Title:
Resilience at Work Among First-Line Nurse Managers

Ron Carpio, MSN, MHA[1]
Laura P. Castro, MSN[1]
Heinrich M. Huerto, MSN[1]
Martha E. Farrar Highfield, PhD[2]
Sherri Garber Mendelson, PhD[3]
(1)Providence Holy Cross Medical Center, Mission Hills, CA, CA, USA
(2)Research Fellowship and Magnet Program, Providence Holy Cross Medical Center, Mission Hills, CA, USA
(3)Nursing Research and Magnet Program, Providence Holy Cross Medical Center, Mission Hills, CA, USA

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Conflict Management
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4:15 PM

Keywords:
Leadership, Nurse Manager and Resilience

References:
Windle, G., Bennett, K.M., & Noyes, J. (2011). A methodological review of resilience measurement scales. Health and Quality of Life Outcomes, 9(8), 1-18. doi:10.1186/1477-7525-9-8

Winwood, P.C., Colon, R. & McEwen, K. (2013). A practical measure of workplace resilience: Developing the resilience at work scale. American Journal of Occupational and Environmental Medicine, 55(10), 1205-1212. doi:10.1097/JOM.0b013e3182a2a60a

Abstract Summary:
If Nurse Managers lack resilient behaviors, they may experience difficulty managing professional and personal responsibilities, and ultimately may withdraw from management. This descriptive survey will define the level of resilience among first-line nurse managers and will identify demographic and work-related aspects that are associated with nurse manager resilience.
Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to define the level of resilience at work among first-line nurse managers	Background, methods including Resilience At Work (R@W) scale, Spearman's correlation coefficient, Cronbach's alpha, Results, Discussion, Implications, and Conclusion will be provided
The learner will be able to identify demographics and work-related aspects that are associated with nurse manager resilience.	Background, methods including R@W scale, Spearman's correlation coefficient, Results, Discussion, Implications, and Conclusion will be provided.

Abstract Text:

Background: If nurse managers (NMs) lack resilient behaviors, they may experience difficulty managing professional and personal responsibilities, and ultimately may withdraw from management. Windle (2011) defines resilience as "the process of negotiating, managing, and adapting to significant sources of stress or trauma… the capacity for adaptation and 'bounce back' in the face of adversity" (p. 331). Resilience at work (R@W) scale and subscales measure resilience behaviorally. R@W scale has not been used with NMs. R@W results allow targeted intervention planning to reduce stress and improve support and development of NMs (Winwood et al., 2013).

Objective: The aims of this study were to determine: 1) the level of R@W among first-line nurse managers (NMs) and 2) whether or not years of experience in NM role, total years of experience as a registered nurse, years in current role, level of education, ethnicity, age, gender, or the number of direct reports are related to resilience at work.

Methods: A descriptive, cross-sectional survey of 77 NMs with direct reports was conducted in 6 ministries of Providence Health & Services Southern California Region. The valid and reliable R@W scale consisted of 7 subscales and 25 statements that measure resilient behaviors in the workplace on a 0-6 ordinal scale. Eight demographic questions were added to the survey. Data were analyzed using descriptive statistics and Spearman's correlation coefficient with $p<0.05$. Cronbach's alpha was used to confirm reliability of the scale/subscales.

Results: Among the 48 respondents (62% response rate), the mean overall R@W score was 4.2 on a 6-point scale. The highest mean R@W subscale was Living Authentically with a score of 5.3. The lowest mean R@W subscale was Maintaining Perspective with a score of 3.1. Significant correlations were found between total years as NM and overall R@W mean score ($p=0.02$), Maintaining Perspective subscale score ($p=0.03$), and Staying Healthy subscale score ($p=0.04$). No other variables were related to R@W overall or subscale scores. Four subscales had low reliability: Living Authentically ($\alpha=0.47$), Maintaining Perspective ($\alpha=0.63$), Interacting Cooperatively ($\alpha=0.45$), and Building Networks ($\alpha=0.56$) subscales.

Discussion: NMs overall R@W mean of 4.2 was relatively positive. Among these NMs, those with more experience were more resilient overall, but whether only the resilient responded or remained in the NM role is unknown. Low reliability of select subscales limits their usefulness in determining NM resilience in this study.

Implications: Given a non-representative sample, more studies of NMs are needed. Select results provide a tentative, behavioral pathway forward to achieve and maintain NM resilience skills at work through education and orientation. Further reliability testing of R@W within NMs is warranted.

Conclusion: While this study began exploration of NM resilience at work and initial testing of R@W with this group, more studies are needed before using select subscale findings or generalizing to other NMs.