

Rethinking Resilience

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Resilience plays an important role in preventing and mitigating burnout, which has resulted in the promotion of resilience to nurses in organizations, unintentionally sending the message that nurses must carry the responsibility of overcoming adversity in their work environment. The goal of this article is to comprehensively describe the differences between personal resilience and resilience needed in the work environment, including how nurse leaders can approach resilience-building strategies within their organization.

Over the past 2 decades, researchers and health care leaders have garnered national attention to the crisis of health care burnout and stress. The increased focus has been a positive step in raising awareness for the profession to create actionable steps to improving outcomes for the workforce, including generating research to understand the problem¹⁻⁵ and creating national initiatives to address solutions.^{6,7} From this work, there has been increased attention on the concept of resilience as the “antidote” to burnout. Although resilience plays an important role in the response and adaptive coping to adversity, the increased focus from organizations and leaders on nurses’ personal resilience can unintentionally send the message that nurses must carry the responsibility of overcoming adversity in their work environment. In this article, we seek to describe how an individual’s personal resilience may be impacted by individual and organizational factors. Moreover, we seek to provide a more comprehensive understanding of how nurse leaders can approach resilience-building strategies within their organization, focusing on workplace improvement to decrease adversity while offering individual nurses personal resilience strategies for their own professional practice.

Resilience in individuals is understood as both a set of characteristics and a dynamic process.⁸ Early resilience literature and basic understanding of resilience described an ability to bounce back from adversity, focusing on an individual’s characteristics, such as hardiness, coping, or self-efficacy.⁹ Later, resilience was understood to be a dynamic process through which a person experiences adversity and, using skills and resources, is then able to adapt and recover.¹⁰ Individuals have unique, innate levels of individual resilience capacity (i.e., a person may be more or less resilient than another may). People also have the capacity to learn and build resilience knowledge and skills, thereby increasing their resilience capacity.

RESILIENCE IN NURSES

In their role, nurses can be confronted with adversity through both their professional practice and their work environment. Because nurses care for people in their most vulnerable moments, they are exposed to patients and families facing debilitating illnesses, catastrophic injuries, and impending death. They support people through extreme emotional times of unbounded joy, turbulent uncertainty, and unimaginable pain, fear, and loss. Nursing is both physically and emotionally demanding, and the nature of the work can result in compassion fatigue, burnout, and even secondary post-traumatic stress. Resilience can protect nurses from emotional exhaustion, as well as increase hope and decrease stress.⁵ Developing and building personal resilience is beneficial for nurses to promote their own well-being and to contribute to the quality of their workplace and patient care.¹¹

In contrast to personal resilience, nurses may require resilience when their work environment presents adverse conditions that create barriers to addressing their professional responsibilities. Working

KEY POINTS

- Resilience has emerged as a potential “antidote” to burnout.
- Resilience is integral in adapting to the difficult aspects of caregiving; however, organizations and leaders can unintentionally send the message that nurses must build resilience to adversity in their work environment.
- Rethinking resilience requires nurse leaders to create supportive work environment improvements in addition to supporting personal resilience strategies.

conditions of nurses can produce occupational stress, such as overload, shift work, and role conflict.¹² Despite continued emphasis on the need to create a healthy work environment, nurses' appraisal of their work environment has declined in recent years.^{13,14} Research on resilience in nurses can often oversimplify or even promote the concept of resilience in the profession, without taking in to account the role of working conditions. However, it is important to note the structural and organizational characteristics of the work environment that cannot be changed. Until systemic issues are addressed in the workplace, nurses are being asked to be resilient to both the intrinsic stressors of the job and the dysfunctional work environment.

RETHINKING RESILIENCE

Efforts to increase nurse resilience are almost entirely focused on improving the capacity of the individual nurse.¹⁵ Certainly, nurses who practice within the same patient care context and work environment may experience differing degrees of stress, adversity, or burnout.¹⁶ Nurses' personal resilience skills can grow and be learned, enhancing innate characteristics.^{12,17,18} Legitimately then, the skills, competencies, and coping mechanisms of those who are deemed to be "more resilient" should be taught to nurses to improve their ability to adapt and remain resilient in the face of their demanding work. However, the efforts to increase nurse resilience through "resilience-building strategies" are not always aimed at growing the skills that will help nurses address professional hardship, or adverse workplace or environmental conditions.

Limiting the focus of enhancing resilience to only the individual nurse is problematic for two reasons. First, it misses the opportunity to build organizational capacity by not addressing the manageable context in which the work is conducted. Early researchers understood resilience as a combination of both personal and environmental factors.¹⁵ Elements of the organizational culture and work environment related to workload, communication styles, civility, team relationships, and leadership are known to contribute to the degree to which nurses experience exhaustion, burnout, and job satisfaction.¹⁶ With the mounting evidence and increased awareness around burnout, there is political and corporate pressure to view resilience as just a personal issue. Simply, if organizations can improve employee resilience, burnout would decrease. However, Traynor¹⁵ notes this equation removes the responsibility from corporations and politicians to create structural change that would provide an environment conducive to a resilient workforce. It becomes the quick and easy fix, with the individual employee seen as the accountable entity succumbing to burnout.¹⁵

Secondly, focusing the responsibility for resilience entirely at the individual level causes confusion between resilience and endurance. Nurses in challenging work environments may believe that resilience is continuing efforts in spite of overwhelming obstacles. As a result, individuals may become overly persistent with unattainable goals, or overly tolerant of adversity.¹⁹ Nurses who misunderstand resilience may tolerate poor working conditions or counterproductive circumstances. They may incorrectly assume that they are not resilient enough and unwillingly over-adapt, being flexible and self-sacrificing to the extent that it is harmful to their well-being, making them less resilient. For example, a nurse who misinterprets resilience as entirely a personal characteristic may "power through" day after day, slipping into unhealthy work habits such as working long hours and skipping breaks. Misinterpretation that resilience is "doing your duty" in unsupportive work environments in spite of the personal cost will ultimately contribute to more fatigue, and the nurse will consequently be more susceptible to workplace stressors and burnout.

To rethink resilience, leaders must seek to understand the difference between personal resilience and workplace stressors that require resilience, while employing organizational strategies to support individuals. Through this increased understanding, leaders can avoid sending the message that nurses should endure a challenging workplace. Although nurses can manage their own resilient responses to work environment stressors, failure to address factors that make the work itself more complex creates a circular cascade. This can lead to difficulties that are more interpersonal, staff exhaustion and burnout, lack of compassion, and ultimately, reduced quality of care. Understanding resilience as enduring untenable work environments prevents nurses from assertively addressing the underlying factors contributing to the stressful situation. When nurses recognize that both personal and environmental factors contribute to resilience, they are able to include in their repertoire of resilience skills, the ability to assertively and collaboratively problem solve and take action to create a supportive workplace.²⁰

INCREASING RESILIENCE IN THE WORKFORCE

In July of 2017, the National Academy of Medicine (NAM) launched the "largest initiative in the history of the Academy," an *Action Coalition on Clinician Well-Being and Resilience*. At that event, Dr. Victor J. Dzau, the president of NAM, called upon organizations to create a culture of change, focusing on strategic well-being initiatives and actions. Many organizations have answered the call for a culture change, including more than 150 organizations that submitted statements of commitment outlining their vision and mission related to well-being. Many instituted a new role of chief well-

being officer, an individual who has the responsibility to promote well-being and resilience while reducing burnout.

Mayo Clinic and the Institute for Healthcare Improvement (IHI) have led these initiatives and have developed commonly used frameworks for this work.^{21,22} Rather than focusing on the resilience of the individual team members, these frameworks stress focusing on a leadership approach that builds a healthy work environment. One such model seeks to hire and develop leaders with the following skills to promote resilience:²³

1. Design organizational skills to address human needs
2. Develop leaders with participatory management competency
3. Build social community
4. Remove sources of frustration and inefficiency
5. Reduce preventable patient harm, and support second victims
6. Bolster individual wellness

A key step in increasing personal resilience through a positive work environment is utilizing the IHI framework to promote joy at work. The focus of the IHI plan is the underlying philosophy that everyone is responsible for identifying and suggesting improvements that may promote joy at work. The IHI framework describes 4 specific steps leaders can follow, recognizing that the work should be done at the unit, not the individual level.⁷ Unit leaders should start by asking employees, “What matters to you?” This question may lead to additional questions about the work environment and how nurses can find joy in the work setting. This provides an opportunity for nurse leaders to carefully listen to employees with the goal of understanding their basic needs as a team member.

Step 2 investigates what may impede the nurse from experiencing daily joy in their own clinical unit. During this step, the leader logs the various issues that prevent employees from having a joyful day. The third step involves using a systems approach, with employees and leaders working together to overcome some of the barriers to joy at work. In the last step, the leadership team and employees utilize improvement science methodology to test and evaluate the strategies they have chosen to improve the work environment.

Increasingly, experts in resilience, burnout, and clinician well-being are focusing on the critical importance of leadership in reducing burnout in the clinical setting. The nurse leaders set the tone for the unit, division, and organization. A leader who is experiencing their own burnout may have trouble contributing to the promotion of a healthy work environment in their unit. The IHI addresses levels of leadership, indicating how leaders at different levels can support each other. Leaders should have

conversations with their senior or executive support to foster their own joy at work.²⁴

CONCLUSION

The increased focus on clinician burnout has created a movement looking at resilience as the “answer” for creating protective barriers against adversity in the work environment. However, the overwhelming push for nurses to be resilient can send the message that nurses must be hardy or endure all adversity, including poor work environments. Instead, we must have a greater understanding of how personal resilience strategies can be used to protect against compassion fatigue, burnout, and secondary trauma, while continually improving our workplace culture. With an awareness around the difference between personal resilience and resilience to environmental factors, nurse leaders have the opportunity to promote personal resilience in their staff while still striving to support a healthy work environment.

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