

Resilience in Social Care Leaders and Managers

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Resilience is a concept that is increasingly being referenced in relation to the modern day workforce where expectations on staff are to maintain the demands of the pressures and adversity faced in their working roles without any long term ill effects. Social care workers face adversity in varied forms due to the nature of the work that they do. This study examines the social care role and perceptions of factors that support the development of resilience in social care staff, which includes both individual protective factors and protective factors within organisations. A qualitative approach was used to explore the participants' perspectives about what fosters resilience in their experiences. Six semi-structured interviews were carried out with social care leaders and managers in various disciplines and organisations. The data was analysed using thematic analysis and four themes were identified. These are: (a) factors that contribute to challenges and stressors in social care workers, (b) resilience as a developing process, (c) individual strategies that foster resilience, and (d) organisations' responsibility and strategies to support resilience. This study identifies a gap in research on resilience for the social care sector thereby highlighting the need for more research in this area as well as suggesting ways in which resilience building can be supported in practice.

Keywords: social care work, resilience, individual strategies, organisational strategies

Introduction

According to MacLeod et al. (2016) academic research on the topic of resilience in relation to adults has increasingly become more common over the last twenty years. Despite the increased attention paid to the concept there is still no unified theory on resilience, an agreed conceptual framework or even an agreed definition. Over the past three decades over a dozen models of resilience have been proposed by various researchers (Van Breda, 2018) but they share a number of common features. The majority of views on resilience incorporate a notion that it is a process that changes over time, involves facing adversity and there are a wide range of individual and environmental factors that influence each other and contribute to resilience (Fletcher & Sarkar, 2013; Greene et al., 2003).

Social care is a profession that involves working with some of the most marginalised and disadvantaged individuals in society (Social Care Ireland, n.d.). Therefore, the role entails dealing with adversity in various forms on an ongoing basis. It is thus important to examine the nature of adversity experienced by professionals in this sector and how individuals working in social care can maintain their resilience so that they can continue to function effectively in their role.

This research aims to address a gap in the available literature on resilience in the social care sector and contribute to the already highlighted issue of the differing views on the concept of and theoretical framework for resilience.

Literature Review

Much of the research on resilience reviewed focuses on social work in the United Kingdom (UK) as no research was found in relation to social care workers in Ireland. However due to the similarities between the professions with regard to their value base, nature of the client groups and competencies required of workers (Irish Association of Social Workers, n.d.; Social Care Ireland, n.d.; Social Care Workers Registration Board, 2017; Social Workers Registration Board, 2014) research findings can be judged to be applicable to social care work. Kinman and Grant (2016) agree that research in the area of resilience has largely focused on social workers, however, they posit that many findings are applicable to professions in the wider children and families workforce whose practice has similar duties and emotional demands. The workplace is an ideal context for observation of adult resilience because the nature of the current workplace is constantly challenging the ability of employees to cope with various demands and thus adversity (Crane, 2017; Hoverd, 2014).

Definitions and views of resilience

The word resilience originates from the Latin verb *resilire* which means ‘to leap back’. The Oxford Dictionary of English defines resiliency as being “able to withstand or recover quickly from difficult conditions” (Soanes & Stevenson, 2003, p. 1498). Van Breda (2018) defines resilience as: “the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity” (p. 4). This definition therefore views resilience as an active process that is used by an individual to cope during or after an adverse experience.

Adamson et al. (2014) examine social work research literature on resilience and conclude that despite difficulties in defining resilience, it is most commonly described as having five components: (a) attributes of personal qualities, (b) process, (c) outcome, (d) conditions of adversity and (e) positive adaptation. Fletcher and Sarkar (2013) agree these components are central to defining and understanding resilience. Thus, resilience is not conceptualised as something that individuals are born with and always have but instead it is seen as being developed and variable. An individual may react positively to adversity at one point in their life and not react positively at another. Fletcher and Sarkar (2013) clarify that within the process itself, there are a wide range of factors that determine if an individual demonstrates resilience and furthermore the emphasis on the different factors often varies. The differing viewpoints underpinning resilience suggests that resilience is a multi-systemic phenomenon that occurs across the life span, involves internal and external factors and with a number of contributing factors (Greene et al., 2003). Rather than focus on any one model, this research draws on various views of resilience.

Stress and adversity

Moriarty et al. (2015) refer to research conducted by the Health Services Executive (HSE) in the UK that indicates professionals working in health and social care have been shown to experience higher levels of stress and potential for psychiatric disorders resulting from stress or anxiety than the rest of the population in paid employment. Grant et al. (2014) state that stress occurs when the demands of work outweigh our ability to manage them and it is likely to have a negative impact on our health, quality of life and job performance. *The Protection of Children in England: A Progress Report* (2009) highlighted that social workers in the UK were under immense pressure, which resulted in high levels of stress, as well as recruitment and retention difficulties. Curtis et al. (as cited in Bower & Roe, 2015) further emphasise retention issues when comparing the average working life for social workers in the UK as under eight years whereas it is sixteen years for a nurse and twenty-five years for a doctor. The HSE in the UK identifies key sources of stress as: excessive demands, role over-load, conflict and ambiguity, poor workplace relations, lack of control and ineffective management of change (Grant et al., 2014). In relation to children's residential services in Ireland, Howard (2012) highlighted the requirements of regulatory demands placed on social care workers which causes additional pressures and mirrors these findings in the UK. Rees et al. (2015) explain that enduring and high levels of stress can increase the likelihood of a person

developing burnout and health professionals are a group particularly prone to workplace stress.

Adamson et al. (2014) state that much is written about the experience of adversity regarding child protection social workers and argue the experience can be usefully applied to social workers in all contexts. They further clarify that work stress, burnout, trauma and vicarious traumatisation all fulfil the definitional requirements of adversity and significantly impact on social workers in all health settings. Workplace adversity stems from agency pressures such as high caseloads, limited resources, poor organisational culture and constantly changing social policies. Bower and Roe (2015) acknowledge that the resulting high turnover of staff can further perpetuate the cycle of adversity.

Protective factors

There are a variety of mediating processes or protective factors that buffer the effects of adversity so that health, wellbeing and performance are sustained in the long term. There are several internal and external factors that support the development of resilience documented in research. Social networks can be a benefit if they involve people who are supportive and consistently available (Collins, 2008; Greene et al., 2003; Hoverd, 2014; MacLeod et al., 2016; Van Breda, 2018). Process focused goal orientation as opposed to outcome focused is another factor (Adamson et al., 2014). The use of problem solving coping strategies, which enable the individual to re-examine the stressor from a different perspective and encourage flexibility in adopting alternative coping mechanisms as opposed to relying on maladaptive coping mechanisms (Adamson et al., 2014; Collins, 2008; Hoverd, 2014; Fletcher & Sarkar, 2013; Kinman & Grant, 2016; Mauno et al., 2013; McFadden et al., 2015). Thinking positively, which is the expectation that more good things will happen than bad, is another factor. It can also encompass having hope and possessing a realistic and positive attitude (Adamson et al., 2014; Crane, 2017; Hoverd, 2014; Kinman & Grant, 2016; MacLeod et al., 2016; Wang et al., 2017). Possessing aspects of emotional intelligence, such as maintaining motivation and dealing with challenges whilst regulating moods so that empathy and optimism are not affected, is another protective factor (Adamson et al., 2014; Dawkins et al., 2013; Kinman & Grant, 2016; Mauno et al., 2013; Morrison, 2007; Trowell et al., 2008). Individuals having perceived wellbeing, which includes spirituality, routine, social activities and seeking help from others, is evidenced by Adamson et al. (2014), Greene et al. (2003), Pettit et al., (2015) and Wang, et al. (2017) as protective. In addition, having a work-life

balance where clear boundaries are set between work and personal life to ensure adequate breaks from work demands and control of work time (Adamson et al., 2014; Kinman & Grant, 2016; McMurtrie, & Crane, 2017; Van der Wel et al., 2015). Individuals who have a professional identity and can define what their role is and is not, which can also include being connected to the entire profession by being a member of a professional body, is another factor (Adamson et al., 2014). Organisations that promote learning and development initiatives to enhance worker skills and knowledge base is also shown to be a protective factor (Adamson et al., 2014, Greene et al., 2003; Pettit et al., 2015). In addition, supervision and peer support, which can involve elements of reflective practice, self-awareness and problem solving, is protective (Collins, 2008; Frost et al., 2018; Gibbs, 2001; Grant et al., 2014; Laming, 2009; Moriarty et al., 2015; Pettit et al., 2015). Finally, transformational leadership that supports and attends to worker needs, promotes worker motivation and helps workers cope with stressors (Wang et al., 2017).

Whilst there is consensus amongst researchers that many of these factors support the development of resilience, opinions also differ as to the value placed on individual factors. For example, Grant and Kinman (2013) stress that having empathy is an important factor in the social work profession and empathic concern for others develops emotional resilience whereas empathic distress, which is the discomfort resulting from others' negative experiences, can lead to psychological distress. Other researchers, such as Fletcher and Sarkar (2013), have alternatively focused on coping and resilience as conceptually distinct constructs. Resilience can be a protective factor and positive influence as it can determine how an event is appraised and if it is deemed as exceeding the individual's resources, therefore stressful. Alternatively, coping refers to the strategies employed following the appraisal of an event as stressful. This can be viewed as reactionary and either positive or negative depending on the selected coping mechanism. This distinction is not commonly emphasised by other researchers (Adamson et al., 2014; Collins, 2008; Hovard, 2014; Kinman & Grant, 2016; Mauno et al., 2013; Mc Fadden et al., 2015).

Supportive supervision can help provide the worker with some capacity to manage in the face of adversity. However, when supervision is dominated by targets, procedures, standards and administrative responsibilities, the messages received by supervisees is to get on with the job without complaining (Gibbs, 2001; Grant et al., 2014; Laming, 2009). In this sense supervision is not deemed to be a protective factor.

Grant and Kinman (2013) acknowledge that more research is needed in the areas of spirituality, cultural intelligence and strategies that help develop the competencies identified

above. Mauno et al. (2013) and Palma-Garcia and Hombrados-Mendieta (2014) argue that age and experience can be protective factors in individuals and although acknowledging that more research is needed on the influence of experience on resilience. However, age is not commonly referenced by other research as a protective factor. Concerning emotional intelligence, Dawkins et al. (2013) argue that there is a lack of consensus regarding its meaning so it needs to be clearly defined along with ways of measuring it to determine what elements are most predictive of work outcomes. This contrasts with the views of other authors such as Adamson et al., 2014; Dawkins et al., 2013; Kinman & Grant, 2016; Mauno et al., 2013; Morrison, 2007; Trowell et al., 2008, who posit that possessing emotional intelligence helps workers be more resilient to stress.

The protective factors referred to previously are prominent in resilience research, but some are criticised for being in the service of the neoliberal agenda where the responsibility of resilience is perceived to be placed on the individual. Garrett (2016) and Van Breda (2018) propose that if the resilience of individuals is focused on without considering the social structures that create and perpetuate adversity, it is colluding with the neoliberal agenda and thus minimises the responsibility of the state and the wider societal and political context in addressing change. Van Breda (2018) suggests that resilience does not draw from a well of limitless resources and if faced with chronic adversity, individuals cannot be expected to deal endlessly with adversities caused by wider issues.

The role of the organisation in promoting resilience

Whilst individual workers must take some responsibility in maintaining their own wellbeing, employers have a legal and moral duty of care to protect the health of their staff.

Organisations can support and promote many of the protective factors discussed previously through structural and leadership supports. Lewis et al. (2011) explain that at an organisational level, resilience is defined in the same way as it is for individuals but with a different focus. It must not only include the individuals in an organisation but also the processes and cultures those individuals work with. The greater the diversity of resilience strategies available to an organisation, the better its ability to respond to challenges it faces. However, Lewis et al. (2011) argue there is little information available on what the most effective interventions are and what works in given situations.

Robertson et al. (2015) conducted a systematic review of resilience training in the workplace and found that it can improve personal resilience and is a useful means of

developing wellbeing in employees. They acknowledge, however, that there is a lack of coherence in design and implementation of this training. The American Heart Association (2017) agree and recommend that organisational level interventions to address work conditions, job strain and stressors would be of added benefit and be more efficient and cost saving. The importance of resilience training is reinforced by others including Sarkar and Fletcher (2017) and Wang et al. (2017). They also emphasise the pivotal role of the manager in fostering resilience in a team. Leaders have a pivotal position in positively affecting the environment and challenges of the workplace as they can influence interventions that impact upon the resilience and wellbeing of others. Leader stress, their affective wellbeing and the styles and the behaviours they adopt are directly associated with employee stress and wellbeing (Grey & Jones, 2018).

Moriarty et al. (2015) suggest that in an effort to address turnover, opportunities for promotion other than management roles such as senior practitioner roles and consultant social worker are being developed in the UK to allow experienced workers to remain in practice with better pay and status. It is further stressed that the links between job autonomy, having a supportive supervisor and colleagues, workload stress and burnout highlight some important areas in which managers and organisations can improve working environments. Bower and Roe (2015) similarly argue that programmes and pilots, which address these areas but also include reforming systems to reduce administration and promoting learning and development, have been shown to promote positive outcomes.

Collins (2008) recommends that organisations should commit themselves to making time available for staff support meetings as support from colleagues is a significant buffer against stress. Van der Wel et al. (2010) suggest that sick leave provision and control over annual leave are protective factors that may strengthen employees' resilience against mental health risks at work. Bower and Roe (2015) similarly express that incorporating family friendly practices such as job sharing, term time and part-time working improve recruitment. Morrison (2007) discusses that recruitment and selection processes should include an assessment of a worker's resilience and coping mechanisms. Kinman and Grant (2016) discuss that some social work recruitment agencies already do this, however, assessment at entry level is controversial and the effectiveness of such assessments has not been investigated.

Resilience training at undergraduate level in addition to post-qualifying training should become integral to enhance worker resilience (Kinman & Grant, 2016; Mc Fadden et al., 2015). In relation to practice placements in Irish social care undergraduate degrees,

McSweeney (2018) found that supervisors of these students proactively promote resilience building through their interactions and engagement with students whilst on placement, although they did not specifically mention resilience. She notes however a national model or framework for practice teachers to support resilience building on placement would be beneficial. Laming (2009) similarly stresses skills for developing emotional resilience should be included in social work degrees in the UK.

Kinman and Grant (2016) recommend that multi-level systematic initiatives that involve the individual, team, organisation and public policy will have a greater effect on the wellbeing of workers than initiatives that focus solely on the individual's competencies. In addition to advocating for many of the initiatives already mentioned, they stress the need for professional networks, workload management initiatives and appointment of a wellbeing champion as approaches to building resilience. This is supported by Mc Fadden et al. (2015). Grant et al. (2014) echo this pointing out that while the emotional demands of work require professionals to be resilient, the responsibility for recognising and alleviating the causes of stress lies with the organisation.

Resilience is one of the most essential components in the workplace given the constant change, face pace, demands to achieve more and greater expectations placed on modern day workers. The workplace is an ideal context for observation of adult resilience because the nature of the current workplace is constantly challenging the ability of employees to cope with various demands and thus adversity (Crane, 2017; Hoverd, 2014). This review explored available literature on resilience which is predominantly social work and UK based and applied it to the social care profession in an Irish context due to the similarities in relevance to the role and adversity faced within the workplace. A definition of resilience is provided and a conceptualisation of resilience is drawn from different views of resilience amongst researchers.

Methodology

A qualitative approach was deemed to be most suitable because the nature of the topic requires that it is studied holistically and focuses on people's interpretations of factors that foster resilience. Creswell (2009) states that qualitative research facilitates open-ended investigation and seeks out detailed and nuanced accounts based on personal experiences and perspectives. The aim was to identify factors that social care leaders and managers consider

as contributing to the development of resilience. The research question is: What are social care leaders and managers perceptions of what fosters resilience in the social care profession?

Data collection

Individual, semi-structured interviews were conducted by the researcher. The questions used to guide the interview were developed from key topics in existing literature. The semi-structured format allowed for interviewees to depart from the interview guide and facilitated them to talk about what they considered relevant and important. Questions asked focused on both individual and organisational factors, fitting with the objectives of identifying the participants' perceptions of both. Open questions were asked to encourage in depth and detailed responses about the participants' views and experiences of resilience. Van Breda (2018) proposes that resilience research involves three connected components: adversity, outcomes and mediating factors. Declaring positive outcomes in the face of adversity is not explaining them and thus the process of how outcomes were achieved is important. These three components were incorporated in the interview guide in order to capture this information. The interviews were on average sixty minutes long, were audio recorded and fully transcribed by the interviewer. Interviews took place over a period of six weeks.

Sampling and participants

Purposive sampling was used with inclusion criteria of a minimum of eight years' experience working in the social care sector, being a social care leader or manager, and a self-assessment of having faced adversity and adapted positively in their working role. Potential participants were identified through professional contacts of the researcher as a list of social care leaders or managers is not accessible. Six participants were recruited and interviewed. Due to the size of the sample and sampling method, the findings are not considered representative of the social care leader or manager population. Potential participants who met the eligibility criteria were initially approached, given details of the study and invited to take part. For employees from Tusla, selection methods differed slightly and participants who met the criteria were made aware of the research through a poster advertisement and invited to contact the researcher if they were interested in taking part. While a larger sample size was considered the research was time-limited as it was conducted as part of a taught M.A. Both male and female leaders who are employed in social care leadership or management roles in varied agencies and different areas of social care were contacted to promote diversity of

experience. Participants involved were employed in leaving and aftercare services, family and community support services, homeless services, children's residential services, services supporting adults with intellectual disabilities and community social care services within the social work department. The participants experience in the social care sector ranged from twelve to twenty years with a mean of 14.5 years at social care leader or manager grade. All participants expressed having a wide and varied role in their current employment. Three of the participants had a Master level qualification and all participants held a degree in social care or equivalent.

Ethics

Ethical approval was received from the Head of the School of Languages, Law and Social Science in TU Dublin City Campus. Separate ethical approval was obtained from Tusla, Child and Family Agency Research Ethics Committee. Prior to interviewing, participants received an information sheet stating the objectives of the research and why they had been approached to participate. Participants were requested to sign a written informed consent form. The TU Dublin Code of conduct for ensuring excellence in research integrity was adhered to throughout the research process.

All interviews were conducted with the strictest confidence and non-traceability. The identity of participants and their employing organisations was not disclosed. Transcripts were coded with numbers and the identifier code for participants was stored separately to the transcripts.

The researcher was aware that participants may potentially experience discomfort whilst reflecting on their own experience of resilience. In order to protect the participants from harm or discomfort, they were informed that they could withdraw from the interview at any time and they did not have to answer every question. Preparations were in place should a participant have shown signs of discomfort during the interview, however, no participants expressed discomfort.

A reflective journal was kept through the research process to record how the research impacted on the researcher as it provided an account for thoughts during all phases of the research. It was a useful tool to reflect on views and assumptions of the research prior to data collection, concerns and thoughts about the data collected as well as the process of analysis along with decisions made.

Data analysis

Data analysis was guided by the procedure outlined by Braun and Clarke (2006). Literature examined in preparing the literature review was re-examined to outline the various aspects of the research for the purpose of refreshing the researcher on the content as opposed to predetermining categories of relevance. The interview transcripts were then reviewed thoroughly and repeatedly with the aim of illuminating what was being said, what was missing and what had been de-emphasised. Each line of the transcripts was coded and codes were grouped into categories, which were then grouped under four themes. The themes were then named. Quotations from transcripts under each identified theme were grouped together, different accounts were compared, and results were integrated and incorporated it into a coherent, descriptive text to capture all six interviews.

Findings

Four main themes were identified in the data. These are: (a) the factors that contribute to challenges and stressors in social care workers, (b) resilience as a developing process, (c) individual strategies that foster resilience, and (d) organisations' responsibilities and strategies to support resilience. Sub-themes under two of the main themes are also discussed.

(a) Factors that contribute to challenges and stress in social care

Despite discussing factors which motivated participants to continue as social care leaders and managers such as seeing the impact of change for individuals, building relationships and being in a position to address the needs of service users and promote participation, all participants identified elements of their role that caused adversity and stress. The most common factors cited were managing the demands of the workload, the lack of resources, particularly inadequate staffing levels, ineffective policies and practices within the organisation and the lack of consultation or feedback pertaining to these, the lack of preventative interventions for service users, poor culture and societal influences.

There was consensus amongst participants that meeting the demands of their role was a source of adversity. This was primarily attributed to the workload and the complex needs of service users:

I sometimes work longer than I should, or that I am paid to [...] it just comes down to prioritising what out of the twenty urgent things that I need to do, how many of them need to be done today.

(Participant 4)

Administrative demands of the workload were also discussed:

We have become a lot more a bureaucratised [...] we are living in a litigious culture. We spend a lot of time evidencing our practice.

(Participant 6)

Two participants specifically referred to social care workers having an inability to say no which contributed to the workload:

Once upon a time social care was a vocation and we were like the yes people but we are not the gift that keeps giving and at some point we have to say look I would love to do that but I can't fit that in and say no which I don't generally believe is in many social care people's vocabulary.

(Participant 1)

There was agreement about a need for resilience to deal with forms of adversity such as stress: "I think resilience is a key factor in being able to tackle, manage and get a positive outcome from each of the areas where stress can be generated" (Participant 5).

All participants discussed the impact of a lack of resources. This was seen as affecting the quality of the service provided: "I think one of the biggest challenges is resources and that there isn't enough prevention work going on" (Participant 2), as well as affecting staff retention and contributing to burnout:

The demands that the organisation put on us are too great so I do feel that more resources, more bodies on the ground, more staff is needed. [...] what would have been one role years ago is now three roles all one person doing it and I think we are losing people [...] because we are not providing the proper structures and supports and the demands are too great [...] it has a ripple effect of negativity across the teams as well.

(Participant 1)

Managing these limited resources was viewed as challenging:

Some of those (challenges) are trying to ensure that the quality service that we are committed to providing is realistically done with in the limited resources that we may have. So, it's about having a realistic approach yet being innovative enough to work with what you've got in order to provide the best possible service.

(Participant 5)

Ineffective policies and practices within the organisation was mentioned by four of the six participants. The lack of consultation or feedback pertaining to these was mentioned directly by two participants in relation to adversity: "there's no consultation, every time you turn around there's a new form, there's a new document" (Participant 6).

If you're banging your head against systems that get in the way of that its really, really frustrating and it's really hard then to approach the work in a positive way particularly if the policies in your own organisation are counterproductive or are just messy [...] and there isn't even an avenue for them to be discussed or reviewed or looked at.

(Participant 4)

Two participants spoke about societal changes influencing adversity in their role. Others referenced the increasing level of need of clientele, which possibly could be attributed in part to societal changes.

(b) Resilience in social care work as a developing process

Three participants expressed directly that resilience can be developed over time and all participants agreed that resilience is something that needs to be worked on to keep strengthened. Factors that contribute to the development of resilience discussed included experience:

I think twenty years in the job has given me that resilience of knowing and the experience that this will pass when something hard comes in, it will change, it will get figured out and it is important to use the right supports.

(Participant 1)

Another factor was the capacity for reflection: “I really feel it is not about being right, it is about being reflective and looking at something and thinking about it and I think then your resilience really builds from that” (Participant 2).

Your resilience is never a finished product, it’s always a work in motion, as is your self-awareness, as is looking after your own wellbeing, as is your own professional development [...] if you have that willingness to learn from each experience that you go through, it all contributes to each of those.

(Participant 5)

The lack of both experience and reflective abilities in younger workers was stated by four participants as a factor that was connected to a perceived lack of resilience:

I see a lot of younger workers who aren’t resilient and who are not saying it who are not seeing it and who are afraid to say ‘I don’t know’ or ‘I found that really difficult’ and what they might have found difficult is really low risk compared to what perhaps other workers might have experienced.

(Participant 2)

There was consensus amongst participants that what could be called emotional intelligence, seen as learned over time, was a key factor in promoting resilience. Emotional intelligence included having the ability to regulate and control their own emotions, having reflective abilities and self-awareness, as well as having an awareness of their own limitations: “believing in myself and knowing what I could do and what I couldn’t do” (Participant 3). Four participants emphasised that the ability to: “assess competing and demanding requirements and be able to prioritise tasks” (Participant 5) was a key factor in their own resilience building. Having a positive outlook and the use of humour or: “trying to make light of situations” (Participant 3) also featured strongly in the data.

Three participants specifically expressed that resilience is something that can be depleted if it is not encouraged through: “really good supervision, work life balance, strategies in work [...] minding ourselves, being mindful of the impact of the work, surrounding yourself with good people and good relationships” (Participant 1).

Only one participant expressed the view that resilience is something that is innate but the same participant also referred to factors to help foster resilience such as hobbies and

experience and reflective practice thus indicating that the concept of resilience can have different meanings to different people.

Without having your own resilience built in the first place, wherever that comes from, there isn't a hope of staying in that sort of environment for very long at all and I've seen lots of people with lots of resilience with no resilience. People with no resilience would not last a day sometimes.

(Participant 3)

(c) Individual strategies that promote resilience

Three sub-themes were identified in relation to individual strategies: work-life balance, self-care and network of supports.

All participants said that a key factor for fostering resilience was having: "a work-life balance in place" (Participant 1). This included participating in hobbies and: "having little things in your personal life that make you feel good" (Participant 1).

On reflection letting my hobbies go probably didn't help with trying to maintain my resilience, something to do keeping the focus on something outside of work.

(Participant 3)

Other elements mentioned were: "spending time with family and friends" (Participant 6). The importance of having this balance was connected to the quality of service delivery.

I think it's important to maintain that responsibility to make sure that you are separating your work [...] so you can go in the next day and be recharged and have that resilience and maybe face into another tough day.

(Participant 5)

Four participants stressed that self-care fostered resilience. Examples varied from spiritual and emotional self-care to physical self-care. Different methods of self-care were discussed by participants. A consciousness of working to maintain self-care was also discussed by these participants: "So there is the emotional, psychological and keeping as positive as I can

because I think that a good outlook certainly helps you but the physical is my piece that I want to bring back and I am making plans to bring back” (Participant 1).

Exercise and sleep is very important, being extra conscious through times of stress of the need to be getting a proper night sleep, even diet as well. To ensure that you are not eating the wrong food or comfort eating or binge drinking or anything like that [...] making sure that downtime is quality time.

(Participant 5)

Three participants spoke about having a support network outside the workplace as being key in supporting their resilience. A network of supports within the workplace was indicated as a key component in supporting resilience as well and this will be discussed under the final theme.

For me one of the biggest things is having anybody, somebody somewhere who gets it. That certainly makes a huge difference to me now, being able to talk that stuff through.

(Participant 4)

(d) Organisational strategies and responsibilities

As the participants were from various organisations and sectors there is a variety of findings. The most common perceptions are peer supports, existing organisational measures and required organisational measures.

Four participants emphasised that peers were a primary source of support to building and maintaining their resilience. One participant expressed that they should have used peer supports more: “So I probably took on too much without trusting other people” (Participant 3). However, elsewhere in the interview this participant expressed other ways such as the use of humour where they used peers to deal with adverse situations. All participants agreed that peer support was important even if they did not specifically state using peers for support themselves. There was also consensus that: “looking after yourself and looking after your colleagues” (Participant 2) was everyone’s responsibility.

Some of how I maintain my resilience is just having good relationships in the workplace and letting myself be carried and carrying other people when I’m in the right frame of mind [...] and again not having had that at different points in my career, it’s so detrimental.

(Participant 6)

There was acknowledgement amongst five of the six participants that their organisations were trying to implement supports for building resilience amongst staff, however, only one participant considered that the existing measures in their organisation were effective. Supports discussed included: “promoting the awareness of counselling services” (Participant 1), “occupational health as it used to be known as” (Participant 3), and “workshops on self-care” (Participant 1). Other strategies discussed were: “reflective practice, employee engagement, psychologically informed environment” (Participant 4). All participants acknowledged that: “having a good supervisor is really important” (Participant 6) and key to supporting their resilience. Five participants named the supervision process as essential, even if the supervision received was not viewed as effective for supporting resilience or consistently available across the agency: “I think it depends on the supervisor and the supervisee” (Participant 2). All participants considered it part of their role to support resilience building with supervisees: “building resilience in others is nearly in the job description in not so many words of a social care leader or manager” (Participant 3). Supervision was acknowledged as a tool for supporting staff but not in the absence of individual responsibility: “I would have a fairly high expectation on staff to be able to cope and manage and to think and to reflect, apply their skills and knowledge” (Participant 4). Participant 5 was very positive about the existing measures in place to support resilience building in their organisation including anonymous satisfaction surveys and promoting innovation, input and ideas for improvement from staff.

Suggestions varied regarding what organisations could do to support resilience in the workforce. All participants agreed that a lack of resources, as already discussed in reference to challenges and stress in the sector, was a factor that effects resilience to varying degrees. For those participants who did not emphasise resources as a difficulty as much as others, it was apparent in discussion about poor retention that strategies for staff and ineffective strategies to deal with burnout and vicarious trauma. Five participants stated there were more organisational measures required to promote retention such as creating alternative roles to retain experienced staff so that they could: “support teams with their expertise” (Participant 1) and thus promote resilience building in others.

What they (the organisation) don't recognise is the resilience that is needed to stay in the sector and [...] if somebody is struggling with their resilience, what we do as a sector not

just (names organisation), is say well maybe it's time that person moved on maybe this isn't the job for them.

(Participant 4)

Criticism about a lack of consultation about inefficient practices or policies, a lack of acknowledgement for length of service for employees and the failure to support community spirit and resilience amongst employees was apparent:

They do not have a system where (positive work) is acknowledged. Long careers are seen as the same as someone who has been here for three years and then leaves.

(Participant 2)

I think (names organisation) is trying to (build resilience). I don't think it really knows how to [...]. I think they have a lot to learn from the Googles and the Facebooks and the Apples. [...] especially when the work is so intense and there is so much burnout.

(Participant 6)

Suggestions were made about introducing annual appraisals, specific training on self-care, training for managers, resilience training or training of a therapeutic nature and also to promote a culture where counselling is encouraged to deal with the pressures of the workload and the effect on workers mental health.

I think sometimes the kind of training, which would be kind of more on therapeutic grounds, without it being therapy but just kind of therapeutic social care would be nice once in a while. We don't get time to do training.

(Participant 6)

One of the biggest quotes in relation to resilience is in the airplane put your own mask on first particularly if you are with a child and I think the agency need to adopt that. If we have a culture of resilience in our agency then you will have better outcomes (for children).

(Participant 2)

Discussion

The research findings are discussed and compared to existing research under the four common themes identified in the findings. Limitations of the research, recommendations for organisations and future areas for research are also presented.

Resilience as a process

Participants considered resilience to be a dynamic process similar to the views of Adamson et al. (2014); Fletcher and Sarkar (2013); Greene et al. (2003); Robertson et al. (2015); Strycharczyk and Clough (2015) and Van Breda (2018). All participants discussed that resilience needs to be worked on to keep it strengthened with half specifically saying that it can be developed over time or depleted if not maintained through supports. Fletcher and Sarkar (2013) discuss process characteristics, which acknowledge that resilience can be developed over time and vary from situation to situation and individuals can react positively to adversity at one point in their lives and not at another. Four participants emphasised age and experience as factors associated with promoting resilience. This association was also made by Mauno et al. (2013) and Palma-Garcia and Hombrados-Mendieta (2014). In contrast to Kinman and Grant (2016), Morrison (2007) and McSweeney (2018), who propose that educational or practice placement programmes should include elements that contribute to resilience for future workers, participants here only referred to professional experiences as developing resilience. Some participants did consider that new workers lacked resilience.

Social care professionals' experiences of adversity

Another commonality between the findings and existing research is that adversity experienced was considered to be ongoing rather than a once off major event. Participants described adversity as ongoing stressors due to factors such as: demands of the workload, lack of resources, high turnover, lack of consultation on policies and practices and workers' inability to say no. Participants also referred to experiences of experiencing burnout and vicarious trauma, conditions that are developed over time. Bower and Roe (2015), Grant et al. (2014), Hoverd (2014), Laming (2009) and Rees et al. (2015) similarly evidence adversity in the sector as being perpetuated by retention difficulties, under-resourcing, inadequate training, role-overload or ambiguity, bureaucracy, policy and procedural overload, poor culture and burnout and vicarious trauma. However, the public vilification of the sector and

the effects of negative media, cited by Laming (2009) as a key source of stress, did not feature in the participants' accounts. Ineffective supervision and low staff morale, viewed as adverse factors by Laming (2009), was not directly stated by participants. However, these are implicit in other commentary where participants were complementary about their current supervisors, stated the need for supervisors to have management training or particularly in discussion of the need for extra resources or measures that organisations should put in place to retain staff or maintain contented staff. Research (Collins, 2008; Frost et al., 2018; Gibbs, 2001; Grant et al., 2014; Laming, 2009; Moriarty et al., 2015; Pettit et al., 2015) has indicated that effective supervision, which is not just outcome focused, is deemed to be a protective factor in promoting resilience and managing adversity. Demands of the workload featured strongly in participants' accounts, but administrative demands emphasised by Bower and Roe (2015) did not feature strongly and the bureaucratic effects on administration duties was only explicitly named by two participants.

Individual and organisational protective factors for social care professionals

Protective factors that buffer the effects of adversity, documented in the literature, were largely consistent with the individual strategies and organisational strategies named by participants as promoting resilience. Participants all agreed having a work-life balance was key to fostering resilience. This included having boundaries between work and personal life and having social networks outside work, including hobbies. Having a work life balance is documented by other researchers (e.g. Adamson et al., 2014; Kinman & Grant, 2016; Mc Murtie & Crane, 2017; Van der Wel et al., 2015) as a key protective factor in addition to having social networks (e.g. Collins, 2008; Greene et al., 2003; Hoverd, 2014; Mac Leod et al., 2016; Van Breda, 2018). Perceived wellbeing including spirituality is cited by Adamson et al. (2014), Greene et al. (2003), Pettit et al. (2015), and Wang et al. (2017) as a protective factor. However, spirituality did not feature strongly in participants' accounts. Thinking positively and having a positive attitude was discussed by Adamson et al. (2014), Crane, (2017), Hoverd (2014), Kinman and Grant (2016), and Wang et al. (2017) and was also discussed by participants. In addition, using reflection and having self-awareness were considered by participants to be important, as discussed by Grant and Kinman (2013), to deal with challenges. Coping mechanisms such as prioritising (e.g. Adamson et al., 2014; Collins, 2008; Fletcher & Sarkar, 2013; Hoverd, 2014; Kinman & Grant, 2016; Mauno et al., 2013; Mc Fadden et al., 2015) were considered by participants to promote resilience. Goal

orientation as identified by Adamson et al. (2014) as a protective factor did not feature in the data but prioritising could be considered to have similarities to goal orientation. Empathy and specifically empathic concern, referred to by Grant and Kinman (2013) as a protective factor, was not named by participants. Nevertheless, one could connect references of burnout, turnover and vicarious trauma to what Grant and Kinman describe as empathetic distress or connect participants' motivations, which were predominantly about outcomes for service recipients, to empathetic concern, which develops resilience.

Garrett (2016) and Van Breda (2018) expressed some criticism that the protective factors mentioned above place the responsibility of resilience on the individual and thus are in the service of the neoliberal agenda. Whilst participants did not specifically refer to managerialism and neoliberalism, all strongly conveyed views that resilience is not solely the responsibility of the individual and must be supported by organisational measures.

Research by Bower and Roe (2015) and Collins (2008) suggests staff support meetings, increased opportunities for reflection, control of time off through annual leave and incorporating family friendly practices such as job sharing, term-time and part-time working as protective factors to improve recruitment and resilience. However, these did not feature strongly in participants' suggestions for organisational improvements. Instead they discussed creating alternative roles for experienced staff, increase staffing numbers, acknowledgement for length of service for employees and the need for practices to support community spirit, reintroducing annual appraisals and wider training opportunities.

Grey and Jones (2018) stress that supervisor and leadership roles have a pivotal position in supporting resilience building in workers and also that resilience, management and other similar training should be available and accessible. This concurs with Kinman and Grant (2016), Laming (2009) and Mc Fadden et al. (2015), who posit that emotional resilience training at undergraduate and post-graduate level would enhance worker resilience. Learning and development initiatives are apparent in the findings as four participants make recommendations regarding what their organisations could do better, which agrees with protective factors apparent in the literature (e.g. Adamson et al., 2014; Greene et al., 2003; Pettit et al., 2015). There was no reference by Tusla employees to resilience and self-care training available to employees in the Child and Family Agency. Overall the majority of the findings relate closely to that of previous research. Many of the findings are also consistent with the resiliency framework presented by Adamson et al. (2014), which acknowledges that individual attributes and the practice context are mediated by factors such as work-life

balance, coping skills, supervision and peer support, professional identity and learning and knowledge, which serve as a link between the two and support resiliency.

Limitations

One of the participants was a senior manager in their organisation and the focus of their role was primarily operations based, which differed from other social care leaders and managers interviewed. There were no suggestions made by this participant as to how their organisation could further promote resilience, possibly because any gaps may have been a reflection on their effectiveness in their role. In hindsight it may have been better to include the requirement of having direct interaction with staff and service users in the eligibility criteria in order to obtain more data on the effectiveness of existing measures or gaps in organisational strategies that promote resilience.

The sample size prevents this research from being reflective or representative of the views of the social care leader or manager population nationally. As a result, no claims can be made to generalise findings. However, the similarity between the findings of this study and those of other studies conducted in different countries and the social work profession does increase the validity of the findings and suggests that it is not unreasonable to consider that the findings are applicable to other contexts, similar to what Bassey (2001) refers to as 'fuzzy generalisation'.

Recommendations for practice and research

Five of the six participants stated that their organisation the organisation does not understand in a meaningful way the need to support resilience in its staff and needs to do more to support it. A multi-level systematic approach from organisations rather than practices targeted at individuals alone will have a more effective impact on employee resilience as suggested by Adamson et al. (2014), Boon et al. (2012), Lewis et al. (2011), Kinman and Grant (2016), Mc Fadden et al. (2015), Van Breda (2018).

Other researchers (Bower & Roe, 2015; Moriarty et al., 2015) suggest approaches such as the creation of senior practitioner roles, career progression, opportunities for secondment, reform of information technology systems and recording systems, and administrative support as beneficial to address employee turnover. Drawing from participants' recommendations, organisations may consider retention strategies such as alternative roles for employees who have had a long service and need to be taken away from

direct practice roles. More extensive counselling services than are available through employee assistance programmes and alternative training options such as training of a more therapeutic nature to build employee resilience and promote self-care in addition to clearer pathways to access training would meet needs expressed by participants. Training for managers, support for younger workers and effective supervision was also suggested by participants. More extensive consultation with regard to changes pertaining to policies and procedures and the need for building community spirit amongst employees or acknowledgement for length of service and achievements was also proposed. Insufficient staffing levels was consistently raised as a factor that organisations need to address.

With regard to the development, design and efficacy of resilience training and measurement tools for resilience within organisations, Robertson et al. (2015) have indicated that a clear definition of resilience is required but is often absent. Organisations may consider this when adopting or designing resilience training or measurement tools in order to ensure the effectiveness of such measures. Training of this nature could meet needs expressed by participants for alternative training options.

More extensive research into resilience for the social care profession would be beneficial for the sector to acknowledge and address the challenges social care workers face in their roles. It is evident from the interest expressed to this researcher in the process of completing this research that it is an area social care workers feel is needed due to the complex and demanding nature of the work and it has not been focused on in the way resilience research has been conducted with other professions such as social work or nursing. Research focusing on resilience in new graduates and different levels of experience would be particularly beneficial as the findings highlighted that more inexperienced workers may lack resilience and are more vulnerable to the ill effects of adversities faced in the role.

References

- Adamson, C., Beddoe, L., & Davys, A. (2014). Building resilient practitioners: Definitions and practitioner understandings. *British Journal of Social Work, 44*, 522-541.
<https://doi.org/10.1093/bjsw/bcs142>
- American Heart Association. (2017). *Resilience in the workplace: An evidence review and implications for practice*. <https://healthmetrics.heart.org/resilience/>
- Bassey, M. (2001). A solution to the problem of generalisation in educational research: Fuzzy prediction. *Oxford Review of Education, 27*(1), 5-22.
<https://doi.org/10.1080/03054980123773>

- Boon, H., Cottrell, A., King, D., Stevenson, R., & Millar, J. (2012). Bronfenbrenner's bioecological theory for modelling community resilience to natural disasters. *National Hazards*, 60(2), 381-408. <https://doi.org/10.1007/s11069-011-0021-4>
- Bower, S., & Roe, A. (2015). *Social work recruitment and retention: Strategic briefing*. Research in Practice. <https://www.rip.org.uk/resources/publications/strategic-briefings/social-work-recruitment-and-retention-strategic-briefing-open-access-download-2015/>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Collins, S. (2008). Statutory social workers: Stress, job satisfaction, coping, social support and individual differences. *British Journal of Social Work*, 38, 1173-1193. <https://doi.org/10.1093/bjsw/bcm047>
- Crane, M. (2017). A manager's introductory guide to resilience. In M.Crane (Ed.), *Managing for resilience A practical guide for employee wellbeing and organizational performance* (pp.1-13). Routledge. <https://doi.org/10.4324/9781315648033-1>
- Creswell, J. (2009) *Research design: Qualitative, quantitative and mixed methods approaches* (3rd ed). Sage Publications.
- Dawkins, S., Martin, A., Scott, J., & Sanderson, K. (2013). Building on the positives: A psychometric review and critical analysis of the construct of psychological capital. *Journal of Occupational and Organizational Psychology*, 86, 348-370. <https://doi.org/10.1111/joop.12007>
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts and theory. *European Psychologist*, 18 (1), 12-23. <https://doi.org/10.1027/1016-9040/a000124>
- Frost, L., Hojer, S., Campanini, A., Sicora, A., & Kullburg, K. (2018). Why do they stay? A study of resilient child protection workers in three European countries. *European Journal of Social Work*, 21(4), 485-497. <https://doi.org/10.1080/13691457.2017.1291493>
- Garrett, P. (2016). Questioning tales of 'ordinary magic': 'Resilience' and neo-liberal reasoning. *British Journal of Social Work*, 46 (7), 1909-1925. <https://doi.org/10.1093/bjsw/bcv017>
- Gibbs, J. (2001). Maintaining front-line workers in child protection: A case for refocusing supervision. *Child Abuse Review*, 10(5), 323-335. <https://doi.org/10.1002/car.707>

- Grant, L., & Kinman, G. (2013). Guide to developing emotional resilience. Community Care. <https://www.iasw.ie/attachments/Guide-to-emotional-resilience-download.pdf>
- Grant, L., Kinman, G., & Fountain, R. (2014). Social work and wellbeing: Setting the scene. In L. Grant & G. Kinman (Eds.). *Developing resilience for social work practice*. (pp. 3-15) Palgrave Macmillan. https://doi.org/10.1057/978-1-137-30250-2_1
- Greene, R., Galambos, C., & Lee, Y. (2003). Resilience theory: Theoretical and professional conceptualizations. *Journal of Human Behaviour in the Social Environment*, 8(4) 75-91. <https://doi.org/10.1300/J137v08n04-05>
- Grey, D., & Jones, K. (2018). The resilience and wellbeing of public sector leaders. *International Journal of Public Sector Leadership*, 14 (3), 138-154. <https://doi.org/10.1108/IJPL-09-2017-0033>
- Hoverd, B. (2014). *Powering through pressure: Building resilience for when work gets tough*. Pearson Education Ltd.
- Howard, N. (2012). The Ryan report (2009): A practitioner's perspective on implications for residential child care, *Irish Journal of Applied Social Studies*, 12(1), 37-48. <https://doi.org/10.21427/D7WF0R>
- Irish Association of Social Workers. (n.d.). *About social work*. <https://www.iasw.ie/about-social-work>
- Kinman, G., & Grant, L. (2016). Building emotional resilience in the children and families workforce-an evidence-informed approach: Strategic briefing. <https://www.researchinpractice.org.uk/children/publications/2016/july/building-emotional-resilience-in-the-children-and-families-workforce-an-evidence-informed-approach-strategic-briefing-2016/>
- Laming, L. (2009). *The protection of children in England: A progress report*. The Stationery Office. http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf
- Lewis, R., Donaldson-Feilder, E., & Pangallo, A. (2011). *Developing resilience: An evidence based guide for practitioners*. (Project Report) Chartered Institute of Personnel and Development. https://www.cipd.co.uk/Images/developing-resilience_2011-evidence-based_tcm18-10079.pdf
- MacLeod, S., Musich, S., Hawkins, K., Alsgaard, K., & Wicker, E. (2016). The impact of resilience among older adults. *Geriatric Nursing*, 37, 266-272. <https://doi.org/10.1016/j.gerinurse.2016.02.014>
- Mauno, S., Ruokolainen, M., & Kinnunen, U. (2013). Does aging make employees more resilient to job stress? Age as a moderator in the job stressor-well-being relationship in

- three Finnish occupational samples. *Aging and Mental Health*, 17(4), 411-422.
<https://doi.org/10.1080/13607863.2012.747077>
- Mc Fadden, P., Campbell, A., & Taylor, B. (2015). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *British Journal of Social Work*, 45, 1546-1563. <https://doi.org/10.1093/bjsw/bct210>
- Mc Murtrie, F., & Crane, M. (2017) Work rest and play: The importance of brief and daily rest for employee resilience. In Crane, M. (Ed.), *Managing for resilience* (pp.117-126). Routledge. <https://doi.org/10.4324/9781315648033>
- McSweeney, F. (2018). Themes in the supervision of social care students in Ireland: Building resilience. *European Journal of Social Work*, 21(3), 374-388.
<https://doi.org/10.1080/13691457.2017.1366428>
- Moriarty, J., Baginsky, M., & Manthorpe, J. (2015). *Literature review of roles and issues within the social work profession in England*. Social Care Workforce Research Unit, Kings College London. <http://www.socialserviceworkforce.org/resources/literature-review-roles-and-issues-within-social-work-profession-england>
- Morrison, T. (2007). Emotional intelligence, emotion and social work: Context, characteristics, complications and contribution. *British Journal of Social Work*, 37(2), 245-263. <https://doi.org/10.1093/bjsw/bcl016>
- Palma-Garcia, M., & Hombrados-Mendieta, I. (2014). The development of resilience in social work students and professionals. *Journal of Social Work*, 14(4), 380-397.
<https://doi.org/10.1177/1468017313478290>
- Pettit, A., Stephen, R., & Nettleton, R., (2015). *Developing resilience in the workforce: A health visiting framework guide for employers, managers and team leaders*. Health Education England and the Department of Health.
http://www.ewin.nhs.uk/sites/default/files/iHV_Managers%20Document_AW%20WEB%2006%2005%20151%205916.pdf
- Rees, C., Breen, L., Cusack, L., & Hegney, D. (2015). Understanding individual resilience in the workplace: The international collaboration of workforce resilience model. *Frontiers in Psychology*, 6 (73), 1-7. <https://doi.org/10.3389/fpsyg.2015.00073>
- Robertson, I., Cooper, C. Sarkar, M., & Curran, T. (2015). Resilience training in the workplace from 2003 to 2014: A systematic review. *Journal of Occupational and Organizational Psychology*, 88, 533-562. <https://doi.org/10.1111/joop.12120>

- Sarkar, M. & Fletcher, D. (2017). How resilience training can enhance wellbeing and performance. In Crane, M. (Ed.), *Managing for resilience* (pp.227-237). Routledge. <https://doi.org/10.4324/9781315648033>
- Soanes, C., & Stevenson, A. (2003). *Oxford dictionary of English*. (2nd ed). Oxford University Press.
- Social Care Ireland. (n.d.) *What is social care work?* <https://socialcareireland.ie/coru-registration/>
- Social Care Workers Registration Board. (2017). *Standards of proficiency for social care workers*. CORU. <https://www.coru.ie/files-education/scwrb-standards-of-proficiency-for-social-care-workers.pdf>
- Social Workers Registration Board. (2014). *Standards of proficiency and practice placement criteria*. CORU. <https://www.coru.ie/files-recognition/standards-of-proficiency-for-social-workers.pdf>
- Strycharczyk, D., & Clough, P. (2015). *Developing mental toughness-coaching strategies to improve performance, resilience and wellbeing*. (2nd ed). Kogan Page Ltd.
- Trowell, J., Davids, Z., Miles, G., Shmueli, A., & Paton, A. (2008). Developing healthy mental health professionals: what can we learn from trainees?. *Infant Observation*, 11(3), 333-343. <https://doi.org/10.1080/13698030802553583>
- Van Breda, A. (2018). A critical review of resilience theory and its relevance for social work. *Social Work*, 54(1), 1-18. <https://doi.org/10.15270/54-1-611>
- Van der Wel, K., Bambra, C., Dragano, N., Eikemo, T., & Lunau, T. (2015). Risk and resilience: Health inequalities, working conditions and sickness benefit arrangements: An analysis of the 2010 European working conditions survey. *Sociology of Health and Illness*, 37(8), 1157-1172. <https://doi.org/10.1111/1467-9566.12293>
- Wang, Z., Chaoping, L., & Li, X. (2017). Resilience leadership and work engagement: The mediating role of positive affect. *Social Indicators Research*, 132, 699-708. <https://doi.org/10.1007/s11205-016-1306-5>