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Resilience: The Power Within

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A great deal of discussion has taken place since the mid-1990s on the global shortage of nurses (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; International Council of Nurses, 2006; Kimball, 2004). The adverse effects of workplace stress on the healthcare system, in terms of staff turnover, productivity, costs, and impact on quality of patient care, are well known (Agency for Healthcare Research and Quality, 2004; Aiken, Clarke, & Sloane, 2002; Duffield et al., 2007; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Researchers have identified workplace stress, which embodies job stress and the quality of the work environment, as a significant contributory factor to lack of job satisfaction and retention issues in nursing (Donley, 2005; Duffield et al., 2007; Hayes et al., 2005; Letvak & Buck, 2008; Reineck & Furino, 2005). In addition to workplace stress experienced by nurses already in the workforce, evidence suggests that graduate nurses entering the workplace for the first time suffer stress adapting to the reality of the work environment, described as “reality shock” (Fox, Henderson, & Malko-Nyhan, 2005).

Although oncology nurses report potential for great reward and job satisfaction, studies reveal high levels of emotional exhaustion, depersonalization, feeling unsupported by the work environment, and intent to leave oncology nursing, all of which indicate that workplace stress remains significant in this specialty (Barrett & Yates, 2002; Ekedahl & Wengström, 2007; Hayes et al., 2005; Jackson, Firtko, & Edenborough, 2007; Medland, Howard-Ruben, & Whitaker, 2004).

The holistic nature of oncology nurses' role creates intrinsic moral, emotional, and spiritual distress or role stress (Bush, 2009; Medland et al., 2004; Pendry, 2007). Novice oncology nurses seem particularly vulnerable, reporting “feeling unprepared to cope with their patients' complex psychological, social, and spiritual care needs” (Medland et al., 2004, p. 50). These stressors are in addition to potential for stress associated with establishing and maintaining professional relationships and the learning nuances of the work setting (Jackson et al., 2007). Clearly, the very nature of the work oncol-

Purpose/Objectives: To advance understanding of resilience as an innate resource and its potential and relevance in the management of workplace stress for oncology nurses.

Data Sources: Journal articles and research results, particularly seminal literature from a variety of Australian and international journals and published texts, including government and nursing organizations.

Data Synthesis: Resilience is defined as an innate energy or motivating life force present to varying degrees in every individual, exemplified by the presence of particular traits or characteristics that, through application of dynamic processes, enable an individual to cope with, recover from, and grow as a result of stress or adversity. Literature from a wide variety of fields, including physics, medicine, theology, philosophy, psychology, and spirituality, was reviewed to build an overview of existing knowledge and evolving theories on the subject of resilience and further the understanding of resilience as an innate personal resource.

Conclusions: Innate resilience can be developed or enhanced through cognitive transformational practices, education, and environmental support. Such processes may have use in ameliorating the effects of workplace stress.

Implications for Nursing: The complex nature of oncology and other specialty nursing roles creates a certain amount of inevitable stress that depletes the self and may lead to compassion fatigue and burnout. A greater understanding of resilience as an innate stress response resource highlights the need for processes that support resilience development and organizational and personal stress-management strategies for nurses to be part of mainstream nursing education.

ogy nurses perform will remain intrinsically stressful (Barrett & Yates, 2002; Letvak & Buck, 2008; Medland et al., 2004).

Researchers assert that it is not so much the actual stress but an individual's response to the stress that affects physical, psychological, and spiritual well-being (Engel, 2004; Hamilton, Kitzman, & Guyotte, 2006). The field of psychoneuroimmunology provides evidence of a significant biologic link between the state of mind and emotions of an individual and the health and well-being of that individual. Stress, particularly prolonged stress, can be detrimental to physical and mental health

(Fleshner & Laudenslager, 2004). The ability to cope with or recover from the impact of stress and turn it into a positive learning experience is described as resilience (Jackson et al., 2007; Richardson, 2002). In the literature, resilient nurses are better able to manage their response to stress, thus offsetting the negative impact of stress and sustaining their well-being and practice even in the face of overwhelming complexity and adversity (Hodges, Keeley, & Grier, 2005). Therefore, in a time of ongoing nursing shortages and retention difficulties, particularly in the oncology specialty, resilience is an important personal characteristic in the management of professional and organizational workplace stress.

Purpose and Objectives

The purpose of this article is to advance understanding of the innate nature of resilience, examine the processes that support access to and development of this resource, and discuss the implications in relation to organizational, professional, and, particularly, personal stress-management strategies for oncology nurses. Studies show that, although many nurses are adversely affected by work-related stress and leave their jobs, others remain (Jackson et al., 2007). Of those who remain, some use negative coping strategies such as distancing or avoidance in relationships with patients or colleagues. Others are able to remain in context and also thrive and find satisfaction despite ongoing workplace stress (Corley, 2002; Jackson et al., 2007). Jackson et al. (2007) suggested that the variation in responses to work-related stress is the result of a variation in each nurse's personal ability to manage stress, identified as personal resilience. Resilient nurses are those who can "transform a disastrous day into a growth experience and then move forward in practice rather than leave and seek a new career" (Hodges et al., 2005, p. 550). A greater understanding of the innate nature of resilience, as well as practices and processes that support growth and development of resilience, is essential to enable nurses to reduce the impact of stress, particularly inevitable work-related intrinsic stress in oncology and other specialty areas (Hodges et al., 2005; Jackson et al., 2007).

Data Sources

Literature from a variety of fields, including physics, medicine, theology, philosophy, psychology, and spirituality, was considered to gain an overview of existing knowledge and evolving theories on the subject of resilience. Databases searched included CINAHL®, ProQuest (multiple databases), and MEDLINE® (via Ovid) for literature published from 1970–2009. Searches were conducted on the topics of *resilience*, *workplace stress*, *retention*, *holistic care*, and *self-care*. Primary sources,

particularly seminal literature that identified resilience as a separate concept or characteristic, were sought, as were the most recent publications and research results on the search topics. A large number of articles and research results were identified in Australian and international publications, of which 64 documents from peer-reviewed and scholarly sources were used. Reports and publications on work-related stress issues in nursing from the Australian federal and state governments, national and international nursing organizations, and government-supported industry research also were reviewed.

Data Synthesis

An estimated 80% of all the articles published on resilience have appeared since the late 1990s (Schaap, van Galen, du Ruijter, & Smeets, 2007). The word resilience comes from the Latin *resilire*, meaning "to leap back" or "spring back" (Oxford English Dictionary, 2007). Resilience is an eclectic concept and has been interpreted and defined in a variety of ways as understanding has evolved, making it difficult to compare definitions and data from the large amount of available literature (Earvolino-Ramirez, 2007; Gillespie, Chaboyer, & Wallis, 2007; Gillespie, Chaboyer, Wallis, & Grimbeek, 2007; National Centre for Victims of Crime, 2005; Richardson, 2002).

Resilience as a Set of Characteristics

Most of the seminal studies—the first wave of resilience inquiry—focused on uncovering and listing internal and external characteristics that help people cope with and recover from adversity (Earvolino-Ramirez, 2007; Richardson, 2002; Waite & Richardson, 2004). Seminal studies of children in high-risk situations (Garmezy, 1991; Rutter, 1979, 1985; Werner & Smith, 1982) and adolescents, an age group at high risk for stress (Hunter & Chandler, 1999), conceptualized resilience in terms of specific traits or attributes, so called "protective factors" that assist individuals to recover from and thrive despite adversity. Identified characteristics included hardiness, coping, self-efficacy, optimism, patience, tolerance, faith, adaptability, self-esteem, and a sense of humor. Studies of survivors of major disasters and loss (Wagnild & Young, 1993), such as the Holocaust (Baron, Eisman, Scuello, Veyzer, & Lieberman, 1996), proposed that resilience refers to psychological and biologic factors such as social support and cognitive ability. However, those studies also mentioned many of the characteristics or protective factors previously identified. Although statistical associations among hope, coping, self-efficacy, and resilience have been demonstrated (Gillespie, Chaboyer, Wallis, & Grimbeek, 2007), little agreement was found about a finite list of characteristics that are common for everyone. However, the first wave of inquiry heralded

a paradigm shift away from merely identifying resilient characteristics to a second wave of inquiry—one of seeking to identify how these characteristics or qualities were acquired (Earvolino-Ramirez, 2007; Richardson, 2002).

Resilience as a Dynamic Process

The second wave of resilience inquiry developed understanding of resilience as a dynamic process—a result of frequent disruption (adversity) and reintegration (adaptation) wherein an individual displays positive adaptation despite experiencing adversity (Gillespie, Chaboyer, Wallis, & Grimbeek, 2007; Jacelon, 1997; Luther & Cicchetti, 2000; Rutter, 1999). This conceptualization presents resilience as not just a collection of characteristics possessed by some individuals, but a dynamic process used by individuals to access resources to cope with and recover from adversity and, therefore, able to be learned or taught (Gillespie, Chaboyer, & Wallis, 2007; Gillespie, Chaboyer, Wallis, & Grimbeek, 2007; Hamilton et al., 2006). Researchers furthered this concept through purpose-specific educational processes and were able to produce measurable results (Jackson et al., 2007; Waite & Richardson, 2004). Studies using cognitive transformation and personal growth practices showed increases in self-efficacy, adaptability, and resilience (Bandura, 1994; Jackson et al., 2007; Tebes,

Irish, Puglisi-Vasquez, & Perkins, 2004). However, this conceptualization of resilience as a process enabling an individual to grow and learn from adversity—the most adaptive reintegration—does not explain the motivation or energy source that would encourage or drive an individual to engage in such a process (Waite & Richardson, 2004).

Resilience as an Innate Life Force

The third wave of resilience inquiry sought to understand the source or origin of resilience and conceptualized resilience as an innate energy or motivating life force within an individual (Richardson, 2002; Waite & Richardson, 2004). Butler (1997) described resilience as the complex interplay between innate strength and outer support, whereas Werner and Smith (1982), although proposing resilience as a set of characteristics, described resilience as a self-righting mechanism. Masten (2001) described resilience as “ordinary magic” that emerges from the ordinary processes of normal human adaptation systems—a resource within an individual, family, or community. Although the authors used different terminology, all seemed to support the notion that resilience is an accessible inner strength or resource within the individual that enables a positive stress response that can be enhanced or supported by external resources. This growing understanding of resilience through the

Table 1. Summary of Resilience Concepts From the Literature

Wave of Resilience	Definition	Studies	Major Findings
First wave of inquiry	Resilience is identified as a set of characteristics (hardiness, coping, self-efficacy, optimism, patience, tolerance, faith, adaptability, self-esteem, and sense of humor).	Baron et al., 1996; Garmezy, 1991; Hunter & Chandler, 1999; Rutter, 1979, 1985; Wagnild & Young, 1993; Werner & Smith, 1982	Certain characteristics enable children and adolescents to adapt to adversity. Characteristics serve as protective factors. Resilience comes from both psychological protective factors (cognitive) and biologic factors (social support).
Second wave of inquiry	Resilience is identified as a dynamic process.	Bandura, 1994; Gillespie, Chaboyer, & Wallis, 2007; Gillespie, Chaboyer, Wallis, & Grimbeek, 2007; Hamilton et al., 2006; Jacelon, 1997; Jackson et al., 2007; Luther & Cicchetti, 2000; Rutter, 1999; Tebes et al., 2004	Resilience is a process of frequent disruption (adversity) and positive reintegration (adaptation), learning from experience, and the ability to be taught. Cognitive transformative processes result in increased resilience.
Third wave of inquiry	Resilience is an innate energy or motivating life force within an individual.	Butler, 1997; Masten, 2001; Waite & Richardson, 2004; Werner & Smith, 1982	Inner strength and outer support—a self-righting mechanism An innate energy or life force within—an inner resource The processes of human adaptive systems
	Resilience metatheory	Richardson, 2002; Waite & Richardson, 2004	An innate resource (spirit, life force) within an individual, exemplified by protective characteristics, enabling the individual to cope with adversity, as well as motivating the individual to engage in cognitive transformative processes to learn from the experience and build greater resilience

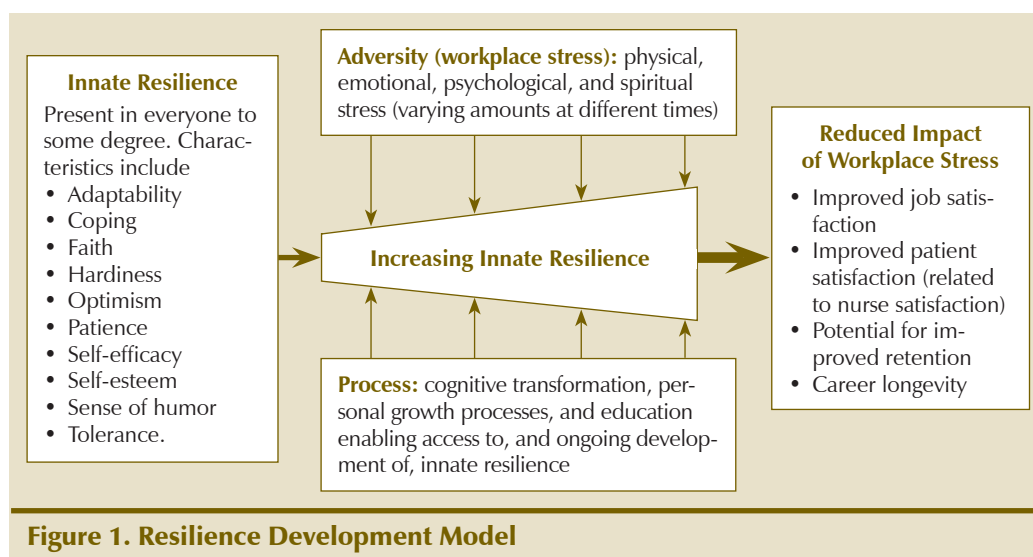
third wave of resilience inquiry is encapsulated by resilience metatheory (Richardson, 2002).

Resilience metatheory embodies philosophies and ideas from a diverse range of disciplines, such as ancient Eastern medicine, theology, psychology, quantum physics, and other sciences, as well as spirituality and postmodernist mysticism. Within this metatheory paradigm, resilience is defined as an “energy or force that drives a person from survival to self-actualization” (Richardson, 2002, p. 315). A summary of the development of understanding resilience from the literature is presented in Table 1.

Conceptualization of resilience as an innate energy or life force provides an insight into resilience as an internal resource on which individuals can draw to motivate, enable, and drive them to cope with, grow, and learn from stressful and adverse experiences in life and work—so-called positive reintegration (Richardson, 2002). Therefore, resilience metatheory presents a conceptualization of resilience that not only embodies previous conceptualizations, but also identifies the source of resilience as the individual’s spirit, *quanta*, *chi*—the inner being of an individual—and, thus, potentially available to all individuals. A model of resilience development in line with this conceptualization is shown in Figure 1.

This conceptualization of resilience embodies personal characteristics previously described by Werner and Smith (1982) and other seminal researchers. However, developing personal resilience is not a process of acquiring something from outside the self, but rather a cyclic process of uncovering, using, and developing the innate self, motivating life force, human spirit, or resilience that exists within (Richardson, 2002; Waite & Richardson, 2004).

Resilience as an innate energy or life force is, therefore, a resource on which individuals can draw to (a) cope more effectively during stressful situations (positive adaptation) and (b) use the experience as a learning experience to restore and strengthen the biopsychosocial-spiritual well-being of the self and reduce their vulnerability to future stress (positive transformation) through greater resilience (Connor, 2006; Jackson et al., 2007; Lightsey, 2006; Richardson, 2002; Tebes et al., 2004; Tusiae & Dyer, 2004). Positive adaptation and transformation allow for reframing of stressful experiences or



situations whereby the experience is no longer viewed as stressful and personal changes and positive meaning can be attributed to the experience (Tebes et al., 2004). A diagrammatic representation of this cyclic process is shown in Figure 2.

Relevance in Oncology Nursing

Oncology nurses work in complex environments in relationship with nursing colleagues, other healthcare disciplines, and patients and families. At the heart of oncology nursing are the relationships between patients and families and the nurse (Bush, 2009; Kaplan, 2005). Through relationships and by sharing in the cancer journey, the nurse is a witness to human suffering and distress and may be exposed to moral and ethical dilemmas such as the appropriateness of resuscitation orders (Medland et al., 2004; Pendry, 2007). Oncology nursing is described as “a significant and sophisticated integration of physical and psychosocial care” (Roberts & Snowball, 1999, p. 44) and, therefore, encapsulates true holistic patient-centered care.

Holistic care “involves the inter-relationships of the biopsychosocial-spiritual dimensions of individuals” (Tuck, Alleyne, & Thunganjana, 2006, p. 246). The provision of holistic care requires commitment from nurses to attain and give of not only their knowledge and skills, but also of themselves at a personal and spiritual level within professional relationships. This process is termed therapeutic use of self or empathetic engagement (Bassett, 2002; Covington, 2003; Hodges et al., 2005; Jackson, 2004; Stanley, 2002; Wu, Zhu, Wang, Wang, & Lan, 2007).

However, the compassionate qualities that attract nurses to the specialty also are a source of vulnerability to the negative impact of work-related stress (Bush, 2009). Stress encountered as a consequence of engaging in holistic relationships can deplete the self—the spirit of the nurse—and result in diminished personal resources

and resilience culminating in a decreased ability to manage a positive stress response. This may manifest as compassion fatigue, characterized by loss of sense of self, meaning and purpose, compassion, or the ability to be empathetic (Bush 2009; Ekedahl & Wengström, 2007; Jackson et al., 2007).

Research indicates a significant negative correlation between an individual's sense of well-being, particularly spiritual well-being, and perceived stress (Tuck et al., 2006). To use self as an instrument of caring in holistic nursing practice, negate the oppressive impact of work-related stress, and restore personal resources, a nurse must be understood, nurtured, and cared for (Dodd, 2007). Bush (2009) summed this up by stating, "Only when nurses take the time to heal themselves can they be truly available to aid in the healing of others" (p. 27). Healing is described not in terms of cure from disease but in terms of wholeness. Keegan and Dossey (1998) defined a nurse healer as "one who facilitates another person's growth toward wholeness—body, mind, spirit—or who assists one with recovery from illness or transition to a peaceful death" (p. 3). Studies in holistic care have reported that, to engage in holistic caring relationships with patients (empathetic engagement), nurses must ensure that they nurture and care for their own body, mind, and spirit (Jackson, 2004).

Self-care has been defined as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being" (Dodd, 2007, p. 4). Self-care nurtures the harmonious self or biopsychosocial-spiritual well-being by enhancing self-awareness, self-efficacy, confidence, sense of purpose, and meaning and facilitates positive adaptation and cognitive transformation (Ablett & Jones, 2007; Bush, 2009; Hassed, de Lisle, Sullivan, & Pier, 2008; Hodges et al., 2005; Jackson et al., 2007; Tuck et al., 2006; Wigglesworth, 2002). Spiritual development involves searching for purpose or meaning and seeking a connection with a higher power, and this appears to improve an individual's response to stress (Tuck et al., 2006; Wigglesworth, 2002). Bush (2009) argued that "prevention and treatment of compassion fatigue must begin with care for, protection of, and healing of the spirit" of the nurse (p. 27).

Studies in resilience report that self-care programs and practices that support biopsychosocial-spiritual well-being result in greater resilience (Gillespie, Chaboyer, & Wallis, 2007; Gillespie, Chaboyer, Wallis, & Grimbeek, 2007; Medland et al., 2004; Tebes et al., 2004; Waite & Richardson, 2004). Researchers agree that a resilient individual—one who exhibits positive adaptation and cognitive transformation—is able to restore and strengthen the biopsychosocial-spiritual well-being of the self, cope more effectively during stressful situations, grow and learn from the experience, and, therefore, reduce vulnerability to future stress (Connor, 2006;

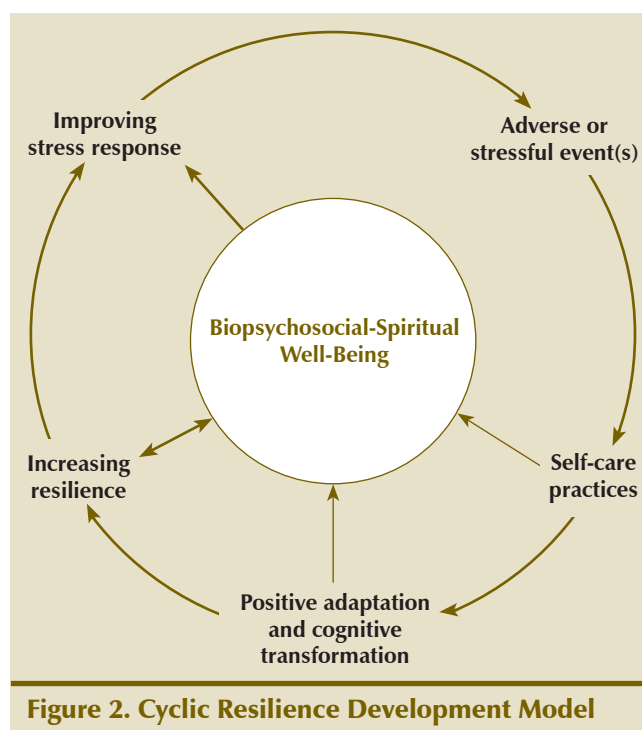


Figure 2. Cyclic Resilience Development Model

Jackson et al., 2007; Lightsey, 2006; Richardson, 2002; Tusaie & Dyer, 2004).

Clearly an inexorable link exists between resilience and biopsychosocial-spiritual well-being, particularly spiritual well-being, that supports the concept that resilience is an innate aspect, energy, or life force present in the inner self or spirit of the nurse, and that resilience can be developed through holistic self-care practices.

Conclusions

Despite efforts at educational, organizational, and government levels to address workplace stress, oncology nurses' occupational roles and work environments will always include a degree of inevitable stress because of the holistic nature of the work they perform (Letvak & Buck, 2008; Medland et al., 2004). It follows, then, that for nurses to remain in such specialties for any length of time, prevent compassion fatigue and burnout, and be able to fully engage in therapeutic relationships, they need to manage their responses to inevitable stress. Conceptualization of resilience as an innate resource increases understanding that this valuable stress-management resource is potentially available to every individual (Richardson, 2002). Personal self-care practices and environmental processes that support such practices enable nurses to not only access their innate resilience, but also develop and strengthen resilience as individuals, or personal resilience, and collectively as a profession, or professional resilience (Hodges et al., 2005; Jackson et al., 2007). Well-developed resilience enables nurses to better manage their responses to stress, recover from or

prevent depletion of self, and reduce their vulnerability to the impact of future stress (Connor, 2006; Jackson et al., 2007; Lightsey, 2006; Richardson, 2002; Tebes et al., 2004; Tusiae & Dyer, 2004). Therefore, processes and practices that support the development of resilience may have use in not only ameliorating the impact of inevitable workplace stress in oncology nurses, but also improving nurse satisfaction and retention (Jackson et al., 2007) and, potentially, enhancing the care nurses provide for their patients.

Implications for Nursing

Understanding resilience as an innate resource to offset the impact of inevitable workplace stress raises awareness that processes that support individuals to access and develop their innate resilience should be included in educational preparation, as well as organizational, professional, and personal stress-management strategies, not only for oncology nurses, but for nurses practicing across all specialty areas (Bush, 2009; Hodges et al., 2005; Letvak & Buck, 2008). Hodges et al. (2005) theorized that the future of nursing requires educational preparation that emphasizes innovative, flexible, reflective thinking and, where resilience and professional stamina are expected, outcomes, to better prepare nurses for the reality of the work environment and foster career longevity.

A study involving the introduction of a self-care training module to improve well-being in medical students resulted in significant reduction in student stress levels, even during times of extreme stress, such as examinations (Hassed et al., 2008). Theoretically, educational processes and self-care programs aimed at developing and enhancing nurses' innate resilience would be effective stress-management strategies not only for nurses already in the workforce, but also as a preventative strategy for those undergoing educational preparation and about to enter the workforce (Jackson et al., 2007).

Recommendations

Participation in self-care practices and processes to develop innate resilience requires the ongoing commitment of each individual nurse. Equally important is that healthcare institutions provide appropriate support strategies, enacted through organizational policies, access to ongoing cognitive education, staff counseling, and facilities such as quiet rooms (Hilton, 2004; Letvak & Buck, 2008).

A study on stress, personality, and coping strategies reported that what works well for one person may not benefit another (DeLongis & Holtzman, 2005). Provision of introductory information on a variety of self-care practices, such as information provided by the American Holistic Nurses Association (2008), enables and

empowers nurses to be self-initiating and exploratory in their own care and development (Mackereth, White, Cawthorn, & Lynch, 2005; Medland et al., 2004). The provision of purpose-specific cognitive and transformative education involves guided teaching of specific skills that develop emotional and spiritual intelligence, such as active listening, reflective self-review, conscious breathing, and techniques for relaxation.

Emotional intelligence, popularized by Goleman (1995), described an ability to sense, perceive, use, understand, and effectively manage emotions. Spirituality or spiritual intelligence is described as a sense of life meaning, purpose, or power from within or from a transcendent source such as God, and encompasses a way of being, learning, and finding one's place and meaningful purpose in the greater scheme of the universe (Daaleman, Perera, & Studenski, 2004; Wigglesworth, 2002). Self-aware or self-reflective people understand that they have a choice about how they act, rather than responding through impulse or without thought for consequences (Goleman, 1995) and are, therefore, better able to manage their behavior during times of stress. In the context of oncology nursing, access to a skilled professional counselor provides additional support for nurses, such as defusing and debriefing following critical incidents, particularly during times of heightened stress.

In terms of environmental support, staff amenities such as a quiet room or serenity room close to but separate from the work area are recommended. The space provides a setting for individual nurses or small groups to relax, unwind, debrief, meditate, pray, or just take time out from the stress of a busy day, even for a few moments and, therefore, facilitates engagement in self-care practices within the work environment (Hilton, 2004). Trials of the serenity room concept in intensive and critical care units have received extensive positive feedback for nursing staff (Pryer, 2007; Sandgren, Thule-sius, Fridlund, & Petersson, 2006). Such environmental facilities support self-care and personal growth and the development of innate resilience (Hassed et al., 2008; Hodges et al., 2005; Leighty, 2003; Medland et al., 2004; Sandgren et al., 2006). Research has shown that the provision of such facilities supports a culture where nurses individually and collectively report greater satisfaction, improved well-being, and improved retention (Medland et al., 2004).

It could be argued that many of these strategies, such as the availability of staff counseling at many organizations and teaching reflective practice in nurse preparation programs, are not new and are already being implemented. However, for such strategies to be most effective, a comprehensive package of educational preparation, ongoing cognitive education, and available support services and facilities in the work environment must be integral strategies that are comprehensively

applied (Bush, 2009; Hassed et al., 2008; Medland et al., 2004). In times of fiscal rationalization, it would seem timely and worthwhile to conduct a multisite study to test the effectiveness of the provision of self-care information, education, and environmental support as intervention strategies that serve to build oncology nurses' innate resilience and the impact of such strategies on nurse satisfaction and retention.

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