Abstract

Reclaiming Resilience- voices from the Frontline

This study explores the lived experiences of female leaders in Health and Social Care settings in the aftermath of the COVID-19 pandemic. Participants attended an online Continuous Professional Development course at a university in England in 2022, where they engaged in critical reflection on stress, resilience, and leadership performance. Using Appreciative Inquiry and Ecological Systems Theory as analytical frameworks, the study captured how participants—women 'of a certain age' (mid-30s to mid-50s)—navigated the intersection of gendered expectations, age, health, and professional pressures. The findings highlight that resilience had become a contested term, often weaponized to shift responsibility for systemic failures onto individuals. Participants shared experiences of internalized blame, moral distress, and imposter syndrome, exacerbated by pandemic-related challenges, including policy shifts, resource shortages, and increased professional scrutiny. Collective meaning-making enabled them to 'reclaim resilience,' redefining it through a lens of trust, advocacy, and structural support rather than individual endurance. This study emphasizes the importance of compassionate leadership, psychologically safe workplaces, and professional networks in fostering wellbeing and mitigating burnout in Health and Social Care leadership.

Introduction

The term resilience has been constructed and deconstructed by political parties, employers, media and society in different realms. Olsson et al. (2015) found that resilience is a well-defined notion within natural sciences although understandings differ in social sciences, whereby Hitchcock argues that "*Resilience is a frequently used concept in social work, however, its application is diverse, and meaning lacks clarity*" (Hitchcock et al. 2024, p.122). This introduction aims to explore the controversy of the term in the context of Health and Social Care in a post Covid era, acknowledging "*the politics of resilience*" Olsson et. al. (2015 p6).

Definitions of resilience are often expressed by authors through stories and lived experiences of trauma and disaster; for example, Southwick and Charney (2012) utilise a reflection on the 9/11 events and further lean on quotes from holocaust survivors, whilst Greer (2016) recites the account of a fisherman riding out a tsunami in his small boat, wave after wave. The ability to withstand prejudice, discrimination and being othered are stories told by Oldfield and Greggory (2009). Definitions of resilience move from the narrative of trauma towards the ability to cope, manage and overcome adversities through flexibility and a positive attitude towards challenges. Southwick and Charney (2012) explain that the physical sciences consider a material or object resilient if it resumes its original shape, stating that in people, resilience refers to the ability to 'bounce back' after encountering difficulty. Houston (2015) reviewed literature on resilience which Schwartzman and Simon (2023, p.210) further discuss to offer further definition*: "Resilience is not simply a matter of 'bouncing back', but also an opportunity for 'bouncing forward' through individual and community growth."* Olsson et al. (2015) view the use of metaphors to explain the concept of resilience as problematic as they only accentuate parts of a complex situation whilst concealing others. This is representative of the above interpretations of resilience suggesting a 'happily ever after' as the individuals' experiences of trauma lead them to become stronger, more agile in their emotional regulation and wiser in their approach to new challenges. These align with mantras such as 'what does not kill you, makes you stronger' or the very British notion of 'keep calm and carry on'. Such accounts become the source and inspiration for self-help books, such as Willpower: Rediscovering the Greatest Human Strength (Tierney and Baumeister 2011), showing the reader how to be more disciplined, gain greater stamina and resilience through their sheer will. Sunny (2023) advises us to

gracefully dance through life's challenges by harnessing emotional agility to become better leaders, however, these gospels seldom address the realities of ongoing crisis, burnout and exhaustion, such as those experienced by Health and Social Care staff. Pre-Covid services were struggling with rising numbers of demand, budget constraints and staffing issues (Fenge 2020), and the pandemic accelerated those concerns, and no measure of willpower from a Social Worker or Nurse can alleviate these externally generated issues.

The pandemic can be seen as a collective trauma as it affected numerous numbers of people globally according to Slavich et al. (2022). The threat to individual health, weighed up with socioeconomic risk factors, balancing existential losses and threats to whole community groups was experienced worldwide. Yet some were more likely to be affected by the immediate health risks than others, due to their exposure to the virus including Health and Social Care workers who were serving the most vulnerable in society (Arnold et al. 2022; Roulston et al. 2023; Scoglio et al. 2024). Their resilience was challenged due to the existential risks in addition to the previously experienced workplace stress. Since then, the term Resilience has become a dirty word for many, and has been described as *''an overused, poorly understood utterance which appears to consist of a blasphemous, hollow cacophony of yoga, coffee vouchers and mindfulness training*" according to Tan (2022, p.1), who go on to explain that the reality of the burdensome administrative processes, lack of equipment and safety concerns cannot be ignored. Conflicting interests of organizations to utilise resources in a 'smart' way versus practitioners who want to do their job well surfaced as moral distress for them (Fantus et al. 2022). This was echoed by Unachukwu et al. (2023) who suggested that the lack of resources, underfunding, and disarrayed working environments led to staff burnout. Wasty (2022), a General Practitioner, takes this argument further stating that she has reached her 'elastic limit' and is not able to bounce back to her 'old form'. She laments that "*the system has malfunctioned us, as much as for the patients; that we have been made martyrs on the doorstep of fatigue and burnout by clapping us into forced resilience*" (Wasty 2022, p.1).This resonates with Tan's (2022) reflection on the etymology of the word resilience, urging that it needs to be addressed and for practitioners to acknowledge the brokenness of the systems in which they work. The neoliberal notion that the professional needs to improve, rather than the environment, needs to be critically engaged with (Fantus et al. 2022). Whilst budgets and workloads are reviewed, adequate funding for services is fundamental. This provides a challenge to all stakeholders in Health and Social Care services- from patients and services users to leaders and government. By moving away from blaming individuals for not being 'resilient enough', towards addressing the collective stress and loss, individuals and organisations can begin to recover through social belonging and compassion (Slavich et al. 2022).

Considering the negative perceptions and connotations of the term, Schwartzman and Simon (2023, p.208) may offer a consolatory definition and consider "*resilience in performative terms as the behaviours that individuals, groups, or formally organized institutions engage in to cope with adversity or disruption and its consequences."* Redefining, deconstructing and reconstructing the term became important to the participants. This project enabled them to reflect on their lived experiences as female leaders in Health and Social Care and 'reclaim their resilience' through collective meaning making.

The context- setting the scene

The first author was employed by an English Local Authority Children's Social Care team in 2020 and experienced the complex decision making used to manage staff safety and service user needs. The fast paced and at times conflicting advice and guidance from national government on how to respond to the Covid-19 pandemic, aimed to offer safety for citizens. However, the constant media reporting and changes in policy raised worries and fears in many individuals (Fenge 2020; Schwartz

Tayri 2023). Even before this global crisis, it had been established that Health and Social Work practitioners had significantly higher than average rates of stress, depression or anxiety which was primarily caused by organizational factors, and the perception of the profession in society, government and media (Bhui et al. 2016; Johnson 2020; Ravalier et al. 2021a; Ravalier et al. 2021b). In this context, leaders in public services had a duty to manage staff, keep them safe and still offer a service to the most vulnerable people in society. Morally challenging decisions had to be taken, managing the immediate health concerns for staff and service users alike, in a complex and at times disjointed system. Testoni et al. (2023) shared their concerns of the pandemic increasing symptoms of burnout and post-traumatic stress for staff due to the dehumanization of patients in Italy. Their findings were mirrored by Fantus et al. (2022) and align with the experiences of Health and Social Care staff in the UK (Miller et al. 2024).

The nation was trying to respond to the pandemic to reduce risk of infection with SARS-COV-2, balancing the Human Rights of individuals and keeping Health and Social Care services running as the first author reflected with Dr Robert Johns (PDWTP 2021). As a result, practice developed drastically: reducing face to face intervention, adjusting statutory timescales and raising thresholds (Mathews et al. 2024). The Coronavirus Act 2020 offered a statutory framework to make changes to legislation to amend service delivery. Globally the demands on services rose as staffing levels were fluctuating due to sickness and self-isolation measures (Ooms et al. 2022; Baginsky et al. 2023; Roulston et al. 2023). Leadership practice including supervision, peer supervision and team support changed (Cook et al. 2020; Fenge 2020; Ferguson et al. 2022; Ravalier 2023; Harris et al. 2024) from being physically present on the 'shopfloor' as a team manager or a matron as business as usual. Instead, social distancing and lockdowns led to digitalisation of relationships which in turn led to a re-invention of relationship-based practice (Sewell et al. 2022). It moved from team-based peer support to working from home for many, juggling competing personal and professional tasks (Fenge 2020). Although working from home protected employees' physical health, working virtually in remote teams was found to impact the psychological wellbeing of employees resulting in further organisational staffing pressures (Chai and Park 2022). At the same time, a growing awareness of the challenges that Health and Social Care workers faced, was met with appreciation by the public. Nurses were classed as heroes (Mohammed et al. 2021; Stokes-Parish et al. 2023), the National Health Service (NHS) was celebrated, and public services were acknowledged for the work they were doing for the most vulnerable in society (Phillips 2021; Ravalier 2023). This study takes forward the appreciation of the dedication towards professional roles and leadership and whilst not ignoring the challenges of front-line practice, seeks to find out what works to 'reclaim resilience'.

Methodology

Participants

Participants were part-time students at a University in England. They attended a stand-alone Continuous Professional Development (CPD) course titled 'Resilience, Advocacy and Wellbeing- RAW' forming part of a Masters in Leading and Developing Services aimed at leaders and managers in Health and Social Care settings. Students self-selected to come onto the unit, and most were funded by their employers (National Health Service and Local Authorities). The unit was taught online on three days over three weeks by the first Author. All 18 participants were female, residing in England, working in the NHS or Local Authorities in leadership roles in Nursing (n7), Mental Health Services (n7) Social Work (n1), Practice Educator for International Nurses (n1) and Occupational Health (n2). Half of the group shared their migration and/or global majority background.

Ethics

The University's ethics committee approved the research design. In the first teaching session, the first author shared the participant information sheet and consent forms. Students were informed that data would be gathered through their anonymous contribution on interactive whiteboards throughout discussion rounds and were free to choose if they wished to share their views on topics.

Researcher Positionality

The authors consider themselves to be intersectional feminists who regard reflexivity and their location within the research to be an integral part of their research practice. Klemmer et al. (2024, p.160) raise the need to critically reflect of "*what they see and what they not see*" through their social positioning. Further *"Power, privilege and visibility in the research process"* (Danielle and Nida 2019, p.1) were important topics for the authors to reflect on in the planning process, co-creation of data and subsequent analysis to ensure robustness of findings. The Four Dimension Criteria Strategies adapted from Lincoln and Guba cited in Forero et al. (2018), offered a framework to address trustworthiness in the study and space to acknowledge the investigators' authority, as Social Workers with significant practice experience.. Further, according to Ahmed (2024) being familiar with the phenomenon and the research context, having investigative skills, theoretical knowledge and the ability to take a multidisciplinary approach to engage with participants, ensures the credibility and reliability of findings.

The first Author was a white, cis-gender, queer woman who immigrated to the UK in 2006. She had worked in Children's Social Care for 16 years as a Social Worker and manager and was a novice researcher. The second Author was a qualified Social Worker and Post-doctoral researcher who had worked in international contexts. As a black woman, cis-gender and straight, working in England, she offered a different lens to the topic of resilience, advocacy and wellbeing: lived experiences of organisational racism and a critical view on performance as a feminist. She joined to facilitate a discussion on day 3. The authors offered authenticity in their teaching by stating their positionality to the students on the course, as they were considering themselves as 'insider researchers' (Milner 2016; Noh 2017). This approach impacted significantly on the participants openness and ability to reflect as they had a shared understanding with the group, subsequently leading to cooperative meaning making and socially constructing the term resilience. This contributed to the trustworthiness of the findings and continued member checking in this process led to robustness of the data (Amankwaa 2016; Ahmed 2024). A shared understanding of language in professional contexts offered the ability to critically engage with the data and subsequent analysis.

Methods for data collection

Appreciative Inquiry is a change theory and method (Cooperrider and Dutton 1999; McArthur-Blair and Cockell 2018; Watkins et al. 2019; Arnold et al. 2022) and a strength-based approach, encourages reflection to elicit stories and co-create positive ways forward rather than analysing problems. Whilst the authors acknowledged that the participants' practice was challenging, they wanted to discover what kept them going, who and what made them resilient and how they remained able to advocate for their own wellbeing. Appreciative Inquiry is grounded in the philosophy of Social Constructionism and relationship-based practice, acknowledging that there is no single truth but different viewpoints, understanding and experiences. Arnold et al. (2022) refer to the importance of reflection and argues that Appreciative Inquiry is a collaborative and energising process which "has the potential to turn a person's attention in a different direction, enabling them to see things from an alternative perspective" (Arnold et al. 2022, p.2). This allowed the authors to be authentic in their positionality within the study as Appreciative Inquiry acknowledges that objective research is not possible. McArthur-Blair and Cockell (2018) described Appreciative Inquiry

as a sense making experience to see the holistic influences on events and people as it helps to see the complexities and moves beyond blame. The participants were invited to co-create ideas of leadership and service delivery in Health and Social Care settings that put staff wellbeing at the centre, choosing what they examined and explored.

Analysis:

After the teaching sessions, the authors undertook peer debriefing in the research process (Amankwaa 2016; Ahmed 2024). As a novice researcher, the first author was mindful that her dual role as an educator and academic needed careful consideration through reflexivity. The first author reviewed the raw data and started to code and sort data into categories aligned with the ecological systems theory: of Individual (personal characteristics) Chronosystem (Time and historical context), Microsystem (immediate environment, i.e. family, work place, peers), Mesosystem (interactions between the Microsystems), Exosystem (employer/organisation, policy, political system, media) and Macrosystem (society, culture, economic system) (Bronfenbrenner 1963). This enabled her to further analyse participants' responses to conceptualise Resilience and Wellbeing in the context of professional practice and performance. The author utilised NVIVO (Rylee and Cavanagh 2022) as a data management and coding system. To reduce bias as a novice researcher, the analysis was peer reviewed by the second author to increase trustworthiness and credibility (Forero et al. 2018; Ahmed 2024).

Findings

CPD unit at the University

The Resilience, Advocacy and Wellbeing (RAW) unit was taught at the tail-end of the pandemic in June 2022 and participants were still in a space where they were deeply affected by the global crisis that had "*exposed multiple layers of inequity across the world- inequities in access to healthcare, employment and the most basic means necessary to survive"* (Chiarelli-Helminiak et al. 2023, p.553). All 18 participants were cis gender females and in leadership roles. No identifying data was collected, the participants reflected on their personal circumstances as women with caring responsibilities and describing themselves as 'of a certain age'- meaning between 30s and 50s. Whilst all participants were employed in England, half were of black or ethnic global majority background or had migrated to England. Therefore, the intersectionality of age, gender, race/ethnicity and financial position became pertinent and reflected women on the RAW unit. Although it can be argued that as leaders in public services, participants were in a stable financial position, the authors were aware that some of the participants with a migration background sent money 'back home' to support their families and therefore were in a precarious financial place. This raises the importance of acknowledging that intersectional feminist analysis is "contextual, shifting, dynamic, and varied in particular moments in history in society, origins, and contexts" (Forbes 2017, p.6)

Feedback was generated anonymously from participants via online interactive whiteboards, therefore their contributions are generically presented as 'participant feedback' as it is impossible to identify individuals.

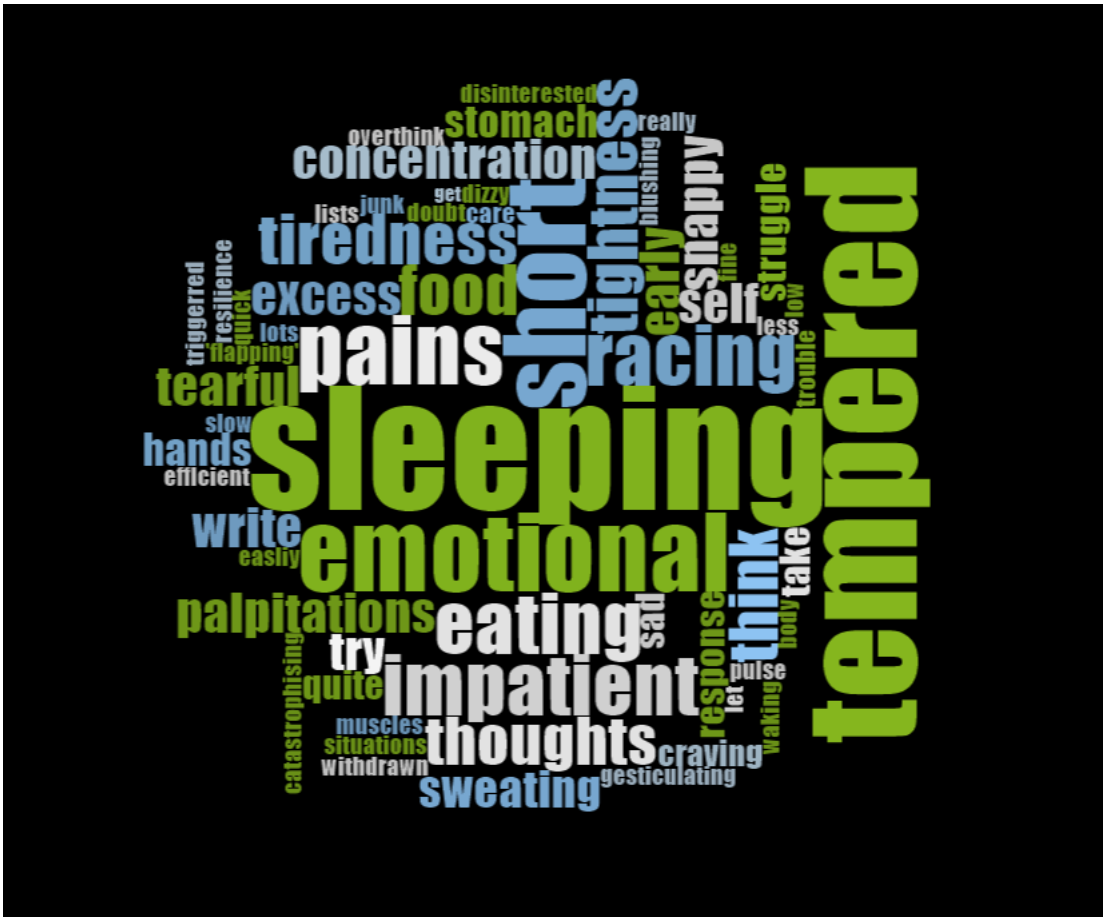
Ecological Systems Theory and Intersectional Feminist Lens

The theoretical framework developed by Bronfenbrenner (1963) provided a critical framework for reflection and sensemaking on the tectonic friction between the personal, organisational, societal and political dimensions that influence individual's RAW and performance. It aligns with intersectionality as a theoretical tradition which "*describes the overlapping social identities of groups*

and individuals" (Klemmer et al. 2024, p.159) and explores shifting dynamics of oppression and privilege (Forbes 2017), allowing for complex experiences to be explored, whilst confronting binaries in the analysis and challenging the dominant discourse (Beck et al. 2021; Chiarelli-Helminiak et al. 2023).

Chronosystem- The study was undertaken in June 2022 when practice was still significantly impacted by the Covid-19 pandemic and practitioners had to deal with the consequences of global lock downs on a personal and professional level. The authors acknowledge that the participants were all in the process of sense making and some of the shared experiences of stress, exhaustion, poor communication from wider systems, including government.

Individual- Only women chose to undertake the course (although it was open to all genders), all in leadership roles within Health and Social Care. They had to manage complex roles within their personal and professional lives. Those with a migration background shared their ordeals of worry for loved ones in their home country at the time. Women with a global majority ethnicity, shared their experiences of structural racism. Many reflected on their respective life stages, experiencing (peri)menopause, which added to the physical impact of stress and trauma. They had discussed the correlation of stress and menopause symptoms, from heart palpitations, short breath, brain fog and anxiety to sleeplessness and irritability as presented in the word cloud below.



Several participants had been promoted into leadership roles during the pandemic but lacked an induction and management training. For most participants, their jobs had changed dramatically and their responsibilities to manage risks were accelerated. These professional burdens left them feeling like imposters, waiting to be found out to be in the wrong job at any moment. Countering the

challenges, the women found that connecting with nature, taking time to be with self and in balance was significant and crucial to function in work and personal life.

Microsystem- Participants reflected on the need to have trustful, open and honest dialogue in relationships- especially with the direct colleagues and line managers. Considering what impacts positively on performance they said: “Great team and amazing managers” and “an authentic manager who actually is interested in my career and development”. Sharing experiences, listening to colleagues and practicing as autonomous workers was pertinent to create harmonious professional environments.

Mesosystem- Autonomy to manage and prioritise work was important and a sense of trust throughout the professional and personal networks. One participant shared what this meant to her: ‘Being able to be doing it right for the service users, patients and colleagues we serve- helping them to live the best life, whatever that means to the person.’

Macrosystem- Organisational cultures impact significantly on performance of individuals: Participants shared that Key Performance Indicators (KPIs) could be useful to focus practice but need to be seen in context to avert blame, shame and distrust. “KPIs in Social Work often undermine purposeful social work: Visiting for visiting sake, rather than to engage in meaningful change activity is very de-motivating for staff.” Using KPIs in a meaningful way to set a baseline, manage expectations and communicate strategic goals was seen as helpful.

Exosystem- Participants shared that they needed to know that they are part of something bigger- and something better. They wanted to have “Trust from the top to do the job well!” and celebrate success. As leaders themselves, they sought to be able to listen, give time and support the workforce, reflecting on the need for clear, open and honest communication from higher management.

Visual Representation of Findings: Harry Venning, cartoonist collaborated with the first author to offer a visual representation of the findings after author one coded and analysed the responses through the lens of the Ecological Systems Theory (Bronfenbrenner 1963, 1979) and intersectional feminist lens (Forbes 2017): The tightrope represents the decision making in practice: a constant balancing act that requires skill and experience. The unicycle depicts the limited resources and budget restraints which the participants had to deal with. Some years ago, they would have had a bicycle, but now they had to make do with half of it. The clown costume represents the imposter syndrome the women experienced in their roles, finding the boots too big to fill and performing rather than practicing as leaders. All participants had to juggle competing demands in their professional and personal lives, and all dropped self-care and acknowledged that this made them loose their balance, impacting on decision making and communication in all aspects of their being. All participants reflected that their stress levels increased, causing physical and emotional symptoms when they did not care for themselves and subsequently their resilience and performance dropped.

Discussion

The concept of resilience has been politicised and constructed as a narrative for performance in exceptionally complex and stressful work environments (Arnold et al. 2022; Fantus et al. 2022). The

experiences of the participants as leaders in Health and Social Care services post pandemic were complex, with their personal and professional roles overlapping, impacting on their perceived sense of self-advocacy, wellbeing and performance. Several key intersectional themes arose from the study including women's issues, age, race and ethnicity. The themes coming from the data in this small-scale study, are reflected in the wider literature, offering a challenge to organisations on how to support female leaders who are experiencing multiple oppressions which are "simultaneous*, inseparable, and interlocking"* (Forbes 2017, p.4)

The participants who felt that the struggle to balance their personal and professional roles as mothers, partners, friends, colleagues and leaders. They wanted to be kind, sensitive and nurturing, attributes that Gauci et al. (2022) found applied particularly to women. This stereotypical societal expectation stands in contrast to the attributes made towards male leaders: being superior, assertive and confident (Tremmel and Wahl 2023). Shoesmith (2016) had examined these discrepancies and their impact on organisational cultures, mirrored findings from Brabazon and Schulz (2020) who had reflected on these gendered expectations in educational settings. Gauci et al. (2022) stressed that ingrained stereotypes support the continuation of patriarchal hierarchies in the workplace and conceptualisation of individualistic leadership through white male perspective as a norm (Forbes 2017). This further fuels the perception that women leaders are not assertive and resilient enough if they come from a collectivist culture, typified by many communities in the global south (Forbes 2017).

Some of the participants reported the challenges of racism and sexism in the workplace which impacted on their sense of belonging, sense of professional identity as a leaders and sense of safety in the workplace. These experiences are mirrored in the NHS (2024) report on race equality in the workforce, which found that BAME women were most likely to have experienced discrimination (16.6%) and considered that this was a rising trend. Women in managerial positions were exposed to even higher levels of harassment, abuse or bullying (19.8%), raising this as a significant issue for organisations.

Participants in the study referred to themselves as 'middle aged' or 'women of a certain age', being in their 30s to 50s and bringing a level of wisdom through life experience. It takes time to move into leadership roles within one's career trajectory and leadership occurs at a time in life when there are competing life cycle pulls and distractions. All had a level of caring responsibilities in their personal lives, and they had reflected that this was a reality linked to their life stage. Caring for children, partners or older relatives was a shared experience, though this was seldom appreciated or even acknowledged by their employers. The stress to 'juggle' the responsibilities to care for others, and to be judge on the performance on how well they 'cared' significantly impacted on participants wellbeing and sense of self advocacy. The societal and organisational structural biases on women to put others before themselves (Brown 2006; Shoesmith 2016) stand in stark contrast with the mantra that 'one cannot pour from an empty cup.'

An additional concern, bridging health and gendered ageism (Beck et al. 2021) became apparent in conversations that analysed the symptoms of stress that the individuals had described, aligning with symptoms of the (peri)menopause that all participants had shared. Performance at work was impacted through the physical and mental health symptoms of (peri)menopause and within their workplace participants felt to have become invisible, this is congruent with Gauci et al. (2022) Beck et al. (2021) findings where women felt marginalised and diminished.

Strengths

The qualitative approach to the data co-creation was an innovative and inclusive method. It allowed the perspectives and voices from participants to be shared in a defined and safe space. Conceptualising resilience through Appreciative Inquiry (Cooperrider and Whitney 2005) and Ecological Systems Theory (Bronfenbrenner 1979) offered lenses to enquire holistically and dynamically about the layers of resilience rather than linear and reductionistic approaches. Reclaiming resilience became meaningful through participants perceptions, experiences and interactions.

Limitations:

There are a few limiting factors when it comes to extrapolating the findings to a wider population, including but not exclusively, the small number of participants, the professional demographics (i.e. from Health and Social Care professions who have a shared value base), and acknowledgement that 'women' are not one homogenous group.

Conclusion

This study has explored how female leaders in Health and Social Care have navigated the contested concept of resilience in the aftermath of the COVID-19 pandemic. The findings highlight that resilience, as traditionally framed, has often been weaponized to shift responsibility for structural failings onto individuals, particularly within high-pressure professions such as Health and Social Care. The pandemic exacerbated existing challenges, amplifying moral distress, imposter syndrome, and systemic inequities while simultaneously accelerating changes in leadership practices and professional expectations.

Using Appreciative Inquiry and Ecological Systems Theory, this study has demonstrated that resilience is not an inherent personal trait but rather a dynamic process shaped by intersecting personal, organisational, and societal factors. Participants emphasized that their ability to sustain performance and well-being was contingent on access to trust, advocacy, and meaningful organisational support. The intersectional lens further revealed how gendered expectations, racialized experiences, and health-related challenges—particularly menopause—compounded the pressures faced by female leaders, reinforcing the need for more inclusive and responsive leadership frameworks.

Crucially, the findings underscore that resilience should not be framed as an individual obligation but as a collective and systemic responsibility. The pandemic highlighted both the fragility and adaptability of Health and Social Care systems, revealing the urgent need for structural reforms that prioritize psychological safety, equitable leadership development, and sustainable well-being strategies. By reclaiming resilience through reflective practice and collective meaning-making, participants challenged the prevailing neoliberal discourse that positions resilience as mere endurance. Instead, they redefined it as a capacity nurtured through relational support, organisational trust, and a commitment to structural change.

This study contributes to the growing body of critical scholarship on resilience and leadership in Health and Social Care. It calls for a re-evaluation of how resilience is conceptualized, measured, and fostered within professional settings, particularly in the wake of collective trauma. Future research should continue to explore the long-term implications of these findings, particularly in relation to policy development and leadership practice in post-pandemic contexts.

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