



SUPPORTIVE LEADERSHIP FOR IMPACT ON BUILDING **ORGANISATION RESILIENCE**

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The health, aged and social care service sectors routinely need to deal with the consequences of stress in the delivery of care and support services; trauma; interpersonal conflict; accidents; rationing; and sustainability. For sustained and healthy functioning health workers need intrinsic and extrinsic support for resilience or the ability to maintain confident, steady and healthy functioning in response to such consequences of stress [1]. Those providing direct and indirect care [2] and those working in varied and challenging areas and location of care delivery [3] need constructs and skills to build and deal with resilience individually as well as in conjunction with collective opportunities within their organisations (teams, units, groups and organisations).

Supportive leadership practice provides both responsibility and opportunity for leaders and managers to enable and create environments and opportunities to ensure collectively health workers and volunteers have environments and practices where they experience cohesive, valued and understanding professionally and personally. Objectives here are for cultures of trust and collaboration. Through enabling well-being development creates opportunity for enhancement of motivation, job satisfaction and quality of care and support.

Strong leadership focussing on the value of teams and teamwork, corporate-wide emotional support psychological safety to foster an effective and constant supportive work environment. Open communication encourages safe voices, contributions and transparency. Leaders who are approachable and authentic model empathy and understanding of the real challenges in health care delivery. Practical applications of well-being could incorporate peer sport mechanisms, resilience

training and access to mental health and well-being services.

In complex organisations and settings mentoring offers valuable partnering through both the connections of pairing experienced professionals with those with less experience for sustained trust and safety and the individual opportunities for learning. Mentoring promotes perspective, knowledge sharing, skill development and emotional support.

Investment and support for continuous professional development and also resilience training in health and aged care continues building and renewing clinical skills, adaption for evolving practices and improvement for patient care. Such learning is fundamental to professional growth and development but also provides surety and perspective in the face of stressors. Resilience learning boosts ability to handle stress, recover from stress impact and returning to maintaining high performance.

Leadership is a multi-faceted responsibility which needs to have strong incorporation of emotional and psychological well-being for staff and stakeholders in health. The strong integration of professional development for resilience provides for professional empowerment.

PAPERS FROM THE CPCE-SHAPE HEALTH CONFERENCE

The College of Professional and Continuing Education (CPCE) in Hong Kong and the Society for Health Administration Programs in Education (SHAPE) jointly held the CPCE-SHAPE Health Conference 2024 in July 2024 in hybrid mode from Hong Kong and online.

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The conference theme was Healthcare System Sustainability: Implications for healthcare management, education and research.

Conference presenters were invited to submit their conference presentations for publication in APJHM in a number of formats (research articles, practice analyses and practice briefs) and the collection of papers for this successful event are included in this issue of the journal.

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- 3. Lasky T, Samanta D, Sebastian W, Calderwood L. Resilience in rural health system. The Clinical Teacher. 2024;21(4): e13726.