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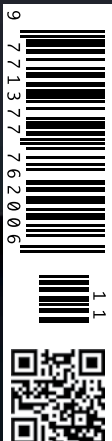
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Resilience: The Airbag for Nurses and Other Healthcare Professions

Summary: Instilling an attitude of resilience in healthcare staff allows them to meet their challenges and effectively recover from setbacks.



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Every healthcare provider has to face a number of stresses and difficult situations when providing daily care for patients. This puts members of the healthcare profession at risk of anxiety, depression, stress-related illnesses and even burnout.

Nurses especially are prone to these disorders as nursing comes with plenty of unique stresses and high-pressure situations. Therefore, resilience training and coping mechanisms are considered vital for managing a work-life balance, especially for those who are responsible for delivering medical care.

Resilience is the capacity to accurately perceive and respond well to stressful situations. It is demonstrated not only in times of crisis, but every day, by showing up and doing our jobs. With the uncertainty, transition and

reorganisation associated with healthcare, resilience is more important than ever, if today's nurses are going to thrive.

Resilience – What Does It Mean?

The origin of the concept of resilience comes from the study of materials and means the ability of a material, after changing its form, to return to its original form. In the scope of healthcare, Masten and Obradovic (2006) stated that resilience could be defined as being related to every type of word which is a positive component of the process for adapting to difficulties.

The U.S. Department of Health and Human Services (2015) defines individual resilience as the ability to withstand, adapt to and recover from adversity and stress. In other words, resilience can manifest as maintaining or returning to one's original state of mental health or well-being, or reaching a more mature and well-developed state of mental health or well-being, through the use of effective coping strategies.

Significance of Resilience

To take care of people with HIV/AIDS, vulnerable children and people who are terminally ill, or to work in emergencies,

Oncology or Burn Units might be depressive, especially for nurses who have close and continuous contact while working. These depressive factors can cause physical and mental problems, such as fatigue, lack of concentration, emotional exhaustion and burnout.

Negative stress-related causes have an impact not only on nurses' wellness, but also on their caregiving ability to patients and the general working outcome. Therefore, resilience is a source — an 'airbag' to physical and mental well-being. The study by Manzano Garcia and Ayala Calvo (2012) revealed that resilience is an important protective factor against emotional exhaustion. Furthermore, a source defines resilience as a supportive factor that helps nurses to adapt to their profession's difficult physical, mental and emotional nature.

A study integrated a Stress Management and Resiliency Training (SMART) programme into the usual orientation programme, which is conducted for new nurses, nurses who switched to a different service or nurses who have a new role in the establishment. At the end of this study, the SMART programme was found to be effective for improving resilience of nurses (Chesak et al. 2015). Mealer et al. (2014)

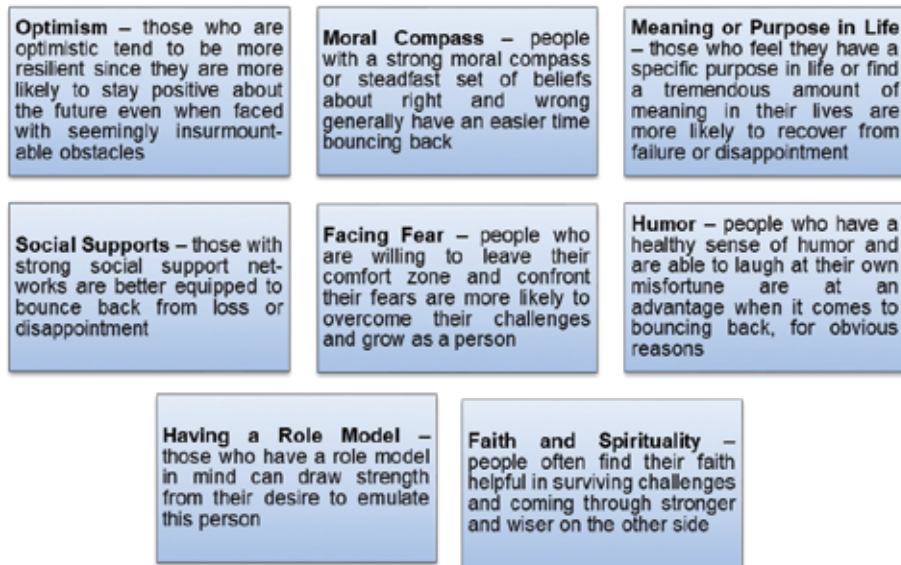


Figure 1. Set of Components of Resilience

conducted a 12-week training programme for intensive care nurses (Health-Leaders 2018). After the programme, it was observed that there was a significant decrease in post-traumatic stress disorder levels of nurses.

Components of Resilience

There is no single accepted set of components of resilience, but this set of characteristics and contributing factors can provide a useful guide and form a good basis for understanding the nature and scope of resilience (Figure 1).

Salutogenesis – A Similar Concept

Salutogenesis (becoming healthy) is a resilience model based on the medical sociologist Aaron Antonovsky (1923–1994) that emphasises cognitive coping strategies to avert health risks. Antonovsky asked “What is the genesis of health?” and not just “What is the genesis of illness?”

The basic assumption of the model is the sense of coherence (SOC) from Antonovsky (1993) as a ‘global orientation’ and SOC is a mixture of optimism combined with a sense of control, which is made up of the following components:

- Comprehensibility (ability to

analyse the situation regarding its causes).

- Manageability (knowledge of one’s own resources); and
- Meaningfulness (meaningfulness of an attempt at coping).

The Good News

The SOC in salutogenesis is either inborn or acquired early in childhood, but resilience is learnable and exists in the social surroundings. It can be strengthened and further developed lifelong. Coping refers to the personal approach to stressful situations. Resilience does not emanate from the individual person, but asks, first and foremost, about the environmental conditions necessary for the occurrence of a successful ability to resist.

There are three resilience models that essentially describe the same mechanisms for the impact of stress on quality adaptation, which include:

Compensatory Model

This model sees resilience as a factor that neutralises exposures to risk. Risk factors and compensatory factors independently contribute to the prediction outcome. In Werner and Smith’s study (2001), four central characteristics emerged for the young adults

labelled resilient: an active approach toward problem-solving; a tendency to perceive experiences in a positive light even when they were suffering; the ability to gain other people’s positive attention; and a strong reliance on faith to maintain a positive life view.

Challenge Model

It suggests that a risk factor, provided it is not too extreme, can actually enhance a person’s adaptation. In essence, the experience prepares the individual for the next challenge (O’Leary 1998).

The Protective Factor of Immunity versus Vulnerability Model

This model of resilience is derived from developmental literature and systems theory. It indicates that these protective factors foster positive outcomes and healthy personality characteristics despite unfavourable or aversive life circumstances (Bonanno 2004). The protective factors identified included emotional management skills, intra-personal reflective skills, academic and job skills, ability to restore self-esteem, planning skills, life skills and problem-solving skills (Ungar 2008).

Leadership Strategies for Building Nurse’s Resilience

There are four strategies for building nurse resilience, which consistently emerged:

- Formal education programmes
- Social support
- Meaningful recognition; and
- Milieu design.

There are different ways to approach improvement in nurses’ resilience. These depend on the current stage of perceived culture of the working environment. They also need the full commitment and credibility from above.

Hart, Brannan and De Chesnay (2014) recommend the following approaches:

- Practice environment assessment
- Shared governance
- Mentorship programmes
- Graduate nurse residency programmes



Figure 2. Examples of Encouragement of Resilience for Nurses at the MHH (Source: mh-hannover.de/pflege_in_der_mhh.html).

- Formal and informal debriefing after a stressful event
- A zero-tolerance policy for lateral violence; and
- Incentives for personal wellness.

Practical Examples

In recent years, there have been constant developments in the encouragement of resilience for nurses at the Medical University Hannover (MHH) Nursing Department (Figure 2).

Milieu Design

Some examples of the implementation of milieu design strategies are: structuring a day around work tasks, community meetings and skills training groups; ensuring that the physical environment is comfortable, inviting and clean; and planning of a recreational event that will encourage high levels of participation and interaction between people. Each of these tasks helps to shape the environment in order to make it conducive

to achieving the goals of the individuals receiving services.

In Short

Resilient employees are simply better employees, on average. They meet their challenges in different ways, develop and maintain better buffers against stress and anxiety, and more effectively recover from the setbacks that everyone experiences from time to time. ■

KEY POINTS



- Resilience is the capacity to accurately perceive and respond well to stressful situations.
- Stress-related incidents can impact nurses' wellness and their ability to give quality care.
- Salutogenesis is a resilience model that emphasises cognitive coping strategies to minimise health risks.
- Formal education programmes, social support, meaningful recognition and milieu design can be used to build nurse resilience.



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