Leadership Strategies to Support Resilience

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LEADERSHIP STRATEGIES TO SUPPORT RESILIENCE

A Scholarly Inquiry Paper
Submitted to the Faculty
of the Department of Nursing
College of Nursing and Health Sciences
of Winona State University

by
Katee Paine

In Partial Fulfillment of the Requirements
for the Degree of
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Abstract

Healthcare institutions have garnered national attention due to high levels of healthcare worker burnout, stress, and turnover rates. As the largest population of healthcare workers, nurses are often confronted with stressors that can lead to burnout in their practice and work environment. The global COVID-19 pandemic has highlighted and magnified these stressors over the past year, such as emotional strain of caring for dying patients, long shifts, rotating schedules, increased workload demands, and high-stress work environments. Resilience, characterized by an ability to bounce back from adverse situations, has been found to play an important role in navigating and adapting to these work-related stressors. The purpose of this scholarly inquiry paper was to explore leadership strategies that encourage resilience among nursing staff. An integrative literature review found five strategies that nursing leaders can implement to encourage nursing resilience. Twenty-three articles were selected for the feasibility in supporting the purpose of this project. The interventions described include shared governance, debriefing, social support, mentorship, and education. This paper also provides a concept map that incorporates techniques that nurse leaders can utilize to promote resilient nursing teams. Nurse leaders are monumental in enhancing the work environment and the well-being of the nursing staff. As such, several key findings are recommended based on this literature review. Nurse leaders can incorporate shared governance, formal debriefing, mentorship programs, and education in their work environments. Additionally, it is recommended that nurse leaders spend time building personal relationships with nursing staff members to ensure value congruence among the team. The strategies identified cultivate nurse resilience, positively impact the work environment, and improve patient outcomes.
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Leadership Strategies to Support Resilience

Introduction

Healthcare workers and institutions are facing turbulent and challenging times. The cruel realities of the COVID-19 pandemic further magnified these challenges over the past year. Even when not in a pandemic, the nursing profession is inherently exposed to chronic and traumatic stressors contributing to the development of burnout, compassion fatigue, and job dissatisfaction, which can negatively affect patient care (Al Ma’mari et al., 2020; Henson, 2020; Kelly & Todd, 2017; Zhang et al., 2018). Some work-related stressors include the emotional strain of caring for dying patients, long shifts of 12 hours or more, rotating schedules with nights and days, excessive workload demands, ineffective teamwork, value conflicts, and high-stress work environments (Henson, 2020; Kelly & Todd, 2017; Nursing.org, 2020). The prevalence of these stressors affects nursing retention and absenteeism (Kelly & Todd, 2017). High nursing turnover rates continue to be a challenge with 20% of nurses leaving their position within their first year of employment and hospital turnover rates as high as 30.7% (Kelly & Todd, 2017; Wei et al., 2019). The consequences of high turnover rates not only create a cost burden for hospitals’ financial security, but also affect patient safety and quality of care. Studies have found significant correlations between burnout, job performance, patient safety, and high-quality care (Joint Commission, 2019; Wei et al., 2019). Identifying factors associated with retention are of high importance. Faced with unprecedented healthcare practice changes and patient volumes, bedside providers’ level of emotional exhaustion and stress has continued to intensify.

The impact of the global healthcare crisis is a topic being heavily researched as the world continues to journey through the unrelenting pandemic. Because the impact is still not well understood, nurse leaders have a tremendous responsibility in enhancing the well-being of
nursing staff. As such, the Institute of Hospital Improvement evolved the Triple Aim to the Quadruple Aim to emphasize the importance of promoting healthcare workers’ well-being (Wei et al., 2019). Finding ways to enhance nursing well-being is imperative to reduce turnover and promote mental health. Thus, building resilience among the nursing workforce has been proposed to strengthen nursing longevity. The primary area of study for this scholarly inquiry paper is to explore nursing leadership strategies to support resilience among the nursing workforce.

**Background and Rationale**

Resilience by definition is “the ability to face adverse situations, remain focused, and continue to be optimistic for the future” (Kester & Wei, 2018, p. 42). Studies have illustrated that resilience is a process that can be developed within individuals, groups, and systems (Delgado et al., 2016; Jackson et al., 2007). Originally, the concept of resilience was studied in psychology after children experienced major traumatic stress events (Jackson et al., 2007; Lyu et al., 2019). Psychologists sought to better understand the underlying processes that allowed favorable outcomes with children who faced life adversity (Jackson et al., 2007). The concept of resilience has since evolved and gained attention in the world of healthcare.

In nursing journals, resilience has been proposed as a set of dynamic attributes that include an ability to face and recover from adversity, adapt to change, and adjust oneself and/or environment while maintaining a positive attitude and optimism (Delgado et al., 2016; Jackson et al., 2007; Lyu et al., 2019). All individuals have the ability to develop resilience, and this process is shaped by individual experiences, personal characteristics, environment, and the person’s balance of risk and protective factors (Jackson et al., 2007). There are internal and external factors that affect the level of one’s ability to develop resilience. Internal resilience promoting
qualities are known as psychological capital and include a sense of purpose, faith, sense of self, empathy, creativity, humor, high self-efficacy, flexibility, emotional intelligence, hope, and optimism. Moreover, psychological capital can be developed through training programs and improving individual well-being (Badu et al., 2020; Delgado et al., 2017; Dimino et al., 2020; Jackson et al., 2007; Low et al., 2019; Rees et al., 2019; Spiva et al., 2020; Turner, 2014).

External promoting factors are found in workplace and practice environments. Evidence from the literature positively correlates autonomy in practice, strong nursing leadership, empowerment, supportive social networks, availability of resources, and encouragement of self-care with healthy resilient work and practice environments (Badu et al., 2020; Bernard 2019; Delgado et al., 2016; Jackson et al., 2007; Labrague & De los Santos, 2020; Lyu et al., 2019; Rees et al., 2019; Spiva et al., 2020; Wei et al., 2019).

Interventions aimed at supporting internal and external factors to help build individual and group resilience have shown to improve psychological health, improved work relationships, professional quality of life, and improved job satisfaction (Badu et al., 2020; Bernard, 2019; Bogue & Bogue, 2020; Delgado et al., 2016, Labrague & De los Santos, 2020; Wei et al., 2019). In addition, “nursing leaders’ leadership ability is positively associated with nurses’ work performance and nurse resilience building” (Wei et al., 2019, p. 681). Therefore, developing strategies to foster and promote resilience is a key priority for nurse leaders. Nurse leaders have a responsibility to create environments that cultivate resilient workforces. According to Bergstedt and Wei (2020), employee engagement and resiliency will lead to improved organizational outcomes, including decreased mortality, improved finances, and exemplary service quality. It is imperative to better understand strategies to encourage and support resiliency among nursing staff.
Purpose of the Inquiry

The purpose of this inquiry was to review existing evidence and interventions aimed at encouraging and supporting resiliency among nurses. Evidence-based practices that promote resiliency among nursing staff were explored. Although resilience has been shown to improve one’s ability to thrive in adversity, a survey of nurses showed that only one-fifth of nurses were considered to be highly resilient (Wei et al., 2019). As the pandemic has caused increased stress and burnout among bedside clinicians, leaders must implement strategies to aid in the process of developing resilience. The literature synthesized in this paper will provide nursing leaders with evidence-based practices to implement that will encourage the development of individual and group resiliency.

Clinical Question

As stated previously, this paper will summarize evidence-based strategies that a nurse leader can deploy to promote resiliency among nursing staff. The clinical question answered was: How can a nurse leader effectively encourage and support resiliency among frontline registered nurses?

Method of Inquiry

An integrative literature review was conducted to explore the clinical nursing question. An integrative review is a “method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon” (Whittemore & Knafl, 2005, p. 546). Additionally, the integrative approach allows for review of diverse methodologies (Whittemore & Knafl, 2005). The purpose of a literature review is to review recent and important information related to a topic of interest and subsequently identify any gaps
in knowledge that may exist (Gray et al., 2017). This method was appropriate for this clinical question as it synthesizes information from a variety of sources and perspectives.

**Literature Review**

**Introduction**

A review of relevant literature was conducted to examine existing evidence related to building resilience among nursing staff. While a significant amount of research exists regarding individual methods of building resilience, less literature on implementable strategies for nursing leadership is available. This paper will review methods for encouraging and supporting resilience and offer specific strategies for nursing leaders to implement. Refer to Appendix A for an appraisal of the literature utilized for this inquiry paper.

**Search Strategy**

To identify and examine existing literature on this topic, relevant research was sought through a query of several databases. Primarily, the databases PubMed, CINAHL, and Scopus were utilized. The Mayo Clinic librarian also conducted a literature search on behalf of the author. Table 1 depicts details regarding data abstraction methods.

**Table 1**

*Databases Searched and Data Abstraction Method*

<table>
<thead>
<tr>
<th>Date of Search</th>
<th>Keyword Used</th>
<th>Database/Source Used</th>
<th># of Hits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1/15/21</td>
<td>Nursing leadership and resilience</td>
<td>CINAHL</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>1/30/21</td>
<td>Nursing leadership and resilience</td>
<td>Scopus</td>
<td>24</td>
<td>8</td>
</tr>
<tr>
<td>2/8/21</td>
<td>Shared governance and nursing and resilience</td>
<td>CINAHL</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>2/15/21</td>
<td>Mentorship and nursing and resilience</td>
<td>CINAHL</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>
When searching PubMed, the following search terms were used: ‘nursing leadership,’ ‘nursing,’ ‘nurse leaders,’ ‘resilience,’ ‘resiliency,’ and their combinations. The search was limited to articles from the past ten years, 2010–present to provide the most current evidence. Only English-language articles were reviewed, and articles focused on leadership strategies were given preference. Initially, the title and abstract of articles were reviewed in the search result to identify applicable content. Remaining articles were then reviewed in full and critically appraised for quality and applicability to the clinical question. Preference was given to articles that focused on nursing leadership strategies; however, other articles were included to enrich the content and themes related to building resilience. Studies that focused on nursing students, allied health, patients or families’ resilience were excluded. After themes were identified, an additional search with each theme and resilience was conducted. The following search terms were used: ‘mentorship’ and ‘nursing resilience’, ‘shared governance’ and ‘nursing resilience’, ‘debriefing’ and ‘nursing resilience’. The search resulted in 23 articles reviewed for this inquiry. Refer to Appendix A for the detailed appraisal of the literature utilized in this review. Levels of evidence identified in this table are scored based on the rating tool by Ackley, Swan, Ladwig, and Tucker (2008) and is detailed in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Level and Description according to Framework from Ackley, Swan, Ladwig, and Tucker (2008)</th>
<th>Number of articles used in inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td></td>
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<tr>
<td>Systematic review or meta-analysis of all relevant randomized controlled trials (RCTs) or evidence-based clinical practice guideline based on RCTs</td>
<td>2</td>
</tr>
<tr>
<td>Level II</td>
<td>One or more well-designed RCT</td>
</tr>
<tr>
<td>Level III</td>
<td>Well-designed controlled trial without randomization (quasi-experimental)</td>
</tr>
<tr>
<td>Level IV</td>
<td>Well-designed case-control or cohort study</td>
</tr>
<tr>
<td>Level V</td>
<td>Systematic review of descriptive and qualitative studies (meta-synthesis)</td>
</tr>
<tr>
<td>Level VI</td>
<td>Single descriptive or qualitative study</td>
</tr>
<tr>
<td>Level VII</td>
<td>Expert committee or authority opinions or report</td>
</tr>
</tbody>
</table>

### Themes

Through the literature review, several themes emerged as essential components in resilience building including shared governance, debriefing, social support, mentorship, and education. Each theme will be discussed in terms of how the topic relates to resilience.

**Shared Governance**

Shared governance is a process where “frontline care providers are active and empowered participants in institutional decision making” (Kutney-Lee et al., 2016, p. 605). Nursing research demonstrates that nurses feel more empowered when actively participating in decision making (Kutney-Lee et al., 2016; Ulrich et al., 2019; Zhang et al., 2018). Shared governance promotes both internal and external drivers of resilience. Through sharing of ideas and participating in decision-making, nurses’ input is sought, valued, and heard, all of which provide a deep sense of individual and group satisfaction. A sense of satisfaction builds psychological capital improving perceived feelings of self-worth, purpose, and self-efficacy. A high level of psychological capital will further translate into dedication and commitment to one’s profession, subsequently building individual empowerment and ultimately resilience.
Staff engagement and collaboration are at the core of shared governance. Gensimore et al. (2020) found nurses were more likely to stay in their job when involved in the internal governance of the hospital. Consistent with these findings, Pabico (2015) stated that engaging staff as partners in decision-making lead to increased loyalty and commitment. In other words, enabling staff ownership improves collaboration, fosters transparent communication, encourages accountability, and builds engagement. The Institute of Medicine (IOM) stressed the importance of shared governance in the landmark report, the Future of Nursing: Leading Change, Advancing Health (2011). The IOM encouraged shared participation between senior leadership and nursing and reported that in order to provide collaborative high-quality care, nurses and leadership must act in partnership (Ulrich et al., 2019). Additionally, units with active shared governance councils had higher rated patient satisfaction scores when compared with traditionally governed units (Kutney-Lee et al., 2016). When nursing input is valued, staff will be more dedicated and work more efficiently (Pabico, 2015).

In summary, organizations that enable nurses to become involved in decision-making through shared governance are more likely to promote nursing engagement and provide better patient outcomes (Gensimore et al., 2020; Kutney-Lee et al., 2016; Pabico, 2015; Zhang et al., 2018). Engagement and empowerment are linked to several nursing outcomes including job satisfaction, decreased burnout, decreased intention to leave, fewer nurse-reported patient safety events, and increased quality of care, all of which support and encourage individual and team resilience (Gensimore et al., 2020; Kutney-Lee et al., 2016; Pabico, 2015; Zhang et al., 2018). Healthcare teams will excel and become more resilient when everyone is valued, working collectively, and are engaged in the decision-making process.
Debriefing

Debriefing is a process to reflect and develop insights and understanding through dialogue between two or more people (Agency for Healthcare Research and Quality [AHRQ], 2019; Jackson et al., 2007). A debriefing session is an information-sharing event that is typically conducted among peers (AHRQ, 2019). In essence, debriefing allows group members to become informants to each other with the goal to process and share information and potentially offer insights and reflections. According to Lyu et al. (2020), the sharing of emotions, including negative feelings, can be an effective way to alleviate workplace pressure. A study by Davis and Batcheller (2020) emphasized the importance of debriefing through implementation of a resiliency bundle that included frequent structured debriefing sessions with pastoral care. In this study, there was a statistically significant increase ($p < 0.0001$) in group resilience within six months of the bundle implementation (Davis & Batcheller, 2020). Fortifying these findings, Stacey et al. (2020) implemented resilience-based clinical supervision sessions over the course of one year. These structured sessions offered the nursing staff a safe space and group dialogue that encouraged critical reflection and provided validation of feelings. The researchers found these structured sessions were a venue for nursing staff to “share and contain feelings they were experiencing as these feelings were explored in their full complexity” (Stacey et al., 2020, p. 3). According to Labrague and De los Santos (2020), the social and emotional support provided during debriefing sessions help provide a sense of security. Therefore, debriefing is considered a means to promote morale among the individuals and group, shape sense of self, and build emotional intelligence. Ultimately, all these components strongly influence the resilience building process. The sharing of work experiences among peers is positively correlated with
improved mental health and well-being, ultimately leading to more resilient individuals and teams (Hofmeyer & Taylor, 2021; Labrague & De los Santos, 2020; Lyu et al., 2020).

**Social Support**

Social support from colleagues promotes resilience by increasing self-efficacy and encouraging a sense of belonging (Wang et al., 2018). Studies show that high levels of peer support led to healthier coping behaviors, increased solidarity, and helped individuals perceive situations as less threatening. A study by Wang et al. (2018) found that coworker support was strongly associated with increased self-efficacy ($p < .033$). Furthermore, social support from peers has been shown to decrease anxiety (Labrague & De los Santos, 2020). According to Labrague and De los Santos (2020), a high amount of social support was negatively associated with psychological symptoms that would affect one’s ability to cope with stressful situations. Coworkers play an important role in handling difficult situations with immediate hands-on assistance and by providing emotional support and advice. Additionally, Wei et al. (2019) found that encouraging interpersonal relationships was fundamental in cultivating a positive culture, which serves as the base for building a resilient nursing workforce. Strengthening relationships among peers equates to stronger teams through building trust, confidence, and enhancing comradery, all of which help the team overcome challenges (Ang et al., 2018; Wang et al., 2018). Social support from coworkers can “buffer stress, decrease psychological problems, and increase staff retention” (Wang et al., 2018, p. 658). Strong interpersonal relationships among coworkers promotes both internal and external factors of resilience. By strengthening feelings of belonging and self-efficacy, these interpersonal relationships directly impact individual well-being ultimately driving increased resiliency. Additionally, these relationships play into developing a healthy work environment further promoting the importance of the external factors
associated with resilience. Therefore, cultivating a positive work environment through social support and strong interpersonal relationships promotes a resilient nursing workforce.

**Mentorship**

“Mentoring is defined as a nurturing process with the aim of promoting professional and personal development” (Zhang et al., 2016, p. 136). A mentorship entails a skilled, experienced person teaching, encouraging, counseling, and acting as a role model for a novice professional (Zhang et al., 2016). Mentorship builds resilience, as it is associated with improved self-confidence, strengthening of emotional intelligence, and increased competence (Davey et al., 2020; Jones, 2017; Zhang et al., 2016). The use of mentorship programs directly impacts registered nurses’ intent to stay and increased job satisfaction resulting in improved overall retention rates (Davey et al., 2020; Jones, 2017; Zhang et al., 2016). Several of the studies reviewed reinforced the benefits of a mentorship program. A study by Davey et al. (2020) highlighted how the mentorship program benefited both mentee and mentor. In this qualitative study, the mentoring relationship allowed the mentees to develop new ways to explore workplace challenges and encouraged professional relationship building. The mentors gained new insight and understanding of the challenges faced by novice staff members (Davey et al., 2020). Jones (2017) found an overall increase in nurses’ intent to stay after a three-month mentorship program was implemented in the emergency department. Additionally, 100% of mentors reported the mentoring program enhanced their job satisfaction (Jones, 2017). DeGrazia et al. (2021) created a new role that offered just in time support, mentorship, and education for nurses facing ethically and challenging situations. Known as the Nurse Education and Support Team coach (NEST), the coach was used as a consult team member to provide one on one support for nursing staff. After implementation of the NEST role, a post survey was conducted and found that 85% of nurses
who interacted with a coach were satisfied with their support and helped to address key issues that were important to them (DeGrazia et al., 2021). All of these studies support the idea that mentorship is valuable as it encourages emotional insight, provides validation of feelings, and offers techniques to navigate challenging situations, all of which encourage resiliency.

Mentorship from experienced professionals also helped mentees further develop individual values, passion for work, and overall contributed to the sense of belonging in the workplace (Low et al. 2019). Badu et al. (2019) found evidence that role modeling and mentorship helped manage enduring negative emotional stress. Finally, supporting these previous findings, a literature review conducted by Zhang et al. (2016) found mentorship programs reduced the turnover rate of newly graduated registered nurses, improved job satisfaction, reduced stress, and enhanced self-confidence and decision-making.

In summary, the literature illustrated that mentorship contributes to resilience building by reducing negative effects of the workplace, increasing coping mechanisms, building an awareness of stressors, and helping both mentors and mentees develop a strong professional identity (Badu et al., 2019; Davey et al., 2020; DeGrazia et al., 2021; Jones, 2017; Low et al., 2019; Zhang et al., 2016).

Education

Education programs aimed at developing personal resilience were embedded throughout the literature. Education strategies emphasize the understanding of the concept of resilience and promote physical, psychological, social, and emotional well-being of the individual (Delgado et al., 2017). Davis and Batcheller (2020) found that resilience bundles which included educational courses improved clinician well-being and overall increased the perception of individual resilience ($p < .0001$). Low et al. (2019) discussed a work-based resilience workshop that
provided creative learning activities. This workshop led to enhanced problem-solving ability, encouraged self-awareness and self-efficacy, and promoted behavioral changes to support resiliency. Similarly, Delgado et al. (2017) discussed a didactic and discussion-based education program on resilience. This program included specific education on “resilience-building elements of positive and nurturing relationships and networks, mentoring, positive outlook, hardiness, intellectual flexibility, emotional intelligence, life balance, spirituality, reflection and critical thinking” (Delgado et al., 2017). Consistent with previous research, findings from this program showed personal and professional gains including enhanced self-confidence, self-awareness, assertiveness, and self-care (Delgado et al., 2017; Low et al. 2019; Spiva et al., 2020). Participants from a staff resiliency program implemented at the Center for Integrative Health reported significantly decreased stress levels and increased confidence in coping ability at the conclusion of the educational program (Turner, 2014). Spiva et al. (2020) also found that an education program developed stronger resiliency among participants. Education was offered to charge nurses with a one-day course that focused on building a foundation for self-awareness, understanding factors that lead to burnout, and offering strategies to create equilibrium and wellness. Following participation in the class, data collected showed charge nurses scored higher on resiliency scores than pre-intervention ($p < .000$) (Spiva et al., 2020). Furthermore, an integrative review by Badu et al. (2019) found four papers where educational workshops helped mitigate negative effects of nurses’ wellbeing. All of these findings illustrate that education on resilience building techniques improve coping, decrease stress, encourage self-awareness and understanding, and strengthen overall health in nurses (Badu et al., 2019; Delgado et al., 2017; Low et al., 2019; Spiva et al., 2020; Turner, 2014). Education tailored towards individual ability to develop resilience can maximize empowerment, coping techniques, and self-confidence.
SYNTHESIS OF LITERATURE

Overall Synthesis

Of the 23 articles included in this review, a variety of evidence was discovered. Quantitative evidence was reflected through cohort studies while multiple qualitative studies provided depth and insight into personal understanding of resilience attributes. The literature review also included expert opinions from leaders within the nursing leadership profession who added valuable perspectives, practical knowledge and experiences, and offered specific leadership strategies to implement. Overall, most studies reviewed were Level IV-Level VII. The Oxman, Cook, and Guyatt Index was used to critically appraise the systematic review conducted by Zhang et al. (2016). Some of the studies included were of low methodological quality and the majority were quasi-experimental studies; therefore, this paper was appraised with only minor flaws with strong scientific quality. The critical appraisal of the meta-analysis completed by Zhang et al. (2018) was performed utilizing the guideline from DiCenso, Guyatt, and Ciliska (2005). Due to the high heterogeneity noted among the articles included for the analysis, the authors were only able to calculate the summary effect size, subsequently decreasing the overall strength of the analysis. Appendices B and C detail the critical appraisal for Zhang et al. (2016) and Zhang et al. (2018) respectively. Through this review of evidence, several themes emerged regarding leadership strategies to build resilience among staff including shared governance, debriefing, social support, mentorship, and education. The number of articles for each level of evidence included in this scholarly inquiry paper is identified in Table 2.

Gaps in Literature

Resilience has been proposed as an attribute that will ensure bedside nursing longevity. However, there is a lack of higher-level evidence that would help illustrate the impact of the
previously discussed resiliency building techniques. Only two articles reviewed were Level 1 and no randomized or non-randomized controlled studies were found to support the clinical question. The cohort studies reviewed included small or self-selected convenience sampling, which limits the generalization to a larger population. Further research is needed utilizing rigorous methods to examine the impact of resilience building. Additionally, more research is needed on the longitudinal impact of resilience building among the healthcare work force.

Conceptual Framework

Concept Map

A concept map was designed to highlight the leadership strategies to help build resilient nurses and teams. The main concept explored in this literature review was resiliency; therefore, resiliency is located at the top of the map. The main themes which included shared governance, debriefing, social support, mentorship, and education are positive influences on resilience and are depicted with black arrows. The effects of each leadership strategy on individual ability to develop resiliency is noted in rectangular squares. Each rectangle summarizes internal and external promoting factors of resilience. It is important to note that all internal and external promoting factors of resilience are related and directly affect one’s overall resiliency. The concept map is illustrated in Figure 1.
Figure 1

Resilience Concept Map

- Shared Governance
  - Participation in unit and hospital decision making
    - Encourages empowerment
    - Builds engagement
    - Increases job satisfaction
    - Opportunities for bidirectional communication and partnership
    - Validates nursing staff concerns and values
  - Encourages empowerment
  - Builds engagement
  - Increases job satisfaction
  - Opportunities for bidirectional communication and partnership
  - Validates nursing staff concerns and values

- Social Support
  - Builds interpersonal relationships
  - Encourages positive work culture
  - Provides validation by getting to know staff
  - Promotes better understanding of self
  - Encourages sharing of feelings and experiences

- Debriefing
  - Promotes better understanding of self
  - Encourages sharing of feelings and experiences

- Mentorship
  - Role modeling behaviors and peer relationships
  - Increased intent to stay
  - Reduces stress and increases coping capabilities
  - Strengthens decision making and competence
  - Enhances self-confidence

- Education
  - Educational models and classes offered
  - Creates better understanding of resilience and ability to develop attributes to become resilient
  - Teaches self-care techniques and encourages well-being

Note. See Appendix A for reference author by numbers
Conclusion, Implications, and Recommendations

Introduction

Developing resilience is a dynamic non-linear process that is influenced by both internal and external factors. Individual ability to develop resilience plays an important role in responding to adversity in the workplace. Nurses are faced with challenging situations while caring for patients in their most vulnerable moments. As Kelly et al. (2019) said, nurses “support people through extreme emotional times of unbounded joy, turbulent uncertainty, and unimaginable pain, fear, and loss” (p. 461). Developing and maintaining resilience may serve to mitigate the workplace stressors faced by bedside nurses. Prioritizing the well-being and mental health of the nursing workforce is essential given the combined challenges of the global COVID-19 pandemic, documented high levels of burnout and compassion fatigue, and high nursing turnover rates (Al Ma’mari et al., 2020; Henson, 2020; Kelly & Todd, 2017; Wei et al., 2019; Zhang et al., 2018). As improvements in healthcare continue to help those with acute and chronic illnesses survive longer, the need and use of health resources will simultaneously continue to rise. The occupational stressors nurses face will be sustained due to job related stressors and high work demands. Therefore, nursing leaders play an imperative role in shaping and supporting the frontline nursing workforce. Building a resilient workforce requires not only maximizing use of personal resilience strategies but also creating, fostering, and maintaining a supportive and healthy work environment.

Implications for Nursing Leaders

Shared Governance

A core component of resilience building is staff engagement and empowerment, and utilization of shared governance serves as a leadership strategy to empower bedside staff.
Eliminating hierarchies is a successful technique for nursing leaders to create a culture of partnership (Pabico, 2015). Brainstorming solutions and seeking staff input places value on nursing ideas while reinvigorating bedside staff (Berkow et al., 2020). Shared governance allows staff to participate in bidirectional communication to ensure that voices of the bedside staff are heard among peers and leadership. Allowing staff nurses to participate in shared decision-making is a specific leadership technique that is positively associated with nurses’ feelings of empowerment (Joint Commission, 2019; Kutney-Lee et al., 2016). Researchers found that when nurses work in an empowered working environment, relationships among colleagues were stronger which led to lower stress and emotional fatigue (Zhang et al., 2018). Shared governance places problem solving capabilities in the hands of those who provide direct care. This accountability bolsters individual and group ownership and equity. Leadership behaviors that motivate, engage, and empower bedside staff provide the best outcomes for patients, staff, the organization and ultimately foster resilient teams.

**Debriefing**

Scheduling regular formal debriefing sessions is one leadership strategy that encourages empathy and enables a mutual understanding among the team. Reflection is at the core of debriefing and helps individuals and teams examine the reasoning behind actions (National League for Nursing [NLN], 2015). Debriefing consists of critical conversations that help reframe the context of a situation, clarifies perspectives and assumptions, utilizes techniques to build trust among the group, and serves as a supportive outlet for staff. This leadership strategy promotes internal and external resilient factors by supporting individual coping capabilities and championing a cohesive work environment. Moreover, debriefing is considered a means to enhance morale among the individuals and group, shape sense of self, and build emotional
intelligence. Ultimately, all these components strongly influence the resilience building process. The sharing of work experiences among peers is positively correlated with improved mental health and well-being, ultimately leading to more resilient individuals and teams (Hofmeyer & Taylor, 2021; Labrague & De los Santos, 2020; Lyu et al., 2020).

**Social Support**

Nursing leaders must take a personal interest in staff, allowing the leader and nurse to get to know each other in order to support the growth of a strong interpersonal relationship. Learning about the individuals and team will enable the nursing leader to recognize when they are “overburdened and in need of coaching” to return to a balanced state (Bernard, 2019, p. 47). Participating in conversations with frontline nursing staff allows leadership to better understand concerns, needs, and learn what they value (Hofmeyer & Taylor, 2020). With that information, nurse leaders can create the connection between the team values and organizational values with the work they are performing (Bergstedt & Wei, 2020). Learning about the individuals provides emotional support and guidance, which can drive motivation among a team member ultimately resulting in increased resiliency.

Furthermore, building positive connections among staff can enhance altruism and gratitude between colleagues (Wei et al., 2019). Initiating and engaging nurses in social events is a leadership strategy nurse leaders can implement to create resilient teams. Wei et al. (2019) discussed one way to promote social connections was to break down silos among units. One nurse manager created a “cookie crawl” event in which nurses from different units placed cookies in baggies and “crawled” from unit to unit doing a cookie exchange. This tactic helped nurses meet staff from other units with whom they may interact when admitting or transferring
patients (Wei et al., 2019). Creating opportunities to develop relationships among peers established positive social connections and thus enhanced resilient team building.

**Mentorship**

Nursing leaders must nurture nurses’ growth. Implementing a mentorship program is a leadership technique that will directly affect the resiliency of the nursing workforce. Participation in a work-based mentorship program enhanced both the mentors and mentees’ professional development, self-confidence, and ability to approach workplace challenges (Davey et al., 2020; Jones, 2017; Low et al., 2019; Zhang et al., 2016). Imitative learning through mentorship can be viewed as a leadership strategy to role model personal resilience (Low et al., 2019). Mentorship promotes internal resilience building elements including sense of self, self-efficacy, emotional intelligence, and hope. Mentorship also capitalizes on supportive work environments through enhancement of social support and empowerment.

**Education**

Incorporating education on resilience building is a leadership strategy that can positively affect nurse well-being and job satisfaction. As Low et al. (2019) said, “the relevance and need for resilience education in the healthcare profession is critical” (p. 327). It is well understood that the profession of nursing is a demanding profession (Low et al., 2019; Turner, 2014). Education tailored to defining the process of resilience building with evidence-based techniques, exploring the attributes and behaviors of resilient individuals and teams, and discussing the relevancy of resilience will serve as a useful approach in developing healthy work forces (Delgado et al., 2017). Implementing resilience education will help nurses identify stressors, encourage participation in self-care techniques, and foster emotional intelligence. Ultimately, these activities can help move the healthcare industry towards a supporting culture of wellness (Kester
& Wei, 2018). Highly resilient nurses and teams are more likely to thrive in adversity and adapt to healthcare challenges (Turner, 2014).

**Recommendations**

The nursing profession includes a diverse population of nurses. As such, multiple techniques to encourage and support resiliency can be implemented to ensure that the preference and use of such strategies meet the needs of all nurses. The key recommendations for nurse leaders from the literature review are included below:

**Shared Governance**

- Utilize shared governance to ensure bidirectional communication among bedside staff and nursing leaders (Berkow et al., 2020; Joint Commission, 2019; Kutney-Lee et al., 2016; Pabico, 2015).
- Enhance empowerment and engagement by seeking staff input for solutions to practice problems (Gensimore et al., 2020; Kutney-Lee et al., 2016; Pabico, 2015; Zhang et al., 2018).
- Encourage open and honest communication when issues arise to create transparency and partnership as well as validation of nurse’s values (Berkow et al., 2020; Joint Commission, 2019; Pabico, 2015).

**Debriefing**

- Offer frequent structured debriefing sessions held by trained debriefing mentors (Davis & Batchellar, 2020; Jackson et al., 2007; Joint Commission, 2019; Labrague & De los Santos; 2020; Stacey et al., 2020)

**Social Support**

- Plan and participate in social events (Labrague & De los Santos; 2020; Wei et al., 2019)
• Get to know the nursing staff; spend time learning about the nurses to better understand needs and learn what nurses value (Bernard, 2019; Bergstedt & Wei, 2020; Hofmeyer & Taylor, 2020; Wei et al., 2019).

• Encourage and plan team building activities among peers and other nursing units and interdisciplinary teams (Ang et al., 2018; Wang et al., 2018; Wei et al., 2019).

Mentoring

• Implement a mentorship program for experienced and novice staff members (Davey et al., 2020; Joint Commission, 2019; Jones, 2017; Zhang et al., 2016).

• Role model resiliency by embodying self-confidence, self-efficacy, emotional intelligence, hope, and optimism (Badu et al., 2019; Low et al., 2019).

Education

• Implement education in nursing orientation/onboarding that includes the following:
  o Definition of resiliency and the relevancy of the topic
  o Attributes that are associated with resilient individuals and teams
  o Interventions that help foster resilience for front line staff (Badu et al., 2019; Davis & Batcheller, 2020; Delgado et al., 2017; Joint Commission, 2019; Turner, 2014).

• Offer online education modules for all staff members that encourage self-care, well-being, and promote individual factors that enhance personal resiliency (Badu et al., 2019; Davis & Batcheller, 2020; Delgado et al., 2017; Jackson et al., 2007; Kester & Wei, 2019; Spiva et al., 2020).

Conclusion
The profession of nursing is physically, mentally, and emotionally demanding (Kelly et al. 2019). The documented high levels of compassion fatigue, burnout, and turnover rates have driven researchers to look at resilience as a way to protect nurses against adversity in the work environment. Nurse leaders are instrumental in setting the tone of a healthy work environment and thus building resilient nursing workforces. This paper found five evidence-based techniques that were supported by the literature to promote individual and team resilience. Shared governance, debriefing, social support, mentorship, and education are leadership strategies that can be used to cultivate and foster resiliency. The strategies identified not only foster nurse resilience, but also positively impact the nursing staff and improve patient outcomes.
References


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https://doi.org/10.1097/NNA.00000533768.28005.36


http://doi.org/10.3298/01484834-201905321-02

http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=0


https://doi.org/10.1097/NNA.0000000000000236

https://doi.org/10.1177/1355819619840373

https://doi.org/10.1097/NNA.0000000000000848

https://doi.org/10.1016/j.nedt.2020.104564

https://doi.org/10.1016/j.mnl.2014.03.013


## Appendix A

### Literature Table

<table>
<thead>
<tr>
<th>No.</th>
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<th>Purpose</th>
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<tbody>
<tr>
<td>1</td>
<td>Ang, S. Y., Uthaman, T., Ayre, T. C., &amp; Lim, S. H. (2018). A photovoice study on nurses’ perceptions and experience of resiliency. <em>Journal of Nursing Management</em>, 27, 414-422.</td>
<td>To explore the meaning of resilience to nurses and resilience enhancing factors</td>
<td>N = 8 registered nurses in Singapore  n = 2 staff RNs  n = 6 nurse managers</td>
<td>Descriptive qualitative study</td>
<td>Interview conducted via Photovoice  Process involves participants to provide meaningful interpretations of the photos taken by them and share their viewpoints with others</td>
<td>Four themes emerged: 1. Resilience is a dynamic process 2. Resilience is RNs performing duties despite adversities 3. Religion and faith help build resilience 4. Social support is important in overcoming work-related stress</td>
<td>Resilience is a non-linear process that can be strengthened through development. Adversities in the workplace continue due to the nature of the work, however participants perceived resilience as the ability to persevere through the continued adversities. “Camaraderie and a sense of togetherness enabled nurses to withstand and overcome challenges” (Section 5.4)</td>
<td>Social support essential in building resilience among individuals and teams  Trust and confidence were built among each other will the development of interpersonal relationships.</td>
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<td>2</td>
<td>Badu, E., O'Brien, A. P., Mitchell, R., Rubin, M., James, C., McNeil, K., Nguyen, K., &amp; Giles, M. (2020). Workplace stress and resilience in the Australian nursing workforce: A comprehensive integrative review. <em>International Journal of Mental Health Nursing</em>, 29, 5-34</td>
<td>To identify and synthesize evidence on workplace stress</td>
<td>41 papers used for review</td>
<td>Integrative literature review</td>
<td>A search was completed using EMBASE, Medline, CINAHL, PsycINFO, Web of Science, and Scopus. Search limited from 2008-2018</td>
<td>Nurses experience moderate to high levels of stress. Individual attributes that contribute to managing workplace adversity include self-reliance, positive thinking, and emotional intelligence. Organizational resources used to help nurses face adversity include education, support services, and role modeling.</td>
<td>Participants who attended educational workshops on resilience reported to have reduced levels of stress and burnout. Role modeling and mentorship was found to help manage enduring negative emotional states.</td>
<td>Educational classes can serve to help build resilience. Mentors coached, counseled, and provided support to nurses, which in turn improved the working environment and support resiliency.</td>
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<td>3</td>
<td>Davey, Z., Jackson, D., &amp; Henshall, C. (2020). The value of nurse mentoring relationships: Lessons learnt from a work-based resilience enhancement program for nurses working in the forensic setting. <em>International Journal of Mental Health Nursing</em>, 29, 992-1001.</td>
<td>To evaluate a mentoring program embedded in a work-based personal resilience enhancement intervention</td>
<td>Mental health and community NHS Trust in southwest England. Registered nurses who worked in the forensic inpatient wards were included N = 80</td>
<td>Mixed methods; quantitative pre- and post-program intervention surveys as well as qualitative interviews</td>
<td>Mentee and mentor participants divided into two cohorts. Semi structured interviews were used to explore the mentees and mentors’ experiences. Interview questions were: 1. Can you describe your relationship with your mentor? 2. How useful do you feel this relationship has been? 3. How likely is it that you will remain in contact with your mentee after the 12-week program? 4. What has been the best/most difficult thing about this mentor/mentee relationship?</td>
<td>Four key themes were identified to the initiation and maintenance of mentor-mentee relationships: 1. Finding time and space to arrange sessions 2. Building rapport and developing the relationship 3. Setting the expectations of the relationship and commitment required 4. Impact of mentoring relationship for both mentors and mentees</td>
<td>Study highlights the benefits of a mentoring program for both mentor and mentee. Mentoring was shown to increase the following, self-confidence, competence at problem-solving, higher levels of resilience, and well-being.</td>
<td>A strong mentoring relationship allowed the mentees new ways to explore workplace challenges and encouraged professional relationship building.</td>
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<td>4</td>
<td>Davis, M. &amp; Batcheller, J. Managing moral distress in the workplace: Creating a resiliency bundle. <em>Nurse Leader</em>, 18(6), 604-608.</td>
<td>Improving joy in the workplace via implementation of a resiliency bundle</td>
<td>Pediatric intensive care unit staff (N = 47) Consisted of RNs, respiratory therapists, unit secretaries, MDs, child life specialists, patient care teach, and nurse practitioners. No specific location mentioned.</td>
<td>Cohort study; Pre and post surveys using the Connor-Davison Resilience Scale (CD-RISC-25) The Iowa Model of EBP was used as framework</td>
<td>Implemented resiliency bundle which included: mindfulness through cell phone applications, patient death process outline, case conference discussions, structured debriefings with pastoral care, discussions with colleagues and supportive staff, leadership notification, social events, host site educational courses aimed at improved clinician well-being, ethical issue resolution process</td>
<td>Statistically significant increase in group resilience from 79.9 to 83.4 within 6 months of bundle implementation (p &lt; 0.0001). Use of structured debriefings was utilized 45% of the time from the group during the six month implementation period.</td>
<td>Techniques aimed at resilience building for individuals and groups helps foster a resilient team. Use of multiple techniques and strategies together enhanced resilience</td>
<td>Structured debriefings served as an appropriate and safe outlet for interdisciplinary staff. Varied approach was necessary to meet the needs of all members of the interdisciplinary team.</td>
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<td>DeGrazia, M., Porter, C., Sheehan, A., Whitamore, S., White, D., Nuttall, P. W., Blanchard, T., Davis, N., Steadman, J., &amp; Hickey, P. (2021). Building moral resiliency through the nurse education and support team initiative. <em>American Association of Critical Care Nurses</em>, 30(2), 95-102.</td>
<td>To evaluate the feasibility of and satisfaction with implementation of a Nurse Education and Support Team (NEST) coach role.</td>
<td>Boston’s Children’s Hospital. Nurses in the ICU or PCU.</td>
<td>Cohort study. Post survey for satisfaction. Created and implemented new role, NEST. NEST coach was developed for highly experienced intensive and progressive care unit nurses to provide just-in-time support and education to bedside nurses facing challenging situations.</td>
<td>NEST role facilitated “staff education to build moral resiliency, support peers through the delivery of end-of-life care and withdrawal of life support, collaborate with nurses to identify opportunities and strategies for managing challenges, hold real-time and prescheduled discussion groups to enhance collaborative learning and problem solving” (p. 97).</td>
<td>From January 2017 through November 2019, NEST coaches were consulted 6262 times. 60% of referrals were based on patient care and 40% were based on individual nurse situations. More than 85% of nurses responded to post surveys post NEST implementation and stated they were satisfied with interaction, coach was easy to contact, was readily available, and addressed issues that were important to them.</td>
<td>NEST offered support and education in real time during challenging situations for peers. Nurses could build resilience through peer support and education.</td>
<td>The use of the NEST role incorporates mentorship and education as a strategy to build individual nurse resilience.</td>
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<td>Delgado, C., Upton, D., Ranse, K., Furness, T., &amp; Foster, K. (2017). Nurses’ resilience and the emotional labour of nursing work: An integrative review of empirical literature. <em>International Journal of Nursing Studies, 70</em>, 71-88</td>
<td>To investigate the state of knowledge on resilience in the context of emotional labour of nursing</td>
<td>27 articles reviewed.</td>
<td>Integrative literature review</td>
<td>A search was completed using CINAHL, Medline, Scopus, PsychINFO. Search limited from 2005-2015. Whittemore and Knafl’s integrative review method was used to frame and guide the study.</td>
<td>Four studies had interventions focused on building or enhancing individual resilience. Each intervention included educational components and strategies to promote well-being.</td>
<td>Resilience can be a protective process for the negative effects of emotional labour.</td>
<td>Use of education programs helped to build individual resiliency.</td>
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<td>Gensimore, M. M., Maduro, R. S., Morgan, M. K., McGee, G. W., &amp; Zimbro, K. S. (2020). The effect of nurse practice environment on retention and quality of care via burnout, work characteristics, and resilience. <em>Journal of Nursing Administration, 50</em>(10), 546-553.</td>
<td>To explore the influence of nurse work characteristics, resiliency, and burnout on retention and patient quality and safety</td>
<td>N = 507 registered nurses. Targeted participants were RNs employed in the United States who spend at least 51% of time providing direct patient care.</td>
<td>Descriptive design with prospective data collection</td>
<td>Revised Nurse Work Index scale was used to measure the nurse practice environment. Maslach’s Burnout Inventory was used to measure emotional exhaustion, depersonalization, and personal accomplishment. Connor Davidson Resilience Scale was used to measure resilience.</td>
<td>Positive perception of unit management increased the perception of social capital, which decreased emotional exhaustion (p = 0.49) and increased perception of unit quality (p = .002). Positive perception of hospital management and organizational support, which includes the CNO, decreased perception of workload and positively influenced burnout by decreasing emotional exhaustion (p &lt; .001) and depersonalization (p = .001).</td>
<td>Positive RN practice environments improved outcomes. Nurses were more likely to stay when they were involved in the internal governance of the hospital and had CNOs who listened and were highly visible. For nurses with below average resilience, a positive perception of management improved nurse retention. For nurses with above average resilience, a positive perception of hospital management improved nurse retention.</td>
<td>A nurse leader’s visibility, actions, and relationships were most influential on RN intent to stay. Affirmed the importance of fostering a healthy work environment through shared governance and personal accomplishment.</td>
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<td>8</td>
<td>Hofmeyer, A. &amp; Taylor, R. (2020). Strategies and resources for nurse leaders to use to lead with empathy and prudence so they understand and address sources of anxiety among nurses practicing in the era of COVID-19. <em>Journal of Clinical Nursing</em>, 30, 298-305.</td>
<td>To identify strategies and resources to lead with empathy and prudence to improve quality of care</td>
<td>Authors included relevant international evidence with clinical discussion</td>
<td>Discursive paper</td>
<td>Narrative review of literature gathered</td>
<td>Leaders can motivate and engage the team in the following ways: 1. Clarify organizational purpose and identify steps to address problems and challenges 2. Explain what actions are required to achieve the purpose 3. Use empathetic language and initiate conversations with frontline staff 4. Provide moral and ethical discussions via debriefing 5. Communicate honestly and with transparency 6. Provide resources for psychological and well-being services</td>
<td>Authors affirm the need for nursing leaders to cultivate relationships with staff through sharing of values, using empathetic language and listening skills, offer debriefing sessions.</td>
<td>Nurse leaders have an obligation to ensure nurses have education, support strategies, appropriate resources, and remain socially connected within the team.</td>
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<td>Jackson, D., Firtko, A., &amp; Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. <em>Journal of Advanced Nursing</em>, 60(1), 1-9.</td>
<td>Literature review to explore the concept of personal resilience as a strategy for responding to workplace adversity. To identify strategies to enhance personal resilience in nurses.</td>
<td>50 articles were included for review</td>
<td>Literature review</td>
<td>CINAHL, EBSCO, Medline, and Pubmed databases were searched from 1996-2006 using keywords ‘resilience’, ‘resilience in nursing’, and ‘workplace adversity’, and ‘nursing’</td>
<td>Strategies for strengthening resilience in nurses found in literature included: 1. Building positive nurturing professional relationships and networks 2. Maintaining positivity 3. Developing emotional insight 4. Become more reflective</td>
<td>Personal resilience can be developed through specific strategies. Benefits of building resilience included lowering vulnerability to adversity, improved well-being, and achieving better care outcomes. Specific strategies found that strengthen resilience also promote individual protective factors that aid in resilience development.</td>
<td>Social support from peers and becoming more reflective via debriefing important tools in developing resilience.</td>
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<td>10</td>
<td>Jones, S. (2017). Establishing a nurse mentor program to improve nurse satisfaction and intent to stay. <em>Journal for Nurses in Professional Development, 33</em>(2), 76-78.</td>
<td>To evaluate the effectiveness of a mentoring program to improve new registered nurse satisfaction and intent to stay</td>
<td>Rural emergency department, n = 8 mentors, n = 4 mentees</td>
<td>Cohort study; Pre/post intervention design</td>
<td>Mentee’s job satisfaction was assessed using the McCloskey/Mueller Job Satisfaction scale. Mentee’s intent to stay was assessed using the Intent to Stay/Leave Diagnostic Survey.</td>
<td>Satisfaction with praise and recognition resulted in mean increase of 1.67 Intent to stay in the job scores resulted in a mean increase of 7.33.</td>
<td>Mentoring served as a successful strategy for nurturing new staff.</td>
<td>Mentoring can serve as a resilience building strategy as it nurtures individual growth.</td>
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<td>Kutney-Lee, A., Germack, H., Hatfield, L., Kelly, S., Maguire, P., Dierkes, A., Del Guidice, M., &amp; Aiken, L. H. (2016). Nurse engagement in shared governance and patient and nurse outcomes. <em>Journal of Nursing Administration</em>, 46(11), 605-612.</td>
<td>To examine differences in nurse engagement in shared governance.</td>
<td>N = 20,674 registered nurses working in 425 nonfederal acute care hospitals.</td>
<td>Cross sectional observational study.</td>
<td>Nurse surveys utilized. Survey measured engagement in shared governance, nurse job outcomes, and quality of care. Engagement measured Practice Environment Scale of the Nursing Work Index. Burnout was measured using Maslach Burnout Inventory. Authors measured 6 HCAHPS into analysis.</td>
<td>Most engaged hospitals had significantly lower patient-to-nurse ratios (p &lt; .001) Significant higher proportions of the “least engaged” nurses reported being very dissatisfied with their job (43% vs 13%, p &lt; .001) and planning to leave their employer within 1 year (24% vs 8%, p &lt; .001).</td>
<td>Engagement varied across settings. Hospitals with greater levels of engagement, nurses were less likely to report unfavorable job outcomes. Hospitals that provide nurses with the greatest opportunities to be engaged in shared governance are more likely to provide better patient experiences, superior quality of care, and have more favorable nurse job outcomes compared with hospitals where nurses are not engaged in institutional decision making.</td>
<td>Improving nurse engagement via shared governance serves as a leadership strategy to improve the nurses’ well-being and improves patient experience.</td>
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<td>Labrague, L. J. &amp; De los Santos, J. A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organizational support, personal resilience and social support. <em>Journal of Nursing Management</em>, 28, 1653-1661.</td>
<td>To study the relative influence of personal resilience, social support, and organizational support in reducing COVID-19 anxiety</td>
<td>N = 325. Included 10 government and 10 private hospitals. Registered nurses in Philippines. Inclusion for hospitals selected: 50 beds, emergency department, COVID-19 dedicated department.</td>
<td>Cross sectional study using four standardized scales</td>
<td>Four standardized, self-reported scales were used: COVID-19 Anxiety Scale, Brief Resilient Coping Scale (BRCS), Perceived Social Support questionnaire (PSSQ) and Perceived Organizational Support Questionnaire (POS).</td>
<td>Majority of respondents were female (74.8%), unmarried (66.8%), and held a BSN (82.2%). Significant negative relationships between COVID-19 anxiety and personal resilience ($r = - .187$, $p &lt; .001$), anxiety and social support ($r = -.208$, $p &gt; .001$) and anxiety and organizational support ($r = - .187$, $p &gt; .001$). Increase scores in the social support, organizational support, and personal resilience measures were associated with decreased scores in the COVID-19 Anxiety Scale scores.</td>
<td>Front line nurses reported moderate levels of resilience. Higher levels of social and organizational support were significantly associated with positive work outcomes (e.g. work performance, job satisfaction, job engagement) and physical and mental health.</td>
<td>Nurses only scored moderately on resilience scale, affirming the need for strategies to build resilience. It is vital to enhance organizational measures and improve social support to improve individuals’ resilience capacity.</td>
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<td>14</td>
<td>Lyu, L., Ling-Yan, X., Liu, M., &amp; Guo-Hong, L. (2020). Resilience in new nurses: A qualitative study. <em>Frontiers of Nursing</em>, 7(2), 161-168.</td>
<td>Explore resilience of new nurses and how new nurses develop and apply resilience strategies to cope with difficulties during the transition period</td>
<td>New registered nurses, aged 20-26. Inclusion criteria: working greater than 12 months, less than 24. March – August 2017. Tertiary general hospital in Nanjing, China.</td>
<td>Descriptive qualitative. Semi-structured interviews.</td>
<td>In depth interviews with four open-ended questions: 1. What did you experience during transition from students to nurses? 2. What is your attitude about the pressures and difficulties in transition period? 3. As a new nurse, how do you overcome the difficulties in transition period? 4. What do you think the most important factors are to facilitate your development? Interviews recorded and coded to categories by the researchers.</td>
<td>Several themes emerged: 1. Developing resilience is a process. 2. Resilience involves three stages: self-protection, undertaking challenges, and planning future. 3. Feedback from nurse managers was important in development of resilience. 4. Flexible shift scheduling is vital to development of resilience.</td>
<td>New nurses expressed their understanding of resilience and process of resilience development. Nurses confirmed that nurse managers play an important role in promoting resilience development.</td>
<td>Self-protection was promoted through mentorship. Undertaking challenges was related to building self-confidence. Debriefing with colleagues supported confidence building.</td>
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<td>16</td>
<td>Spiva, L., Davis, S., Case-Wirth, J., Hedenstorm, L., Hogue, V., Box, M., Berrier, E., Jones, C., Thurman, S., Knotts, K. &amp; Ahlers, L. (2020). The effectiveness of charge nurse pilot training program as a means to improve leadership style and resiliency. <em>Journal of Nursing Administration, 50</em>(2), 95-103.</td>
<td>To investigate a charge nurse pilot training program as a means to improve leadership style and resiliency</td>
<td>December 2018-February 2019 N = 41 participants n = 19 in control group n = 22 in intervention group Nonprofit healthcare system located in a southeastern state</td>
<td>Cohort; pre/post intervention</td>
<td>The 45 Multifactor Leadership Questionnaire, Connor-Davidson Resilience Scale 25, and a 14 item course evaluation was used to survey participants.</td>
<td>Statistically significant median increase in resiliency scores from preintervention to post intervention ($z = -3.75$, $p = .000$) Charge nurses who attended the training rated higher score responses post survey ($z = -2.99$, $p = .003$)</td>
<td>Charge nurses reported that by applying the skills learned in the course, they would be “be better able to improve quality, patient experience, cost containment, and team performance and engagement. would apply the skills learned in the course.</td>
<td>Education tailored to build individual skills like self-awareness, self-efficacy, self-confidence promotes resiliency among charge nurses.</td>
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<td>Stacey, G., Cook, G., Aubeeluck, A., Stranks, B., Long, L., Krepa, M., &amp; Lucre, K.</td>
<td>To examine acceptability, feasibility, and experience of Resilience Based Clinical Supervision (RBCS) meetings to support the transition to practice in newly qualified nurses.</td>
<td>Six pilot sites within the UK. New registered nurses (N = 266)</td>
<td>Cohort study</td>
<td>RBCS sessions were facilitated by champions and consisted of a reflective discussion which targeted developing competence in mindfulness-based stress reduction strategies, positive reframing, and distress toleration. Sessions also offered participating an opportunity to engage in reflective and meaningful dialogue with peers.</td>
<td>Results were transcribed with a deductive and collaborative to approve to analyze the content. Analysis showed new nurses were extending and accepting compassion to and from their peers. RBCS served as restorative sessions with positive outcomes on well-being, self-care, emotional intelligence, and subsequent confidence.</td>
<td>The use of structured sessions facilitated by an expert in resilience-based techniques had a positive outcome on individual skills for self-care, emotional intelligence, and well-being. Use of group settings offered critical reflection and created a forum of validations and reassurance by group members.</td>
<td>Structured debriefing creates opportunities to help individuals grow personally and builds trust and understanding among groups.</td>
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<td>Turner, S. (2014). The resilient nurse: An emerging concept. <em>Nurse Leader</em>, 12(6), 71-73</td>
<td>To review the concept of resilience and how it relates to the nursing field</td>
<td>No sample specified. Author affiliation: Capstone College of Nursing in Tuscaloosa, AL</td>
<td>Discursive paper</td>
<td>Narrative review</td>
<td>Intrapersonal factors that contribute to high levels of resilience include optimism, intelligence, creativity, humor, a belief system, and appreciation of oneself. Resilience can be achieved by having a strong support from colleagues, mentors, and a feeling of teamwork. Center for Integrative Health implemented resiliency program. Participants reported a decrease in stress and increase in confidence and coping post the intervention. Education is key to maximize one’s ability to develop resilience. Undergraduate education should also include resilience training.</td>
<td>“The highly resilience nurse is more likely to thrive in both the work environment and in their life outside of work” (p. 73).</td>
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<td>Ulrich, B., Barden, C., Cassidy, L., &amp; Varn-Davis, N. (2019). Critical care nurse work environments 2018: Findings and implications. <em>Critical Care Nurse, 39</em>(2), 67-84</td>
<td>To evaluate the current state of critical care nurse environments</td>
<td>N = 8080 American Association Critical Care Nurses (AACN) members and constituents</td>
<td>Mixed methods; survey to collect quantitative and qualitative survey</td>
<td>AACN Critical Care Work Environment survey used. Survey was a 32-item survey based on the AACN Healthy Work Environment standards. Survey also included open ended questions to elicit additional information on work environment and best practices</td>
<td>Some key findings included: 1. Physical and mental well-being issues (198,340 incidents reported by 6017 participants) 2. One-third of participants expressed intent to leave within 12 months 3. Positive outcomes noted by implementing the AACN Healthy Work Environment standards 4. Increased frequency of moral distress was related to decreased job satisfaction (p &lt; .01)</td>
<td>Survey suggested that communication, collaboration, and respect all showed improvement but still room for further improvement. The perceived overall effectiveness of frontline nurse managers by direct-care nurses is significantly related to satisfaction with being an RN, satisfaction with one’s job, and intent to leave.</td>
<td>Mounting evidence shows that the relationship between the health of the work environment and patient outcomes illustrates the importance of improving nurses work environments.</td>
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<td>Wang, L., Hong, T., Bowers, B. J., Brown, R., &amp; Zhang, Y. (2018).</td>
<td>To examine the relationships among social support, self-efficacy, and resilience</td>
<td>N = 747 registered nurses Data collected between August and November 2015.</td>
<td>Cross sectional descriptive cohort study</td>
<td>Self-administered survey which included questions regarding demographics, General Self-Efficacy Scale, Perceived Social Scale, and Nurse Resilience Scale.</td>
<td>Family support had no significant effect on self-efficacy and nurse resilience. The friend support/tenacity, strength, and optimism paths were non-significant. Total effect of coworker support on tenancy was significant (p = 0.17) Coworker support was strongly associated with self-efficacy (p = 0.032). Indirect effect of coworker support on self-efficacy was significant (p = 0.33).</td>
<td>Coworker support, as a component of the work environment, can improve nurse self-efficacy (p. 658). Registered nurses with higher levels of general self-efficacy tended to exhibit greater levels of nurse resilience.</td>
<td>Implementing strategies that promote social support could make a significant contribution to improving self-efficacy and retention (p. 658).</td>
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<td>Wei, H., Roberts, P., Strickler, J., &amp; Corbett, R. W. (2019). Nurse leaders’ strategies to foster nurse resilience. <em>Journal of Nursing Management</em>, 27, 681-687.</td>
<td>To identify nurse leaders’ strategies to cultivate resilience</td>
<td>November 2017 – June 2018. N = 20 Nurse leaders included charge nurses, nurse managers, and nurse executives of a tertiary hospital in the United States.</td>
<td>Qualitative descriptive study Phenomenological overcast Study focused on participants’ subjective insights Data was coded and analyzed based on the analytical framework by Colaizzi (1978).</td>
<td>Face to face interview Grand tour interview question was: Would you please tell me your strategies to build nurse resilience?</td>
<td>Seven resilience building strategies were identified: 1. Facilitating social connections 2. Promoting positivity 3. Capitalizing on nurses’ strengths 4. Nurturing nurses’ growth 5. Encouraging nurses’ self-care 6. Fostering mindfulness practice 7. Conveying altruism</td>
<td>Strategies identified offered concrete ideas on how leaders can build nurse resilience by helping nurses shift their focus, cultivate positivity and optimism, connect with others, practice being in the moment, and improve well-being (p. 685).</td>
<td>Social support created opportunities to foster interpersonal relationships between leader and staff. Mentorship was a great way to support nurses’ growth. Meaningful recognition played to nurses’ strengths and was one specific technique that placed value and appreciation for bedside clinician’s work. Nurses play an “irreplaceable role in facilitating a health work environment for nurses to overcome obstacles and develop professionally” (p. 685).</td>
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<td>Zhang, Y., Qian, Y., Wu, J., Wen, F., &amp; Zhang, Y. (2016). The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. <em>Nurse Education Today</em>, 37, 136-144.</td>
<td>To evaluate the effectiveness of a mentoring program</td>
<td>Inclusion criteria: 1. Targeted newly graduated nurses 2. Experimental or quasi-experimental design and had adopted a mentoring program 3. Contained details describing mentoring programs 4. Published in Chinese or English N = 9 articles</td>
<td>Systematic Review</td>
<td>Cochrane Library, Medline, Ovid, Elsevier, Embase, CINAHL, China Biology Medicine, China National Knowledge Infrastructure, and WanFang Data databases were searched. The following terms were used: ‘newly graduated nurse’, ‘new graduate nurse’, ‘new nurse graduate’, newly qualified nurse’, ‘newly registered nurse’, ‘novice nurse’, ‘new nurse’, ‘mentor’, ‘mentoring’, ‘mentorship’, ‘transition’, and ‘orientation’</td>
<td>Effectiveness of mentoring program showed a reduction in turnover, reduction in new RN turnover costs, increased job satisfaction, increased nursing competence, beneficial stress reduction, improved self-efficacy and decision making</td>
<td>Mentoring can serve as a useful tool in building resilience through increased job satisfaction and improved self-confidence and decision-making ability</td>
<td>Mentoring had beneficial stress reduction outcomes, can promote individual resilience development</td>
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<td>23</td>
<td>Zhang, X., Ye, H., &amp; Li, Y. (2018). Correlates of structural empowerment, psychological empowerment and emotional exhaustion among registered nurses: A meta-analysis. Applied Nursing Research, 42, 9-16.</td>
<td>To conduct a meta-analysis on the relationship between empowerment both structural and psychological and burnout for registered nurses</td>
<td>Inclusion criteria, N= 24: 1. Correlation between emotional exhaustion, structural empowerment, and psychological empowerment 2. Studies on RNs working in hospitals 3. Used internationally accepted questionnaire scales with high levels of validity and reliability 4. All relevant studies containing statistical values calculated with Pearson or Spearman correlation coefficients 5. Full text in peer reviewed scientific journals in English/Chinese.</td>
<td>Meta-analysis</td>
<td>Emotional exhaustion was measured by Maslach Burnout Inventory Scale Structural empowerment was measured using Conditions of Work Effectiveness Questionnaire Psychological empowerment was assessed using Psychological Empowerment Scale</td>
<td>Eight articles reported structural empowerment was negatively associated with emotional exhaustion (Fisher Z = -0.24) Nine articles reported an association between psychological empowerment and emotional exhaustion (Fisher Z = -0.38) Nine studies found moderate correlation between structural empowerment and psychological empowerment (r = 0.5717).</td>
<td>Results of the meta-analysis showed that levels of nurses’ structural empowerment and psychological empowerment were negatively correlated with emotional exhaustion. Results indicated that nurses’ emotional exhaustion could be relieved through improving the level of structural empowerment and psychological empowerment.</td>
<td>Affirmed the importance of empowerment through engagement. Nurses become more structurally empowered when nursing leaders grant them some autonomy and participate in shared governance.</td>
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Appendix B

Critical Appraisal of the Systematic Review: Oxman, Cook, & Guyatt (1994)


1. Were the search methods used to find evidence (original research) on the primary question or questions stated?  No  Partially  Yes

   • The researchers’ goal was to perform a systematic review of the effectiveness of mentorship programs implemented for new graduate nurses.

2. Was the search for evidence reasonably comprehensive?  No  Partially  Yes

   • Initial results of literature review included 347 studies.

3. Were the criteria used for deciding which studies to include in the over reported?  No  Partially  Yes

   • The authors specifically state both inclusion and exclusion criteria.

4. Was bias in the selection of studies avoided?  No  Partially  Yes

   • Authors included a third author reviewer to eliminate bias in selection.

5. Were the criteria used for assessing the validity of the included studies reported?  No  Partially  Yes

   • The researchers noted they assessed the articles based on the criteria recommended in the Joanna Briggs Institute Reviewers’ Manual Version 2008.

6. Was the validity of all of the studies referred to in the text assessed with the use of appropriate criteria (either in selecting the studies for inclusion or in analyzing the studies that were cited)?  No  Partially  Yes

   • Table 1 summarized the quality assessment of all of the included studies utilized for this systematic review.
7. Were the methods used to combine the findings of the relevant studies (to reach a conclusion) reported?  No  Partially  Yes

- In general, most of the studies included were of low methodological quality and the majority were quasi-experimental studies.

8. Were the findings of the relevant studies combined appropriately relative to the primary question that the overview addresses?  No  Partially  Yes

- Several themes were noted among the studies including preparation of the mentoring program, implementation of the mentoring program, and effectiveness of the mentoring program.

9. Was the conclusion made by the author or authors supported by the data and/or analysis reported in the overview?  No  Partially  Yes

- The researchers state that the final conclusion found was that mentoring programs had positive outcomes for mentors, mentees, and organizations.

10. How would rate the scientific quality of this review?

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Appendix C


Questions to consider

1) Are the results of the individual studies included similar across studies?
   a) All studies included used the Work Effectiveness Questionnaire (CWEQ-II) and/or Psychological Empowerment Scale (PES) to measure the data.

2) Are the differences between studies truly differences or did the differences occur by chance?
   a) The CI of the studies do not overlap significantly as depicted in the forest plot in Figure 6.
   b) High heterogeneity was noted for the studies. The p value for heterogeneity among the studies was $p < 0.01$ implying there is low likelihood that the observed differences were due to chance alone.

3) Does the review address a sensible clinical question?
   a) The authors stated the purpose of the meta-analysis was to correlate emotional exhaustion, structural empowerment, and psychological empowerment.

4) Does the review describe population, intervention/treatment, outcome(s) considered?
   a) The authors describe the eligibility criteria used to evaluate the articles included.

5) Is the review question clearly stated?
   a) The researchers state the study used meta-analysis to correlate emotional exhaustion, structural empowerment and psychological empowerment.

Literature review

1) Were comprehensive search methods used to locate studies?
a) A variety of databases were utilized to locate articles. Several combinations of keywords and terms were used in the search.

2) Was a thorough search of appropriate databases done?
   a) The following databases were utilized: Cochrane Library PubMed, Web of Science, BMJ, Embase, and China National Knowledge Infrastructure.

3) Were other potentially important databases explored?
   a) None listed. Articles were limited to publications written in English or Chinese.

4) Were the search methods clearly described?
   a) The authors depict the search strategy in Figure 1 of the paper.

5) Were conclusions drawn about the possible impact of publication bias?
   a) The authors critically appraised the articles using the Quality In Prognosis Studies (QUIPS) tool. This tool included 5 bias domains including study participation, study attrition, measurement of empowerment and emotional exhaustion, confounding factor, statistically analysis, and reporting.

6) Were the overall findings assessed for their robustness in terms of the selective inclusion or exclusion of doubtful or biased studies?
   a) Authors utilized the QUIPS tool to examine papers for bias. The researchers noted that the studies with a low risk of bias in the most important domains were rated high. The authors also noted that the summated grade for overall study quality was not based on the Cochrane Risk of Bias Tool.

Study selection

1) Were inclusion and exclusion criteria clearly described and fairly applied?
   a) The authors explicitly list out inclusion and exclusion criteria.
Critical appraisal of the studies

1) Was study quality assessed by blinded or independent raters?
   a) Two judges carried out independent assessments on the 24 eligible papers selected.

2) Was the validity of included studies assessed?
   a) Authors do not explain in detail if the validity of the studies were assessed.

3) Was the validity of studies assessed appropriately?
   a) Authors do not explain in detail if the validity of the studies were assessed.

4) Are the validity criteria reported?
   a) Authors do not report the validity criteria for the included articles.

5) Were the primary studies of high methodological quality?
   a) A literature table was not included to provide summaries of the papers, therefore this author is unable to determine quality of articles included. The researchers did note that there were different levels of quality in methodology and used the recommended evaluation criteria to appraise the risk of bias.

Similarity of Groups, Treatments, and Outcomes

1) Were reasons given for any differences between individual studies explored?
   a. The authors noted there was high heterogeneity among the articles with the possibility of too many confounding influencing factors such as region, economic position of local hospital, social welfare, nurses’ experience, and level of education.

2) Are treatments similar enough to combine?
   a. The authors used a formula to convert the Spearman correlation coefficients to Pearson correlation coefficients to maintain consistency of the correlation coefficient and to calculate the pooled effect sizes.
3) Are the outcome measures similar between studies?
   a. All studies included used either the Work Effectiveness Questionnaire (CWEQ-II) and/or Psychological Empowerment Scale (PES) to measure data.

4) Do the included studies seem to indicate similar effects?
   a. A forest plot was used to calculate effect size between structural empowerment and psychological empowerment.

5) If not, was the heterogeneity of effects assessed and discussed?
   a. Three sensitivity analysis confirmed high heterogeneity among the articles.

Data Synthesis

1) Were the findings from individual studies combined appropriately?
   a) The authors used a formula to convert the Spearman correlation coefficients to Pearson correlation coefficients to maintain consistently of the correlation coefficient and to calculate the pooled effect sizes.

2) Are the methods to combine studies reported?
   a) Yes, the authors explain the formula used.

3) Was the range of likely effect sizes presented?
   a) The analysis included a Summary Fisher Z forest plot between structural empowerment and psychological empowerment.

4) How precise were the results?
   a) High heterogeneity was noted for studies. The p value for heterogeneity among the studies was $p < 0.01$.

5) Were null findings interpreted carefully?
   a) No details are offered in the paper.
6) Are review methods clearly reported?
   
a) No details are offered in the paper.

Application of Results to Patient Care

1) Is a practice change warranted? Were all the important outcomes considered? Are the benefits worth the costs and potential risks?
   
a. The authors found that structural empowerment and psychological empowerment are negatively correlated with emotional exhaustion. The findings from this study also illustrated that improving structural empowerment and psychological empowerment may mitigate emotional exhaustion experienced by nurses.