

CULTIVATING A CULTURE OF RESILIENCE: A NURSING LEADERSHIP INITIATIVE

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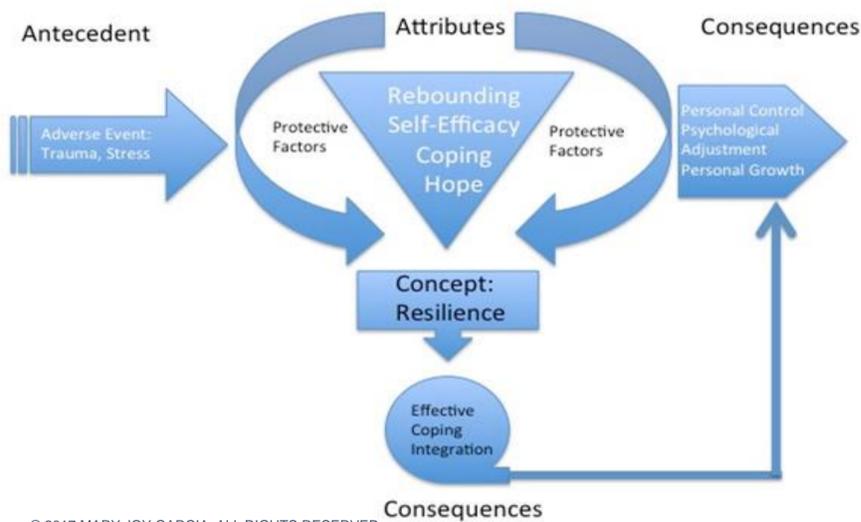


INTRODUCTION

Nurse leaders can use resilience as a theoretical framework in creating and planning staff development programs as the profession addresses nurses' satisfaction, engagement, adverse workplace environments, and recruitment and retention challenges. Active participation of nurses through mentorship, critical thinking, building hardiness, aids in the development and strengthening of personal resilience.

Resilience is a concept that has been applied to research and practice in nearly every possible area of life and academia from science to sociology, psychology, nursing and medicine. Nursing has been a focus for studies and interventions that foster resilience in the workplace. Once characteristics that exemplify resilience have been identified resilience can be learned or developed.

Schematic Representation of Resilience: Concept, Attributes, Antecedents, and Consequences



REVIEW OF LITERATURE

- Gillespie, Chaboyer, and Wallis (2007): Australian nurses working in operating theatres did not find that age or experience was a significant factor in developing resilience, but noted that professional competence was essential in supporting resilience.
- Othman, Ghazali, & Ahmad (2013); Jackson et al., 2007: Showed a positive and significant relationship between resilience and work engagement in Malaysian staff nurses.
- Mealer, Jones, & Moss (2012): ICU nurses in the US revealed that professionals who are exposed to extremely stressful environments may benefit from resilience training for prevention and reduction of PTSD in the workplace

PURPOSE OF THE STUDY

Recent traumatic events associated with violence, natural disasters and adverse experiences or place nurses at the frontline in taking care of victims, families. The capacity to cope and function in this stressful workplace environment may vary based on ones' culture, educational background, experience and upbringing (Garcia-Dia & O'Flaherty, 2016).

The authors of the study sought answers to the following:

Question 1: Is there a relationship between sociodemographic variables such as age, race, gender, educational background, and area of practice in relationship to nurses' resilience score and their perception of resilience?

Question 2: What are the variables, traits, and characteristics that can aid in the development of interventions to fortify one's resilience score with regards to job satisfaction and retention?

METHODS

The Resilience Scale (14-item survey with a reliability ranging from 0.84 to 0.94 alpha coefficients) and demographic questionnaire were used to collect the data at national conferences. Based on inclusion/exclusion criteria, a total of 150 survey participants were collected.

DEMOGRAPHIC DATA

- Sample n=150
- Age range (24-66 years old) with mean age of 43; SD=11.7
- Gender: F (n=129;86%) and M (n=21;14%)
- Self-reported Race:

Self-reported race	Frequency	Percent
Asian	66	44.0
White	45	30.0
Black/African-American	18	12
Mixed Race	10	6.7
Native Hawaiian/Pacific Islander	2	1.3
Other	9	6

Education level: Associate - 8.7% (n=13); Baccalaureate -61.3% (n=92); Masters -22% (n=33); Doctorate - 4% (n=6) Other - 0.7 (1)

RESULTS: QUESTION 1

Question 1: Analysis - Age

Age and mean RS-14 item score			
Age Range	Mean	N	Std. Deviation
18-29	80.79	24	22.049
30-39	83.12	34	11.377
40-49	83.04	45	17.152
50-59	84.76	33	13.339
Over 60	84.36	14	18.521
Total	83.20	150	16.135

- Moderate resilience for 18-29 years old
- Moderately high resilience for rest of the age group
- Resilience score tends to increase as age increases

Question 1: Analysis - Gender

Gender and RS-14 mean Score

Gender	Mean	N	Std. Deviation	Minimum	Maximum	Range	Median
Female	83.41	129	15.843	14	98	84	87.00
Male	81.90	21	18.193	18	98	80	84.00
Total	83.20	150	16.135	14	98	84	87.00

F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
0.119	0.730	0.396	148	0.693	1.506	3.808

- The t-test showed that there is no significant difference with the RS score between gender (t = 0.40; p = >0.003).

Question 1: Analysis - Education

Education	Mean	N	Std. Deviation
Associate	86.46	13	8.212
Baccalaureate	83.63	92	13.850
Diploma	82.80	5	11.713
Doctorate	81.50	6	9.894
Masters	81.15	33	24.476
Other	81.00	1	
Total	83.20	150	16.135

- Moderate resilience level – masters, doctorate, other
- Moderately high resilience level – associate, baccalaureate, diploma

Question 1: Analysis - Self-reported Race

Race	Mean	N	Std. Deviation
Asian	82.74	66	17.686
Black/African-American	85.50	18	10.159
Mixed Race	74.50	10	25.096
Native Hawaiian/Pacific Islander	90.00	2	11.314
White	84.84	45	12.866
Other	81.89	9	17.772
Total	83.20	150	16.135

- Resilience score is moderately high level for all races except for participants that reported mixed race (74.50)

CONCLUSION

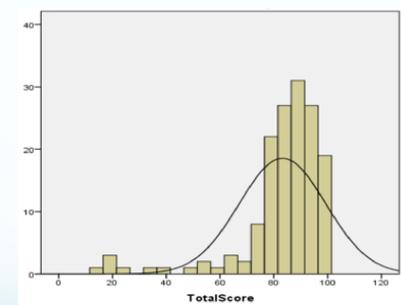
Resilience tool (Wagnild & Young, 1993) is a helpful tool for nursing management in building a resilient workforce.

Stressors can change one's ability to adapt despite a high resilience score.

Understanding sociodemographic factors such as age, gender, race, education, and area of practice can guide organizations in the development of individualized interventions to foster resilience.

RESULTS: QUESTION 2

Distribution of RS-14 Scores for Total Sample



From Figure 1, the frequency distribution of RS-14 scores for total sample is negatively skewed to the left (skewness = -2.495) with majority of the participants' mean score falling between 70 to 81 indicating a moderate resilience score.

RS-14-Item Score: Resilience Core

RS-Items	Resilience Characteristics	Score
I usually manage one way or another.	Self-reliance	5.80
I usually take things in stride.	Equanimity	5.41
I am friends with myself.	Authenticity	5.75
I feel that I can handle many things at a time.	Self-reliance	5.76
I can get through difficult times because I've experienced difficulty before.	Self-reliance	5.92
I have self-discipline.	Perseverance	5.83
I keep interested in things	Purpose	5.92

Out of the fourteen (14) questions, there were seven (7) questions where participants scored lower from mean score (5.94). Out of these seven questions, three particularly describe the characteristic for self-reliance.

DISCUSSION

The result of the RS 14-item scale based on frequency distribution showed a mean score of 83.20 (SD =16.14). The corresponding minimum and maximum score range for RS-14 were 14-98. The Cronbach's alpha coefficient was 0.97 which is comparable to other studies using RS.

RECOMMENDATIONS

Nursing Management

- Critical reflection strategies in problem solving – increase self-awareness
- Shared professional governance model – creates purpose
- Create work-life balance – promotes equanimity

Nursing Educators

- Mentorship workshops – strengthens perseverance
- Building critical thinking – promotes self-reliance
- Hardiness aids/tools – expands authenticity

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