

REVIEW ARTICLE

Nurse leaders' resilience and their role in supporting nurses' resilience during the COVID-19 pandemic: A scoping review

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Abstract

Aim: To explore nurse leaders' resilience and their role in supporting nurses' resilience during the COVID-19 pandemic.

Background: The COVID-19 pandemic has challenged health care systems on a global level. Nurse leaders are tasked with ensuring high-quality care, even during crises, which requires active problem-solving and confidence in the future—resilience from leaders.

Method: A scoping review was conducted using inductive thematic analysis and the PCC (Participants, Concept, Context) framework. The PubMed, Scopus, CINAHL, and PsycINFO databases, as well additional studies and grey literature, were searched from December 2019 to June 2021.

Results: The review included 12 studies. Nurse leaders' self-awareness, self-reflection, and coping strategies described their resilience during the pandemic. A relational leadership style, supportive and safe work environment, and adequate communication were found to support nurses' resilience.

Conclusions: There is scarce research concerning nurse leaders' resilience during the COVID-19 pandemic. Future research needs to address nurse leaders' personal resilience due to the link with nurses' resilience.

Implications for Nursing Management: A healthy work environment is essential for nurses' resilience. During crises, nurse leaders should adopt relational leadership styles and actively interact with nursing staff.

KEYWORDS

COVID-19 pandemic, nurse, nurse leader, resilience, scoping review

1 | BACKGROUND

A total of 183,525,264 COVID-19 cases have been confirmed by 28 June 2021 (WHO, 2022a). The current pandemic has introduced considerable

stress to health care professionals' work. This stress (Haravuori et al., 2020), along with the lack of resources (Senek et al., 2020) and personal protective equipment, has challenged health care systems, professionals, and leaders on a global scale (Niehaus & Hod, 2020).

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Nurse leaders are important to ensuring high-quality care and supporting nurses in exhausting situations (Senek et al., 2020). Surviving the pandemic requires action and commitment from nurse leaders (Cooper et al., 2020), along with problem-solving skills and confidence in the future. These aspects are components of resilience (Connor & Davidson, 2003), which is defined as a process that helps an individual confront stressors and adversity while the individual resources such as self-efficacy, work-life balance, humour, optimism, support from others (Cooper et al., 2020), and positive professional relationships (Tabakakis et al., 2019) are important. Moreover, resilience is associated with work engagement (Cao & Chen, 2019) and buffers against mental illness (Manomenidis et al., 2018).

There is no clear definition of nurse leaders' resilience, as only a few studies have covered this topic (Spiva et al., 2020; Tau et al., 2018). Based on previous research, nurse leaders' resilience covers the ability to deal with adversity in the workplace (Tau et al., 2018) along with their personal strength (Spiva et al., 2020; Tau et al., 2018). However, nurse leaders with low resilience may find it difficult to empower others (Tau et al., 2018). Before the COVID-19 pandemic, nurse leaders showed varying levels of resilience, ranging from moderate (Tau et al., 2018) to high (Spiva et al., 2020).

Most studies concerning resilience in the field of nursing have been published during the last decade (Zanatta et al., 2020). The results have shown that training may improve the resilience of nurses (Kunzler et al., 2020) and nurse leaders (Spiva et al., 2020). Furthermore, resilient nurse leaders may empower nurses by exuding confidence, caring about their well-being (Tau et al., 2018; Wei et al., 2018), helping them identify and utilize their strengths, nurturing their professional development, and encouraging self-care (Wei et al., 2018).

Enhancing relationship management abilities and promoting professional development might be effective ways to improve nurse leaders' resilience (Spiva et al., 2020). Moreover, relational leadership styles (e.g., transformational, authentic, servant, and ethical leadership) can foster a healthy work environment and positively impact nurses' job satisfaction, recruitment, and retention. Leaders must be able to encourage, motivate, and inspire their employees towards mutual goals, as well as mentor and guide employees, which entails scheduling adequate time for personal discussions (Cummings et al., 2018).

This scoping review aimed to explore nurse leaders' resilience and their role in supporting nurses' resilience during the COVID-19 pandemic. A preliminary search was conducted and no published or ongoing reviews on the topic were identified. To the best of our knowledge, the current study represents the first scoping review of this phenomenon. A scoping review was appropriate, as this method can clarify the range and nature of current evidence and highlight future avenues for research (Peters et al., 2015).

2 | METHODS

The scoping review was conducted using thematic analysis (Vaismoradi et al., 2013) according to the methodology for systematic

scoping reviews and the PCC framework (Participants, Concept, Context) (Peters et al., 2015).

2.1 | Ethical considerations

The ethical approval is not required for the systematic scoping review.

2.2 | Study aim and review questions

This scoping review aimed to explore nurse leaders' resilience and their role in supporting nurses' resilience during the COVID-19 pandemic. The review questions were as follows:

1. What is known about nurse leaders' resilience during the COVID-19 pandemic?
2. What is a nurse leader's role in supporting nurses' resilience?

2.3 | Inclusion criteria

2.3.1 | Participants

The research concerned professionals who worked as nurse leaders (*nurse leader, nurse manager, nurse executive, nurse administrator, charge nurse, head nurse, chief nurse, nurse director*) between December 2019 and June 2021. No limitations were set for the country or unit in which nurse leaders worked during the pandemic.

2.3.2 | Concept

The included research could be either studies that assessed nurse leaders' resilience through validated scales (e.g., Connor-Davidson Resilience Scale, Wagnild and Young Resilience Scale) or qualitative studies, texts, opinion papers, and documents that presented evidence related to the study aim. In this scoping review, resilience (*resilience, resilient, resiliency*) is defined as a nurse leader's ability or role in supporting nurses' resilience, along with their personal strength to deal with adversity.

2.3.3 | Context

The research concerned all kinds of health care settings across the world in which nurse leaders worked during the COVID-19 pandemic between December 2019 and June 2021.

2.4 | Search strategy

A preliminary search of PubMed, PROSPERO, and the Cochrane and JBI Databases of Reviews was conducted, and no published or

ongoing reviews on the topic were identified. Next, the PubMed, Scopus, CINAHL, and PsycINFO databases were searched to identify relevant articles. In addition, the search of grey literature focused on organisations such as the WHO and United Nations. Google Scholar was also searched. Both published and unpublished studies were considered. The reference lists of all studies were screened to identify additional studies. The searches were performed between December 2019 and June 2021. The search terms were *nurse leader, nurse manager, nurse executive, nurse administrator, charge nurse, head nurse, chief nurse, nurse director AND resilience, resilient, resiliency AND COVID-19* (Figure 1). Studies published in English were included. As the COVID-19 pandemic began in December 2019 in Wuhan, China (WHO, 2022b), we included studies that had collected data during the pandemic and would therefore be published no earlier than December 2019.

This scoping review considered experimental and quasi-experimental study designs, analytical and descriptive observational studies, qualitative studies, and systematic reviews, as well as texts, discussion papers, documents, and grey literature that presented evidence which answered the study question.

2.5 | Selection phase

Following the search, all of the identified citations were uploaded into the Covidence systematic review management system (Covidence, 2021). The titles and abstracts of relevant studies were assessed against the inclusion criteria by independent reviewers; this was repeated for the full-text versions of selected citations. Reasons for exclusion were discussed. The search results and study inclusion process reported in this review are presented in a flow diagram according to Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping reviews (PRISMA-ScR) guidelines (Figure 1) (Tricco et al., 2018).

2.6 | Data extraction

Data were extracted manually by three independent reviewers. The extracted data included details about the authors, year of publication, country, population, context, methods, themes, subthemes, and key findings. Any disagreements were resolved through discussion.

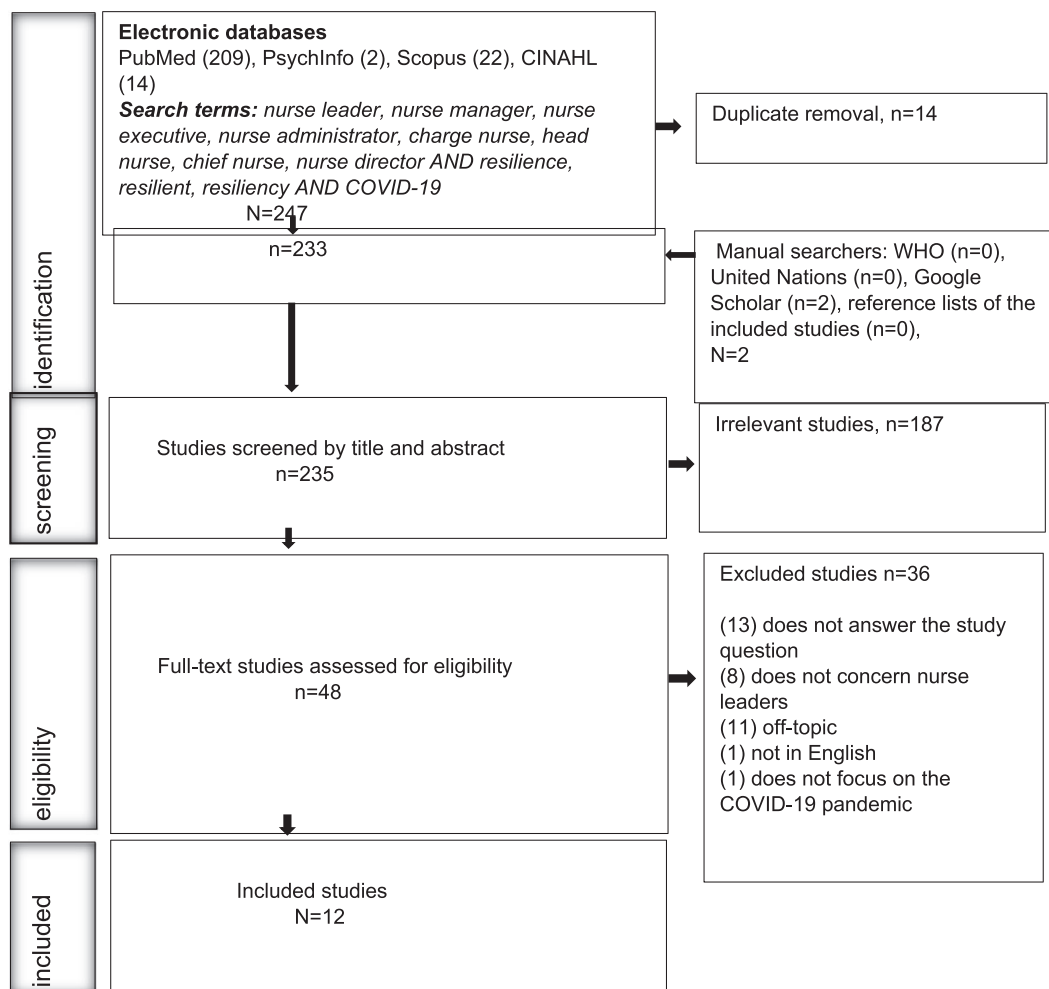


FIGURE 1 PRISMA (ScR) flowchart of study selection

2.7 | Synthesis of results

The results were analysed through inductive thematic analysis. The included articles were read through carefully, after which the text was coded and organized into themes. The reviewers referred to the study questions throughout the analytical process (Vaismoradi et al., 2013). The results are summarized as tabulated findings.

3 | RESULTS

Of the 12 included studies, five were research articles, and seven were discussion papers. Grey literature was not found. Three of the research studies applied the quantitative and two qualitative methods. The studies addressed nurse leaders' resilience (Duncan, 2020; Jeffs et al., 2020) and their role in supporting nurses' resilience during the COVID-19 pandemic (Abd-EL Aliem & Abou Hashish, 2021; Berkow et al., 2020; Cariaso-Sugay et al., 2021; Chesak et al., 2020; Dimino et al., 2020; Duncan, 2020; Heuston et al., 2021; Jeffs et al., 2020; Kreh et al., 2021; Leng et al., 2021; Markey et al., 2021; Prestia, 2021) (Table 1). The themes and subthemes identified from these articles are presented in Table 2.

3.1 | Nurse leaders' resilience during the COVID-19 pandemic

Of the 12 selected studies, two addressed nurse leaders' personal resilience (Duncan, 2020; Jeffs et al., 2020). Duncan (2020) based the reported resilience of nurse leaders on available literature, whereas Jeffs et al. (2020) used semi-structured interviews with four chief nurse executives (CNEs) to gauge nurse leaders' resilience.

Both Duncan (2020) and Jeffs et al. (2020) presented that strong resilience is needed during a pandemic. In these studies, resilience was seen as a nurse leader's ability to reflect and cope. Jeffs et al. (2020) found that the first months of the pandemic challenged CNEs' resilience. More specifically, CNEs were challenged by heavy workloads, long hours, an absence of information and/or data, rapid decision-making, ethical dilemmas, and the prioritization of scarce resources. Both papers stated that resilience was associated with self-awareness, while Duncan (2020) highlighted the importance of coping strategies and self-efficacy.

Nurse leaders can help others when they practice effective coping strategies (Duncan, 2020; Jeffs et al., 2020). Resilience requires self-reflection and self-care abilities, both of which help leaders make decisions in difficult situations (Duncan, 2020). Sometimes leaders are even surprised by how novel conditions can make them modify their own leadership styles. During this pandemic, some nurse leaders also experienced strong support from their team and colleagues (Jeffs et al., 2020).

3.2 | Nurse leader's role in supporting the resilience of nurses

3.2.1 | Relational leadership styles

Authentic, exemplary, ethical, and transformational leadership styles were presented to benefit nurse leaders in supporting nurses' resilience during the COVID-19 pandemic (Abd-EL Aliem & Abou Hashish, 2021; Dimino et al., 2020; Duncan, 2020; Jeffs et al., 2020; Leng et al., 2021; Markey et al., 2021; Prestia, 2021). The studies showed that crisis require nurse leaders to have a strong understanding of the situation as well as a visible leadership style (Dimino et al., 2020; Jeffs et al., 2020).

Dimino et al. (2020) stated that nurse leaders need to understand nurses' psychological capital (PsyCap), which encompasses an individual's levels of hope, efficacy, resilience, and optimism; all of these characteristics are also attributes of an authentic leader. Authentic nurse leaders also understand that there is a reciprocal relationship between leaders and staff members. Nurse leaders with the aforementioned attributes are well equipped to lead frontline nurses through the challenges of the COVID-19 pandemic and help them develop resilience (Dimino et al., 2020; Jeffs et al., 2020). Moreover, nurse leaders should focus on skilled communication, collaboration, effective decision-making, and appropriate staffing, as well as the meaningful recognition of staff. It was also proposed that authentic and transparent leadership styles support staff and organisational resilience (Duncan, 2020).

Regular communication was one method through which a nurse leader supported staff during the adaptation, change, progress, and promotion of resilience associated with remote work. The ability to inspire, i.e., Kouzes' and Posner's theory of Exemplary leadership, was reported to be invaluable during crises (Prestia, 2021). In addition, nurse leaders have a vital role in empowering nurses and supporting an organisation's commitment to safe and quality care (Markey et al., 2021).

An ethical leadership style was also considered valuable during a crisis since it maintains a nurse leader's ethical attention via empathy, compassion, and active listening in a time when nurses may experience physical and emotional fatigue. It was highlighted that nurse leaders need periodic training and support about ethical leadership (Markey et al., 2021).

3.2.2 | Supportive and safe working environment

The included studies highlighted a supportive and safe working environment as one main theme to ensuring nurses' resilience (Abd-EL Aliem & Abou Hashish, 2021; Berkow et al., 2020; Cariaso-Sugay et al., 2021; Chesak et al., 2020; Dimino et al., 2020; Duncan, 2020; Heuston et al., 2021; Jeffs et al., 2020; Kreh et al., 2021; Leng et al., 2021; Markey et al., 2021; Prestia, 2021).

Some of the included studies discussed professional (Markey et al., 2021) and organisational resilience in addition to how nurse

TABLE 1 Details of studies included in the scoping review

Author (year), Country	Design	Population, Context	Study methods	Main theme and focus	Subthemes	Key findings
Abd-EL Aliem & Abou Hashish (2021), Saudi Arabia	Research article	First-line nurse managers (n=60) and nurses (n=211) in Saudi Arabia.	Descriptive correlational research	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>Nurse managers' role in supporting the resilience and job involvement of nurses.</p> <p>The research aimed to determine the relationship between transformational leadership practices of FLNMs and nurses' organisational resilience and job involvement.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Relational leadership styles Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>First-Line managers' leadership practices accounted for 43% and 40% of the variance of nurses' organisational resilience and job involvement, respectively. Leaders have an essential role in supporting nurses' resilience and job involvement. Shared governance, a respectful working atmosphere, and showing gratitude are good strategies to promote positive work attitudes.</p>
Berkow et al. (2020), USA	Discussion paper	Nurse executives	Discussion paper based on literature.	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses 	<p>Subthemes:</p> <ul style="list-style-type: none"> Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>The article outlines the five actions that executives should take account: 1) ensure staff safety 2) Reinvalidate staff input channels 3) Do not sugarcoat the challenges ahead 4) Plan for worst-case scenarios 5) Executives should reduce managers' workload.</p>
Cariaso-Sugay et al. (2021), USA	Research article	Nurse leaders (n=50) at Magnet-designated acute care hospitals (n=2).	A quality improvement project (PDSA=Plan, Do, Study, Act), Intervention study with pre- and post-intervention surveys. Intervention is based on social cognitive theory (SCT) and the concept of self-efficacy.	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>Educating the nurse leaders (unit supervisors, managers, directors, executive directors or above) to promote resilience, improve their knowledge and confidence in managing disasters that impact the acute care setting.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>A Quality improvement (QI) intervention significantly improved participants' perceived knowledge and confidence levels in disaster management in the acute care setting. Nurse leaders became more confident and skillful in supporting their nursing staff.</p>

(Continues)

TABLE 1 (Continued)

Author (year), Country	Design	Population, Context	Study methods	Main theme and focus	Subthemes	Key findings
Chesak et al. (2020), USA	Discussion paper	Health care leaders	Discussion paper based on the Mayo Clinic experience.	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>Presenting three comprehensive resiliency strategies and examples from the Mayo Clinic experience: Medical staff resiliency.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	Modeling resilient leadership and communication, establishing strong peer support, stress management, and fostering organisational resilience
Dimino et al. (2020), USA	Discussion paper	Nurse leaders and nurses on the frontlines.	A discussion paper based on human psychological capital (PsyCap) characterised by having high levels of HERO (hope, efficacy, resilience, and optimism).	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>Strategies that nurse leaders can utilise to foster PsyCap in their nurses. Effective communication and support.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Relational leadership styles Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>Developing a multidisciplinary strategy team, recruiting senior leaders to meet nurses to communicate, offering leadership training (communication, conflict management, team building and stress management), arranging support from psychologists and social workers, recognising the risks associated with distress, cultivating a culture of caring and encouraging approaches.</p>
Duncan (2020), Ireland	Discussion paper	Nurse leaders and nurses	Peer-reviewed discussion paper	<p>Main theme:</p> <ul style="list-style-type: none"> Resilience among nurse leaders during the COVID-19 pandemic Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>How nurse leaders can support staff and show organisational resilience. Also, how nurse leaders can develop their resilience.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Ability to reflect, be self-aware and cope Relational leadership styles Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>Nurse leaders can support resilience, both their own and of staff members, by using healthy coping strategies, positive language and managing their own efficacy. The focus should be on skilled communication, collaboration, effective decision-making, appropriate staffing, meaningful recognition of staff, and authentic and transparent leadership to</p>

(Continues)

TABLE 1 (Continued)

Author (year), Country	Design	Population, Context	Study methods	Main theme and focus	Subthemes	Key findings
Heuston et al. (2021), USA	Discussion paper	Chief nursing officer (CNO) and associate CNO (ACNO), intensive care managers, and nurses in intensive care unit	A virtual program (Fill Your Cup) with pre- and post-tests. Three 75-minute virtual sessions over a two-week period. 1) General content and discussion about resiliency-boosting strategies, shared information between participants. 2) A call to action regarding adding meaning to work.	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resiliency of nurses <p>The focus: Nurses' moral distress and grief, strategies to build resiliency, shared experiences and opportunities to connect.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>support and improve staff, and organisational resiliency.</p> <p>Educating and supporting staff, observing, listening, and identifying signs of moral distress and fatigue, as well as involving staff in selecting and planning resiliency programs and resources.</p>
Jeffs et al. (2020), Canada	Research article	Chief Nurse Executives (n=4) (CNEs) in an urban regional hospital network	Semi-structured Interviews.	<p>Main theme:</p> <ul style="list-style-type: none"> The resiliency of nurse leaders during the COVID-19 pandemic Nurse leader's ability and role in supporting the resiliency of nurses <p>The focus: How chief nurse executives navigate the balancing act of organisational- and system-level accountabilities.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Ability to reflect, be self-aware and cope Relational leadership styles Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>Recommendations for CNEs: ensure resiliency and safety; be present and build trust; recognise and value staff; engage in transparent and timely communication; leverage influence; learn from others; and proactively plan.</p>
Kreh et al. (2021), Austria, Italy, Germany	Research article	Healthcare workers (n=13) from Italian and Australian hospitals. Of these n=2 head nurses, n=1 chief registered nurse	Interviews, data analysis using grounded theory methodology.	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resiliency of nurses <p>The focus: Investigation of the nature of health care workers' experiences of resiliency and stress during the COVID-19 pandemic.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>Good, honest and timely information, along with support, is recommended. Organisations should enhance connectedness. Protecting staff by providing protective equipment and taking their opinions, needs and concerns into account. Staff should be provided with a space to rest and recover. Shared decision-making and preparing for</p>

(Continues)

TABLE 1 (Continued)

Author (year), Country	Design	Population, Context	Study methods	Main theme and focus	Subthemes	Key findings
Leng et al. (2021), China, USA	Research article	Nurses (n=90) caring for patients with COVID-19 at the intensive care unit (ICU) in Wuhan, China. Nurses were clinical, senior and charge nurses.	A cross-sectional study design	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>The nurse manager's role in supporting nurses through communication and appreciation</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Relational leadership styles Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>new tasks improves self and collective efficacy.</p> <p>Although the included nurses had been selected based on high levels of clinical performance and resilience, 5.6% of these nurses had post-traumatic stress symptoms and 22.22% experienced harmful levels of stress. The isolated environment, concerns about PPE shortage and usage, physical and emotional exhaustion, intensive workload, fear of being infected, and insufficient work experience with COVID-19 were major sources of stress.</p>
Markey et al. (2021), Brazil, Ireland	Discussion paper	Nurse managers	Discussion paper based on literature	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>The necessity of fostering ethical leadership in the recovery of COVID-19</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Relational leadership styles Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>Ethical behaviour and resilience can powerfully influence the actions of others.</p> <p>Fostering ethical vigilance, nurturing self-caring behaviours, and professional resilience, as well as inspiring, motivating, and empowering the nursing team, is recommended.</p>
Prestia (2021), USA	Discussion paper	Nurse leaders	Discussion paper and a case presentation	<p>Main theme:</p> <ul style="list-style-type: none"> Nurse leader's ability and role in supporting the resilience of nurses <p>The focus:</p> <p>The nurse leader's role to support nurses through adaptation, change, progress, and promotion of resiliency.</p>	<p>Subthemes:</p> <ul style="list-style-type: none"> Relational leadership styles Supportive and safe working environment Nurse leaders' communication during the COVID-19 pandemic 	<p>The ability to inspire is an essential leadership trait, invaluable in times of crisis.</p>

TABLE 2 Themes related to the resilience of nurse leaders and their role in supporting nurses' resilience

Theme	Nurse leaders' resilience during the COVID-19 pandemic	Nurse leader's role in supporting nurses' resilience
Subthemes	<ul style="list-style-type: none"> • Ability to reflect, be self-aware, and cope 	<ul style="list-style-type: none"> • Relational leadership styles • Supportive and safe working environment • Nurse leaders' communication

leaders support nurses' resilience (Abd-EL Aliem & Abou Hashish, 2021; Chesak et al., 2020; Duncan, 2020; Kreh et al., 2021). *Professional resilience* was presented as the ability to increase work performance and ensure safe and quality care during crisis (Markey et al., 2021), while *organisational resilience* concerned a nurse leader's ability to ensure a supportive and safe work environment (Abd-EL Aliem & Abou Hashish, 2021; Chesak et al., 2020; Duncan, 2020; Kreh et al., 2021). A good working atmosphere was reported to enhance both nurses' professional (Markey et al., 2021) and organisational resilience (Abd-EL Aliem & Abou Hashish, 2021; Duncan, 2020; Kreh et al., 2021), improve nurses' engagement with their work (Berkow et al., 2020; Prestia, 2021), and benefit nurses' job involvement during a crisis (Abd-EL Aliem & Abou Hashish, 2021).

A supportive and safe working environment requires good communication (Abd-EL Aliem & Abou Hashish, 2021; Duncan, 2020; Jeffs et al., 2020), leaders who enable others to act (Abd-EL Aliem & Abou Hashish, 2021), cooperation (Abd-EL Aliem & Abou Hashish, 2021; Chesak et al., 2020; Duncan, 2020; Kreh et al., 2021), shared vision (Abd-EL Aliem & Abou Hashish, 2021; Duncan, 2020) and decision-making (Chesak et al., 2020; Dimino et al., 2020; Duncan, 2020; Kreh et al., 2021), sufficient personal protective equipment (Berkow et al., 2020; Chesak et al., 2020; Duncan, 2020; Kreh et al., 2021; Leng et al., 2021), and an adequate amount of information (Chesak et al., 2020; Jeffs et al., 2020; Prestia, 2021).

Supportive atmosphere included showing respect for nurses, leading them with empathy (Markey et al., 2021), considering various opinions, and listening to nurses' concerns (Kreh et al., 2021; Prestia, 2021). This entails a non-judgmental environment, which can build professional resilience, support open discussion, and encourage ethical vigilance (Markey et al., 2021). Moreover, a good atmosphere will improve nurses' personal resilience as well as answer the needs of vulnerable and high-risk staff (Abd-EL Aliem & Abou Hashish, 2021; Chesak et al., 2020; Dimino et al., 2020; Jeffs et al., 2020; Kreh et al., 2021).

Leng et al. (2021) found that resilient nurses can also experience mental stress while an isolated environment, physical and emotional fatigue, and intensive workload can be major sources of stress among nurses. For this reason, various researchers have recommended flexible working hours during the pandemic (Duncan, 2020; Kreh et al., 2021). Furthermore, all nurses should have received adequate training and orientation, while a caring and authentic nursing leadership style can be a source of psychological support (Leng et al., 2021).

During the COVID-19 pandemic, leaders were recommended to observe nurses for any signs of distress and fatigue (Heuston et al., 2021). Good communication, developing a mentoring relationship, social support, and encouraging hopefulness (Duncan, 2020), as well as the provided opportunities to connect and share experiences (Heuston et al., 2021) were expected to build resilience among employees. Moreover, it was stated that resilience can be supported by encouraging staff to utilize their personal abilities, collaborate, find solutions to problems, recognize nurses' contributions, and help employees manage their disappointments (Dimino et al., 2020). According to Berkow et al. (2020), leaders are also expected to prepare for the worst-case scenario and organisational changes, as well as avoid making promises they cannot keep.

When supporting nurses, nurse leaders should foster authentic connections and proactively interact with staff (Carias-Sugay et al., 2021; Dimino et al., 2020; Duncan, 2020; Heuston et al., 2021; Jeffs et al., 2020; Kreh et al., 2021; Prestia, 2021). This ability to encourage nurses and create an emotional connection with them is an important part of promoting resilience. Nurses have reported that they appreciate having a connection to management (Kreh et al., 2021; Leng et al., 2021). In this way, recognizing and valuing staff has been highlighted as a good strategy for ensuring resilience among nurses (Jeffs et al., 2020). Furthermore, staff members appreciate being listened to, the fact that their problems are addressed, and that they are affording opportunities for discussion (Kreh et al., 2021; Markey et al., 2021).

3.2.3 | Nurse leaders' communication during the COVID-19 pandemic

The included studies unanimously reported that nurse leaders' communication skills are essential to supporting nurses' resilience during a pandemic (See Table 1). Leaders should encourage hopefulness (Duncan, 2020) and optimism by sharing past experiences (Dimino et al., 2020) and empowering staff to look forward to future opportunities (Dimino et al., 2020; Markey et al., 2021). Providing timely (Chesak et al., 2020; Jeffs et al., 2020) and accurate information (Chesak et al., 2020; Prestia, 2021), along with conveying clear organisational goals (Dimino et al., 2020), were considered important actions for leaders. During the pandemic, nurse leaders should focus on efficiency (Kreh et al., 2021), rely on evidence (Prestia, 2021), use open dialogue (Berkow et al., 2020; Markey et al., 2021), and be transparent when discussing organisational challenges (Berkow et al., 2020).

The included studies also emphasized that nurse leaders should be emotionally intelligent; in other words, they should proactively listen to nurses' opinions and concerns as well as recognize their moods (Heuston et al., 2021; Jeffs et al., 2020; Kreh et al., 2021; Markey et al., 2021; Prestia, 2021). Using positive language (Duncan, 2020), encouragement (Chesak et al., 2020; Dimino et al., 2020; Prestia, 2021), inspiration (Dimino et al., 2020; Leng et al., 2021; Markey et al., 2021; Prestia, 2021), and gratitude (Abd-EL Aliem &

Abou Hashish, 2021; Dimino et al., 2020; Leng et al., 2021) were listed as important actions for nurse leaders during the COVID-19 pandemic.

Cariaso-Sugay et al. (2021) found that an intervention aimed at increasing nurse leaders' knowledge and confidence in disaster management can provide an effective approach for promoting nurses' resilience. In their study, the intervention had the most noticeable effect on the communication and connectivity knowledge subscale. The intervention framework was based on social cognitive theory (SCT) and the concept of self-efficacy (Cariaso-Sugay et al., 2021).

4 | DISCUSSION

This scoping review aimed to explore nurse leaders' resilience and their role in supporting nurses' resilience during the COVID-19 pandemic. The findings indicate that there is a lack of research concerning nurse leaders' personal resilience, only two studies investigated this topic. In these studies, the findings were based on available literature (Duncan, 2020) and semi-structured interviews (Jefferis et al., 2020). Instead of addressing nurse leaders' personal resilience, most of the research published during the COVID-19 pandemic focused on the leaders' ability to ensure nurses' resilience (Abd-EL Aliem & Abou Hashish, 2021; Berkow et al., 2020; Cariaso-Sugay et al., 2021; Chesak et al., 2020; Dimino et al., 2020; Heuston et al., 2021; Kreh et al., 2021; Leng et al., 2021; Markey et al., 2021; Prestia, 2021). Studies published prior to the current pandemic have shown a similar focus (Spiva et al., 2020; Tau et al., 2018). Based on the findings of this review, nurse leaders can help others when they possess effective coping strategies (Duncan, 2020; Jefferis et al., 2020).

The included studies demonstrate that nurse leaders require strong resilience, which was mainly described through a leader's ability to reflect and cope. Furthermore, resilience requires nurse leaders to be aware of themselves (Duncan, 2020; Jefferis et al., 2020) and the repercussions of their actions (Abd-EL Aliem & Abou Hashish, 2021; Berkow et al., 2020; Cariaso-Sugay et al., 2021; Chesak et al., 2020; Dimino et al., 2020; Duncan, 2020; Heuston et al., 2021; Jefferis et al., 2020; Kreh et al., 2021; Leng et al., 2021; Markey et al., 2021; Prestia, 2021). However, information on the factors that impacted nurse leaders' resilience and what were the outcomes of their resilience was scarce. Previous studies have shown that resilience is a crucial part of effective nursing leadership (Cao & Chen, 2019; Hudgins, 2016; Tau et al., 2018). Most of the included studies discussed how nurse leaders support nurses' resilience, while several studies also highlighted the importance of relational leadership styles (Abd-EL Aliem & Abou Hashish, 2021; Dimino et al., 2020; Duncan, 2020; Jefferis et al., 2020; Leng et al., 2021; Markey et al., 2021; Prestia, 2021), a supportive and safe work environment (Cariaso-Sugay et al., 2021; Dimino et al., 2020; Duncan, 2020; Heuston et al., 2021; Jefferis et al., 2020; Kreh et al., 2021; Prestia, 2021), and communication skills in crisis management (Abd-EL Aliem & Abou Hashish, 2021; Berkow et al., 2020; Cariaso-Sugay et al., 2021; Chesak et al., 2020; Dimino et al., 2020; Duncan, 2020;

Heuston et al., 2021; Jefferis et al., 2020; Kreh et al., 2021; Leng et al., 2021; Markey et al., 2021; Prestia, 2021).

The included studies showed that—during crises—nurse leaders must demonstrate strong understanding and visible leadership (Dimino et al., 2020; Jefferis et al., 2020), both of which fall under relational leadership styles (Abd-EL Aliem & Abou Hashish, 2021; Dimino et al., 2020; Duncan, 2020; Jefferis et al., 2020; Leng et al., 2021; Markey et al., 2021; Prestia, 2021). These relationship styles also emphasize reciprocal relationships between nurse leaders and staff (Dimino et al., 2020; Jefferis et al., 2020), along with the ability to empower employees (Markey et al., 2021) and support organisational resilience (Duncan, 2020). In a study published before the COVID-19 pandemic, Cummings et al. (2018) demonstrated that relational leadership styles benefit nurses' well-being and job satisfaction, as well as organisational functioning (Cummings et al., 2018).

All of the included studies linked a nurse leader's communication skills and support with nurses' resilience. These attributes included active interaction, a respectful working atmosphere (Abd-EL Aliem & Abou Hashish, 2021; Leng et al., 2021; Markey et al., 2021), timely (Chesak et al., 2020; Jefferis et al., 2020) and accurate information (Chesak et al., 2020; Prestia, 2021), clear organisational goals (Dimino et al., 2020), and open dialogue (Berkow et al., 2020; Markey et al., 2021). The included studies also presented participative ways to lead (Abd-EL Aliem & Abou Hashish, 2021; Chesak et al., 2020; Dimino et al., 2020; Duncan, 2020; Kreh et al., 2021) and the provision of adequate personal protective equipment (Berkow et al., 2020; Chesak et al., 2020; Duncan, 2020; Kreh et al., 2021; Leng et al., 2021) as parts of a supportive and safe work environment. A previous systematic review showed that lighter workloads and social support were positively related to resilience among medical doctors (McKinley et al., 2019). In the context of the COVID-19 pandemic, Markey et al. (2021) stated that nurse leaders have an essential role in supporting nurses to continue working, increasing job performance, and ensuring safe and quality care. Previous studies have shown that a good work environment (Ying et al., 2021) and resilience (Jo et al., 2021) can improve nurse retention. Moreover, nurse leaders may empower nurses in participative ways, i.e., encourage them through confidence and care for their well-being (Tau et al., 2018; Wei et al., 2018). It should also be noted that resilience is a prerequisite of high-quality health care in the future (Hudgins, 2016; Tau et al., 2018). This is because resilient nurse leaders are more likely to be satisfied with their job, which means they will remain in their position and inspire their staff to do the same (Hudgins, 2016).

4.1 | Strengths and limitations

This review includes some strengths and limitations. The first strength is that an information specialist was consulted during the search process, and the PRISMA-ScR extension tool for scoping reviews was used to structure the search. Another strength is that data extraction was performed by three independent reviewers. Concerning limitations, this scoping review included 12 search results, with only five

representing research articles (Table 1). This indicates that more research is needed. Nevertheless, the review confirmed the importance of a nurse leader's personal resilience during crises (Duncan, 2020; Jeffs et al., 2020). Future research should address nurse leaders' personal resilience and its levels because this attribute has profound effects on nurses' resilience and organisational functioning (Cline, 2015).

4.2 | Conclusions

There is scarce research on nurse leaders' resilience during the COVID-19 pandemic. Future research should address nurse leaders' personal resilience, which is integral to supporting nurses' resilience.

4.3 | Implications for nursing management

A healthy work environment benefits nurses' resilience, while nurse leaders play a crucial role during pandemics. These professionals need sufficient preparation and training to work effectively in acute situations. During crises, nurse leaders should adopt relational leadership styles and actively interact with their employees.

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CONFLICT OF INTEREST

There is no conflict of interest in this project.

ETHICS STATEMENT

Ethical approval was not required for this paper.

AUTHOR CONTRIBUTIONS

S.S. conceived the study design, performed the searches, and uploaded relevant citations into a systematic review management system. S.S., T.K., and A.N. selected the included studies, extracted data, and conducted a synthesis of the results, as well as drafted the manuscript. T.K. and A.N. approved the final version of the manuscript.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable. The article is a scoping review and entirely theoretical research.

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REFERENCES

- Abd-EL Aliem, S. M., & Abou Hashish, E. A. (2021). The relationship between transformational leadership practices of first-line nurse managers and nurses' organizational resilience and job involvement: A structural equation modeling. *Worldviews on Evidence-Based Nursing*, 18, 1–10. <https://doi.org/10.1111/wvn.12535>
- Berkow, S., Herleth, A., Rewers, L., Virkstis, K., & Whitemarsh, K. (2020). An executive strategy to support long-term clinician engagement amid the COVID-19 pandemic. *Journal of Nursing Administration*, 50(12), 616–617. <https://doi.org/10.1097/NNA.0000000000000946>
- Cao, X., & Chen, L. (2019). Relationships among social support, empathy, resilience and work engagement in haemodialysis nurses. *International Nursing Review*, 66, 366–373. <https://doi.org/10.1111/inr.12516>
- Carias-Sugay, J., Hultgren, M., Browder, B. A., & Chen, J.-L. (2021). Nurse leaders' knowledge and confidence managing disasters in the acute care setting. *Nurse Administration Quarterly*, 45(2), 142–151. <https://doi.org/10.1097/NAQ.0000000000000468>
- Chesak, S. S., Perlman, A. I., Gill, P. R., & Bhagra, A. (2020). Strategies for resiliency of medical staff during COVID-19. *Mayo Clinic Proceedings*, 95(9S), S56–S59. <https://doi.org/10.1016/j.mayocp.2020.07.002>
- Cline, S. (2015). Nurse leader resilience. Career defining moments. *Nursing Administration Quarterly*, 39(2), 117–122. <https://doi.org/10.1097/NAQ.0000000000000087>
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression & Anxiety*, 18, 76–82. <https://doi.org/10.1002/da.10113>
- Cooper, A. L., Brown, J. A., Rees, C. S., & Leslie, G. D. (2020). Nurse resilience: A concept analysis. *International Journal of Mental Health Nursing*, 29(4), 553–575. <https://doi.org/10.1111/inm.12721>
- Covidence. (2021). Systematic review management system. <https://www.covidence.org/>
- Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P. M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, 85(4), 19–60. <https://doi.org/10.1016/j.ijnurstu.2018.04.016>
- Dimino, K., Horan, K. M., & Stephenson, C. (2020). Leading our frontline HEROES through times of crisis with a sense of hope, efficacy resilience, and optimism. *Nurse Leader*, 18(6), 592–596. <https://doi.org/10.1016/j.mnl.2020.05.011>
- Duncan, D. (2020). What the COVID-19 pandemic tells us about the need to develop resilience in the nursing workforce. *Nursing Management*, 27(3), 22–27. <https://doi.org/10.7748/nm.2020.e1933>
- Haravuori, H., Juntila, K., Haapa, T., Tuisku, K., Kujala, A., Rosenström, T., Suvisaari, J., Pukkala, E., Laukkala, T., & Jylhä, P. (2020). Personnel well-being in the Helsinki University hospital during the COVID-19 pandemic—A prospective cohort study. *International Journal of Environmental Research and Public Health*, 17(21), 7905. <https://doi.org/10.3390/ijerph17217905>
- Heuston, M. M., Grove, C., Harne-Britner, S., & Fox, B. A. (2021). Nurse leaders and staff as partners to manage grief and build resiliency during COVID-19. *Nurse Leader*, 19(3), 308–311. <https://doi.org/10.1016/j.mnl.2021.02.010>
- Hudgins, T. A. (2016). Resilience, job satisfaction and anticipated turnover in nurse leaders. *Journal of Nursing Management*, 24, E62–E69. <https://doi.org/10.1111/jonm.12289>
- Jeffs, L., Merkley, J., Canzian, S., Taggart, R., Andress, I., & Harris, A. (2020). Balancing resiliency and new accountabilities: Insights from chief nurse executives amid the COVID-19 pandemic. *Nursing Leadership*, 33(4), 8–19. <https://doi.org/10.12927/cjnl.2021.26425>
- Jo, S., Kurt, S., Bennett, J. A., Mayer, K., Pituch, K. A., Simpson, V., Skibiski, J., Takagi, E., Karaaslan, M. M., Ozluk, B., & Reifsnider, E. (2021). Nurses' resilience in the face of coronavirus (COVID-19): An

- international view. *Nursing and Health Science*, 23, 646–657. <https://doi.org/10.1111/nhs.12863>
- Kreh, A., Brancaloni, R., Magalini, S. C., Chieffo, D. P. R., Flad, B., Ellebrecht, N., & Juen, B. (2021). Ethical and psychosocial considerations for hospital personnel in the Covid-19 crisis: Moral injury and resilience. *PLoS ONE*, 16(4), e0249609. <https://doi.org/10.1371/journal.pone.0249609>
- Kunzler, A. M., Helmreich, I., Chimitorz, A., König, J., Binder, H., Wessa, M., & Lieb, K. (2020). Psychological interventions to foster resilience in healthcare professionals. *Cochrane Database of Systematic Reviews*, 7(7), CD012527. <https://doi.org/10.1002/14651858.CD012527.pub2>
- Leng, M., Wei, L., Shi, X., Cao, G., Wei, Y., Xu, H., Zhang, W., Xing, S., & Wei, H. (2021). Mental distress and influencing factors in nurses caring for patients with COVID-19. *Nursing in Critical Care*, 26, 94–101. <https://doi.org/10.1111/nicc.12528>
- Manomenidis, G., Panagopoulou, E., & Montgomery, A. (2018). Resilience in nursing: The role of internal and external factors. *Journal of Nursing Management*, 27, 172–178. <https://doi.org/10.1111/jonm.12662>
- Markey, K., Ventura, C. A. A., & ODonnell, C. (2021). Cultivating ethical leadership in the recovery of COVID-19. *Journal of Nursing Management*, 29, 351–355. <https://doi.org/10.1111/jonm.13191>
- McKinley, N., Karayiannis, P. N., Convie, L., Clarke, M., Kirk, S. J., & Campbell, W. J. (2019). Resilience in medical doctors: A systematic review. *Postgraduate Medical Journal*, 95(1121), 140–147. <https://doi.org/10.1136/postgradmedj-2018-136135>
- Niehaus, A., & Hod, R. (2020). COVID-19 among health workers in Germany and Malaysia. *International Journal of Environmental Research and Public Health*, 17, 4481. <https://doi.org/10.3390/ijerph17134881>
- Peters, M. D. J., Godfrey, C., Khalil, H., Mclnerney, P., Parker, D., & Baldini, C. (2015). Guidance for conducting systematic scoping reviews. *International Journal of Evidence-Based Healthcare*, 13(3), 141–146. <https://doi.org/10.1097/XEB.0000000000000050>
- Prestia, A. S. (2021). The remote influence of nursing leadership. *Nurse Leader*, 19, 184–187. <https://doi.org/10.1016/j.mnl.2020.06.005>
- Senek, M., Robertson, S., Ryan, T., King, R., Wood, E., Taylor, B., & Tod, A. (2020). Determinants of nurse job dissatisfaction—Findings from a cross-sectional survey analysis in the UK. *BMC Nursing*, 19, 88. <https://doi.org/10.1186/s12912-020-00481-3>
- Spiva, L., Davis, S., Case-Wirth, J., Hedenstrom, L., Hogue, V., Box, M., Berrier, E., Jones, C., Thurman, S., Knotts, K., & Ahlers, L. (2020). The effectiveness of charge nurse training on leadership style and resiliency. *Journal of Nursing Administration*, 50(2), 95–103. <https://doi.org/10.1097/NNA.0000000000000848>
- Tabakakis, C. K., McAllister, M., Bradshaw, J., Dean, D., & Quyen, G. (2019). Psychological resilience in New Zealand registered nurses: The role of workplace characteristics. *Journal of Nursing Management*, 27(7), 1351–1358. <https://doi.org/10.1111/jonm.12815>
- Tau, B., du Plessis, E., Koen, D., & Ellis, S. (2018). The relationship between resilience and empowering leader behaviour of nurse managers in the mining healthcare sector. *Curatoris*, 41(1), a1775. <https://doi.org/10.4102/curatoris.v41i1.1775>
- Tricco, A.C., Lillie, E., Zarin, W., O'Brien, K.K., Colquhoun, H., Levac, D. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and explanation. http://www.prisma-statement.org/documents/PRISMA-ScR-Fillable-Checklist_11Sept2019.pdf
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15(3), 398–405. <https://doi.org/10.1111/nhs.12048>
- Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2018). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management*, 27(4), 681–687. <https://doi.org/10.1111/jonm.12736>
- WHO. (2022a, January 8). WHO Coronavirus (COVID-19) dashboard. Retrieved <https://covid19.who.int>
- WHO. (2022b, January 8). Health topics. Coronavirus disease (COVID-19 pandemic). Retrieved <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov>
- Ying, L. Y., Ramoo, V., Ling, L. W., Nahasaram, S. T., Lei, C. P., Leong, L. K., & Danaee, M. (2021). Nursing practice environment, resilience, and intention to leave among critical care nurses. *Nursing in Critical Care*, 26(6), 1–9. <https://doi.org/10.1111/nicc.12551>
- Zanatta, F., Maffoni, M., & Giardini, A. (2020). Resilience in palliative healthcare professionals: A systematic review. *Supportive Care in Cancer*, 28(3), 971–978. <https://doi.org/10.1007/s00520-019-05194-1>

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