



## **The importance of emotional resilience for staff and students in the ‘helping’ professions: developing an emotional curriculum**

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## Introduction

This research briefing provides an overview of research that has examined the benefits of emotional resilience for the wellbeing and employability of 'helping professionals' such as social workers, nurses and midwives. It is relevant to people who educate helping professionals, as well as the students that they teach. The briefing introduces the competencies that have been associated with emotional resilience (such as emotional literacy, reflective ability, appropriate empathy and social competence) and considers how they have the potential to help people cope with the emotional demands inherent in helping professions. Some evidence-based strategies are highlighted that can help academics develop a curriculum to foster emotional resilience in students training for the helping professions.

## The issues

A body of research indicates that working in the helping professions is rewarding but emotionally demanding. The findings of an international study of nurses conducted by Aitken *et al.* (2012) reported that 42% of the sample described themselves as "burned out". Several studies of social workers have found higher levels of work-related stress and burnout than many other occupational groups (e.g. Lloyd, King and Chenoweth 2002; Johnson *et al.* 2005; Collins 2008). Burnout has been defined "as a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (Maslach, Jackson and Leiter 1996, p. 4). It is generally considered to be a construct comprising three components: emotional exhaustion, depersonalisation, and reduced personal accomplishment, and is considered to be particularly prevalent among those working in people-oriented professions (Maslach, Schaufeli and Leiter 2001). Moreover, secondary trauma and compassion fatigue are commonly found among helping professionals (Adams, Boscarino and Figley 2006). Psychological distress has been associated with a wide range of stressors in helping professionals, both in relation to their role and the wider organisational context (e.g. Coyle *et al.* 2005; Jennings 2008). Managing situations of complexity and uncertainty, lack of control and interactions with service users that evoke strong emotional reactions, are considered to be particularly challenging (van Heutgen 2011). Work-related stress has a negative impact on employees that is wide-ranging. As well as the psychological health problems highlighted above, stress has been associated with impaired performance, physical illness, turnover and sickness absence (Kinman and Jones 2001). A report recently published in the UK found that, in the previous five years, 20% of the country's 76,000 social workers had been signed off work for more than 20 consecutive days due to conditions such as stress or anxiety (Research by the Conservative party *The Observer* 2008). Retention and continuity

of care is of particular concern, as many helping professionals are leaving jobs such as nursing and social work for careers that are less emotionally demanding (Barak *et al.* 2001; DePanfilis and Zlotnik 2008). The retention problems in social work in particular are highlighted by the findings of a study commissioned by the Local Government Association (LGA) (2009): 60% of local authorities reported experiencing difficulties retaining staff, representing an increase of 20% from the previous year. More specifically, Curtis *et al.* (2009) calculated that the average time spent in the social work profession is less than eight years, with work-related stress being one of the most common reasons for leaving.

High levels of work-related stress and burnout have been found in trainees as well as qualified helping professionals (Deary *et al.* 2003; Jack and Donnellan 2010; Kinman and Grant 2011). Indeed, research findings suggest that the training period can be more stressful than qualified practice (Tobin and Carson 1994). The conflicting demands of being a student and an emerging professional can be particularly distressing (Pearcey and Elliott 2004). There is also evidence that many students feel ill-prepared for the realities of practice, which can engender psychological and physical health problems (Collins 2008; Jimenez *et al.* 2010; Clements *et al.* 2013). Strong emotional reactions to placement experiences can also diminish self-confidence and perceptions of professional effectiveness, post-qualification, which can result in attrition (Jack and Donnellan 2010). The stress experienced by students training for the helping professions is likely to be exacerbated by their reluctance to disclose that they are experiencing difficulties (Barlow and Hall 2007; Wilks and Spivey 2010). Despite these known problems, however, the curriculum for helping professionals tends to place little emphasis on developing effective stress management and self-care strategies to protect personal wellbeing (Radley and Figley 2007).

Although undoubtedly stressful, it should be acknowledged that the majority of helping professionals enjoy their work and find it deeply satisfying (Stalker *et al.* 2007; Collins 2008; Mealer *et al.* 2012). Gaining insight into why some helping professionals who experience high levels of stress at work not only fail to burn out, but may even flourish has clear potential to inform the development of interventions to enhance wellbeing in the sector. Those who educate helping professionals are responsible for creating positive learning environments to prepare their students for the realities and challenges of professional practice and ensure their sustained employability. There is a growing recognition that introducing strategies to enhance emotional resilience during pre-qualifying training can help achieve this aim. Indeed, there have been recent calls for emotional resilience to be an intrinsic part of the training of nurses (Corrin 2013), midwives (McDonald *et al.* 2012) and social workers (Grant and Kinman 2012). The importance of resilience has also been recognised by professional associations. For example, the College of Social Work (2012) requires students to be

able to “take steps to manage and promote their own safety, health, wellbeing and emotional resilience” by the end of their qualifying course.

## What is emotional resilience?

Although organisations have a duty of care to protect the wellbeing of their employees, it is widely acknowledged that employees need to enhance their personal resilience to survive and thrive. It is argued that emotional resilience may be a particularly important quality for helping professionals, as it can help them adapt positively to stressful working conditions, manage emotional demands, foster effective coping strategies, improve wellbeing and enhance professional growth (Morrison 2007; Collins 2008; Macdonald *et al.* 2012; Stephens 2013). There are, therefore, many likely benefits for professionals, service users and society in general.

In order to understand how emotional resilience can be enhanced, it is important to have a clear understanding of the concept and its underpinning competencies. Resilience is a complex and multi-faceted construct (Grant and Kinman 2013). A wide range of definitions can be found in the literature, but most reflect the ability to “recover” from adversity, react appropriately, or “bounce back” when life gets tough. This approach conveys the adaptive nature of resilience, but does not capture its complexity or its proactive nature. Resilience has most frequently been examined as a protective resource in children who have experienced major life changes, deprivation and stress (e.g. Haggerty *et al.* 1996). Research in occupational settings is still in its infancy, but some attempts have been made to examine the nature of resilience in helping professionals (e.g. Kinman and Grant 2011; Adamson *et al.* 2012; Stephens 2013). Of particular importance to educators and training professionals, is the growing evidence that resilience is not an innate, fixed characteristic, but can be developed through carefully targeted interventions (McAllister and McKinnon 2008; McDonald *et al.* 2010; Beddoe *et al.* 2013).

Research conducted by the authors of this briefing have explored the ways in which trainee and qualified social workers, and those that educate them, conceptualise resilience, why they think it is important, and how they believe this quality may be enhanced. (Grant and Kinman 2013; Grant *et al.* 2013). The findings suggest that personal meanings of resilience are extremely varied and the concept is thought to encompass a wide range of skills and abilities. The importance of utilising strategies proactively, rather than merely reacting to adverse events was also emphasised. In order to develop interventions to enhance resilience in helping professionals, it is vital to gain insight into the competencies that underpin it and the strategies that can be used to enhance it using a rigorous, evidence-based approach.

According to Chen (2010), resilient nurses are reflective, optimistic and socially competent; they also possess good problem solving skills and have a sense of purpose. Emotional intelligence or literacy has also been associated with resilience, whereby people who have well developed inter-personal and intra-personal emotion management skills are better able to manage emotional demands (Van Rooy and Viswesvaran 2004). Furthermore, a programme of research conducted with social workers (Kinman and Grant 2011; Grant and Kinman 2012) found that resilient practitioners are those who have well-developed reflective skills, social confidence, flexible coping styles, strong social support networks and an effective work–life balance. Moreover, resilient social workers are able to demonstrate “accurate empathy”: that is, they can build compassionate relationships with service users without becoming emotionally over-involved.

A review of the literature highlights a range of attributes that has been associated with emotional resilience in helping professionals (sources include: Koen *et al.* 2011; Kinman and Grant 2011; Grant and Kinman 2012; Stephens 2013; Jensen *et al.* 2008; Chen 2010):

- self-awareness;
- self-efficacy;
- emotional intelligence/literacy;
- reflective ability;
- optimism;
- social confidence;
- sense of humour;
- accurate empathy;
- good support networks;
- effective coping skills;
- commitment to self-care;
- problem-solving skills;
- cultural competence;
- a commitment to professional values;
- work–life balance.

The following competencies are considered to be particularly important in enhancing resilience in students training for the helping professions and will be examined in more detail:

- reflective ability;
- emotional intelligence/literacy;
- social competencies;
- social support.

## **Reflective ability**



Reflective practice is a key component of the curriculum for training helping professions. Enhanced reflective skills have been associated with improved practice in a wide range of helping contexts (e.g. Mann *et al.* 2007). Reflecting on personal strengths and limitations can also foster many of the competencies associated with resilience that have been outlined above; particularly improvements in self-awareness and coping and problem solving skills. Research conducted by Kinman and Grant (2011) found that social work students who were better able to reflect on their practice, consider their personal motivations, and explore the nature and impact of their empathic interactions with service users, were not only more resilient but reported higher levels of psychological wellbeing.

In clinical contexts, the process of reflection has been found to help nurses and midwives tackle seemingly intractable difficulties and foster resilient behaviours (Edward and Hercelinskyj 2008; McDonald *et al.* 2012). Well-developed reflective abilities have also been found to underpin emotional literacy and accurate empathy in helping professionals, as well as facilitating supportive interpersonal relationships that can buffer workplace stress (Ruch 2007; Grant 2013). Developing reflective ability, therefore, has strong potential to enhance emotional resilience as well as foster the competencies that underpin it.

Training in reflexivity, or the ability to ‘reflect about reflection’ (Fook and Askeland 2006), is likely to help students develop the intellectual as well as the emotional ability to reflect on their practice. Evidence is accumulating to indicate that reflective ability is multi-dimensional and strategies to develop different aspects (such as empathic reflection and reflective communication) are likely to be particularly fruitful for helping professionals (Aukes *et al.* 2007; Grant 2012).

## Emotional intelligence/literacy

Emotional intelligence has been defined broadly by Goleman (1996, p. 34) as the ability to “motivate oneself and persist in the face of frustrations: to control impulse and delay gratification; to regulate one’s moods and keep distress from swamping the ability to think; to empathise and to hope”. These qualities are essential for helping professionals and key components of emotional resilience. Emotional intelligence has both inter-personal aspects (i.e. social intelligence) as well as intra-personal elements (i.e. self-awareness). Inter-personal emotional intelligence helps people relate confidently and empathically to others, whereas intra-personal emotional intelligence allows people to gain insight into their emotional state, regulate their moods effectively, and build their emotional resources (Salovey *et al.* 2002; Frederickson 2001). Strong positive relationships have been found between emotional intelligence and several positive outcomes such as physical and psychological health and life satisfaction (Salovey *et al.* 2002; Carmeli and Josman 2006; Mikolajczak *et al.* 2006).

Moreover, emotionally intelligent people tend to be more psychologically flexible, optimistic, socially confident and co-operative, and possess superior problem solving and decision-making skills (George 2000; Bonnano *et al.* 2004).

Emotional intelligence is generally considered a key competence for helping professionals such as social workers (Howe 2008), nurses (Freshwater and Stickley 2004) and midwives (Byrom and Downe 2010). The important role played by emotional intelligence in enhancing the resilience and psychological wellbeing of helping professionals has also been highlighted (Kinman and Grant 2011) and it has been found to protect against burnout and compassion fatigue in a range of helping contexts (McQueen 2004; Killian 2008; Görgens-Ekermans and Brand 2012). More specifically, emotional intelligence will help employees manage their own emotional reactions and those of others and recognise the potential impact of their personal emotional states on their problem solving and decision making (Howe 2008). Emotional intelligence has also been found to underpin the development of “accurate” empathy; this helps professionals build effective emotional boundaries enabling them to deliver compassionate, person-centred care and avoid over-involvement with service users or the development of cynical attitudes towards them (Grant 2013). There are many benefits of accurate empathy for the wellbeing of helping professionals and this has been positively related to resilience and psychological wellbeing and negatively associated with empathic distress (Kinman and Grant 2011; Grant 2013).

Cultural intelligence is an aspect of emotional intelligence that is likely to be of particular relevance to helping professionals (Campinha-Bacote 2002; Caffrey *et al.* 2005; Dominelli and Hackett 2013). Several personal capacities are believed to underpin cultural intelligence, such as the ability to communicate in a culturally appropriate manner and to understand and respect the values, beliefs and practices of people from different backgrounds and identity (Chung and Bernak 2002; Shams-Avari 2005; Carter *et al.* 2006). More research is required, however, to identify the key components of cultural intelligence in different helping professions and inform the development of interventions to enhance them in the curriculum.

Unlike general intelligence quotient (IQ), there is evidence that aspects of emotional intelligence can be developed through life experience and training (Fariselli, Ghini and Freedman 2008). Incorporating strategies to enhance emotional intelligence into the curriculum is likely to yield many benefits for the wellbeing of helping professionals as well as the service they provide. Like the other components of resilience discussed above, emotional intelligence is a transferable skill that will help people manage their personal as well as their professional life.



Some scholars in the field advocate a move towards using the term “emotional literacy” rather than emotional intelligence as this is considered less evaluative. Emotional literacy is:

... the ability to understand your emotions, the ability to listen to others and empathise with their emotions, and the ability to express emotions productively. To be emotionally literate is to be able to handle emotions in a way that improves your personal power and improves the quality of life around you. Emotional literacy improves relationships, creates loving possibilities between people, makes co-operative work possible, and facilitates the feeling of community. (Steiner and Perry 1997, p. 11).

This approach may be particularly appropriate for the education and training of helping professionals as it suggests a competence which can develop throughout life.

## Social competence

Social confidence, assertiveness, and well-developed communication and conflict resolution skills are essential qualities in helping professionals: they have also been associated with emotional resilience in this working context (Howe *et al.* 2012; McDonald *et al.* 2012; Pines *et al.* 2012). It is often assumed that people entering the helping professions already possess highly developed social skills, so the curriculum tends not to focus on developing these competencies further (Morrison 2005).

Nonetheless, studies of social work, nursing and midwifery students indicate that levels of social competence vary considerably highlighting the need for more training (Timmins and McCabe 2005; Grant and Kinman 2012; Pines *et al.* 2012).

Well-developed social skills have many positive implications for helping professionals. The findings of a study of nursing students conducted by Jackson *et al.* (2011) revealed that students who managed stress more successfully during placements were those with a strong sense of professional identity and, more specifically, those who possessed the self-assurance to challenge and resist poor clinical practice. These skills enabled students to endure hostile work behaviours and manage conflict appropriately which, in turn, enhanced their emotional resilience. Social competence also helps people to advocate for themselves and others in a skilful and productive manner – which is an intrinsic aspect of the helping role. Unsurprisingly, confidence in social situations has also been found to enhance the quality of working relationships and help people forge effective social support networks (Montes-Berges and Augusto 2007). Being socially competent is, therefore, a key quality for those in the helping professions and one that should be promoted in the curriculum.

## Social support

Social support refers to positive psychosocial interactions with others with whom there is mutual trust and concern. People who have more supportive relationships tend to experience less stress and be more physically and psychologically healthy (Sarason *et al.* 1985). Support from a wide social network can also foster feelings of social connectedness and empathy, which are important resources for helping professionals. On the other hand, a lack of social support can engender feelings of social alienation as well as depression, anxiety and burnout (Eskin 2003; Sundin *et al.* 2007; Li *et al.* 2012).

It is generally agreed that social support is one of the most important mechanisms by which helping professionals can build their resilience (Collins 2008; Jensen *et al.* 2008; Wilks and Spivey 2010). Support from lecturers, practice educators and mentors is vital to help students develop their academic, practical and emotional competencies. There is evidence that mutually supportive relationships with peers within educational settings can be particularly beneficial as they can help students to develop a “community of learning” which enhances their ability to cope with stress as well as developing their academic and practical skills (Kevern and Webb 2004). Peer support can also help students develop a professional identity and enhance their commitment to the job role, which has the potential to improve retention (Clements *et al.* 2012). In the practice setting, a supportive work environment and social support from colleagues in particular have also been found to protect helping professionals against burnout and compassion fatigue (Boscarino *et al.* 2004; Jenkins and Elliott 2004). Increasing opportunities to forge mutually supportive relationships with peers can have many benefits and should be encouraged in the curriculum.

## How can emotional resilience be enhanced?

The concept of emotional resilience embraces the knowledge, personal qualities and skills required for a sustained and successful career in social work (Kinman and Grant 2011) and nursing and midwifery (McDonald *et al.* 2012) as well as other helping professions. An awareness of the ways in which emotional resilience can be fostered is likely to help students to thrive in their career – rather than merely survive – and make a positive contribution to the lives of their patients and clients. The need to develop evidence-based interventions to enhance resilience among trainee and qualified helping professionals has been widely emphasised (Hodges *et al.* 2008; McAllister and McKinnon 2008; Glass 2009). Some of the competencies that underpin resilience in different groups of helping professionals have been discussed above. The need for a curriculum that nurtures reflective learning, emotional literacy, empathy and self-awareness, provides supportive supervision, and facilitates the

development of nurturing social relationships has been highlighted (Freshwater and Stickley 2004; Grant and Kinman 2012; McDonald *et al.* 2012; Beddoe *et al.* 2013). Although these competencies may already feature to some extent in the qualifying curricula of some institutions, they may not be sufficiently focused on the development of emotional resilience (Grant and Kinman 2013).

The next section highlights several evidenced-based strategies that have strong potential to enhance self-care and resilience. These are:

- enhancing reflective practice;
- mentoring and peer coaching to enhance support;
- mindfulness and relaxation;
- experiential learning.

## Enhancing reflective practice

The key role played by reflective ability in supporting resilience has been noted throughout this briefing. The development of reflective thinking skills can help professionals explore the dynamics of their emotional reactions, doubts, assumptions and beliefs and the ways in which they impact on their wellbeing and their practice. There are several techniques that could be utilised to enhance this key competency. Narrative writing has particular potential to facilitate reflection and enhance self-awareness, empathic reflection and reflective communication in helping professionals (Hodges *et al.* 2008; Bolton 2010). In particular, asking students to write a narrative from the client or patient's perspective, and sharing these reflections in small groups of peers, can increase communication skills, help engender appropriate empathy and improve professional practice (DasGupta and Charon 2004; Hurley and Linsley 2012). Encouraging narrative competence is, therefore, likely to be a particularly fruitful addition to the curriculum.

Many trainee and qualified helping professionals develop their reflective learning through the process of supervision. According to Edwards and Hercelinskyj (2007), supervision provides a safe environment in which professionals can reflect on their practice and disclose and discuss their emotional reactions. These authors have also highlighted the important role that reflective supervision can play in helping students develop a flexible repertoire of problem-solving and coping styles and engender a goal-oriented perspective. As discussed above, these competencies are all important foundations for resilience.

Group supervision has been found to be beneficial in helping trainee nurses and social workers manage academic and practice-related stress. This technique also has considerable potential in helping professionals to enhance their resilience. A study by Arvidsson *et al.* (2008) evaluated the impact of

group supervision sessions within the nursing curriculum. The sessions required the students to reflect on emotional reactions to their practice and how they related to decisions and assessments they had undertaken. This was followed by feedback on the emotional and theoretical content of their reflection and a discussion of alternative courses of action. The intervention had a wide-ranging positive impact: students' self-confidence, sense of professional identity and motivation to learn were enhanced, as well as their ability to manage stress.

Although supervision has great potential to support and enhance resilience, many students are not fully prepared to utilise this resource effectively. Ensuring that supervision is utilised to best effect requires an understanding of its purpose, awareness of the need to be adequately prepared and a commitment to personal development. Reflective diaries can be useful tools to accomplish this, as trainee can explore and review their emotional reactions to practice prior to supervision and make reflective notes made on key themes that have emerged. Encouraging students to develop the skills required to prepare for reflective supervision or other supportive forums can help them maximise their benefits during training and subsequent professional practice.

## **Mentoring and peer coaching to enhance support**

As emphasised previously in this briefing, helping students to develop supportive relationships is an essential component for resilience. As well as emphasising the need for students to develop techniques to seek out effective support in practice, it is important for educators to enhance supportive structures within the curriculum. In their synthesis of the nursing education literature, McAllister and McKinnon (2008) propose that the ideal educational environment for supporting resilience is one that establishes effective social connection with peers and other adults, and incorporates positive role-modelling and coaching techniques.

The development of a peer coaching scheme has strong potential to integrate important facets of resilience, such as social support, reflection and goal setting, into the curriculum. Peer coaching refers to a collaborative relationship which aims to enhance personal development by helping people identify personal strengths, promote self-awareness and develop reflective techniques (Goleman and Cherniss 2001; Gyllensten and Palmer 2005). There is also evidence that a brief peer coaching intervention can help students protect their psychological wellbeing during stressful periods (Short *et al.* 2010). Educators of helping professionals could use peer coaching techniques for personal development planning. Its strengths-focused philosophy has the potential to foster optimism and a positive outlook among students and help them develop action-orientated solutions to difficult situations, as well as develop strategies for self-care.

Mentoring programmes may also help students build resilience (Hodges *et al.* 2008) as they provide opportunities to gain support and enhance problem-solving capabilities. Sergeant and Laws-Chapman (2012) have evaluated a training and subsequent mentorship programme designed to support newly qualified nurses in their transition from students to qualified practitioners. The intervention was found to enhance stress management skills and improve social relationships within the hospital. It also led to improvements in employees' self-awareness, empathy and communication skills.

Introducing creative techniques for mentoring and peer coaching into the curriculum has strong potential to support the development of emotional resilience and develop structures to support trainee helping professionals as they move on to qualified practice.

## Mindfulness

Mindfulness involves “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn 2004, p. 4). Evidence is emerging from a range of professional contexts that mindfulness training can help employees manage work-related stress (Foureur *et al.* 2013). Mindfulness skills have also been found to enhance many of the competencies that underpin resilience such as reflective ability, emotional intelligence and accurate empathy (Turner 2009; Bolton 2010). Studies of helping professionals also provide evidence that mindfulness can relieve compassion fatigue, burnout and vicarious trauma (Cunningham 2004; Thomas and Otis 2011; Kessen and Turner 2012; Hülshager *et al.* 2013).

Like peer coaching discussed above, there is evidence that mindfulness techniques can have a positive impact even after short-term interventions. Mindfulness Based Stress Reduction (MBSR) is a technique developed by Kabat-Zinn (2003) that incorporates meditation, yoga and relaxation training. MBSR has been associated with enhanced levels of empathic self-awareness, self-compassion and emotional resilience in professions such as medicine, nursing and social work (Shapiro, Brown and Biegel 2007; Krasner *et al.* 2009; Pipe *et al.* 2009; Napoli and Bonifas 2011). A study of nursing students conducted by Beddoe and Murphy (2004) also found that an eight-week MBSR course resulted in reduced levels of empathic distress among participants. Acceptance and Commitment Therapy (ACT, see Hayes 1987) is a technique that harnesses the principles of mindfulness. When delivered in workplace settings, ACT has had some success in enhancing psychological flexibility and emotion regulation skills and reducing psychological distress and burnout (Lloyd *et al.* 2013).

Incorporating mindfulness techniques, such as MBSR and ACT, into the initial training of helping professions is likely to have many benefits for the wellbeing of helping professionals and their patients or clients.

## Experiential learning

There is evidence that experiential learning can enhance many of the competencies associated with emotional resilience. Case studies, role plays and simulated practice, for example, can be used to improve emotion regulation reflective ability, emotional intelligence and empathy (Cunningham 2004; Gair 2011; Foster and McKenzie 2012). Work-based learning opportunities, or placements undertaken as part of training, can provide opportunities to help students develop the competencies that underpin resilience. According to Clarke (2006), workplace learning (particularly the use of case studies to facilitate dialogue and reflection) has particularly strong potential to enhance emotion management skills and the use of emotions to facilitate problem solving and decision making. As discussed above, effective emotion management skills are key elements of emotional resilience and essential in order to forge therapeutic relationships with service users. An experiential approach to enhancing emotional literacy has been recently developed by Grant, Kinman and Alexander (2014). Social work students observe experienced social workers, from different backgrounds and disciplines, who describe their personal emotional reactions to practice and ways in which they have processed them to ensure that their practice and personal wellbeing is not adversely affected. This is followed by a group discussion. Preliminary research findings indicate that this experiential approach improves aspects of emotional intelligence, reflective ability and empathy.

## Conclusion

Although this research briefing focuses on the individual attributes associated with emotional resilience, it is important to note that organisations have a responsibility to protect the wellbeing of their employees. Even highly emotionally resilient professionals will be unable to survive, let alone thrive, if they are not provided with adequate resources, sufficient job control and support, or role clarity. Educators need to prepare students for the realities of caring work and encourage them to be assertive in seeking out the support they require to protect their own wellbeing, and to develop the confidence to advocate for working conditions which optimise the wellbeing of their patients and clients. Little is yet known about the features of resilient organisations. Future research should consider this issue and ways in which these attributes can be developed in leaders and managers to safeguard the wellbeing of staff.

Developing emotional resilience for practice is a key skill that will enhance wellbeing, job satisfaction and retention in the helping professions. It is anticipated that workers who demonstrate the associated competencies discussed in this briefing are likely to have a long and fruitful career.



Although many aspects of the ‘emotional curriculum’ may already be established in higher education institutions (HEIs), more emphasis needs to be placed on the need for emotional resilience and the development of creative, evidence-based strategies to enhance the competencies that underpin it. Adequate time and resources are required to help students develop their own personal toolkit of strategies to help them flourish in their subsequent careers.

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