

## 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 frontline 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 ones' culture, educational background, experience and upbringing. (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 in nearly every possible area of life and academia from science to sociology, psychology, nursing and medicine. Nursing has been a focus for studies and interventions that foster resilience in the workplace. Once characteristics that exemplify resilience have 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.

### Schematic Representation of Resilience: Concept, Attributes, Antecedents, and Consequences



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Figure 1. Schematic Representation of Resilience

The corresponding minimum and maximum score range for RS-14 were 14-98. The Cronbach's alpha coefficient was 0.97.

### Question 1: Analysis – Self-reported Race

Race	Mean	N	Std. Deviation
Asian	82.74	66	17.686
Black/African-American	85.50	18	10.159
Mixed Race	74.50	10	25.096
Native Hawaiian/Pacific Islander	90.00	2	11.314
White	84.84	45	12.866
Other	81.89	9	17.772
Total	83.20	150	16.135

- Resilience score is moderately high level for all races except for participants that reported mixed race (74.50)

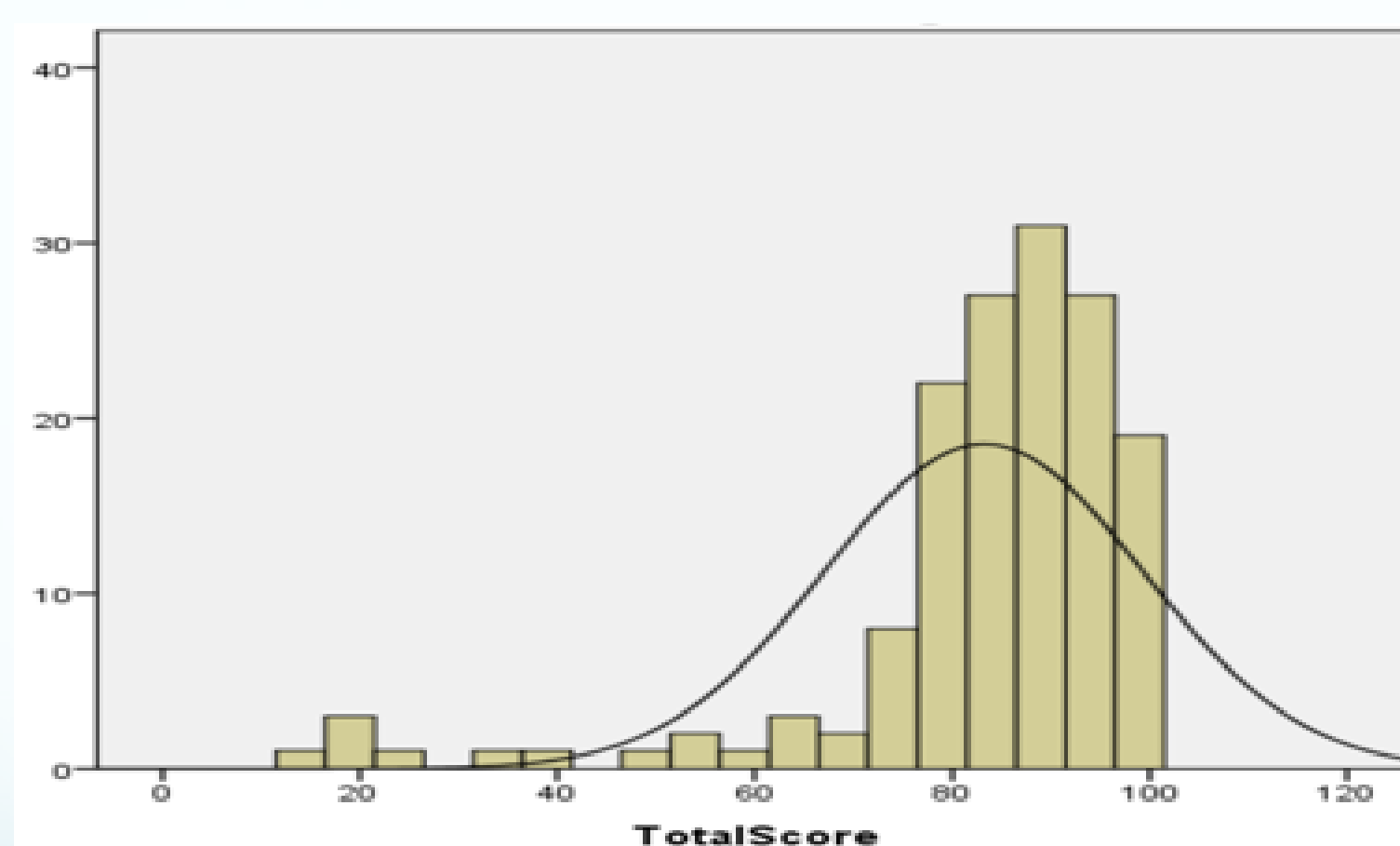
Table 1. Resilience Score and Self-reported Race

### 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



From Figure 1, the frequency distribution of RS-14 scores for total sample is negatively skewed to the left (skewness = -2.495) with majority of the participants' mean score falling between 70 to 81 indicating a moderate resilience score.

Chart 1. Distribution of RS-14 item Scores

### 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 burn-out. In a qualitative study of resilience and posttraumatic stress disorder in the United States, ICU nurses revealed that professionals who are 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
- Hardiness aids/tools

#### Nursing Educators

- Mentorship workshops
- Building critical thinking
- Hardiness aids/tools

### RS-14-Item Score: Resilience Core

RS-Items	Resilience Characteristics	Score
I usually manage one way or another.	Self-reliance	5.80
I usually take things in stride.	Equanimity	5.41
I am friends with myself.	Authenticity	5.75
I feel that I can handle many things at a time.	Self-reliance	5.76
I can get through difficult times because I've experienced difficulty before.	Self-reliance	5.92
I have self-discipline.	Perseverance	5.83
I keep interested in things	Purpose	5.92

Out of the fourteen (14) questions, there were seven (7) questions where participants scored lower from mean score (5.94). Out of these seven questions, three particularly describe the characteristic for self-reliance.

Table 2. RS-14 item Score - Resilience Core

### CONCLUSIONS

Although nurses' response 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.

