Application Of Resilience To The Field Of Health And Social Care

Posted on October 12, 2022

The importance of a resilient workforce in the social care and health sector is owed to the fact that healthcare workers face demanding situations on a daily basis in the workplace. Stressing out every day requires resilience as a key component of working in healthcare settings. Angie Hart and Derek Blincow developed a framework of resilience (Appendix 1) that assists in strategizing and planning for the creation of resilient members of the workforce. Resilience Framework combines a varied set of practices and ideas that assist in the promotion of resilience, which is a fundamental part of resilient Therapy (RT) and supports research and practice of the profession. The complexity and vulnerability of health and social care professionals vary depending on the degree of stress and profession, which requires structured response and intervention. For example, the theory of 'Resilience Engineering highlights strategies and plans that can assist in the incorporation of safety management plans within health and social care units. The incorporation of safety management plans assists in dealing with complex conditions, vulnerable threats, and disastrous situations. Emotional turmoil and work-related stress adversely impact the efficiency of the social and healthcare workforce. In the absence of resilience in the healthcare workplace, professionals tend to shrink rather than grow from stressful situations.

The pre-condition for a resilient healthcare workplace is establishing a culture that prioritizes professionals working in stressful situations because the well-being of all the stakeholders in health and social care services matters. Other professionals, such as medical practitioners and doctors, define their moral values around working to make patients healthier and not approaching work as problem-fixing mechanized work. The resilient point of view contributes to a resilient workforce, which directly impacts the efficiency of health and social organizations in enhancing the positive focus of the professionals working in the field. The assessment of potential threats and vulnerabilities in numerous possible situations can assist the process of devising capacity-building training programs, along with new emergency planning processes, which inculcates resilience within the organizational culture of the social and healthcare sectors. The "All-Hazard Approach" is extremely useful in analyzing vulnerable situations, coupled with potential threats, within workplace settings of the medical sector. Additionally, healthcare management relies on effectiveness through regular follow-ups of the plans that incorporate risks in accordance with management core principles. A well-coordinated and efficient care system relies on meeting the patient's needs by mitigating the future vulnerabilities facing healthcare providers within the framework of emergency systems.

Furthermore, assisting in the maintenance and development of communication plans that show resilience in healthcare providers' work culture. The adaptation of the resilience approach on the part of health and social care providers requires inheriting the value of resilience as a permanent

adaptation of work-life and personal life. The benefits of resilience in the workforce mean a resilient culture at the workplace. Organizational culture is multilayered, and the foundations of it rely on purpose, empowerment, accountability, and trust. One of the experiences that I faced during my work in healthcare settings is the complexity of schedules that lowers efficiency in the longer run, especially the level of resilience. Resilience flourishes in feasible environments where belonging, learning, basics, core self-beliefs, and coping strategies stay intact. One of the primary factors contributing to low resilience in the workplace is the reduced amount of sleep, which negatively impacts the productivity of health workers, especially in times of health emergencies. Additionally, one of the key factors in the organizational culture is prejudice and discrimination. Although healthcare centre attempts to create a prejudice and discrimination-free workplace for workers, the constant interaction with patients results in socialization that sometimes results in unhealthy interactions. Racism is one of the rising issues in the country, with higher prevailing rates for basic needs, which includes the healthcare sector, which is extremely expensive in the developed world.

Reflection No. 02: Resilience and Workforce of Health and Social Care

The promotion of resilience in the workplace depends on the cultivation of attention and awareness, which means a higher level of personal awareness in terms of emotional intelligence and ensuring rational responses to the outside world. The awareness is in absolute terms and follows an inclusive approach towards varied aspects of life, which includes ‘self-care’ as a central component of the recovery process. For example, three-step breathing practice in vulnerable situations allows for the creation of a vacuum between responses and feelings, which results in effective management of emotions and rational argumentation. The continuation of healthcare services in times of the COVID-19 pandemic requires catering to the emotional well-being needs of public health practitioners. On the contrary, healthcare providers are under psychological pressure at work, which is going to impact the mental health of healthcare providers. The psychological resilience of healthcare professionals during pandemic times requires an enhanced level of personal care, that is, in terms of life satisfaction, positive emotions and quality of sleep. Experienced professionals tend to show more resilience during stressful times of the pandemic, while sleep remains the primary determinant of life satisfaction, quality of life and resilience at the psychological level of health and social care workers, which constitute doctors’ level as lowest amongst a variety of categories within healthcare workers.

During COVID-19, attending work while ill, presenteeism is a strong phenomenon which negatively impacts the productivity of the employee and, subsequently, the productivity of the employer in providing health and social care services. Overall, the cost of presenteeism is greater than that of absenteeism. Presenteeism is a recurring phenomenon at least once a year, and the rising depression and anxiety levels during the pandemic suggest that presenteeism is not affordable to healthcare centres. Promotion of resilience results in reduced frequency of presenteeism. Generally, high-stress levels are associated with rising figures for presenteeism and absenteeism. Unlike presenteeism,

absenteeism is the result of disengagement at work or physical and mental illness that results in an employee taking leave from work and being physically absent at work. Absenteeism during COVID-19 increases due to the lack of proper care needed by healthcare workers to maintain their mental and physical well-being. However, presenteeism during the pandemic has increased due to heavy workloads, and job security is not the major because the demand for healthcare professionals is high during health emergency states worldwide. Training to increase the resilience of the workforce in healthcare settings positively impacts and decreases the ratio of presenteeism to absenteeism. The direct and positive relationship between resilience and presenteeism/absenteeism suggests that the design of 'resilience training programs' within healthcare units as part of the strategy to uplift the well-being of health workers is the way forward for increasing the organizational productivity of healthcare organizations.

Organizations that support addressing resilience and show commitment in their company-wide statement result in the strengthening of the resilient culture at the workplace. One of the critical roles played by the mid-level employees that work as a chain between the top-tier leadership and operations or low-tier employees is playing an effective role as a facilitator of trust and openness and considering the mental well-being of the employee as a central component of the organizational culture. Healthcare and social care organizations work tirelessly, especially during COVID-19, to embrace values of resilience for workers because they are at the frontline of the fight against the pandemic. The quality of work improves, and health workers are more encouraged to use the autonomy of work and organizational trust to their advantage in providing relief to the patients. However, providing access to support and services is crucial to the well-being of health workers, especially doctors who are on the front line of the fight against the pandemic, which also reflects the low resilience of medical practitioners during COVID-19.

Reflection No. 03: Encouraging Resilience at the Workplace

Workplace stressors play a negative role in the work efficiency of the healthcare worker because long hours, changes to schedules, and other similar factors can significantly contribute to the overall work productivity of the organization. However, autonomy at work is positively associated with creating resilience, and this is possible when healthcare workers are equipped with the skills needed for maintaining resilience at work. For example, the autonomy of time assists in discarding distraction created within the hierarchical structure of the organization, but it requires the high capacity of the health providers to empower workers to ensure patient-friendly health services in the first place. The role of encouraging resilience at the workplace relies on support for each other and building an atmosphere that becomes an ecosystem for the growth of resilience at the workplace. Showing support for the work of health workers and acknowledging the efforts in the form of an effective reward system serves the purpose of motivating employees. Motivation is another factor central to the concept of resilience because it assists in forming mindful workers with confidence in the

organizational culture and profession. Motivation enhances individual focus at the workplace and assists in possessing leadership skills that others might want to follow. A resilient person encourages others around with the attitude of discipline, mindfulness, compassion, and well-literacy in communication. For example, an outbreak of the COVID-19 pandemic has changed the workplace in a drastic manner as it reflects the higher demand for services and, consequently, long hours of work shifts that severely hamper the resilience of health workers. Doctors, on the other hand, require additional support due to low resilience levels during the current pandemic, which is primarily linked to work burden and the horrifying state of health emergency. The required support for doctors and other healthcare practitioners directly working with patients aims to strengthen resilience because it positively contributes towards overall healthcare service delivery.

Team development and understanding dynamics within the team are extremely useful for accelerating the process of resilience building. There exist various methods for creating resilience among healthcare workers, which include supervision and mentorship. Mentorship and supervision are slightly different. However, they both overlap. Mentorship and supervision allow for the development of proficiency in mindfulness, distress tolerance, and positive framing as critical skills for reflective discussions based on Resilience Based Clinical Supervision. In a healthcare organization, caring for each other's concerns, coupled with assisting each other at employee levels, establishes the core values that strengthen resilience. The role of mentor in healthcare settings takes place between the hierarchical mobility of workers, which means each person mentee and mentor at the same time for two or more people. Resilience is strengthened by lending a hand to each other and introducing the required skills and expertise for the job. Mindfulness, distress tolerance, and positive framing are central to the process of mentoring because if resilience is the core value, then the eventual outcome is higher work productivity. Mindfulness is the ability to be oneself now with the required focus to perform the task, and especially without mental and physical exhaustion. For example, lack of sleep in quantity and quality, coupled with long hours of work, results in distracted thoughts that result in a lack of efficiency. The overall pattern of growth of resilience in the workforce is the result of compassion and care for each other, especially during pandemic times. Supervision allows for another assistance methodology that a health worker can provide to another health worker when support is required. Lending a hand at work during health emergencies in healthcare settings increases the overall satisfaction of patients while creating an atmosphere of supporting resilience. The support of each other in healthcare settings establishes norms and values in group dynamics of organizational culture that promote resilience at work, which is also associated with the overall satisfaction of the patients.

Reflection No. 04: Leadership Skills and Resilient Workforce of Health and Social Care

The way forward for the healthcare staff during work is to become vessels for the facilitation of patients in improving health conditions, which is also central to the job of healthcare workers.

Management of health and social care organizations needs to prioritize the facilitation of the workers through programs that focus on stress management coupled with health management. A central component of health management programs, in terms of injecting resilience into the workforce, is aimed at strategizing training programs that focus on tasks and activities like meditational sessions, stress checks, and motivating employees to regularly maintain short walks. Emotional bank balance is the net emotional worth of an individual after netting off for withdrawals. For example, a health worker can criticize a certain thing and can interrupt others when they speak during an emergency. A healthy work environment ensures that the emotional bank balances of health workers are in a positive balance; that is, emotional deposits are higher than withdrawals. Leadership skills are also central to making deposits in the emotional bank accounts of the subordinates because it flourishes a culture of depositing instead of withdrawing. However, humans do make mistakes, and if the emotional balances are always high within the organizations, then the immediate impact is in the form of a higher level of tolerance and patience.

The leadership task is to assist employees in sustaining sufficient balance in the emotional bank account for flourishing the culture of trust, compassion, duty, empathy, and care for each other during healthcare service delivery, which requires preparation on the part of healthcare providers. Most common withdrawals are in the form of criticizing someone, back-biting, long screen times, sarcastic comments, etc. On the other hand, emotional deposits in the bank account of healthcare workers can be in the form of apologizing for a mistake without giving concern for humility. Additionally, greeting them upon their successful achievements while assisting them when asked for professional or personal assistance. Additionally, patients and a gentle attitude in the healthcare work atmosphere assist in establishing a strong culture based on resilience. An effective leader can inculcate resistance by setting direction for healthcare workers in terms of meaningful goals, especially something that is higher than personal gains like salary package or reputation. The self-awareness of a leader assists in advocating for a higher level of self-awareness and mindfulness, which is an extremely useful strategy for establishing a solid footing for resilience in the workplace. Leaders set norms and values for the organizational culture, and strengthening resilience through strong leadership requires social support of leaders themselves at a personal level vis-a-vis the health care workers.

My experience with leadership in healthcare placed me at odds with the required fast-paced work style, which requires multiple facets to perform the tasks. For example, setting meaningful goals for the personal self, which is higher than the ego. The primary purpose of healthcare workers is to facilitate the process of leading the team where each worker understands the role they play within the healthcare service delivery system. Self-awareness and acting wisely regardless of the stressful situation require attachment and detachment of the health worker at work simultaneously. It is important to be aware of the self and distinguish between work and personal, with compassion and empathy for each other. A leader acts wisely in rough situations because there is no room for him or her to fail due to his presumed leadership position. A strong leader sets the example by stepping up to the toughest job at hand to create resilience, confidence, morale, and faith in individual health workers. Personally, I believe that a leadership position provides more opportunities to understand individuals at the top of the hierarchy, and karma is at play when assisting each other above and

below the organizational hierarchy. Leadership reflects in the service delivery process, and people are more motivated to work with higher productivity without presenteeism and absenteeism.

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Appendix 1: Resilience Framework

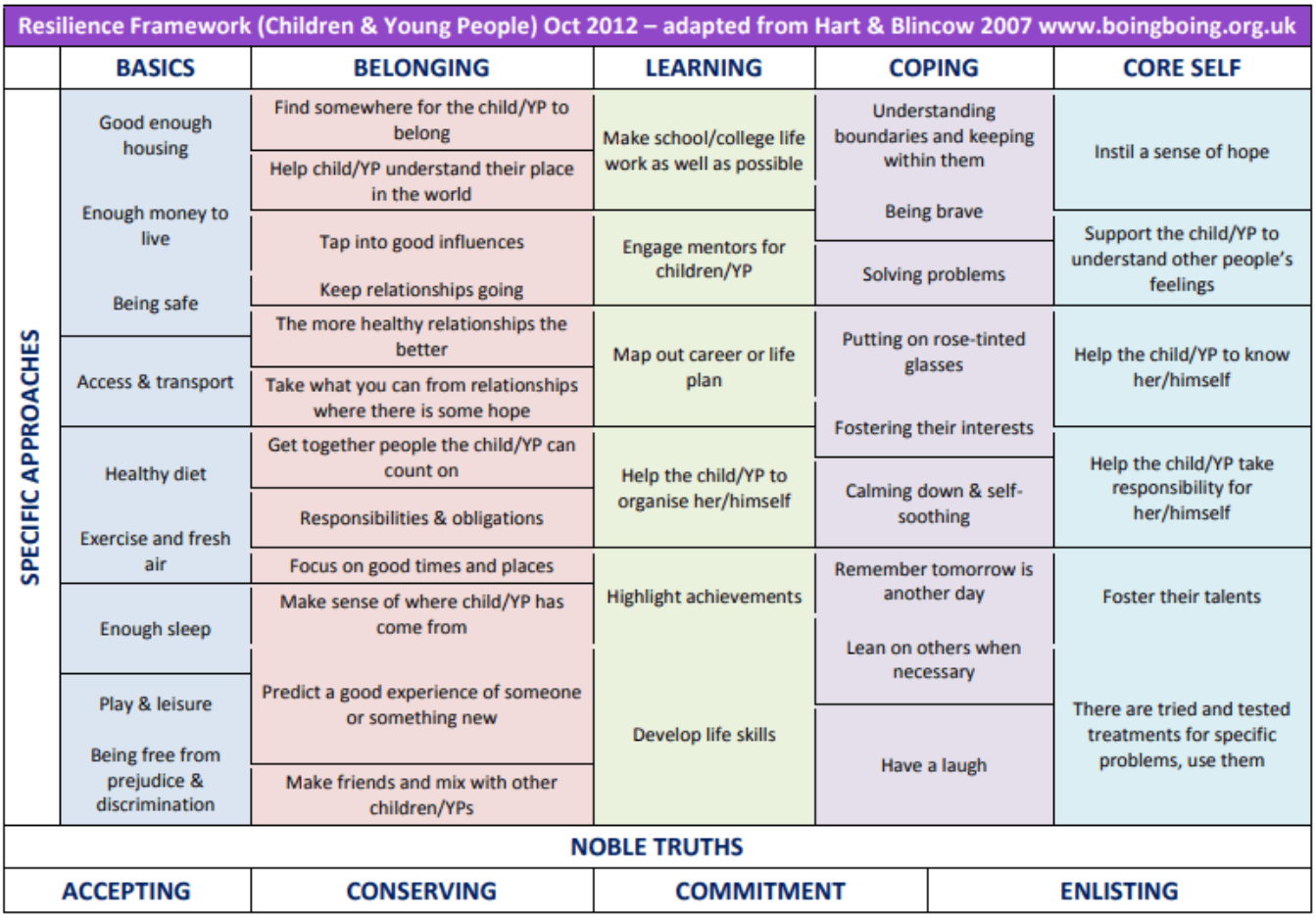

Figure 1
https://www.boingboing.org.uk/resilience/resilient-therapy-resilience-framework/