

Resilience at work

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Abstract

An ecological conceptualisation of resilience was one of the major orientating concepts for this doctoral research which used critical realist methodology to gain explanatory insight into the job retention challenges faced by employees recovering from mental health problems. Methods involved a literature review of qualitative job retention research, a comparative case study approach, and service user collaboration.

One case study comprised seven employed people who were using acute mental health services. The second comparative case study comprised fourteen users of a community-based job retention project.

Work mattered to people during recovery because of feelings of guilt about not working, and because some feared that work had, or could, exacerbate their mental health problems. Such fears co-existed with a strong sense that work was an important part of people's lives in terms of finance, social capital, occupational capital and personal capital. These assets were under threat, but they also had the potential to be deployed to support a resilient recovery.

Participants were on complex and uncertain return-to-work journeys, facing a combination of internal and external obstacles. Barriers arose from the direct impacts of mental health problems, external and internalised stigma, job demands and the workplace environment – particularly relationships with colleagues and, above all, managers. Findings suggest that return-to-work trajectories are likely to be more successful and sustainable when such challenges are addressed.

Broader implications were that occupational and ecological resilience perspectives can be integrated to help understand the challenges people with mental health problems encounter when seeking to retain employment.

Keywords: Resilience, employment, return to work, mental health, occupational science.

1. Literature review

A literature review, informed by Paterson et al's [1] meta-study approach, was conducted focusing on qualitative research into job retention experiences of employees with mental health problems. Some qualitative studies' concern with learning from the strengths displayed by workers with mental health problems [2,-6] signalled the potential relevance of resilience to the research topic.

Understanding strengths and vulnerability as separate constructs rather than bipolar opposites of a single phenomenon [7] possibly explains some of the paradox of how work can act as both a potential stressor, as well as a resource which can provide strength in recovery. Furthermore, if strength and vulnerability are not part of a shared continuum then this may explain the suggestion that strategies influenced by stress-vulnerability models of mental illness [8] may not always be helpful in vocational terms [9, 10]. By contrast, the literature review findings suggest that a degree of acceptance of mental health problems, coupled with flexible illness - or lifestyle management - strategies, can be helpful. Van Niekerk's [11] conclusion regarding a worker's ability to respond to mental health problems with flexibility, tolerance of mild symptoms and to "roll with the punches" (p463), was particularly redolent of resilience formulations.

Some mental health recovery accounts have explicitly referred to the resilience displayed by individuals [4, 12-14]. A central aim of such accounts is often to challenge negative and passive views of people with mental health problems as victims, dependent on mental health systems to rescue them. An understandable consequence of this aim is that sources of resilience more related to the individual come to be emphasised. This is potentially problematic if this emphasis is detached from the implicit critique of paternalistic service provision – and thus may explain criticism that recovery perspectives are used to justify withdrawal of support undermining the sustainability of people's recovery [15].

Yet, rather than counterpoising individual resilience to service provision, Ungar [16] has gone so far as to define resilience as "Adequate provision of health resources necessary to achieve good outcomes in spite of serious threats to adaptation or development" (p429). Rutter [17] maintains that "resilience does not constitute an individual trait or characteristic" (p135). Roisman et al [18] argue that resilience is best understood as "an emergent property of a hierarchically organized set of protective systems that cumulatively buffer the effects of adversity and can therefore rarely, if ever, be regarded as an intrinsic property of individuals" (p1216).

There is a strong body of resilience research and theory which has followed this ecological perspective of resilience [19-25]. Here resilience is seen as a process, or outcome, residing in both individuals and their context and collectivities. It follows that resilience-building can aim to build individual and environmental assets – or challenge restrictions to both. Much of this resilience literature, however, relates to children, families and young people.

While concepts and theories of resilience are increasingly being discussed in relation to adults with mental health problems [4, 13, 14, 26, 27] there is very limited explicit application of them in relation to the topic of work and mental health. UK policy [28] has proposed that people with mental health problems may experience more success at work if they are resilient, where this was defined in predominantly individualistic terms, as having the capacity to endure adverse circumstances and maintain emotional stability and well-being. Furthermore, claims for the relevance of resilience in this document were largely reliant on research and practice interventions focused on developing resilience through childhood and adolescence.

The concept of resilience can be found in the more general world of work-related literature. However, here a more sophisticated understanding of the concept is often absent. Thus, some resilience-at-work tools, interventions and resources focus on how individuals can be made more resilient to cope with pressures of work [29-31] and display limited consideration of how these pressures could be reduced. Exceptions to this include the research report produced for the Chartered Institute of Personnel and Development, which presents the relevance of resilience to the workplace with a thorough grounding in resilience theory [32], though cites limited research directly related to the world of work. A similar environmental perspective of resilience is apparent in the blogs and guide produced by 'The Resilience Space' [33] which also criticizes elements of positive psychology for an expectation on individuals to change their thinking to cope with adversity rather than challenge the adversity.

Understanding resilience as emerging from complex processes involving interactions between individuals and their environments [17, 34, 35] has enabled researchers and practitioners to see resilience as something that can be developed and nurtured [22, 36, 37]. The literature review found

evidence of this development occurring as some people with mental health problems seek to retain their work. This occurs at the individual level, as people construct and deploy their own strategies, or are helped by others to do so. It can also be seen in attempts to create more supportive environments, either at the immediate level of the workplace or at the level of policy and service developments. Consideration of resilience seems to bring with it an emphasis on the sustainability of recovery that adds to the other perspectives. The review identified that resilience was a valid orientating concept for the research study. Notably the more ecological conceptualisations of resilience may help in understanding the adversities that workers with mental health problems face, and may also call attention not just to whether they manage to return to work, but to the sustainability of the return.

2 Methodology and methods

This study adopted a critical realist research methodology [38, 39]. This holds that there exists an external reality but that people's perspectives of this may vary (e.g due to factors such as class, gender, ethnicity and age). Critical realism considers it is possible to gain explanatory insight into structures and mechanisms that shape reality using a range of inductive and deductive analytic procedures.

The research recruited participants from two settings: 7 users of acute mental health services and 14 users of a community-based job retention project for people with mental health problems - both in South of England. All had a range of moderate to severe mental health problems and were employees on sick leave from a broad range of jobs. Service users collaborated in the study design, implementation and analysis in both settings through user group panels.

Data were collected for both studies using semi-structured interviews, which are consistent with the critical realist combined inductive and deductive approaches and were designed to capture the depth and breadth of job-retention experiences. The analysis methods were derived from Danermark et al's [39] six stages of explanatory research, based on critical realism (p109-110).

3 Findings

Participants found that their working lives were severely disrupted for reasons related to their mental health problems. All were on sick leave from work, and described a similar range of challenges. These included internal challenges, such as symptoms which undermined their ability to sustain work, as well as external challenges such as the experiences of stigmatising attitudes.

I nearly crashed one of the work vans because I heard voices. I physically can't concentrate on anything when I hear the voices. [...] I was like halfway in a bush and I had to pull myself out. (Ben)

I would just retreat to my bed because I couldn't cope, I felt overwhelmed and although I'm not doing the sleeping here [psychiatric inpatient unit], I think when I get home I'm just going to do the same [...]. (Hilary)

I felt so dreadful, my depression was so bad, I was really in a bad place mentally and physically as well [...] I couldn't go back. I had to contact them. I felt dreadfully guilty [...] and didn't even feel that I could speak to my line manager because she was so unsupportive and uncommunicative as well. (Alice)

[my manager] was basically complaining about the fact that I'd gone off sick [...] – oh, what was it her words were – 'Oh I don't suppose you can help your sickly friend out can you and do this visit for her.' (Rebecca)

Multiple parties were involved. All this meant that for both groups the task of navigating a return to work was considerable and complex. For the community participants this was also apparent in the broad range of interventions which they received; for the acute mental health service users it was often revealed in the degree to which they struggled to address those challenges with limited and uncoordinated support. All but one of the acute participants lacked sufficient co-ordination, collaboration and strategy to support their job-retention needs. They did, however, benefit from some more recovery-orientated interventions that appeared to support vocational as well as general recovery.

[The psychiatrists] could talk about your friends at work, [...] 'Do you go out with them?', 'What do you do?' [...] maybe even talk about people that you don't like at work and why [...] because they're more

likely to be the ones that are causing the problems [...] maybe asking about the bits that you don't like about work, because they're the bits that are going to upset you. [...] It's like it's a forgotten part of your life [...] let's face it – most people spend more time at work than they do at home. (Ben)

I [...] did structured groups like pottery, creative art, gardening, things that would distract you from maybe suicidal thoughts or self-harm. (Gavin)

we've [participant and job retention project worker] been looking at actually what is ok about me with my illness and not what's wrong with it – [it] has helped me to [...] really stay above that and keep myself from getting really negative[...] I've not had to go into hospital and I've actually had a really positive outcome. (Alice)

The community job retention project provided a high degree of co-ordination of return-to-work planning, either by the project workers making contacts with people's employers, or by them enabling and encouraging the participants to do so. In the process, they displayed a high degree of collaboration with both the participants and their employers. Collaboration with health services was less apparent. In part this may be because the participants were less engaged with either their General Practitioner or community mental health services – but it may also be that such collaboration was more difficult because the project was neither organisationally nor physically integrated with either primary or secondary mental health services. This may have arisen because it was a charity-funded pilot and not a health-commissioned project. We do not know if it would have undermined the project's efficacy had more of the clients been engaged with mental health services.

In terms of strategy, the co-ordination and collaboration enabled a range of effective interventions to be deployed, focusing on the worker, their work and their environment. For some the experience of doing engaging productive or creative activity helped.

One of the very first things that [the project worker] did [...] was [...] to try and offer suggestions of proper adjustments [...] like changing my start time slightly so that I wasn't battling rush hour traffic when I was feeling very stressed already, which would also help my childcare situation. Or the possibility of [...] transferring [...] perhaps of a job share and making lots of suggestions. (Alice)

[...] the soldering [...], the time just flies by because you're really concentrating [...]. The [feelings of anxiety and depression] drop. They drop because I'm concentrating more and [have] less time to think of what I'm actually feeling. (Gavin)

[...] we have a pampering evening [on the inpatient ward], so I'll actually do reflexology on people, I'll do aromatherapy, I'll do hand massage [...] it's quite empowering, it feels like I'm doing something positive and not just being a passive sort of like recipient of health care, really. (Penny)

In providing the interventions, the project workers' interpersonal skills were valued as highly as more knowledge-based skills. The peer support group also contributed to developing and sustaining effective job-retention strategies. It did this by activating some of the more general recovery-promoting mechanisms (also experienced by some of the acute study participants), notably in terms of reducing feelings of isolation and by people sharing effective problem-solving strategies and knowledge.

Sometimes you think you're alone, you're experiencing a unique experience but then you come up and meet up, you find 'ah' you all face the same problem. It sort of makes you less bothered... (Steve).

Many voiced concerns about what their return to work would be like revealing feelings of anxiety and self-blame.

You're just anxious, since I haven't been at work they've taken on new staff and they've moved to a new part of the building and there's so many things that are new, [...] and then you think, 'am I going to go and not be able to cope and make myself unwell again?' and they all just sort of in your head: go round and round. (Yvonne)

I feel like I'm letting my employers down a bit by not sort of being able to cope and be reliable so that worries me. (Mark).

4 Discussion

Resilience perspectives are useful given evidence of a range of poor outcomes for employees who experience mental health problems [40, 41]. The research has provided insights into the multi-factorial

nature of the adversity faced when mental health problems disrupt people's working lives. This study was based on data derived from a cross-sectional interview during recovery, but it was striking how important the sustainability of a future return to work was for participants. Trajectories appeared stronger when there was confidence in future sustainability. Like more established recovery perspectives in adult mental health, resilience calls attention to learning from the people's strengths, as well as their challenges. However, whilst recovery and resilience are related they also have distinct qualities. Both show some concern with the sustainability of recovery, but this is stronger in resilience concepts. In this way resilience frameworks can make great contribution to the analysis of the durability of supports for people with mental health problems.

Where recovery is an individual's journey towards a personally defined state of well-being following crisis or adversity, resilience is a dynamic and evolving outcome of a constellation of interacting internal and external mechanisms which support and sustain that recovery. This new definition draws on Masten's [35] sense of positive outcome despite adversity, Roisman et al's [18] emphasis on the emergent nature of resilience coming out of people's interactions with their environments, and Ungar's [16] even greater emphasis on the importance of the environment to foster resilient outcomes.

The success of return-to-work trajectories should include measures (quantitative and qualitative) of how sustainable any return to work is and whether the experience of work after return fosters long-term recovery or undermines it. That appraisal needs to consider people's experience of precisely what they do at work – which is part of the occupational perspective. Here the terms 'occupational' and 'occupation' are used in a manner consistent with the broader meanings associated with the profession of occupational therapy and the discipline of occupational science [42-44], referring to the full range of consciously performed human activity.

Pemberton and Cox's [45] call "to understand time as a dimension of being, not just a measure for the content of existence" (p80) implies that the sustainability of being over time also should be of concern. For instance, are the demands placed upon individuals by their workplaces ones which call for occupation participation in a manner which enhances health and well-being over the long term? This question further underscores the value of the more ecological understandings of resilience than the individualistic ones present in some literature [46, 47]. This may be particularly important because a narrow individualised understanding of resilience could reinforce the self-blame felt by many participants and thereby increase obstacles to recovery. We found it helpful to consider how the occupational space in which people found themselves could be made more resilient, rather than simply considering how individuals could harden themselves to adversity.

Occupational and resilience perspectives speak to the issue of the humanisation of work. An occupational perspective implies that it is intrinsic to what it is to be human to engage in productive occupations, and thus it fulfils a human need [44]. To restrict that opportunity is to deny people access to what we defined to be 'occupational capital' [48], amounting to occupational deprivation [49], and therefore an occupational injustice [50]. However, if participation in work occurs in a way which is dehumanising, then rather than providing an affirming occupational experience, work can be experienced as a denial of human nature.

Supporting the case for a human need to be productive, there was still an overriding desire to be working amongst our participants – although for some of them their specific jobs were in contexts which threatened to undermine, rather than enhance, their recovery. For their immediate futures, the 'resilient move' was not to give up on the prospect and aspiration to work, but to help preserve their work identity and assist them to find alternative work in less adverse, and ideally more affirming, contexts. Nonetheless, the challenge remains to consider what might happen to the next person in line who fills the vacancy, or to former colleagues to whom potentially toxic tasks may be redistributed. This means asking how workplaces and working practices can be made more resilient so that the working lives for all can be improved, even if that means calling on moral principles of humane experience rather than economic imperatives of efficiency.

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