



# Resilience - summary of evidence

## Summary

In academic literature, it has been well established that well-being within a workplace context can influence work-related outcomes, both in terms of an organisational (i.e. job performance) and individual standpoint (i.e. workload demands).

Psychological resilience is said to be an important key component when considering how workers deal with workplace stressors and whether they will respond negatively and in turn experience outcomes such as anxiety, compassion fatigue, depression and burnout (Rees, Breen Cusack & Hegney, 2015). Resilience training and interventions aim to support well-being and work-related outcomes when an individual is faced with adversity which could potentially affect their productivity and mental health.

## What is Resilience at work?

Originally resilience was considered by developmental psychology as protective characteristics which allowed children to be adaptive when faced with long term stressors and adverse situations (Rutter, 1987). Following this, research from the health sector focused on resilience as a way of dealing with trauma. Today, resilience is seen as far more commonplace than once thought and is now discussed in relation to everyday acute stressors or events experienced by adults (Davis, Luecken, & Lemery-Chalfan, 2009). Examples of common everyday adversity could include work overload, lack of control, job insecurity, work life imbalance, lack of support at work, low resources and poor working relationships.

Some research suggests that employees who are resilient are better able to deal with the changing environment of the workplace (Shin, Taylor & Seo, 2012; Tugade & Fredrickson, 2004). To take advantage of this, it is suggested that human resource professionals invest in developing their workers psychological resilience (Luthans, Vogelgesant & Lester, 2006).

Bardoel, Pettit, De Cieri, and McMillan (2014) suggest that resilience is a valuable resource to

organisations irrelevant of organisational change, and that HR practices can help develop and maintain an employee's psychological resilience. They also suggest that resilience as a resource, can influence employee outcomes such as work-related performance, which can also contribute to favourably outcomes for employers (e.g. better organisational performance).

There is sometimes an overlap between features of a stress management intervention (SMI) and resilience building programs and it can seem unclear as to whether the program is focused on building resilience or managing stress. One major difference between the two is whether it is primary or secondary prevention. Resilience building programs are intended to be part of primary prevention (whereby it is a preventative of the negative effects from a future stressor). On the other hand, SMIs use secondary prevention which focuses on reducing the severity of stress symptoms as a response to the stressor. For more information and evidence pertaining to stress management interventions, please see the Hub 'Stress' topic.

### **Theories of Resilience**

Generally, there appears to be some agreement in that when defining resilience there are two distinct elements to consider; adversity and positive adaptation (Luthar & Cicchetti, 2000). More recently, Fletcher & Sarkar (2013) reviewed previous literature which attempted to define and conceptualise psychological resilience. In this review, psychological resilience is defined as "the role of mental processes and behavior in promoting personal assets and protecting an individual from the potential negative effect of stressors' (Fletcher & Sarkar, 2012, p. 675; 2013, p. 16)". From the original concept of resilience being seen as more of a trait (which allowed children the ability to overcome a traumatic experience), Fletcher & Sarkar's definition emphasises the dynamic aspect of psychological resilience which can change and be developed over time in the context of person-environment interactions. This process-like view of resilience is important when considering the applicability of training programs and interventions of resilience building.

A paper by Pangallo, Zibarras, Lewis & Flaxman (2015) explored how resilience is defined in the current literature. Additionally, the authors also evaluated current measures of resilience using an interactionist approach. An interactionist approach aims to understand and evaluate ways in which individuals interact with their environment (Funder, 2009). By applying this to psychological resilience literature, the results of this review find twenty-four themes of resilience emerge, splitting them into either person (internal) or situation (external) resources. This paper concludes that given the lack of an agreed definition of resilience, the authors were unable to operationalise resilience from an interactionist standpoint. In terms of reviewing current resilience measures, the authors find only four measures to have acceptable psychometrics properties. Although these measures may represent aspects of state and trait resilience measures, it fails to acknowledge the interactionist approach to resilience, whereby attempting to understand the dynamic person-situation interaction in relation to

psychological resilience and an individual's environment.

For this review, we are considering resilience in the context of the workplace and interventions based on building and improving resilience and work-related outcomes in this context.

### **Why is Resilience important at work?**

Resilience building programs aim to equip individuals with the resources and skills to prevent the potentially negative effect of future exposure to stressors. In relation to the workplace, resilience building programs aim to promote positive psychological functioning which may in turn promote other individual (e.g. mental health) and organisational outcomes (e.g. performance).

Resilience has been said to influence a number of different variables. A review by Robertson, Cooper, Sarkar and Curran (2015) considered how resilience training can have a positive effect on mental health and well-being outcomes (such as stress, depression, anxiety and negative mood/affect/emotion). Given that stress, anxiety and depression account for 49% of sickness absence, having a resilient workforce is particularly important to ensure that staff remain healthy and productive, whilst sickness costs are kept low.

### **Ways to improve Resilience**

To understand the ways in which individuals protect themselves against stressors and negative consequences, we need to consider the resources needed by the individual, these are known as protective factors. Protective factors can include several aspects of the individual; personality, self and ego related, interpersonal and social factors, values, views and beliefs, behavioural/cognitive skills and other factors (such as intelligence, health, temperament and procedural knowledge). Unfortunately, there is not one single factor which is more important, in terms of enhancing resilience, as adverse situations are likely to require different resources from the individual.

Therefore, interventions which aim to build resilience, tend to focus on developing these protective factors- most commonly self-efficacy (the belief that they are capable of having the competence to cope, when an adverse situation occurs), optimism, social resources and cognitive appraisal/coping.

Some practitioners also consider ways in which human resource management (HRM) practices can improve resilience as an alternative to resilience training or interventions. A review by Bardoel, Pettit, Cieri and McMilian (2014) consider how resilience can be influenced by HRM practices. Their article explores resilience at work by considering positive psychology theories and conservation of

resources theory through the lens of HRM. The authors challenge the notion that resilience can only be improved by training or interventions and instead suggest that HRM practices can offer an effective method of promoting employee's resilience at all levels.

### **Reviews of Resilience**

In this section, two review papers have been included, each focusing on certain aspects of resilience in the workplace. The Robertson et al. (2015) paper is a systematic literature review surrounding resilience training and the positive effects it can have on various outcomes (such as well-being and job performance). After reviewing fourteen studies conducted on eight hundred participants across Australia, Sweden, UK and USA, all but one of the studies found significant positive changes in at least one measure following the resilience training. Although twelve of the studies were in favour of resilience training being beneficial, none of the measures from the studies were found to be significant across all studies. When reviewing the intervention content across the fourteen studies, the authors note the wide range in content- all of which are designed to build resilience. For example, two studies included the Penn Resiliency Program (PRP) as an intervention which focuses on specific protective factors; optimism, problem-solving, self-efficacy, emotional awareness, empathy. In contrast, two other studies within this review focused on techniques which helped the individual to self-regulate their stress levels.

Thus, there appears to be a number of specific protective factors which can enhance resilience. Results from this review suggest that there is no evidence for one particular protective factor being more effective than the others. From the evidence base we have so far of resilience we are unable to make an empirical based decision on which protective factors influence resilience the most. Therefore, practitioners are unable to say which protective factor interventions are most effective at building resilience.

A meta-analysis conducted by Vanhove, Herian, Perez, Harms and Lester (2016), aimed to understand the effectiveness of resilience building programs. By considering forty-two different samples they found several key findings. Firstly, resilience programs were found to have a significant effect on participants' performance and well-being outcomes following the resilience building program. However, where the program was implemented universally the effects diminished quickly over a period of time. In cases where the programs had been targeted to individuals who were believed to be more at risk or lacking in protective characteristics (i.e. low resilience), there were increased effects following the program. The authors of this meta-analysis also found that the effects of such programs were generalisable, they found no differences in effect across military versus non-military populations. In terms of how the programs are delivered, the findings suggest that one-to-one delivery had the strongest effect, followed by group based settings (e.g. classroom).

## Individual Interventions

Many of the resilience building interventions are focused towards the individual, as opposed to managers/leaders and organisations as a whole. Although, the interventions aim to enhance personal resilience, some studies fail to empirically measure resilience as an outcome. Instead, many studies consider how the intervention influences other protective factors, (e.g. self-efficacy and optimism) and/or improve performance or health measures (e.g. well-being and reduced stress levels). These outcomes tend to be measured using self-report/self-assessment measures, for example, via a stress questionnaire pre and post intervention. As mentioned previously, the studies investigate a wide range of protective factors in relations to building resilience.

One such study which focuses on a range of protective factors was carried out by Waite and Richardson (2004), who evaluated the effectiveness of the Personal Resilience and Resilient Relationships (PRRR) program. The PRRR program included aspects relating to; understanding and nurturing resilience, reflection on personal experiences, practical experience and skills which can improve performance, understanding how to deal with adversity and challenges, recognising behaviours which compromise on job productivity and happiness and developing interpersonal skills. After collecting data at three time points (pre, post and follow-up following the intervention), they found that those in the PRRR group had significant positive changes in resilience, self-esteem, locus of control, purpose of life and interpersonal relation measures.

Another study which focused on a number of protective factors was conducted by Sood, Prasad, Schroeder and Varkey (2011) on medical physicians. Their Stress Management and Resilience Training (SMART) program aimed to reduce stress and enhance resilience by focusing on attention and interpretation of experiences. They found that following the SMART program there were significant improvements in resilience, quality of life, stress and anxiety amongst physicians.

Milliar, Liopsis, Shochet, Biggs and Donald (2008) evaluated and trialled the Promoting Adult Resilience (PAR) program. This program focused on the individual understanding their personal strengths/resilience, managing their stress levels, using self-talk cognitive behavioural principles, problem solving and interpersonal skills. A number of mental health, well-being and individual differences were measured at three time points (pre, post and follow-up following the program). Their results showed that the PAR group had significantly improved self-efficacy and lower levels of depression following the resilience program. Fewer studies have focused on job specific resilience building which is more context specific than a particular job role. Arnetz, Nevedal, Lumley, Backman and Lublin (2009), conducted trauma resilience training for Swedish police officers. This particular

resilience training focused on relaxation and imagery methods to order to enable officers to induce relaxation in times of highly stressful situations. To evaluate this, the officers participated in a work simulation which was designed to be true to a real-life situation that could occur in their roles. The researchers found that the training group reported significantly less negative mood and were rated as performing significantly better in the simulation.

Other research considers how workplace resilience interventions are developed by attempting to understand how individuals best deal with adversity and stress. Warner and April (2012) carried out seventy-six interviews with participants from several different organisations. Using data collected from these interviews, the authors were able to develop a working model which detailed attributes and processes that individuals use to deal with adversity in the workplace. Using this framework, Warner and April developed two resilience training programs which were found to increase their overall resilience and each construct measure that was included in their resilience program.

### **Manager/Leader Interventions**

There is much less literature and research dedicated to manager and leader interventions to enhance resilience. However, some research has considered how leaders can improve their own resilience in order to cope with adversity and change within their careers. In addition, there are tools available which also focus on how managers and leadership can encourage resilience within their team and improve the organisations resilience as a whole (see tool section for more information).

Skoberne, Plas, Ghezekayagh and Woodman (2016) explored the experience and insight of leaders to investigate ways in which manager's resilience can be improved. After interviewing and collecting data from managers and leaders on their previous work crises the authors report several findings of which informed six key recommendations for managers; 1) Destigmatise failure for a resilient company culture by encouraging support, openness, transparency and inclusion, 2) Develop risk tolerance, 3) Accept, re-evaluate and face forward by acknowledging acceptance is key to recovery, 4) A balanced mindset and humility focusing on interpersonal skills/communication and strategic thinking to deal with crises, 5) Mentoring and 6) Building and using support networks.

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