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Research article
Ερευνητική εργασία

Occupational identity crisis of professionals dealing with difficult adolescents

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This study tests the hypothesis of vulnerability in health and social care professionals dealing with difficult adolescents. This vulnerability appears to be underpinned by an occupational identity crisis that seems to diminish the ability of these professionals to recognize the suffering of these adolescents. A questionnaire was developed and then distributed during a network day bringing together members of various institutions and bodies working with difficult adolescents. Ninety-three professionals responded. Occupational identity weaknesses were identified: inadequate basic training, experiences of solitude, feelings of powerlessness and exposure, inadequate personal and institutional resources. Actors involved express their need for inter-institutional and inter-sectoral network but find it uneasy to implement. Some changes can be recommended to reduce this occupational identity crisis: increased efforts towards continuing training, development of possibilities of reflection within institutions, and more structured partnerships and actions.

Key words: Difficult adolescents, occupational Identity crisis, professionals' vulnerability, children welfare services, inter-sectorial network.

Introduction

Judging by the predominant discourse of their teams, the services working with problematic adolescents feel in crisis all over the world and particularly in France. We take the example of Western Brittany where we have been working on such topic, long enough to go beyond the manifest discourses. What these discourses put forward here as in many other places in France, is the idea that this crisis is related to two main factors: (a) the organizational constraints recently imposed on the services providers, and (b) the changes in the pathologies and behaviors of the adolescents they have to attend. Against such a background, these institutions have to face the daily problem of working with at-risk adolescents, whose behaviors put at risk the service providers as well. To remain as close as possible to the situation we have chosen in this paper to name them: difficult adolescents because of the rejection they generate (Saint-André & Botbol, 2013a). Additionally, such a designation takes into account not only these adolescents' functioning (violent behaviors, life course marred by shifts, narcissistic weaknesses, etc.) but also the counter-attitudes of the service providers. Mutajeunes network was created in 2007 to respond to the needs of these teenagers and of their service providers (Saint-André & Botbol, 2013b), bringing together all the relevant institutions in Brest (University Department of Child and Adolescent Psychiatry, County and Region Children

Welfare System, Governmental and Non Governmental Foster Home systems and units, Juvenile Justice System local units, Students and adolescents consultation service). Network meetings aim to give professionals the opportunity to share their experiences with these difficult adolescents; and to work through their feelings of powerlessness and insecurity and the difficulties they face in dealing with these adolescents' violent behavior.

This paper will study the hypothesis that occupational identity is a corner stone of this crisis because it is caught in a feedback loop contributing simultaneously to increase the professionals' vulnerability and to feed their feeling of helplessness preventing them from identifying the psychological issues behind the difficult behavior shown by these teenagers. In this perspective it will consider how our network organization could address this issue.

Material and method

Questionnaire

To explore our hypothesis, a questionnaire was developed and distributed during a colloquium on difficult adolescents, organized by Muta'jeunes. At the beginning, before distributing the anonymous questionnaires, we presented our approach and research subject to the participants. We have collected the questionnaires at the end of the day. During the colloquium speakers addressed different notions enabling a common definition of difficult adolescents.

The questionnaire contains 19 questions grouped into seven items:

– Respondents' characteristics
– Training
– Respondents' feelings when interacting with these adolescents
– Perceptions of networking usefulness
– Perceptions of partnership activities
– Perceptions of hierarchy
– Perceptions of the outcomes

Data entry was carried out using Epi Data software (Lauritsen & Bruus).

Respondent characteristics (Q 1–2)

From a total of 130 colloquium attendees, 93 filled in the questionnaires.

– 12 health and social care professionals
– 21 professionals from social and educational nongovernmental organizations
– 60 professionals of the local administration ("Le Conseil Général")
– Foster Families were overrepresented (n=41): they work either with NGOs or Local Government's services

To try to control the selection bias due to the number of non respondents, the answers to the first two questions of the survey were anonymously confronted to the colloquium attendance sheets (participant's function and affiliation). No socio-demographic characteristics were found distinguishing respondents from non-respondents.

Results

Adequacy of training for the care of difficult adolescents (Q 3–5)

The initial training is thought to poorly prepare for the problems related to difficult adolescents (63.44%–59). Respondents consider professional experience (64.52%–60, X^2=21.04; p<0.00001) and continuing training (78.49%–73, X^2=40.49, p<0.00001) to be the most useful resources for addressing the issues of difficult adolescents.

Respondents Often feel powerless (Q 6). They also Often feel alone (Q 7). More than 60% (56) of respondents believe that they are Always and Often held accountable (Q 8) for what happens to this adolescents. But we observe a large number of No Opinion responses.

Perceptions of hierarchy (Q 9–10)

Respondent professionals generally feel supported by their hierarchy (Often and Always 70.97%–66) (Q 9). They also seem quite satisfied by the decisions taken by their hierarchy (Q 10).

The high rate of No Opinion responses to these two questions has also to be noted.

Perception of interventions targeting difficult adolescents (Q 11–13)

A certain level of dissatisfaction can be noted in the response to Q 11. A small majority of the respondents (52.69%–49), believe that care Always or Often has a positive impact on the future of difficult adolescents (Q 12). For 52.69% (49) of respondents the care are Often consistent enough (Q 13).

A high rate of No Opinion was noted for these three questions as well.

Perception of networking (Q 14–15)

More than 65% (61) of respondents feel their opinion is at least Often taken into account during network meetings (Q 14). For 55.91% (52) of them (Q 15), the meetings with other professionals are Always or Often relevant. Once again, there is a high rate of No Opinion (table 1).

Respondent are divided more or less equally in finding Quite Easy and Often Difficult working with profession-

Table 1. Respondents' feelings during interventions with these adolescents (Q 6–8).

	Opinion	*Always*	*Often*	*Rarely*	*Never*	*No opinion*
Q6- Do you ever feel powerless in your work?	(%) (n=93)	0% (0)	53.76% (50)	37.63% (95)	2.15% (2)	6.45% (6)
Q7- Do you ever feel alone in your work?	(%) (n=93)	0% (0)	40.86% (38)	45.16% (42)	9.68% (9)	4.3% (4)
Q8- In your daily work, do you feel that you are increasingly asked to be accountable?	(%) (n=93)	10.75% (10)	49.46% (46)	25.81% (24)	3.23% (9)	10.75% (10)
Q9- On the subject of difficult adolescents, do you feel supported by your hierarchy in the decisions and actions you take?	(%) (n=93)	17.2% (16)	53.76% (50)	13.98% (13)	4.3% (4)	10.75% (10)
Q10- In the management of difficult adolescents, do you feel that the positions adopted and decisions taken by your hierarchy are appropriate?	(%) (n=93)	4.3% (4)	56.99% (53)	22.58% (21)	1.08% (1)	15.05% (14)
Q11- Do you think that the resources earmarked by your institution to manage difficult adolescents are (quantitatively) adequate?	(%) (n=93)	2.15% (2)	34.41% (33)	43.01% (40)	3.23% (9)	17.2% (16)
Q12- Do you think that today's care for difficult adolescents has a positive impact on the life course of these young people?	(%) (n=93)	3.23% (9)	49.46% (46)	30.11% (28)	0% (0)	17.2% (16)
Q13- On the subject of difficult adolescents, do you think that there is consistency of care among the different partners?	(%) (n=93)	0% (0)	52.69% (49)	27.96% (26)	0% (0)	19.35% (18)
Q14- During network meetings with other professionals, do you feel that what you say is taken into account?	(%) (n=93)	3.23% (9)	62.37% (58)	17.2% (16)	1.08% (1)	16.13% (15)
Q15- Do you feel that your meetings with other professionals from the network lead to relevant and key decision-making in terms of care?	(%) (n=93)	3.23% (9)	52.69% (49)	23.66% (22)	1.08% (1)	19.35% (18)

als from other institutions and other field of expertise (Q 16). Notably the same results are found (non significant difference: X^2=2.182) when the professionals from other institutions are from the same field of expertise (Q17).

However, a large majority of the respondent find significantly easier to work with the professionals from their institution, whatever their field of expertise (Q 18: identical skills: X^2=6.33: p<0.02; not identical X^2=15.588: p<0.0001).

The evaluation of the respondents on this common initiative is positive.

Professionals working in hospitals and Socio Educational professionals working in other institutions show significant differences. Belonging to a hospital team appears to be a protective factor concerning the respondents' professional experience (Q 4), internal security (Q 7) and evaluation of the positive impact of their work (Q 15).

Discussion

The problem of training

For respondents, initial training does not prepare them well enough to deal with difficult adolescents. This weakness is a known vulnerability factor of professional identity: "Any identity process, in the professional sphere, is ideally based on original training that only the people in a given job can pride themselves on" (Vilbrod 2003).

Table 2. Perceptions of Inter-sectorial Partnership on difficult adolescents (Q 16–18).

	Opinion	*Very easy*	*Quite easy*	*Often difficult*	*Very difficult*	*No opinion*
Q16- On the subject of difficult adolescents, do you think that working with professionals from other institutions and other fields of expertise (health, legal, school, education, etc.) is ...?	(%) (n=93)	4.3% (4)	43.01% (40)	48.39% (45)	3.23% (9)	1.08% (1)
Q17- On the subject of difficult adolescents, do you find that working with professionals from other institutions but from the same field of expertise (health, legal, school, education, etc.) is ...?	(%) (n=93)	3.23% (9)	54.84% (51)	39.78% (97)	1.08% (1)	1.08% (1)
Q18- On the subject of difficult adolescents, do you find that working with professionals from your institution (all fields of expertise included) is ...?	(%) (n=93)	15.05% (14)	60.22% (56)	20.43% (19)	3.23% (9)	1.08% (1)

Notably this belief is observed in spite of the recent significant reforms implemented in France to better match training programs and the needs different of service users (Blaevoet 2003, Sainsaulieu 2008). Since it has been shown that construction of the Self and training (Prestini-Christophe 2003) are closely related, our results are consistent with the hypothesis that these training programs changes fail to provide tools that are sufficiently relevant to overcome the destabilization induced by there implementation.

Conversely, most respondents think that first-hand experience may partly compensate for this shortcoming in initial training. Continuing training is seen as ensuring consistency between professional practice and other questions, and enables career empowerment (Le Borgne-Uguen 2003). Therefore, continuing training could be a relevant skills management tool for an environment –social (Ion, 2005) and health care (Vega 2000) services– in which practices are undergoing significant changes (Lantrin 2003).

How professionals feel: a lack of personal and professional resources

As it was expected, over half of the respondents, 53.76% (50), feel powerless when faced with difficult adolescents.

Table 3. Value of networking days (Q 19).

Q19: Do you think that initiatives such as working days on difficult adolescents (based on the model used today) contribute to improving:	*Yes*	*No*	*No opinion*
Inter-professional (partnership) relationships? (%)–(n)	84.95% (79)	1.08% (1)	13.98% (13)
Your knowledge of other institutions? (%)–(n)	83.87% (78)	3.23% (9)	12.9% (12)
Your knowledge of other professions? (%)–(n)	78.49% (73)	9.68% (9)	11.83% (11)
Relationships between actors on the ground and hierarchy? (%)–(n)	64.52% (60)	13.98% (13)	21.5% (20)
Quality of care for difficult adolescents? (%)–(n)	80.65% (75)	5.38% (5)	13.98% (13)
Understanding of the challenges involved in the provision of care for difficult adolescents? (%)–(n)	83.87% (78)	3.23% (9)	12.9% (12)

Table 4. Respondents opinion and their institutional affiliation.

		Private+public Socio-educational	*Service providers working in hospitals*
Q 4- Professional experience	Entirely+Partially Satisfactory	49	11
	Inadequate	29	1
Q 7- Do you feel alone?	Always+Often	36	2
	Rarely+Never	41	10
Q 15- Positive impact of Pre-hospital and Emergency Care (PEC)	Always+Often	37	12
	Rarely+Never	28	0

Regarding the number of respondents who work in an institution, the strong feeling of solitude expressed by 40.86% (38) of respondents is questioning. One possible reason for this result is that the institutional reforms which have taken place over recent decades have often had the consequence of cutting short team's meetings and supervisions whereas an increasing insistence is put on improving staff productivity. The strength of this feeling of solitude could also result from new forms of organization that tend to favor prescribed work at the expense of actual work, of which the latter is often more inventive and source of well being at work (Dejours 1998, Pelluchon 2011).

This hypothesis is consistent with the fact that service providers working in hospitals express a lesser feeling of solitude (X^2=3.842; p<0.05) and a bigger satisfaction with knowledge gained from experience (X^2=3.894; p<0.05). In fact, the context of their daily activity improves accessibility to supervision and development tools, relying in particular on the multidisciplinary resources available in hospitals.

On the other hand, 60.21% (56) of respondents felt that changes in practices result in increased accountability and increased feelings of insecurity in occupational lives. This feeling seems to be heightened by the growing predominance of prescribed work from the aforementioned tendency to insist on manual based procedures. Implementing specific team work moments within each institution could be one mean of reducing this vulnerability factor as it would enable work through professionals' counter-attitudes and regulate their emotional proximity to these adolescents. These moments of psychological remediation for professionals should aim at revitalizing their ability and enjoyment of thinking, which is generally severely affected by their relation with difficult adolescents and their tireless acting out. This would mean that the experience gained from the actual work carried out with these adolescents should be better formalized; no longer ineffable, this work would become sufficiently coherent to strengthen the foundations of professional identity.

Perception of working with others: the difficulty of network activities

As our results show, inter-institutional or inter-sectorial work is sometimes seen as difficult and unrewarding. Institutional identity, more than job identity, seems to be an obstacle for network activities. Institutional belonging (operating perspectives, priorities and different professional and cultural backgrounds) therefore seems to take precedence over professional identity (qualifications, training, job culture, etc.). The difficulties of the service users in the present study necessitate network activities and partnership actions (Halfon 2002, Laget 2002).

Interaction with others helps to build the foundations of professional identity, notably through mutual recognition. As such, limited knowledge of others and their institutions and subsequent false representations thereof, means that recognition is not operational and its absence has a harmful effect on inter-institutional work. Added to this, is the potential conflict between the institution's philosophy and its missions, which exposes professionals to tensions and often difficult paradoxes.

Partnership cannot be merely decided by law. It may need instead multi-professional training programs on the model proposed by the University Diploma in Difficult Adolescents (DU Adolescents difficiles) promoted by the French government's 2002 health and justice act (Botbol 2008, Circulaire 2002).

Perception of interventions with these adolescents

Just over one third of respondents, 36.56% (34), believe that resources for providing care to difficult adolescents are at least Often adequate and just under half of respondents, 46.24% (43), regard them as unsatisfactory. These results were unexpected as professionals tend to complain about the inadequate resources available for their actions. A halo effect or a recruitment bias may also explain this discrepancy. Nevertheless, it is likely that, when faced with violent behaviors, often unveiling institutional weaknesses, they must have adequate resources at their disposal. A very slight majority of respondents 52.69% (49) believe that care Always or Often has a positive impact on the future of difficult adolescents. It is the meaning of the care professional's action that is being questioned here. In fact, the desire to cure is often a strong incentive to professionals' involvement in the education and health sector (Vega, 2000; Vilbrod, 1995). In that sense, doubting the pertinence of their action and feeling useless and inefficient can also induce significant distress, which may be a strong contributory factor to occupational identity crisis.

Care providers working in hospitals give different responses, as they view more positively the impact of care (X^2=8.124; p<0.01). Within the context of a crisis, the short-term temporality of hospitalization could falsify the assessment that these individuals make of their actions, the positive effects of a single hospitalization masking the difficulties that only emerge in a long term follow-up. For care providers involved in these long-

term follow-ups, institutional tools mean that they can distance themselves and analyze the changes differently.

Perception of networking

Although the respondents' perception of network activities is mostly positive, inter-institutional work seems often difficult.

Nevertheless, service professionals are satisfied with the partnership organization of the network's common working days as the one to which they were attending. It seems likely that the network days are a valuable support for occupational identity insofar as it becomes possible to influence directly certain shortcomings identified in the assessment of partnership interventions: improved knowledge of partners, possibility of increased formalization of working practices with a view to recognition, a break with feelings of solitude considered stressful in working with difficult adolescents, etc.

Limitations of the study

The conditions in which the respondents were asked to fill out the questionnaire may have caused a bias in the results. Additionally, the theme of the day could have influenced the questionnaire answers and as previously discussed, questions wording may have induced a halo effect. It would be worthwhile extending this preliminary study with a qualitative analysis using semi-structured interviews with a better control of possible selection bias.

Conclusion

The objective of this study was to consider the hypothesis of an occupational identity crisis among care professionals working with difficult adolescents in specialized medical and social sectors.

The results of this study confirm the hypothesis of a crisis in professional identity of those working with these adolescents. Although initial training is often deemed inadequate for dealing with difficult teenagers, continuing training and knowledge gained from experience are the most solid referential. Despite its stated objectives to reduce the difficulties of providing care for these young people, network activities are a painful experience in some difficult cases. Nevertheless, we note high expectations in this regard. With improvements to initial and continuing training, these partnership actions seem to be one way of developing work that is even more relevant for difficult adolescents than for more classical cases, since they promote the establishment of a common basis of reference and a better understanding of the network actors. Globally, all the data collected in this study point towards the need to organise institutions and services in such a way that they promote development processes for stakeholders, and the need within each institution to establish times and spaces for reflection, not only through relevant training but also as part of daily professional practices. Everything indicates that today, this is the most accessible way to secure professional identities while at the same time strengthening partnership practices.

All the authors declare they have no actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations within three years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work.

Η κρίση επαγγελματικής ταυτότητας των επαγγελματιών που ασχολούνται με δύσκολους εφήβους

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Η μελέτη εξετάζει την υπόθεση της ευπάθειας σε επαγγελματίες της υγειονομικής και κοινωνικής φροντίδας δύσκολων εφήβων. Αυτή η ευπάθεια φαίνεται να συνδέεται με μια επαγγελματική κρίση ταυτότητας που μειώνει τη δυνατότητα αυτών των επαγγελματιών να αναγνωρίζουν την οδύνη των

εν λόγω εφήβων. Ένα ερωτηματολόγιο αναπτύχθηκε και διανεμήθηκε κατά τη διάρκεια ημερίδας όπου συγκεντρώθηκαν τα μέλη του δικτύου των διαφόρων οργάνων και οργανισμών που εργάζονται με δύσκολους εφήβους, στην περιοχή της δυτικής Βρετάνης. Απάντησαν ενενήντα τρεις (93) επαγγελματίες. Αναγνωρίστηκαν οι αδυναμίες της επαγγελματικής τους ταυτότητας: ανεπαρκής βασική εκπαίδευση, εμπειρία μοναξιάς, συναισθήματα αδυναμίας και έκθεσης σε δυσκολίες, ανεπαρκή ατομικά και θεσμικά εφόδια. Οι εμπλεκόμενοι εκφράζουν την ανάγκη τους για δια-ιδρυματικό και δια-τομεακό δίκτυο, ωστόσο θεωρούν δύσκολη την πραγματοποίησή του. Συστήνουν μερικές αλλαγές για να μειωθεί αυτή η επαγγελματική κρίση ταυτότητας: περισσότερη συνεχιζόμενη εκπαίδευση, ανάπτυξη δυνατοτήτων σκέψης εντός των οργανισμών και πιο δομημένες συνεργασίες και ενέργειες.

Λέξεις ευρετηρίου: Δύσκολοι έφηβοι, επαγγελματική κρίση ταυτότητας, ευπάθεια επαγγελματιών, πρόνοια παιδιών, διατομεακό δίκτυο.

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