Nurturing a Culture of Resilience: A Nursing Leadership Initiative

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**Purpose:**

Recent traumatic events associated with natural disasters and terrorism have showcased nurses’ critical role in the frontline. Nurses take care of victims of violence and tragedy while dealing with their own personal vulnerability. Given the high degree of stress in today’s society, 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 burn-out (Hart, Brannan, and DeChesnay (2012; Shakespear-Finch, Gow and Smith (2005). Recent traumatic events associated with gun violence and terrorism place nurses at the frontline taking care of victims and families. Nurses can become targets of workplace violence and are sometimes exposed to bullying. The capacity to cope and function in this stressful environment may vary based on ones’ culture, educational background, experience and upbringing. These sociodemographic factors may influence nurses’ resiliency skills.

This study aims to understand the relationship of sociodemographic variables such as age, gender, educational background and area of practice in relationship to improving nurses’ resiliency. A survey of professional nursing participants in 2016 was conducted to determine resilience using the 14-item Resilience Scale. The analysis of the results can be used to guide future research in customizing interventions that can build up one’s resilience traits based on the resilience score.

**Methods:**

The authors obtained an Institutional Review Board approval from Case Western Reserve University. A survey was completed by nurses consenting to participate (n=158) at national conferences in the United States in 2016.

**Instrument of Study**

The Resilience Scale (RS) for Adults version 3.33 developed by Wagnild and Young in 1993 is the most frequently used measurement scale with reliability and validity supported by several small studies since 1990. Resilience as interpreted by Wagnild consisted of five essential characteristics: purpose, perseverance, self-reliance, equanimity, and authenticity. Wagnild’s 14-item Resilience Scale has a reliability ranging from 0.84 to 0.94 alpha coefficients and used to measure the RS score. The RS-14 use total scores rather than scores for each of the characteristics. A higher total score indicates higher resilience.

**Data Analysis**

The results were coded and analyzed using statistical software package, SPSS version 24 (IBM. SPSS Statistics 22 Grad Pack). The Cronbach’s alpha coefficient was used to determine the reliability of the
RS-14. Results were rounded off to nearest decimal point. All 158 participants were included in analyzing age, gender, education and unit (area of practice). In calculating the RS-14 score, eight samples were excluded due to incomplete answers to the 14 questions, thus the sample was n=150.

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. Gillespie, Chaboyer, and Wallis (2007) in a study of resilience factors of Australian nurses working in operating theatres did not find that age or experience was a significant factor in developing resilience, but noted that professional competence was essential supporting the multifaceted nature of resilience.

Results:

The results were coded and analyzed using statistical software package, SPSS version 24 (IBM. SPSS Statistics 22 Grad Pack). The Cronbach’s alpha coefficient was used to determine the reliability of the RS-14. Results were rounded off to nearest decimal point. All 158 participants were included in analyzing age, gender, education and unit (area of practice). In calculating the RS-14 score, eight samples were excluded due to incomplete answers to the 14 questions, thus the sample was n=150.

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Conclusion: For nursing administration, the challenge to recruit and retain nurses is an area where developing and building resilience in staff nurses is important. Investigators have taken the approach that resilience can be learned or developed once the characteristics that exemplify resilience are identified and active participation of nurses through mentorship workshops for critical thinking and building hardiness, aids in the development and strengthening of personal resilience (Hart et al., 2012; Jackson et al., 2007). Nursing management can facilitate resilience in the workplace through strategies that assist in critical reflection to problem solve, build resolutions to help guide future situations, use shared governance as a nursing care model, and create a work–life balance.

Understanding sociodemographic factors such as age, education, and area of practice can guide organizations in the development of an individualized resilience-building intervention that is appropriate, acceptable and easily adopted to support a healthy workplace environment. Leadership and management can use resilience as the theoretical framework in the creation and planning of staff development programs as the profession continues to address nurses’ satisfaction, adverse workplace environment, and challenges with retention and recruitment.

Resilience building encompasses both seasoned and novice nurses where both can address the real and perceived adversities in the workplace, support each other as a team, and continuously cope with the daily challenges of known and unknown risks typical of the healthcare delivery system. Resilience offers hope to nurses in their personal and professional lives as they continuously increase their protective factors, adjust to daily adversities and find success and meaning in their own journey with their patients.
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Abstract Summary:

Recent traumatic events associated with natural disasters and terrorism have showcased nurses’ critical role in the frontline. Nurses take care of victims of violence and tragedy while dealing with their own personal vulnerability. This presentation will facilitate methods for assessing one’s own resilience and facilitate personal and professional coping strategies.

Content Outline:

Nursing studies have been conducted to understand the relationship of resilience with nurses’ work environment and its influence in promoting nurses’ job satisfaction and retention. A survey was conducted to analyze the relationship of resilience based on sociodemographic factors – age, gender, education and area of practice. 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 of the study showed that out of 150 participants, majority has a moderately high resilience score. The study confirms that individuals’ resilience score tend to increase as one grows older, obtains a higher educational degree and works in high stressful environment. 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.

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**Author Summary:** Mary Joy has presented in various seminars such as the AHIMA Convention, National Teaching Institute Exposition for Critical Care Nurses, and coordinated local educational conferences for HIMSS (Health Information Management Systems Society) and AACN (Association of Critical Care Nurses) NYC Chapter.

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