Practitioner resilience: Building resilience in Health Visitor students for coping with adversity in practice

Resilience forum: March 2014

Penny Lindley

University of Brighton

Research aims

1. To explore how learning, in both university and practice settings, contributes to the development of the students' capacity to respond to the tensions between the expectation and reality of the practice role of the health visitor.

2. To identify sources of learning across the scope of the students' experience in theory and practice which facilitate or obstruct their development as resilient practitioners.

3. To explore the relevance of the application of salutogenic principles to curriculum design in order to support the development of resilient practitioners who can respond to the adversity encountered in practice.

Methodology

- Theoretical framework of Critical realism allowing for complexity of combining understanding of context (real), organisation of learning through curriculum (actual) and students experience of the course (empirical) in learning processes for development of resilience.
- Case study methodology
- Mixed methods: Focus groups, semi-structured interviews, course documents.

University of Brighton

Focus group activity

Focus group 1:

Drawing/ mind-mapping expectations

Resources for resilience exercise

Focus group 2:

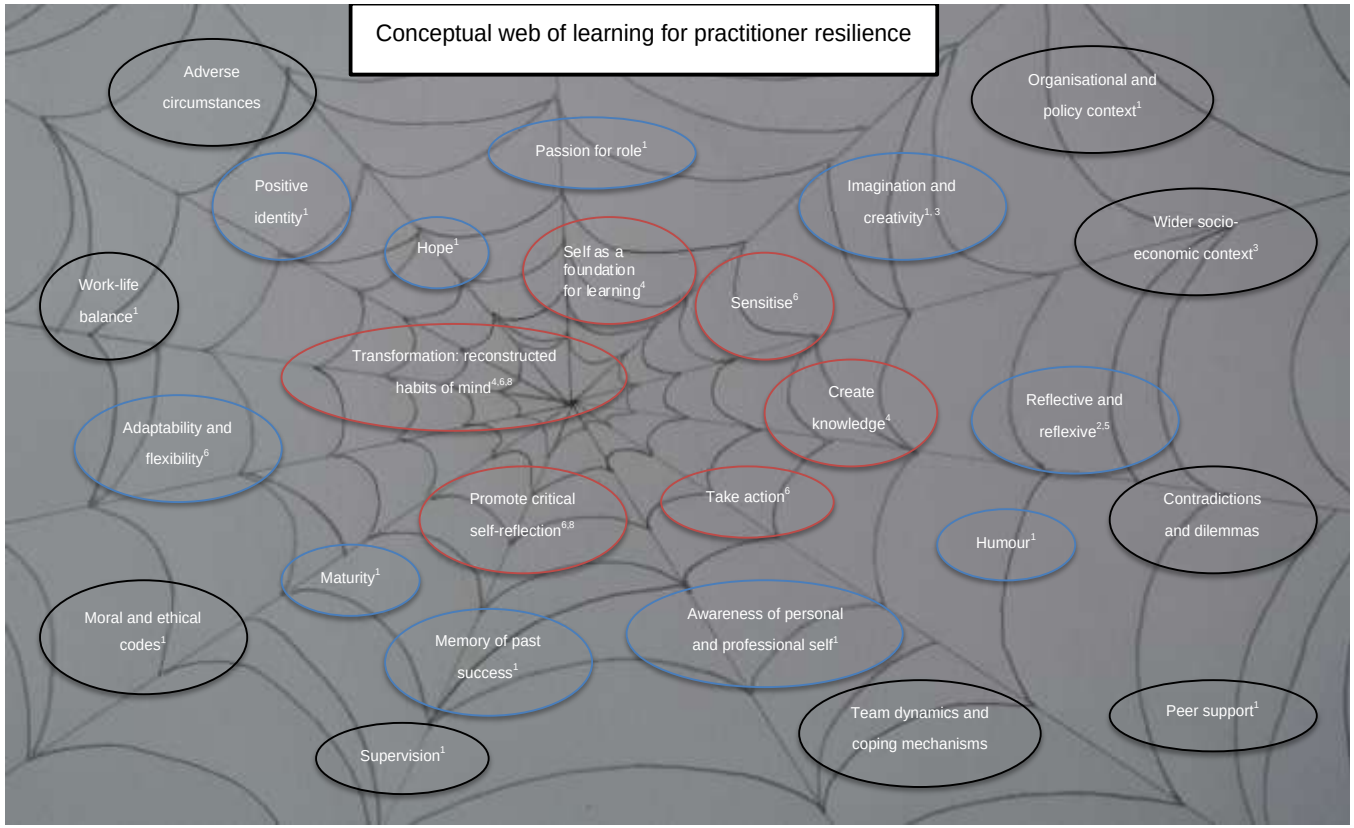
Drawing/ mind-mapping current feelings about role

Re-visit photos of resources for resilience exercise

Focus group 3:

Jenga™ tower activity: learning experiences

University of Brighton



1. Adamson, C. et al. 2012. 2. Fazey, I. 2010. 3. Hall, V. & Hart A. 2004. 4. Kegan, R. 2009. 5. Kinman, G. and Grant, L. 6. McAllister, M. 2012. 7. McAllister, M. and McKinnon, J. 2009. 8. Mezirow, J. 2009

Contextual elements in open system of practice: Real

Individual student: Empirical

Process of transformative learning: Actual

University of Brighton

Analysis

Domain	Cluster theme
Exposure to the HV role in the real context of practice	*Identification of expectation and reality*
	Challenges emerging from the structures and mechanisms
	Social contributions to building individual and collective resilience
The organisation of learning	*Starting points*
	Scaffolding learning for resilience
	Endings
The experience of becoming a health visitor	*Creating an identity*
	Learning from negative experience
	Health Visitor as a chameleon

University of Brighton

Expectation and reality

“NICE’ v DIFFICULT AND COMPLEX

CONTINUITY WITH CLIENTS v LIMITED CONTACT

SUPPORT IN ROLE v LACK OF RESOURCE

INCREASING PUBLIC HEALTH WORK v RESISTANCE and NEGATIVITY

“ …..yes of course it is about health promotion and inequalities, but then that is also linking in to safeguarding. And that [safeguarding] *seems to be the majority of the things that are going on .. and just kind of completely blanks out everything else that is on that paper”.*

University of Brighton

Expectations: What would do

University of Brighton

Expectations: Approaches to work

University of Brighton

Expectations: with whom would be working

University of Brighton

Expectations: skills will need

University of Brighton

Structures and mechanisms

Exposure to socio-economic inequality: challenge and resource for resilience

"… the reality for other people, compared to what I was used to, has been quite shocking…my beliefs and understanding of how some families work, have changed completely."

"*It does make you quite determined to do something about it actually. It motivates you – you can't leave people like that, so you have to find a solution for them, or at least to help them find solutions for themselves."*

University of Brighton

Structures and mechanisms cont.

Commissioning as a threat to resilience

"..we have got the 'Good Start' implementation, which is very new, but there is a lot of unrest and they don't feel like they have got any control."

"..people feel very let down that there is not any choice, and that they do not have a say in anything, they are just being told."

University of Brighton

Social contributions to individual and collective resilience

Social interaction key to promotion of resilience

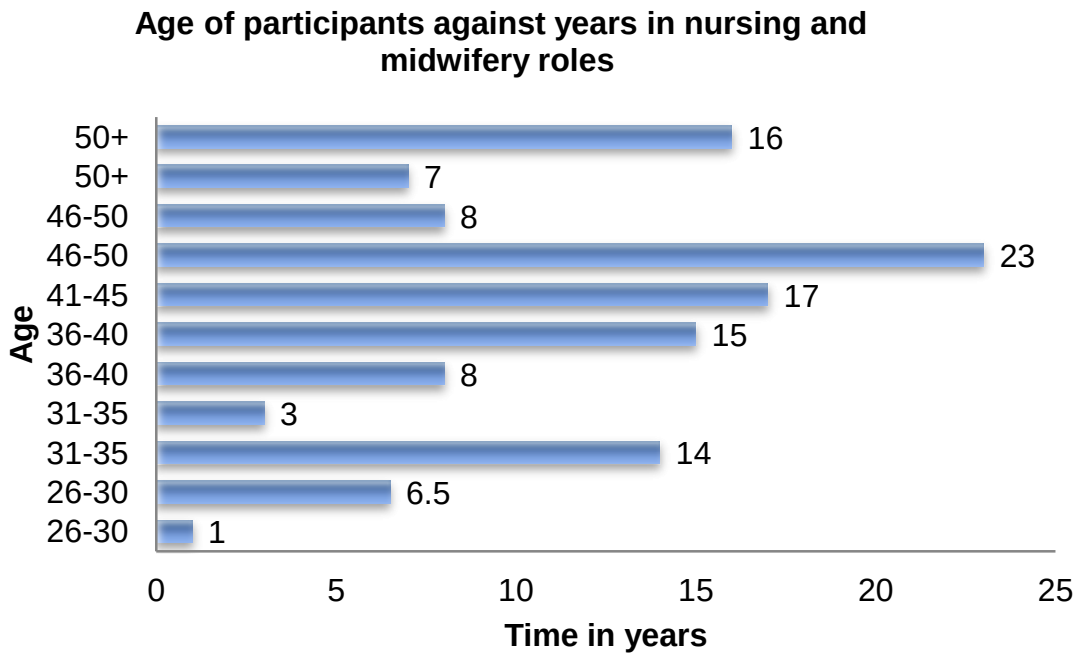
"It is good to know that other people are experiencing the same or similar things… And because you talk about it, you build a certain degree of resilience in that shared experience."

Building an internal 'safe (emotional) place'

"The concept of a 'safe place' – actually it is in a sense you create that space inside yourself. It is not an external space it is an internal space. …And that is developed from the shared experience, from support and from peers. And support from the teams you are working with, and your mentor and PT as well.

Starting points

Contribution of age and experience as part of the basis for transformational learning: shapes assumptions, prejudices, norms by which expect the world to work.



University of Brighton

Scaffolding learning for resilience

Learning *“Any process that in living organisms leads to permanent capacity change and which is not solely due to biological maturation or ageing” (*Illeris 2014 p 33.)

Praxis: A dialogue between critical reflection and action that helped the participants identify the way they think about the world giving them the freedom to see how this may be changed. (Dirkx, 1998)

Key supports: Active involvement in learning, building trust to facilitate critical reflection, dialogue, social dimensions

Endings

Ending as a beginning: lifelong learning as a support to resilience (Adamson et al 2012)

"I am a completely different person to who I was at the beginning ….. And yes it is really good. I feel like a professional. I feel that I have 'bettered myself' from doing the course."

"I think I know myself a lot better…this role as a student health visitor has really kind of enhanced my own 'knowing' I have found more resilient qualities within myself when things haven't gone well."

"I think it has helped me be true to myself actually. ……It is actually feeling that I am living an authentic life true to my own values and my own self. And I am able to recognise that as a professional as well."

University of Brighton

Creating an identity: ‘It’s not just weighing babies’

“I don't quite KNOW what the role was..”

“I think as individuals everybody is….they are autonomous practitioners and they have their own motivations”

“When you mention the health visitor they go – errg – it is such a negative thing about health visitors and they are coming in to inspect your home.”

“My identity as a health visitor … it is Public Health and to encourage … you know that Public health side of it: and working with families ensuring that the children are safe: and building that relationship to engage the parents in bringing up their children, and supporting them and challenging them with that.”

University of Brighton

Learning from negative experience

"… learning from negative things is always quite hard, but it is one of those things that we do, and you are never, ever going to forget. Which is tough, but you don't forget it. So, I would say, it is drawing positive things from me, …….. things that you recognise that you might think could have been done better if it had been done differently.

If you have a negative experience … that you are not supported in, you know I think that can be really detrimental. It can reduce your resilience and it can zap it away rather than build on it, so it is definitely the support that you get from that and the reaction and the reflection that you do."

University of Brighton

Health visitor as a chameleon: flexible and adaptable

University of Brighton

Conclusions

- Significant tensions exist between expectation and reality in HV role with the potential to threaten commitment to the role.
- Social interaction is key to building resilience
- Exposure to the reality of socio-economic deprivation can act to build motivation in the HV role
- Links between the design and content of the curriculum and the application to development of practitioner resilience need to be made explicit.

University of Brighton

Conclusions continued:

Organisational factors can support or threaten resilience:

Supported by:

- Engaged leadership
- Good supervision
- Positive role modeling

Threatened by:

- Poor leadership
- Target driven culture
- Poor work environments
- Negative and resistant colleagues

University of Brighton

Conclusions continued:

Principles of transformative learning map closely with building resilience:

- challenging existing frames of reference
- student involvement and responsibility for their own learning,
- promoting flexibility through fostering openness to change
- critical reflection

Conclusions continued:

Practice of transformative learning supported through **praxis** a continuing dialogue involving critical reflection and action including:

- Exposure to social and health inequality in practice
- Positive practice teaching and mentoring
- Learner centred strategies including problem-based, work-based and action learning.
- Continuing involvement with facilitative teachers
- Sensitive management of negative experiences

University of Brighton