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# Resiliency in Emergency Department Nurses

## Abstract

The aim of this study is to explore the resiliency characteristics of expert Emergency Department nurses. Emergency Departments (ED) are highly acute patient care environments which are often unpredictable. Nurses are one of the key components to understanding the criticality and breadth of patient care needs while addressing them in the most efficient way. Thus, nursing turnover poses a significant stumbling block to ED leaders who desire to preserve a seasoned and competent nursing workforce. Resiliency theory has evolved over the years, identifying individual characteristics that allow people to overcome stressful events. The emergency nursing profession includes nurses who have successfully remained in this specialty for a long period of time despite the daily stressful challenges the environment fosters. This study investigates whether emergency nurses harbor resiliency characteristics. In this qualitative directed content analysis study, we have explored the resiliency characteristics of ED nurses guided by the theory of the seven characteristics of highly resilient people as described by Everly, McCormack, and Strouse (2012). In this research study, resiliency characteristics were found among the sixteen expert ED nurses. Resiliency may be adapted and fostered in ED nurses to combat turnover. Promoting resiliency programs not only in Emergency Departments, but across entire acute care organizations can be an effective intervention for the future.

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By

Sarah Tubbert

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Ed.D. in Executive Leadership

Supervised by

Dr. Dianne Cooney-Miner

Committee Member

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Sarah J. Tubbert

August 2014

## **Dedication**

Being a member of the nursing profession has been such a large part of my life and has been truly integral in the development of who I have become. Obtaining my Doctorate degree has contributed immensely to my growth in the nursing profession and will assist me with my future goals as an executive leader.

First and foremost I would like to acknowledge Dr. Dianne Cooney-Miner, my committee chair, for all of the time and dedication she spent assisting me on my dissertation journey. Further acknowledgement is given to my other committee member, Dr. Susan Schultz and her devoted commitment to my success. To Dr. Marie Cianca and all of the professors that have shed light on my education and acquired knowledge; thank you. To lucky Cohort 7 and my group members, the support that you have provided for me whether it had been in the form of encouraging words or in just your presence; I am grateful.

By genuinely facilitating the attainment of this Doctoral degree, a giant thank you to St. Joseph's Hospital, the Administration team, and to my esteemed peers for their support and encouragement. Jinny-for your kindred peer debriefing; Gina-for your expert editing and storytelling; I could have not achieved the impossible without you.

As for Tonya, Jim, and Christine; thank you for your everlasting-tolerance of my schedule and emotional support for this life changing voyage.

For AMC-thank you for accompanying me on this journey of professional development, for your supportive discussions, and for pushing me up the massive hills

when I was clearly out of gas. From the bottom of my heart-thank you for choosing me to be your friend.

For my family: thank you for the never-ending words of encouragement (Mom & Tom; Dad; Maggie & Joe, Erin, Nancy & Peter; Ann & Butch; Bevy & Mark; Chris & Kathy; my nieces and cousins; and to my grandparents)-thank you for instilling in me the personal drive to accomplish great things and for the vast amount of understanding along the way.

I would like to especially thank my two wonderful boys, Kaiden and Hunter, without you this would not have been conceivable. You will always motivate me to be a better person, mother, and nurse. Please forever remember to continue to dream, never give up, and keep moving forward. I love you.

## **Biographical Sketch**

Sarah J. Tubbert is currently the Director of Clinical Services at St. Joseph's Hospital in Syracuse, NY. She attended Cayuga Community College from 1993-1995 and received her Associates in Applied Science degree. She continued on and in 1997 received her Bachelor's of Science in Nursing degree from the University of Binghamton while working at Willow Point Nursing Home in Vestal, NY. In 1997, she accepted a position as a staff nurse on a medical-surgical floor at St. Joseph's Hospital. Within two years, she was promoted as the Clinical Coordinator of the medical surgical floor. Shortly after, she transitioned to the Staff Educator position where she pursued her Master's degree at Upstate Medical University. Sarah was then promoted to a Clinical Manager Position within the hospital and then graduated in 2007 with a Master of Science in Nursing, Family Nurse Practitioner, with a minor in Education from Upstate Medical University. Also in 2007, she was promoted into the Clinical Director position of Emergency Services at St. Joseph's Hospital. Sarah began her doctoral studies in education and executive leadership at St. John Fisher College in 2012. Sarah conducted her research exploring the topic of resiliency in Emergency Department nurses under the direction of Dr. Dianne Cooney Miner.

## **Abstract**

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In this qualitative directed content analysis study, we have explored the resiliency characteristics of ED nurses guided by the theory of the seven characteristics of highly resilient people as described by Everly, McCormack, and Strouse (2012). In this research study, resiliency characteristics were found among the sixteen expert ED nurses. Resiliency may be adapted and fostered in ED nurses to combat turnover. Promoting resiliency programs not only in Emergency Departments, but across entire acute care organizations can be an effective intervention for the future.



## Table of Contents

Dedication.....	iii
Biographical Sketch.....	v
Abstract.....	vi
Table of Contents.....	vii
List of Tables.....	x
List of Figures.....	xi
Chapter 1: Introduction.....	1
Introduction.....	1
Problem Statement.....	2
Theoretical Rationale.....	4
Statement of Purpose.....	9
Research Questions.....	9
Significance of the Study.....	9
Definitions of Terms.....	10
Chapter Summary.....	12
Chapter 2: Review of the Literature.....	14
Introduction and Purpose.....	14
Stress and Nursing Burnout.....	15
Nurse Retention.....	22
Nurse Satisfaction.....	25

Resiliency.....	27
Methodological Review .....	33
Gaps and Recommendations.....	34
Chapter Summary .....	35
Chapter 3: Research Design Methodology .....	37
Introduction.....	37
Research Context .....	37
Research Participants .....	38
Instruments for Data Collection.....	40
Data Analysis .....	43
Summary .....	45
Chapter 4: Presentation of Data and Results.....	46
Demographics.....	47
Pre'sence d' Esprit.....	49
Decisive Action.....	51
Tenacity.....	54
Interpersonal Connectedness.....	56
Honesty.....	59
Self-Control.....	61
Optimism.....	63
Co-occurring Codes.....	65
Resetting.....	69
Summary.....	71

Chapter 5: Discussion.....	72
Introduction, Background of Problem, and Summary.....	72
Purpose and Research Questions.....	74
Significant Findings and Discussion.....	74
Strengths of Study.....	80
Limitations of Study.....	82
Implications for Further Research.....	83
Implications for Practice.....	84
Implications for Education.....	85
Implications for Executive Leadership.....	86
Summary.....	87
References.....	92
Appendix A.....	98

### **List of Tables**

<b>Item</b>	<b>Title</b>	<b>Page</b>
Table 4.1	Participant Demographic Data and Percentage of Sample	48
Table 4.2	Number of Co-occurring Resiliency Codes	67

## List of Figures

<b>Item</b>	<b>Title</b>	<b>Page</b>
Figure 4.1	Co-occurring Resiliency Codes Diagram	69

## **Chapter 1: Introduction**

### **Introduction**

Emergency Department (ED) flow processes and staffing patterns have been discussed in various fields of healthcare and studied through medical research (Adeb-Saeedi, 2002; Adriaenssens, De Gucht, Van Der Doef, & Maes, 2010; Potter, 2006). The ED environment has been categorized as stressful due to the acuity and volume of patients. The ED staff experience frequent surges in this patient volume and acuity, which creates a constant challenge. Non-traditional staffing models are often in place in the ED to facilitate patient flow (Robinson, Jaglm, & Ray, 2005).

EDs are considered the front door of the hospital. Approximately 40% of patients are admitted to the hospital through the ED access point. Patients arrive by the walk-in process or ambulance transport; more often than not the arrival mode depends on the patient's severity of illness. Major initiatives of the EDs in hospitals have been driven to understanding and developing plans to contend with increasing ED volumes (Morphet, Considine, & McKenna, 2011).

Registered nurse turnover is a substantial problem in acute care EDs. Specialty areas, such as the ED, typically experience a higher than average nurse turnover rate. Due to the specialty orientation and training that the ED requires, recruiting registered nurses into emergency nursing has proven to be difficult (Robinson et al., 2005). New York State further mandates regulation that registered nurses in the ED must have at least one year of nursing experience prior to working independently in the specialty area (New

York State Department of Health, 2013). Complicating the turnover issue is the impending demand for nursing services due to the exponential rise of the aging population (Robinson et al., 2005).

Research has touched on potential causes of nurse turnover and offered strategies to counteract it. It would be beneficial to investigate whether the nurses with longevity possess resiliency characteristics and whether or not it is a teachable trait. Given present challenges and projected future needs and nursing shortages, resiliency is a topic that could positively impact the nursing profession. Resiliency theory can be used to describe and explain nurses' ability to overcome stress and hardship in the work environment (Matos, Neushotz, Griffin, & Fitzpatrick, 2010).

### **Problem Statement**

There is a worldwide shortage of approximately 4.3 million health care workers, which is estimated to increase by 20% in the next 20 years (Spence-Laschinger, Leiter, Day, & Gilin, 2009). Currently, hospitals have about 100,000 open nursing positions and by 2020, more than one million nursing vacancies will exist in the United States, averaging approximately 29% of the overall workforce vacancies (Morphet et al., 2011). In 2010, it was determined that 40% of the nursing workforce was 50 years or older which will further exacerbate the nursing shortage. To further complicate this, the total population of adults over the age of 65 has increased by 18% in the United States from 2000-2011 (Department of Health and Human Services, 2013). The aging population is rapidly outgrowing the healthcare system's ability to provide adequate healthcare with the right number of nurses (Robinson et al., 2005). Specifically, increased nursing turnover in the ED can lead to a decline in the quality of patient care.

The numerous nurse vacancies in the ED setting provides multiple challenges in caring for the increased volume of patients while assuring excellent patient outcomes (Spence-Laschinger, Finegan & Samian, 2001). An Emergency Nurses Association (ENA) survey of EDs in the United States found that 40% of their 1,300 respondents have over a 10% nursing turnover rate (Raup, 2008). Nurse to patient ratio is at times without limits since the ED doors are always open and surges in patient volume are typically unpredictable. The pressure mounts for nurses to perform complex patient care with increased speed and accuracy (Schriver, Talmadge, Chuong, & Hedges, 2003).

The Affordable Care Act presented by President Obama promotes the bundling of payments for an individual's healthcare. One identified goal of the legislation is to support health promotion and disease prevention. There is currently a deficit in primary care physicians within the United States. Without a structured plan to connect individuals with primary health care services, the EDs will experience an increased amount of patient visits due to lack of primary care physician resources (American Public Health Association, 2013). ED visits have increased by 23% over the past 10 years. This is partially impacted by the lack of accessible primary care physicians and specialty services, and new health insurance reimbursement models. Primary care physicians' inflexible office hours and limited weekend hours have increased ED visits as well (Robinson et al., 2005).

Hospital patient flow from the front door to the inpatient unit further compounds the ED staffing issues and patient care concerns. Limits in inpatient bed capacity can result in patients being held in the ED, decreasing the amount of beds available for newly arriving acutely ill patients. Therefore, ED nurses are required to provide inpatient and



emergency care simultaneously, requiring different skill sets, which further impacts the nursing stress levels. To add to this, patients are often required to wait for medical care, which decreases their satisfaction and places additional pressure on the nurses (Schriver et al., 2003).

The fiscal challenge of employee turnover, combined with the costs associated with retaining nurses, affects organizations' bottom lines. EDs require up to six months to orient new nurses and to fully recover from one nurse staffing vacancy. This is related to the complexity of the competency required to work in the highly acute ED environment (Tang, 2003).

Despite these challenges, some nurses are remaining in the Emergency Department setting, however investigating nursing characteristics that promote nurse retention in any healthcare setting is lacking. The literature addresses the work environment, management styles, and stress management but does not explore building positive personal attributes of the nurse to impact retention. Expert nurses may have attributes that contribute to their retention and ability to thrive in the ED setting. One such attribute could be resiliency. Gaps in the literature include the exploration and application of resiliency theory with nurses in the ED setting and the development of specific interventions related to promoting or building resiliency among nurses.

### **Theoretical Rationale**

Resiliency theory originated from two separate areas of study on coping mechanisms: psychological and physiological. Psychological and physiological fields of thought merged in the 1990s to form resiliency theory. Psychological aspects of coping mechanisms involve emotion and thought processes. Physiological research has

examined the brain and body chemistry in relation to coping reactions. Further development of resiliency theory transformed when research transitioned from investigating the negative components of stress response to investigating positive attributes of coping (Richardson et al., 1990). Historical leaders in resiliency theory research and development were: Werner (1982), Richardson (1990), Garmezy (1991), and Masten (1994). Current leaders in developing and testing resiliency theory are Siebert (2005), Greene (2002), Seligman (2001) Gillespie et al. (2007), and Everly (2012).

Siebert (2005) defines resiliency as:

...the ability to cope well with high levels of ongoing disruptive change; sustain good health and energy when under constant pressure; bounce back easily from set-backs; overcome adversities; change to a new way of working and living when an old way is no longer possible; and do all this without acting in dysfunctional or harmful ways (p. 5). He theorizes there are five levels of resiliency.

Greene (2002) reviewed resiliency work with children through qualitative research from a social work perspective. She defines resiliency as “ a biophysical and spiritual phenomenon; involves a transactional dynamic process of person-environment exchanges; encompasses an adaptational process of goodness-of-fit; occurs across the life course; is linked to life stress and people’s unique capacity...” (p. 78). According to Greene, characteristics of resilience can be categorized under four major subjects: psychological, spiritual, interpersonal, and external supports.

Gillespie, Chaboyer, & Wallis (2007) conducted nursing research on resiliency in nurses in the operating room setting. For their study they used the definition of resiliency

as “the capacity to transcend adversity and transform it into an opportunity for growth” (p. 125). Their work identified the antecedents to resilience as adversity, traumatic events, innate sense of cognitive ability and realistic world views. Seligman (2011) defines resiliency as an individual’s reaction to an event, whom after a period of time returns to the previous state of being. Also, Seligman proposes that resilience involves maintaining one’s well-being. Well-being has five attributes: positive emotion, engagement, meaning, positive relationships, and accomplishment. Resilience can be learned at any point in life and can be improved upon on an ongoing basis during one’s lifetime.

The definition of resiliency has evolved over time from a personality trait, to a process, and finally to an inherent attribute of an individual. Most of the research involving resiliency theory has focused on children or those individuals or communities recovering from monumental traumatic societal events (Richardson, 2002). For the past decade, nursing literature has reported an increased application of resiliency theory to assist in explaining nursing behaviors and responses to stressful situations (Edward, 2005). Research on resiliency in the nursing profession has been investigated in the mental health setting by Edward (2005) and Matos et al. (2010). Additionally, Ablett (2007) studied resilience and well-being in a palliative care setting with hospice nurses.

Relating nursing resiliency to workplace events is integral to developing interventions for fostering coping mechanisms and retention of ED nurses in the organization and the specialty as a whole. With pathways and programs in place to foster nurse resiliency, the work environment can be conducive to the retention of the nursing

workforce. Resiliency training may be integral to increasing nurse satisfaction within the stressful workplace environment (Sergeant & Chapman, 2012).

Kaminsky, McCabe, Langlieb, and Everly (2007) proposed a Johns Hopkins' Model of Human Resistance, Resilience, and Recovery which has served as the foundation of this research study. This model was used to facilitate an outcome driven approach for emergency disaster mental health management. This model aims to aid people in "building resistance, enhancing resilience, or facilitating the recovery of those affected by the disaster" (Kaminsky et al., 2007, p. 2).

Health management interventions can be identified and constructed into a plan to promote efficiency and effectiveness in various workplace settings. In everyday life, both resistance and resilience exist in individuals in which education and modeling can further build upon to enhance these characteristics. One of the goals of the John Hopkins' Human Resistance, Resilience, and Recovery Model is to prepare individuals with the development of "psychological body armor" (p.3).

Resistance is the first attribute of the theory, which has individuals build immunity to disasters, distress, and dysfunction. Both resistance and resilience are considered proactive steps in this model. Resilience is defined as "rapidly and effectively rebounding from psychological and/or behavioral perturbations associated with critical incidents, terrorisms, and even mass disasters" (Kaminsky et al., 2007, p. 3). Resistance and resilience can be strategically targeted by providing realistic preparation for events, promoting cohesion and social support, maintaining and promoting positive behavior, and building on one's hardiness.

To conclude this model, recovery is the stage in which an individual is to overcome the adversity that resistance and resilience could not prevent in order to return to normal functioning. Regaining control of one's life by developing perspective over the event occurs in this stage. Also during this stage, cognitive-behavioral psychotherapy is utilized to "establish a sense of control, decondition fear, and re-establish integrity and control" (Kaminsky et al., 2007, p. 6-7).

The Johns Hopkins' Model outlined steps one could take to ensure resistance, resilience, and recovery promotion efforts. In the most current research, Everly, McCormick, and Strouse (2012) further examined the resiliency aspect of the model by identifying the conceptual constructs surrounding resiliency. Their research proposed that resiliency involved seven characteristics: pre'sence d' esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism. These characteristics guided this study.

Everly et al. (2012) worked to reformulate the Johns Hopkins' Human Resistance, Resiliency, and Recovery Model (Kaminsky et al., 2007). Within their research study, Navy SEALs (N=20), SWAT Team members (N=25), and Federal Law Enforcement agents (N=113) were included to compare the characteristics of their training and vision to the seven components of resiliency. Research settings included focus groups and interactional educational sessions. They found that traits of resiliency can be learned by individuals and improved upon with training and dedication. The conceptual constructs from Everly et al. (2012) following the John Hopkins' Model of Human Resistance, Resiliency, and Recovery directed this research. For the purposes of

this study, the seven characteristics will be later defined and were utilized as a framework for the interview questions and coding of data.

### **Statement of Purpose**

The purpose of this study was to explore resiliency in expert nurses in the ED. Exploring nurses' ability and intent to stay within the ED work environment while identifying common characteristics and coping strategies that these nurses possess may lead to interventions which could impact retention and be used to help others develop resilient characteristics (Hooper et. al., 2010).

### **Research Questions**

1. How do expert ED nurses describe resiliency?
2. How does resiliency influence expert ED nurses' retention in the workplace?
3. What are the expert ED nurses' experiences in which resiliency played an active role in recovery from events?
4. How do expert nurses role-model resiliency?

### **Significance of the Study**

By studying resiliency in nursing, the personality and work characteristics of nurses who have been retained in the ED setting will be explored. Having a better understanding of resiliency may lead to interventions that could strengthen this characteristic and lead to better retention of nurses which would positively impact patient care. Quality of patient care is most successful when the nurses are experienced, maintain current work competencies, and are satisfied in their work place (Tang, 2003). The literature supports that resiliency is a teachable attribute. Integrating resiliency programs

within orientation and continuing education for emergency nurses could positively impact workplace stress, and in turn improve retention.

High turnover in ED settings is causing constant nursing shortage situations. If it can be determined what makes some nurses more resilient in this environment, we could then help other nurses develop or improve their resiliency characteristics, thus decreasing nursing shortages. Furthermore prevention of nurses' stress and burnout, which causes them to leave the nursing profession may be prevented with the creation of resiliency training and programming. Resiliency training could improve job satisfaction by providing the nurses with proactive tools to maintain health. Also, these findings may be transferrable to other specialty areas such as critical care and other highly acute healthcare environments.

### **Definitions of Terms**

**Expert Nurse.** An expert nurse can be defined as a nurse who has at least three years of experience and has acquired competent nursing skills while integrating theory and insight into nursing practice. Certification and membership such as provided by the ENA (Emergency Nurses Association) and ANA (American Nurses Association) validate the skills required for specialties in the nursing profession. Effective communication, conflict resolution skills, and being an active contributor to the nursing profession are all components of an expert nurse (Spivak, Smith, & Logsdon, 2011). Benner (2001) further describes an expert nurse as having a wealth of experience, does not need to rely on standards or guidelines to provide care, intuitive, and highly proficient with providing nursing care.

**Resiliency.** For this study resilience is defined as “the ability to positively adapt to and/or rebound from significant adversity and distress” (Everly et al., 2012, p. 138). Resiliency theory explains the individual’s effort to maintain equilibrium. Maintaining equilibrium is critical, allowing the individual to move forward while constantly adjusting to the changing environment. Surviving and thriving are integral to resilience abilities (Jackson et al., 2007).

**Pre’sence d’ esprit.** Pre’sence d’ esprit is “calm, innovative, non-dogmatic thinking” (Everly et al., 2012, p. 139). Pre’sence d’ esprit is derived from the French language. For this resiliency characteristic, the ability to reset oneself among the stress and to move forward is imperative for success (Everly et al., 2012).

**Decisive Action.** Decisive action is taking responsibility for decision making without the benefit of knowing all angles of an issue or situation. When in the position to lead a group, the ability to make sound decisions without delay is essential. Decision making comes from past experiences and the ability to quickly take in information and make rapid choices (Everly et al., 2012).

**Tenacity.** Tenacity can be defined as persevering and moving forward until the desired result is achieved. Tenacity allows an individual to succeed to the end point through difficult and challenging times. Attempting alternate solutions along the journey is a part of being tenacious (Everly et al., 2012).

**Interpersonal connectedness.** Interpersonal connectedness can be defined as “a sense of connectedness and support, which will increase group cohesion” (Everly et al., 2010, chapter 3, section 5, para.3). It is a strong predictor of resilience due to the impact that social supports have on overcoming adversity. This characteristic can add support



systems and a sounding board to decision making for the individual. How well an individual relates to others while working as a functional member of the team promotes resiliency (Everly et al., 2012).

**Honesty.** Honesty creates an atmosphere of truthfulness while interacting with others. Having integrity and honesty as personality characteristics facilitates the individual to “do what is right” (Everly et al., 2012, p. 140).

**Self-control.** Self-control, also called self-discipline, is the ability to counter an impulsive action. Thoughtful, purposeful actions in response to high stress situations will encourage the individual to make good decisions. Also, by promoting coping behaviors such as exercise, relaxation techniques, and eating well balanced meals can further assist with resiliency (Everly et al., 2012).

**Optimism.** Optimism is “the tendency to take the most positive or hopeful view of matters” (Everly et al., 2012, p. 140). Optimistic people are able to handle stress with less effort than pessimists. Optimism can be either active or passive. Passive optimism consists of the process of hoping for a positive result. Active optimism is when the individual physically or mentally works at creating a more desirable outcome. For resilience to be most effective, active optimism would be the most desirable trait. (Everly et al., 2012).

## **Chapter Summary**

With the growing elderly population, demands on the ED with complexity of care and the decreasing nursing workforce, retention of nurses is a priority in most health care environments. Registered nurse retention in the ED is a topic of national discussion. Studies suggest that specialty areas have increasing nurse retention challenges due to the

intense nature of the work (Potter, 2006). Causes of nursing vacancies in EDs have not been fully researched in the literature. Understanding the rationale behind registered nurse retention will allow ED leadership to proactively address the nursing shortage in this specialty.

Application of resiliency theory to ED nursing is in its infancy. By having the ability to first identify resiliency characteristics in nurses can initiate understanding of motivating factors for health maintenance and nurse retention. Identification of resiliency characteristics in ED nurses could lead to the development of stress reduction interventions and resiliency promotion programs for registered nurses of all specialties (Gillepsie, Chaboyer, & Wallis, 2007).

The summary of the remaining chapters of this dissertation is as follows. Chapter 2 will convey an in-depth overview of the literature within the categories of stress and nursing burnout, nurse retention, nurse satisfaction, and resiliency. Chapter 3 will describe the qualitative directed content analysis methodology guiding the study with the target population of the expert ED nurses. Digitally recorded interviews will be the source of the data collection. Chapter 4 will expound the findings of the interviews within the directed analysis scope and other emerging theme. Chapter 5 will discuss the data within the bounds of the research questions while distinguishing the recommendations for further research, practice, education, and executive leadership.

## **Chapter 2: Review of the Literature**

### **Introduction and Purpose**

Nursing retention within the workplace is a topic of national interest. Retention of registered nurses in the Emergency Department (ED) setting has been a well identified struggle for many years. Unpredictable shifts in patient acuity and volume lead to workplace stress and nurses often perceive the environment as unmanageable (Adriaenssens et al., 2010). Currently there is a shortage of 4.3 million health care workers nationwide; this is expected to increase by 20% in the next two decades (Laschinger, Leiter, Day, & Gilin, 2009). Furthermore, growing percentages of the aging populations will increase the demand not only on the nurses, but the healthcare system in its entirety (Tang, 2003). With this increased demand on nurses, maintaining adequate staffing in the Emergency Departments will be a critical challenge (Adriaenssens et al., 2010).

Examining resiliency in nurses and focusing on promoting resiliency is a relatively new concept for the nursing profession. The concept of resiliency has been examined in the nursing specialties of mental health and palliative care, with a focus on intent to stay in practice and nurse satisfaction (Larrabee et al., 2010; Matos, Neushotz, Griffin, & Fitzpatrick, 2010; Ablett & Jones, 2007). Further research exploring resiliency in ED nurses could provide support for the creation of initiatives and interventions to increase retention.

This literature review will cover four areas: stress and burnout, retention, satisfaction, and resiliency in nursing. Search terms or key words utilized in the search for peer-reviewed literature included: resiliency, stress, burnout, ED, and satisfaction. Databases searched were the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medline at Ovid within the years of 2000 to 2013.

Articles that were not included in the literature review had a narrow focus on leadership styles, patient outcomes, and organizational commitment. A few appropriate international studies were included, however articles based in other countries where the EDs were structured differently than in the United States were not included. Methodologies of the studies will be reviewed and discussed, as well as a summary of the research gaps and recommendations will be provided.

### **Stress and Nursing Burnout**

A mixed methods study by Gillespie and Melby (2003) examined nursing burnout in emergency and acute medicine settings, focusing on its effect on patient care and its impact on life outside of the workplace. A total of 56 surveys were distributed, with each area receiving half; 30 were returned for a response rate of 60%. Measurement for nursing burnout was conducted using the 22 item Maslach Burnout Inventory (1996). Results showed that emotional exhaustion was exhibited by nurses feeling exhausted when working ( $p=0.039$ ), yet able to create a relaxed environment for their patients ( $p=0.030$ ). No significance difference was found between the two settings in regard to emotional exhaustion, depersonalization, or personal accomplishment. However, the ED nurses identified more moderate levels of emotional exhaustion when compared to those in the acute medicine area. A recommendation of this study would be to further explore

how one deals with emotional exhaustion. Small sample size and lack of time allocated for the participants to complete the surveys were identified as limitations.

For the qualitative portion of the study, three randomly selected nurses participated in one focus group. Within the focus group, questions were asked pertaining to the effects of stress and burnout on the individuals' lives outside of the workplace. The focus groups identified the following themes related to the impact of burnout: exhaustion, insomnia, increased alcohol/nicotine abuse, irritability, and decreased opportunities for debriefing of situations. A potential limitation of the qualitative portion of this study was the use of only one focus group with three participants (Gillespie & Melby, 2003). Future implications for practice are the need to prioritize specific interventions to proactively prevent burnout, which carries undesirable psychological and physical effects, as well as to reduce turnover.

An ethnographic research study in the United Kingdom examined how ED nurses manage the emotional impact of death and dying by testing a model for end-of-life care delivery. Nine hundred hours of unstructured observations in the emergency setting took place over 12 months. Participant observation was used to monitor the behaviors of staff, patients and families, along with informal conversations. Per the findings, patients' and families' perception of quality of care was dependent on the length of time the nurses and physicians spent with the patient. After two months into the study, semi-structured individual interviews were conducted with ten nurses, two physicians, one student nurse, two aides, and six patients and their family members (n=7). From the collected research data, a model was developed that identified three stages nurses evolve through when faced with death and dying. In the first stage, the nurse concentrates on his/her individual

responsibility in the nurse-patient relationship. The second stage occurs when the nurse can manage the personal emotional load that is present while effectively handling stress related to the situation. Emotional intelligence is developed in the last stage. The barriers identified to transitioning between stages were environmental constraints, willingness to invest in a relationship, and poor coping mechanisms to the stress. The authors suggested replication of this study and future studies that further develop and test this model in the ED, as well as in different settings. This model may be a valuable tool to educate and prepare nurses for the stressful experience of death and dying (Bailey, Murphy, & Porock, 2011).

Beaudoin and Edgar (2003) investigated “hassles” perceived by nursing staff and how they affected the quality of nursing care, workflow, and nurse retention. Focus groups were led with 121 nurses who volunteered from both inpatient and outpatient settings. Open-ended questions were asked that inquired about the hassles and stress in the workplace and how it impacted their work. The three themes that emerged were identified as: social/environmental hassles, operational hassles, and nurse specific hassles; all that can lead to stress or burnout. For example, social/environmental hassles came from having a lack of supplies for patient care. Operational hassles included working short staffed or working with a perceived lack of supervision. Nurse specific hassles were related to interpersonal relationships and communication within the healthcare team. One recommendation from the study was to provide specific training for nurses to promote coping with the stress and hassles in the workplace. An identified weakness of the study was that while groups were asked the same questions, facilitators

varied the emphasis of the questions according to inpatient or outpatient work setting. This variation may have had an impact on how participants responded.

An exploratory comparative research study identified the episodes of secondary traumatic stress (STS) in ED nurses working in three hospitals in southern California. One hundred and eleven nurses with greater than six months experience were invited to complete an anonymous survey, 67 responded for a response rate of 63%. A STS survey was developed from information on the post-traumatic stress disorder diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) and included 17 items. Eighty-five percent of the ED nurses reported signs and symptoms of STS within the previous week due to work-related events. Forty-six percent of the nurses reported intrusive thoughts such as information or situations unrelated to their current task at hand ( $M=2.45$ ,  $SD=1.04$ ) and psychological distress ( $M=2.09$ ,  $SD=0.79$ ) during their daily routines regarding the specific event. Only 15% of the nurses surveyed experienced no signs or symptoms of STS. Because only 63% of those invited to participate in the study responded, a complete depiction of the extent of the stress experiences is unknown. The authors recommended to further educate nurses and employers to recognize the signs of a negative impact of STS and use education and effective treatment protocols to prevent burnout and stress (Gomez & Rutledge, 2009).

Identification of stress experiences and management techniques in the workplace were investigated in a descriptive study in Ireland. Ninety ED nurses and thirteen ED physicians completed a newly developed 16-item stress questionnaire (69% response rate). The survey focused on describing the types of stress experienced and the type of support provided in the healthcare setting. Stressful events were identified as: work

environment (73%), violence in the workplace (36%), death of children (33%), critical events (29%), sudden unexpected deaths (25%), and other major incidents (25%). In an analysis of demographic characteristics younger nurses found working with critically ill patients to be more stressful ( $U=697$ ,  $p=0.012$ ). Further, more years of professional experience ( $U=663$ ,  $p=0.004$ ), and ED experience ( $U=604$ ,  $p=0.002$ ) equated to less stress in caring for those critically ill. The majority of the respondents claimed that they did not receive stress management support from their workplace (74%). Of the staff that did, 54% claimed that it was inadequate given the stress they had experienced.

Recommendations for future research would be to validate the stress questionnaire tool with psychometric testing. Recommendations for practice include establishing a more supportive work place, provide stress prevention interventions, and offer stress relief training to leaders (Healy & Tyrrell, 2011).

A descriptive study at Belfast Children's Hospital, investigated the relationship between job satisfaction and the stress levels in nurses. Random sampling of 100 nurses (response rate 72%) was used to obtain input on selected sections of the Nurse Stress Index survey; 123 out of 140 items were used. The manager sections of the survey were utilized as well. Multivariate regression analysis revealed that there was no significant relationship with job satisfaction and the following: workload management ( $p = 0.901$ ), conflict at work ( $p = 0.895$ ), dealing with patients and families ( $p = 0.249$ ), and feeling competent with the work requirements ( $p = 0.375$ ). The only significant predictors of job satisfaction were organizational support and involvement ( $\beta= 0.581$ ,  $p = 0.006$ ). Further exploration into organizational support and involvement would best explain the lack of workload and conflict as non-predictors of job satisfaction. Recommendation for



future studies included the need to replicate this study utilizing the Nurse Stress Index survey, but with a larger sample size and in the ED setting specifically (McGowan, 2001).

O'Mahony (2011) conducted a study at Cork University to measure the level of burnout with ED nurses with the relationship of different work environment characteristics. Sixty-four nurses in an Ireland ED were surveyed with 64 of 86 nurses participating (response rate 74%). Maslach's Burnout Scale (1996) was adapted to a 22 item scale for the purposes of O'Mahony's (2011) study. Of the nurses surveyed, 54% showed high levels of emotional exhaustion and depersonalization, 61% experienced some level of burnout, and 53% found their work environment poor with regard to staffing and resources. Limitations included the study setting. The researchers disclosed that a high rate of staff turnover occurred in the prior year and this may have influenced the results. Further generalizability of these findings to different settings and cultures may be difficult. This study did confirm the presence of burnout in ED nurses, however, further research on the causes of burnout was recommended.

Hooper, Craig, Janvrin, Wetsel, and Reimels (2010) conducted an exploratory cross-sectional study to determine the prevalence of compassion, satisfaction, burnout, and compassion fatigue in ED nurses and inpatient nurses; the scores of the two groups were then compared. A total of 138 surveys were distributed with a return rate of 83% (N=114). The Compassion Satisfaction and Fatigue Subscales of the Professional Quality of Life Scale (Stamm, 2007) were used. Eighty-two percent of ED nurses were found to be at risk for burnout and 86% experienced compassion fatigue. When comparing the ED nurses with those from intensive care, nephrology, and oncology on the variables of

compassion fatigue, compassion satisfaction, and burnout, no significant difference was found between the specialties ( $p=.563$ ,  $p=.847$ ,  $p=.954$ ). Generalizability of the study would be limited due to the use of one organization for this research.

In a cross-sectional exploratory study, Garrett and McDaniel (2001) utilized the Elliott and Eisdorfer Model (1982) to examine the relationship between environmental uncertainty, burnout and the social climate. Eighty-two registered nurses in the Midwest United States participated. The Work Environment Scale (Moos, 1994), Maslach Burnout Inventory Scale (1996), and the Perceived Environmental Uncertainty Scale (Salyer, 1996) were utilized to collect data. Multiple regression analyses were conducted. Perceived environmental uncertainty, feelings of lack of managerial support, and low work involvement explained half of the variability for emotional exhaustion ( $R^2 = 0.50$ ,  $p = 0.02$ ). Furthermore, depersonalization was partially explained by low involvement, environmental uncertainty, lack of peer support, and the lack of managerial support ( $R^2 = 0.44$ ,  $p < 0.01$ ). Environmental uncertainty and social climate affect the burnout of nurses in that when the environment has increasingly high components of uncertainty and social supports are absent, burnout will occur. The researchers recommended looking at the positive aspects of retention and satisfaction such as supportive work environments for future studies. Limitations of this study were the limited number of personality characteristics that were examined.

A cross-sectional study by Poghosyan, Clarke, Finlayson, and Aiken (2010) evaluated the relationship between nurse burnout and quality of patient care. This secondary data analysis from the International Hospital Outcomes Study utilized responses from 53,846 nurses from six different countries: United States, Canada, United

Kingdom, Germany, New Zealand, and Japan (Aiken, Clarke, & Sloane, 2002; Finlayson, Aiken, & Kordic, 2007; Pak, Aiken, Sloane, & Poghosyan, 2008). The original International Hospital Outcomes Study examined nurse staffing and work environments on nurse and patient outcomes. The Maslach Burnout Inventory (1981), the Quality of Care Survey (Pearson et al., 2000), and the Practice Environment Scale of Nursing Work Index (Lake, 2002) were originally utilized. Findings for the current study identified that Japanese nurses had the highest average of emotional exhaustion ( $M=29.4$ ,  $SD=11.6$ ,  $p < 0.001$ ) while Germany had the lowest ( $M=21.8$ ,  $SD=11$ ,  $p < 0.001$ ). Eighty percent of Japanese nurses rated their patient care as fair or poor while only 9% of the New Zealand nurses indicated the same. Additionally, across all groups, with every unit increase in emotional exhaustion, there was a 4% elevation in patient care ratings of fair or poor. These research results informed this study by identifying the level of burnout and how it affects perceived quality of care across different health care work settings. A limitation to the study was the lack of consistency with collecting data within the various countries. Also, the perception of quality patient care could vary from country to country. The researchers recommended replications of this work with smaller data sets (Poghosyan et al., 2010).

### **Nurse Retention**

A Canadian study by Sourdif (2004) examined reasons for nurses' intent to stay in their current workplace. A convenience sample of 108 nurses (49% response rate) answered questions derived from the Nurse's Intent to Stay Questionnaire (Taunton et al., 1997). Job satisfaction ( $M=87.77$ ,  $SD=17.20$ ) and supervisor satisfaction ( $M=100.83$ ,  $SD=14.67$ ) accounted for 25% of the overall intent to stay score. Descriptive statistics

showed that intent to stay was least affected by organizational commitment ( $M=34.32$ ,  $SD=6.96$ ) and work group cohesion ( $M=30.56$ ,  $SD=5.28$ ). Correlation showed that all variables were significantly related, with the strongest relationship being between satisfaction at work and administration ( $r = 0.667$ ;  $p < 0.01$ ). Intent to stay was related to satisfaction at work ( $r=0.667$ ,  $p = 0.022$ ) and satisfaction with administration ( $r=0.602$ ,  $p = 0.016$ ). The results of this study add to the body of research identifying factors that lead to nursing retention by enhancing an organization's ability to predict nurse turnover intentions. The researchers recommended development of protocols aimed at the nurses' intent to stay characteristics with subsequent interventional studies.

In Florida, Nedd (2006) examined the relationship between nurses' intent to stay in their job with perceived nurse empowerment. Five hundred nurses were surveyed via mail (response rate 42%). Ninety-three percent of the participants were female and had an average of 20 years of professional nursing experience. Four different scales were utilized: the Job Activities Scale (Laschinger, Kutzscher, & Sabiston, 1993), the Organizational Relationships Scale (Laschinger, Sabiston, & Kutzsher, 1993), the Conditions for Work Effectiveness Questionnaire (Chandler, 1987), and the Intent to Stay Scale (Kim, Price, Mueller, & Watson, 1996). Intent to stay within the workplace positively correlated with all of the nurse empowerment variables in this study: formal power ( $r=0.43$ ,  $p < 0.01$ ), informal power ( $r=0.31$ ,  $p < 0.01$ ), overall work empowerment ( $r=0.52$ ,  $p < 0.01$ ), opportunity subscale ( $r=0.48$ ,  $p < 0.01$ ), information subscale ( $r=0.39$ ,  $p < 0.01$ ), support subscale ( $r= 0.47$ ,  $p < 0.01$ ), and the resources subscale ( $r=0.45$ ,  $p < 0.01$ ). There was no significant relationship between intent to stay and any of the demographics variables. Recommendation for future research would include

investigations into the impact of empowerment structures and how empowerment influences nursing retention and turnover.

A mixed methods study was developed to investigate intent to leave the hospital and the impact on nurse practice environments, staffing levels, and education. The study also examined the relationship between best practices in the nurse practice environment on retention. In the quantitative portion of the study, 3,186 nurses were randomly sampled from 104 Belgian hospitals and asked to complete the following questionnaires: the Practice Environment Scale of Nursing Work index (Lake, 2002) Nurse Intent to Leave (Lake, 1998; Moshe et al., 1995; Lane et al., 1988; Flinkman et al., 2010; Sermeus et al., 2011), Staffing Levels Scale (Aiken et al., 2002), and Educational Profile Scale (Aiken et al., 2003). Findings revealed that larger patient to nurse ratios were associated with the intent to leave (OR=1.08,  $p<0.03$ ). Lower levels of the perceived quality of work were also associated with the intent to leave the workplace (OR=0.69,  $p<0.001$ ). Level of education of the nurses did not have an impact (Van den Heede et al., 2013).

Six hospitals were chosen as sites for the qualitative interviews included in this study. The participants were Chief Nursing Officers (CNOs) from three high performing hospitals and three low performing hospitals; performance based on nursing retention and turnover measurements. Themes that were derived from these interviews showed that higher performing organizations included CNOs who were identified as transformational leaders. High performing organizations also had participatory management structures and staff involvement in committees. Low performing organizations had CNOs who “tried” to round and become involved with the staff (Van den Heede et al., 2013).

This mixed methods design was the major strength of this study. A weakness of the study was the lack of utilization of a computer based analytical program for the collected data. Future studies should focus on interventions to improve quality metrics such as nurse engagement in decision making and retention interventions (Van den Heede et al., 2013).

### **Nurse Satisfaction**

Adriaenssens et al. (2010) performed a cross-sectional study that assessed job and organizational characteristics and the extent to which these characteristics related to job satisfaction, intent to leave, work involvement, fatigue, and psychosomatic stress. In this Belgian study, data sets from ED nurses in 15 different emergency rooms were compared with general hospital nurses (83% response rate). Scales included in the survey were: the Leiden Quality of Work Questionnaire (Maes et al., 1999; Gelsema et al., 2005), the Utrecht Work Engagement Scale (Seppala et al., 2008), the Checklist Individual Strength (Vercoulen et al., 1999) and the Brief Symptom Survey (De Beurs, 2007). The results indicated that when compared to general nurses, ED nurses experienced more time pressure ( $M= 12.04$ ;  $SD = 2.23$ ;  $p<0.001$ ), more physical demands ( $M=6.84$ ;  $SD=1.86$ ;  $p<0.001$ ), less reward and recognition ( $M= 10.9$ ;  $SD=2.6$ ;  $p<0.001$ ) but more support from their co-workers ( $M=12.85$ ;  $SD=1.89$ ;  $p<0.05$ ). Using multiple regression, variance in the ED nurses' work engagement was explained by job characteristics (31%) and personal characteristics (6%). Personal characteristics (13%) and job characteristics (16%) predicated turnover intention some of the time, while fatigue was partially derived from work demands (15%) and organizational variables (6%). Psychosomatic stress could be somewhat explained by work demands (19%) and organizational variables (2%).

Recommendations included further examination of other ED work environments for similar work environment variables, such as volume, number of staff, and availability of resources, in order to identify and develop retention interventions for the nurses.

Similarly, Shaver and Lacey (2003) examined staffing ratios, longevity of employment, and intent to stay in the ED for registered nurses and licensed practical nurses. Surveys were mailed to 600 registered nurses and 600 licensed practical nurses from 10 different North Carolina health care settings. The survey included tools that measured satisfaction, setting, commitment, job tenure, years until retirement, perceptions of short staffing, and patient workload. Multiple linear regression analysis was utilized to analyze the data for this study. Results revealed that as short staffing increased, work satisfaction decreased ( $\beta = -0.49, p < 0.01$ ). Furthermore, short staffing ( $\beta = -0.32; p < .0001$ ) and years to retirement ( $\beta = 0.16; p = 0.0162$ ) significantly impacted career satisfaction. The inclusion of licensed practical nurses in the sample was a potential limitation since they have different licensure, responsibilities, and roles compared to registered nurses. A strength of the study was the generalizability of the findings due to the large sample size and variety of settings.

A longitudinal predictive study by Laschinger, Finegan, Shamian, and Wilk (2004) explored the relationship between psychological empowerment, structural empowerment and job satisfaction in a sample of Canadian nurses who were part of the Ontario registry (Kraimer, Siebert, & Liden, 1999; Spreitzer, 1995; Spreitzer, Kizilos., & Nason, 1997). The study was conducted in two waves. First, 600 nurses were mailed a survey; 412 surveys were returned (73% response rate). A second wave of 600 surveys were mailed; 268 nurses responded (65% response rate). The surveys included scales

from: the Condition of Work Effectiveness (Laschinger, Finegan, Wilk, & Shamian, 2000), the Psychological Empowerment Scale (Spreitzer, 1995), and Global Job Satisfaction Scale (Hackman & Oldham, 1975). The researchers reported that psychological empowerment (beta= - 0.08,  $p < 0.05$ ) did not affect job satisfaction independently. Psychological empowerment (beta=0.38,  $p < 0.05$ ) and structural empowerment (beta= 0.70,  $p < 0.05$ ) together impacted job satisfaction. One recommendation for a future study would be to investigate the role that individual motivation has on satisfaction.

### **Resiliency**

In an interpretive phenomenological analysis, Ablett and Jones (2007) interviewed 10 palliative care nurses working in hospice settings to describe their experiences related to resiliency. As part of this study, resilience was thought to emerge not from stress avoidance but through dealing with the stress at the exact time in which it was identified. Themes that emerged from the resiliency data were: an active choice to work in the palliative care field, past personal experiences influence the current events, personal attitudes regarding caregiving and towards life, awareness of own spirituality, personal attitudes toward work, aspects of job satisfaction and stressors, ways of coping, and personal/professional issues and identified boundaries. Suggestions from the study indicated that nurses' active reflection on work events may assist with positive emotional outcomes after caring for the terminally ill patients and their families. Debriefing and active coping would contribute to the nurses' resiliency capabilities.

Edward (2005) studied the resiliency of mental health workers using a phenomenological design. In this study, resilience is defined as "the ability of the



individual to bounce back from adversity; persevere through difficult times and return to a state of internal equilibrium or a state of healthy being” (p. 142). The researchers interviewed a select group of six mental health workers; five were female, four were nurses, one was a physician and one was an allied health professional. Analysis of the findings was performed using Colaizzi’s (1978b) seven-step approach. Resiliency themes that emerged from this study were: importance of non-work support, professional development; insight into work performed; creativity, flexibility, and humor integrated into workplace; faith and morality; experience and expertise; supportive workplace; and keeping work life separate from home life. Overall, the most resilient nurses were those who were had access to and utilized the resources to overcome adversity. These results speak to the importance of health care organizations to facilitate the development of resiliency in nursing since it can positively impact satisfaction and nurse retention.

An exploratory, correlational study examined the relationship between job satisfaction and resiliency in the field of mental health. Matos et al. (2010) sampled psychiatric nurses from five inpatient units. Thirty-five nurses completed the Resilience Scale (Wagnild & Young, 1993) and the Index of Work Satisfaction Scale (Stamps, 1997; Zangaro & Soeken, 2005) for a response rate of 76%. Cronbach’s alpha coefficients were 0.97 for the Resilience Scale was and 0.92 for the Index of Work Satisfaction. A positive correlation was found between resiliency and job satisfaction ( $r = 0.33$ ;  $p < 0.05$ ). Participants were asked which components affected their satisfaction at work. The variables that impacted the nurses’ satisfaction were: pay (66%), scheduling (59%), work environment (56%), co-worker relationships (50%), efficient staffing (47%), and relationships with the supervisor (47%) and physicians (38%). Analysis found that

resilience accounted for 10 percent of overall job satisfaction and 20 percent satisfaction with professional status. One suggestion for further research was to examine each of the elements of resiliency to inform the relationships between resiliency and job satisfaction. More research needs to be done in the field of nursing and physician relationships and how this impacts stress and resiliency among nurses as well (Matos et al., 2010).

Gillespie, Chaboyer, Wallis, and Grimbeek (2007) performed a correlational cross-sectional study to examine the relationship between resiliency, experience, education level, length of employment, age, coping, hope, self-efficacy, control, collaboration, and competence through a statistical resiliency model. Out of 2860 Australian registered nurses, a random sample of 1,430 nurses were mailed a survey (54% response rate). Seven different scales were utilized: the Perceived Competence Scale (Chao et al., 1994), the Collaboration with Medical Staff and the Cohesion Among Nurses Scale (Adams et al., 1995), the Managing Stressful Situations Scale (Cronqvist et al., 2001), the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), the Adult Dispositional Hope Scale (Snyder, 2000), the Ways of Coping Scale (Lazarus & Folkman, 1984), and the Connor-Davidson Resilience Scale (2003). Using a multiple regression model, resilience was best explained by the combined variables of hope (beta=0.344,  $p<0.001$ ,  $r=0.67$ ), coping (beta=0.176,  $p<0.001$ ,  $r=0.53$ ), self-efficacy (beta=0.264,  $p<0.001$ ,  $r=0.63$ ), control (beta=0.159,  $p<0.001$ ,  $r=0.47$ ) and competence (beta=0.101,  $p<0.001$ ,  $r=0.38$ ). Replicating this study with other nursing specialties would add to the understanding of the impact of resiliency in nursing. Supplemental validation of the revised resiliency model would lead to developing interventions

surrounding promoting resilience. Resiliency programs could become part of orientation and ongoing retention efforts.

Larrabee et al. (2010) conducted a non-experimental predictive study that investigated the relationship of resiliency with stress at work, empowerment, satisfaction, and intent to stay through statistical testing of the Stress Resiliency Model. Nurse participants were chosen randomly from five major hospitals; with two of the hospitals having a school of nursing affiliation. The sample set included 464 nurses (response rate 55%). Five scales were utilized in the questionnaire: Price and Mueller's two intent-to-stay items (1981), the Work Quality Index (Whitley & Putzier, 1994), Hinshaw and Atwood's Job Stress scale (1985), Spreitzer's Psychological Empowerment questionnaire (1995), and the K.W. Thomas and Tymon's Stress Resiliency Profile (1994). Overall, the nurses surveyed were unsure regarding their intent to stay at their current job ( $M=4.41$ ,  $SD=2.17$ ). Nurse age was positively correlated with intent to stay ( $r=.25$ ,  $p<.001$ ). Satisfaction ( $M=4.41$ ,  $SD=.95$ ,  $p<0.05$ ), empowerment ( $M=5.33$ ,  $SD=0.84$ ,  $p<0.05$ ), stress level ( $M=8.91$ ,  $SD=25.79$ ,  $p<0.05$ ), and resiliency ( $M=7.8$ ,  $SD=21.60$ ,  $p<0.05$ ) all displayed above average results. This study also validated the Stress Resiliency Model for all paths ( $df=22$ ,  $p<.05$ ) except intent to stay ( $t=-1.65$ ,  $p<0.05$ ). One recommendation was to develop training programs to further validate the model within different areas of nursing practice.

An additional exploratory study was completed by Andrews and Wan (2009) to identify the relationship of workplace stress, work environment, coping skills and potential nurse turnover in a hypothesized model. Participants included medical surgical nurses from the southeastern United States. A total of 325 nurses (25% response rate)

completed an 82 item mail survey. The survey included: the SF12v2 (Ware, et al., 2002) that measured job strain, the Control of Nursing Practice Scale (Verran et al., 1995), the Collaborative Practice Scale (Weiss & Davis, 1985), the DSCPI-90 (Denyes, 1990) that measured the self-care model from Orem, and lastly satisfaction, intent to leave, and absenteeism were measured from an adaptation of a single item scale (Mowday et al., 1984; Brooke & Price, 1989; Mark et al., 2003). Findings did identify a significant relationship between the work environment and job stress. Increases in the amount of professional practice and development decreased the likelihood that the nurse wanted to leave the current work environment ( $r = -0.58, p < 0.05$ ). Effective coping mechanisms were facilitated by the ability to sustain and balance one's health ( $r = 0.56, p < 0.05$ ). Strengths of the study were the testing of the revised model of the influence of job strain and the propensity to leave, and the ability to suggest alterations to the model related to the results. Further validation is needed on the physical and psychological components of the model with coping, stress, and resiliency. Replication of this study was recommended.

An educational program on resiliency was developed for the United States Army Medical School to teach resiliency for combat and life skills. The evaluation of this program was done with 172 participants who attended the program. Of the participants, 89% were Army medical personnel. The instruments used were a Likert Scale questionnaire based on Siebert's Resiliency Model that contained components of: managing health, problem-solving, increasing self-strengths, developing positive response choices, and learning good lessons. Participants also provided demographic data and answered open ended questions related to resiliency. The majority of participants

found value in the educational materials provided ( $r=0.246$ ,  $p<0.002$ ; plan to utilize resiliency techniques in the future ( $r=0.248$ ,  $p<0.001$ ; identified thinking more about self-assessment and plan to use it in the future ( $r=0.24$ ,  $p<0.002$ ); and thinking about developing a self-care plan with continued future use ( $r=0.248$ ,  $p<0.001$ ). Ninety percent of the participants identified stated they were more mindful of their personal resiliency because of the program. Future work to explore the student's newly acquired learning and its impact on their co-workers would be beneficial in validating use of the resiliency material. Participants being mainly members of the Army and not nurses from the general public limits the generalizability of the findings. Adam's et al study recommended that more research be completed on resiliency programs for all professions (Adams, Camarillo, Lewis, & McNish, 2010).

A mixed methods study by Tarantino, Earley, Audia, D'Adamo, & Berman (2013) evaluated the Healing Pathways Program which was developed to teach resiliency and coping techniques using stress management tools. The purpose of this program was to teach and foster resiliency skills for individuals. There were 82 participants who attended this program; nurses and nurse practitioners comprised 90% of the cohorts with other participants being massage therapists, physical therapists, and social workers. Questionnaires were distributed before the course, eight weeks after the course, and twelve months after the course. Self-reporting questionnaires consisted of the Perceived Stress Scale (Cohen, 1983) and the Coping Self-Efficacy Scale (Chesney et al. 2006). The Perceived Stress Scale had results of 16.9, 11.7, and 14.4 respectively showing an improvement of stress relief post intervention ( $p< 001$ ). Coping Self-Efficacy Scale indicator results of 163.4, 200, and 197 respectively showed a sustained improvement in

coping ( $p < .001$ ). Qualitative data for this study was collected from three participants through a questionnaire that inquired about their intention for signing up for the program, how they handled stressors, and how they might fit the new skills into their everyday lives. Emerging themes from the qualitative data focused around program effectiveness, benefits of Reiki to practice, and evolution of adaptive mechanisms. Recommendations for future studies included an experimental design to test effectiveness of the resiliency program.

### **Methodological Review**

Out of the twenty-four articles reviewed, ten were related to nursing burnout; three to nurse retention; three to nurse satisfaction; and eight articles were related to resiliency. Articles were chosen to provide support for the need for resiliency research in ED nurses. Additional articles were selected to provide background information for the topics of healthcare, the ED, nurse retention, and resiliency.

Within the literature review, three mixed-method studies were identified; four qualitative studies and the remainder of the articles consisted of quantitative research. About one-quarter of the articles were based in the ED setting specifically. All of the literature was based in health care settings.

In regards to utilizing diverse settings for the research studies, half of the studies identified their participants were from more than one setting (Adriaenssens et al., 2010; Andrews & Wan, 2009; Garrett & McDaniel, 2001; Gillespie, Chaboyer, Wallis, & Grimbeek., 2007; Gomez & Rutledge, 2009; Healy & Tyrrell, 2011; Larrabee et al., 2010; Laschinger et al., 2004; Matos et al., 2010; McGowan, 2001; Nedd, 2006; Poghosyan et al., 2010; Shaver & Lacey, 2003; Van den Heede et al., 2011). These

included multiple units within a hospital, multiple hospitals, or secondary analysis of a nursing database. This range of diverse settings is an identified strength of the literature review and allows for greater generalizability of the collective findings.

Analysis of methods or methodology was performed for the twenty-four articles included. The majority of the articles were quantitative and related to nursing burnout. Common scales utilized in the nursing literature were: the Intent to Stay Scale (Kim et al, 1996; Taunton et al, 1997), Resiliency Scale (Wagnild & Young, 1993), Perceived Stress Scale (Cohen, 1983; Hinshaw & Atwood, 1985), and the Maslach Burnout Scale (1996).

### **Gaps and Recommendations**

Gaps in the literature are evident pertaining to resiliency in ED nurses. Further investigation into what builds upon and impacts resilience would be valuable. Work experience or pre-determined coping mechanisms may be components of resiliency. Understanding the factors related to resilience would allow for further development of resiliency programs in the nursing field. A focus would also be to further promote resiliency with nurses in the work place (Gillespie, Chaboyer, Wallis, & Grimbeek 2007).

Within the nursing profession, resiliency was researched with the subset of operating room nurses and found to be connected to retention and satisfaction. Gillespie, Chaboyer, and Wallis (2007) recommend investigating resiliency in other areas of the nursing profession. Mental health literature further evaluated the concept of resiliency in nurses related to their patient care experiences and how this impacted their decisions to stay within the specialty. Further research was recommended for other disciplines within this field of research as well (Matos et al., 2010).

Identifying levels of resiliency may be integral to retaining nurses in high stress specialties. Nedd (2006) questioned whether certain levels of empowerment impact the intent to stay in the job. Levels of resiliency may determine what situations and environments a nurse can work successfully in.

Training programs for resiliency were the basis for two of the research studies reviewed. The professional types of participants attending the program were not uniform which may have led to non-significant results. Authors of both studies agreed that there was a need for resiliency programs and participants felt it was applicable to the workplace (Tarantino et al., 2013). Assessment of nurses' workplace behavioral changes and longevity, because of the resiliency training program would be most effective for evaluating its success (Adams et al., 2010). In summary, gaps in the current literature warrant further investigation into resiliency in the nursing profession, specifically with ED nurses. Identifying which nursing experiences impact resiliency and its components could lead to the development of a workplace intervention to better prepare nurses in high stress specialties.

### **Chapter Summary**

Historically, ongoing management of stress levels in different specialties within the nursing profession has been problematic and challenging. Work environments embedded with timelines and care expectations create difficulties for nurses. EDs are especially stressful with their varying patient presentation and unpredictable volume. Nursing turnover in the ED is one of the highest in the nursing profession. What can we learn from our nurses who stay within the specialty? How could we apply this to other nurses to facilitate their abilities to build resilience?



Application of resiliency theory is in its initial stages in the ED nursing literature. Further research exploring resiliency in the ED nurses may lead to stress reduction interventions and resiliency promotion programs for the registered nurses. Overall, one imperative goal of the nursing profession is to recruit and retain an increased number of nurses in the years to come in order to efficiently care for the growing older adult population.

## **Chapter 3: Research Design Methodology**

### **Introduction**

Emergency Departments are challenged with high volumes of patients who arrive at unexpected and unpredictable intervals. With high volumes and the need to continuously care for patients of all ages and illness severity, the Emergency Department (ED) becomes a high stress work environment for nurses (Robinson et al., 2005). ED nurse stress leads to burnout which increases nurse turnover bringing about increased costs and decreased quality of patient care.

Still, some nurses remain committed to the ED specialty despite its drawbacks. Their management of stress, or “resilience,” supersedes the accumulation of stressors that are presented every day in the workplace. Resiliency theory has been applied to events in which people exhibit adaptive behaviors to overcome stress. Other professions such as the Navy SEALs (Everly et al. 2012) and the child education field (Masten, 1994) have led the arena in resiliency research for their populations of interest. Resiliency is defined as “the ability to positively adapt to and/or rebound from significant adversity and distress” (Everly et al., 2012, p. 138). The purpose of this study was to explore resiliency in expert ED nurses by using a Directed Content Analysis design with resiliency theory serving as the framework. The remainder of this chapter will describe the research context, research participants, data collection, procedures, and data analysis that was utilized in the research study.

## **Research Context**

Participants selected for this study were registered nurses, who worked more than 32 hours per week in an Emergency Departments in New York State. From the nurses selected, their ED workplaces varied in annual volume and special designations; some held trauma designation, Chest Pain Center certification and/or Stroke Center Designation. Nurses from state funded, private funded, and faith based organizations were included in this study. For the purposes of confidentiality and anonymity, the specific health care organizations are not to be mentioned in this study. All of the organizations have a comprehensive scope of care and benefit from state-of-the-art facilities with technological, radiological, and laboratory resources readily available.

## **Research Participants**

An expert nurse can be defined as a nurse who has at least three years of experience and has acquired competent nursing skills while integrating theory and insight into nursing practice. Certification and membership such as those provided by the ENA (Emergency Nurses Association) and ANA (American Nurses Association) validate the skills required for specialties in the nursing profession. Effective communication, conflict resolution skills, and being an active contributor to the nursing profession are all components of an expert nurse (Spivak et al., 2011). The selection criteria for the membership and certification were designed to provide a sample of participants who are dedicated to the ED specialty and are deemed expert by outside entities. The number of expert nurse interviews included in this study reflects the point at which data saturation was reached.

The ENA (2013) is an organization which promotes professional unity for emergency nurses through providing an opportunity to align research and development partnerships for the safety and care of the patients. Board certification is provided by the American Nurses Credentialing Center (ANCC, 2013). The credentialing exam tests nurses' knowledge of emergency care. Successful completion of the examination provides a level of professional achievement for nurses. The combination of expertise in emergency nursing content, along with clinical experience promotes nurses to become experts in their field.

Both female and male ED nurses were recruited to participate in this qualitative study. Participants were purposively selected from referrals provided by the local Central New York ENA chapter. Participants were selected from different EDs to allow for sample diversity and to increase transferability of the data collected. Snowball sampling was used by obtaining referrals for additional participants from ED nurses included in the study. The expert nurses were selected to tell stories and/or describe events in the ED setting where resiliency played a part in the outcome.

The Institutional Review Board (IRB) at St. John Fisher College approved this study. After the IRB approval was obtained, letters of request for participation (see Appendix A) were sent to ED nurses through an ENA e-mailing list and the snowballing technique. Informed consent was obtained from each participant prior to the interviews.

Demographic data was obtained from the participants using a written questionnaire that included: age, gender, ethnic/cultural background, years of overall nursing experience, years of ED experience, length of time at current job, certifications, and educational background. This demographic data provided insight into the personal

and professional characteristics of the study participants and will serve to also inform future studies on resiliency.

Nurses were contacted in person, by mail, email, or telephone and invited to participate in the study. Interviews were conducted at a date, time, and place best suited for the participant. Interviews were conducted in either a safe neutral environment in the participant's community or on the telephone. Data was collected through one-on-one interviews which lasted approximately 30-60 minutes. Narrative interviews were conducted which "center on the stories that the subjects tell..." (Kvale & Brinkmann, 2009, p. 153).

Directed content analysis was utilized to frame the interview questions from the resiliency concepts of Everly et al. (2012). The interview questions were categorized into the seven themes or concepts of the resiliency theory: pre'sence d'esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism. Participants were guided to tell stories of times in which they exhibited the seven components of resiliency. Directed content analysis also initially formed the coding framework for the data collected.

### **Instruments for Data Collection**

Confidentiality of the study participants was maintained throughout the study. All identifying characteristics were removed from the data and when appropriate data was presented in group form. Prior to each interview, the procedures and purposes of the study were thoroughly explained and questions or concerns were addressed completely. Consent to participate in the study was obtained prior to the interviews for all participants. In this research study, this researcher asked the interview questions to the

participants. During the interviews, the dialogue was digitally recorded. Notes were documented during the interviews. These notes included non-verbal cues, facial expressions, and mood, as well as the physical environment when applicable. A professional transcriptionist transcribed the recordings; transcripts were reviewed for completeness by this researcher. Participants were offered a gift card in the amount of \$25.00 upon completion of the interview process.

The following interview questions guided the participant interviews in this study:

1. How would you define resiliency? What is your greatest resilient strength as a nurse?
2. Do you think honesty is an important part of your nursing practice? Can you describe a situation in your practice when you had a struggle to do what was right?
3. Many experts who study high stress workplaces, feel that workers who have initiative to involve themselves in decision making enhances their role satisfaction and performance. Agree? Give an example. Do you encourage others to use initiative? Why do you think this might be important?
4. Emotionally charged events are common place in the ED. Can you share some examples of emotionally charged patient care situations where you intervened and assisted with a successful outcome? How were you able to reset yourself from the stressful event? Any lessons learned from these experiences? What is the key to bouncing back from the stressful events? Do past experiences impact your current ability to bounce back? How?

5. Is teamwork important to your success and satisfaction? Describe a situation when it worked well and when it did not work well. How do you assist in building teamwork/ how to do deal with poor performing teams?
6. How do you deal with day to day challenges of your ED practice? During a stressful time describe an incident when you exhibited purposeful actions to overcome the challenges in order to get the job done.
7. Do you have social supports at work or home that lead to your success? What have you noticed about other professionals who seem to be successful in their adaptation to the stress of this practice?
8. Describe your most stressful day of practice. How did you persevere through the event?
9. What makes you resilient? What would you suggest that others do to become resilient? Why do you think resiliency may be integral to the nursing profession?

The researcher strived to maintain a neutral demeanor and impartial thought processes throughout the interviews. As the interviews proceeded, the researcher was open to new information as it emerged from the participants. Furthermore, the researcher refrained from swaying comments and redirecting statements.

This researcher is the Clinical Director at one of the hospitals from which the participants were not selected. Working within this organization's clinical area for a period of time has provided viewpoints into Emergency Department nurses' stressors and workplace dynamics. Trustworthiness of this study was achieved by this researcher separating personal opinions and biases from the interviews as well as the data analysis.

Interviews were conducted until data saturation was achieved for a total of sixteen individual interviews.

During the interviews when the participant became emotional or exhibited apparent distress due to the nature of the discussion, adequate time was given for the participant to recover. All participants were able to adequately recover so it was not necessary to prematurely conclude the interview or utilize the services of a recovery resource; such as a workplace based Employee Assistance Program.

### **Data Analysis**

A qualitative-directed content analysis of the interview data was performed utilizing the seven characteristics of highly resilient people (Everly et al., 2012) as the basis for the interview questions and the course of this study. The purpose of utilizing directed content analysis was to further support a theory or extend the boundaries of the theory (Hsieh & Shannon, 2005). Kvale and Brinkmann (2009) further describe the benefits of utilizing directed content analysis. "Content analysis is a technique for a systematic quantitative description of the manifest content of communication... The coding of a text's meaning into categories makes it possible to quantify how often specific themes are addressed..." (Kvale & Brinkmann, 2009, p.203). Utilizing directed content analysis promoted the exploration of the concepts of resiliency theory within the nursing field (Hsieh & Shannon, 2005). Once the transcribed interviews were received, they were reviewed for accuracy by the researcher. The researcher reviewed the transcripts to gain an understanding of the context and feelings surrounding the participant's experiences. Analysis of the research data occurred with the assistance of the computer program ATLAS.ti. Consistent with directed content analysis methodology,



coding started with the seven concepts of resiliency: pre'sence d'esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism.

Data analysis techniques were based on guidelines provided by Creswell (2009). Once the data transcription was completed, this researcher reviewed the transcribed information and inserted observational notes within the context of the narrative. Utilizing the coding categories, the data was initially placed within this structured analysis system. Categorization occurs when the “meaning of long interview statements is reduced to a few simple categories” (Kvale & Brinkmann, 2009, p. 203).

During the data analysis process, each theme was given a specific color coded label within ATLAS.ti. Themes, key words, phrases, and ideas were categorized from the participant interviews. The final step of the process was to interpret the meanings or identify themes from the data. This clustering of data allowed this researcher to reduce it to a meaningful whole (Streubert & Carpenter, 2011). Three tools within ATLAS.ti were utilized by the researcher to assist with analyzing the data such as word cruncher, co-occurrence explorer, and network view.

Credibility of the data was assured through member checking and peer debriefing (Streubert & Carpenter, 2011). Member checking involves reviewing the collected data with the participants from the research study. After each interview was transcribed and this researcher worked with the data to create categories or coding, the data was then reviewed with selected participants to confirm the findings. The selected participants agreed with the findings and did not have suggestions to add or change the interview data.

Credibility was also established by utilizing a peer debriefing system (Streubert & Carpenter, 2011). This researcher selected a peer who was not invested in this research study to review the coding and categorization of the data. The chosen peer was in agreement with how the data was categorized.

### **Summary**

Interviews for the research study occurred in January of 2014 through March of 2014. Digitally recorded dialogues were transcribed by a professional transcriptionist by the end of March 2014. Analysis of the collected data was completed by May 2014.

In summary, there is an opportunity to further develop and contribute to the resiliency research literature in the nursing profession. This research study explored resiliency in Emergency Department nurses. Resiliency theory concepts were investigated to identify the presence of adaptive mechanisms in Emergency Department nurses. Through qualitative-directed content analysis, the interview data was categorized to identify the resiliency concepts within the nurses' stories and descriptions of nursing practice.

## **Chapter 4: Presentation of Data and Results**

The purpose of this research study was to explore resiliency in expert nurses in the ED. Exploring nurses' ability and their intent to stay within the ED work environment may identify common characteristics and coping strategies that these nurses possess. These identified characteristics may lead to interventions which could impact retention and be used to help others develop resiliency characteristics (Hooper et. al., 2010).

This study sought to explore resiliency in expert nurses in the ED using directed content analysis methodology. This chapter presents the data collected from expert ED nurses within the resiliency concepts of: pre'sence d' esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism identified by Everly et al. (2012). The nurse's experiences and stories illustrate the resiliency concepts in their own words as they described their nursing practices, work environments, struggles, and tribulations of the profession. Exemplar quotes will illustrate the seven resiliency concepts. These resiliency concepts were used as a framework through to conduct directed content analysis to answer the following research questions:

1. How do expert ED nurses describe resiliency?
2. How does resiliency influence expert ED nurses' retention in the workplace?
3. What are the expert ED nurses' experiences in which resiliency played an active role in recovery from events?
4. How do expert nurses role-model resiliency?

Resiliency was defined by the participants as the mechanism or ability to bounce back, recover, go forward, refill or re-energize, and to push through to the desired outcome. Resiliency served as an engrained personal characteristic in which they actively worked through purposeful interventions and activities of their daily routines to reset themselves and move forward. Role modeling of their resiliency traits was embedded in their professional and personal lives and became a way of being.

A total of sixteen registered nurses participated in this qualitative study. The individual interviews conducted were approximately 30-60 minutes in length and were digitally recorded. ATLAS.ti was utilized to analyze and code the transcribed interviews. All of the sixteen participants are represented in the data analysis of this chapter.

### **Demographics**

Demographic information for each participant was collected using a questionnaire including age, gender, ethnicity, years of nursing experience, years of ED experience, years at current job, educational background, and certifications. The average age of the participants was 50 years old or older (50%). The majority were females (68.8%), white descent (87.5%), held a BSN degree (56.3%), had at least 30 years of nursing experience (37.5%), 11-20 years of ED experience (31.3%), and had been in their current job for at less than 10 years (62.5%). These nurses also maintained a variety of professional certifications. A summary of the demographic data is displayed in Table 4.1.

Table 4.1

*Participant Demographic Data and Percentage of Sample*

Variable	Males (n=5) n	Females (n=11) n	Total Percentage
<b>Age</b>			
20-30	1	0	6.3
31-40	0	2	12.5
41-50	2	3	31.3
50+	1	7	50
<b>Ethnicity</b>			
White	4	10	87.5
Black/African American	1	0	6.3
West Indian	0	1	6.3
<b>Education</b>			
Diploma	0	2	12.5
AAS	1	0	6.3
BSN	4	5	56.3
MSN	0	3	18.8
Post Masters	0	1	6.3
<b>Years of Nursing Experience</b>			
1-10	0	3	18.8
11-20	3	2	31.3
21-30	0	2	12.5
30+	0	6	37.5
<b>Years of ED Experience</b>			
1-10	2	2	25.0
11-20	3	2	31.3
21-30	0	4	25.0
30+	0	3	18.8
<b>Years at Current Job</b>			
0-10	4	6	62.5
11-20	1	2	18.8
20+	0	3	18.8
<b>Certifications</b>			
Advanced Life Support/Burn	5	11	100
ANCC: Emergency/Critical Care/other	4	10	87.5
Hazmat/Trauma	4	6	62.5
Pediatrics/Neonatal	4	8	75

## **Pre'sence d' Esprit**

The first resiliency characteristic, pre'sence d' esprit is a French word that derives its meaning from the “calm, innovative, non-dogmatic (flexible and creative) thinking” (Everly et al., 2012, p. 139). For this resiliency characteristic, the ability to reset oneself during the stressful time and to be able to move forward is imperative for success (Everly et al., 2012). Pre'sence d' esprit was intertwined in the stories that the participants shared regarding difficult situations in the workplace and the thought processes that led them to the resolution of those challenging circumstances. Similar themes of pre'sence d' esprit were streamed within the participants' recollections of events and/or everyday life in the ED settings of the past and present. As described by one nurse:

Any second something completely different can be thrown your way and to be able to manage it and prioritize it and do what you need to do; try not to let it linger within you as you move on in your day. (Participant 9, 2014, p. 1).

Positive mindsets of rebounding capabilities assisted the nurses with their abilities to bounce back from adversity in the workplace. They appear to be able to let the negative experiences go and move forward without getting stuck in an unproductive state.

Pre'sence d' esprit serves as a purposeful way of thinking with a reframing/resetting forward-moving mindset. With the nurses' thoughtfulness serving to carry them through challenges at home and in their personal lives. Participant 1 (2014) describes a time when she reset herself during a difficult time in her life:

I identified at one point in my career that I did not want to be a nurse anymore. I don't know, I was probably in my later twenties and I think I had just married and maybe it was just learning how to balance a whole lot of things: marriage, kids,

job, and giving, giving, giving all day at work. Then coming home and having the children and the husband also there with their hands out... it felt like I didn't have a break at any point so I remember sitting down and looking at other options and truly recognizing that I would not be happy. That's when I had thought okay that's when I had to start doing something for myself. I had to adjust; just make an adjustment so that I had time for myself so I could do both jobs without mistreating one or the other whether it's not giving to my patients or not giving to my family. (Participant 1, 2014, p. 1)

What was important was the initial recognition of the stress is the first step of being able to make a change to manage the circumstances surrounding the stressful event.

To return to the passion of nursing with a grounding in caregiving often assists nurses in continuing the professional journey but with attention to their own needs. Nursing becomes a part of the person's being and identity. Participant 3 (2014) describes nursing and the importance of having the pre'sence d' esprit skillset in order to take care of the patients in whom the Emergency Department serves:

Emergency nursing, I believe, is one of the hardest jobs, again as I say, you see people at the worst times of their life and the worst situations and they trust you with their loved one's life. Sometimes, it's only that moment of saying, "you'll be okay" or "we'll do everything for you," to help them through that time in their life. (Participant 3, 2014, p. 5-6)

Pre'sence d' esprit and psychological self-care work collaboratively to facilitate the shift of the mindset for the nurse to care for the next patient care need. Rebounding and bouncing back is purposeful in both thought and intention.

In summary, participants described interventions that they actively utilized to deal with or manage the stress of the work environment. These purposeful interventions included a range of activities: active resetting, being attuned to self needs, finding time to exercise, debriefing with family and peers, and finding personal time to develop and enjoy hobbies. Resetting skills were often described as purposeful intended interventions to handle or manage stress or work events, which demonstrated *pre'sence d' esprit*. The participants were able to be attuned to the warning signs of stress and then demonstrated resetting of their emotions and mindset to move forward.

### **Decisive Action**

Decisive action is taking responsibility for decision making without the benefit of knowing all the background information of an issue or situation. When in the position to lead a group, the ability to make sound decisions without haste or delay is essential. Decision making is built upon past experiences and the mental ability to quickly take in information and have self-confidence to make rapid choices (Everly et al., 2012). Decisive action requires experience, confidence, and a skilled knowledge base of diverse emergency interventions to care for a wide range of patients.

Of the participants interviewed, 13 shared experiences of decisive action from their professional lives. Decisive action is frequently deemed intuitive and is compared to a nurse's "gut reaction" during an intense situation. Decisive action allows for forward momentum in the ever changing ED environment. On the spot decision making for ED nurses has to occur due to the unpredictable volume and acuity of the patients that the ED serves.



Often, in the ED environment with the fast pace of patient care in critical situations, decisive action is imperative to caring for the patients due to the time constraints in any given situation. In the acute environment of the ED, decisive action that led to one life saving measure was described as this:

Back in the day we used both Brevital and Brevidloc in the open med cart and they're both clear glass vials with white labels and gray or black lettering.

Someone was pulling out medications for a reduction of a hip or shoulder or something and I happened to wander by and they were pulling these meds out and I just peeked my head in and they were filling up this syringe full of meds. I said, "That doesn't sound right, what do you have there?" and the nurse had pulled up not Brevital but pulled up Brevidloc out of the med cart. So if that Brevidloc had been given instead of Brevital, it would have been a fatal dose, the patient would have brady-ed down to nothing and then died probably. (Participant 7, 2014, p. 2)

Quick and concise decision making with the nurse's initial intuitive sense coupled with the nurse's knowledge base of the necessary interventions and desired outcome are specified in this exemplar quote by the expert ED nurse. Benner (2001) identifies that experts think in chunks of data rather than on a continuum of events. Expert nurses have the ability to look at the whole, not just the parts, and can react (Benner, 2001).

Nursing care accomplishments or victories are often a product of decisive action and the outcomes that follow. Participant 4 (2014) further described a focused intervention of decisive action which saved a baby's life in the ED:

A baby was looking funny. Sometimes it's nothing, and sometimes it is. We went and followed the procedure and put the baby on the monitor and the heart rate was

twenty. So I went and got some help; we put a line in, and got labs, and got things moving. In a moment we had everybody in there and all the stuff that we needed to start intervening and this baby stopped breathing and turned blue. So we're bagging him and you sort of move it forward with the whole. We didn't lose his pulse or anything but we're bagging him and doing all the stuff to get him stabilized and treated...I didn't even hear mom screaming behind me. (Participant 4, 2014, p. 6).

Expert nurses tend to be adaptable and can filter out the “noise” or information that is not needed to get the task done. Focused interventions for the patient being cared for, lead to the desired outcomes with the combined dedication of the nurses and their team members.

Often times, decisive action calls out to the nurse to intervene among different professions or disciplines within the ED team for the sake and safety of the patient. Being assertive and using problem solving skills on the spot is imperative. Participant 9 (2014) provided an example of courage, advocacy, and working around a difficult situation to get the best care for the patient:

...and I said “no, no don't you understand, ” I said ‘this person's heart rate is now 37 and their pressure is 60. ’ Basically I looked at him in the eye and said, “We need to turn him, we need to put pads on him.” Their answer was, “I have a sterile field here.”... I was not getting satisfaction from that doctor so I brought in another doctor and proceeded to do Atropine and do what we had to do and the patient was then fine. (Participant 9, 2014, p. 5)

In summary, nurses need to be confident with this type of rapid decision making, having courage to advocate, and the intelligence to identify how to do work-arounds when needed. Without the capabilities of decision making, courage for advocacy, and work-arounds, nurses may not stay in the ED setting. Survival in the ED setting is based on the ability to meet the continuous need for spontaneous interventions and responses to patient acuity changes. These nurse participants confirmed that decisive action is a large part of their role in the ED.

### **Tenacity**

Tenacity can be defined as the process of persevering and moving forward until the desired intended result is achieved. Attempting alternate solutions or heuristics, and new interventions with creative non-dogmatic thinking along the journey is a part of being tenacious (Everly et al., 2012). Fourteen of the sixteen participants of this study provided examples from their careers that were coded as a tenacity characteristic. Staying on track and pushing ahead despite the set-backs allowed the nurse to achieve the intended set of goals. Psychologically working through stressful times can often lend oneself to being able to achieve success with the specific troublesome situation that appears unmanageable at first glance. Through resetting oneself and prioritizing the work at hand can lead to success. “I take a deep breath...when it’s overwhelming, I talk out loud...I tell myself, “one patient at a time” and I choose the sickest patient...when you no longer can concentrate, more errors occur” (Participant 14, 2014, p. 4-5). Tenacity facilitates the journey and sets achievable goals or milestones for an individual through the challenging times. Participant 6 (2014) describes an ED experience where tenacity led her through a patient event despite the odds:

I was called in because they had somebody with a gunshot wound... It turns out this kid was shot through with buckshot. There was a fairly experienced nurse and a brand new ER nurse. Somebody decided that I was going to be the team leader on the trauma and I thought the more experienced nurse was going to be in there helping me out...they sent newbie in there because she wanted to see what it was like and what was going on. I really needed somebody that knew what they were doing who had maybe done TNCC before at least or working in the ER long enough to know what needed to be done. It was really challenging because we had two elderly surgeons in there and they were shouting...and I'm trying to make sure that the patient has a clear airway and the head to toe to make sure first things are taken care of first. Yeah it was a little challenging and so we got going...so that was a little dicey at first. (Participant 6, 2014, p. 5-6)

Expert nurses can work through challenges even when provided with few resources. With confidence and perseverance, nurses can complete tasks while providing excellent patient care. Slow and steady prioritization and tenacity can lead to expert nurses' successful accomplishment of work.

Tenacity can originate from family values and can be further enhanced by the skills on how parents may have raised their children (Everly et al., 2012). To some people, tenacity may come naturally and is self-directed from within. Tenacity was described by one nurse as:

Getting the group together and forming a plan...being able to come up with things that I didn't even know I possessed as a person. Bringing those forward; they set my values and what my parents had taught me being able to get through

the night. (Participant 5, 2014, p. 6)

Being tenacious can be a learned resiliency trait as indicated by the previous exemplar quote. It may come as a surprise to some individuals because the learned skill techniques are ingrained within their psychological and physical abilities to overcome obstacles.

Participant 15 (2014) discussed tenacity when “dealing with human life” and the importance of persevering and having the internal drive to continue forward, “set yourself to zero to go into the next room because they need you” (p. 6). In the nursing profession, tenacity is best served by dedication to patient care with the achievement of the desired outcomes. Tenacity then leads the individual with a sense of urgency to the next patient despite fatigue or a bad situation, resetting to move on to assess the subsequent situation.

### **Interpersonal Connectedness**

Interpersonal connectedness can be defined as “a sense of connectedness and support, which will increase group cohesion” (Everly et al., 2010, chapter 3, section 5, para.3). Interpersonal connectedness is a strong predictor of resilience due to the supportive impact that social networks have on overcoming adversity. This characteristic can add support systems and a sounding board to decision making for the individual. How well an individual relates to others while working as a functional member of the team promotes resiliency (Everly et al., 2012). Teamwork and interpersonal connectedness often go hand-in-hand within the ED environment. Teamwork facilitates accomplishing the interventions with patient care. Participant 3 (2014) describes the Emergency Department patient flow responsibilities in relation to interpersonal connectedness in the form of teamwork:

Teamwork, I believe works well from the moment the patient checks in. If you have the triage nurse or bedside nurse that's doing the triage, somebody comes in to help place the patient, get them undressed, place them on the monitor, put an IV in, draw blood, make sure the labs are taken care of, cover them up with warm blankets, keep them comfortable, insure that they have their call bell, and juice if needed. I believe everybody is involved with team work and not just the teamwork that you see at the bedside, but speak of the x-ray technicians, the laboratories, even right down to the maintenance and environmental services who help keep the pieces of the puzzle full. This way you can see the whole picture to take care of the patient. I think everybody who works well together to get that done for the care of the patient is teamwork. (Participant 3, 2014, p. 3)

As mentioned, teamwork and interpersonal connectedness often work cohesively to accomplish goals and appear integral with workflow in the nursing profession. Participant 11 (2014) further explains her experience with interpersonal connectedness and the concept of teamwork:

When you work with people for a very long time and become friends, especially when you become friends outside of the facility, you're building this teamwork; this honesty; this respect. In stressful situations you need everyone to be a team player and you know sometimes especially in our situation it's not always "yes" and "please" and "no" and "thank you." When you become good friends and good co-workers together you know you're not taking that personally and you'll be able to just perform your job. (Participant 11, 2014, p. 3)

Interpersonal connectedness can be displayed as the teamwork that occurs in the work environment that supplies the team with physical and psychological support. Participant 8 explained when faced with challenges, the teammates will often jump in for support. “The rapport between the nurse and the patients and the nurse and the co-workers, if I’m having a bad patient and I don’t know what to do, another nurse will go in with me...and we’ll go from there” (Participant 8, 2014, p. 6). With feeling of inclusion and a sense of belonging; resetting with the help of another, allows the nurse to feel comfortable in his/her work environment and is more apt to ask for assistance when needed. Often times, the nurse does not need to ask for assistance because team members are tuned-in and ready to assist.

Mentoring is a form of interpersonal connectedness where two people are matched purposively to foster professional growth. Participant 5 (2014) describes mentoring in the ED:

Building up confidence in your ability to handle situations by having a good mentor in the department; someone you can model your practices after and who supports you, who holds you up when you make a mistake and lifts you up when you do a good job. So having a mentor on the unit, having someone you can role model after, and having the support of your team. (Participant 5, 2014, p. 7)

Mentorship facilitates and perpetuates solid nursing practices and positive attitudes among the profession. Interpersonal connectedness, teamwork, and retention are intertwined conceptually and can create a supportive environment. Retention and interpersonal connectedness are discussed further by Participant 15 (2014):

I think that teamwork is essential for retention. I think that the paradigm of working together with a zone mate is essential for keeping the new nurse and even if the new nurse isn't a brand new nurse but she's a new nurse to that department; she needs a resource person and somebody eight rooms away that has their own assignment and can't even halfway know what you're going through. So I think that they need to work together in a zone in a team, so somebody knows your patients and knows what you're going through. (Participant 15, 2014, p. 6-7)

This participant discussed the importance of teamwork and its contribution to nursing retention. Within supportive environments, nurses can grow professionally without impedances of social dynamics that can often exist. Mitchell et al. (2012) discussed in the Institute of Medicine (IOM) report, the values and principles of health care teams and their contribution to retention and job satisfaction. Health care teams have the benefit of a diverse knowledge base and collaboration to assist in tackling the complexity of health care as it exists today.

Participants verbalized the significance that interpersonal connectedness has on their satisfaction and ability to work within their high stress ED environments. Interpersonal connectedness is a nurse satisfaction component of the profession with the relationships and teams in which it builds. Teamwork and collaboration are essential for retention and success in the ED.

### **Honesty**

Honesty creates an atmosphere of integrity and trust while interacting with others. Having integrity and trust as personality characteristics facilitates the individual to “do what is right” (Everly, McCormack & Strouse, 2012, p. 140). Honesty is a resiliency



concept that is essential to the nursing profession for the benefit of the co-workers as well as the patients. Often times, nurses can be unaware of dishonest behaviors and how it impacts those around them.

A lot of the times people do things and they think that by hiding it or by lying about it; it would help. But actually a lot of times it just makes things worse. I think being honest is very important in this profession (Participant 2, 2014, p. 1).

Working in an environment that has transparency and support can facilitate teamwork and a sense of belonging.

Participant 10 (2014) also identified that “honesty is paramount to nursing practice,” and furthermore, “without trust, you’re always double checking, triple checking, micromanaging those around you and questioning their integrity” (p. 1). An increased amount of unnecessary work is done when the environment has lost the honesty and transparency of those working within it. Honesty works within a multi-variant system inclusive of interactions on the individual level, between co-workers, and within the nurse-patient relationship as illustrated by Participant 6 (2014):

I think even as a whole life principle, if you can’t be honest with yourself you can’t be honest with other people...even if it could be upsetting we need to be honest with our patients about things like wait times; with the doctor about clinical findings; about our documentation of patient care; all of that stuff I think requires honesty. Everything goes a whole lot better if we are honest with ourselves and with our patients and with our co-workers about what’s going on. (Participant 6, 2014, p. 1)

Participant 6 illustrated how honesty is weaved into various aspects of nursing practice and the holistic care of the patients.

Honesty is thought to be linked to accountability and the perception of trust from our patients.

It's part of how we connect with our patients. Honesty dovetails into your accountability so what you're asked to do every day; what we're being trusted to do; our patients trust us. We have to be honest with them in order to build that trust. (Participant 1, 2014, p. 2).

Participant 5 (2014) goes into the concept of honesty and trust more in depth by discussing the “transparency” that it promotes within practice (p. 1). Honesty and trust are connected with relationship building and patient-nurse interactions as well as care giving. In this research study, only one participant claimed that honesty did not play a unique role in their nursing practice. Instead of describing the importance of honesty in his nursing profession, he stated that the importance and focus of nursing was to get the job done with the resources that were provided (Participant 13, 2014). This participant placed the emphasis of his discussion around the job at hand and not the profession as a whole.

### **Self-Control**

Self-control, also called self-discipline, is the ability to counteract an impulsive action. Once reset, thoughtful, purposeful actions in response to high stress situations will allow the individual to make good decisions. Also, coping behaviors such as exercise, relaxation techniques, and eating well balanced meals can further assist with resiliency and the ability of self-control (Everly et al., 2012). These participants believed it was

important to remain positive, maintain a sense of organization among the chaos, and recognize the warning signs of stress. Fifteen of the participants described instances of self-control in their professional careers. Self-control included personal accounts of how the participants utilized activities both at work and outside of work to ground themselves and to tackle the everyday stressors of their jobs.

Positivity with the action of resetting can often contribute a sense of self-control. Through positive thinking and thoughtfulness, poor behavior and adverse outcomes can be avoided. Participant 3 described self-control and the relationship between maintaining a positive attitude and mindset. “Over time I have learned how to control emotions, control my thought process from just spitting out through my mouth. Think it through and attempt to stay in positives” (Participant 3, 2014, p. 2). Maintaining a sense of control in the physical environment through organizing tasks and workload management can assist with higher levels of self-control. Self-control in relationship to resetting and executing purposeful actions was further described as also having the ability to organize the workday per Participant 12 (2014):

I organize myself as I look at the sickest patient first and then I roll through and visit everybody... and introduce myself and let them know that I will be back but I have to take care of other patients also...One of the ways I stay organized is I try to stay a step ahead of the game based on experience and symptoms. I'll draw extra blood, I'll set things up so this way when the docs walk in on you they also walk in with everything ready. (Participant 12, 2014, p. 4-5)

Organizational skills are imperative to accomplishing tasks and juggling multiple patients with their corresponding workloads in the ED environment.

Self-control was related to the ability to recognize the warning signs in oneself when personal limits were reached and when stress extended to an unmanageable level. Participant 10 (2014) discussed nursing and resiliency with the statement where self-control was about “finding ways to decompress” and realizing, “we can’t save everybody and one of the hardest part of understanding that sometimes it’s fine to let people pass on” (p. 10). Participant 5 (2014) commented on self-control saying, “Knowing yourself, what your limits are and also what you are capable of achieving” (p. 7). Self-awareness of triggers and limitations can often assist an individual with improved responses in challenging situations.

Self-control takes on the forms of the resetting ability, positivity, purposeful actions, and organization. When a nurse can appreciate the span of influence in regards to the workplace and patient care, interventions can be followed through with while remaining in check with one’s emotions. Self-control takes into account both actions and reactions to the work environment.

### **Optimism**

Optimism is “the tendency to take the most positive or hopeful view of matters” (Everly et al., 2012, p. 140). Optimism can be either passive or active and can also be viewed as a way of resetting. Passive optimism consists of the process of hoping for a positive result. Active optimism is when the individual physically or mentally works at creating a more desirable outcome. (Everly et al., 2012). All participants, with the exception of two, could speak to optimism and the impact on their nursing careers.

Active optimism provides a more comfortable work environment by supplying positive behaviors within interpersonal interactions and communication. Participant 16 (2014) describes active optimism:

But I try to look at the positive stuff... what we are able to do, what changes we were able to make as a result of a catastrophe or just a bad outcome...just pull my sleeves up and get in there and get it done and when I can, I do try to encourage communication and good feelings. (Participant 16, 2014, p. 3)

Active optimism is a purposeful action that works with resetting whether it takes on a verbal or nonverbal form. Participant 10 (2014) also further describes purposeful thought processes that are utilized with active optimism:

Method for a person to handle stressful situations; compartmentalize it; evaluate it for its positive and negative; learn from those results and then move forward with the positives. Part of the learning curve working that acute state environment you get the same thing when you're doing this degree, if you get the actions, you get the reactions, you get the adrenaline let down and you get the rebound followed by compartmentalizing the information and then I think it through, take it apart, put it back together again, see what I did right, what I did wrong, take the positive points from it and promise myself never to do those errors again. (Participant 10, 2014, p. 1; 4)

Active optimism drives patient care and promotes safe and comfortable work environments for the nurses.

Passive optimism is not often purposeful but evolves in response to a situation. The individual with passive optimism has a good outlook on life and environmental

processes in the workplace. Nurses who display passive optimism do not intentionally act to change a situation, but choose to react differently when it occurs. Passive optimism was described by Participant 4 (2014):

You know, I guess I dealt with it as this is really how I deal with things in my life, if its within your control and it's frustrating you, and you don't change it, well then that's your fault and you have the right to get upset at yourself, no one else, but if it's something that's out of your control why stress about it...it sends negative energy, you've got to be positive. (Participant 4, 2014, p. 9)

Positive thought processes regarding the profession and the daily workflow are common within the expert nurse population. Participant 9 (2014) also discussed passive optimistic actions with their professional practice:

I go in every day knowing that I'm going to make a difference to the lives of a lot of people, I know I'm going in there knowing what I'm going to expect and do my job and realizing that no matter how bad or however stressed I am, every patient that I'm taking care of is much worse off than I am, I try to put a smile on their face and move on. (Participant 9, 2014, p. 4)

Passive, as well as, active optimism can both be used in the nursing profession to counteract negative behaviors and compounding stress factors.

Optimism is a resiliency trait that involves the ability of the individual to look at events in life with a more positive lens. With the ability to reset oneself, whether with active or passive optimism, the thoughts and feelings are hopeful and enthusiastic toward current and future events. Even among negative behaviors within the same work environment, optimism can shed a hopeful and positive light.

## **Co-occurring Codes**

Co-occurring codes were identified during the data analysis. The Co-occurrence Explorer in ATLAS.ti, provided the ability to show all of the codes that co-occurred across the transcribed participant interviews. The co-occurring codes are depicted in a table (refer to Table 1.1) and in a visual diagram (Figure 1.2). Co-occurring codes were a product of reviewing the interview transcripts and identifying when the participant's experiences were coded in more than one resiliency concept. Table 4.2 shows the number of times that the codes cross cover some of the participants experiences. For example, decisive action was a co-occurring code with honesty on four separate occasions. When "n/a" appears in a column or row, this indicates that the code did not co-occur during the coding of the participant interviews. When the same resiliency concept intersects, the symbol "-" appears in the table. Self-control and optimism were the most frequent co-occurring codes in ATLAS.ti with 22 co-occurring codes from the interviews.

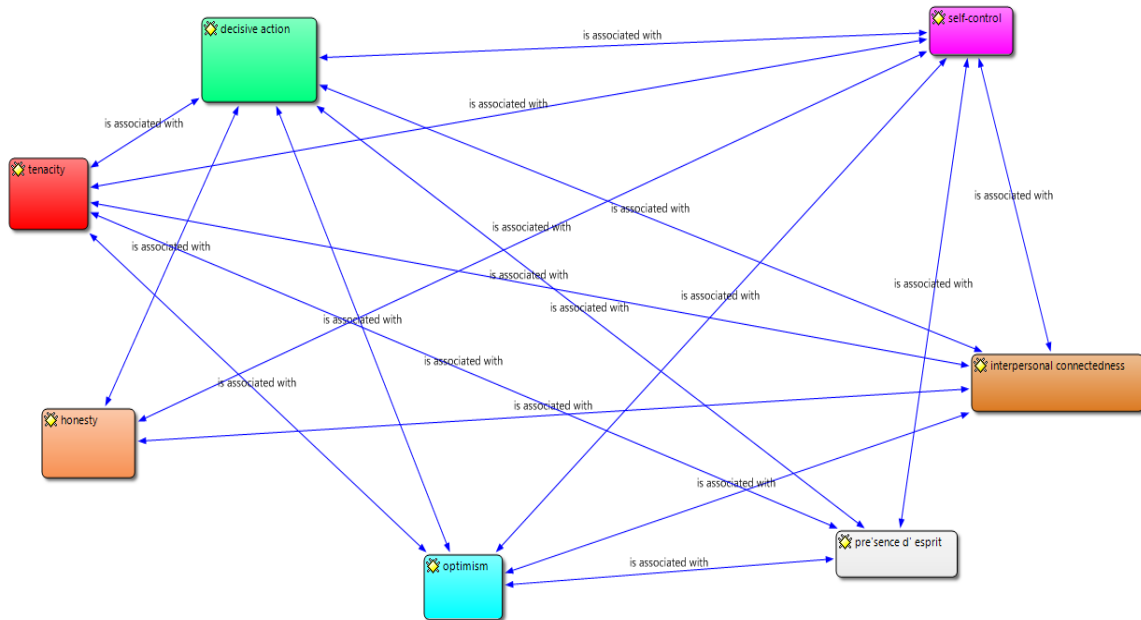
Table 4.2

*Number of Co-occurring Resiliency Codes*

Resiliency Codes	Decisive Action	Honesty	Interpersonal Connectedness	Optimism	Pre'sence d' Esprit	Self-Control	Tenacity
Decisive Action	-	4	1	n/a	6	4	4
Honesty	4	-	1	n/a	n/a	1	n/a
Interpersonal Connectedness	1	1	-	4	n/a	5	1
Optimism	2	n/a	4	-	4	22	7
Pre'sence d' Esprit	6	n/a	n/a	4	-	9	4
Self-control	4	1	5	22	9	-	6
Tenacity	4	n/a	1	7	4	6	-



Figure 4.1 shows a diagram or picture of the codes and how they interrelate in the participants experiences as well. This researcher created the diagram within the ATLAS.ti program using the Co-Occurrence Explorer module. Each code was given a separate color and the arrows indicate an interrelationship between the codes.



*Figure 4.1. Co-occurring Resiliency Codes Diagram.*

There were also, resiliency concepts that were not connected through the coding process. The resiliency codes that were identified as not co-occurring were: optimism and honesty, pre'sence d' esprit and honesty, tenacity and honesty, and pre'sence d' esprit and interpersonal connectedness. With the overlapping codes derived from the interview data, this may suggest that the resiliency concepts often interweave within the Emergency Department nurses' professional practice.

## **Resetting**

An additional finding within the qualitative analysis which evolved was the theme of resetting. Resetting was woven into four of the resiliency concept findings that were represented in the ED nurses' stories. Within presence d' esprit, resetting was described by Participant 1 with their thoughts on resetting their life to prioritize what was important to them and to have the energy to move forward.

I identified at one point in my career that I did not want to be a nurse anymore. I don't know, I was probably in my later twenties and I think I had just married and maybe it was just learning how to balance a whole lot of things: marriage, kids, job, and giving, giving, giving all day at work. Then coming home and having the children and the husband also there with their hands out... it felt like I didn't have a break at any point so I remember sitting down and looking at other options and truly recognizing that I would not be happy. That's when I had thought okay that's when I had to start doing something for myself. I had to adjust; just make an adjustment so that I had time for myself so I could do both jobs without mistreating one or the other whether it's not giving to my patients or not giving to my family. (Participant 1, 2014, p. 1).

Within the presence d' esprit concept, resetting emerged as a purposeful intervention by the nurse to combat the stressful situation. Tenacity and resetting was linked together with the example described by Participant 14 with the purposeful talking out loud to oneself to psychologically preparation for the identified challenges that they were facing. "I take a deep breath...when it's overwhelming, I talk out loud...I tell myself, "one patient at a time" and I choose the sickest patient...when you no longer can concentrate,

more errors occur” (Participant 14, 2014, p. 4-5). Tenacity and resetting worked together to provide a skillful re-prioritization of workload for this nurse.

Participant 3 spoke to self-control and resetting through their story of knowing their limits and knowingly resetting their behavior by stopping and thinking things through.

I organize myself as I look at the sickest patient first and then I roll through and visit everybody... and introduce myself and let them know that I will be back but I have to take care of other patients also...One of the ways I stay organized is I try to stay a step ahead of the game based on experience and symptoms. I'll draw extra blood, I'll set things up so this way when the docs walk in on you they also walk in with everything ready. (Participant 12, 2014, p. 4-5)

Self-control takes an important role in resetting behavior. Awareness of one's limits and personal drive to overcome obstacles is integral to the profession. Participant 10 provided an example of resetting and active optimism by identifying purposeful interventions for evaluation and resetting when needed.

Method for a person to handle stressful situations; compartmentalize it; evaluate it for its positive and negative; learn from those results and then move forward with the positives. Part of the learning curve working that acute state environment you get the same thing when you're doing this degree, if you get the actions, you get the reactions, you get the adrenaline let down and you get the rebound followed by compartmentalizing the information and then I think it through, take it apart, put it back together again, see what I did right, what I did wrong, take the positive points from it and promise myself never to do those errors again. (Participant 10,

2014, p. 1; 4)

Resetting begins with the mental and psychological self-reflective work that the nurse does to sense limits, focus their mind set, strengthen their drive, and move through the intended interventions

### **Summary**

Through the computer application of Atlas ti, directed content analysis was used to code the transcribed interviews with the resiliency concepts: pre'sence d' esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism. During the coding process, it was found that all of the seven resiliency concepts were represented in the participant's stories. Often times, participant's stories fit into more than one resiliency concept. Co-occurring codes emerged from the data analysis.

Resetting surfaced as a theme outside of the realm of the seven concepts. Resetting was identified as a novel theme, a unique finding apart from the resiliency concepts which guided this study. Resetting was described in the participants' stated experiences of: pre'sence d' esprit, tenacity, self-control, and optimism. Conclusively, this analyzed data provided an identification of resiliency within these highly skilled and trained Emergency Department nurses through the coded themes of: pre'sence d' esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, optimism, and resetting.

## **Chapter 5: Discussion**

### **Introduction, Background of Problem, and Summary**

Within the hospital, the Emergency Department (ED) is considered to be one of the front doors for patients to access healthcare. Patients arrive by the walk-in process or by ambulance transport; arrival mode depends on the patient's severity of illness. (Morphet et al., 2011). As one of the primary access points to healthcare, the ED environment is stressful due to the acuity and volume of patients. Since the patients' arrivals remain unpredictable, the staff experience frequent surges in patient acuity and volume which leads to constant challenges to providing safe and effective patient care (Robinson et al., 2005).

Retention of the registered nurse (RN) workforce is a substantial struggle for EDs across the nation. Due to the specialty orientation and training that the ED requires, and the continuous workload that the volume of patients brings, recruiting registered nurses into this field is a hardship. The exponential rise of the aging population and the emergency care that they need, make it a top priority to reduce RN turnover. (Robinson et al., 2005).

Exploring causes of nursing turnover within the ED has been well documented in the literature. However, a full examination of characteristics of nurses who chose to remain (more active than passive), who are resilient, and who have been retained in the emergency settings has not been completed. Studying resiliency in nursing, may lead to interventions that could strengthen this characteristic, positively impact retention of nurses, and ultimately improve patient outcomes. Quality patient care is achieved when

the nurses are experienced, maintain current work competencies, and are satisfied in their work place (Tang, 2003). Resiliency seems to support this. Furthermore, the prevention of nurses' stress and burnout which causes them to leave the profession may be linked with resiliency training and programming. Resiliency training could improve job satisfaction by providing the nurses with proactive tools to maintain health in order to combat the obstacles in the stressful ED environment.

Resiliency was examined by Kaminsky et al. (2007) who developed the Johns Hopkins' Model of Human Resistance, Resilience, and Recovery. This model guides the promotion of one's abilities in "building resistance, enhancing resilience, or facilitating the recovery" (Kaminsky et al., 2007, p. 2). Everly et al. (2012) further refined the resiliency aspect of the model by identifying the resiliency conceptual constructs of: pre'sence d' esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism which guided this study. They suggest that individuals can actually learn to become more resilient with training and commitment.

The application of resiliency theory to the field of ED nursing, along with the identification and fostering of resiliency characteristics in the ED RN is emerging as an important practice. Health maintenance promotion and behavior promotion leading into nurse retention may be a direct result of identification and the fostering of resiliency characteristics in RNs. (Gillepsie, Chaboyer, & Wallis, 2007). This chapter will address the purpose of the study, the strengths and limitations, and the implications for nursing practice, research, education, and executive leadership.

## **Purpose and Research Questions**

The exploration of resiliency in expert ED nurses was the primary purpose of this research study. Exploring nurses' ability and intent to stay within the ED work environment while identifying common characteristics and coping strategies that these nurses possess may lead to interventions which could impact retention and be used to help others develop resilient characteristics (Hooper et. al., 2010). Benner (2001) defines expert nurses as having the ability through experience to know or be intuitive in their nursing interventions and knowledge application to practice. By studying the resiliency characteristics in expert nurses, interventions could be developed to grow and foster coping mechanisms and self-care activities.

Focusing on resilience in nursing led to a few imperative research questions. Resilience is not well documented in the nursing research especially related to retention in the workplace. This research study was performed to potentially answer the following research questions:

1. How do expert ED nurses describe resiliency?
2. How does resiliency influence expert ED nurses' retention in the workplace?
3. What are the expert ED nurses' experiences in which resiliency played an active role in recovery from events?
4. How do expert nurses role-model resilience?

## **Significant Findings and Discussion**

ED nurses in this study had longevity in the nursing profession of 30 years or more (37.5%) and 11-20 years of ED experience (31.3%) as similarly displayed in the Healy and Tyrell (2011) quantitative study. Healy and Tyrell (2011) found that the longer the

nurse had been in the profession, the less stress they experienced due to the development of their stress management techniques. Nurses in this study could all describe coping mechanisms that were utilized during stressful events and during personal time well after the work day was complete.

*How do expert ED nurses describe resiliency.* Within this study the nurses described resiliency by definition, as well as through stories and/or examples from practice. Resiliency was defined by the participants as the mechanism or ability to bounce back, recover, go forward, refill or re-energize, and to push through to the desired outcome (2014). The seven resiliency concepts were located throughout the participant's recollections of their ED and life experiences. During the data analysis phase, an additional theme of resetting was discovered throughout the interviews. Resetting is an original and unique concept separate from the seven resiliency concepts which guided this study. Resetting described the nurse's ability to mentally or psychologically identify the stressor, change behavior, and move forward from the present situation in a productive manner. Resetting was described as a purposeful phenomenon that the nurses knowingly absorbed into their practice. All participants were able to define resiliency and exhibited the seven resiliency characteristics through their shared experiences and stories.

Similarly, Ablett and Jones (2007) defined resiliency as dealing with stress in real-time with established ways of coping to resolve the stress. Edward (2005) described resiliency as the ability to bounce back or to return to a state of health for an individual. Examples of stressful and highly acute patient care situations were provided which included stories of scarce resources, unpredictability of outcomes, and the nurses managing to persevere and be successful with the intended outcomes. Within this study



there were also shared recollections of troublesome patient care events and how the nurse cared for themselves to be able to manage and work through the sadness and despair.

***How does resiliency influence expert ED nurses' retention in the workplace.***

Resiliency and retention in the emergency nursing field were connected in this study. Overall, the participants' longevity of ED practice averaged between 15 to 20 years. Of the 16 participants, all were able to articulate examples of resilience in the stories that they shared. Within the interpersonal connectedness concept, Participant 3 described how teamwork impacted retention by increasing satisfaction in the workplace. Participant 11 went further to explain how the interpersonal connectedness inside and outside of work contributed to retention by creating supportive relationships between the nurses. In spite of the longevity in the nursing profession for the participants in this study, retention within their current workplace was surprisingly low, harboring less than 10 years. Similarly, Matos et al. (2010) stated that resilience was only impacted by 10% of job satisfaction so therefore it could be inferred that resilience and retention were not closely related. Comparably, Sourdiff (2004) found that retention in the workplace was specifically related to satisfaction at work and satisfaction with administration.

***What are the expert ED nurses' experiences in which resiliency played an active role in recovery from events.*** Resiliency played an active role in the lives of the participants. Examples of resiliency interventions were intertwined within each interview and included: quiet time after work, routine exercise, family time, peer support and defusing, and gardening. In regards to the pre'sence d' esprit concept, Participant 9 shared a story of how she collectively learned how to prioritize patient care through her ED experiences. Her ED experiences taught her to manage stress in a timely manner.

Participant 1 and 3 both shared comparable examples of those past experiences that led them to increased abilities to reset their coping state of mind. Resetting was recognized as an innovative concept to manage workload in the ED. For self-control and resetting, Participant 5 was able to recognize the signs of overwhelming stress and guide herself to recovery. Participant 14 described tenacity through personality characteristics that she learned from childhood, which enabled her to modify reactions and continue on to the next patient priority. Further, participants spoke of organizational skills being an essential component needed to focus on the work during critical events. Peer defusing and event debriefing were also mentioned as interventions to deal with difficult patient care situations.

Resetting played an active role in the recovery from the events as well. Participant 3 mentioned knowing limits and being thoughtful of behavior and nursing interventions. Participant 10 explained the phenomenon as purposeful interventions of stopping, resetting, and evaluating. Participant 1 verbally illustrated an example of resetting her life to refocus and prioritize for the future. Resetting was an distinguished concept that played an active role in the recovery from events for the expert nurse in the ED setting within this study.

***How do expert nurses role-model resilience.*** Role modeling of resilience was introduced by Participants 4 and 7 within the decisive action concept in relation to the team staffing model they were experiencing at work. Team or zone staffing requires that RNs have overlapping patient care assignments to foster support and assistance among nurses. When the nurse had a partner to work with, peer support and patient care were perceived to be far superior compared to an average patient care assignment. Team

staffing role modeling was actualized through encouragement of team work with patient care, peer support, and debriefing infrastructures. Peer support and role modeling within the team staffing were perceived to be more satisfying due to the increased quantity and quality of work being accomplished. Peer support was either driven by individuals in the workplace or through professional organizations such as the ENA.

Honesty also played a part in role modeling behaviors as described by Participant 2. Transparency of patient situations and patient care decision making created a trusting environment in the ED. Combined with honesty, Participant 16 expressed that optimism was integral in role modeling behavior. Optimism pulled the team together and strengthened the bonds between the nurses.

By utilizing directed content analysis, Everly's et al. (2012) resiliency concepts were found in experiences and stories shared by expert ED nurses. Pre'sence d' esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism were themed throughout the study. Each concept occurred both independently and with the periodic overlapping and co-occurring of more than one concept. An additional concept of resetting derived from the data. With the resiliency concepts co-occurring and the new resetting concept identified, the creditability of the study was broadened. This study enhanced the understanding of the resiliency characteristics demonstrated by these expert ED nurses.

This research inclusively investigated Everly's et al. (2012) resiliency concepts and their existence in the ED nurses. These results add to the findings of other research studies which examined resilience in palliative care nurses (Ablett & Jones, 2007), mental health workers (Edward, 2005) and operating room nurses (Gillespie, Chaboyer,

Wallis, & Grimbeek, 2007). This study furthered the qualitative work of Ablett and Jones (2007) by expanding on their inquiry of debriefing and coping mechanisms and exploring resiliency as a whole. Edward (2005) suggested that further investigation of resiliency may lead to the ability to improve one's resiliency capacity. Through increasing and improving access to resources to combat adversity such as non-work support, professional development, humor, spirituality, and experience; resiliency could be enhanced.

Additionally, this research study further emphasized the importance of healthy coping mechanisms in order to bounce back from stressful events. Resetting was an additional theme that emerged within this study. This novel theme further enhanced the seven resiliency concepts. The participants described actions of self-reflection, identification of stress, changing behavior, evaluation, and moving forward as the interventions used in resetting. Resetting was also co-occurring within the concepts of: pre'sence d' esprit, tenacity, self-control, and optimism which intensified its relationship with the other concepts. The emerging question then becomes if the resetting behavior can be taught to other nurses. Andrews and Wan (2009) found that by sustaining a healthy balance, coping mechanisms were more effective ( $r=0.56$ ,  $p<0.05$ ). Within this research, the expert ED nurses gave examples of stories and experiences that told of debriefing, peer defusing, exercise, and prioritizing quiet time as examples of the healthy balance techniques.

The Healing Pathways program was studied by Tarantino et al. (2013) and provided nurses with a program based curriculum to assist and teach them how to cope with events in the workplace. Tarantino et al. (2013) suggested to perform an

experimental study surrounding a resiliency program. If nurse resiliency characteristics and coping mechanisms could be developed, the nursing profession would benefit through promoting health and increasing retention of the profession as a whole.

Resiliency is a phenomenon that should be recognized in the nursing field while being discussed and promoted for all nurses regardless of the specialty.

### **Strengths of the Study**

Resiliency is a topic that has gained popularity in recent years to promote health and wellbeing of nurses and others while improving retention of nurses. This study provided an investigation into the positive aspects of resiliency and examined the characteristics of nurses who stay in high stress specialties such as the ED setting. Strengths of this study revolved around the qualitative data that was collected and analyzed from this population.

Gillepsie and Melby (2003) recommended that more nursing research be focused on emotional exhaustion and how nurses effectively deal with this phenomenon. This resiliency research study added substance to the concept of the emotional exhaustion by providing stories and personal accounts from Emergency Department nurses that described healthy ways to handle stress and traumatic events. None of these nurses expressed being emotionally exhausted. The qualitative data collected described recognizing the exhaustion or knowing one's personal limits as being the first step in order to activate the coping interventions.

Beaudoin and Edgar (2003) examined different types of hassles that a nurse encounters in the workplace. These hassles were categorized to describe how they impeded a nurse's work. This resiliency study informed this body of research on the two

categories of nursing hassles and environmental hassles. The nurse participants illustrated teamwork and socialization components that assisted with their work satisfaction. One participant highlighted zone nursing and the team work that this staffing model encouraged. All of participants recalled high stressful times related to patient care that they encountered in their day to day jobs.

Garrett and McDaniel (2001) recommended future research to be performed on the positive aspects of retention and satisfaction in order to identify solutions to the turnover dilemma. One of the strengths of this research study was the examination of resiliency within the subset of expert ED nurses. This data contributed to the body of research by examining the concepts of resiliency within a specific framework and identified specific interventions that the nurses instituted to rebound from adversity. In comparison to the Tarantino et al. (2013) study, this resiliency research provided the field with the strength of the participants' stories which further validated the need for a resiliency interventions or an established program.

Furthermore, the use of directed content analysis strengthened the study through the pre-established codes that were derived from the resiliency concepts. The resiliency concepts framed the research and interview questions which guided the study. Kvale and Brinkmann (2009) add that directed content analysis put a quantitative aspect to a qualitative study through coding the transcribed data into categories. Long streams of text can be simplified into codes which improves the ability to manage large amounts of interview data for comparison purposes. Occasionally with the use of directed content analysis in qualitative research, emerging themes develop from the data. Resetting was a

theme that emerged from this study independent of the seven other resiliency concepts which guided this study's framework.

Peer review of the interview questions and the collected data was an identified strength of this study. It provided validation of the coding methodology, directed content analysis, with the pre-determined resiliency concepts in the coding structure. Use of member checking also contributed to this study by ensuring that the interview transcripts and coded data was what was intended.

This study continued the work of Ablett and Jones (2007), Edward (2005), and Matos et al. (2010) and examined elements of resiliency that these authors recommended to be further explored. The data collected in the current study provided examples of resiliency in ED nurses along with descriptions of how these nurses coped and organized their work days and recharged their emotional capacity after challenging events.

### **Limitations of the Study**

Limitations of this research study consisted of two areas of opportunity: generalizability and method. Primarily, the generalizability of these research findings cannot encompass all of the general nursing areas within the profession. More research should be completed in the areas of intensive care, medical surgical nursing, and outpatient areas. Each nursing specialty has its own challenges and struggles related to the acuity and volume of the workload. Resilience may take on different forms depending on the area in which the nurse works.

Furthermore, in reference to the methodology limitations, this research study had 16 interviews from various settings and locations with the majority of the interviews being conducted on the telephone. Potentially there was data that was not collected from

the participants' non-verbal cues that would have been attained through in-person interviews that may have further informed this study. Also, the emotional impact of the recollection of events for the participant could not be gauged as well on the telephone as it could have in person. Kvale and Brinkmann (2009) shared that live interview situations through the participant's nonverbal expressions tend to add more meaning to the transcribed statements.

### **Implications for Further Research**

Due to this study examining longevity and perseverance of nurses in the ED specialty overall, additional research should be conducted regarding retention in the specific ED settings. The demographic data from this study showed that the average retention in the current practice settings was less than 10 years even though the average retention in the specialty averaged above 20 years. Additional exploration into the specific settings could inform the profession on further retention initiatives needed.

Further research should be performed among other nursing specialties to attain a comprehensive structure to the resiliency concepts as well as the recommendations for potential interventions. Studying larger groups with nurses of varying degrees of experience could be beneficial to further inform how resiliency is an important aspect of retention which could lead to enhancements in continuing education. Adding resetting into the future inquiry will also further develop this theme and solidify its relationship with the other seven resiliency concepts.

The process of incorporating education to build resiliency characteristics into orientation or a training program would be a potential area for intervention and future research. Using an experimental design with pre and post testing of program



effectiveness would determine if the growth of resiliency traits impacts nurse satisfaction and retention. Similar to the program utilized in the United States Army (Adams et al., 2010), resiliency and life skills could be further investigated within the nursing profession. Measurement of the extent of resiliency in individual nurses and the monitoring of the resiliency levels in relationship to the classroom instruction would further inform this field of research.

Conducting a longitudinal study of nurses over time could add dimension to this field of resiliency research. Determining if resilience can be strengthened through personal or professional experiences, as well as through focused interventions along the lifespan can guide further development of this trait. This research study did inform the field of expert nurses' resilience, however further in-depth examination of this concept could lead the profession to incorporate more concrete interventions into specialty education and training.

### **Implications for Practice**

This research study explored resiliency in ED nurses. Implications for practice include promoting awareness of resiliency in the nursing profession, providing nurses with tools to enhance their resiliency characteristics with special attention to resetting, and then empowering nurses to embrace these tools. Promoting awareness of resetting would address the nurse's cognitive, psychological, and emotional components when dealing with stressful events. Furthermore, incorporating resetting into debriefing events could foster an additional level of self-care for the nurses. Through the rising awareness of resiliency in nursing, interventions can be developed to counteract nursing turnover in specialties and the profession overall. Hooper et al. (2010) conducted research

exploring compassion, satisfaction, burnout, and compassion fatigue in ED and inpatient nurses of various specialties. Eighty-two percent of ED nurses were found to be at risk for burnout and 86% experienced compassion fatigue. Individual nurses, nursing programs, and employers need to scrutinize research on the resiliency topic and proactively plan interventions.

The creation of tools to explore an individual nurse's resiliency level as he/she transitions into a new practice area, provides the means to further develop resiliency characteristics. These transitional tools would be advantageous in providing the nurse and the employer an avenue by which to build resiliency skills. A nurse could be tasked to complete a resiliency self-assessment process and be made responsible to further his/her growth with resiliency. This professional and personal ownership could promote an improved sense of self-care and resiliency skill development, which ultimately would support an improvement in patient outcomes.

### **Implications for Education**

Resiliency could be incorporated into the application process of nursing programs, along with the development of a resiliency curriculum for nursing programs. During the student screening process, potential students could undergo a resiliency assessment. The identification of their resiliency status could add value to the screening process as well as guide advisors to provide the individual with supportive resources and appropriate advising for employment.

A resiliency curriculum may be developed to increase the student nurse's awareness surrounding the topic and to increase or improve their resiliency through workshops. Resetting, a distinctive finding of this study, could be specifically taught to

students while addressing the cognitive, psychological, and emotional components of the concept application. Similarly, the research of Gillespie, Chaboyer, Wallis, and Grimbeek (2007) recommended that resiliency programs should become part of orientation and ongoing retention efforts in acute care, however there would be value in incorporating this type of program beginning at the college level.

### **Implications for Executive Leadership**

As executive leaders, encouraging resiliency research in the nursing field would positively impact the profession while supporting organizational goals such as retention and satisfaction. Executive nurse leaders need to seriously consider implementing initiatives that identify resiliency characteristics and promote resiliency training. On an organizational level, executive leaders should support resiliency projects to build a solid workforce with the primary focus on self-care. Through this, self-care promotion could become aligned with strategic initiatives to grow and retain the workforce. Expectations could be established with employees to choose healthy lifestyles and the organizational environment should support employees in their efforts. Adding the self-care component to the employee's self-appraisals would ensure the importance of the initiative within the organization.

With a work environment focusing on health promotion and resiliency building, retention of employees would result, thus driving improvement of quality patient care. Executive leaders should also display these resiliency characteristics within their own leadership style and be able to share stories and personal experiences with other executive leaders. By demonstrating resilient skills, the leaders will bring the importance of building resilience for their employees full circle.

## Summary

In summary, Registered Nurse turnover is a significant operational and financial setback for management with a direct impact on patient care in EDs. Due to the length of time and range of information for the specialty orientation that the ED requires; recruiting registered nurses into emergency nursing has been challenging (Robinson et al., 2005). Further impacting the nursing turnover problem in the ED, there is concurrently a worldwide shortage of approximately 4.3 million health care workers which is only estimated to continue to increase going forward (Spence-Laschinger et al. 2009). Research has marginally examined the potential causes of nurse turnover and suggested strategies to offset the impact. Resiliency theory has been used to describe and explain nurses' ability to overcome stress and hardship in the work environment. Given the present-day and projected impending needs for nursing in healthcare, resiliency is a topic that could positively impact the nursing profession. (Matos et al., 2010).

The investigation into studying nursing characteristics that promote retention in the healthcare setting is lacking in the literature. In spite of the challenges in the ED work environment, nurses remain in the specialty. In regards to nurse retention, the research field has focused on the work environment, management styles, and stress management but has not delved into building positive personal attributes for the nurse to influence retention. Expert nurses may have personal attributes that contribute to their retention and ability to flourish in the unpredictable and stressful ED setting. One such personal attribute could be resiliency. The purpose of this study was to explore resiliency in expert nurses in the ED. Exploring the nurses' ability and intent to stay within the ED work

environment may lead to interventions which could impact retention and be used to help others develop resilient characteristics (Hooper et. al., 2010).

Kaminsky et al. (2007) proposed a Johns Hopkins' Model of Human Resistance, Resilience, and Recovery which has provided the groundwork for this research study. More recently, Everly et al. (2012) further examined the resiliency aspect of the model by distinguishing the conceptual constructs encompassing resiliency. Their research suggested that resiliency involved seven characteristics or concepts: presence d' esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism which guided this study. Within this research study, the seven resiliency concepts were utilized as a framework for the interview questions and coding of the data.

By performing this research study, the resiliency traits of expert emergency nurses were explored. Having a better understanding of resiliency could promote the insight on how to retain nurses in the ED setting by building on these skills. Resiliency training could positively impact patient care as a result. Quality of patient care is most successful when the nurses are experienced, maintain current work competencies, and are satisfied in their work place (Tang, 2003).

Training programs for resiliency in both the military and among health care providers were the basis for two of the research studies within the literature review. Authors of both studies agreed that there was a need for resiliency programs and the participants felt it was applicable to their workplaces (Tarantino et al., 2013; Adams et al., 2010). The literature supports that resiliency is a personality trait that can be improved upon through specific training. Within the nursing research, resiliency was studied with operating room nurses and found to be connected to retention and

satisfaction. Gillespie, Chaboyer, and Wallis (2007) recommended exploring resiliency in other nursing specialties. Mental health literature further assessed the concept of resiliency in nurses related to their patient care experiences. Further research was recommended for other professional disciplines from this study as well (Matos et al., 2010).

Gaps in the research literature include the topic of resiliency in ED nurses. Thoroughly understanding resilience could lead to the growth of resiliency programs in the nursing profession (Gillespie, Chaboyer, Wallis, & Grimbeek 2007). Furthermore, classifying levels or stages of resiliency may be fundamental to the retention of nurses in high stress specialties. Gaps in the current nursing literature warrant further investigation into resiliency in the nursing profession as a whole, with specific attention to the ED nurse specialty.

The methodology for this research included a qualitative study interviewing with 16 purposively selected expert ED nurses. Participants were selected by referrals and snowballing techniques from the local Central New York ENA chapter. Demographic data was obtained from the participants using a written questionnaire.

Directed content analysis was utilized to frame the interview questions and initiate the coding from the resiliency concepts of Everly et al. (2012). The interview questions and coding was guided by the seven concepts of the resiliency theory: pre'sence d'esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism. Analysis of the research data occurred with the assistance of the computer program ATLAS.ti and guidelines provided by Creswell (2009).

Findings from this research study revealed that the expert emergency nurses displayed the resiliency concepts in the stories that they shared. In addition, the nurse's descriptions frequently co-occurred or fit into more than one resiliency concept, further offering creditability to the study. Resilience emerged as a theme outside of the seven resiliency concepts of: presence d'esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism. These findings provided an enhanced appreciation and awareness of resiliency within these highly skilled and trained ED nurses. Resiliency skills have a positive influence on the personal and professional lives of these nurses by providing skills to handle the stress and acuity that the ED promotes.

With the results from this research study providing a conceptual foundation for resiliency research in the ED nursing field, further research should be performed in other nursing specialties to replicate the structure to the resiliency concepts and further substantiate the recommendations for interventions. An experimental design with pre and post testing of effectiveness could be facilitated to demonstrate if the resiliency traits have an impact on nurse satisfaction and retention. Similar to the program utilized in the United States Army (Adams et al., 2010), resiliency and life skills could be further investigated within the nursing profession.

While this research study explored resiliency in emergency nurses, implications for practice include promoting awareness of resiliency in the nursing profession, providing tools to facilitate transitions in practice, and encouraging professional practice accountability. Through mounting recognition of the importance of the topic of resiliency in the nursing field, interventions can be developed to counteract the nursing turnover

challenge. Across the professional spectrum involving nurses, nursing programs, and healthcare organizations, plans for resiliency interventions should begin to be developed.

Implications for nursing education in regards to resiliency include adding a resiliency assessment into the screening process for nursing school candidates and to develop resiliency curriculum and resources for nursing programs. Identification of a baseline resilience level can guide the programs with candidate selection. Resiliency curriculum may be developed to increase the student nurse's awareness surrounding the topic and to provide tools to assist with their individual resiliency development.

Implications for executive leadership consist of encouraging more resiliency research in the nursing field and to provide direction to healthcare organizations regarding the importance of promoting this concept. Leading the organization in this direction will result in the creation of a solid workforce with a focus on self-care. Self-care promotion and resilience could align with the strategic initiatives of the organization. With support from the literature, Healy and Tyrell (2011) recommend the development of a more supportive work environment, provide stress management instruction, and promote stress management on the leadership level.

With the study of resiliency in expert ED nurses, the findings indicated that the concepts of resiliency are ingrained into the nurses' personal and professional lives which contributed to their longevity in the specialty. Nurses are imperative to the effectiveness of the healthcare team. With resilient nurses, care can continue to be provided to our ever growing aging population with quality continuing to be at the forefront of the patient care focus.



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## Appendix A

Sarah J. Tubbert

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315-727-5454

October 24, 2013

RE: Resiliency in Emergency Department Nurses Research Study

Dear Participant:

The Resiliency in Emergency Department Nurses research study has been reviewed and approved by the Institutional Review Board (IRB) at St. John Fisher College. I am a student of the college in the Doctorate in Education in Executive Leadership program.

Resiliency is a new concept for the nursing profession and we are at the beginning stages of investigating this concept and its impact on the workforce. One of the goals is to investigate strategies to combat nursing turnover in nursing specialties.

Thank you for participating in this research study. At any time that you have questions or concerns, please do not hesitate to contact me.

Sincerely,

Sarah J. Tubbert