

The Resilient Nurse: *An Emerging Concept*

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The purpose of this paper is to provide a review of the concept of resilience and how it relates to the field of nursing. By definition, resilience is the ability to return to a state of normalcy or to “bounce back” from adversity or trauma and remain focused and optimistic about the future.¹ Resilience is an imperative quality for nurses to possess because of the stressful nature of the profession of nursing. Studies have shown that those who have high levels of resilience are less likely to develop stress disorders and more likely to remain in the

profession as healthy nurses.² The concept is important for nursing management because resilience may play an important role in nursing longevity and retention. Nurse leaders may benefit from understanding how resilience applies to their staff and how to improve and enhance this concept in others. This paper provides a historical discussion of the concept of resilience, describes qualities of resilient nurses, discusses the impact of stress and coping on resilience, and proposes strategies to improve and enhance resilience in nurses.

HISTORICAL REVIEW OF THE CONCEPT OF RESILIENCE

The concept of resilience emerged in the 1970s when child psychologists began to track and evaluate children who had lived through traumatic home situations. The children involved were from various settings, including poverty-stricken areas, abusive situations, homes with mental illness, etc. It amazed researchers to see children from these types of environments grow up to live healthy adult lives despite the chaos and tragedy of their childhood.

Psychologists and researchers began to ask themselves, “What is the human trait or characteristic that enables people to thrive in the aftermath of tragedy or adversity?” The answer to this question eventually led to term *resilience*. Controversy still exists as to how resilience is formed in a person, but nevertheless, it is a topic that continues to generate research. It is not easily understood, and it is difficult to quantify, but it is an important trait to possess.

Since the 1990s, the concept of resilience has been defined numerous ways and has been examined in a variety of settings, including science, psychology, pharmacy, sports, trauma, military, community, and business.³ Dyer and McGuinness defined resilience as a “global term describing a process whereby people bounce back from adversity and go on with their lives.”^{1(p277)} Another author defined resilience as the ability to be successful and remain positive despite hardships and negative life experiences.⁴ Examining the additional definitions noted in the literature, there appears to be 2 main themes that are consistent: adversity and successful adaptation.³

In a recent article by Foureur, Beasley, Burton, Yu, & Crisp,⁵ the evolution of the concept of resilience was examined. The concept was first linked primarily with certain human characteristics such as hardiness, coping, self-efficacy, optimism, and adaptability. The idea was then linked with the process of adversity meeting adaptation derived from experience. Currently, researchers view resilience as the motivation within an individual that helps the individual cope with adversity. The ability to cope was gained through experience and cognitive processes.⁵

In summary, the overall concept of resilience has its roots in 2 primary areas: the physiological side of coping, and the adaptation and psychological management of stress and trauma.⁶ According to Taylor and Ballard⁷, coping incorporates mental processes utilized by a person to decrease anxiety. Coping can be short term or long term. Adaptation involves the ability to adjust to change, whether it be positive or negative. In short, the physiological impact on resilience relates to homeostasis within the body and the ability to lower one's anxiety. The psychological adaptation of resilience utilizes both unconscious and conscious defense mechanisms to protect the individual from harm.⁸

QUALITIES OF RESILIENT NURSES

According to Fletchler & Sarkar,³ Polk defined the nursing model of resilience as one of a synergistic relationship consisting of 4 main patterns: dispositional, situational, relational, and philosophical. She further described it as an ability

to turn disastrous situations into meaningful growth experiences and move into the future with new knowledge of oneself. Because of challenges faced by nurses daily, including taking care of dying or critically ill patients, shortages of nurses, and emotional exhaustion, it is important to address the concept of resilience in order to maintain a healthy workforce. Furthermore, information on the qualities of resilience in nurses can help determine whether interventions for building resilience need to be added to workplace education.⁹

Dyer and McGuinness¹ listed 4 main critical attributes of a resilient individual: the ability to rebound and carry on, having a sense of self, having determination, and possessing a prosocial attitude. Although adversity plays a crucial part in the development of resilience, the individual must be malleable, have the ability to see the importance of all the facets of one's life, have conviction and fortitude to get through tough times, and be willing and able to accept support from others. McAlister and McKinnon¹⁰ describe resilient individuals as those having an internal locus of control, prosocial behavior, empathy, good self-image, optimism, and the ability to maintain daily responsibilities. Gillespie, Chaboyer, and Wallis¹¹ listed 3 main attributes of resilience: self-efficacy, hope, and caring. They found having these attributes leads to the consequences of resilience: integration, control, adjustment, and growth.

Intrapersonal factors contributing to high levels of resilience include optimism, intelligence, creativity, humor, a belief system that provides a meaning to life, a cohesive life narrative, and an appreciation of oneself.⁸ Educational ability, attractiveness, social skills, and above-average memory were also mentioned.

In a study by Cameron and Brownie¹², resilience was examined in a group of long-term care nurses. It was found that clinical expertise, a sense of purpose in holistic care, a positive attitude, and a strong work-life balance are important determinants in resilience in that specific group of nurses. According to a study involving palliative care nurses, qualities of resiliency include: strong commitment to the profession, having past personal experiences involving caregiving, the goal “to make a difference,” an awareness of mortality, an awareness of spirituality, the need to be in control, high job satisfaction, positive coping strategies, and an awareness of personal and professional boundaries.¹³

IMPACT OF STRESS AND COPING ON RESILIENCE

Psychological literature suggests that resilience theory was formed as a result of observing individuals who were living with high levels of stress but were able to develop adequate coping skills and showed improvements psychologically.⁸ Zander, Hutton, and King¹⁴ examined stress, coping, and resilience among nurses working in pediatric oncology. Work in this area includes stressors such as grief, loss, ethical decision making, maintaining professional boundaries, and complex treatment regimens, in addition to the common stressors experienced by nurses. The study named 3 main themes relating to coping and resilience in pediatric

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