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Resilience: The Power Within

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A great deal of discussion has taken place since the mid-1990s on the global shortage of nurses (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; International Council of Nurses, 2006; Kimball, 2004). The adverse effects of workplace stress on the healthcare system, in terms of staff turnover, productivity, costs, and impact on quality of patient care, are well known (Agency for Healthcare Research and Quality, 2004; Aiken, Clarke, & Sloane, 2002; Duffield et al., 2007; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Researchers have identified workplace stress, which embodies job stress and the quality of the work environment, as a significant contributory factor to lack of job satisfaction and retention issues in nursing (Donley, 2005; Duffield et al., 2007; Hayes et al., 2005; Letvak & Buck, 2008; Reineck & Furino, 2005). In addition to workplace stress experienced by nurses already in the workforce, evidence suggests that graduate nurses entering the workplace for the first time suffer stress adapting to the reality of the work environment, described as “reality shock” (Fox, Henderson, & Malko-Nyhan, 2005).

Although oncology nurses report potential for great reward and job satisfaction, studies reveal high levels of emotional exhaustion, depersonalization, feeling unsupported by the work environment, and intent to leave oncology nursing, all of which indicate that workplace stress remains significant in this specialty (Barrett & Yates, 2002; Ekedahl & Wengström, 2007; Hayes et al., 2005; Jackson, Firtko, & Edenborough, 2007; Medland, Howard-Ruben, & Whitaker, 2004).

The holistic nature of oncology nurses' role creates intrinsic moral, emotional, and spiritual distress or role stress (Bush, 2009; Medland et al., 2004; Pendry, 2007). Novice oncology nurses seem particularly vulnerable, reporting “feeling unprepared to cope with their patients' complex psychological, social, and spiritual care needs” (Medland et al., 2004, p. 50). These stressors are in addition to potential for stress associated with establishing and maintaining professional relationships and the learning nuances of the work setting (Jackson et al., 2007). Clearly, the very nature of the work oncol-

Purpose/Objectives: To advance understanding of resilience as an innate resource and its potential and relevance in the management of workplace stress for oncology nurses.

Data Sources: Journal articles and research results, particularly seminal literature from a variety of Australian and international journals and published texts, including government and nursing organizations.

Data Synthesis: Resilience is defined as an innate energy or motivating life force present to varying degrees in every individual, exemplified by the presence of particular traits or characteristics that, through application of dynamic processes, enable an individual to cope with, recover from, and grow as a result of stress or adversity. Literature from a wide variety of fields, including physics, medicine, theology, philosophy, psychology, and spirituality, was reviewed to build an overview of existing knowledge and evolving theories on the subject of resilience and further the understanding of resilience as an innate personal resource.

Conclusions: Innate resilience can be developed or enhanced through cognitive transformational practices, education, and environmental support. Such processes may have use in ameliorating the effects of workplace stress.

Implications for Nursing: The complex nature of oncology and other specialty nursing roles creates a certain amount of inevitable stress that depletes the self and may lead to compassion fatigue and burnout. A greater understanding of resilience as an innate stress response resource highlights the need for processes that support resilience development and organizational and personal stress-management strategies for nurses to be part of mainstream nursing education.

ogy nurses perform will remain intrinsically stressful (Barrett & Yates, 2002; Letvak & Buck, 2008; Medland et al., 2004).

Researchers assert that it is not so much the actual stress but an individual's response to the stress that affects physical, psychological, and spiritual well-being (Engel, 2004; Hamilton, Kitzman, & Guyotte, 2006). The field of psychoneuroimmunology provides evidence of a significant biologic link between the state of mind and emotions of an individual and the health and well-being of that individual. Stress, particularly prolonged stress, can be detrimental to physical and mental health