Nurturing a Culture of Resilience: A Nursing Leadership Initiative

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ABSTRACT
Recent traumatic events associated with natural disasters, terrorism and violence such as the Las Vegas shooting and terrorist attacks in New York City place nurses at the forefront in taking care of victims, families and possibly the alleged offender. In addition to caring for these victims, nurses become targets of workplace violence and are sometimes exposed to bullying by peers. The capacity to cope and function in this stressful workplace environment may vary based on one’s culture, educational background, experience and situational factors (Garcia-Dia & O’Flaherty, 2016). The study aims to understand the factors that promote resilience that could potentially help identify interventions and/or tools in improving individual’s resilience in the workplace. The results can be used for future research in identifying other variables and use of customized interventions that can eventually build up resilience traits or characteristics and improve one’s resilience score.

INTRODUCTION
Nurse leaders can use resilience as a theoretical framework in creating and planning staff development programs as the profession addresses nurses’ satisfaction, engagement, adverse workplace environments, and recruitment and retention challenges. Active participation of nurses through mentorship, critical thinking, building hardiness, aids in the development and strengthening of personal resilience.

Resilience is a concept that has been applied to research and practice nearly every possible area of life and academia from science to psychology, sociology, nursing, and medicine. Nursing has become a focus for studies and interventions that foster resilience in the workplace. One characteristic that exemplifies resilience has been identified resilience can be learned or developed.

METHODS AND MATERIALS
The Resilience Scale (14-item validated survey with a reliability ranging from 0.84 to 0.94 alpha coefficients) and demographic questionnaire were used to collect the data from eligible voluntary participants at national conferences. Based on inclusion/exclusion criteria, a convenience sample of 150 participants was obtained. Survey results were coded and analyzed using statistical software package, SPSS version 24.

RESULTS: Question 1
The results of the study showed that out of 150 participants, majority have a moderately high resilience score. The data from multiple age groups show that as the participants’ age increased, the RS-14 scores tended to increase as well. This differs inversely with the educational degree whereby the RS-14 score tends to be moderate in participants with higher degrees (doctorate and master) whereas those with associate, baccalaureate and diploma have moderately high resilience scores. Majority of the participants worked in Medical-Surgical (40), Surgical unit (17), ICU (16) while 22 did not indicate their unit. The remaining participants worked in various units. From the 150 sample population, the mean and standard deviation of the RS-14 was 83.20 (SD = 16.14).

RESULTS: Question 2
Distribution of RS-14 Scores for Total Sample

DISCUSSION
Nursing has become a focus for studies and interventions that foster resilience in the workplace. Authors have analyzed the relationship of high-stress work environments such as critical care, burn and oncology units to understand its contribution to nurses’ retention or burnout. In a qualitative study of resilience and postruamous stress disorder in the United States, ICU nurses revealed that professionals who were exposed to extremely stressful environments may benefit from a resilience training program to enhance their own resilience.

The result of the RS-14 Item scale based on frequency distribution showed a mean score of 83.20 (SD =16.14). The corresponding minimum and maximum score range for RS-14 were 14-98. The Cronbach’s alpha coefficient was 0.97 which is comparable to other studies using RS.

RECOMMENDATIONS
Nursing Management
• Critical reflection
• Shared professional governance model
• Create work-life balance
Nursing Educators
• Mentorship workshops
• Building critical thinking
• Hardiness aids/tools

CONCLUSIONS
Although nurses’ responses to the RS-14 item questions demonstrated that they had moderate resilience based on the mean score, the stressors encountered at work can potentially change their perspective and ability to adapt. Understanding sociodemographic factors such as age, gender, race, education, and area of practice can guide organizations in the development of an individualized resilience-building intervention that is appropriate, acceptable and easily adaptable especially for new nurses and those in leadership positions.