Resilience in Nursing: A Concept Analysis

Jeff Leigh Taay Reburon
Ilocos Sur Community College

Introduction:
Nursing is a tough job. Most people think that nursing is as simple as giving medications, helping the doctor do his/her rounds, writing on the patients’ charts, and then calling it a day. Amidst the glamour and heroism that come with wearing an all-white uniform, nursing is not at all a bed of roses. Nurses have to endure countless hours standing up during a surgical procedure. They are tasked to handle bodily fluids and excreta. Most of the time, they have to deal with demanding patients. Sometimes, nurses hold their bladder agonizingly just to finish their charting on time. Most nurses only have two days off every week. Frequently, they miss important family gatherings and events because of their schedule. With the prestige of being a nurse come an unbearable amount of stress of epic proportions.

Nurses are meant to be resilient. When they are faced with adversity, they push harder and continue with determination, tenacity and drive. Giving up and breaking down is not an option when you are a nurse. Nurses understand the importance of bouncing back up after every mishap. Like the bamboo, nurses must know how to sway and dance with the wind. All nurses bend, but most of them do not break.

Definitions:
The word resilience is based on the Latin word resilire, which means springing back or rebounding (Random House Dictionary, 2015). According to Farflex Online Dictionary (2012), 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 (Webster’s College Dictionary, 2010). The word resilience is usually associated with the state of being elastic, flexible, malleable, pliable and supple (Roget’s Thesaurus, 2013).

Sullivan, P., Cooper, M., Mammen, K., & Pulia, K. (2012) states that resilience in nursing is “the capacity to keep functioning physically and psychologically in the face of stress, adversity, trauma, or tragedy”. Similarly, resilience has been frequently referred to by De Correa-Soria, Bittencourt, Batalha de Menezes, De Sousa and De Souza (2009) as the processes which explain how individuals, groups, and organizations overcome shortcomings, crisis and adversities. 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” (Hunter and Warren, 2013 as cited by Murray, 2014). Resilience has been identified as comprising personality/behavioral traits such as optimism, self-efficacy and hardiness which enable individuals to cope with increased adversity. Murray (2014) further views resilience as the combination of internal and external factors, and is a “dynamic process which develops over time and one which can be learned” (Ungar, 2012; Neenan, 2009 as cited by Murray, 2014).

Clearly, all of the above mentioned definitions of resilience circle around a nurse undergoing or experiencing stressful conditions, mishaps, crisis, misfortunes, or hardships. The nurse then works towards healthy resolution of the plight, and consequently acquires experience, renewed sense of strength, increased self-confidence, and knowledge necessary for the improvement of his/her delivery of nursing care.

Literature Review:
Spratling and Weaver (2012) conforms to the suggestion of Luthar and Cicchetti (2000) regarding resilience being a positive adaptation in the presence of adversity, and that it has been used
to describe children and adolescents who do well amidst the presence of risk factors and risks for poor outcomes (Curtis & Cicchetti, 2003 as cited by Spratling & Weaver, 2012). Most authors propose that resilience is a process rather than an attribute (Curtis & Cicchetti, 2003; Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000; Rutter, 1990, 1999 as cited by Spratling & Weaver, 2012). The authors also believed that having resilience gives one the ability to shield the negative effects of adversity that threaten to hinder positive development outcomes using protective factors (Ahern, 2006; Curtis & Cicchetti 2003).

More so, Shin, Choi, Kim and Kim (2010) mentioned that resilience is having the ability to overcome hardships and maintain well-being (Walsh, 1998 as cited by Shin et.al, 2010). The authors explain that resilience is a positive adjustment that can be developed at any time during the life cycle, and is often improved and refined through problem solving (McCubbin & McCubbin, 1993; Mastern, 2001). The authors further utilized the definition of resilience by Mateo(2001), Ju (2003) and Cho (2004) which focused on personal traits such as autonomy, self-esteem and locus of control (Shin et.al, 2010).

However, there is only meager supply of articles and research studies written in relation to resilience of nurses in practice. The concept of resilience includes resistance to trauma and positive, socially adapted evolution. Resilience is a common phenomenon among people who face adverse experiences (Masten 2001 as cited by Gracia and Calvo, 2011). Hodges, Keeley and Troyan (2008) referred to resilience in nursing as the ability to recover quickly or adjust to adversity.Moreover, Laschinger and Finegan (2008) and Laschinger and Leiter( 2008) mentioned that nurses display high levels of emotional exhaustion caused by a series of physical and psychological stress factors typical of the hospital environment. Lim et.al (2010) further discussed that stress in the clinical environment is also related to the nature of nursing (Demerouti et al. 2000; Lim et al. 2010 cited by Garcia & Calvo, 2011). Mohr et.al (2006) also conveyed the concept of emotional annoyance which is referred to as sense of uncertainty at work, including reactions of insecurity, alertness and inconvenience.

Nurses and doctors are vulnerable to stress and burn-outs and many experts believe that this results from being exposed to humanity in the raw. The capacity for resilience allows one to reframe, adapt, balance, persist, and grow in the face of adversity and hardship, but requires both suffering and perseverance in the struggle to work through emerging difficulties and to integrate experiences of crisis into a sense of well-being. Resilience can be achieved through personal examination, reflection, a commitment to move on despite increasing complexity and adversity, and to confront difficult situations (Hodges et.al, 2008). Furthermore, Cameron and Brownie (2010) posit that providing opportunities to allow staff nurses to discuss the psychological and emotional aspect of what has happened at work can greatly improve resilience. The author further explains that collegial support helps provide opportunities to debrief and validate experiences of nurses. The use of humor to defuse stress promotes well-being and builds resilience in the workplace (Cameron& Brownie, 2010).

Resilience brings about enhanced confidence, self-awareness, assertiveness and self-care (McDonald, Jackson, Wilkes &Vickers, 2013; Sullivan, et.al, 2012). Howard and Johnson (2004 as cited by Garcia & Calvo, 2011) mentioned that nurses who are more aware of their strengths and weaknesses, and the mechanisms necessary to confront adverse situations successfully display fewer signs of emotional exhaustion, develop sense of ownership of action, stronger group support, pride in achievement, and professional efficiency. More so, Seligman and Pawelski (2003) posit that resilient individuals undergo a metamorphosis, a “jump forward” or a growth process that allows them to mitigate the effects of emotional exhaustion. Edward (2005 as cited by Garcia & Calvo, 2011) also concludes that resilience reduces the risk of burnout, and promotes staff retention and the occupational mental health. Development of resilience in nursing staff leads to increased levels of self-efficacy, wisdom, and professional savvy (Hodges et.al, 2008), enhanced supportive relationships, improve communication and teamwork, and increase personal health and well-being leading to a safer work environment for patients and staff (Sullivan, et.al, 2012), creates opportunities for reflection, and improves the way care and management are carried out in nursing practice (de Correa-Soria et al, 2009).
Inability to build resilience make nurses focus on their own survival, “shut-off”, and depersonalize patients (Gray, 2012). Lack of resilience may cause individuals to have low mood and hindered social and interpersonal relationships (Zapf & Holz 2006 as cited by Garcia & Calvo, 2011), and be hampered in achieving of personal objectives.

Antecedents:

According to Walker and Avant (1999), antecedents are the events that need to take place prior to the occurrence of the concept. In order to develop resilience in nursing, the nurse must a) 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. The nurse must b) acknowledge the presence of the adversity and must c) experience a sense of personal or professional suffering, struggle or hardship.

Defining Characteristics/ Essential Attributes:

Defining attributes are a list of characteristics of a concept that appear over and over again when viewing the literature. They help you name the occurrence of the concept as differentiated from a similar concept (Walker & Avant, 1999). Resilience in nursing has the defining characteristics of being able to: a) confront the stress or adversity without “breaking” or crumbling down, b) adjust adapt through the use of coping techniques including self-efficacy, hardiness, perseverance with a commitment to move on, and to c) have positive adaptation or adjustment using personal reflection and self-examination.

Consequences:

Consequences are the events or incidents that occur as a result of the occurrence of the concept (Walker & Avant, 1999). As the literature provides, the consequences of the nurse not able to develop resilience can range from focusing on their own survival, “shutting-off”, and depersonalizing patients (Gray, 2012) to exhaustion, inability to accomplish goals, low mood, and hindered social and interpersonal relationships (Zapf & Holz 2006 as cited by Garcia & Calvo, 2011).

Conversely, 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.

Model/ Exemplar Case:

A model case is an example of the use of the concept that demonstrates all the defining attributes of the concept, a paradigmatic example or a pure exemplar (Walker & Avant, 2011). Wilson (1963 as cited by Walker & Avant, 2011) suggests that the model case is one in which the analyst can say, “Well, if it isn’t an example of it, then nothing is”.

It was just another exhausting day-shift duty. The sun was fiery and the air was scorching. The atmosphere reeked of sour perspiration with pungent undertones. Mnemosyn, a 27 year-old ward nurse of a district hospital, was not having a good day. She was shouted at by the resident on duty because of her failure to monitor one of her patient’s vital signs. She forced back her tears while having to listen to the doctor’s scolding. Mnemosyn’s ego received quite a beating after the talk with the resident. She felt very small and unsure of herself. However, she decided to charge her mistakes to experience. She assured herself, saying “that would be the first and last time, girl.”

As the night progressed, Mnemosyn slowly got drained-out. One especially demanding patient kept going back and forth to the station, asking for all sorts of assistance, ranging from changing her IV line, replacing her bed sheets, and giving her a tepid sponge bath. Her white uniform also got stained with excreta after changing the patient’s soiled diaper. Mnemosyn was slowly getting annoyed, but instead of allowing the animosity to grow, she decided to just let it wilt down. “It’s part of my job, I’m just glad to be of help”, she said with a smile.

Her frequently cramping uterine muscles reminded her that it’s the second day of her monthly period. Later that day, her reliever called-in sick, so she was obliged by her chief nurse to spend...
another eight hours in the hospital. Mnemosyn was a little frustrated because she longed for a good night’s sleep. She eventually agreed to extend her hours in the hospital. “I’d just have to try and make myself comfortable in one of the benches in the station”, she thought, forcing a smile.

Moments later, Mnemosyn felt a little rumble down her tummy. She got hungry after everything that has happened. “Who knew stress could be this draining!” she exclaimed. She scavenged her bag for her purse, but with great dismay, Mnemosyn knew that she would not be eating a hearty meal. She would have to make do with what her remaining money could afford. She spent her last penny on a bottle of water and a pack of crackers. “You don’t need the cake and the ramen. A moment on the hips, a lifetime on the hips! Think about all the pounds you will lose, Mnemosyn”, she thought, while forcing a bite.

The ward was full and the environment was unpleasant. Rubbing salt to injury, she was forced to partner with Gaia, a 23 year-old nurse who is, at the same time, an insufferable know-it-all. Gaia’s mere presence rubbed her the wrong way. Gaia finds it remarkably amusing to embarrass her in front of patients, nurses and residents.

With exhaustion and lack of sleep taking its toll, Mnemosyn finds herself having difficulty inserting an IV line to a newborn patient. The shrieking and yanking of the baby coupled with its mother’s unfriendly snide comments were not helping at all. Slowly creeping towards the scene, Gaia saw another glorious opportunity to put Mnemosyn to shame. Gaia asked if she could do the IV insertion, and the baby’s mother agreed. After successfully inserting the IV line, Gaia glanced towards Mnemosyn’s direction saying: “that, my fried, is how you do it!”. She felt humiliated and enraged. Mnemosyn tried to calm herself down by taking three deep breaths.

She stormed out of the ward and immediately went to the station, keeping quiet while pondering on her emotions. Deciding to forget everything that has happened earlier, Mnemosyn pushed through all her difficulties so she can get through the day with a smile. She decided to move-on, saying “You can do this, Mnemosyn. It’s just a bad day, not a bad life”. When Gaia entered the station to finish her charting, Mnemosyn decided to confront her and settle their dispute once and for all. Both nurses agreed to bury the hatchet so they can start anew. Mnemosyn became more self-aware of her strengths and weaknesses. She also started to understand why Gaia acted the way she did. After the confrontation, the chief nurse noticed a formed synergy between Gaia and Mnemosy. Patients and the hospital administrators are very pleased with theirenhance quality of patient nursing care.

Borderline Case:

According to Walker and Avant (2011), borderline cases are examples or instances that contain most of the defining attributes of the concept being examined but not all of them. Percival is a 19-year old, newly hired nurse in a district hospital. His parents gave him a pair of new white shoes as a good-luck gift, but it was half-a-size smaller than his actual measurement. Percival did not want to disappoint his parents, so he just used them. His shoes were ill-fitting. Blisters were slowly growing on all sides of his foot. Nonetheless, Percival endured.

As an amateur in the profession, Percival was advised to shadow seasoned staff nurses so that he can observe how they do things in the area. It was a cold, stormy night. Annabeth, a 35 year-old stern, fault-finding and unforgiving nurse supervisor oriented Percival on the physical set-up of the hospital. Annabeth looked at Percival with an examining glance and said “I do not think you have what it takes to become a nurse in a hospital such as this. You look too soft and flimsy. And fix your gait, boy! Don’t go around walking like that!”. Percival felt uncomfortable and quite embarrassed. Nonetheless, Percival endured.

During his orientation, a patient was rushed to the ER. Annabeth knew it was the perfect time to give Percival his baptism of fire. She made Percival take the vital signs of the patient. To Percival’s horror, he realized that he hasn’t seen anything like it in his whole nursing years: bones fractured on almost all extremities, eyes swelling and almost popping out, blood oozing from every crevice of the patient’s body. It was all blood and gore. Forcing back his urge to vomit, Percival did as he was told.

After a week of orientation, Percival asked the chief nurse if he could be assigned in the ward instead of the ER. The chief nurse gave Percival what he wished for. He built a healthy, professional
relationship with his fellow ward nurses, except for Annabeth. Percival delivered excellent bedside care, as most patients would attest to. However, Percival becomes weary, nervous and low-spirited every time his shift coincides with Annabeth’s. He also becomes very restless every time he hears the sound of the ambulance siren. When he goes home, Percival takes a longer route, making sure he does not pass by the ER on his way out of the hospital.

Evidently, Percival demonstrated some of the defining attributes of resilience and was able to partially adapt or adjust to some the adversity he was experiencing. Unfortunately, Percival was unable to deal with the stress he experienced with Annabeth, and still crumbles down when he is reminded of the traumatic ER incident.

**Contrary Case**

Contrary cases are clear examples of “not the concept”. Contrary cases are often very helpful to the analyst because it is often easier to say what something is not than what it is (Walker and Avant, 2011).

Mathilde, a 44 year-old head nurse of the OB department was doing her usual rounds when she suddenly heard someone shouting in the labor room. Panicked and perplexed, she rushed towards the source of the noise. There, she saw her staff nurses attending to a woman in labor. The patient seemed to have difficulty managing her labor pains. Amidst the instructions provided by the nurses on duty, the pregnant woman still tried to bear down unnecessarily. Mathilde decided to intervene, giving tactile stimulation to the patient’s back, ridding the patient’s forehead from sweat, and speaking calmly to the patient. The nurses giggled at the sight of Mathilde’s motherly gesture towards the patient. She even overheard one of them whispering “if I go into labor, please do not allow that old lesbian woman to touch me the way she touched her. It’s too sensual and scary!” Mathilde simply looked at her patient with embarrassment, turned her gaze towards the staff nurses who were still giggling, and headed towards her office.

For countless times, Mathilde tried convince herself to be comfortable in her own skin, but was unsuccessful in doing so. She resents being an employee of the hospital. She hates being the subject of gossip among her staff nurses. She feels unaccepted as a lesbian nurse. She was emotionally and psychologically hurt. Mathilde tried to brush her emotions aside and carry on with her daily duty, but the yoke she carries was just too heavy. Mathilde tendered her irrevocable resignation the same day she was laughed at by her staff nurses. She now locks herself up in her apartment, knitting alongside her cat. She has decided not want to work as a nurse anymore, and has resulted to selling pre-loved items online. Still haunted by the ghosts of her past, she hung herself to death.

Clearly, the nurse demonstrated no sense of resilience and was unable to adapt or adjust to the adversity she was experiencing. She was unable to integrate the situation to her sense of well-being.

**Related Case**

Related cases are instances of the concept that are related to the concept being studied but do not contain all the defining attributes (Walker & Avant, 2011).

Tessie is a chief nurse of the biggest hospital in the province. Alongside her glorious position in the hospital comes a dark plight in her personal life. Tessie is a battered wife. For countless times, her husband has hurt, molested, and verbally abused her. She has grown accustomed to applying cover-ups to hide her real story. She never wanted the world to see how, in her own house, she was treated like a doormat. Every day, she puts on concealer on her bruised skin, fakes a smile, and dons a pleasant aura.

Being the chief nurse, Tessie responsibly does her rounds regularly to check on her staff. One day, Tessie decided to start her usual rounds at the OPD. Her foot was still swollen after yesterday’s fight with her husband, so she decided to use white slippers instead of her usual duty shoes.

Tessie has shared a year-old conflict with Doming, one of the hospital’s ward supervisors. Doming was as despicable, condescending and blatant as her husband. While Tessie was busy chatting with the OPD supervisor, Doming intentionally dampened Tessies mood, sarcastically saying “Why, good morning, Tessie. Didn’t your elementary teacher tell you it’s good manners to dress according to
the event? Where’s the ball going to take place, Cinderella?”. Being used to hearing insults from her husband, Tessie simply smiled back at Doming and walked away.

The example depicts that Tessie was able to withstand physical and psychological stress. However, she was not able to adjust positively towards the adversity. She was able to endure the adversity but was not able to bounce back and recover healthily from the incident. Tessie displayed hardiness and tenacity. However, she was not resilient.

Invented Case

An invented case is a case that uses the ideas of the concept but outside our own experience (Walker & Avant, 1999). The following is an invented case.

Jinx and Vi are cruel sisters whose idea of fun and bonding includes wreaking havoc to all of Piltover. Armed with mastery of the martial arts and gauntlets of iron, Vi uses her metal fists and extraordinary strength to break vaults and rob banks. Jinx, however, simply finds explosions very amusing. With innate prowess in chemistry and physics, Jinx concocts ballistic explosives and throws them to any building she sets her eyes on. She does not think twice before blowing things up.

Caitlyn is Piltover’s chief-of-police. She has been having problems keeping the town safe. Most of her police officers doubt her leadership capacity. Jayce, her senior police officer, even openly states that the town of Piltover could do so much better with him as the chief-of-police. Caitlyn was undermined not because of her lack of skill. She was belittled because she was young, and she was a woman. Sometimes, her orders are just taken for granted by her subordinates.

After another futile attempt to capture Jinx and Vi, Caitlyn felt a pang of pain on her temples. She has not slept a wink. Her subordinates started losing faith in her. To add insult to injury, Jayce even proclaimed that they are “paddling on a sinking ship”. Caitlyn was tired and hurt. In her desire to give honor to his dead father, Caitlyn persevered, grew a thick skin to deflect all her detractor’s comments, and focused on the task at hand. She needed to capture Jinx and Vi once and for all.

Caitlyn grew tougher and wittier after every failure. She became skilled at setting up traps and taking down adversaries from a distance using a sniper. She dedicated most of her time reviewing footages of her nemesis’ battle styles. She knew that she would only be pummeled and burned to death if she was to fight the sisters upfront. She needed another way to win the war without it even starting. Alas! At that moment, she knew what she had to do.

Caitlyn instructed her trusted police personnel to set up foot-traps, the ones which shut tight around the ankles after being stepped on. The traps were laid around the perimeters of the only bank that has not yet been robbed. Meanwhile, Caitlyn poised herself and her gun atop the tallest building adjacent to the bank. She patiently waited for the sisters to appear. After hearing two snaps from the activated traps, Caitlyn pulled the trigger. She has done it! She purposely shot both arms and feet of the sisters. Jinx and Vi were sentenced to spend the rest of their lives in jail. Caitlyn regained the trust and confidence of her subordinates, and was successful in her goals of keeping Piltover safe and bringing honor to her dead father.

The story is a clear example of resilience. Caitlyn, although bombarded with physical, emotional and psychological stress, did not crumble under pressure. She was able to adjust and adapt to the situation, and in the process gained knowledge and expertise towards the attainment of her goals.

Implications for Nursing:

At some point in our nursing career, we will be faced with adversity. These stresses 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.

As an old Chinese saying goes, a gem is not polished without rubbing, nor a person perfected without trials. Nurses generally learn from their experiences. Regardless of the experience being pleasant or not, everything is an opportunity for learning. When nurses 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. Ultimately, when one develops resilience, he/she transforms, grows and thrives healthily, and has a renewed sense of well-being, not just as a nurse, but also as a human being.

Exposure to a lot of stress and becomingburdenedby a difficult situation is an opportunity to develop resilience. However, when nurses 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 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. 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 nurses 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.

**References:**

  - Spratling, R., & Weaver, S. (2012, March 1). Theoretical Perspective: Resilience in Medically Fragile Adolescents. from http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=f4480a7f-ead2-4cb0-94a1-18640bca6e68@sessionmgr4003&vid=0&hid=4107
  - The American Heritage® Roget's Thesaurus. Copyright © 2013, 2014 by Houghton Mifflin Harcourt Publishing Company. Published by Houghton Mifflin Harcourt Publishing Company. All rights reserved.