

Regulator's Approach to Ensuring Registrants are Resilient
Ginny Hanrahan and Jenny Bulbutia, CORU Ireland




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Resilience


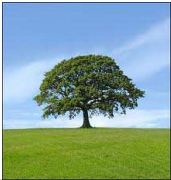
"The world breaks everyone, and afterward, some are stronger at the broken places."

Hemingway, *A Farewell to Arms*



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"THE OAK FOUGHT THE WIND AND WAS BROKEN, THE WILLOW BENT WHEN IT MUST AND SURVIVED."



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Regulators Responsibilities

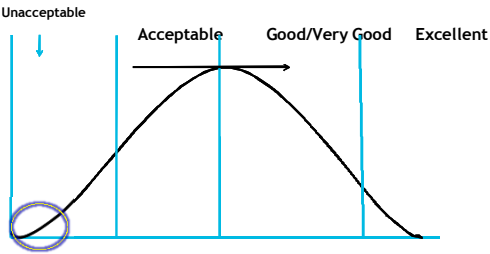
- To protect the public by promoting high standards of professional conduct, education, training and competence for registrants
- Continuing Professional Development - but how about life getting in the way




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Normal Distribution Curve



Unacceptable Acceptable Good/Very Good Excellent



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Right Touch Regulation

Professional Standards Authority UK

- Identify the problem before the solution
- Quantify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change



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Identify and Quantify the Problem

"Caring for others skilfully involves a high degree of self-giving. Whilst the self can certainly grow and flourish in this altruistic experience, it can also suffer."
(McAllister et al, 2009)

The "Cost of Caring" (Figley, 1995)
The "Hazards of the Healing Professions"
(Zeidner, 2013)



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What is Resilience?

"A dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma"
(Luthar and Cicchetti 2000)

A display of "manifested competence"
(Masten and Coatsworth 1998)



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"A two dimensional construct including the experience of adverse conditions and the presence of positive skills in coping with these conditions"

(Beddoe, Davys Adamson 2013)




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“Or rather than attempting to achieve ‘conceptual clarity’ or a consensus of meaning, resilience should be considered a rubric or ‘umbrella term”.

(Grant & Kinman, 2013)



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Is Resilience always a good thing?

- “Resigned Resilience”
(Strategic Review of the Nursing and Midwifery Council 2012)
- Resilience in Adolescence - “I only have myself to rely on”. (Hunter & Chandler, 1999)




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Get as Close to The Problem as Possible

Evidenced Based Research



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Research

Fostering Resilience at a personal,
professional and organisational level:
an international study of registered
social workers


Jenny Bulbulia & Michael S Gordon
Trinity College, Dublin, Ireland

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A strengths based approach


If 1 in 5 physicians are affected by burnout,
what are the other 4 doing right...?

(Zwack & Schweitzer, 2013)

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*“As yet, little is known about fundamental
issues such as what resilience means to
social workers and how it can be supported
effectively in training and practice.”*

Grant & Kinman, 2013

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Research Questions

1. What is the Professional Quality of Life of this cohort?
2. What are the personal, professional and organisational factors that impact professional quality of life?
3. What is the nature of resilience in this context?
4. What is the role of the Regulator in fostering resilience?



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Methods

- RQ.1 PROQOL (Stamm, 2010)
- RQ.2 RS14 (Wagnild, 2009)
Brief Cope (Carver, 1997),
DSQ40 (Andrews et al., 1993),
SPOS (Eisenberger, 1984),
UWES (Schaufeli & Baker 2003)
Questionnaire



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- RQ. 3 *What is your understanding of "resilience" as it relates to your profession?*
- RQ. 4 Online Focus Groups and Interviews



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As of 31st July, 2013...

- 129 participants
- Countries: Ireland, England, Wales, Scotland and Northern Ireland, Canadian Province of Saskatchewan




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Work Country

Country	Percentage
Canada	42%
Uk and Ireland	58%




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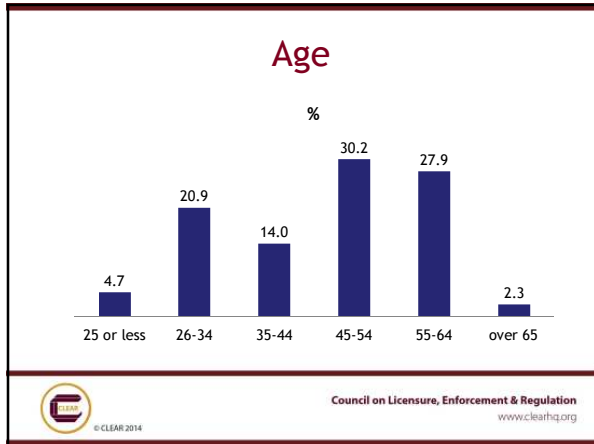
Gender

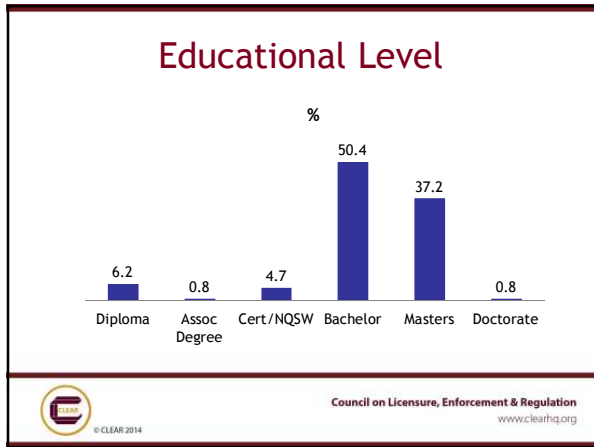
Gender	Percentage
Male	15%
Female	85%

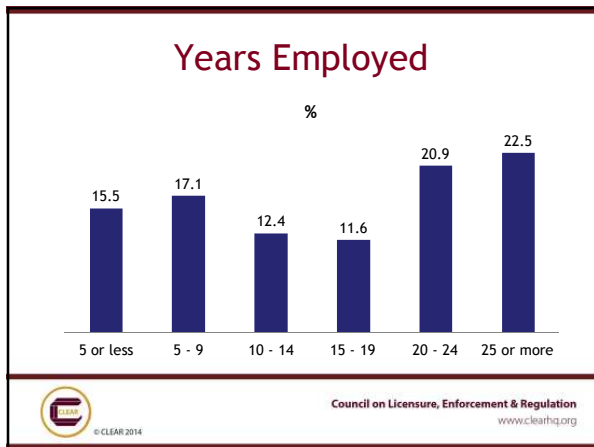


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Bulbulia & Gordon, 2014
Trinity College, Dublin Ireland

Preliminary Analysis

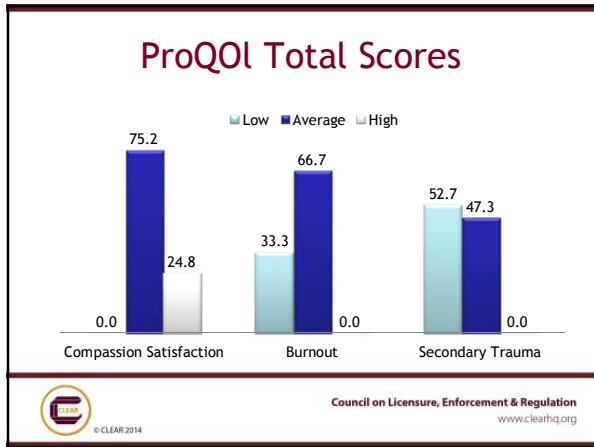
Personal, Professional and Organisational

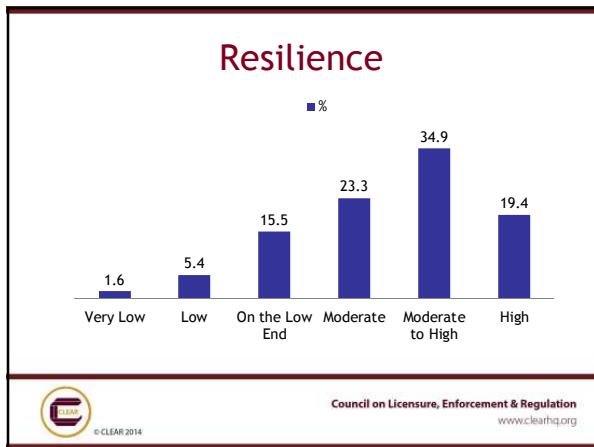
Emerging Trends



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WHY ?

PERSONAL FACTORS




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**Relationships-
Psychological Factors**

Scale	Resilience	Self Compassion
Compassion Satisfaction	.64**	.43**
Burnout	-.35**	-.20*
Secondary Trauma	-.33**	-.34**
Resilience		.53**

**Correlation is significant at the 0.01 level (two tailed)
 * Correlation is significant at the 0.05 level (two tailed)



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Predicting Compassion Satisfaction

Resilience

↓ .356


Self-Compassion

↓ .136

COMPASSION
SATISFACTION

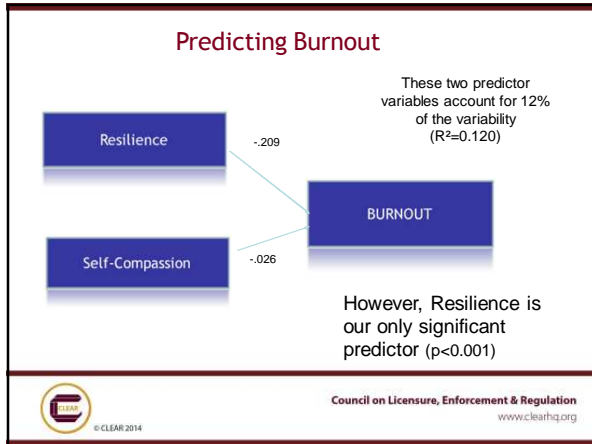
These two predictor variables account for 41% of the variability (R²=0.406)

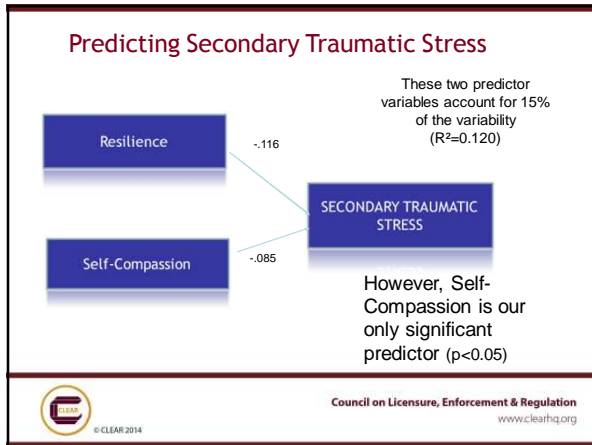
However, Resilience is our only significant predictor (p<0.001)



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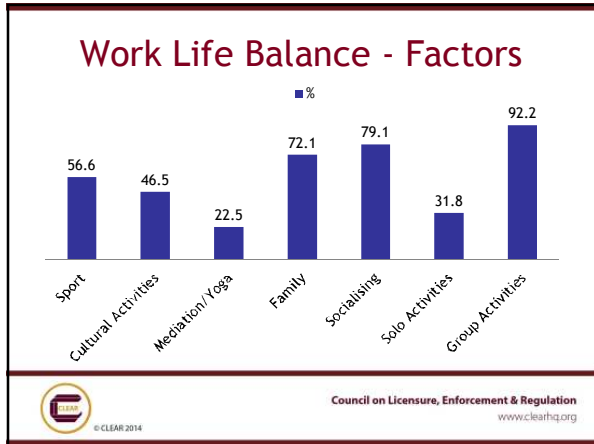


Other Personal Factors

Defence Mechanisms and Coping Styles

- A Neurotic or Immature Defence Style is a predictor of Burnout and Secondary Traumatic Stress
- A Negative Coping Style is a predictor of Burnout and Secondary Traumatic Stress

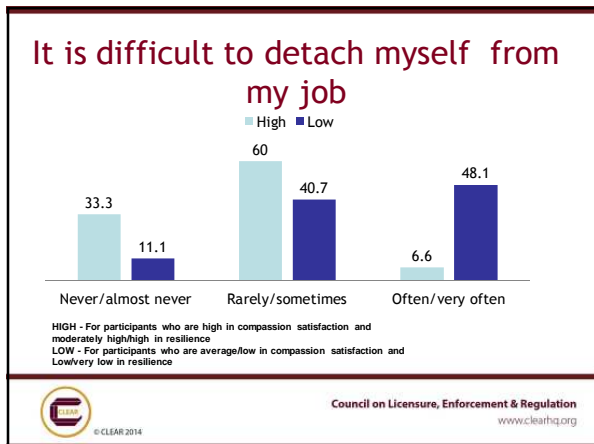
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Work Life Balance


- Significant positive relationships were found between
 - Compassion satisfaction and family time
 - Resilience and family time and group activities
- Significant negative relationships were found between
 - Burnout and family time, socialising and group recreation
 - Secondary trauma and sport, cultural activities, family time, socialising and group recreation

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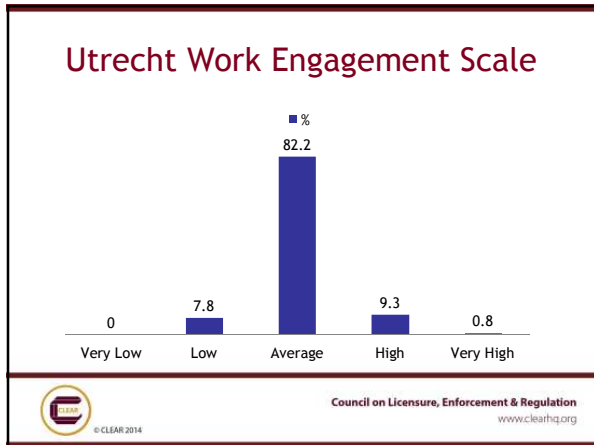
WHY ?

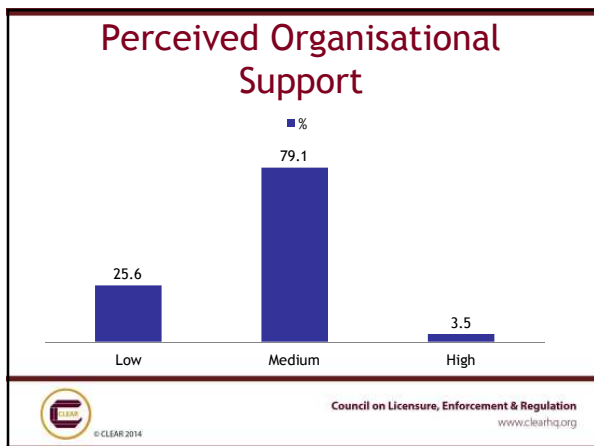
**ORGANISATIONAL
FACTORS**



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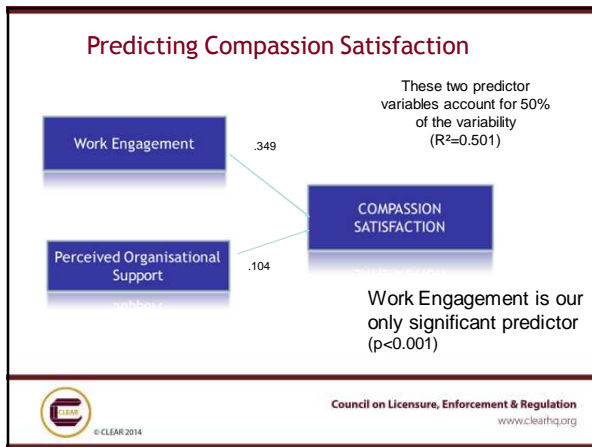
Relationships - Organisational Factors

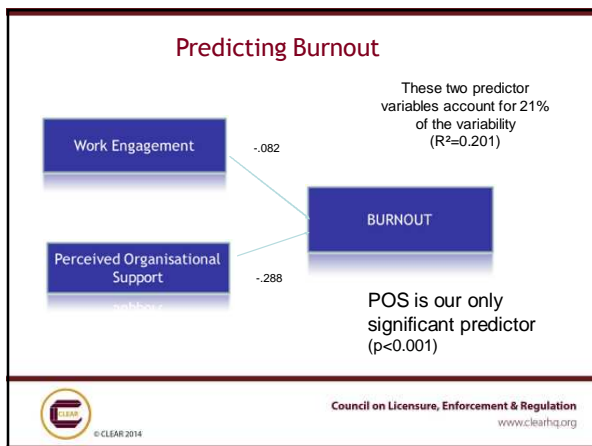
Scale	Utrecht Work Engagement	Perceived Organisational Support
Compassion Satisfaction	.71**	.43**
Burnout	-.25**	-.46**
Secondary Trauma	-.18*	-.37**
Resilience	.61**	.39**

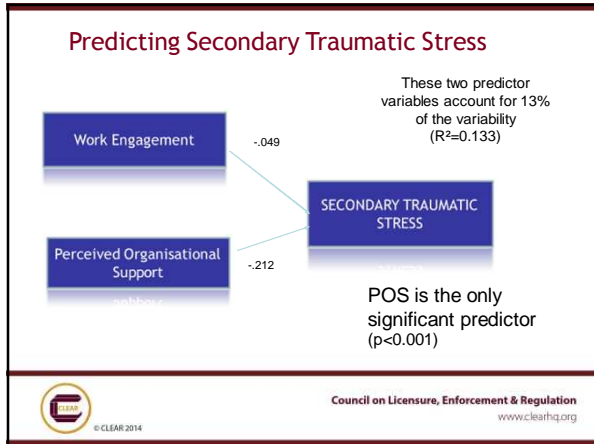
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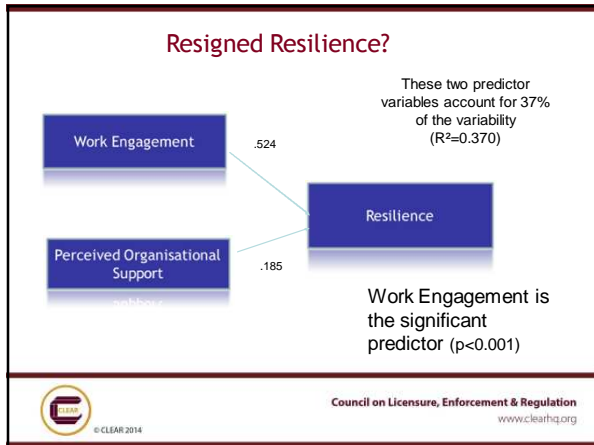


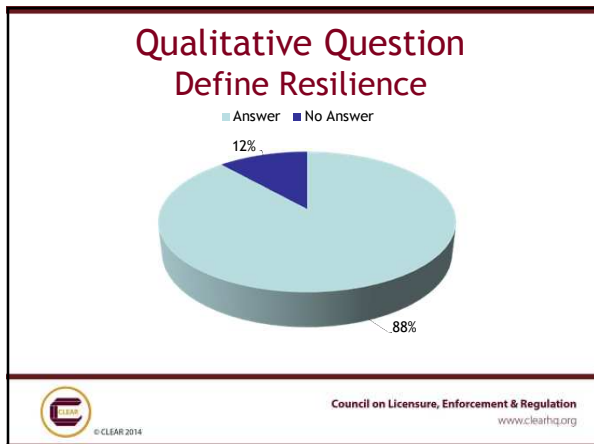
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WHY ?

**PROFESSIONAL
FACTORS**




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Professional Areas



Professional Area	Percentage (%)
Child Welfare/Family	50
Hospital Care	10
Adoption	15
Adolescents	18
Adult Care	12
Older Persons/ Ageing	10
Primary/ Comm/ Public	10
Mental Health	28
Forensics	8
Disability	10
Addiction	10
Rehab	5
Palliative Management	2




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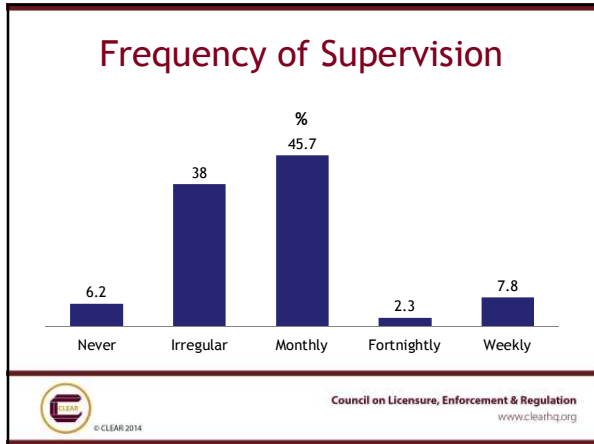
Key Areas Identified

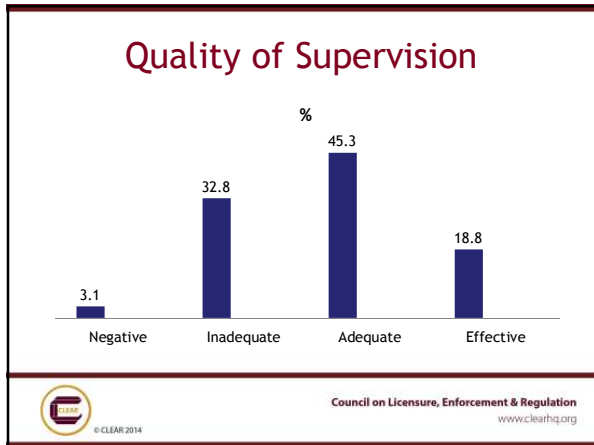
- Supervision
- Training

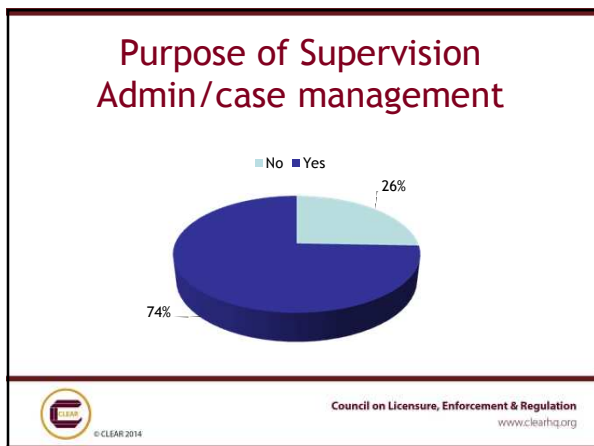


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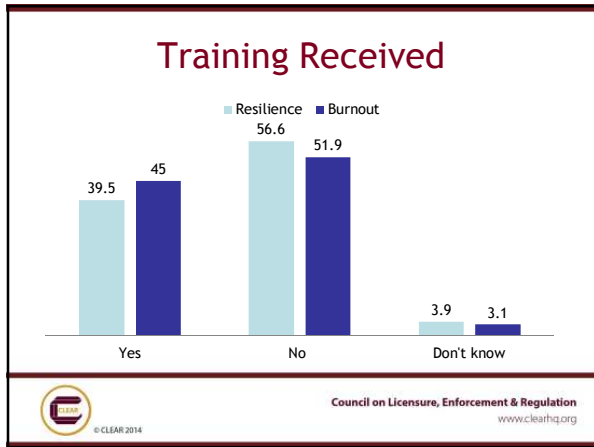
A qualitative enquiry

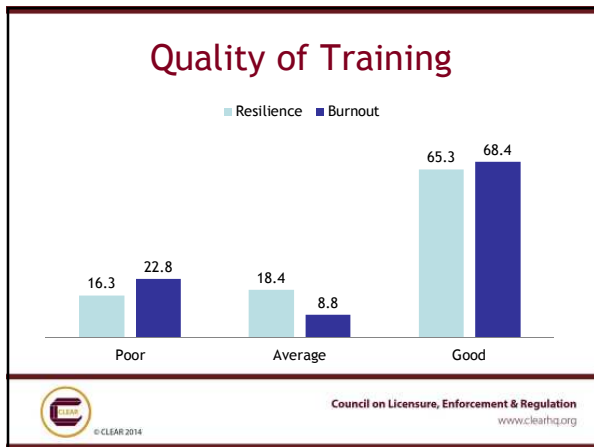
“The question of what constitutes good or effective supervision is thoroughly canvassed in the supervision literature with little consensus as to a definitive statement.”

(Beddoe et al, 2014)



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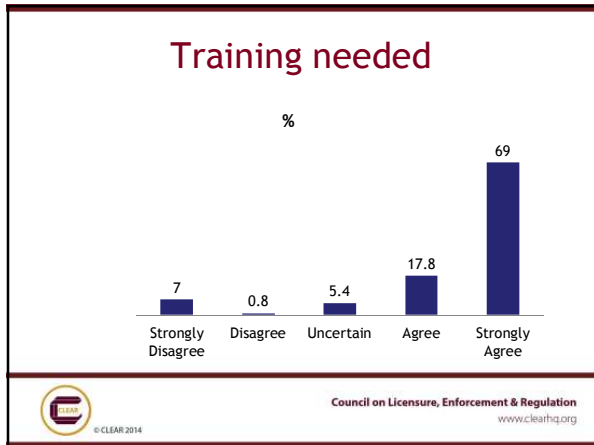


Training

- Preliminary analysis indicates that lack of training negatively impacts on:
 - Resilience
 - Work Engagement
 - Compassion Satisfaction
 - Perceived Organisational Support
 - Self Compassion



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Professional Quality of Life

Multiple Pathways that are complex,
dynamic and interacting...

- The Person
- The Organisation
- The Profession




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Focus on the Outcome

- What are the desired outcomes of a “Resilient registrant”?
- What does having a good “Professional Quality of Life” actually mean?



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To consider together...

- How should regulators implement this information
 - Through review of approved training programmes ?
 - Continuing Professional Development/ Competence Assurance?



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