



## Building the Concept of Nurturing Resilience

Laurie Ann Martinez, RN, MSN, MBA \*, Andra S. Opalinski, PhD, APRN, CPNP-PC, NC-BC

Florida Atlantic University, Christine E. Lynn College of Nursing, United States of America

### ARTICLE INFO

**Article history:**  
Received 17 April 2019  
Revised 8 July 2019  
Accepted 8 July 2019

**Keywords:**  
Resilience  
Nurturing resilience  
Adolescents  
Children  
Youth  
Concept building

### ABSTRACT

**Theoretical principles:** Children and adolescents are faced with ubiquitous daily stressors. When faced with various stressors, they will either recover or stay distressed. For those unable to recover, acute daily stressors have potential to turn chronic with long term negative mental health outcomes. Nurturing resilience is one way to prevent distress from turning to mental health disorders. With the ability of adolescents and children to access nurses with various specialties, it is imperative nurses understand the nuances of resilience and the core elements to nurture resilience in youth.

**Phenomena addressed:** The purpose of building the concept of nurturing resilience is to clarify the meaning of this concept in children and adolescents, develop a conceptual definition of nurturing resilience, and provide a conceptual model of nurturing resilience based on the building process. The concept was formulated utilizing Liehr and Smith's practice-based approach to concept building.

**Research linkages:** Concept building defines nurturing resilience as developing secure connections with another to support self-acceptance that aids in tempering reactivity when faced with environmental hardships. Resilience is a protective mechanism which keeps youth balanced while promoting positive mental health when faced with adversities by allowing one to bounce back after adversity to an original, fundamental state. Understanding patterns and processes of resilience enables nurses to nurture resilience. Nurturing resilience provides adolescents and children the ability to change in response to difficult circumstances; in turn, mental distress is reduced, and mental health of youth are optimized.

© 2019 Elsevier Inc. All rights reserved.

### Introduction

Current statistics indicate that one in five (44 million) adults in the United States (U.S.) experience mental illness, with one in twenty-five (10 million) living with decreased quality of life and suboptimal health (National Institute of Mental Health (NIH), 2016). Half of all adult mental disorders stem from unattended chronic stress before the age of 14, and three-quarters before the age of 24 (Kessler et al., 2005; Kessler et al., 2012). Of additional concern is a rise in adolescent stress with reports of only half effectively managing perceived stress (American Psychological Association, 2014; Galla, 2016). This lack of management contributes to a significant number of adolescents who experience mental health distress (American Psychological Association, 2014; Galla, 2016).

Currently, an estimated 49.5% of adolescents aged 13–18 have a mental disorder (i.e., mood issues, anxiety, eating issues, impulse control, substance use) with an estimated 22.2% severely impaired (DSM-IV criteria determined impairment) (NIH, 2016). Of even more concern is only 20% of this population receive mental health treatment (Costello, He, Sampson, Kessler, & Merikangas, 2014). This lack of treatment puts

these adolescents at risk for severe impairment from daily disruptions related to moods, feelings, relations with others, and self-care. Chronic unattended disruptions have the potential to turn to chronic diseases (e.g., asthma, obesity, cardiovascular disease, diabetes) (CDC, 2012). With chronic illness as a leading cause of death and disability, and mental illness ranked first for causes of disability, it is essential nurses take a stance in supporting the mental health of this vulnerable population (CDC, 2019; NIH, 2016). One way of doing this is to provide tools that support recovery after daily hardships (Niitsu et al., 2017). This ability to recover after a hardship is known as resilience.

Resilience is the ability return to normal after adversity and prosper with each stressful experience (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O'Flaherty, 2013; Niitsu et al., 2017). Stressors, particularly for adolescents, are vast and varied (American Psychological Association, 2014). For some, it is academic pressures and peer pressures; for others, it is surviving in dangerous neighborhoods, oppressive situations, chronic illnesses, or home life stressors (e.g., abuse in homes, instabilities). Whatever the reason, adolescents will either recover from stressors or stay distressed (Davydov, Steward, Ritchie, & Chaudieu, 2010). For those unable to recover, acute stressors have the potential to turn chronic with long-term negative health outcomes (Davydov et al., 2010). As such, to support adolescents in building resilience and

\* Corresponding author.  
E-mail address: [lauriemartin2017@health.fau.edu](mailto:lauriemartin2017@health.fau.edu) (L.A. Martinez).

healthy development, it is of essence that nurses understand the concept of resilience (Leebens & Williams, 2017).

The concept of resilience has been studied over decades by a variety of disciplines. Nursing literature appears to have limited publications on the concept of resilience. As such, limited knowledge related to the constructs of resilience may leave nurses unsure about how to assist adolescents in building resilience when faced with challenges. With current rises in stress and limited ability of adolescents and children to access nurses with various specialties (e.g., pediatric nurses, school nurses, nurse practitioners), it is imperative that nurses understand the nuances of resilience and understand their ability to foster and nurture a sense of resilience in youth. Therefore, the primary purpose of this concept building paper is to (1) clarify the meaning of the concept *nurturing resilience*, (2) develop a conceptual definition of nurturing resilience, and (3) provide a conceptual model of nurturing resilience based on defining properties.

## Methodology

Liehr and Smith's concept building process as described in Chapter 17 of the 4th edition of *Middle Range Theory for Nursing* was used to develop the emerging concept. The process of concept building differs from concept analysis. While concept analysis refers to concepts already crafted in either scientific theories or communities (Risjord, 2009), concept building refers to the exploration of a phenomena in both scientific literature and empirical evidence. Whereas the purpose of an analysis is to explicitly clarify a vague or over-used concept with the intent of the concept becoming part of a theory (Risjord, 2009), the purpose of concept building is to increase knowledge to guide programs of research (not to develop theory). As a result, since the concept of *nurturing resilience* is not crafted in theory or communities, we feel that Liehr and Smith's concept building process is applicable to our purpose.

Liehr and Smith's concept building process is a 10-phase process which allows one to reflect on and delineate an area of interest, formulate abstract ideas through reflection, then formulate a concrete concept with its conceptual definition. At the foundation of this process are three core beliefs: (1) clearly articulated phenomena derived from practice are essential in building research that adds knowledge to nursing and guides practice, (2) concept building is not to develop theory but rather used to guide research, and (3) concept building occurs within the contexts of scientific literature and experiential evidence (Liehr & Smith, 2018). This 10-phase process is relevant to nursing and includes all dimensions of existing theory, current literature, and empirical evidence (including stories) (see Table 1). Although the table represents a linear

process, the formulation of such concepts is circular and cyclical. Since the process includes gathering a story, institutional review board approval was obtained with parental signed consent.

### Phase 1: Practice story

The purpose of this phase of the concept building process (Liehr & Smith, 2018) is to articulate a story from nursing practice that expresses a critical incident related to the human health experience observed via the lens of a nurse. It brings a practice situation to life with a beginning, middle, and an end. The following story illuminates the current realities of food sensitivities in children in school settings:

"In 2012, I volunteered at my daughter's elementary school and was sent to a pre-school classroom. When I entered the classroom, five-year-old Aiden was sitting quietly by himself while his classmates ran about excitedly. His class was cheerfully celebrating colorful cupcakes brought as a surprise by a classmate's parent. As each child devoured their cupcake piled high with frosting and loaded with sprinkles, I noticed Aiden sat with a sorrowful look. I saw the teacher approach him, whisper something to him, and replace his cupcake with a bag of pretzels." "Aiden made no movement towards his pretzels, kept his eyes down and his shoulders slumped. I approached Aiden and started a conversation with him. I learned he had food allergies; countless times he was not able to eat a cupcake like everyone else. He accepted and seemed to understand his food restrictions but voiced his feelings of sadness and anger when he couldn't eat what the others ate. Although I tried to get him to interact with his classmates, he refused to leave his chair." "Later in the year, volunteering again, I was sent to the same classroom. I looked for Aiden but learned his mother decided to homeschool him as he was having a difficult time adjusting to preschool." "Fast forward five-years. My daughter has food sensitivities and I find her in the same situation as Aiden. My mind races forward wondering why, after all these years, are children still sitting with doleful expressions while their classmates eat in celebration. Besides keeping these kids physically safe, how can we nurture their hearts and souls? How do we raise them to be well-adjusted, emotionally healthy teenagers/adults outside of the home?"

### Phase 2: Phenomenon of interest-nurturing resilience

The phenomenon of interest is an experience related to human health that emerges when the practice story and its health issue of

**Table 1**  
Liehr and Smith's 10-phase process for concept building for research.

Step	Process	Expected "outcome"
1 Practice story	Articulate a story from practice that expresses a critical incidence related to a health experience.	A written critical incidence related to the human health experience, observed via the lens of a nurse.
2 Phenomenon of interest	Explore the practice story for emerging phenomenon.	Identification of phenomenon that emerges when the practice story and its related health issue(s) of interest are analyzed.
3 Theoretical lens	Identify an appropriate theoretical lens for the phenomenon of interest.	A theoretical lens to describe, explain, and predict relationships among phenomenon of interest.
4 Preliminary core qualities	Explore current literature relevant to the phenomenon of interest and determine core qualities within the literature.	Link of emerging concept to existing literature associated with phenomenon of interest.
5 Reconstructed story	Use a story gathered to identify features belonging to the phenomenon that may relate to the core concepts.	A written story that describes emerging concept and assists in understanding literature-derived core qualities.
6 Mini-saga	Create a brief saga which illuminates knowledge gained.	Merged qualities that have been learned about the emerging concept.
7 Refined core qualities with definitions	Further refine core qualities and provide definitions for each quality.	Refined core qualities based on story-gathering.
8 Concept definition	Provide a definition of the phenomenon of interest including all core qualities.	Definition of concept by integrating core qualities.
9 Model	Create a visual representation that illuminates the concept, core qualities and their interrelatedness.	Visual representation of relationships between core qualities of the concept.
10 Mini-synthesis	Synthesize stories, core qualities and definitions in a succinct whole to provide future direction.	Formal narrative integration of conceptual definition with population to suggest research direction.

Reference: Liehr and Smith (2018). Concept building for research. In *Middle Range Theory for Nursing*. M.J. Smith & P. Liehr (Eds.) 4th. Ed. Springer: New York.

interest are analyzed (Liehr & Smith, 2018). Living in a volatile, uncertain world, analysis of Aiden's story suggests it is impossible to avoid ubiquitous hardships even at a young age. Faced with both acute and chronic levels of difficulties, individuals either pick themselves up and recover after adversity or fall. The general term used to represent those able to recover after adversity is resilience.

At its core, resilience is the ability to bounce back and recover after adversity (Garcia-Dia et al., 2013; Niitsu et al., 2017). Within the sphere of mental health, resilience is a protective mechanism which keeps us balanced while promoting both short and long-term positive mental health when faced with foreseen and unforeseen hardships (Davydov et al., 2010). From a nursing perspective, resilience can be viewed as the ability to bounce back to an original, fundamental state of calmness and peace, unique to each individual. It evolves with varying circumstances, constantly setting new levels of normal. The phenomenon of interest that evolved from story was *nurturing resilience*.

### Phase 3: Theoretical lens

The third phase of Liehr and Smith's (2018) process provides a theoretical lens for viewing the phenomenon of interest. The middle range theory selected to shape the phenomenon nurturing resilience is Polk's middle range theory of Resilience. According to Polk (1997), resilience manifests via four constructs (also known as patterns) – dispositional, relational, situational, and philosophical. The dispositional pattern refers to both physical (intelligence, good health, and temperament) and psychosocial attributes (self-worth, self-efficacy, self-esteem, self-reliance). The relational pattern refers to roles related to relationships and values placed on such relationships. The situational pattern refers to situations in which individuals consciously decide to act, knowing consequences exist (flexibility falls within this pattern). Lastly, the philosophical construct relates to personal knowing and reflection by placing value on self-knowledge, and acknowledging personal experiences are unique and significant. When combined, all four constructs display resilience (Polk, 1997, p.5).

According to Polk (1997), patterns become disorganized when faced with challenges. Resilience enables one to not only organize these patterns into a structured manner but stimulate new, diverse patterns. This development of complex patterns stems from dispositional, relational, situational, and philosophical patterns working together – all of which, create a whole experience of resilience (Polk, 1997). The ideas from Polk's middle range theory of Resilience have been integrated into the developing concept.

### Phase 4: Preliminary core qualities

This phase explores the existing body of knowledge associated with nurturing resilience to determine core qualities. Core qualities are central to the concept. First, the literature was explored from a theoretical (Polk's theory of resilience), population (adolescent), and semantic (nurturing and resilience) approach within an ABI/INFORM database; then, a structured literature matrix was formed as the literature component of the concept building process (see Table 2).

The semantic approach used the following key words: *resilience, resiliency, nurture, nurturing, foster, and fostering*. Synthesis of literature based on semantics suggested current research related to nurturing resilience targets individuals who thrive despite hardships, resume normalcy after hardship, and/or grow from hardships (Afifi et al., 2016; Brown, 2015; Guzman et al., 2012; Somasundaram & Devamani, 2016). Viewed as a continuously changing state, resilience is multifactorial with resilient individuals possessing inherited features and distinct qualities (Bali & Sharma, 2018). While this general concept of resilience was generally agreed upon, its process and ways of nurturing resilience remains debatable (Padhy & Kumar, 2017; Polk, 1997).

The theoretical approach used semantic (above) key words along with *theory, theoretical, and concept*. The population approach also

used semantic (above) key words with the inclusion of *children, adults, educator, nurses, chronically ill, elders, adolescents, at-risk youth, emotional wellbeing, and overcoming*. Synthesis of literature for both theoretical and population approach suggests resilience is multifaceted and constantly evolving (Garcia-Dia et al., 2013; Niitsu et al., 2017; Scoloveno, 2016; Truffino, 2010). With various defining attributes, adversity (i.e., stressors, hardships) must first ensue for resilience to be recognized as a phenomenon (Niitsu et al., 2017). Once adversity and/or hardships are present, various interpersonal and environmental factors merge. Scoloveno (2016) and Schreier and Wright (2014) suggest positive feelings, self-acceptance, self-esteem, self-reliance, strong social networks, and social-support are essential in effectively facing adversity. As such, pending level of self-acceptance and stable relationships, people are equipped to either regulate their emotions and adapt or succumb to misfortune (Condly, 2006; Garcia-Dia et al., 2013; Niitsu et al., 2017; Truffino, 2010). Positive adaptation after exposure to environmental hardships, indicated by quickly returning to normal, is indicative of resilience (Condly, 2006). This 'normal' phase parallels the aforementioned original, fundamental state of serenity unique to each individual. In essence, resilience encompasses distinguished characteristics, personal abilities, an iterative process, and an end result (Niitsu et al., 2017). It represents the process of enduring internal and/or environmental hardships, the ability to overcome these hardships by building stable relationships via various individual, family, and community factors, and then supporting and encouraging personal self-growth that appreciates uniqueness, awareness of actions and reactions, and self-value (Niitsu et al., 2017). It is from these experiences that resilience flourishes and prepares self for the next hardship (Niitsu et al., 2017).

From a nurturing perspective, while speculations on effective interventions that nurture resilience were available, research literature was limited. Synthesizing available research suggests nurses are in a pivotal position to facilitate 'normalcy' after adversity (Scoloveno, 2016). Understanding the patterns of resilience and its process enables nurses to not only nurture resilience but also maintain resiliency while simultaneously protecting mental health by reducing distress (Dyrbye & Shanafelt, 2012; Guzman et al., 2012). Literature suggests nurturing resilience indeed has the potential to enhance the health and well-being of individuals (Condly, 2006; Nemcek, 1987). Finally, the core qualities identified for nurturing resilience are: secure connections, tempering reactivity, self-acceptance, and environmental hardship (see Table 2).

### Phase 5: Reconstructed story from story-gathering

Liehr and Smith's (2018) concept building process advocates two phases of stories. The first story (phase 1) addresses a critical incidence related to the human health experience. This second story questions each of the identified core qualities. The purpose of the reconstructed story phase is twofold: (1) explore and understand the concept of nurturing resilience through an individual who has real-life experience with the emerging concept, and (2) inquire about each of the identified core qualities derived from the literature in relation to the story (Liehr & Smith, 2018):

Jay is an 8-year-old boy with Impulsive Control Disorder (characterized by inability to resist a temptation and/or urge). Jay has issues controlling outbursts. Jay's mother states little things 'set Jay off', for example, someone not answering him because they don't hear him. He gets frustrated, shakes, raises his voice and cries uncontrollably. Jay then, intentionally separates himself to 'walk' off his anger. Jay is out-casted by his classmates due to his mood swings, frustrations, and acting out. Although Jay does not recover quickly, according to his mom, he appears to always try. According to Jay's mother, he wants to be "good" and is relentless in his journey to better himself despite constant 'knock-downs.'

In an effort to help Jay, his parents (and sometimes siblings) sit with him most weekdays and review his day. They discuss what went well,

**Table 2**  
Core qualities and definitions from literature (*T* = theoretical; *P* = population; *S* = semantic).

Citation	Purpose	Resilience and nurturing properties within manuscript	Identified core qualities	Definition of core qualities via manuscript	T, P, S
Padhy and Kumar (2017). Understanding resilience in chronically ill children: Parental perspectives on strength, difficulties and fostering resilience in children with thalassemia major. <i>Indian Journal of Health and Wellbeing</i> , 8(7), 588–593.	Explore and understand the resilience demonstrated by children with Thalassemia Major and their families.	<b>Resilience:</b> Strong social support and social networks for parents = good outcomes for children; making sense of adversity; dispositional qualities of child; parental care and caring relationships; parents as a team social support from extended family; academic competence; finding meaning via personal growth through adversity; religious beliefs; aspirations; adaptation with positive dispositional qualities; caring relationships, high expectations; meaningful participation; evolution over time. <b>Fostering resilience:</b> Positive adaption where positive dispositional qualities of the child interacted with good and stable quality of parental care (individual, family, and community).	<i>Self-acceptance</i> <i>Secure connections</i> <i>Temperament reactivity</i>	<i>Self-Acceptance:</i> optimistic qualities of child; academic competence; high expectations. See fostering resilience; finding meaning via personal growth through adversity; aspirations; evolution over time. See fostering resilience. <i>Secure Connections:</i> Strong social support and social networks for parents = good outcomes for children; parental care and caring relationships; parents as a team social support from extended family; religious beliefs; caring relationships. See fostering resilience. <i>Temperament reactivity:</i> Adaptation with positive dispositional qualities making sense of adversity; meaningful participation. See fostering resilience.	P, S
Bali and Sharma (2018). Are of fostering resilience in adolescents. <i>Indian Journal of Health and Wellbeing</i> , 9(1), 73–75.	Highlight essential factors which foster resilience in adolescents.	<b>Intrapersonal factors:</b> High IQs. <b>Family and secure attachments:</b> Positive parentings style, stable family unit, strong parent child attachment. Stable emotional connections. Strong relationship with at least one caregiver. Self-respect, social skills, helpful and optimistic thinking and skills for getting things done. Empathy, respect for others, kindness, fairness. <b>Community:</b> connections with school, libraries, and other organizations.	<i>Self-acceptance</i> <i>Secure connections</i> <i>Temperament reactivity</i>	<i>Self-acceptance:</i> Self-respect, empathy, respect for others, kindness, fairness; High IQs <i>Secure connections:</i> positive parentings style, stable family unit, strong parent child attachment. Stable emotional connections. Strong relationship with at least one caregiver; social skills, Empathy, respect for others, kindness, fairness; connections with school, libraries, and other organizations. <i>Temperament reactivity:</i> social skills, helpful and optimistic thinking and skills for getting things done;	P, S
Somasundaram and Devamani (2016). A comparative study of resilience, perceived social support and hopelessness among cancer patients treated with curative and palliative care. <i>Indian Journal of Palliative Care</i> , 22, 135–140.	To find if there is a significant difference in the scores on measures of resilience, perceived social support and hopelessness between cancer patients receiving curative treatment versus those receiving palliative treatment.	Strong family social support = adaptation and longevity. Good tolerance for negative feelings, strong capacity for self-reflection, and high responsibility.	<i>Self-acceptance</i> <i>Secure connections</i> <i>Temperament reactivity</i>	<i>Self-acceptance:</i> tolerance for negative feelings; self-reflection <i>Secure connections:</i> Social support mostly through families <i>Temperament reactivity:</i> High responsibility	P, S
Guzman et al. (2012). Self-concept, disposition, and resilience of post stroke Filipino elderly with residual paralysis. <i>Educational Gerontology</i> , 38, 429–442.	Describe the self-concept, disposition, and resilience of post stroke Filipino elderly with residual paralysis through the lens of mask-painting.	<b>Self-concept (perception of self):</b> Positive self-concept related to better family, friend, and spiritual relationships. <b>Disposition:</b> Cheerful, not easily angered, being with others made them happy, optimistic, warm attitudes, kind, not easily agitated. <b>Resilience:</b> Positive behavioral adaption, adequate support system, viewed education as important, religious support, accepting condition immediately after occurrence, reflection.	<i>Secure connections</i> <i>Temperament reactivity</i>	<i>Secure connections:</i> Positive self-concept related to better family, friend, and spiritual relationship; religious support; adequate support system, <i>Temperament reactivity:</i> Cheerful, not easily angered, being with others made them happy, optimistic, warm attitudes, kind, not easily agitated; reflection, accepting condition immediately after occurrence; positive behavioral adaptation.	P, S
Wiebe, S.A. & Johnson, S.M. (2017). Creating relationships that foster resilience in emotionally focused therapy. <i>Current Opinion in Psychology</i> 13, 65–69.	Outline evidence for how EFT (Emotionally Focused Therapy) can help couples foster resilience in their lives by creating a more secure attachment bond in their relationship.	Secure attachment relationships = fosters resilience with adaptive coping.	<i>Secure connections</i>	<i>Secure connections:</i> Close, secure attachment	P, S
Afifi, Merrill, and Davis (2016). The theory of resilience and relational load. <i>Personal Relationships</i> , 23, 663–683.	Demonstrate how the theory of resilience and relational load (TRRL) bridges communicative, perceptual, and physiological aspects of stress within the context of social relationships to explain personal/relational risk, resilience, and thriving.	<b>Positive personal relationships:</b> Parental, family, or other; attachment and ongoing communication (face-to-face, computer mediated, or otherwise); effective social support; affection; mindfulness.	<i>Secure connections</i> <i>Temperament reactivity</i>	<i>Secure Connections:</i> Parental, family, or other; attachment and ongoing communication (face-to-face, computer mediated, or otherwise); effective social support; affection; social support <i>Temperament Reactivity:</i> mindful	T, S
Kosuke et al. (2017). A concept analysis of resilience integrating genetics. <i>Issues in Mental Health Nursing</i> , 38(11), 896–906.	A concept analysis was conducted to better understand the meaning of resilience.	<b>Resilience:</b> Ego-resiliency; Emotion Regulation; Social Support; Heredity; Positive adaptation	<i>Self-acceptance</i> <i>Secure connections</i> <i>Temperament reactivity</i>	<i>Self-acceptance:</i> Confidence; Self-worth <i>Secure connections:</i> Received support; Actual behaviors that network members have performed; Perceived support; Subjective perception that network members	S

Garcia-Dia et al. (2013). Concept analysis: Resilience. Archives of Psychiatric Nursing, 27, 264–270.	Integrative literature review on resilience and its characteristics or “defining attributes” most often described by investigators in the area of psychiatry and social behavior.	Resilience: Rebounding; Determination; Social Support; Self-efficacy	Self-acceptance Secure connections Temperament reactivity	are available to help if needed.  Temperament reactivity: Adaptable; Ability to shape which emotions one has, when emotions are generated, and to decide how one expresses or experiences those emotions. Self-acceptance: Firm or fixed intention to achieve a desired end; belief in one’s own ability to achieve a goal or overcome an event.  Secure connections: Having at least one positive relationship with a significant person.  Temperament reactivity: Ability to bounce back after facing a life altering event. Self-Acceptance: engages in healthy behaviors; finds self-destructive behaviors distasteful; experiences a sense of meaning and purpose in life. Secure connections: Feels “cared for”	S
Nemcek (1987). Self nurturing: A concept analysis. American Association of Occupational Health Nursing, Inc., 35(8), 349–352.	An analysis of the concept of self-nurturing.	Nurture: self-nurturing, engages in healthy behaviors; finds self-destructive behaviors distasteful; feels “cared for;” experiences a sense of meaning and purpose in life. Resilience: Access to material resources; Relationships; Identity; power and control; Cultural adherence; Social justice; cohesion	Self-acceptance Secure connections	Self-Acceptance: engages in healthy behaviors; finds self-destructive behaviors distasteful; experiences a sense of meaning and purpose in life. Secure connections: Feels “cared for”	S
Ungar (2006). Nurturing hidden resilience in at-risk youth in different cultures. Journal of the Canadian Academy of Child and Adolescent Psychiatry, 15(2), 53–58.	Show there are both generic and culturally specific aspects of resilience in at-risk youth.		Self-acceptance Secure connections Temperament reactivity	Self-acceptance: Personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs and values, spiritual and religious identification; values, and beliefs; experiences caring for oneself and others Secure connections: Relationships with significant others, peers, and adults within family and community: availability of financial, education, medical and employment assistant; access to food, clothing and shelter; experiences related to finding a meaningful role in community and social equality; feeling a part of something larger than one’s self socially and spiritually; balancing one’s personal interests with a sense of responsibility to the greater good	P, S
Dyrbye and Shanafelt (2012). Nurturing resiliency in medical trainees. Medical Education, 46, 343–348.	How to best address damaging effects of distress on professionalism competencies and its potential for profound personal consequences.	Resilience: Ability to remain positive despite adversity; mindset and skill set that enables one to overcome challenges in a manner that protects mental health; coping mechanisms; adaptable; social support; can be nurtured into stronger attribute.  Nurturing/foster: Find meaning in work; engage in recreation; maintain positive outlook; strive to maintain work-balance; identify and focus on values and priorities; promote social interaction/connectedness; maintain culture that nourishes resilience; maximize self-efficacy; self-care to maintain engagement, compassion, and competence; promote personal relationships and relationships with colleagues.	Self-acceptance Secure connections Temperament reactivity	Temperament reactivity: Adherence to one’s local and/or global cultural practices Self-acceptance: Ability to remain positive despite adversity; can be nurtured into stronger attribute; self-care to maintain engagement, compassion, and competence; find meaning in work; strive to maintain work-balance; identify and focus on values and priorities Secure connections: promote personal relationships and relationships with colleagues; social support; promote social interaction/connectedness Positive situational attribution: Mindset and skill set that enables one to overcome challenges in a manner that protects their mental health; use coping mechanisms; adaptable; engage in recreation; maintain culture that nourishes resilience	P, S
Richardson (2002). The metatheory of resilience and resiliency. Journal of Clinical Psychology, 58 (3), 307–321.	Presentation of resiliency and resilience theory. Application of resilience using an educational and practical framework to provide means for connecting with and nurturing resilience.	Resilient: Development of assets and protective factors.  Resiliency: Disruptive and reintegrative process for accessing resilient qualities; driving force to grow through adversity and disruptions. Nurturing: Application of resilience using educational and practical framework for connecting with a person’s resilience.	Secure connections Temperament reactivity	Secure connections: application of resilience using educational and practical framework for connecting with a person’s resilience. Temperament reactivity: Development of assets and protective factors; disruptive and reintegrative process for accessing resilient qualities; driving force to grow through adversity and disruptions.	S, T

(continued on next page)

Table 2 (continued)

Citation	Purpose	Resilience and nurturing properties within manuscript	Identified core qualities	Definition of core qualities via manuscript	T, P, S
Rak (2002). Heroes in the nursery: Three case studies in resilience. <i>Journal of Clinical Psychology</i> , 58(3), 247–260.	Examine the therapeutic work in three cases (child, adolescent, adult) to study the impact of a supportive and nurturing parent early in life upon the development of resilience.	<i>Connection</i> : Identification with an early caregiver who provided a good-enough nurturing and bonding experience which the child incorporated unconsciously, and which was revived in the therapy to stimulate or reinforce a resilient response to individual's life crises.	<i>Secure connections</i>	<i>Secure connections</i> : Identification with an early caregiver who provided a good-enough nurturing and bonding experience which the child incorporated unconsciously, and which was revived in the therapy to stimulate or reinforce a resilient response to individual's life crises.	P
Van Dick, R., Ketturat, C., Hausser, J.A., & Mojzisch, A. (2017). Two sides of the same coin and two routes for improvement: Integrating resilience and the social identity approach to well-being and ill-health. <i>Health Psychology Open</i> , July – December, 1–6. doi: <a href="https://doi.org/10.1177/2055102917719564">https://doi.org/10.1177/2055102917719564</a>	Explore resilience as a variable that helps people cope with stress and reduce ill-health, specifically re: social identity	<i>Resilience</i> : Less stress, greater well-being <i>Social Identity</i> : less stress, greater well-being	<i>Self-acceptance</i> <i>Secure connections</i>	<i>Self-acceptance</i> : Greater well being <i>Secure connections</i> : less stress	S
Brown, R. Building children and young people's resilience: Lessons from psychology. <i>International Journal of Disaster Risk Reduction</i> , 14, 115–124. doi: <a href="https://doi.org/10.1016/j.ijdrr.2015.06.007">https://doi.org/10.1016/j.ijdrr.2015.06.007</a>	To argue teachers, parents and youth leaders who are explicit about the concepts and language are more likely to be successful in enhancing resilience of children and young people.	<i>Resilience</i> : Self-regulation, hardiness, optimistic, values, innate traits – Grit, courage	<i>Self-acceptance</i> <i>Temperament reactivity</i>	<i>Self-acceptance</i> : Values, grit, courage <i>Temperament reactivity</i> : Self-regulation, hardiness, optimistic	S, P
Condly (2006). Resilience in children: A review of literature with implications for education. <i>Urban Education</i> , 41(3), 211–236. doi: <a href="https://doi.org/10.1177/0042085906287902">https://doi.org/10.1177/0042085906287902</a>	Review of literature to identify and explain resilience factors, discuss mutual interaction, and explain implications for creation of programs.	<i>Resilience</i> : Intelligent, easy temperament, understand what is happening to them, choose effective means of coping, distinguish between what is controllable and what is not, IQ, positive parental attitudes/relationships, supportive family, close relationships, friendships,	<i>Self-acceptance</i> <i>Secure connections</i> <i>Temperament reactivity</i>	<i>Self-acceptance</i> : Intelligent, IQ <i>Secure connections</i> : Positive parental attitudes/relationships, supportive family, friends, close relationships, friendships <i>Temperament reactivity</i> : Easy temperament, understand what is happening to them, choose effective means of coping, distinguish between what is controllable and what is not	S, P
Truffino (2010). Resilience: An approach to the concept. <i>Revista De Psiquiatria Y Salud Mental</i> , 3 (4), 145–151.	Overview of the concept of resilience and its implications to the healthcare.	<i>Resilience</i> : ability to grow with adversity, adaptive; mental toughness; self-regulation; goal maintenance, awareness, control, context management	<i>Temperament reactivity</i>	<i>Temperament reactivity</i> : Ability to grow with adversity, adaptive; mental toughness; self-regulation; goal maintenance, awareness, control, context management	S
Niitsu et al. (2017). A concept analysis of resilience integrating genetics. <i>Mental Health Nursing</i> , 38 (11), 896–906.	Concept analysis to better understand the meaning of resilience.	<i>Resilience</i> : Bounce back, innate factors; acquired factors; flexible; adapts; emotional regulation; social support; heredity; positive adaptation;	<i>Self-acceptance</i> <i>Secure connections</i> <i>Temperament reactivity</i>	<i>Self-acceptance</i> : Innate factors <i>Secure connections</i> : Social support <i>Temperament reactivity</i> : Bounce back; flexible; adapts; emotional regulation; heredity	S

what could have gone better, and better choices for next time. They focus on Jay's positive traits by emphasizing his 'good' chart rather than his 'bad behavior' reports. They end their daily talks with mindful breathing and positive mantras. Jay's mother is hopeful he will soon remember to use these techniques to minimize outbursts. Her goal is to teach Jay to learn from outbursts in hopes of figuring out what works for him and what doesn't when trying to regulate his temper. Ultimately, she would like Jay to view himself as 'good,' manage his emotions before they spiral, and be comfortable around classmates.

The identified core qualities for nurturing resilience emerge from this story. Jay's family embodies the secure connections by daily check-ins. The efforts are aimed at helping Jay learn skills to temper his reactivity and learn about self with each experience to gain self-acceptance as he works through each hardship experience.

#### Phase 6: Mini-saga

The mini-saga clearly expresses and captures qualities that have been learned about in the emerging concept when reflecting on theory, literature, practice story, and reconstructed story (Liehr & Smith, 2018). It serves to succinctly merge the core qualities to portray the significance and importance of the emerging concept. We visit Jay's experience for the mini-saga:

Eight-year-old Jay is outcasted by classmates. Unable to resist temptations and urges, he intentionally separates himself as he shakes, raises his voice, and cries uncontrollably. His outbursts drive a wedge between Jay and his classmates. Dislodging this wedge demands a heartfelt presence that honors Jay's uniqueness and inspires secure connections.

#### Phase 7: Refined core qualities with definitions

The refined core qualities evolve from the preliminary core qualities crafted from theory and literature review. These qualities are then incorporated into the gathered story and then reaffirmed by reviewing the literature review. Once affirmed, a refined set of core qualities emerge with clear definitions. These refined core qualities and definitions stay present in phases 8–10 and set the stage for formulating a concise definition of nurturing resilience.

- *Environmental hardships*: Misfortune, distress, and/or tribulation that either makes a person fall or lifts them up, emotionally.
- *Secure connections*: The ability of an individual to form supportive, meaningful, stable relationships with peers, friends, family, and/or colleagues.
- *Tempering reactivity*: The ability of an individual to intentionally regulate emotions with the understanding that all actions have consequences.
- *Self-acceptance*: Self-value, self-worth, self-efficacy, self-mastery, and acceptance of uniqueness.

#### Phase 8: Conceptual definition

Story gathering, theory, review of the literature, and identification and defining of core concepts contribute to the development of a conceptual definition of nurturing resilience: *Nurturing resilience is developing secure connections with another to support self-acceptance that aids in tempering reactivity when faced with environmental hardships.*

#### Phase 9: Model

Liehr and Smith's (2018) concept building process includes a structural representation of the definition of nurturing resilience and relationships between theory, concept definition, and core qualities of this concept (see Fig. 1). Polk's theory and literature suggest factors that foster resilience are cyclical and circular (Bali & Sharma, 2018; Padhy & Kumar, 2017; Polk, 1997); thus, the model represents nested qualities

with a cyclical process between developing secure connections and self-acceptance. Synthesis of Polk's dispositional construct and literature suggests nurturing self-acceptance gives a sense of self-worth, self-value, self-efficacy, and self-regulation (Condly, 2006; Garcia-Dia et al., 2013; Maroiu, Maricutoi, & Sava, 2016); in turn, this sense of self-mastery gives one the confidence to seek and foster additional secure connections (relationships) (Devakani, Devi, & Vijayalakshmi, 2018; Kosuke et al., 2017). Meaningful connections (Polk's relational construct), in turn, add value and increase self-worth and self-happiness (Carson & Langer, 2006; Devakani et al., 2018; Scoloveno, 2016).

All four constructs of Polk's theory are evident in the model of nurturing resilience - dispositional (tempers reactivity), relational (secure connections), situational (environmental hardships), and philosophical (self-acceptance). When Polk's patterns are organized, resilience is present. With each hardship, however, patterns become disrupted. As different constructs are nurtured one uses secure connections and self-acceptance to better temper reactivity to environmental hardships. This leads to newly organized patterns and more resilience.

#### Phase 10: Mini-synthesis

This last phase pulls the concept building process into a succinct three-sentence creation that addresses the significance of the phenomenon, concept definition, and an approach for future research inquiry (Liehr & Smith, 2018). As such, the mini-synthesis created for nurturing resilience is: When faced with ubiquitous daily stressors, not all children are able to quickly regain an innate sense of untroubled calm and peace. Nurturing resilience is developing secure connections with another to support self-acceptance that tempers reactivity when faced with environmental hardships. Suggestions for moving forward include developing and implementing programs that foster emotional regulation through meaningful relationships and self-acceptance to increase emotional well-being when faced with adversities.

### Nursing implications

Child and adolescent stress are on the rise. When faced with ubiquitous daily stressors, not all children are able to quickly regain an innate sense of untroubled calm and peace. Nurturing resilience has the potential to enhance healthy development and set the groundwork for healthier adult years.

Intentional practice approaches to nurturing resilience based on the conceptual definition involve a focus on skill building from a young age. Given that *securing connections* with trusted individuals is a pivotal core quality of nurturing resilience, it is important to teach skills for intentionally navigating secure connections. This could include programs that teach children and adolescents to communicate a direct desire for connection with a trusted adult. A basic technique might be to ask a child or adolescent to list three adults he/she would feel comfortable talking to if an issue arose that he/she didn't want to discuss with a parent. Then, it would be important to take the next step in helping him/her to craft language to reach out for help. Having identified potential secure connections and a plan for those connections outlines a strategy for nurturing resilience.

Two additional approaches may provide structure for supporting self-acceptance and tempering reactivity to stress and adversity. First, cognitive-behavioral skill building programs like the COPE-Creating Opportunities for Personal Empowerment (Melnyk, Kelly, & Lusk, 2014) help to recognize that many triggers to our emotions encountered can't be controlled, but we can learn to control our responses. Programs such as this teach children and adolescents how to recognize automatic thoughts, stop them and replace the negative thoughts with positive ones. These skills strengthen both self-acceptance and the ability to temper reactions. Second, the practice of mindfulness equips children and adolescents with skills for self-regulation, sustained attention, and

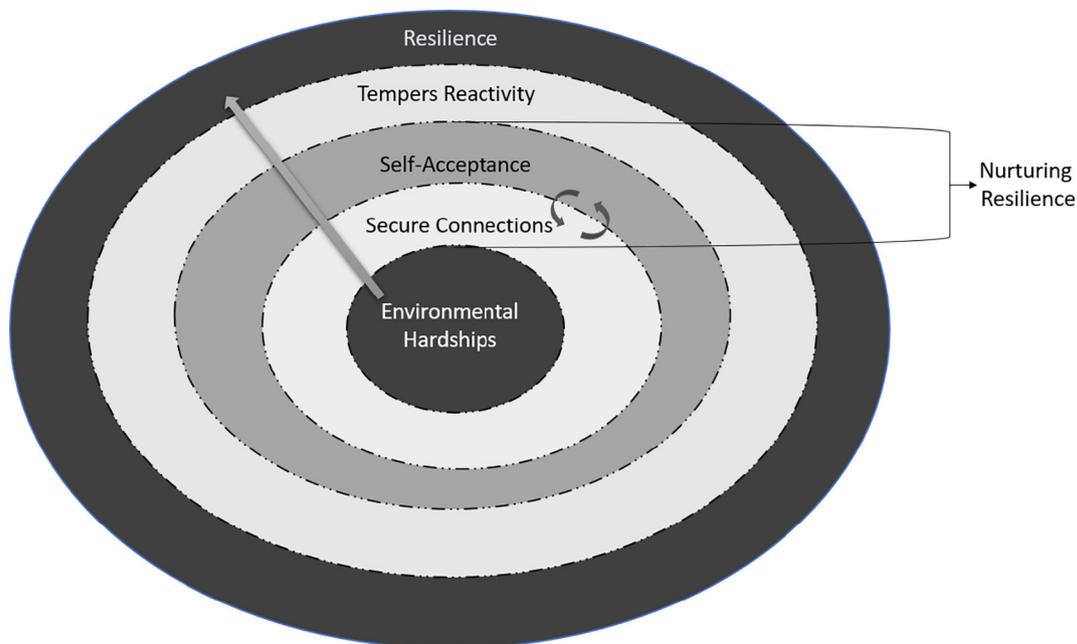


Fig. 1. Structural representation of nurturing resilience.

increased adaptability (Carsley, Khoury, & Heath, 2018; Galla, 2016; Monshat et al., 2013). Increasing research evidence supports the effectiveness of mindfulness in building these skills which increases self-acceptance and tempering reactivity. In conclusion, these practical nursing approaches to nurturing resilience enhance not only the ability of children and adolescents to change in response to difficult circumstances, but also the ability to evolve with new insights with each adversity experience and build a stronger muscle of resilience.

#### Future research

Gaps in the research literature include limited data on adolescent and young adult experiences of resilience within a context of growing up in the U.S. Also, no current studies explore key contributing factors leading to resilience consistent across varied adversity experiences. Most studies of the lived experience of resilience focus on select populations such as sex trade survivors, refugees, and natural disaster survivors (Corbett, 2018; Hassan, Mitschke, & Ravi, 2018; Herbst et al., 2018 and Hickle, 2017). This limits the knowledge needed to develop interventions to nurture resiliency from a young age across varied groups. As such, future qualitative research should focus on understanding protective factors identified in stories of resilience by exploring the stories of adolescents and young adults who have faced adversity, bounced back, and are currently thriving. Future intervention studies should include such variables as (1) identified protective factors of resilience from qualitative findings, (2) self-value, self-worth, self-efficacy, self-mastery, and/or acceptance of uniqueness, (3) meaningful and stable relationships with peers, friends, family, and/or colleagues from a young age, and (4) intentional regulation of emotions when faced with stressors.

An example of a research intervention guided by the concept of nurturing resilience is the implementation of mindfulness. Research demonstrates strategies such as mindful practices influence self-compassion (i.e., self-accepting), social-relationship processes (i.e., secure connections) and how one recognizes, experiences, and expresses emotions in reaction to actions (i.e., emotional regulation) (Lindsay et al., 2019; Tang and Leve, 2016). One way to apply a mindful intervention is to implement an eight-week mindful program guided by Mindful Schools ([mindfulschools.org](http://mindfulschools.org)). Weekly lessons based on mindful schools' curriculum should be implemented by a mindful schools

certified educator. Lessons may include such topics as mindful bodies, mindful breathing, mindful listening, mindful movement, mindful eating, and mindful conflict resolution; implementation of such topics will need to be adjusted according to age. The study should be an experimental pretest – posttest design; specifically, a two-group, wait list control group design. The purpose of this design is to have a group of participants that are assigned to receive the mindful intervention after an active mindful intervention group (wait list control group). The intent is to have an untreated comparison group to determine if differences in self-perceived resilience exist between experimental (mindful intervention) and control groups (wait group). That said, once the eight-week intervention is complete and both pre- and post-resilience questionnaires are complete, a repeated measure, mixed ANOVA can be conducted to investigate resilience differences between adolescents who attend the mindful health promotion program and those in the wait-list control group. Pending on the resilience questionnaire selected for the study, various components of self-acceptance, social relationships, and regulation of emotions in response to actions/stressors will be illuminated between participants with self-perceived resilience and participants lacking resilience. Results will inform evidence-based practice if mindful interventions, particularly mindful school's curriculum, foster resilience and to what extent secure connections, self-acceptance, and regulation of emotions occur.

#### Conclusion

Liehr and Smith's 10-phase iterative critical thought process for concept building intertwines theoretical and empirical dimensions. The process evolves through abduction, induction, and deduction (Liehr & Smith, 2018). It begins by naming a phenomenon of interest (nurturing resilience) based on fragmented observations, then combines these observations into a generalizable coherent whole. Although the general perspective is then deduced to specifics, the process repeats as necessary until defining properties of the emerging concept are identified; these properties emerge through analysis of both literature and empirical evidence. A coherent synthesis of all dimensions of knowing is then crafted into a cohesive presentation of the built concept. As such, the process for building the concept of nurturing resilience began with a practice story that articulated the need to foster well-adjusted, emotionally healthy adolescents. Exploring the practice story in relation to

emotional wellbeing, the phenomenon of *nurturing resilience* emerged. Using Polk's theory of Resilience as a lens to describe, explain, and predict relationships within resilience, we were able to link *nurturing resilience* to existing theoretical (Polk's theory of Resilience), population (adolescent), and semantic (nurturing and resilience) literature. Exploration of this literature determined secure connections, tempering reactivity, self-acceptance, and environmental hardship are qualities of the concept of nurturing. Exploring a second story after identifying preliminary core qualities enabled us to understand the concept of nurturing resilience by inquiring about the qualities in relation to a real-life story. Using this new knowledge, creation of a mini-saga enabled us to further refine core qualities and define our concept of nurturing resilience as developing secure connections with another to support self-acceptance that aids in tempering reactivity when faced with environmental hardships. A nested model was then created to represent relationships between core qualities and the concept of nurturing resilience. Lastly, a formal narrative was crafted to illuminate the need for nurturing resilience with suggestions for developing and implementing programs based on contributing qualities that foster resilience.

In summary, these findings reveal meaningful relationships and self-acceptance contribute to emotional regulation when faced with hardships. A better understanding of protective factors related to adolescent resilience coupled with our identified building blocks in fostering youth resilience will provide guidance for nursing practice and future research in this population for a potentially improved mental health trajectory.

## References

- Afifi, T. D., Merrill, A. F., & Davis, S. (2016). The theory of resilience and relational load. *Personal Relationships, 23*, 663–683.
- American Psychological Association (2014). Stress in America: Are teens adopting adults' stress habits? Retrieved from <http://www.apa.org/news/press/releases/stress/2013/stressreport.pdf>.
- Bali, D., & Sharma, A. (2018). Are of fostering resilience in adolescents. *Indian Journal of Health and Wellbeing, 9*(1), 73–75.
- Brown, R. (2015). Building children and young people's resilience: Lessons from psychology. *International Journal of Disaster Risk Reduction, 14*, 115–124. <https://doi.org/10.1016/j.ijdrr.2015.06.007>.
- Carsley, D., Khoury, B., & Heath, N. L. (2018). Effectiveness of mindfulness interventions for mental health in schools: A comprehensive meta-analysis. *Mindfulness, 9*, 693–707. <https://doi.org/10.1007/s12671-017-0839-2>.
- Carson, S. H., & Langer, E. J. (2006). Mindfulness and self-acceptance. *Journal of Rational Emotive & Cognitive-Behavior Therapy, 24*(1), 29–43. <https://doi.org/10.1007/s10942-006-00225>.
- CDC (2019). National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Retrieved from <https://www.cdc.gov/chronicdisease/pdf/infographics/chronic-disease-H.pdf>.
- Center for Disease Control and Prevention (2012). Mental health and chronic disease CDC fact sheet, issue brief no. 2, October. National Center for Chronic Disease Prevention and Health Promotion: Division of Population Health. Retrieved from <https://www.cdc.gov/WorkplaceHealthPromotion/tools-resources/pdfs/issues-brief-no-2-mental-health-andchronicdisease.pdf>.
- Condly, S. J. (2006). Resilience in children: A review of literature with implications for education. *Urban Education, 41*(3), 211–236. <https://doi.org/10.1177/0042085906287902>.
- Corbett, A. (2018). The voices of survivors: An exploration of the contributing factors that assisted with exiting from commercial sexual exploitation in childhood. *Children & Youth Services Review, 85*, 91–98.
- Costello, E. J., He, J., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2014). Services for adolescent psychiatric disorders: 12-month data from the national comorbidity survey adolescent. *Psychiatric Services, 65*(3), 359–366. <https://doi.org/10.1176/appi.ps.201100518>.
- Davydov, D. M., Steward, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review, 30*(5), 479–495. <https://doi.org/10.1016/j.cpr.2010.03.003>.
- Devakani, J. S. M., Devi, A. A., & Vijayalakshmi, R. (2018). Effectiveness of self worth therapy on depression among elderly in selected old age homes, Kancheepuram district. *International Journal of Nursing Education, 10*(3), 40–42. <https://doi.org/10.5958/09749357.2018.00063.6>.
- Dyrbye, L., & Shanafelt, T. (2012). Nurturing resiliency in medical trainees. *Medical Education, 46*, 343–348.
- Galla, B. M. (2016). Within-person changes in mindfulness and self-compassion predict enhanced emotional well-being in healthy but stressed adolescents. *Journal of Adolescence, 49*, 204–217.
- Garcia-Dia, M. J., DiNapoli, J. M., Garcia-Ona, L., Jakubowski, R., & O'Flaherty, D. (2013). Concept analysis: Resilience. *Archives of Psychiatric Nursing, 27*, 264–270.
- Guzman, A. G., Tan, E. L. D., Tan, E. F. S., Tan, J. R. L., Tan, M. C., Tanciano, D. M. M., & Say, M. L. T. L. (2012). Self-concept, disposition, and resilience of post stroke Filipino elderly with residual paralysis. *Educational Gerontology, 38*, 429–442.
- Hassan, N., Mitschke, D. B., & Ravi, K. E. (2018). Exploring the role of faith in resettlement among Muslim Syrian refugees. *Journal of Religion & Spirituality in Social Work, 37*(3), 223–238.
- Herbst, R. B., Sabet, R. F., Swanson, A., Suarez, L., Marques, D. S., Ameen, E., & Aldarondo, E. (2018). "They were going to kill me": Resilience in unaccompanied immigrant minors. *The Counseling Psychologist, 46*(2), 241–268.
- Hickie, K. E. (2017). Resiliency in women existing sex trade industry work. *Journal of Social Work, 17*(3), 302–323.
- Kessler, R. C., Avenevoli, S., Costello, J., Green, J. G., Gruber, M. J., McLaughlin, K. A., & Merikangas, K. R. (2012). Severity of 12-month DSM-IV disorders in the national comorbidity survey replication adolescent supplement. *Archives of General Psychiatry, 69*(4), 381–389. <https://doi.org/10.1001/archgenpsychiatry.2011.1603>.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry, 62*(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>.
- Kosuke, N., Houfek, J. F., Barron, C. R., Stoltenberg, S. F., Kupzyk, K. A., & Rice, M. J. (2017). A concept analysis of resilience integrating genetics. *Issues in Mental Health Nursing, 38*(11), 896–906.
- Leebens, P. K., & Williams, E. D. (2017). Developmental psychopathology: Risk and resilience in the transition to young adult. *Child and Adolescent Psychiatric Clinics of North America, 26*, 143–156. <https://doi.org/10.1016/j.chc.2016.12.001>.
- Liehr, P. R., & Smith, M. J. (2018). Concept building for research. In M. J. Smith, & P. R. Liehr (Eds.), *Middle range theory for nursing* (pp. 357–370) (4th ed.). New York, New York: Springer Publishing Company, LLC.
- Lindsay, E. K., Young, S., Brown, K. W., Smyth, J. M., Creswell, J. D., Cacioppo, S., & Gazzaniga, M. S. (2019). Mindfulness training reduces loneliness and increases social contact in a randomized controlled trial. *Proceedings of the National Academy of Sciences of the United States, 9*, 3488. <https://doi.org/10.1073/pnas.1813588116>.
- Maroui, C., Maricutoi, L. P., & Sava, F. A. (2016). Explicit self-esteem and contingencies of self worth: The moderating role of implicit self-esteem. *Personality and Individual Differences, 99*, 235–241. <https://doi.org/10.1016/j.paid.2016.05.022>.
- Melnik, B. M., Kelly, S., & Lusk, P. (2014). Outcomes and feasibility of a manualized cognitive behavioral skills building intervention: Group COPE for depressed and anxious adolescents in school settings. *Journal of Child and Adolescent Psychiatric Nursing, 27*(1), 3–13. <https://doi.org/10.1111/jcap.12058>.
- Monshat, K., Khong, B., Hased, C., Bella-Brodrick, D., Norrish, J., ... Herrman, H. (2013). "A conscious control over life and my emotions": mindfulness practice and healthy young people. A qualitative study. *Journal of Adolescent Health, 52*, 572–577.
- National Institutes of Mental Health, 2016. Prevalence of any mental disorder among adolescents. Retrieved July 1, 2018 from [https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part\\_155771](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_155771).
- Nemcek, M. A. (1987). Self nurturing: A concept analysis. *American Association of Occupational Health Nursing, Inc, 35*(8), 349–352.
- Niitsu, K., Houfek, J. F., Barron, C. R., Stoltenberg, S., Kupzyk, K. A., & Rice, M. (2017). A concept analysis of resilience integrating genetics. *Mental Health Nursing, 38*(11), 896–906.
- Padhy, P., & Kumar, N. (2017). Understanding resilience in chronically ill children: Parental perspectives on strength, difficulties and fostering resilience in children with thalassemia major. *Indian Journal of Health and Wellbeing, 8*(7), 588–593.
- Polk, L. V. (1997). Toward a middle-range theory of resilience. *Advances in the Science of Nursing, 19*(3), 1–13.
- Rak, C. F. (2002). Heroes in the nursery: three case studies in resilience. *J. Clin. Psychol., 58*(3), 247–260.
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *J. Clin. Psychol., 58*(3), 307–321.
- Risjord, M. (2009). Rethinking concept analysis. *Journal of Advanced Nursing, 65*(3), 684–691. <https://doi.org/10.1111/j.1365-2648.2008.04903.x>.
- Schreier, H. M. C., & Wright, R. J. (2014). Stress and food allergy: Mechanistic considerations. *Annals of Allergy Asthma and Immunology, 112*(4), 296–301.
- Scoloveno, R. (2016). A concept analysis of the phenomenon of resilience. *Journal of Nursing and Care, 5*(4). <https://doi.org/10.4172/2167-1168.10000353>.
- Somasundaram, R. O., & Devamani, K. (2016). A comparative study of resilience, perceived social support and hopelessness among cancer patients treated with curative and palliative care. *Indian Journal of Palliative Care, 22*, 135–140.
- Tang, Y. Y., & Leve, L. D. (2016). A translational neuroscience perspective on mindfulness meditation as a prevention strategy. *Transl. Behav. Med., 6*(1), 63–72. <https://doi.org/10.1007/s13142-015-036-x>.
- Truffino, J. C. (2010). Resilience: An approach to the concept. *Revista De Psiquiatria Y Salud Mental, 3*(4), 145–151.
- Ungar, M. (2006). Nurturing hidden resilience in at-risk youth in different cultures. *J. Can. Acad. Child Adolesc. Psychiatry, 15*(2), 53–58.
- Van Dick, R., Ketturat, C., Hausser, J. A., & Mojzisch, A. (2017). Two sides of the same coin and two routes for improvement: Integrating resilience and the social identity approach to well-being and ill-health. *Health Psychol. Open, 1*–6. <https://doi.org/10.1177/2055102917719564> July – December.
- Wiebe, S. A., & Johnson, S. M. (2017). Creating relationships that foster resilience in emotionally focused therapy. *Curr. Opin. Psychiatry, 13*, 65–69.