CULTIVATING A CULTURE OF RESILIENCE: A NURSING LEADERSHIP INITIATIVE

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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 retention 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. 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 authors of the study sought answers to the following:

Question 1: Is there a relationship between sociodemographic variables such as age, gender, educational background, and area of practice in relationship to nurses’ resilience score and their perception of resilience?

Question 2: What are the variables, traits, and characteristics that can aid in the development of interventions to fortify one’s resilience scores with regards to job satisfaction and retention?

METHODS

The Resilience Scale (14-item survey with a reliability ranging from 0.84 to 0.94 alpha coefficients) and demographic questionnaires were used to collect the data at national conferences. Based on inclusion/exclusion criteria, a total of 150 survey participants were collected.

DEMOGRAPHIC DATA

- Sample n=150
- Age range (24-66 years old) with mean age of 43; SD=11.7
- Gender: F (n=129;86%) and M (n=21;14%)
- Self-reported Race:

  - Asian 86 44.0
  - White 45 33.9
  - Black/African-American 18 12.0
  - Native Hawaiian/Pacific Islander 2 1.3
  - Other 9 6

Education level: Associate - 8.7% (n=13); Baccalaureate -61.3% (n=92); Masters -22% (n=33); Doctorate - 4% (n=6) Other - 0.7 (1)

RESULTS: QUESTION 1

Question 1: Analysis - Age

<table>
<thead>
<tr>
<th>Race</th>
<th>Mean</th>
<th>N</th>
<th>Std Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>82.74</td>
<td>66</td>
<td>17.688</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>85.50</td>
<td>18</td>
<td>10.159</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>74.50</td>
<td>10</td>
<td>25.096</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>90.00</td>
<td>2</td>
<td>11.314</td>
</tr>
<tr>
<td>White</td>
<td>84.84</td>
<td>45</td>
<td>12.686</td>
</tr>
<tr>
<td>Other</td>
<td>81.69</td>
<td>9</td>
<td>17.772</td>
</tr>
<tr>
<td>Total</td>
<td>83.20</td>
<td>150</td>
<td>16.135</td>
</tr>
</tbody>
</table>

- Moderate resilience level – masters, doctorate, other
- Moderately high resilience level – associate, baccalaureate, diploma
- High resilience level – masters, doctorate, other

Question 1: Analysis – Education

<table>
<thead>
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<th>Education</th>
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DISCUSSION

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 strategies in problem solving – increase self-awareness
Shared professional governance model – creates purpose
Create work-life balance – promotes equanimity

Nursing Educators
Mentorship workshops – strengthens perseverance
Building critical thinking – promotes self-reliance
Hardiness aids/tools – expands authenticity

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