

Project Title

Examining health resilience of community-dwelling individuals through the lens of healthcare and social care professionals: A preliminary qualitative analysis

Project Lead and Members

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Organisation(s) Involved

- Health Services and Outcomes Research, National Healthcare Group
- School of Social Sciences, Nanyang Technological University
- Population Health & Community Transformation, Yishun Health
- Office of Community Integration, Woodlands Health Campus
- Continuing and Community Care, Tan Tock Seng Hospital
- Lee Kong Chian School of Medicine, Nanyang Technological University

Healthcare Family Group Involved in this Project

Medical, Nursing, Healthcare Administration, Allied Health

Specialty or Discipline (if applicable)

Community Health, Research

Project Period

Start date: March 2020

Completed date: To date

Aims

To explore elements of health resilience, and the role of healthcare professionals (HCP) and social care professionals (SCP) in patient's health adversity journey.

Background

Health resilience is a dynamic process of positive adaptation when an individual encounters a health-related adversity. Strengthening health resilience is crucial in bring about positive health outcomes and well-being. However, there is a lack of local literature on health resilience in Singapore. Critically, there is a lack of understanding on the role of healthcare (HCP) and social care professionals (SCP) perform in promoting health resilience in the community. This is important because health resilience may potentially be modified and strengthened when supported by strong and responsive health and social care sector. As such, we seek to explore elements of health resilience, and the role of HCP and SCP in patient's health adversity journey.

Methods

This qualitative phenomenological study was informed by the interpretive systemic framework of inquiry, which guided the design of the sampling frame. Healthcare and social care professionals, working in hospitals, voluntary welfare organisations or community teams sited in the neighbourhoods, with experiences in providing clinical or social care support to the community-dwelling adults were invited. Focus group discussions, each lasting about 90 minutes, were conducted (between Jan-June 2021) via Zoom. An interview guide was designed based on literature review on concepts of resilience and Bennett and Windle's "The Resilience Framework". The interview guide covered three topics: 1) experience on how their patients/clients dealt with health adversity, 2) their perceived factors associated with an individual's capacity to deal with health adversity, and 3) role of health and social care sector in supporting patients/ clients coping or recovery from adversities. Transcripts were analysed thematically using an inductive-deductive approach. The deductive analysis was informed by the Bennett and Windle's "The Resilience Framework". Three independent coders coded two transcripts to ensure coding consistency. Remaining nine transcripts were coded by two coders with regular meetings with the larger research team to define and review emerging themes.

Table 1. Profile of Focus Group participants (N=53)

Characteristics	n (%)
Age group	
21-40	39 (73.6)
41-60	14 (26.4)
Gender, female	39 (73.6)
Ethnicity	
Chinese	46 (86.8)
Other ethnicity	7 (13.2)
Occupation Type	
Healthcare professionals	40 (75.5)
Social care professionals	7 (13.2)

Table 2. Elements of health resilience

Intrapersonal characteristics	Interpersonal resources	System-level factors
Resourcefulness	Social support	Healthcare financing and payment
Motivation	Role of healthcare and social care professionals	Healthcare and social care integration
Hope	Family dynamics	
Coping strategy		
Health prioritisation		
<i>Life experience</i>		
<i>Personality</i>		

Green denotes modifiable factors and *brown denotes non-modifiable factors*

Results

A total of 11 focus group discussions were conducted. Each group had four to six HCP or SCP (Table 1). Twelve themes were derived and organised into three categories: 1) intrapersonal characteristics, 2) interpersonal resources and 3) system-level factors (Table 2). HCPs played the role of motivators, influencing the perception of hope and acting as a bridge between family members. SCPs perceived themselves to be conduits, connecting individuals to healthcare or social services and accessing healthcare subsidy. An observation unique to our multicultural community was that language could be a potential barrier to effective help-seeking from HCPs and SCPs.

Lessons Learnt

- Health resilience is multi-dimensional and driven by fixed and modifiable elements.

- Healthcare and social care professionals play an important role in helping individuals adapt positively to health adversity.
- Programmes to empower healthcare and social care professionals with relevant skillsets will be essential to better support individuals adapt positively to health adversity.

Conclusion

Health resilience is multi-dimensional and included fixed and modifiable elements. Findings highlighted the role of HCPs and SCPs as complex and multi-factorial in supporting individuals during times of adversities. Programmes to empower HCP and SCP with relevant skillsets will be essential to better support individuals adapt positively to health adversity.

Additional Information

Singapore Health & Biomedical Congress (SHBC) 2021: Singapore Young Investigator Award (Health Services Research) - Merit Award

Project Category

Care Continuum, Preventive care, Community Health, Population Health

Applied Research, Qualitative Research

Keywords

Health Resilience, Resilience Framework, Health Adversity, Health and Social Care Integration, Health-social Workforce

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Introduction

- Strengthening **resilience** is a **key** priority in bringing about **positive** health outcomes and well-being.
- Resilience is a process of **adapting well** in the face of adversity.
- **Community-based efforts** have been initiated to improve health literacy, encourage healthy behaviours, and build **neighbourhood social capital**.
- **Resilience** of individual affects the **collective resilience** of a community.
- Lack of local literature on health resilience in Singapore.
- Lack of consideration of role of health and social care professionals in this concept.

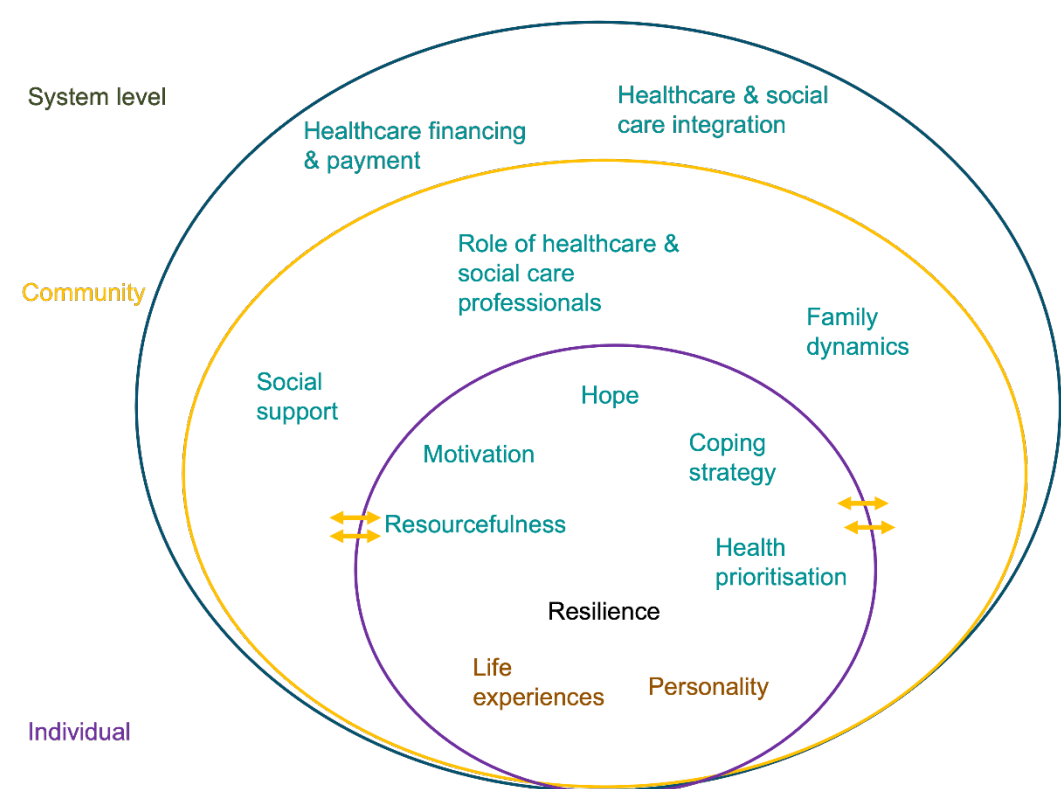
Objective

- To explore elements of health resilience, and role of healthcare (HCP) and social care (SCP) professionals in patient’s health adversity journey.

Table 1. Profile of FGD participants

N=53	Participants
Age group	n (%)
21-40	39 (73.6)
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Figure 1. Elements of health resilience



Methodology

- Interpretive-Systemic Framework, phenomenological approach was adopted to guide sampling frame.
- Interview guide was designed based on the socio ecological framework, guided by literature review on concepts of resilience and “The Resilience Framework”.
- Interview guide covered three topics: 1) how patients dealt with health adversity, 2) factors associated with an individual’s capacity to deal with health adversity and 3) role of health and social care sector.
- 11 focus group discussions (**Table 1**) were conducted via Zoom.
- Transcripts were analysed thematically using an inductive-deductive approach.
- 3 independent coders coded 2 transcripts to ensure coding consistency.
- Remaining transcripts were coded by 2 coders, with the 3 coders meeting regularly to define and review the themes.

Results

- 4 themes: 1) intrapersonal factors, 2) interpersonal factors, 3) healthcare financing & payment, 4) healthcare and social care integration and 10 sub-themes emerged (**Figure 1**).
- Unique to our multicultural community, language can be a barrier to effective help-seeking.
- HCPs played the role of motivators, influencing the perception of hope and acting as a bridge between family members.
- SCPs perceived themselves to be conduits, connecting individuals to healthcare or social services and accessing healthcare subsidy.

Conclusion

- Health resilience is **multi-factorial** and includes fixed and **modifiable elements**.
- Findings highlighted the **role** of HCPs and SCPs as **multi-dimensional** in supporting individuals during times of adversities.
- Tailored interventions to **target modifiable** elements of resilience and **programmes to support** HCPs and SCPs will enhance health resilience of individuals.