INDIVIDUAL AND TEAM RESILIENCE

Why is this relevant?
During the covid-19 outbreak front line workers are going to be exposed to a range of extreme demands and significant adversity. Resilience can help protect workers and enable them to maintain their performance, health and wellbeing during this time.

Core constructs/concepts
A recent perspective in the journal Nature Human Behaviour provides some clarity on the construct of resilience.

At the individual level, resilience is viewed as the maintenance or quick recovery of mental health during and after exposure to significant stressors and results from a dynamic process of adaptation to given stressful life circumstances. Resilience has a biopsychosocial basis. That means a person’s physiological and psychological function and social context will contribute to them being resilient.

Resilience should operationally be defined retrospectively as a good mental health outcome following an adverse life event or a period of difficult life circumstances. Resilience is also connected to performance and contributes to being able to complete tasks to a high standard.

Resilience is not necessarily a trait or stable personality profile, or a specific genotype or some hard-wired feature of brain architecture. It is not the flipside of vulnerability. When referring to stable resilience-conducive traits or other predispositions these should be termed ‘resilience factors’ rather than ‘resilience’.

At the team level, resilience is defined as an emergent outcome (something that develops) characterized by the trajectory of a team’s functioning, following adversity exposure, as one that is largely unaffected or returns to normal levels after some degree of deterioration in functioning.

Team resilience originates in the resilient function of its individual members. Facilitating individual resilience contributes to team resilience.

Leaders have a critical role to play in establishing norms related to resilience and maximising the contribution of individuals, by using their unique resources and skills, within the team. Leaders can also provide important social support during times of adversity.

Both individual and team resilience are dynamic. It is important to consider time and adversity exposure when trying to understand whether individuals and teams will respond resiliently. There are predisposing factors to consider, such as prior trauma, but in general both repeated exposure, adversity severity, and clustered adversity (experiencing multiple adverse events) would be a red flag. Kalisch et al., 2019 (in reference list below) provide a useful discussion on this point if further reading is required.

Practical recommendations
- Facilitating perceptions of control and trying to encourage workers to view stressful situations as a challenge rather than a threat will contribute to more resilient function.
- Focusing on reappraisal and trying to find positives in stressful situations will contribute to resilience. This is not necessarily just about positive thinking but the notion that there is often more than one way to view the same situation and that one way may be more helpful than another. This technique can be used to foster challenge appraisals of stress.
- Workers should be encouraged to be mindful of and monitor what they are finding stressful and be as adaptable as possible in the methods they use to cope. Because there are likely to be a range of stressors encountered, this self-awareness and flexibility is going to be critical to maintaining performance and health over the coming weeks and months.
- Social support is important. Individuals might be encouraged to identify their preferences and pinpoint the type of social interaction that is most beneficial for them during this time.
- Individuals’ resilience will impact upon the resilience of the team. Within the constraints of delivering care, leaders should be encouraged to consider how best to utilise the staff they have available in pursuit of the overall team goal. This might mean changing who does what and the type of tasks allocated.

Relevant literature