



Review

Resilience in nursing students: An integrative review[☆]Lisa Jean Thomas^{a,b,1}, Susan Hunter Revell^{c,2}^a Lawrence Memorial Regis College Nursing Program, 170 Governors Avenue, Medford MA 02155, United States^b Doctoral Student University of Massachusetts Dartmouth, United States^c University of Massachusetts Dartmouth, 285 Old Westport Rd, North Dartmouth, MA 02747, United States

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SUMMARY

Objective: The aim of this integrative review was to investigate the state of knowledge on resilience in nursing students. Specifically the authors sought to define and describe the concept, and identify factors that affect and evaluate strategies to promote resilience in nursing students.

Design: Integrative literature review.

Data Sources: Cumulative Index to Nursing and Allied Health (CINHAL), Education Resources Information Center (ERIC) and PsychINFO electronic databases were searched for publications between 1990 and 2014. Search terms included resilience, student, nurse, nursing student, hardiness, emotional resilience, research, resili*, and nurse*.

Review Methods: Whittemore and Knaf's integrative approach was utilized to conduct the methodological review. Each article was assessed with an appraisal tool.

Results: The search resulted in the inclusion of nine articles. The majority of the literature utilized definitions of resilience from the discipline of psychology. One exception was a definition developed within nursing specific to nursing students. Factors that affect resilience were grouped into three themes: support, time, and empowerment. Strategies to promote resilience in nursing students were found in three of the nine articles, but their methods and findings were disparate.

Conclusions: This review provides information about the concept of resilience in nursing students. Faculty awareness of the importance of resilience in nursing students can better prepare students for the role of the professional nurse. Support from family, friends and faculty impact a student's resilience. Through closely working with students in advisement, the clinical arena and the classroom faculty can promote resilience.

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Introduction

Resilience is defined as the ability to overcome adversity and includes how one learns to grow stronger from the experience (McAllister and McKinnon, 2009). Understanding resilience in nursing students is essential due to higher levels of academic stress when compared to students in other health majors (Edwards, Burnard, Bennett, and Hebden, 2010). In addition to academic pressure, nursing students are exposed to many firsts in the clinical arena, including death and dying, diverse lifestyles, and communicable diseases in real time (Stephens, 2013). The student's experiences are stressful as they apply new concepts and skills in a practice environment. This new role often necessitates that students reconsider personal beliefs and values (Stephens, 2013).

The well-known Carnegie Foundation report recommends that nurse educators shift from socializing nursing students to emphasizing

the formation of nurses (Benner, Sutphen, Leonard, and Day, 2010). Becoming a nurse is more than being socialized into the role. The protective factors identified in the concept of resilience include having optimism, a sense of humor, flexibility, and self-efficacy. It is believed that enhancing resilience through these factors, directly relates to the formation of nursing students (McAllister and McKinnon, 2009).

To date, no integrative review has been done about resilience in nursing students. Thus the purpose of this integrative review was to synthesize the literature about resilience in this population. Specific aims focus on the definition of resilience and factors that contribute to resilience in nursing students. Strategies to promote resilience and outcomes from nursing research were also examined to facilitate a better understanding of the concept.

Background

The concept of resilience has evolved over time; its origins can be traced to the discipline of psychology with work beginning in the 1970s (Garmzey, Masten and Tellegen, 1984). Garmzey et al. (1984) studied resilience in youth whose parents suffered with schizophrenia, and found that some children fared better than others despite their environment. Researchers identified protective factors that people with

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resilience possess such as, positive outlook, self-esteem, problem solving skills, critical thinking skills and humor. Beginning in the late 1980s, researchers examined external influences of resilience. These included environmental factors such as families and characteristics of their social community (Luthar, Cicchetti and Becker, 2000). Positive external factors noted were: perceived social support, a sense of connectedness, and life events (Tusaie and Dyer, 2004). While adverse environmental factors included: exposure to violence, poverty, and parental mental health issues (Luthar et al., 2000).

During the early 2000s, resilience researchers ignited a paradigm shift among scholars by moving from examining character traits and risk factors to evaluating strengths that may prevent psychological issues (Richardson, 2002). Richardson's (2002) theoretical work described resilience as a process of coping with adversity or disruptions in a way that strengthened protective factors associated with resilience. He described resilience as progressive and modifiable through education.

Waite and Richardson (2004) tested the efficacy of a resilience-training program in the workplace. A randomized control study was conducted, the experimental group received resilience training, and the control group did not. Significant findings were found in select measurements of resilience including: self-esteem, locus of control, purpose of life and interpersonal relations (Waite and Richardson, 2004). These findings supported the hypothesis that resilience is modifiable.

Nurse scholars have researched the concept of resilience within the context of chronic illness including asthma, HIV/AIDS and diabetes. Vinson (2002) tested a child resilience model in children with asthma. The constructs of resilience were found to have a significant impact on health outcomes including management of symptoms, emergency room visits and hospitalizations (Vinson, 2002). Researchers have investigated nurses as role models and sources of support to develop resilience in patients with HIV/AIDS (Dyer, Patsdaughter, McGuinness, O'Connor, and Desantis, 2004). It was found that nurses who are resilient, assess their patients for strengths, and then partnered with patients to manage their care, had better patient health outcomes (Dyer et al., 2004). Resilience training positively impacted health outcomes in a study by Bradshaw et al. (2007). Researchers conducted a multidisciplinary interventional study in patients with type two diabetes. The experimental group received resilience education while the control group received standard treatment. Members of the intervention group had significant increases in exercise, dietary control and psychosocial measurements (Bradshaw et al., 2007). The above studies illustrate the importance of resilience in chronic illness across ages and diagnoses.

Resilience research led nurse researchers to investigate the phenomenon within the discipline of nursing. Nurses are intimately involved with suffering and tragedy on a daily basis and are instrumental in helping others overcome adversity (Jackson, Firtko, and Edenborough, 2007). This adversity can in turn cause stress within the nurse, thus resilience is important to nurses in their everyday practice (Jackson et al., 2007). A correlational cross-sectional survey design study with operating room nurses found significant correlations with the measure of resilience and hope, self-efficacy, coping, control and competence (Gillspie et al., 2007). These findings support the notion that a nurse's level of resilience matters. Hodges, Keeley and Troyan (2008) conducted a qualitative study to understand the role of resilience in new graduate nurses. Adjusting to the role of the nurse poses adversity, but professional resilience was found to facilitate the new nurses self-protection, risk taking, and forward motion through reflection (Hodges et al., 2008).

A literature review about personal resilience in the face of workplace adversity offered the following strategies to enhance resilience in nurses: mentoring relationships, life balance and spirituality, positive emotions and personal growth and professional reflection (Jackson et al., 2007). Based on this review an educational intervention study was conducted with nurses and midwives (McDonald, Jackson, Wilkes, and Vickers, 2013). The intervention was delivered

through workshops. Topics included: mentoring, positive outlook, hardiness, intellectual flexibility, emotional intelligence, life balance, spirituality, reflection and critical thinking (McDonald et al., 2013). Data was collected through qualitative interviews following the intervention. Several professional gains were identified including increased assertiveness, supportive communication, closer staff dynamic, and an understanding of self-care as it relates to resilience (McDonald et al., 2013).

Researchers have made clear recommendations to incorporate resilience training into nursing education (Hodges et al., 2008; Jackson et al., 2007; McDonald et al., 2013). However, the approach to achieve this training is less clear. This integrative review has sought to synthesize the literature and expand the knowledge base of nurse educators about how to foster resilience in students.

Aim and Questions

Aim

The aim of this integrative review is to examine the literature related to resilience among nursing students. For the purpose of the review, publications about pre-licensure nursing students at any educational level were considered.

Questions

- 1 How is resilience among nursing students defined or described?
- 2 What factors affect or contribute to resilience in nursing students?
- 3 In what ways has resilience been promoted among nursing students?

Method

An integrative review was conducted, using the framework by Whittemore and Knaf (2005) and Cooper (1998), to explore the literature on resilience among nursing students. The method was chosen because it integrates theoretical literature, qualitative research and quantitative studies (Whittemore and Knaf, 2005). This approach allows for a variety of perspectives and in turn enables the reviewer to better understand the concept. Whittemore and Knaf's (2005) integrative review method consists of five stages: problem identification, literature search, data evaluation, data analysis and presentation.

Search Strategy

The search was conducted between September and November of 2014 using the computerized databases of: Cumulative Index to Nursing and Allied Health (CINHAL), Education Resources Information Center (ERIC) and PsychINFO. Published literature was searched between 1990 and 2014. This time frame was chosen because Wagnild and Young (1993) first measured resilience in nursing in the late 1980s. Psychometric testing began in 1993 (Wagnild and Young, 1993). Search terms included resilience, student, nurse, nursing student, hardiness, emotional resilience, research, resili*, and nurse* (see Table 1 for details). Ancestry searches of retrieved articles were done to enhance

Table 1
Search terms.

Concept	Subject headings	Text words
Resilience	Resilience, nursing student, emotional resilience	Resilience, resilie* Emotional resilience Nurse*, nursing student, nurse and student
Hardiness	Hardiness, nursing student	Hardiness Nurse*, nursing student, nurse and student

Years of publication 1990–2014.

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