RESILIENCE

Dr Ros Taylor MBE

National Director for Hospice Care
Hospice UK

www.hospiceuk.org
Greetings from London
www.londonpostcard.co.uk
The Queen:
“People are turning to resilience, humour and courage”
Resilient….

Communities
Organisations
Teams
Families / Carers
Patients

Health care professionals

www.hospiceuk.org
"I probably won’t make it, but I’m going to enjoy every second I have left."

Grandstand’s first female presenter HELEN ROLLASON is determined to face the challenge of illness with courage and humour and help others not to be afraid of cancer.

Helen’s Story
Tuesday BBC1, not Scotland

She was warned she wouldn’t live beyond last month, yet here we are, lunching in an Essex restaurant near her home, and she is cheery, amusing and far from self-pitying as she tells a humbling story of courage and almost unrelenting optimism. There are no mock heroes, and she worries lest viewers think she is capitalising on her cancer by allowing herself and her 15-year-old daughter Nikki, from whose face she is divorced, to be followed by cameras since June. "It's cringe-making to expose yourself, but I'd like to think it's an uplifting, rather than sad, film. I'm trying to help people not to be afraid of cancer, although I'm far from complacent. A friend of 33 was gone in three weeks. But I feel I could allay fears because not every sufferer dies. OK, I'm terminally ill and probably won't make it, but I'm so knackered it takes several attempts to get any blood out of me these days." Sometimes, in the depths of the night, she admits to feeling "sad." Yesterday was one of the few bad days when she was so ill she curled up on her sofa and wept. "I thought, 'Oh, God, I've had enough.' Images come into your mind of beyond your death and you wish they didn't. I imagine how life will be for Nikki, someone sorting through my clothes, the funeral. You have to give yourself a hell of a strict talking to and say, 'It's not going to happen, so stuff it.' Certain music always does me in. 'Like Perfect Day' [the Lou Reed song used last year by the BBC as a promotional tune] because when I first heard it I thought I'd never have another perfect day. But since then I've had lots of blissful ones, which I appreciate. I'd like to do more work, and I should have been at the Commonwealth Games [in Kuala Lumpur last month] but the guys phoned me all the time..."
My sister-in-law
Resilient families?
Resilient Teams?
1. What is ‘Resilience’ and how do we recognise it?

2. Why is it important?

3. What do we need to do to support it?
Two questions: 1 minute each?

By and large do you consider you are pretty stressed and/or under a great deal of pressure by everything you have to deliver? Why?
Two questions: 1 minute each?

By-and-large do you think you 
cope pretty well by everything 
you have to deliver?
Why?
What is it?

Latin root of Resilio = to leap back
Resilere = to rebound
Resilience is like a Rubber Band at its potential—stretched, yet flexible and able to spring back.
Unlocking Resilience

The capacity to *survive* in adversity
The capacity to *thrive* in adversity
The capacity to *achieve* despite adversity
Loehr & Schwartz: energy check
‘The window of suffering can be a window to peace and opportunity’ Cicely Saunders

Ferrell and Coyle, 2001
Why is it important??

Palliative ethos….
Promoting resources of patients, families, teams, organisations, communities
Why is it important?
Workplace Stress

Accounts for 30% of sickness absence
Costs the NHS £300 – 400 million pa
1 in 3 staff report work pressure
190 million working days lost to economy
1 million people report sick every week
Why is it important?

Economics of health care
Ageing population
Palliative care for all
Holistic model at risk
Why is it important?
Greater expectations
Technology
Stress and burnout increasing
The health and well-being of front line staff determines the quality of patient care

- Survey data shows patient and staff experience are linked

- Care providers who suffer chronic, excessive stress are more likely to make mistakes and to de-personalise relationships
Health workers suffer greater stress than others

A general healthcare problem not just UK or an NHS

Low levels of staff morale

High levels of psychological morbidity that manifest in stress and burnout
"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."

- Charles Darwin
Research interest grown since child psychiatrists in 1970s realised that some highly disadvantaged, vulnerable children had much better than expected outcomes

(Anthony & Koupernik. Wiley 1974)
Stress-proof people

Change welcomed – normal part of life
Sense of commitment
Take responsibility for self
Perform under pressure – bounce back
Optimistic
Seligman 1998

Work ethic (sense of direction)
Honesty
Perseverance
Courage
Optimism
Interpersonal skill
Think of one or more persons you consider ‘resilient’

Write down their characteristics
What do you observe about yourself when you are resilient?
What 3 or 4 words do you see?

OPPORTUNITYISNOWHERE
Who is your resilient role model?

Malala Yousafzai
It is not the definition of resilience that is important, it is the philosophy that resilience can be enhanced”

Fazio & Fazio (2001)
Characteristics:

Capacity to reframe adversity
Strong social support networks
Belief that one’s own efforts can make a difference
One other supportive person
Participation
Humour

www.hospiceuk.org
Positive Psychology Centre
University of Pennsylvania

**P**ositive emotion – hope, curiosity, pleasure

**E**ngagement – get wrapped up

**R**elationships – active and constructive

**M**eaning – belonging

**A**chievement – grit and goals
There are only two times I feel STRESS...

DAY and NIGHT!
“Sometimes when people are under stress, they hate to think, and it's the time when they most need to think.”
Restoring Balance

Vulnerability  Growth
Risk  Adapting
Concern  Strengths
Dysfunction  Capacity for change
Overwhelmed  Empowerment
Deprived  Resources
Helpless  Being strong
Breaking down
Contradictions, paradoxes and ambiguities in palliative care

Great moments of Sorrow …………………………………………………………………………………… Joy
Adversity …………………………………………………………………………………………………… Achievement
Bereavement ……………………………………………………………………………………………… Growth
Loss ………………………………………………………………………………………………………….. Gain
Promoting resilience

**Comprehensibility** (Understanding the experience; it makes cognitive sense)

**Manageability** (having the resources to meet needs)

**Meaningfulness** (finding emotional and spiritual meaning)
Promoting resilience
Alignment
Abundance
Authenticity
Promoting resilience

Facilitate telling **the story**
...moving from chaos to a story that can be lived by and lived with

McLeod 1997

Focus on **inner resources** and identify **external sources** of support

Provide space for cognitive and emotional processes of **meaning making**

Machin 2005
“In telling a story, you mend the things that are broken”

Bausch
Fight and flight.....
1. Come up with 3 examples of resilience in your life

2. Share your answers
GRIT
There are four ways a manager can respond that will forge the basis for the personal relationship with their direct reports...

Employee: “Did you see the report that I sent to you?”

Manager:

**Active Constructive**
“I did, and I really liked the analysis of the data in Annex B. Where did you find that data?”

**Passive Constructive**
“Yes, thanks.”

**Active Destructive**
“I was expecting this yesterday, and it’s longer than I would have preferred.”

**Passive Destructive**
“Have you seen this video on YouTube? Watch this…”
Iceberg of ignorance

- 4% Problems known to Executives
- 9% Problems known to Team Managers
- 74% Problems known to Team Leaders
- 100% Problems known to staff

Adapted from "Quality Improvement and TQC Management at Calsonic in Japan and Overseas" by Sydney Yoshida

www.hospiceuk.org
Sometimes, even if I stand in the middle of the room, no one acknowledges me.
Play!
(everyday, relationship, academic, social, economic, cultural)

“Five minutes of play a day keeps the doctor and priest away!”
Portia Tung
Tasks for Patient and Families

Who is cheering you on from the towpath?
Who might help you anticipate the next waterfall?
What is the next waterfall — what is your life jacket that will stop you from drowning?

Tasks for Patient and Families

Identify your ‘oars’ — ie what helped you when you hit the last ‘whirlpool’ in your life
Appreciate the new scenery and accept that you cannot climb back up the waterfall
Who is in the boat with you and perhaps who would you not like in the boat?

Hospice of St Francis Berkhamsted UK. 2012
“Sometimes when people are under stress, they hate to think, and it's the time when they most need to think.”
What supports resilience?

A realistic attitude to care

A more measured response to risk

The opportunity to belong and not to be alone

Structures that encourage learning about coping with change and loss - catching confidence

The chance to stay yourself.

www.hospiceuk.org
What supports resilience?

The chance to own something and have a good idea

Not having to be Superman. Leaders who make decisions about what not to do

Leaders who recognise change means something different to everyone

Leaders who have commitment to quality and who know it is delivered by individuals and teams

An adequate working environment
What supports resilience?

- Not beating yourself or others up
- Recognising right/right dilemmas and avoiding extremes
- Thinking about the worst regret you can live with
- Knowing that something is not the same as nothing
Team resilience

Meetings - clear decisions/recordings
Time management
Assertion
Supervision & appraisal
Goals/objectives
Training
Group support
Balanced life outside work
Boundaries

www.hospiceuk.org
Look at the chart and say the **COLOUR** not the word

**YELLOW**  **BLUE**  **ORANGE**
**BLACK**  **RED**  **GREEN**
**PURPLE**  **YELLOW**  **RED**
**ORANGE**  **GREEN**  **BLACK**
**BLUE**  **RED**  **PURPLE**
**GREEN**  **BLUE**  **ORANGE**
the cathedral vs the bazaar

The Bazaar
The Cathedral vs the Bazaar
That which does not kill me makes me stronger.

Wilhelm Nietzsche 1844 – 1900
What we know about resilience: good news! And...

<table>
<thead>
<tr>
<th>Some stress is good</th>
<th>Much more resilient than we know</th>
<th>Not damaged by experiencing bad stuff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some people are hardier than others</td>
<td>Doing difficult things exercises resilience</td>
<td>It’s domain and people specific</td>
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Behaviors associated with proactive coping

• Have resources at their disposal because they are widely networked

• Anticipate roadblocks by thinking “what if” ahead of the game

• See risks as avenues to success

• Interpret events in a more upbeat way to intentionally generate upbeat feelings
Buffers to maintain resilience

- Manage your energy
- Practice proactive coping
- Reframe what you experience
- Pay attention to capacity: be curious
- Be kind to yourself
- Take a strengths-based approach
Loehr & Schwartz: energy check

High Energy
- Defiant
- Annoyed
- Fearful
- Angry
- Frustrated
- Impatient
- Defensive
- Irritable
- Worried
- Anxious
- Incensed
- Envious

Performance Zone
- Challenged
- Optimistic
- Confident
- Engaged
- Receptive
- Eager
- Excited
- Enthusiastic
- Proud
- Happy
- Stimulated
- Astonished

Survival Zone
- Negative Energy
- Exhausted
- Sad
- Depressed
- Empty
- Hopeless
- Tired

Low Energy
- Carefree
- Calm
- Peaceful
- Mellow
- Relieved
- Relieved
- Passive
- Serene
- At ease

Recovery Zone
- Positive Energy
Brief Bibliography

**Resilience** – *A framework to support hospice staff to flourish in stressful times* (includes literature review) **Hospice UK** March 2015
Free download www.hospiceuk.org

**Resilience and Palliative Care**

**Building Resilience**

**Flourish:** a visionary new understanding of happiness and wellbeing Seligman M. Atria Books (2011)

**Full bibliography**
Handout

www.hospiceuk.org
“Sometimes when people are under stress, they hate to think, and it's the time when they most need to think.”
Main findings

1. Staff are under stress but the hospice environment appears protective.
2. Working with people who are terminally ill can cause stress, but most stress is caused by the way the organisation is managed and the approach to change.
3. The bulk of the factors that cause stress can be reduced/ameliorated via ‘ordinary’ good management.
4. The “soft” skills of leaders and a culture that encourages participation in change (doing rather than being ‘done to’) are key.
5. Supervision and reflective practice make a difference, but we don’t know the detail about what type? How frequent? Etc.
6. We need more research into other staff groups and the effectiveness of interventions.
Strategies for reducing and coping with stress: checklist for self assessment

1. **Primary actions**: Recognise and prevent/reduce stress-inducing situations

2. **Secondary and tertiary actions**: When stress does occur, help equip managers and individuals to recognise and deal with it. Include volunteers
The framework: actions for senior people, team leaders and individuals

1. The culture in organisations starts from the top
2. Relationship skills are critical: communication, openness, staff recognition and explicit acknowledgement and thanks
3. Resources are needed: Teams and individuals should be able to take part in supervision and reflective practice + to access other coping mechanisms e.g. mindfulness
4. Plans, processes, policies are important – they make the commitment practical and real
5. Measuring and reporting on staff feedback, staff stress, sickness and other absence is useful