

Resilience in Nursing: A Concept Analysis

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Abstract: Nursing resilience is attracting increasing attention in research and practice. Possession of a high level of resilience is cited as being crucial for nurses and nursing managers to succeed professionally and manage workplace stressors. There is no agreed definition of nursing resilience. These is expanding the role of nurse managers to be responsible for creating and maintaining a professional work environment for nurses and a safe environment for patients. **Purpose:** The present study aimed at clarifying and defining the concept of resilience its attributes, antecedents, and implication in the nursing. **Method:** In this study, the steps of concept analysis were as follows: Select a concept, determine its aim, various definitions, determine the concept attributes and identify the antecedents and implications. **Data Collection:** For purposes of this concept analysis, PubMed, Google search engines, Ovid, CINAL and ProQuest, were scanned and searched using the keywords. **Conclusion:** Resilience in nursing as cited in this paper is related to nursing managers who are experiencing workplace adversity. Resilience in nursing needs to be recognized by the hospital and nursing administrators as important in keeping nurses in sound emotional and psychological well-being. **Recommendations:** Recognizing the presence of adversity and learning how to confront or adapt positively with it is a nod towards maintaining a healthy emotional, physical and psychological health. Hospitals need to accept that nurses are exposed to stresses of differing proportions. Nursing administrators and leaders should devise a program for nursing and other hospital staff to build and strengthen their sense of resilience.

Keywords: *Concept analysis, nursing, resilience.*

Introduction

The stressful nature of nursing work places nursing managers and nursing at increased risk of burnout, depression, anxiety, secondary traumatic stress, and suicide. Like other health professionals and emergency personnel, nursing managers are exposed to a wide variety of stressors including trauma, shift work, workplace violence, and insufficient

resources (Mealer, Jones & Meek, 2017). These stressful situations resulting in harm to both nurses and patients. High levels of stress cause physiological and psychological illnesses, poor occupational performance, low job satisfaction, high burnout, and turnover, reducing quality of care and patient satisfaction. Also, these is expanding the role of nursing

managers to be responsible for creating and maintaining a professional work environment for nurses and a safe environment for patients (Cam & Bayram, 2015).

Moreover, this expanding role of nursing managers have contributed significantly to the stress experiences in nursing managers. Moreover, nursing managers have to deal with several personalities both in the upper and lower levels of management in the organization or unit with different perspectives and competing values. So, Nursing managers experience occupational stress and burnout from various stressors such as role conflict, work and time pressure, job overload, role ambiguity, inadequate social support, inadequate leadership, and organizational constraints (Labrague et al., 2018).

Persistent exposure and failure to manage stress is associated with negative consequences on nursing managers such as fatigue, emotional exhaustion, work dissatisfaction, turnover intention, and poor mental health (McVivar, 2016). Persistent exposure to stress not only affects negatively the health of nursing managers, but also with their decision-making process that may potentially affect staff, patients, and organizational outcomes (Jarrad et al., 2018). Protective factors which enable nursing managers to positively adapt in stressful work situations have been reported. Personal resilience has been identified as a key protective attribute in dealing with these circumstances. Maintenance of psychological well-being and mental health are common outcome indicators of a resilient process following adverse events (Foster et al., 2020).

Resilience has been defined as a trait, a process and an outcome. When considered as a personality trait, resilience is fixed and stable over time

whereas, when viewed as a dynamic process, resilience can develop throughout life and vary across context and time. Defining resilience as a trait originates in psychology when identifying the characteristics of resilient individuals was a focus (Ringdal et al., 2020). Consideration of the more complex nature of resilience gave rise to the view of a dynamic process where adaptive systems beyond individual characteristics interplay and affect individual resilience including biological, social, and cultural processes. Definitions based on possessing a high level of resilience focus on positive adaptation and successful coping (Delgado et al., 2020).

Regardless of perspective, most definitions center on adversity and positive adaptation. Adversity is an unpleasant or difficult situation (English Oxford Dictionary, 2018). Positive adaptation is the processes by which individuals attain overall patterns of adjustment that represent unusually favorable developmental trajectories, given their background and available resources. Due to variations in any concept's utilization across disciplines and contexts, clarity is required when employing a concept analysis in nursing research (Foley & Davis, 2017).

Purpose

The present study aimed at clarifying and defining the concept of resilience, its attributes, antecedents, and consequences in the nursing.

Methods

The aim of concept analysis is to examine the basic elements of a concept. The process allows researchers to distinguish between similarities and differences between concepts. The concept analysis method helps to clarify concepts, its strengths,

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and limitations used in nursing practice that have a broad scope (Walker & Avant, 2011). In this study, the steps of concept analysis were as follows: Select a concept, determine the aims of

the analysis, identify various definitions of the concept, determine the concept attributes and identify the antecedents and consequences.

Table 1 Adaptation of Walker and Avant (2011) steps of concept analysis

Steps of concept analysis	Description
Select a concept	Concept selection for analysis
Determine the aims or purposes of analysis	Focus on the purpose and intention of performing the CA
Identify all uses of the concept you can discover	Identify as many uses of the concept as you can find.
Determine the defining attributes	Establish the cluster of attributes most frequently associated with the concept
Identify antecedents and consequences	Antecedents are ‘...events or incidents that must occur or be in place prior to the occurrence of the concept. Consequences are ‘...events or incidents that occur as a result of occurrence of the concept’.
Define empirical referents	Classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept.

Data Collection

For purposes of this concept analysis, PubMed, Google search engines, Ovid, ProQuest, and CINAHL were scanned. These databases were searched for the keywords "resilience", "nursing" and "concept analysis". All studies between the years 2011 and 2020 were reviewed. Inclusion criteria were: First, studies that contained the word "resilience" in their title were selected. Afterward, studies which included discussions of definitions, attributes,

antecedents, or consequences of emotional intelligence in nursing were included. Finally, studies were written in English, and described or studied resilience in nursing in any setting.

Definitions and uses of the concept:

The word resilience is based on the Latin word *resilire*, which means springing back or rebounding (Random House Dictionary, 2015). Resilience refers to the power or ability to return

to the original form, position, etc., after being bent, compressed, or stretched. Furthermore, resilience, also known as resiliency, is the physical property of a material that can return to its original shape or position after deformation that does not exceed its elastic limits. Resilience, in its figurative sense, refers to the ability to recover quickly from depression or discouragement. The word resilience is usually associated with the state of being elastic, flexible, malleable, and pliable and supple (Cooper et al., 2020).

Resilience in nursing can be defined as it is the capacity to keep functioning physically and psychologically in the face of stress, adversity, trauma, or tragedy (Alharbi, Jackson, & Usher, 2020). Similarly, resilience has been frequently referred to as the processes which explain how individuals, groups, and organizations overcome shortcomings, crisis and adversities (Slatyer et al., 2018).

Being resilient is having the ability to adapt effective personal stress management techniques. Furthermore, resilience in nursing is defined as the ability of an individual to cope with and adapt positively to adverse circumstances. Also, resilience has been identified as comprising personality/behavioral traits such as optimism, self-efficacy and hardiness which enable individuals to cope with increased adversity (Bakker, & De Vries, 2021). There is agreement that resilience is vital in enabling nursing managers to cope with workplace stress and pressures. Also, resilience is associated with the prevention of negative outcomes including burnout, depression, stress, and anxiety (Lanz & Bruk-Lee, 2017).

Defining Characteristics/ Essential Attributes:

Determining the defining cluster of attributes most frequently associated

with the concept is a crucial aspect of the analysis (Walker & Avant, 2011). These help to differentiate the concept of resilience from other concepts. The defining attributes are not exhaustive; however, they are based on analysis of the literature of resilience in nursing. Six key defining attributes most frequently cited in the literature are social support, self-efficacy, work–life balance/self-care, humor, optimism, and being realistic (Cooper et al., 2020).

First, social supports promoting resilience in nursing managers were frequently identified in the literature. Effective social support results in individuals feeling valued, cared for, and provides a sense of belonging. Nursing managers can draw on social support from colleagues, administrations, friends, and families. Individuals need to engage with social supports, and workplaces can provide support systems and foster positive collegial relationships (Prosser et al., 2017). Second, self-efficacy, its refers to nursing managers' belief in their ability to succeed in a given situation or activity. Nursing managers' perception of self-efficacy will influence the activities they engage in and those with higher levels of self-efficacy are more likely to persevere and succeed (Demo et al., 2022).

Third, work–life balance/self-care, achieving work–life balance and self-care is crucial to well-being. Work–life balance is the division of nursing managers' time between work and family or leisure activities. Work–life balance does not mean time is equally divided between work and nonwork activities but can vary over time and is the perception that work and nonwork activities are compatible (Kalliath & Brough, 2018). Self-care is when nursing managers' actively practices protecting their well-being and happiness. This encompasses practices

which maintain and protect both physical and mental well-being (Orem, 1985). Forth, humor, it is the ability to make light of adversity through humor has long been recognized as a way in which nursing managers and other health professionals cope with workplace stress. Also, humor can foster relationships with colleagues and patients enabling teamwork, relieving tension and improving experiences (Amir, & Standen, 2019). Fifth, optimism, it is the extent to which individuals hold favorable expectations for the future and is linked to increased levels of coping and better physical health, whereas pessimism is the expectation that bad things will happen (Mangundjaya, & AMIR, 2021). Hope is related to optimism but differs as it is a feeling of expectation or desire for a particular thing to happen rather than a general favorable outlook. There is evidence that positive emotions may sustain psychological resilience. In nursing, optimism is often discussed in the context of remaining positive and looking for the positive in adversity (Hart et al., 2017). Finally, being realistic, nursing managers also need to be realistic as clearly not all situations they encounter have positive outcomes. Being realistic can be described as having a practical and sensible idea of what can be achieved or expected. This includes reframing experiences, having realistic expectations about caregiving, cultivating a realistic perspective on life and realistic goal setting (Shepperd et al., 2017).

Antecedents:

Antecedents are those factors that precede the occurrence of the concept (Walker & Avant, 2011). In order to develop resilience in nursing, the nursing managers must experience a perceived or an existing adversity. This adversity may be in the form of

internal or external conflict, physical exhaustion, psychological strain, personal or professional crisis, emotional stress, inconvenience, difficulty, and/or shortcomings. Also, they must acknowledge the presence of the adversity and must experience a sense of personal or professional suffering, struggle or hardship (Cline, 2015).

Consequences:

Consequences are the events or incidents that result from the occurrence of the concept. The most cited consequences of possessing resilience in the literature are the prevention of negative psychological outcomes, increased job satisfaction, remaining in the workforce and increased quality of patient care. These consequences are important given the global predictions of nursing shortages which will adversely impact care quality (World Health Organization, 2013). Also, resilience through healthy coping and adaptation leads to mitigated effects of exhaustion, better awareness of self and others, enhanced confidence, self-awareness, assertiveness and self-care, increased autonomy, enhanced agency and sense of accountability, wisdom, professional savvy, renewed sense of well-being, metamorphosis and growth, and ultimately, enriched delivery of nursing care (Cooper et al., 2020). Conversely, the consequences of the nursing managers not able to develop resilience can range from focusing on their own survival, “shutting-off”, and depersonalizing patients to exhaustion, inability to accomplish goals, low mood, and hindered social and interpersonal relationships (Djourova et al., 2020).

Empirical referents:

The final step of concept analysis is determining the empirical referents by

which the defining attributes can be recognized and measured (Walker & Avant, 2011). A number of scales have been designed to measure individual resilience by measuring the attributes associated with resilience. The Connor–Davidson Resilience Scale (CDRISC; Connor & Davidson, 2003) is a 25-item scale. The CD-RISC has been used across a variety of populations and studies measuring resilience in nurses (Guo et al., 2017; Hudgins, 2016; Manzano Garcia & Ayala Calvo, 2012; Mealer, Jones et al., 2012; Rushton et al., 2015; Russo et al., 2018). Five of the six key attributes identified in nurses are included in the CDRISC (Connor & Davidson, 2003).

Implications for Nursing:

- At some point in our nursing career, we will be faced with adversity. These stressors come from multitude of sources: hospital environment, administrators, nursing staff, doctors, patients and many more.
- Recognizing the presence of adversity and learning how to confront or adapt positively with it is a nod towards maintaining a healthy emotional, physical and psychological health.
- Nursing managers generally learn from their experiences. Regardless of the experience being pleasant or not, everything is an opportunity for learning.
- When nursing managers understand and accept the presence of stress, and when they become skillful in dealing with it without succumbing, they become more aware of themselves and others, have increased self-esteem/confidence, become more assertiveness and autonomous.
- When nursing managers develop resilience, they transform, grow

and thrive healthily, and have a renewed sense of well-being, not just as a nurse manager, but also as a human being.

- Exposure to a lot of stress and becoming burdened by a difficult situation is an opportunity to develop resilience.
- However, when nursing managers do not develop resilience, they tend to become focused on their own survival. They feel isolated, progressively exhausted, and unable to accomplish goals. They also develop low mood, hindered social, interpersonal relationships, and feeling of inadequacy and incompetence.
- Hospitals need to accept that nurses are exposed to stressors of differing proportions.
- Nursing administrators and leaders should devise a program for nursing and other hospital staff to build and strengthen their sense of resilience. Seminars on resilience building must be spearheaded by administrators and leaders, especially for the newly hired nurses.

Conclusion:

In conclusion, the concept of resilience in nursing as cited in this paper is related to nursing managers who are experiencing workplace adversity. Resilience involves confronting the stress without breaking, and having positive adjustment in response to the stress. Resilience in nursing needs to be recognized by the hospital and nursing administrators as important in keeping nurses in sound emotional and psychological well-being. Resilience in nursing allows for self-awareness, improved self-esteem, growth, and ultimately enhanced quality of patient care.

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