



Why nurses chose to remain in the workforce: Portraits of resilience



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KEYWORDS

Resilience;
Nursing;
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Qualitative method

Summary

Aim: This study explored why nurses chose to remain in the Western Australian workforce and to develop insights into the role of resilience of nurses and to identify the key characteristics of resilience displayed by these nurses.

Background: Nursing is a stressful profession. Prolific quantitative research which measures job stress and resilience has been implemented; however, there is a dearth of qualitative studies which hear the personal narratives as to why nurses remain and thrive in a stressful workplace.

Design/methods: Vignettes of nursing resilience reveal underlying themes of resilience where personal stories and events are presented as narrative. Portraiture recognises the inherent value of the nurses' stories giving attention to the nature of their resilience. Interpretation illuminates the portraits or verbal canvasses of the told experience, reflecting success and positivity despite disarray in healthcare settings.

Results/findings: Eight themes were identified. The portraits highlight a sometimes imperceptible theme of resilience within nursing. Nurses are resilient; they rely on the social support of colleagues, family and friends to continue to bear their mantle of responsibility. They take pride in their work and accomplishments and give to others altruistically. They laugh, they love nursing and they keep the needs of their patients, clients, residents or students foremost.

Conclusion: This paper describes the hallmarks of resilience demonstrated by nurses. Resilience and its relationship to coping in times of adversity are captured within the portraits presented.

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1. Introduction and background

The health service in Australia, as in many developed countries, is under pressure from tight financial resourcing and other socio-political factors. Nurses form the largest occupational group of the health workforce. Like the health workforce in general, the nursing workforce is ageing and the effects of retiring baby boomers is already being felt

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placing the work environment and the profession itself under pressure.

The loss of experienced registered nurses, in light of difficulties of recruiting into the profession, means that a shortage of qualified nurses is inevitable. This is of national and international concern (Australian Institute of Health & Welfare, 2008; Coomber & Barriball, 2007; Duffield et al., 2009; National Health Workforce Taskforce, 2009). Furthermore, research shows that many Australian nursing graduates intend to remain in the profession for less than 15 years (Eley, Eley, & Rogers-Clark, 2010). The combined effect on the workplace is that there are high stress levels leading to burnout; high attrition of nurses; and, an environment not conducive to retention and or job satisfaction.

Duffield et al. (2009) and Jackson, Firtko, and Edenborough (2007) assert that workplace stress may be correlated with high or excessive workloads; rationalisation and restructuring; bullying and horizontal violence; lack of autonomy and chronic staff shortages – with high acuity of patient care. The continued high impact of the negative effects of these factors means that many nurses have left or are leaving the workforce (AHWAC, 2002; Buchan & Aiken, 2008; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011).

Tusaie and Dyer (2004) contend that resilience seems to be a necessary quality for surviving the negative effects of workforce challenges and stress and it may be timely to refocus, to reconsider this issue from an alternative perspective. That is, some contemporary research has shown that those who possess the human qualities or characteristics of resilience are more readily able to weather and survive workplace stress and even to thrive in spite of that stress (Strauss, 2009; Tusaie & Dyer, 2004). This paper discusses the use of an innovative qualitative research methodology, Portraiture to explore the resilience of nurses as a strategy for remaining in the workforce: and, how this approach may not only have organisational benefit, but assist in developing a personal repertoire with resilience as the centrepiece for all nurses and the profession.

2. Resilience

Most commonly, the term resilience has come to mean an individual's ability to overcome adversity and continue his or her normal development (Siebert, 2008), or as defined in the seminal work of Masten (1994) as "a pattern over time, characterised by good eventual adaptation despite developmental risk, acute stressors, or chronic adversities" (p. 141). Thus, if resilience is the ability of an individual to adjust positively to adversity, then insights into the resilience of nurses are important areas for exploration. Michael Ungar has suggested that resilience is better understood as follows:

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways (Ungar, 2008 p. 225) [Emphasis in the original].

Ungar's definition is significant because it moves the understanding of resilience from the individual to a more culturally embedded understanding of well-being. Understood in this way resilience is more likely to occur when people are provided with the services, supports and health resources [within a health service environment] that enhance the likelihood for them of doing well. In this sense, resilience is the result of both successful navigation by the individual to find resources and the negotiation for those resources provided by the organisation or workplace. Ungar's definition provides a working definition of resilience for nurses, in this study, who have chosen to remain in the workforce by negotiating, challenging and overcoming 'bad times' whilst maintaining personal and professional well-being.

3. The study

3.1. Aim

The aim of the study was to explore why nurses chose to remain in the Western Australian workforce; to develop insights into the role of resilience of nurses to manage the context of nursing work; and, to identify the key characteristics of resilience displayed by those nurses.

3.2. Design

Portraiture (Lawrence-Lightfoot, 1983) a descriptive and interpretive method enabled a search for the essence and meaning of resilience to the nurses in this study. It allowed for the understanding of their everyday practice and how these practices enhanced their choice to remain at work. Portraiture examines the ways in which people get together, negotiate and conquer challenges (Dixson, Chapman, & Hill, 2005; Lawrence-Lightfoot, 1983) with a deliberate focus on the positive and the personal capacity for resilience in the participants.

The method draws attention to the successes of participants and the *goodness* in an environment that serves to provide patient care, and yet is an environment often overshadowed by the dysfunctions of a strained system. The Portraiture assumes that difficulties are fundamental within any system, but maintains a focus of providing a more hopeful starting point for review (Lawrence-Lightfoot & Davis, 1997).

The Portraiture process requires the researching and creating of the social and historical context; choosing the appropriate nurse/participants for the phenomena under research; and gaining ethics approval and choice and access for the research settings. It includes immersion and observation in the setting and the conducting of the interviews. Next requires the painting of the words meaning drafting the initial portraits. Here, voice is given to the nurse/participant's experience of nursing so that the experience is seen yet coloured and shaded by the portraiture's personal palette with the searching for the central themes placing the drawings within the context of a social and historical collage, depicting, discussing and interpreting the little pictures within the larger portraits by the researcher. Finally, the researcher is able offer further discussion to guide

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