

Resilience and Professional Joy: *A Toolkit for Nurse Leaders*

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Nursing leadership effectiveness and role tenure play a pivotal role in the development and sustainment of healthy professional cultures. Nurse leaders who intentionally develop their core competencies demonstrate higher success rates, to include overall job performance, satisfaction, and longevity. Consequently, nurse leaders must pay attention to health care industry changes to understand the future leader competencies needed for professional relevance. Nationally focused health care topics inform nurse leaders of emerging requisite knowledge and skills necessary for health system transformation. One such subject of national dialogue is joy at work as a necessary element of clinician well-being and subsequent optimal patient health. Although joy comprises multiple facets, resilience consistently appears as the core ingredient of clinician well-being and professional joy. Data indicates that nurses desire purposeful and meaningful work in organizations that support their health, which presents a leader challenge given the current health care delivery system. Clinicians report high rates of fatigue, and though burnout and stress are not new issues, it is now recognized that clinician health mediates patient health and organizational outcomes. Thus, national efforts require that leaders need to build a resilient workforce and a healthy environment that supports care for the clinician. Ample empirical evidence exists on the benefits of resilience as an essential component of good health, an additive element of professional happiness. Leaders must develop advanced competencies in nurse resilience, well-being, engagement, and work satisfaction to ensure the delivery of safe, high-quality, cost-effective care. Given the national focus on clinician health, a translation of research provides nurse leaders with practical tools designed to increase individual, collective, and organizational resilience that supports a culture of professional joy.



Although the essential functions of effective nursing leadership remain stable across history, the requisite role competencies continue to evolve with the changing health care environment and global priorities. Monitoring industry trends alerts leaders to new knowledge and skills required for role success and extended tenure. Resilience is emerging as one such requisite competency for nurse leaders, given the con-

temporary attention on burnout, stress, compassion fatigue, and moral distress across all clinical roles. While the topic of burnout is not new, clinician well-being constitutes an essential goal necessary to achieve the Institute for Healthcare Improvement's (IHI) Triple Aim, demonstrating an urgent national strategic priority.¹ Mounting evidence connects clinician stress and exhaustion to lower patient satisfaction and

reduced business performance, whereas high levels of staff engagement, strength, satisfaction, and professional joy correlate to increased patient satisfaction and achievement of organizational priorities.¹ Nursing plays a significant role in the success of the IHI's Triple Aim, and clinician well-being directly affects the ability to improve the health of populations, enhance the individual care experience, and reduce the cost of care.

Joy in work, as put forth by the IHI, is needed to achieve the goals of the Triple Aim. Nurses describe joyful work as having a fulfilling purpose in being a nurse; making meaningful connections; generating impact; and working in a healthy environment comprising teamwork, leaders as role models, and opportunities to learn and grow.² In the *IHI Framework for Improving Joy in Work*,¹ 9 structural components exist, one of which is wellness and resilience. This suggests that nurse leaders must attain new competency in resilience building and employee strength as they construct healthier work environments that promote professional joy.

A comprehensive literature review provides a multitude of evidence-based interventions, leader practices, and organizational strategies for improving resilience to promote professional joy. The result is an initial leader toolkit of resilience interventions designed to promote effective leadership, increased clinician reports of joy at work, and a work environment designed for clinician well-being. Leaders carry significant responsibility to develop their own resilience competence while fostering resilience in individuals, teams, and leaders. Thus, leaders need a library of resilience-building tools, interventions, and ideas to architect a strong and joyful culture.

THE IMPORTANCE OF RESILIENCE TO SUPPORT PROFESSIONAL JOY

In 2008, Berwick et al.³ introduced *The Triple Aim: Care, Health, and Cost*. Within this work, 3 national goals emerged: one, improve the individual experience of care; two, improve population health; and three, reduce the cost of care for populations. Since then, it is recognized that a fourth aim is needed to actualize the Triple Aim—joy at work. Contemporary studies indicate that greater than 50% of clinicians report burnout, stress, and reduced health, resulting in negative outcomes and a delayed achievement of the original 3 aims.⁴ In 2017, the *IHI Framework for Improving Joy in Work* outlined a system leadership model for improving the health, productivity, and happiness of health care employees.¹ The framework is structured to describe joy as the “why” (purposeful work), leader practices as the “how,” and nine core ingredients as the “what” leaders should ensure. The key components of the *IHI Framework for Improving Joy in Work* include:

- Physical and psychological safety
- Meaning and purpose
- Choice and autonomy
- Recognition and rewards
- Participative management
- Camaraderie and teamwork
- Daily improvement
- Real time measurement
- Wellness and resilience¹

The identification of wellness and resilience to achieve joy at work builds the case for an advanced nurse leadership competency in resilience.

Extending the importance of clinician and patient health, the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience published a conceptual model of factors affecting caregiver well-being and resilience in a response to the increasing evidence of burnout and the implications on patient outcomes (*Figure 1*).⁵ The framework depicts the factors affiliated with clinician health and resilience, emphasizing the link to outcomes for care providers, patients, and the overall care system. It is based on common scholarly themes that well-being is a function of the relationship between work demands (physical, cognitive, and affective) and professional resources (practice elements that facilitate goal achievement, professional development, autonomy, and control over practice).⁵ Nursing work is demanding, requiring affective, mental, and physical labor. High resilience and good health enable nurses to cope and adapt to the complex professional work requirements.⁶ Within the NAM model, resilience and well-being are categorized as factors affecting care provider health. This informs nurse leaders of contemporary leadership priorities necessary for building an optimal team.

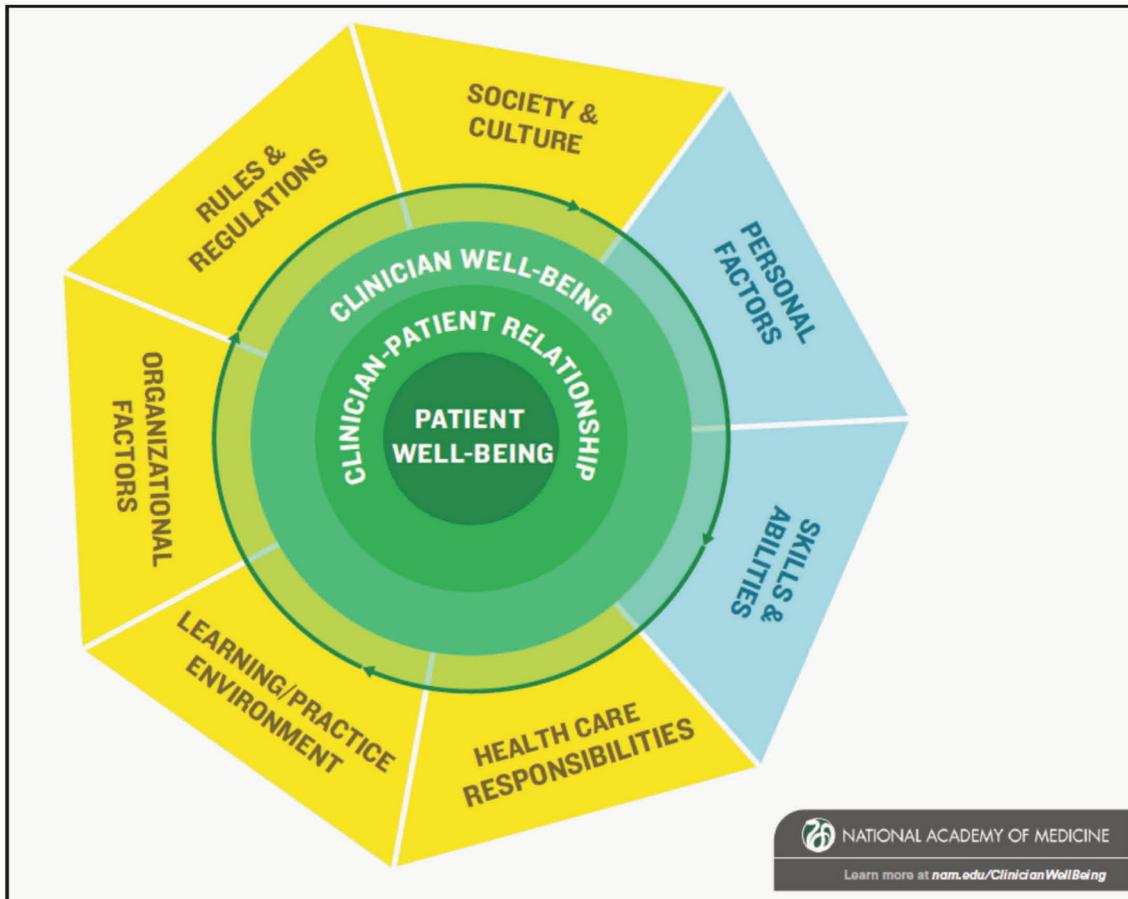
Mounting scientific evidence shows that resilience is an essential component to overall health and well-being, and that with intentional cognitive or behavioral efforts, one can increase resilience levels. Çam and Büyükbayram⁷ analyzed a decade (2006 to 2016) of literature on nurses' resilience and effective factors. Protective factors that affect resilience are personal, social, and professional, and are derived both internally and externally. Intrinsic protective factors include a sense of security, self-respect, positive emotions, hope, humor, cognitive flexibility, self-efficacy, coping skills, emotional intelligence, emotional management, altruistic values such, autonomy, the sense of psychological safety, and morality. External protective factors include social support from peers, positive family relationships, supportive social networks, job experience and competency, physical and psychological safety, positive relationships with colleagues, success celebrations, gratitude and appreciation, work-life balance, and a morally aligned work environment containing ethical leadership.⁷ When nurse leaders support the development of internal and external protective factors, the results include improvement of individual and collective resilience competence.

Additional evidence demonstrates how resilience acts as a mediator for burnout in health care professionals. Arrogante and Aparicio-Zaldivar⁸ report that resilience mediated the relationships between emotional exhaustion, personal accomplishment, and mental health. Resilience was shown to minimize and buffer the impact of workplace stress and the mental health of care providers.

RESILIENCE SPECIFIC TO NURSING

Three specific areas support the development of nurse resilience. The first regards sleep. Shift work, extended shifts, rotating shifts, overtime, and inconsistent schedules are

Figure 1. NAM Factors Affecting Clinician Well-Being and Resilience NAM, National Academy of Medicine.



EXTERNAL FACTORS

SOCIETY & CULTURE

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

INDIVIDUAL FACTORS

PERSONAL FACTORS

- Access to a personal mentor
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

RULES & REGULATIONS

- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

HEALTH CARE RESPONSIBILITIES

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members
- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

SKILLS & ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

inherent in nursing work. Coupled with personal obligations and perpetual electronic “connectedness,” nurses rarely report adequate quantity and consistency of good quality sleep. Short sleep durations and poor sleep quality link to lower resilience, whereas adequate and quality sleep (7 or more hours, uninterrupted) leads to improved resilience. No specific sex differences exist in the relationship between sleep and resilience.⁹ The ability to face pressures improves with increased sleep length and quality, resulting in higher performance. When leaders observe negative behaviors or reduced coping in followers (which impedes joy in work), oftentimes inadequate sleep is directly correlated to problems seen in the professional environment.

The second relevant nursing resilience concept is the benefit of decompression. Nurses expend physical, mental, and emotional energy when performing their responsibilities. Managing moral dilemmas, ethical challenges, physical demands, and clinical complexities adds excess burden to nursing’s work. For nurse leaders, the added challenges of financial management, staffing, interprofessional collaboration, conflict management, quality improvement, and patient/employee satisfaction requires significant energy. Ongoing attention to electronic devices, being on call, and late night/early morning meetings predispose leaders for poor decompression and ongoing sleep deprivation. Thus, rest and decompression activities are important to building resilience.

Third, moral resilience is a vital issue in nursing. Research highlights the leaders’ role in cultivating an ethical, moral, and values-based culture. Moral resilience is a developable competency. Education on ethics, making meaning of one’s experiences, understanding the diversity of core human values, and reduction of ethical complexity in a work environment serve as antecedents to moral resilience.¹⁰ Development of moral resilience enables nurses to successfully navigate ethically complex situations, lower their perceptions of moral distress, and aligns organizational and individual core values, creating work that is more meaningful. As a result, moral resilience becomes a skill or a tool that enables a nurse to navigate difficult situations, leading to growth, improved health, and professional joy.¹⁰

LEADER TOOLS AND PRACTICE IMPLICATIONS

Nurse leaders need high resilience to thrive and lead effectively in the chaotic and stressful health care environment. Leader accountability to model intentional well-being is magnified by the national imperative to create a resilient, healthy, and joyful workforce. A variety of resilience interventions provides leaders options to develop a culture of health and well-being. Different tools meet the needs of individuals, teams, and organizations based contextual elements, so the leader can assess, diagnose, and select solutions to best build resilience across all organizational layers. In some cases, a multipronged approach drives optimal outcomes of improved resilience and support for professional joy.

The presented resilience toolkit for leaders follows Luthar and Cicchetti’s¹¹ guidelines that resilience interventions should contain: a strong evidence base; aim to promote posi-

tive adaptation and competence; leverage resources to build protective processes; and have a strong developmental focus. The toolkit meets these guidelines, with suggested interventions and practices designed to assist leaders in creating resilient nursing work environments that contribute positively to overall joy at work (*Figure 2*). Tools complement each other and contain considerations for unique populations.

The toolkit also contains student-focused resilience interventions. Mounting literature indicates the importance of developing resilience prior to a nurse entering into practice. Conceptually, the literature highlights nursing student resilience-building strategies into 3 main categories: support, education, and reflection.¹² A 3-phase model to overcome learning challenges includes: one, stepping into a new experience; two, staying the course despite adversity; and three, acknowledging success with overcoming the new experiences and achieving the learning goals.¹³ Student resilience building leads to joy in learning and supports early competency development for future professional success.

Leader resilience development is an important professional joy success strategy. The toolkit contains ways leaders can advance this core competency for themselves and others. In addition, broad leader practices should include:

- Encourage and expect self-care
- Model the way
- Expect work–life balance
- Demonstrate fairness, kindness, and compassion
- Recognize and reward positive behavior
- Set education and certification expectations
- See a trusted colleague for support
- Leverage the effects of positivity to help team strength
- Ensure department structures and processes support resilience behaviors
- Practice mindful leadership in alignment to what is important to clinical nurses
- Ensure role clarity, including span of control, responsibilities, and boundaries
- Reconnect with your compassion, know your source of compassion¹⁴

The IHI further identified 4 leader best practices for joy in work conversations:

1. Ask staff what matters to them.
2. Identify unique impediments to a positive work environment.
3. Commit to using a systems approach to making joy a collaborative responsibility across all levels of the organization.
4. Use improvement science to test interventions and change ideas.¹

The NAM paper on the factors of clinician well-being and resilience advises leaders to use the proposed model to understand the causes and effects of burnout, identify strategies to prevent and mitigate burnout, and promote clinician resilience and well-being, with the goal of improved patient outcomes (*Figure 1*). The integrated model shows leaders the linkage between external and individual factors associated with clinician well-being and resilience. Importantly, connections exist

Figure 2. Resilience Toolkit for Nurse Leaders: Interventions to Build a Resilient Culture

Leading Self/Individuals	Leading Teams	Leading Leaders	Leading Organizations	Leading Students
<ul style="list-style-type: none"> • Healthy eating habits • Exercise/physical activity • Good sleep hygiene • Practice mindfulness • Meditate • Reflective practice • Daily gratitude • Journaling • Identify core values • Identify your purpose/your “why” • Create healthy social networks/relationships • Increase emotional intelligence • Improve brain health • Get/give mentorship • Practice healthy decompression activities • Balance schedules and commitments • Receive/give coaching • Learn/grow through professional development • Practice cognitive reframing/rehearsal 	<ul style="list-style-type: none"> • Share individual purpose and core values • Foster positive working relationships/teamwork • Assume/model positive intent • Create an aligned vision/values • Provide moral/ethical support and advocacy • Facilitate moral resilience • Prioritize patient safety • Implement department-based mindfulness activities • Provide positive coping, resiliency, & stress management workshops, structured programs • Facilitate peer interactions in/out of work setting • Value employees through recognition • Promote a culture of gratitude and positivity • Promote well-being • Promote work–life balance • Expect and address workplace civility • Provide emotional intelligence training • Create a supportive environment that promotes: <ul style="list-style-type: none"> ○ Diplomacy ○ Honesty ○ Accessibility ○ Learning ○ Objective decisions ○ Positive role modeling 	<ul style="list-style-type: none"> • Thoughtfully develop leaders and competencies • Teach leader self-awareness/self-care • Develop a transformational leadership team • Drive collaborative and interprofessional practice • Share individual purpose and core values • Develop ethical, moral, and values-based leadership and decision-making competencies • Address drivers of employee engagement • Facilitate leader team building in/out of work setting • Role model resilience competency • Instill performance management systems • Build a culture of coaching • Provide intentional refueling time to store up for/recover from high-stress leadership times • Establish peer-to-peer schedule coverage to allow for rest, refueling, disconnection time • Create a psychologically safe environment for leader learning and decompression 	<ul style="list-style-type: none"> • Align nursing’s work to mission, vision, goals, and values of the organization • Set/model expectations for a healthy work environment • Change the organizational narrative through cognitive reframing and rehearsal • Build a culture of engagement, ownership, sense of control, prosocial, moral, ethical, and networking behaviors, constructive and timely feedback • Clarify points of contact during a crisis • Solidify professional governance • Build a culture of learning, knowledge sharing • Create a high-reliability organization • Develop a culture of positivity through enthusiasm, optimism, satisfaction, comfort, and relaxation to drive team resilience and improved organizational performance • Model gratitude • Incorporate reflective practice across the organization • Ensure clear roles and realistic spans of control 	<ul style="list-style-type: none"> • Provide learning resources and support • Encourage students to access positive support systems • Teach decompression techniques • Reframe experiences into positive learning • Provide stress management and resilience education • Teach reflective practice • Give feedback on reflections • Build trust and mutual respect • Teach mindfulness • Role model health and self-care • Teach gratitude techniques • Teach peer coaching • Teach emotional intelligence and neuroscience of resilience

in the relationships between the *IHI Framework for Improving Joy in Work* (whereby wellness and resilience are 1 of the 9 key framework components) and the NAM Action Collaborative on Clinician Well-Being and Resilience, *Factors Affecting Clinician Well-Being and Resilience* model (Figure 1) that serve as a basis for a nurse leader toolkit (Figure 2).^{1,6} Taken together, a nurse leader can visualize the linkage between national professional joy and resilience efforts, and apply those concepts into his or her daily leadership practice and resilience competency development.

DISCUSSION AND FUTURE IMPLICATIONS

Ample evidence exists supporting the national urgency to create resilient and healthy work environments that generate professional joy. Meeting the Triple Aim goals is largely contingent on the successful achievement with the fourth aim, making professional joy and health a top strategic priority. The IHI, NAM, and independent researchers have established a clear case for change, resulting in a distinct priority for clinician health. Resilience building is multifaceted, beginning with individual competence, moving to team and organizational strategies. Resilience tools for leaders range across audiences and contextual needs. Recognition of when individuals and teams are overburdened and in need of coaching to return to balance is a key diagnostic skill for all leaders. Burgeoning scholarship exists on the imperative for clinician well-being and resilience as an interdependent, symbiotic component of professional joy across all care providers. An important future consideration for nurse leaders is how they

might lead the charge for resilience core competency development as a mediator of professional joy.

CONCLUSIONS

Nurse leaders are the anchors for the professional practice environment. As such, assessment of the national landscape indicates the need for immediate attention to joy in work as a top priority for nurses in all roles and at all levels of the organization. Using intentionality in work culture design and development should drive purposeful, meaningful work, which is repeatedly identified by nurses as a strong link to professional joy. Nurse leaders are the creators and keepers of culture architecture. One ingredient in crafting joyful environments includes building well-being and resilience. Thus, contemporary nurse leaders must develop a new core competency in resilience across multiple audiences. A leader toolkit provides the beginning of such requisite competency development. **NL**

References

1. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.
2. Galuska L, Hahn J, Polifroni EC, Crow G. A narrative analysis of nurses' experiences with meaning and joy in nursing practice. *Nurs Adm Q*. 2018;42(2):154-163.
3. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff (Millwood)*. 2008;27:759-769.
4. Valentine CM. Tackling the quadruple aim: helping cardiovascular professionals find work-life balance. *J Am Coll Cardiol*. 2018;71:1707-1709.
5. Brigham T, Barden C, Dopp AL, et al. A journey to construct an all-encompassing conceptual model of factors affecting clinician well-being and resilience. NAM Perspectives, Discussion Paper. Washington, DC: National Academy of Medicine; 2018.

6. Delgado C, Upton D, Ranse K, Furness T, Foster K. Nurses' resilience and the emotional labour of nursing work: an integrative review of empirical literature. *Int J Nurs Stud*. 2017;70:71-88.
7. Çam O, Büyükbayram A. Nurses' resilience and effective factors. *J Psychiatr Nurs*. 2017;8:118-125.
8. Arrogante O, Aparicio-Zaldivar E. Burnout and health among critical care professionals: the mediational role of resilience. *Intensive Crit Care Nurs*. 2017;42:110-115.
9. Arbinaga F. Self-reported perceptions of sleep quality and resilience among dance students. *Percept Mot Skills*. 2018;125:351-368.
10. Young PD, Rushton CH. A concept analysis of moral resilience. *Nurs Outlook*. 2017;65:579-587.
11. Luthar SS, Cicchetti D. The construct of resilience: implications for interventions and social policies. *Dev Psychopathol*. 2000;12:857-885.
12. Thomas LJ, Asselin M. Promoting resilience among nursing students in clinical education. *Nurs Educ Pract*. 2018;28:231-234.
13. Reyes AT, Andrusyszyn MA, Iwasiw C, Forchuk C, Babenko-Mould Y. Resilience in nursing education: an integrative review. *J Nurs Educ*. 2015;54:438-444.
14. Kelly LA, Adams JM. Nurse leader burnout: how to find your joy. *Nurse Leader*. 2018;16:24-28.

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