

# Occupational Therapists Educators Practice leaders Supervisors/managers Policy-makers (government/employers) Accreditation bodies Researchers Professional organizations & Regulatory bodies

### **Educators**

# **✓** Reflective Ability

- Associated with improved practice
- Fosters competencies associated with resilience particularly self-awareness, coping, and problem-solving skills
- Underpins emotional literacy and accurate empathy
- Facilitates supportive interpersonal relationships that can buffer workplace stress, MD, BO

# ✓ Emotional Intelligence/literacy

- Helps people relate confidently & emphatically to others
- Allows people to gain insight into their emotional state, regulate their moods effectively, and build emotional resources
- Underpins cultural intelligence
- Transferrable skill that helps people manage personal life as well as their professional life

Duncan & Kinman, 2013



### **Educators**

### ✓ Social Competencies

- Better able to endure hostile work behaviors and manage conflict appropriately - which in turn enhances resilience
- Enhance the quality of work relationship
- ✓ Social Support (mutual trust & concern)
- Buffers alienation, depression, anxiety, and burnout
- Builds resilience
- Assists in the development of academic, practical, and emotional competencies
- Helps students develop a 'community of learning' which is a life long skill
- Promotes development of a professional identity and enhance job engagement
- Improves self-assurance to challenge and resist poor clinical practice during placements







### **Educators**

- Integrate ongoing ethics education for occupational therapy students and preceptors
- ▼ Teach students and preceptors how systemic structures contribute to moral tensions, & situations of occupational alienation; and how they shape the decision-making possibilities available to therapists
- ✓ Educate future therapists in the area of health policy development and how policy initiatives shape future practice.
- Enhance supportive structures in the curriculum to promote students seeking out effective support
- ✓ Incorporate emotion regulation, reflective ability, and emotional literacy into case studies, role plays, and simulated practice
- Develop a peer coaching scheme a collaborative relationship that aims to enhance personal development by helping people identify personal strengths, promote self-awareness, and develop reflective techniques
  - Fosters optimism, development of action-oriented solutions to difficult situations
  - Develops strategies for self-care; fosters communicative competencies

Duncan & Kinman, 2013; Durocher et al, 2016; Rushton et al









# **Educators/Preceptors**



- Reflective diaries students explore & review their emotional reactions to practice prior to supervision and make reflective notes on key themes that emerge for discussion with their educator/preceptor
- ☐ Narrative competence: narrative writing, in particular from patient's perspective, & shared in small groups - increases communication skills, engenders appropriate empathy and improves professional practice

Duncan & Kinman, 2013



# **Preceptors**



- ☐ Ensure a process of supervision that provides a safe environment in which students can reflect on their practice and disclose & discuss their emotional reactions to stressful situations (Reflective communication)
- Utilize Reflective supervision helps students develop a repertoire of problem-solving & coping styles, and engender a goal-orientated perspective
- Group supervision enhances resilience when it requires students to reflect on the decisions and assessment they have undertaker and is followed by by feedback and a discussion of alternative courses of action
- Positive role modeling promotes resilience

Duncan & Kinman, 2013



# **Practice Leaders**



- Build a culture that supports staff members, and is considerate of worker health and wellbeing (self-care)
- Create processes to improve team communication and continuity of care, and to ensure that employees have the necessary skills to provide appropriate and safe services.
- Ensure on-going education for practitioners concerning selfcare and the nexus between micro and macro factors at all points of their career
- Facilitate positive workplace events for the sharing of positive team experiences, and energizing effect for workers
- Positive role modeling of adaptation to stressors
- Provide feedback & approval for invested effort



# Supervisors/Managers



- avoid fatigue
- provide opportunities to use and refine existing skills as well as to become effective new areas of activity
- build engagement which promotes resilience
- Participative decision-making enhances satisfaction & engagement
- Reward appropriate recognition
- Fairness
- communicates respect
- confirms self worth



# Government/Employers/Policy makers

- Provide access to resources & experiences that contribute to individual fulfillment and work engagement
- Mandate health care organizations to develop policy through an ethical lens by always asking "What impact will this policy have on the integrity of health care professionals who work within in?
- Ensure vigilance with regard to evolving work demands & new roles associated with socio-economic changes, and administrative & institutional demands
- Strengthen incentives for the development of work environment standards
- Develop benchmarks for key indicators such as patient outcomes & staff turnover costs as they relate to moral distress & burnout

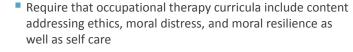
Duncan & Kinman, 2013; Rushton et al 2017







# **Accreditation Bodies**





 Impose robust criteria for addressing ethics issues that commonly result in moral distress

Duncan & Kinman, 2013; Rushton et al 2017



# Researchers

- How do we prepare occupational therapists to recognize and respond to structural factors rather than simply learning to navigate through challenging conditions?
- What are the financial costs to health care organizations of staff who are suffering moral distress and/or burnout?



- Do occupational therapists differ from nurses, social workers, physical therapists etc. in the development of moral distress and burnout, and the development of resilience? If so, how? What coping strategies do they tend to use?
- What is the relationship between resilience in occupational therapists and patient outcomes?
- How do current service delivery models impact on occupational therapists opportunities to use occupation-based models?

Ashby, 2013; Duncan & Kinman, 2013; Durocher et al, 2016; Rushton et al 2017



# Regulatory Bodies/Professional Associations

 Educate the public regarding the link between moral distress & burnout and patient safety to enlist consumer support for policies that sustain ethical practices



- Develop continuing professional development programs across all levels of expertise, practice, & organizational positions that provide the knowledge & skills necessary for recognizing and addressing workplace stressors & other morally distressing situations
- Examine the relationship between social, political, & institutional contexts and occupational therapists' individual experiences of distress
- Develop resources and tools for occupational therapists in various roles (clinicians, practice leaders, managers, private practitioners) to enhance understanding, awareness, and strategies for navigating systemic stressors and moral distress

Duncan & Kinman, 2013; Rushton et al 2017



# In Closing



"more than education, more than experience, more than training, a person's level of resilience will determine who succeeds and who fails. That's true in the cancer ward, it's true in the Olympics, and it's true in the board room"

Dean Becker, Harvard Business Review

And I would add,

in the occupational therapy workplace!

