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RESILIENCE:
A Key to Safe Nursing Practice

Learning Outcome: Nurses completing this activity and evaluation will identify by self-assessment a gain in knowledge related to resilience and the NCBON resources to support resilience.

Purpose: The purpose of this article is to provide knowledge regarding the definition of resilience, challenges to resilience, strategies for enhanced resilience, and resources to support professional and personal resilience.

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INSTRUCTIONS
Read the article, online reference documents (if applicable), and the Reflective Questions.

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Registration deadline is July 1, 2024.

Introduction:

The North Carolina Board of Nursing (NCBON) recognizes the pandemic's toll across the state. Increased inquiries to the NCBON of nursing staff regarding the scope of practice, staffing, and interpretation of law and rule are evidence of the dilemma nurses and healthcare organizations face during these times. The difficult and turbulent times during the COVID pandemic have created circumstances that can prevent nurses from fully complying with the safety goals, practices, procedures, and nursing practice laws. This behavior is not conducive to safe nursing practice. Despite the burden and chaos characterizing their work environment, the mission of nurses is to maintain patient safety. To achieve this goal, nurses must replace feelings of fatigue and burnout with resilience. Encouraging nurses' resilience can create work environments of professionalism, mindfulness, and awareness of errors or potential errors. Resilience is a key to maintaining patient safety and regulatory compliance. Some of the competencies to building

resilience are knowing when, where, and from whom to obtain needed help. This article aims to define resilience, discuss challenges to resilience, provide strategies for enhanced resilience, and provide resources to support professional and personal resilience, which lead to safe nursing practice.

Background

On March 10, 2020, Governor Roy Cooper issued an executive order declaring a state of emergency in North Carolina (NC Governor Roy Cooper, 2020). The declaration activated a response from nursing professionals in all sectors of the profession. Nurses had to address the need to protect the health of the public. Fear of infection, lack of capacity, work overload, and insufficient preparation are all causes of psychological distress (Lorente et al., 2021). The COVID-19 pandemic has increased demands and exerted tremendous stress on the lives of healthcare workers (Jo et al., 2021). As the adversities of the pandemic continue to unfold, nurses need resources to mitigate distress. Resilience is a characteristic that can help nurses to better cope during crises and function more effectively in their roles.

Definition of Resilience

The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress (para. 4)." In an integrative literature review, Aburn et al. (2016) state that no universal definition of resilience exists. However, key definitions or concepts of resilience were identified, such as rising above to overcome adversity, adaptation and adjustment, good mental health as a proxy for resilience, and the ability to bounce back (Aburn et al., 2016). Resilience is a construct that includes a cluster of concepts. In an extensive literature review, Morse et al. (2021) identified associated concepts to describe resilience as a state and a process. Concepts of maintenance (Stewart & Yuen, 2011), equilibrium (Bonanno, 2004; Wagnild & Young, 1990), hardiness (Wilks et al., 2011), psychosocial well-being (Bekhet & Avery, 2017; Fletcher & Sarkar, 2013; Gillespie et al., 2007; Shaw et al.,

2009), and stability (Wagnild, 2003) were included when viewing resilience as a state.

Resilience as a process reiterates "the action or an act of rebounding or springing back; rebound, recoil" ("Resilience," OED, 2020, Entry 163619). Securing internal and external resources to manage illness flexibly articulates this process of resilience (Haase et al., 2017). Competency (Greene et al., 2004; Haase et al., 2017; Masten, 1994), adaptation (Kimura et al., 2019), and positive adjustment during adversity outline actions taken during a changed life trajectory (Alizadeh et al., 2018; Black & Dorstyn, 2015).

Resilience is seen as a positive and sustaining outcome, often allowing individuals to flourish despite their present life circumstances (Molina et al., 2014). Mancini and Bonanno (2009) further considered resilience a particular trajectory or mechanism of positive adaptation that changes over time and protects against psychological distress. However, most authors agree that resilience commences with adversity (Ungar, 2003). Some recognize that this adversity is an event (e.g., a natural disaster or global pandemic); others might consider it the result of a long-term stressor (e.g., mental health issues) (Morse et al., 2021).

> 1. *Review the definitions of resilience above. Reflect on or create an individual definition which can be adapted for nursing practice in its current state.*

Challenges to Resilience

As of July 2021, nurses have experienced four waves of COVID-19 surges. The strain and stressors are unprecedented. Nurses are being faced with a surge in nursing capacity, burnout, and moral distress. All these challenges to resilience lead to alterations in well-being.

In developing a nursing diagnosis taxonomy, Ward and Eisbach (2013) identified three alterations in resilience: risk for compromised resilience, impaired individual resilience, and readiness for enhanced resilience. Risk for compromised resilience is defined as a potential decreased ability to sustain a pattern of positive responses to an adverse situation or crisis. Impaired resilience is

an actual decreased ability to sustain a positive response to an adverse situation or crisis. Readiness for enhanced resilience is a pattern of positive responses to adverse situations or crisis that is sufficient for optimizing human potential and can be strengthened (Ward & Eisbach, 2013). Impaired or compromised resilience is defined as a decreased ability to sustain a pattern of positive responses to an adverse situation or crisis (Ward & Eisbach, 2013). Defining characteristics include decreased interest in activities, depression, guilt, isolation, low self-esteem, the renewed elevation of distress, and the use of maladaptive coping skills (Ward & Eisbach, 2013). It is vital to explore deeper the challenges associated with impaired or compromised resilience.

Surge in Nursing Capacity

The COVID-19 pandemic is a surge-generating event. The critical components of the surge include staff, stuff, structure, and systems (Adams, 2009). Staff refers to personnel, stuff consists of supplies and equipment, structure refers to facilities, and systems include integrated management policies and processes (Adams, 2009; Barbisch & Koenig, 2006; Phillips, 2006; Schultz & Koenig, 2006). Nurses report feeling the effects of the surge in nursing capacity physically, emotionally, and psychologically (Walsh, 2021). The World Health Organization (WHO) declared 2020 as the Year of the Nurse and Midwife, intending to raise awareness of the need for "nine million more nurses and midwives to achieve universal health coverage by 2030" (WHO, 2020b, para. 1). The nursing community could not have fathomed the coming of a global pandemic or the significant impact on the nursing workforce. The COVID-19 pandemic placed a substantial increase in demand for nurses and their need to perform. This surge in nursing capacity has overwhelmed the profession. The surge in capacity is relevant to the nursing role in various settings, and nurses must become aware of the concept, implications, and how it relates to public protection. The Joint Commission (2008) has defined surge capacity as "the ability to expand care capabilities in response to sudden or more prolonged demand" (p.19). It can also be described as the ability to obtain adequate staff, supplies and

equipment, structures, and systems to provide good care to meet the immediate health needs of the public amid a crisis (Adams, 2009).

The North Carolina Board of Nursing in collaboration with the North Carolina Healthcare Foundation (NCHF), the North Carolina Organization of Nurse Leaders (NCONL), and the North Carolina Directors of Nursing Administration in Long Term Care (NC DONA/LTC) acknowledge the surge in nursing capacity across the state of North Carolina (NCBON, 2021).

These organizations' collaborative efforts resulted in resources supporting the surge in nursing capacity. The document highlights how limited numbers of well-qualified staff cause short staffing and extended work hours to pose considerable challenges for RNs, LPNs, and other healthcare providers. Changes in care delivery models and team composition were also identified as challenges. During widespread emergencies, there is a high likelihood that the type of care delivery will change. In addition, care teams may consist of team members unfamiliar with one another. Another challenge is unintended barriers to nursing practice in the organization by facility policies which may be more restrictive than the legal scope requires. Nurse leaders are encouraged to acknowledge the stress the changes may cause.

Burnout

Burnout is a syndrome that results from chronic workplace stress that has not been managed. It is characterized by exhaustion, negative feelings or cynicism related to one's job, and reduced professional efficacy (Janeway, 2020; Maslach et al, 2017). Burnout is a significant threat to the stability of the nursing workforce (Janeway, 2020). Studies before the pandemic indicate the prevalence of burnout among US registered nurses (RNs) ranges from 35 to 45% (Dyrbye et al., 2017; Li, 2018; Moss et al., 2016). Nurses experiencing burnout are more likely to have higher stress levels, get less sleep, and are more likely to be overweight than the general population (Eanes, 2015; Lee et al., 2011; Melnyk et al., 2013; Thacker et al., 2016). Letvak et al. (2012) studied depression among RNs and found almost twice the rate of depression compared with those in other professions. Burnout has been shown to have a negative impact on patient satisfaction, worsen patient outcomes or increase rates of safety events, and increase mortality (Magtibay & Chesak, 2017).

National Council of State Boards of Nursing's (NCSBN) Environmental Scan (2021) reported on the issues of patient safety, healthcare quality, and healthcare delivery. The report shared findings from (Garcia et al., 2019), which revealed a more than 60% association between burnout and patient safety. Factors influencing burnout included teamwork climate, work environment, workload, professional tiredness, workplace safety, job satisfaction, and personal and professional life imbalance (Garcia et al., 2019). A positive safety culture, which includes open communication, management support, professional suitability, mutual learning, teamwork, good interpersonal relationships, and organizational workflow improvements, prevents professional fatigue (Garcia et al., 2019).

Moral Distress

The COVID-19 pandemic has caused moral distress, which is pervasive in health care settings where nurses work in a diverse number of nursing roles (Lake et al., 2021; Whitehead et al., 2015). The pandemic has created a crisis state in professional nursing practice. Shifting standards of care, interrupted patient relationships, triaging limited resources, working in unfamiliar environments, and uncertainty about disease progression, and transmission are only a few of the potential sources of moral distress during the pandemic. The American Nurses Association's Code of Ethics for Nurses with Interpretive Statements (2015) defines moral distress as "the condition of knowing the morally right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible." Moral distress, the code emphasizes, "threatens core values and moral integrity." (Rushton et al., 2017). Moral distress is characterized by feeling powerless and unable to speak up or be heard (Hamric, 2014). It is associated with the individual's duty to uphold professional and ethical standards or responsibilities. When an individual experiences moral distress, they feel compromised in their ability to practice as moral agents according to professional values and standards (Lake et al., 2021). According to the National Academies of Sciences, Engineering, and Medicine (2021) Future of Nursing 2020–2030 report, nurses' well-being is affected by the demands of the job, which in turn affects their work.

Strategies For Enhanced Resilience

Resilience is often deployed to tackle the adversities faced by nurses. Therefore, nurses need to implement strategies to enhance their professional and personal resilience. Increasing resilience takes time and intentionality. Implementing strategies for enhanced resilience, along with resources to support professional and personal resilience, will allow nurses some reprieve from emotional distress, rendering nurses more capable of coping, complying with professional standards, and delivering quality and safe nursing care (Henshall et al., 2020, & Hamric, 2014).

The American Psychological Association (APA) outlines four core components of resilience: connection, wellness, healthy thinking, and meaning. Focusing on these four core components can empower nurses to withstand and learn from complex and traumatic experiences (APA, 2020).

These core components have been further contextualized, making them actions nurses can take to enhance personal resilience.

- Connection: Prioritize healthy relationships with empathetic and understanding people so that you are reminded you are not alone in the midst of difficulties. Having trustworthy and compassionate individuals who validate your feelings will support the skill of resilience. Be sure to accept support from those who care about you.
- Wellness: Take care of your body by practicing self-care, including proper nutrition, exercise, sleep, hydration, mindfulness, etc.
- Healthy Thinking: Maintain healthy thought patterns by keeping things in perspective, accepting that change is inevitable, avoiding negative outlets, and striving to maintain a positive attitude.
- Meaning: Find your purpose; help others, be a proactive problem solver during hard times, and set and work towards realistic goals to identify tangible signs of growth and self-discovery (APA, 2020).

These strategies for personal resilience can be developed to enhance the individual nurse's ability to cope with stressful and chaotic healthcare environment challenges. Personal resilience should be combined with efforts to build resilient teams to effectively address the root causes of moral distress and burnout, which often stem from organizational/systems failures and ineffective leadership (Stephens, 2019). Professional resilience is the capacity to thrive in demanding situations, with choices made when responding to difficult situations, attitude, and willingness to act. Elements of professional resilience include maintaining positive collegial relationships, professional networks, professional development, and service or participation. Professional resilience is not a passive concept. It involves active engagement on the part of the individual. Jo et al. (2021), in a study examining factors associated with nurses' resilience during the COVID-19 pandemic, found that nurses participating in policy and procedure development had higher resilience scores.

Resources For Professional and Personal Resilience

Enhanced resilience is demonstrated when nurses can identify available resources, support systems, and adapt to adversities and challenges (Ward & Eisbach, 2013). The primary resources for nurses needed to manage the complexities of nursing practice are the ANA Code of Ethics, State Nursing Practice Act and Rules, and the regulatory guidance of their state board of nursing.

ANA Code of Ethics

The American Nurses Association (ANA) Code of Ethics is a dynamic and robust anchor for professional nursing practice. During these turbulent times in nursing, nurses need to tap into this timeless resource. The Code of Ethics consists of two components: the provisions and accompanying interpretive statements. There are nine provisions. The first three describe the nurse's most fundamental values and commitments; the next three address boundaries and duty of loyalty; and the last three address duties beyond the individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Position statements from constituent members are included for additional detailed guidance to address clinical, research, administrative, educational, and public policy issues (ANA, 2015). A copy of the Code of Ethics and Interpretive Statements are available in a view-only format for members and non-members of ANA at

NursingWorld.org

https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/

The American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements during the pandemic may help nurses shift our focus and decrease moral distress. During a pandemic, we move away from a focus on

relationship-centered care (Provision 2, Commitment to Patient) and adopt an outcome-based framework (Provision 8, Promotion of Community and World Health). In an outcome-based framework the nurse focuses on strategies to avoid entering crisis standards of care and when crisis is unavoidable, works to fairly save the greatest number of people possible (Webster & Wocail, 2020). While this shift in thinking can be exceptionally challenging, the code of ethics provides necessary guidance to assist nurses in maintaining compliance with standards for professional practice.

North Carolina Board of Nursing

The NCBON role is to bring attention to the issues impacting safe nursing practice, such as burnout and resilience in professional nursing practice.

Furthermore, the Board's role is to work collaboratively with nurses, healthcare organizations, and state agencies to identify guidance and meaningful resources to support safe nursing practice. This positions the Board to achieve its mission of public protection and vision of exemplary nursing care for all. The North Carolina Nurse Practice Act (NPA) is a law that works together with the North Carolina Administrative Code (NCAC) in the state to govern safe nursing practice. This act provides the framework for safe, competent nursing practice. The NPA defines nursing practice for both registered and licensed practical nurses. The registered nurse has ten components of nursing practice, and the licensed practical nurse has seven components of practice. These components are further explained in NCAC. Position Statements are also available to interpret further and clarify law and rule. Like the ANA Code of Ethics Interpretive

Statements, the NCBON Position Statements provide guidance and direction related to common practice issues experienced by nurses. (NCBON, 2020a; NCBON 2020b; NCAC, 2022). These resources, along with consultation from NCBON staff, serve as a support resource for nurses who may be experiencing impaired resilience resulting in stress, burnout, and moral distress. These tools are most effective when nurses know and utilize them to make decisions regarding safe nursing practice. Expert staff well versed in nursing law and rule, licensure, education, practice, and compliance are available to assist nurses with related matters. By engaging the NCBON staff, nurses can assist the NCBON in carrying out its strategic plan to enhance public protection, advance best practices in nursing regulation, and facilitate access to safe nursing care.

Nursing Surge in Capacity Document

As mentioned earlier, the Nursing Surge Capacity document by the (NCBON), (NCHF), (NCONL), (NC DONA/LTC) (NCBON, 2021) captures the current state of nursing practice as a result of the biological event COVID-19. It serves as a resource to provide solutions for nurses to combat the challenges faced due to the pandemic. The document provides an overview of the nurse's accountability for safe nursing practice and laws and rules which mandate that practice. The paper offers examples of care delivery models that support appropriate staffing and nursing care capabilities during infectious disease epidemics. The resource highlights NCBON resources to support scope of practice barriers. It includes contact information for consultation from Board staff and links to additional resources in the list below (NCBON, 2021; NCBON, 2020c). The Nursing Surge in Capacity document has a plethora of information to assist and support nurses during the pandemic. Nurses must use the knowledge in resources such as these to build their capacity to adapt well in the face of adversity, trauma, tragedy, and significant sources of stress.

• Nursing Practice Act GS 90-171.20 (7) and (8)

• Administrative Rule 21 NCAC 36.0224

• Administrative Rule 21 NCAC 36.0225

• <u>Current NC NCBON temporary waivers and guidance</u>

• <u>Position Statements and Decision Trees:</u>

- <u>Scope of Practice Decision Tree for the RN and LPN</u>
- <u>Delegation and Assignment of Nursing Activities</u>
- <u>LPN Scope of Practice Clarification</u>
- <u>RN Scope of Practice Clarification</u>
- <u>Delegation of Immunization Administration to UAP</u>
- <u>Infusion Therapy- Insertion/Access Procedures</u>
- <u>Delegation: NAII Credentialed as EMT-I/P</u>
- <u>Delegation of Medication Administration to UAP</u>
- <u>Important Information About COVID-19 Vaccines</u>

Finally, additional community resources are available, such as the NC Area Health Education Centers (AHEC), Centers for Disease Control, American Association of Critical Care Nurses, The Society of Critical Care Medicine, and the American Association of Colleges of Nursing.

> *2. Review the Nursing Practice Act GS 90-171.20 (7) and (8), Administrative Rule 21 NCAC 36.0224, Administrative Rule 21 NCAC 36.0225, and Position Statements and Decision Trees: Scope of Practice Decision Tree for the RN and LPN. Reflect on how these resources can assist in the delivery of safe patient care.*
>
> *3. Review the Nursing Surge in Capacity Resource. Reflect on situations in practice for which this resource can be used to provide solutions.*
>
> *4. Reflect on opportunities for which practice consultation may be beneficial.*

Professional and Personal Resilience

Nurses must recognize the Governor's formal declaration of a state of emergency enables the NCBON legal and regulatory power to govern safe nursing practice and implement protections for public health. Guidance statements which the Board developed, support professional practice. Nurses should access guidance statements,

recommendations, and provisions of rules. A nurse can access these resources on the NCBON website (NCBON, 2020 d). To maintain professional resilience, nurses must be aware of these critical resources during a crisis.

Nurses can find themselves operating in crisis during a pandemic. The ANA Crisis Standard of Care is a resource that can build professional resilience. This resource provides guidance that applies to care decisions made during extreme circumstances, such as those resulting from emergencies, disasters, or pandemics like COVID-19 (ANA, 2020). The resource defines crisis standard of care as a substantial change in regular healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster (ANA, 2020). The crisis standard discusses the change in ethical frameworks nurses face. It also offers answers to frequent challenges nurses and their colleagues address during a crisis. Guidance for institutions is also included.

Being ready to adapt and provide essential care under crisis conditions is a professional responsibility (ANA 2020). Resilience often results in personal growth (APA, 2020; Stephens, 2019). Personal resilience can be defined as a person's ability to cope with stress and adversity and continue to function effectively (Rice and Lui, 2016). Individual resilience involves behaviors, thoughts, and actions that promote personal well-being (US DHHS, 2020). Stephens (2019) defines personal resilience as an individual's use of personal protective factors (PPFs) to navigate stressful situations or perceived adverse events to cope effectively and reach a higher level of well-being. When a nurse desires individual or personal resilience, it is vital to have a plan. Stephens Model of Resilience (2019) for building resilience begins with assessing PPFs that may need to be strengthened or enhanced. These PPFs are defined as coping skills that help defend us against the effects of stress. Examples of PPFs are competence, faith/spirituality, flexibility, hope, humor, meaning in life, optimism, perseverance, positive emotions, self-awareness, self-efficacy,

self-esteem, and social support. An assessment of strengths and areas of improvement in these areas will help nurses conceptualize PPFs individually. Nurses should identify two or three of the factors they desire to enhance. The model proposes developing and enhancing PPFs strengthens efforts to handle adversity and improve well-being. Stephens (2019) further asserts four central themes are vital to building resilience. The four themes or 4 Ps are priorities, purpose, perspective, and personal responsibility. Priorities means what matters most to the individual; purpose means recognizing meaning in life experiences; perspective means striving to see the big picture, and personal responsibility means being accountable for one's own well-being.

Nurses should ask themselves the following questions:

- **Priorities** - What are my priorities? What matters most to the individual? How do you define "doing what is right"? Does the way you spend your time and energy accurately reflect your priorities? If not, what's taking their place?
- **Purpose** - Why are you here? Do you believe there's a reason for everything that happens to you? Do you seek to learn from failure, disappointment, or "bad" experiences?
- **Perspective** - Do you strive to see the "bigger picture" when you're faced with a difficult situation? How do you remain informed? Who/what do you consult before making decisions?
- **Personal responsibility** - Do you believe you're accountable for your actions? Do you consider the effects of your behavior on others when choosing your response to a situation? Are you willing to "change your mind" or admit your mistakes for the good of your team or colleagues? (Stephens, 2019).

Nurses can apply this model immediately into daily life to strengthen personal resilience. When implementing this model nurses should recognize resilience building is an active process.

5. *Access Stephens Model for Building personal resilience available in the link below. Conduct the "What are your PPF's" self-assessment.* *https://www.myamericannurse.com/ wp-content/uploads/2019/08/ ant8-Resilience-729a.pdf*

6. *Identify 2-3 personal protective factor (PPF's) or coping skills for enhancement.*

7. *Reflect on the questions related to the "Building resilience with the 4 Ps" from Stephens Model of Resilience. How did it increase or improve self-awareness?*

The stress of the COVID-19 pandemic on nurse's well-being is duly noted in the literature. Resilience is a mediating factor for nurse's well-being. Resources and support presented here are tools nurses can use to achieve resilience, both professionally and personally.

8. *Consider your previous thoughts related to professional and personal resilience. Reflect on the ways in which the information provided in this article enhanced your knowledge of a nurse's individual professional and personal resilience.*

Conclusion

This article defined resilience, discussed challenges to resilience, enhanced resilience strategies and resources to support professional and personal resilience. This knowledge can increase nurse's ability to face current and future challenges. When a nurse makes choices anchored in strategies to enhance personal and professional resilience, it strengthens their abilities to engage in safe patient care, resulting in positive patient outcomes.
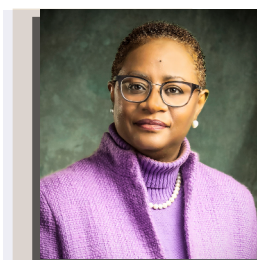
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