

## ORIGINAL ARTICLE

## Nurse leaders' strategies to foster nurse resilience

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**Abstract**

**Aim:** To identify nurse leaders' strategies to cultivate nurse resilience.

**Background:** High nursing turnover rates and nursing shortages are prominent phenomena in health care. Finding ways to promote nurse resilience and reduce nurse burnout is imperative for nursing leaders.

**Methods:** This is a qualitative descriptive study that occurred from November 2017 to June 2018. This study explored strategies to foster nurse resilience from nurse leaders who in this study were defined as charge nurses, nurse managers and nurse executives of a tertiary hospital in the United States. A purposive sampling method was used to have recruited 20 nurse leaders.

**Results:** Seven strategies are identified to cultivate nurse resilience: facilitating social connections, promoting positivity, capitalizing on nurses' strengths, nurturing nurses' growth, encouraging nurses' self-care, fostering mindfulness practice and conveying altruism.

**Conclusions:** Fostering nurse resilience is an ongoing effort. Nurse leaders are instrumental in building a resilient nursing workforce. The strategies identified to foster nurse resilience will not only impact the nursing staff but also improve patient outcomes.

**Implications for Nursing Management:** The strategies presented are simple and can be easily implemented in any settings. Nurse leaders have an obligation to model and enable evidence-based strategies to promote nurses' resilience.

**KEYWORDS**

nurse burnout, nurse leadership, nurse resilience, positivity, self-care

**1 | INTRODUCTION**

High nursing turnover rates and nurse burnout are prominent phenomena in health care. The turnover rates in health care are on the rise in the United States. In 2017, hospital turnover rates ranged from 4.5% to 30.7% with an average of 18.2%, the highest since 2013 (Nursing Solutions Inc., 2018). The cost of the high nurse turnover rates and nurse burnout levies an immense burden for hospitals' financial health and patient care quality. Finding ways to reduce nurse turnover and promote nurse well-being presents an urgency for health care leadership.

To enhance the well-being of health care providers, the Institute of Hospital Improvement of the United States has evolved the

health care practice model from the Triple Aim to Quadruple Aim (Bodenheimer & Sinsky, 2014). The Quadruple Aim (Bodenheimer & Sinsky) emphasizes the promotion of health care providers' well-being in addition to the Triple Aim that includes population health, patient experiences of care and per capita cost. Nursing is a major workforce in health care. Nurses' job performance is significantly correlated with their work engagement and patient safety and care quality (Bowles, Adams, Batcheller, Zimmermann, & Pappas, 2018; Olds, Aiken, Cimiotti, & Lake, 2017; Wei, Sewell, Woody, & Rose, 2018). Nurse leaders' leadership ability is positively associated with nurses' work performance and nurse resilience building (Kester & Wei, 2018).

Resilience is a process in which people can adapt well to the adversities they face and remain hopeful about the future (American Psychological Association, 2018). Nurse resilience is a skill that nurses can learn and possess to survive and thrive in the face of adversities at work (Kester & Wei, 2018). A national survey of intensive care nurses, however, showed that only about one-fifth of the nurses could be classified as being highly resilient (Mealer et al., 2012). The highly resilient nurses reported a lower level of nurse burnout (Mealer et al., 2012), indicating that resilience could play a substantial role in reducing nurse burnout and promoting nurse retention. It is, therefore, vital for nurse leaders to recognize and know how resilience can be cultivated among and applied to nursing staff.

Under a value-based payment system in the United States, the quality of patient care, which is measured in part by nursing-sensitive quality indicators, is a significant determinant for health care organizations' financial reimbursement from federal and health insurance agencies. Improving nursing retention and work engagement is a continued effort to increase the quality of patient care and the fiscal health of organizations (Kovner, Brewer, Fatehi, & Jun, 2014). Nurse leaders play an irreplaceable role in finding ways to upholding a resilient nurse workforce and improving nurse performance. It is necessary to understand nurse leaders' insights into ways to cultivate nurse resilience. Therefore, the purpose of this study is to identify nurse leaders' strategies to foster nurse resilience.

## 2 | METHODS

### 2.1 | Study design

This is a qualitative descriptive study with a phenomenological overcast (Sandelowski, 2000). This research design focuses on participants' subjective insights. The descriptions of nurse leaders' experiences of nurturing nurses are described in an everyday language rather than in more highly abstract, philosophical or conceptual terminologies.

### 2.2 | Setting and sample

The Institutional Review Board of the first author's university approved the study. This study took place in a health care system on the east coast of the United States from November 2017 to June 2018. In this study, nurse leaders were defined as charge nurses, nurse managers and nurse executives. A purposive sampling method was used to achieve a maximum variation in nurse leaders (Sandelowski, 1995). Information saturation was applied to control the sample size, which led to 20 nurse leaders in this study.

Emails were used to recruit the participants. The inclusion criteria were that participants had to be full-time nurse leaders of the health care system. The exclusion was applied if potential participants indicated that they were not willing to share their insights on building nurse resilience. In the recruiting emails, information included the title, the purpose and a short introduction of the study and the contact information of the first author (HW). Upon receiving

an enquiry email, the first author (HW) set up a time and met the potential participant to explain the study. If the participant agreed to join the study, an informed consent was then obtained and a time was arranged to conduct a one-time face-to-face interview.

### 2.3 | Data collection

Two forms of information were collected from the participating nurse leaders: a demographic form and an in-depth face-to-face interview. The demographic form included information such as participants' gender, age, ethnicity, academic degrees and positions. The face-to-face interviews lasted from 45 to 75 min and were audio recorded.

The first author (HW) conducted all the interviews. Interview questions were constructed by the first author (HW) and her research team. A major grand tour interview question was "Would you please tell me your strategies to build nurse resilience?" The following questions were directed based on participants' answers to the grand tour question and the purpose of the study, focusing on the strategies that nurse leaders used to build nurse resilience. To understand participants' deep subjective insights, probing questions were asked to encourage participants to elaborate on their experiences to facilitating nurse resilience. Examples of probing questions included "could you please explain ...?" and "would you share some examples of ...?"

### 2.4 | Data analysis

The process of the data analysis was a team effort. The first author (HW) was the primary coder of the data. She discussed the codes with the team and incorporated members' feedback in the codes. With a phenomenological overcast of the study, the data were analysed based on an analytical framework recommended by Colaizzi (1978). The analysis process included (a) reading the transcriptions thoroughly; (b) looking for patterns of nurse leaders' strategies to foster nurse resilience; (c) writing memos while reflecting on the strategies; (d) extracting statements about nurse leaders' strategies; (e) categorizing the extracted statements into themes; (f) transforming participants' descriptions into a written report; (g) validating the findings via member checks; and (h) integrating members' feedback in the final written report. A qualitative data analysis software, NVivo for Mac Version 12 (QSR International Pty Ltd, 2018), was used to aid the data analysis.

## 3 | RESULTS

### 3.1 | Demographics of the participating nurse leaders

A total of 20 nurse leaders participated in the study. These leaders comprised charge nurses ( $n = 8$ ), nurse managers ( $n = 8$ ) and nurse executives ( $n = 4$ ). The details of the nurse leaders' demographics are displayed in Table 1.

## 3.2 | Nurse leaders' strategies to cultivate nurse resilience

Seven resilience-building strategies were identified. These strategies were as follows: facilitating social connections, promoting positivity, capitalizing on nurses' strengths, nurturing nurses' growth, encouraging nurses' self-care, fostering mindfulness practice and conveying altruism.

### 3.2.1 | Facilitating social connections

Facilitating social connections is creating an atmosphere which can help nurses build interpersonal relationships with others. Promoting interpersonal relationships is a fundamental action to enhance a positive culture of individual units and the organization. Nurse leaders realize that social connections are the underpinnings for building a resilient nursing workforce. Engaging nurses in social events is an effective approach to promote social connections.

One way to promote social connections was to break down silos among units. One nurse executive talked about the "Cookie Crawl," a social event in which nurses baked cookies and swapped them among units. Nurses on different units put their baked cookies in little baggies. At break times, they went around different units and exchanged cookies. The nurse executive said, "The 'Cookie Crawl' provided opportunities for nurses not only to have fun but also to socialize within and among units." This event helped nurses meet the co-workers on other units with whom they interacted or might interact when admitting or transferring patients.

Kindness actions were spreadable. A nurse manager initiated a program called "Random Acts of Kindness." This was an event during which nurses conducted random acts of kindness to peers

and patients. There was a bulletin board in the unit where staff could post the acts of kindness that they received or performed. This manager said that nurses' kind actions enthused the interests of patients and families in the unit. They also wanted to join and conduct the acts of kindness to health care providers. The nurse manager expressed that "It was neat to see how kindness was growing. The acts of kindness made staff and patients tightly connected."

Outdoor activities and giving back to the communities created a tight connection among nurses. A nurse manager and her management team organized outdoor activities such as water rafting, which she said "helped their nurses work as a team and increased their interactions and bonding." One nurse leader took the social connections a step further and called nurses to give back to the communities. She and the nurses on her unit raised money for and volunteered at the Habitat for Humanity, a non-profit organization helping build houses for people in need. The nurses also volunteered to build fences with a coalition to unchain dogs. The nurse manager said that "It was a great way to build social connections while helping others, making nurses feel proud and more engaged at work."

### 3.2.2 | Promoting positivity

Promoting positivity means helping nurses see events from a positive perspective. While facilitating social connections improves nurses' morale and engagement at work, promoting positivity can provide nurses with a healthy work environment and thus improve nurse resilience. Nurse leaders have used evidence-based strategies such as the "Three Good Things," "Practicing Gratitude" and "Paying it Forward" to promote positivity at work.

Role modelling was an effective way to promote positivity. One nurse executive said, "Starting with me, I began to end my meetings with the 'Three Good Things'. I asked nurse leaders to say three good things that happened to them that day and encouraged them to do the same on their units." One nurse manager adapted the strategy and used it as "ending your shift with positivity." She designed a detachable paper notepad with a beautiful smiling face and sunshine on each page. At the end of the shift, nurses passed the notepad around and wrote down the good things that they did or encountered that day. After a couple of months, this manager said, "I saw an upward trend in various aspects of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores of the units."

Practicing gratitude was another effective approach that nurse managers used to promote positivity. A nurse manager created a routine, "beginning your shift with gratitude." The nurse manager said, "At each shift change, nurses, instead of talking about the mistakes or hardships that they endured, were encouraged to begin with the positive events that occurred that day." The nurse manager flipped nurses' usual tendency of talking about the negatives at the beginning of a shift to focusing on the positives. This manager saw similar results on her unit's HCAHPS scores, especially in the area of communications of the unit. A nurse leader explained the initiative "Pay It Forward." It was a way to respond to a kind act received by being kind to others. She said, "I was in the cafeteria this morning

**TABLE 1** Demographics of participating nurse leaders (*n* = 20)

Demographics	<i>n</i> (%)
Gender	
Female	18 (90)
Male	2 (10)
Age	
22-35	6 (30)
36-45	5 (25)
46-55	6 (30)
>56	3 (15)
Type of leadership	
Charge nurses	8 (40)
Nurse managers	8 (40)
Nurse executive	4 (20)
Race/Ethnicity	
Caucasian	16 (80)
African American	1 (5)
Asian	2 (10)
Hispanic	1 (5)

and paid for the person behind me. I received similar kindness gestures before, which made me feel grateful.”

### 3.2.3 | Capitalizing on nurses' strengths

Capitalizing on nurses' strengths means recognizing nurses' strengths and help them apply their strengths at work. This is a great way to not only satisfy nurses' desires but also build up their self-confidence and work engagement. Nurse leaders try to use various measures to recognize nurses' strengths and encourage their involvement at work.

Knowing and applying nurses' strengths inspired nurses' creativity at work. One nurse manager noticed that some nurses working in the afternoons started to show signs of being stressed out. Her unit was very busy in the afternoons due to higher volumes of admissions and discharges. This nurse manager used her observations and changed nurses to different positions and shifts. She moved one nurse who had a passion for processing patients' admissions and discharges to an afternoon position so that she could help with the unit's admissions and discharges and thus other nurses could focus on their patient care. This change significantly smoothed the workflow and boosted the morale of the unit.

Another nurse manager admitted that party-planning was not her strength, but she wanted to have social activities for her staff. She articulated, “A couple of nurses on the unit were very creative in crafting. I vested in their strengths and engaged them to take charge of the social events.” Properly allocating nurses' strengths improved nurses' excitement and engagement at work. Another manager was planning to use a scientific strengths-finding tool to help nurses find their strengths so that they could apply for the appropriate committees and positions on the unit.

### 3.2.4 | Nurturing nurses' growth

Nurturing nurses' growth is to guide and support nurses to develop personally and professionally. Due to the high nurse turnover rates, an essential role of nurse leaders is to nurture their nurses. Nurse managers' willingness to guide and support creates a loving and non-judgemental environment facilitating nurses to learn and grow.

Mentorship was a great way to support nurses' growth. A nurse manager said, “I know how overwhelming it is for new graduate nurses to come to a new unit with new knowledge to learn and new people to meet. So we've started a 'New Graduate Breakfast' program, an approach to developing mentorship for these nurses.” Another manager affirmed, “With increased patient acuity and continuing nursing shortage, new graduate nurses have to master critical thinking and clinical practice skills quickly. We provide one-on-one mentorship and continuing education to help them succeed.” A manager guided two new nurses herself on a project “The Three Good Things.” She said, “It is astonishing to see the two new nurses' growth from the project, which boosted their self-confidence.” Another nurse manager talked about how she used continuing education fairs to help new and veteran nurses grow professionally.

Nurse leaders' caring attitude could promote nurses' growth. One manager said that she had an open-door policy that nurses could come to talk to her at any time. She said that her open-door policy helped her connect with nurses. She affirmed, “I love my nurses. With my open-door policy, nurses know that they can come to me any time, which builds a great trust between us.”

### 3.2.5 | Encouraging nurses' self-care

Encouraging nurses' self-care relays the messages that it is necessary to take the time to care for oneself and that self-care is not a selfish act. Encouraging nurses' self-care is a crucial act by nurse leaders. No matter how hard nurse leaders try to support their nurses, they cannot take away all the stressors for nurses. Nurse leaders need to help nurses recognize the importance of self-care to build their resilience.

A nurse executive used “vaccination” as a simile to describing nurses' self-care. He indicated, “Viruses and bacteria are everywhere. While we cannot get rid of them, we can vaccinate to build up our immune system so that we do not get sick easily.” Similarly, while leaders could not get rid of the stressors for nurses, it was important for nurse leaders to support nurses to take care of themselves and overcome obstacles at work and in life. A nurse manager emphasized the importance of using positive actions and exercises for self-care. She explained, “We need to encourage nurses to be compassionate to themselves while being kind to others.”

Nurse leaders also felt that it was essential to create a work environment that was supportive of self-care. A nurse leader gave a few examples of supportive actions, including flexible scheduling and home-like break rooms. A nurse manager affirmed, “To make nurses' life easier, our management team tries hard not to flip-flop nurses' shifts. In addition, we created a caring center in the staff lounge, enabling staff to take breaks and have a homey feeling.” The premise to support nurses' self-care is that promoting self-care fosters nurse resilience.

Getting adequate sleep, eating a balanced diet, and engaging in regular exercises were foundations of self-care. A charge nurse stated, “For nurses to be emotionally resilient, they need to take care of their physical needs. Nurses are encouraged to utilize their lunch breaks for a half-mile walk outside the hospital.” A nurse executive added, “Approaches to building nurse resilience are varied from units to units. To some units, bringing in a massage service may be a great way, and to others, using an experienced team to debrief a difficult situation may work better.” Nurse managers need to find ways to recognize nurses' needs and help them recharge.

### 3.2.6 | Fostering mindfulness practice

Fostering mindfulness practice is a great way to direct nurses' attention away from their busy schedule and focus on the current moment non-judgementally. Mindfulness practice is an approach that can be used to help nurses feel recharged. Partnering with professionals in

the support departments of the hospital is a great resource to build nurse resilience.

One nurse executive expressed, "The chaplains of the hospital are not only for patients and families, but also for staff. One of the chaplains implemented a number of programs." An example that the chaplain did was the "Tea for the Soul," during which the chaplain went to the conference rooms of various clinical units. Nurses were encouraged and supported by their nurse leaders to go. During this time, nurses could simply enjoy a cup of tea or could do other mindfulness activities such as journaling, colouring, drawing and music.

While nurse leaders provided nurses with resources for mindful practice, nurses also needed to take the initiative to practice. A nurse manager said, "Initially, nurses did not accept the idea [mindfulness] well. Some nurses were reluctant and did not think that the mindfulness practice would help. Gradually, they realized that they did feel better afterward." A manager voiced, "Nurses are busy. A simple way that they can practice [mindfulness] is deep breathing. They can take three deep breathes while washing hands or before entering patients' rooms."

### 3.2.7 | Conveying altruism

Conveying altruism denotes a personal connection between nurses and leaders. Nurse leaders are in an exceptional position at work to create caring occasions. The caring relationships developed between them elevate their connections beyond the nurse leader associations to a human-to-human bond.

A manager pronounced, "As a manager, I have a unique role of being in-between, where I am a co-worker and a leader, to develop a close bond with my nurses." Another nurse manager added the importance of conveying caring through verbal and body languages. She described, "Caring is to convey our empathy through our actions. Our language, verbal or non-verbal, can make or break others' feelings." A charge nurse portrayed, "The simplest way of conveying caring is to just listen, being a part of the nurses' world."

Meaningful recognition was one of the ways to deliver an altruistic message. Nurse managers mentioned that genuine and meaningful recognitions were great ways to show nurses that what they did was valuable and appreciated. One nurse leader acknowledged, "As a leader, all my actions, big or small, have a ripple effect on nurses, which also trickles down to patient care. Nurse leaders are instrumental in building nurse resilience and improving patient care."

## 4 | DISCUSSION

This study has identified nurse leaders' strategies to foster nurse resilience. It is evident that nurse leaders have been actively trying to find ways to help nurses build resilience and combat burnout. The strategies identified in this study can build nurse resilience by helping nurses shift their focus, cultivate positivity/optimism, connect with others, practice being in the moment and improve their physical health including sleep, exercise and diet.

Building a positive interpersonal relationship is crucial to establishing and maintaining a healthy work environment and thus reducing nurse burnout. The relationships between nurse leaders and nurses are imperative to nurses' satisfaction, which is closely associated with patient quality of care (Wei, Wei, Brown, Buck, & Mill, 2018). The application of positive psychology is evident in the study. Applying positive psychology in health care presents an opportunity to help nurses intentionally look for the good that exists around them at work. When experiencing stress, individuals tend to have a narrower focus, focusing on the negative aspects of their environment (Fredrickson, 2001). Intentional activities such as the "Three Good Things," "Paying it Forward" and "Practicing Gratitude" have the potential to create a more positive work environment and ultimately build the resilient nursing staff. A workplace that is full of positivity will be a healthy work environment which can impact outcomes in health care (Roberts & Strauss, 2015; Wei, Wei, et al., 2018).

Social interactions and interpersonal relationships are fundamental to fostering nurse resilience. In the workplace, a focus on building social connections provides the opportunity to strengthen teamwork, reduce stress and improve the well-being of professionals (Soler-Gonzalez, San-Martín, Delgado-Bolton, & Vivanco, 2017). Positive social connections can be achieved in a multitude of ways, including team-building activities and positive interventions that enhance gratitude and altruism among team members. Furthermore, mentoring relationships can also provide an opportunity to strengthen social connections while nurturing the growth of nursing staff. In addition to enhancing the learning process and job satisfaction, mentoring has the potential to improve organizational commitment and potentially reduce staff turnover (Halfer, 2011; Soler-Gonzalez et al., 2017).

This study also finds that nurse leaders recognize and utilize nurses' strengths at work. Strengths-based leadership, a leadership style focusing on employee's strengths, is considered an effective way to promote employee engagement and satisfaction (Seligman, Steen, Park, & Peterson, 2005). The application of strengths at work has gained increasing attention as a powerful tool to improve employee well-being. Further, research has demonstrated that strengths-based leadership can lead to job satisfaction, productivity and organizational citizenship behaviour as a result of increased positive emotions and engagement (Lavy & Littman-Ovadia, 2017). Identifying strengths provides an opportunity for nurse leaders to engage employees in work activities that focus on their best qualities, creating positive change for individuals, teams and their organization. Nurse managers can tailor nurses' involvement and find ways to motivate nurses based on nurses' strengths and decrease burnout.

Nurse leaders play an irreplaceable role in facilitating a healthy work environment for nurses to help them overcome obstacles and develop professionally. As one nurse leader mentioned, life and work stressors are everywhere and cannot be avoided at work or in life. While nurse leaders cannot make stressors go away for nurses, they can find ways to help and support nurses and encourage them to

perform self-care. Nurse leaders are foundations for building a resilient and wholesome nursing workforce (Shirey, 2017; Wei, Wei, et al., 2018).

The benefits of mindfulness interventions in nursing have been recognized through research. A recent review of the literature finds that interventions to cultivate non-judgemental awareness of the present moment, including Mindfulness-based stress reduction, improve nurses' well-being and overall work and life satisfaction (Halm, 2017). The evidence also suggests that mindfulness enhances attentiveness in the clinical environment and holds the potential to positively impact the effectiveness and safety of patient care (Halm, 2017).

The human caring aspects of nurse leaders play a fundamental role in building nurse resilience. When nurse management teams provide nurses with flexible schedules, meaningful recognition and caring moments, nurses feel the altruism that their nurse leaders convey. From a unitary caring science paradigm, leadership in health care should not be process-driven, but follow a humanistic exemplary and be a leading force that unites human-to-human and human-to-environments (Watson, Porter-O'Grady, Horton-Deutsch, & Malloch, 2018). Nurse leaders' actions have a ripple effect on nurses' actions and experiences (Watson et al., 2018). Nurse leaders' actions influence nurses' behaviours which then affect patient care and experiences (Wei, Roscigno, & Swanson, 2017; Wei, Wei, et al., 2018). Nurse leaders are instrumental in fostering nurse growth and building a resilient nursing workforce.

## 5 | CONCLUSION

Nurse leaders are instrumental in building a resilient nursing workforce. The high nursing turnover rates, nursing shortage and the rising standards of quality of patient care compose the challenges for health care leadership teams. Because of the characteristics of nursing jobs, often facing death and dying, nurses are prone to enduring compassion fatigue and emotional exhaustion. Promoting nurse resilience is an imperative approach to reduce nurse burnout, provide excellent patient care and maintain health care organizations' financial health. The strategies identified to foster nurse resilience will not only impact the nursing staff but also improve patient outcomes.

## 6 | IMPLICATIONS FOR NURSING MANAGEMENT

This study provides valuable information to nursing leaders for clinical application. The strategies identified in this study are simple and cost-effective and can be easily implemented in any clinical settings. To improve patient care quality and reduce nurse burnout, promoting nurses' resilience is of high importance. Nurse leaders play a pivotal role in adopting and implementing evidence-based strategies to promote nurses' resilience.

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## ETHICAL APPROVAL

This study was approved by the Institutional Review Board of the East Carolina University. The approval number is: UMCIRB 17-002039.

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