social care workers, with the demand expected to rise to meet demographic and other social changes. The current shortfall of workers and the projected increase in demand means that more support is needed during the current crisis and beyond, as the impact on the wellbeing of workers is likely to persist over time. As highlighted above, unmanageable work demands, stress and burnout are frequently cited as reasons for leaving social care work. Without better support, many experienced workers are likely to leave, compromising the quality of care and providing additional challenges for those that remain. Organisations have a key role to play in creating a workplace climate that builds the capacity for resilience so that the wellbeing of workers is protected. A healthy workplace climate can also enhance the delivery of services and the satisfaction of the people that use them.

Defining resilience

There is no consensus on the definition and meaning of resilience. It is seen as a personal trait that helps people adapt positively to adversity, as an aspect of the environment that enables people to thrive, and as a dynamic relationship between personal characteristics and the ability to access support (see Grant & Kinman, 2014).

Building resilience: individual approaches

Research conducted with social workers from different professional backgrounds (Grant & Kinman, 2013) found that resilience is commonly seen as an individual quality: the ability to resist, 'bounce back', or recover from difficulties or setbacks. More specifically, as the ability to use the learning gained from negative experiences to adapt to different contextual and developmental challenges. Practitioners also referred to people's capacity to achieve personal growth during times of adversity, so that they become more resourceful than before.

A range of personal qualities and environmental resources has been associated with individual resilience:

Self-awareness: the capacity for introspection and a strong sense of personal identity.	**_Confidence and self-efficacy:_** positive beliefs and attitudes about oneself and one's ability to exert control over motivation, behaviour and the social environment.
Emotional literacy: the ability to attend to, recognise and regulate moods in oneself and others; an understanding of how emotional states can influence problem-solving and personal functioning.	**_Autonomy, purposefulness and persistence:_** a sense of mastery and purpose; the capacity to identify priorities now and in the future; the ability to derive meaning and recover from difficulties.
Social support: a strong network of supportive relationships that one can draw upon during challenging times.	**_Social competence:_** advanced social skills and self-assurance in social situations.
Adaptability, resourcefulness and effective problem-solving skills: the ability to respond to challenges positively and flexibly, and to generate ideas and solutions from different perspectives; the ability to adapt to change and to learn from experience; the ability to tolerate uncertainty and ambiguity.	**_Enthusiasm, optimism and hope:_** having a positive but realistic outlook; generally expecting that positive change is possible.

Although these are all individual qualities, the extent to which workers can develop and draw upon them during challenging times will depend on their personal circumstances and the context in which they are working.

Table 1 sets out key resilience-building qualities and resources, along with examples of interventions and strategies that can enhance those resources at a personal level.[1]

Key resilience-building qualities	Definition	Relevant interventions/strategies
Emotional literacy / emotional self-efficacy:	Attending to, monitoring and regulating emotional reactions to practice; awareness of the impact of emotions on decision-making.	> Mindfulness > Reflective supervision > Emotional writing
Bounded empathy:	Showing warmth, compassion and concern to people who access services; awareness of the need for emotional boundaries to avoid personal discomfort arising from their negative experiences.	> Reflective supervision > Mindfulness > Cognitive behavioural strategies > Emotional writing
Prioritising self-care and practising self-compassion:	Being as understanding and tolerant of oneself as to others; acknowledging personal vulnerabilities as inevitable rather than a sign of weakness.	> Reflective supervision > Mindfulness > Peer support / coaching
Social resources:	Building a community of support; self-confidence to interact with people from different backgrounds and value systems.	> Time management/personal organisation > Peer support/ coaching
Reflective ability:	Reflecting on actions, decision-making and emotional reactions to practice; communicating self-reflections with others and adjusting working practices accordingly.	> Reflective supervision > Mindfulness
Coping flexibility:	Possessing a variety of coping strategies (problem-focused and emotion-focused) and selecting those appropriate to the situational demands.	> Self knowledge / stress appraisal skills > Cognitive behavioural strategies > Emotional writing
Work-life balance:	Setting clear boundaries between work and personal life to ensure opportunities to recover from work demands.	> Mindfulness > Time management / personal organisation > Peer support / coaching

Table 1: Key resilience-building qualities and strategies

---

1. More information on these approaches can be found in Grant and Kinman (2014) that provides in-depth guidance on developing a toolbox of strategies to help social workers build their resilience and protect their wellbeing.

As well as developing the personal resources associated with resilience (e.g. emotional literacy, bounded empathy, self-compassion and reflective ability) research with social workers has found that these interventions can protect their mental health at different stages of their career (see Grant et al., 2014; Kinman & Grant, 2017; Kinman et al., 2019a).

It is important to note that employers have a legal and moral duty of care to protect the wellbeing of their employees and there is also a strong business case to do so (see Donaldson-Feilder et al., 2011). While practitioners should be sufficiently resilient to meet the emotional demands of their work without burning out, individually focused strategies will not in themselves be enough to support wellbeing. Even the most resilient practitioner will be unable to cope with toxic working conditions. Workers must be supported by organisational policies and practices that enable them to flourish and do good quality work. Multi-level, systemic interventions are therefore needed at the team and organisational level to support the development of personal resilience.

Building resilience: team-based approaches

Team resilience has been defined as 'a dynamic psychosocial process that protects a team from the potential negative effects of the disturbances they collectively encounter' (Morgan et al., 2013, p. 552). Disturbances can be external or internal factors that have the potential to threaten team functioning. These might include a dramatic increase in referrals, rising case complexity, changes in team or organisational leadership, as well as everyday difficulties such as absenteeism and high turnover. The COVID-19 pandemic also has the potential to destabilise the functioning of teams and the mutual support they provide.

Building team resilience is crucial as it goes beyond the collective personal resilience of its members. A resilient team is one whose members use their individual and collective resources to adapt positively to maintain wellbeing and performance and to achieve common goals or purposes. Optimal collective functioning is particularly important in complex and uncertain environments such as social care, where effective collaboration within and between teams is vital.

These characteristics of team resilience expand upon the qualities of resilient individuals highlighted above. Some examples are:

Resourcefulness: employing members' personal strengths and resources to foster a culture of continuous improvement; developing processes that enable a clear focus on priorities.	**Robustness:** having a sense of collective purpose, meaning and goals; adapting to change successfully and addressing issues proactively.	**Perseverance:** maintaining a solution rather than a problem focus; persisting when faced with obstacles to success.	**Self-care:** managing stress effectively and being aware of signs of overload and distress in other team members; prioritising work-life balance at the individual and collective level.
Capability: seeking feedback to identify what works well; building capacity through professional networks and other sources of support.	**Connectedness:** being mutually cooperative and supportive; encouraging a secure base, a sense of belonging among team members and group identity.	**Alignment:** coming together to meet desired goals; monitoring progress towards goal achievement; celebrating success but putting any 'failure' in perspective.	

Although generic frameworks for building resilience can be useful, it is important to consider the requirements of people that do different types of work. The following qualities expand on those shown above to highlight the characteristics of a resilient team of social care practitioners:

Sense of purpose:

there is a shared mission, vision and purpose; and a desire to work together to support people who access services.

Collective sense of responsibility:

there is recognition that everyone in the team has a key role to play and people should share the load; networks are used to find solutions to problems.

Appreciation not blame:

success is recognised and celebrated; when mistakes occur, there is a genuine desire to learn from them rather than jump to conclusions or seek to attribute blame.

Conditions for reflection and challenge:

supervision is reflective and supportive and not merely task-oriented; opportunities for reflection and growth are encouraged for all team members.

Positive mind-set:

setbacks and crises are seen as temporary and opportunities for the team to come together and use a solution-focused approach to facilitate change.

Caring and inclusive leadership:

workers feel cared for and that their wellbeing is important; leaders prioritise their own wellbeing and a healthy work-life balance; leaders their workers as individuals and use their emotional intelligence to show them care and respect.

Building organisational resilience

Definitions of organisational resilience from the business world draw on the individual and team-based approaches outlined above. Typically, they describe an organisation's ability to recover and return to 'normal' functioning after facing a disturbing or unexpected event by having strategies in place to manage such a situation. Although this is a crucial aspect of resilience across all fields of social care practice, a more nuanced understanding is needed of the conditions required to support workers in managing, recovering and learning from a traumatic or challenging event – for example, following the death of a person who uses services, the suicide of someone using mental health services, or indeed the aftermath of a global pandemic.

As well as supporting workers through distressing situations, organisational resilience is more commonly characterised by helping them manage everyday demands. Although some characteristics of resilient organisations will be relevant to all types of job (such as manageable demands, adequate training and understanding of role), it is important to develop frameworks that meet the requirements of different sectors and are congruent with the needs and expectations of workers.

Introducing a systemic approach

Grant and Kinman's research with social workers, highlighted above, supports the view that resilience is contextual, multi-dimensional and systemic. A resilient organisation seeks to understand how resilience can be fostered at individual, team and leadership levels to develop a working culture that supports wellbeing and good practice. What makes an organisation strong is not only the ability to respond to shocks, difficulties and setbacks, but also to implement initiatives that enable individuals and teams to do good quality work. Examples of ways to enhance organisational resilience include ensuring leadership is fit-for-purpose, improving job content and the working environment, enhancing autonomy, enriching support networks, building a culture that prioritises self-care, and sharing good practice. It is also crucial to respond to issues that pose a serious threat to the stability of organisations; these may be acute or long-term, such as the ongoing challenges of the COVID-19 pandemic.

In line with this systemic approach, initiatives at a public policy level play an important role in improving workforce wellbeing. Recommended strategies include national workload management initiatives, effective recruitment and retention strategies, and risk assessments and 'pulse checks' to monitor workforce wellbeing over time (see Kinman & Grant, 2016). Guidance on using the Health and Safety Executive Management Standards approach to preventing work-related stress in organisations can be found in the Key Foundational Principle (KFP5) Wellbeing section later in the workbook. Introducing an evidence-informed 'emotional curriculum' to support resilience and wellbeing in social care workers from recruitment to retirement is also a priority. The workbook provides organisations and educators with guidance to inform such a curriculum.

Clearly, stressors should be eliminated or reduced at source wherever possible, but a resilient organisation also requires strategies at collective and individual levels. The multi-level systemic approach shown in Figure 3 involves developing emotionally literate and ethical leaders, as well as resilient teams and resilient individuals. This can have a wide-reaching impact on the wellbeing and effectiveness of the social care workforce.
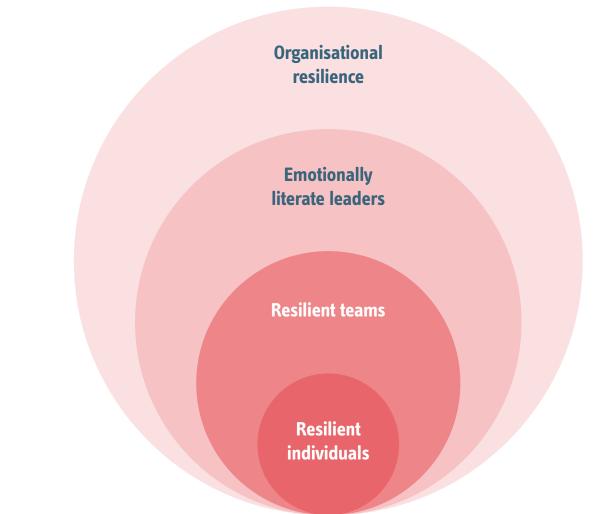

Organisational resilience

Emotionally literate leaders

Resilient teams

Resilient individuals

Figure 3: A multi-level systemic approach to building organisational resilience

The emotionally literate and ethical leader

Leaders are in a unique position to develop psychologically healthy workplace cultures as they have the power and authority to implement change. They therefore play an important role in managing work-related stress by:

Prevention:	*Training and development:*	*Support:*
identifying signs of stress in workers at an early stage; supporting risk assessments (for home-workers as well as those who are on-site); working with teams, occupational health and human resources to develop appropriate interventions and make reasonable adjustments to improve working conditions.	enabling workers to access appropriate training to reduce stress at individual and team levels.	being aware of the different ways that stress can manifest itself and that support should be targeted according to individual needs and circumstances.

Research findings indicate that resilience can "crossover" from leaders to followers and help alleviate their burnout and promote organisational citizenship behaviours (Fan et al., 2020). There are particularly strong links between the behaviour of leaders and the wellbeing, satisfaction and effectiveness of workers. The Health and Safety Executive (in collaboration with the Chartered Institute of Personnel and Development and Investors in People) has developed a useful framework to help leaders assess whether they have the behaviours found to be effective for preventing and reducing work-related stress in their workers. (For more information, see the KFP5 Wellbeing section of this workbook.) Nonetheless, leadership is a quality that is required at all levels of the organisation, and every worker has a responsibility to develop the behaviours that can help prevent and reduce stress in others.

Ethical leaders are those who adhere to a set of principles and values underpinned by respect for the dignity and rights of others and for the common good. They set the example for the rest of the organisation, transmitting moral identity, acting as role models for appropriate behaviour and decision-making and supporting their workers to grow as independent practitioners. Crucially, ethical leaders prioritise the health and safety of workers and cultivate a sense of resilience in their organisation. Ethical leadership also fosters positive emotions in workers, as helping people achieve their goals and praising them for good performance can build their psychological capital (i.e. resilience, optimism, hope and confidence), enhance their job commitment, satisfaction and performance, increase their readiness for change, and protect them against burnout (see Kelloway et al., 2013; Metwally et al., 2019).

Emotional intelligence, or literacy, is a particularly important quality in leaders (Lopes, 2016). Characteristics of emotionally literate organisational leaders include:

Understanding self and emotions:	*Understanding and relating to others:*	*Communicating effectively:*
awareness of one's emotional state; insight into how emotions can influence thinking and decision-making; the ability to attend to and 'repair' unhelpful emotional states.	appreciation of how other people (might) think; awareness of their impact on others; knowing how to get the best out of people using a 'tailored' approach; the ability to evoke positive emotions in workers; knowing how to develop cohesive teams.	the ability to create the conditions required for effective communication; knowing how to instigate difficult conversations, and to mediate, negotiate and manage conflict directly.

Clearly, these characteristics need to be encouraged in leaders and translated into action. Strategies to help leaders develop these skills are provided throughout the workbook.