

SOME OF THE BEST
THINGS
IN LIFE ARE FREE



Resilience

A facilitator's guide

Part of the *DNA of Care* Programme

Acknowledgements

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This guide, together with the accompanying presentation and the other guides and presentations in the series, can be downloaded from www.patientvoices.org.uk/dnaoc.htm

***DNA of Care* guides for facilitators**

This guide, together with the others in the series, has been developed to enable you to make the most effective use of the *DNA of Care* stories. It is not intended to be prescriptive, but rather it is intended to offer some direction on the journey towards improving experiences of care for all those who deliver it as well as all those who receive it. We hope you will find it helpful.

There are five guides in the series:

Bringing your whole self to work

Compassion

Compassionate leadership

Improvement and change

Resilience

We would love to hear about your own experience of using the guide/s and sharing the stories. If you have any questions or would like to share any feedback with us, please contact the authors:

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Resilience

'Challenges are what make life interesting and overcoming them is what makes life meaningful.' Joshua J. Marine

'Every great personal story you have to tell involves overcoming adversity. If you shy away from adversity, you take away your ability to tell new stories.'

Farrell Drake

Resilience can be defined as 'the ability of an individual to adjust to adversity, maintain equilibrium, retain some sense of control over their environment and continue to move on in a positive manner' (Jackson et al 2007). Resilient individuals tend to:

- have an optimistic style
- operate in their circle of influence
- be aware of and use their strengths
- set goals
- stay connected to others
- have a 'can do' mindset
- exercise self-care.

Background and context

In 2014, Health Education England noted that 'Resilience is becoming a key area of focus across a range of organisations, both at an individual and a collective level'. Increased resilience is an advantage in a rapidly changing work environment such as the NHS. It is a widely researched topic and high on the agenda of many organisations across a range of sectors (Cooper, C., Flint-Taylor, J. and Pearn, M., 2013).

The term 'resilience' refers to a complex set of interrelationships including the personal, organisational and social factors that influence our ability to thrive in our environment. While a number of the pressures reported by NHS staff are outside their personal control, there is increasing recognition of interventions that can promote and support resilience and help people to cope better with the stresses of working in the NHS.

Resilience: complex and necessary

Resilience is an important personal attribute that can have a wide-ranging influence on staff wellbeing and performance at work. Simply put, resilience is the ability to recover quickly from difficulty, so a person who copes well under pressure is resilient. Research suggests that this ability is based on a positive outlook combined with strategies to manage pressure and stress. Personality and past experience, current circumstances and the people around us all influence a person's resilience.

Worrying statistics over the last few years indicate that the number of working days lost to stress, depression and anxiety has increased by 24 per cent, with a quarter of people having considered resigning due to stress (CIPD, January 2016). The resilience of NHS staff then, is important for the quality and sustainability of services. Where resilience is poor, sickness absence, effective practices, communication with patients and colleagues are all likely to be affected.

We know that resilience is key to maintaining wellbeing and that poor staff wellbeing is linked to poor outcomes and experiences for patients. Low levels of resilience are linked to higher rates of burnout (Cooke, 2013) and to 'Emotional exhaustion, depersonalization (i.e., treating patients as objects), and feelings of worthlessness' (Krasner, 2009).

Given the current and unprecedented challenges for NHS staff with increasing demands for healthcare and a system requiring transformation in the context of huge economic strain, the need to promote resilience has never been greater.

Characteristics of resilience

Resilience has been described as the 'ability to succeed, to live, and to develop in a positive way . . . despite the stress or adversity that would normally involve the real possibility of a negative outcome'. It is the ability to maintain personal wellbeing in the face of challenge.

A high level of resilience can be recognised in the following characteristics:

- engaging with others for own support and development
- managing negative emotions
- asserting influence while accepting external controls
- learning from past experience
- seeking and using supportive environmental factors
- practising the use of protective factors.

Resilience can have a significant impact on both emotional and psychological wellbeing, as well as work and home life. High levels of resilience can help to reduce burnout, increase empathy and compassion, stay connected with the joy and purpose of work, and contribute to both physical and mental health.

The Chartered Institute of Personnel and Development (CIPD) has published a guide for employers (www.cipd.co.uk/hr-resources/guides/developing-resilience-evidence-guide.aspx) which recommends embedding the following within the organisation:

- alertness to risks
- a realistic, compassionate and open team culture
- regular managed timeouts to discuss problems and work/life balance
- shared responsibility to act on stressors and risks
- acceptance of responsibility for acting on difficulties

- culture of support, safety and confidentiality
- external networks, partnerships and strategies
- mindfulness training
- team CPD
- ensuring staff are registered with a GP.

Resilience: whose responsibility is it?

Until recently, the focus for resilience has largely been on the individual, with the responsibility for maintaining a level of resilience regarded as the responsibility of individual staff members. Oliver (2017) however, acknowledges the challenging nature of healthcare provision but challenges what he calls the ‘avoidably negative conditions’ that shift the blame to individuals ‘away from what are often over-politicised, understaffed, underfunded, badly-organised systems’.

Oliver (2017) goes on to refer to the widely-reported levels of physician burnout where, of 3695 graduates of UK medical schools in 1974 and 1979, 44% reported adverse effects of their work on their health and wellbeing. He goes on to describe the current context of ‘workforce gaps, inexorably rising demand, and struggling community care services...a system on the edge.’ While it is understandable that individual practitioners should take some responsibility for their own resilience, ‘a resilient system is what we need: one that adequately recruits, retains, values and supports its employees’ (Oliver, 2017)

Another important issue to consider is how difficult it can be for healthcare professionals to acknowledge when they are unwell or burnt out. Howe (2013) warned that ‘doctors are adept at concealing or denying their difficulties, partly because of the fear of stigma and breaches in confidentiality’.

Resilience: what does it *really* mean?

In 2018, Theresa Chinn explored further what she calls ‘the problem with resilience’. Concerned about how to equip the nursing profession with the skills needed to cope with adversity, she proposes three meanings for the word resilience.

The first of these is the ability to recover quickly from adversity. Chinn feels that if recovery is required then a situation of great adversity must have been felt in the first place. The emphasis here is on the individual and not the responsible support systems suggesting that ‘for a caring profession this... seems like a very uncaring approach’.

Secondly, resilience can mean toughness or hardiness. Chinn (2018) raises a concern that this ‘makes resilience into a badge of honour, something to be celebrated’ and creates pressure to be resilient with potential feelings of inadequacy for those who struggle with resilience, especially as it may well not be possible ‘to wear the resilient badge of honour throughout prolonged challenging times’.

Thirdly, there is the more holistic approach to resilience that 'takes the onus off of the individual and acknowledges that it's ok not to be ok', and provides comprehensive systems of support.

This third approach offers, of course, the most compassionate way forward and is likely to result in more resilient – and happier – staff.

The power of stories: the DNA of Care

'Just as care in the NHS is free at the point of need, NHS staff carry within them a vast reservoir of expertise and experience that is free at the point of telling: their unspoken, unheard stories of care and caring. The intertwined relationship between patient care and staff well-being has been likened to the double helix. And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.'

www.patientvoices.org.uk/dnaoc.htm

In the first half of 2016, NHS England funded five Patient Voices® workshops for staff to create their own digital stories about working in healthcare. The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone.

The *DNA of Care* digital stories have been used in a wide variety of ways and evaluation indicates that they highlight important issues in an impactful way. They have been used in Trust training and induction events, at local, regional, national and international conferences, in multi-disciplinary team meetings, in workshops, as part of reflective activities, in care homes, in digital Schwartz Rounds, as a means of exploring professionalism and values, and in other ways that we don't even know about. Viewers of the stories are reminded of our humanity and our connection, while the storytellers themselves experienced the process of creating their stories as therapeutic, reflective, fulfilling and positive.

Stories of resilience

You may find the following *DNA of Care* digital stories useful as inspiration and/or as prompts for reflection and discussion. Please feel free to show them from the [Patient Voices website](http://www.patientvoices.org.uk) or use the slide packs that accompany these notes.

It's a good idea to watch the stories before you present them to others so that you can select the most appropriate story or stories for your audience and your purpose. The stories can affect different people in different ways so you may wish to consider giving a general trigger warning such as 'Many of these stories are very emotional and we are aware that they may trigger strong feelings.'

Dis-integration

Meetings or action? A business or healthcare? A business plan or a care plan? Many years ago, Becky learnt that the truth, even when hard, is the only thing that makes sense – and what matters – in palliative care. If she is to speak truth to power now, what will she say?

What do you see?

A junior doctor's early career can be a sequence of highly-pressured rotations, moving from clinical area to clinical area, always the one responsible for picking up the loose ends, carrying the extra load. But when the need to fix, the commitment to cope, takes a young doctor beyond the normal structures of the system, who will support them?

Stay

One of the key tasks of a Supervisor of Midwives is to support other midwives in their professional actions and duties. Sometimes, unfathomable tragedies strike and, when one does, Rachel learns that the hardest and most important thing to do can be to stay, to be with colleagues, with the team through the crisis – just as the vocation of a midwife is to stay, to be with, the mothers they support.

Floristry, perhaps?

Speech and language therapy is not all children with lisps or stutters. For some speech and language therapists it means working with people who have suffered major surgery, who have ongoing facial tumours, limited life expectancies. These people's lives have changed beyond all recognition, and a young speech and language therapist feels she is their only chance of some semblance of normality, communication, relationships. But that struggle has been a long, hard and debilitating one. The seeds of change she hoped to sow when newly qualified have not germinated, let alone flourished and bloomed. Exhausted, she may have to look for blossoms elsewhere.

Impermanence

One day, Natasha, a fit, capable pain consultant has to enter A and E through the customers' entrance for the first time. The effect of crippling migraines for months plus the effect on her sense of self lead to a greater understanding of what it is to be a patient, and how impermanence permeates through all aspects of our lives. That, in turn, leads to growth in her understanding of compassion and resilience.

The Moonlight World

What we think, what we write, what we do are shaped by our experiences of our own lives and of the lives of others. Those experiences underpin our skills and motivations and so who is better qualified to lead, speak of or work towards, service improvement, patient engagement and patient leadership than those who have experience as service users?

Tears

The boundary between professional and personal can sometimes become blurred. When patients are given bad news and devastating diagnoses, is it really unprofessional to cry with them? David's job as an Associate Practitioner requires him to be professional but, as a caring human being, he shares his patients' grief. One woman teaches him that patients can care for professionals too and finally, after a time of darkness and despair, David has learned how to care better for himself so that he can continue to provide the kind of care he wants to give his patients.

Forgotten to remember

When we have concerns about our lives, family, children or health we take them to our GP. Each GP practice in England listens to and carries the concerns of thousands of people. But the GPs in those practices have lives, families, children and health concerns of their own. One GP tells a personal story of how vocation, dedication and career can be crushed between those pressures.

I'm sorry

Sharon's nan was a stroke victim. Perhaps that's why Sharon works in a job that requires her to listen to patients, find out what matters, what works well and then use what she has learned to identify and support best practice. At a listening event, Sharon meets Amber, who had a stroke at 19. Amber has her life ahead of her; she is courageous, resilient, resourceful and determined to lead a fulfilling life, despite instances of poor care – and Sharon learns from her what it means to be a stroke survivor and live life to the full after stroke.

Stickers

Paediatrics was the obvious choice for Claudia: she was curious and caring, fun-loving and full of energy – which was just as well as she found herself running faster and faster to keep pace with clinical work, research and leading a team. Only when life deals her some challenges, does she understand the true meaning of resilience, become able to stop and find a slower pace, learn important lessons about caring and being cared for....and discover the value of stickers!

Take my hand and we will grow

As a child, Emma loved playing in her grandparents' garden and considered a career in art. But caring for her grandma allows her to realise that a more caring role is what she really wants. Now she loves her challenging and exciting job as an infection prevention and control nurse: but it can also be isolating and difficult – especially when she has to challenge others. A particularly resistant strain of bacteria presents an opportunity to do things a little differently and, as it turns out, education and teamwork work really well to overcome the challenge and to care in a way that reconnects her to her grandma.

You can do this!

Supporting women when they are vulnerable and in pain is the role of a midwife. Elaine learned the hard way that that courage, confidence, care, reassurance and gentle encouragement are essential to women in labour. As part of her commitment to enabling every woman to have the kind of birth she wants, Elaine is always ready to say those four words that every woman in labour needs to hear.

Red shoes

Working in out-of-hours care is always varied, usually challenging, sometimes thankless, often difficult, frequently frenzied: busy people picking up the pieces when other services are not available. For the service to be effective, there must be commitment, determination and excellent interprofessional collaboration.

Now I know health?

As a physiotherapist and researcher, Nick knows a lot about health and pain. As a person, he has always been healthy, capable, fearless, limitless resilient. A pulmonary embolism offers opportunities to learn about vulnerability, limits, loss of control and identity and, of course, pain – as well as a deeper understanding of his patients and himself.

Questions for reflection, discussion and debate

The following questions are suggestions – please do feel free to ask questions that occur to you or that may be more relevant to the session you are delivering.

1. In what ways do the stories connect personal resilience with workplace performance?
2. In what ways do the stories help to create a compelling focus on the need to address resilience?
3. What key messages do the stories illustrate with regard to organisational resilience and how this impacts on personal or individual resilience?
4. How does this story highlight great adversity and the responsibility of the individual to demonstrate resilience?
5. How can the sharing of stories in this way, help us develop cultures where *it's ok to be not ok*?

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