

Transformational Resiliency

Angela S. Prestia, PhD, RN, NE-BC



Beginning any day with a mental “to-do” list gives insight into the daunting responsibilities that frame the professional practice of nurse leadership. The work day has no beginning as calls are received from the night shift supervisor regarding staffing or employee and patient concerns. Arriving on the unit, issues clamor for attention. Some of these may be: did a patient fall last night; was there an injury? How many telemetry patients are we holding in the emergency department that need beds? Why was

the sepsis protocol not initiated on Mrs. McArthur? Mr. Gatto did not receive his diabetic snack again? And why is the novice nurse in tears? This may all occur before setting down the car keys. The remainder of the day consists of meetings to discuss financial issues, care transition, patient experience, and performance improvement. The day leaves no time for attention to personal needs or professional goals. The nature of the nurse leader’s (NLs) work becomes the will to withstand the barrage of endless expectations.

Survival depends on the NLs ability to be resilient; however, survival is not enough. The end point can never be getting by or through an individual or series of adverse events. Maintaining the status quo only to come back and do it all again the next day may contribute to NL health issues, burnout, costly mistakes, and increased turnover.¹ A new model of transformational resiliency is needed to reframe the NLs current experiences in health care leadership.

RESILIENCY

Resiliency is defined as the behavioral trait of successful adaptation to negative life events.²⁻⁶ Several different resiliency models exist, but researchers agree that for resiliency to exist there must be an antecedent (innate capacity), adversity (negative life event), and an outcome of positive adaptation (recovery).⁷ Current researchers have come to understand an additional and very important outcome of the resiliency process: transformation. Resiliency that transforms is described as personal/professional growth, change, strength, or improvement. It is the beneficial product, the dividend of rediscovery after setbacks.^{2,6} This concept of adaptability; becoming greater than the setback, improving and increasing one's intellectual capacity is the essence of transformational resiliency. It is a necessary process to thrive in today's current health care milieu.

THE PATH TO TRANSFORMATION

There are several essential process points, less procedural and more of an individual soul searching journey, that NLs must embark upon to discover transformational resiliency. This journey has been captured in the works of Rodin⁶ and Brown.² Rodin, a research psychologist, has served as the president of the Rockefeller Foundation since 2003. She has guided this organization's response to world disruptions (e.g., Hurricane Sandy, which affected New Jersey). Her observations of survivors, people, communities, organizations, or systems has led her to outline 3 phases of resiliency building: readiness, responsiveness, and revitalization.⁶

Brown is the author of *Rising Strong*, the culmination of qualitative research dedicated to the process of overcoming life's hardships. She also describes a 3-phase process of resiliency building: reckoning, rumbling, and revolution. There are similarities and differences when one compares the 2 authors. This portion of the article presents Rodin's⁶ and Brown's² frameworks for transformational resiliency and provide insight to NLs on the process necessary for attainment (Figure 1).

THE RESILIENCY JOURNEY: A LEADERSHIP SCENARIO

You are the nursing director for a post-surgical/telemetry. You are responsible for 36 beds and 8 swing beds. Staffing ratios are adequate. You have 50 employees and currently 2 full-time vacancies on the night shift. Through your tenure at the organization, you have been mentored by a chief nursing officer (CNO) who you have come to respect. Your hospital has just been acquired by a major for-profit health care chain.

The new company replaces the chief executive officer/CNO with displaced administrators from the parent company. It has been over 1 month now, and your 1:1 meeting with the new CNO is unlike any past experience. You are presented with a dashboard of metrics indicating unit performance: for example, patient falls are up, there was 1 hospital-acquired urinary tract infection, and patient satisfaction scores are less than the 75th percentile. You are placed on an "action plan" and given 30 days to improve. You leave the meeting unsettled, uncoached, and fearful.

THE TRANSFORMATIONAL PROCESS

Readiness

Being ready requires a continual self-assessment of one's capability to function effectively in a crisis. Think of this as an individual analysis of one's strengths, weaknesses, opportunities, and threats (SWOT), done continuously to improve or develop the necessary skills to overcome hardships. Suggested questions to guide readiness include the following: Do I think "out of the box"? Who would provide a differing perspective? How can my behavior be modified? What new plan could I make to improve my capacity to withstand disruption?

Leadership Action Step

In our scenario, the NLs self-assessment includes strengthening relationships with other nursing directors, other department directors, staff, and key physicians. The reciprocity built through nurturing relationships is invaluable in critical times. This connection with others will help align them behind the goals the leader needs to accomplish (i.e., improved patient satisfaction).

The NLs self-assessment will also include a good review of one's resume to include new skills, advances in education, or new certifications. This proactive response is meant to refresh the NLs memory regarding capabilities to further enhance discussions with the new CNO. It also may prove helpful in determining next steps.

Reckoning

The goal of reckoning is to understand one's emotional response to the disruptive event. Brown² recognizes that exploring emotions must be done with self-compassion to preserve self-worthiness. This is essential to the process. This involves emotional intelligence. Emotional intelligence is defined as an ability to recognize the meanings of emotions and their relationships and to reason and problem solve on the basis of them.⁸ Reckoning takes this a step further than just being self-aware. It requires self-compassion. There is no place for feelings of failure or shame in resiliency transformation. Brown cautions against emotional disengagement and the "flight" response. She encourages the reader to be in control of how this episode of one's life ends.

Leadership Action Step

Calling to mind the scenario presented, what self-work would occur during the reckoning stage? The 4 dimensions

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