



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Contents lists available at ScienceDirect

Journal of Radiology Nursing

journal homepage: www.sciencedirect.com/journal/journal-of-radiology-nursing

Hot Topics

Resiliency During the Pandemic: What Keeps a Team Together?



Valerie Aarne Grossman, MALS, BSN, NE-BC, FAEN, FAARIN, FAAN *

Medical Imaging, Highland Hospital (An Affiliate of the University of Rochester), Rochester, New York

Introduction

It may seem too good to be true that a team of radiology nurses experienced a 0% turnover rate for the first 15 months of the coronavirus disease 2019 (COVID-19) pandemic, with four part-time nurses waiting for full-time positions and a nurse manager who was working remotely. How could that even happen? Against all odds, a team of 25 professionals in a Magnet-designated community hospital stepped up, stuck together, and showed up to work every day to care for patients who trusted them. Many of these nurses would describe their tight bond with their “work family” as extraordinary, their exceptional dedication to caring for very sick patients who depended on them, and the trusted unabating support from their nurse manager.

Wakeman often asks, “*What would **great** look like?*” and quickly follows with “*How can **YOU** make that happen?*” (Wakeman, 2017). **Great** looks like the resilience exhibited by this team of radiology nurses. The next question of **how**, is harder to understand and achieve.

We've never had enough

Around the world, health care is suffering from a shortage of nurses. While it may be hard to believe, the nursing shortage began as long ago as the 1930s. As more hospitals were being built, the need for nurses rose. Nurses then began to leave to serve during wartime (reportedly 25% of hospital nurses left for the military), and soon, hospitals began training their own registered nurses. They added in licensed practical nurses and unlicensed assistive personnel—and still, there were not enough nurses to care for their patients—much like we are experiencing today (Roberts, 1954; Goostay, 1941).

The COVID-19 pandemic has affected the life of every person in our world. It has overwhelmed our healthcare arena, the

professionals, and supply chains. This pandemic has been an experience like no other and will likely be the most challenging year of most people's healthcare careers. You will hear many healthcare organizations discuss how they are “hemorrhaging nurses” and scrambling to find solutions to their staffing problems. Figure 1 lists nursing turnover statistics in the United States.

Around the world, nurses change positions for an array of reasons. This opportunity has been prevalent throughout history, whether owing to job dissatisfaction or interest in seeking new adventurous employment options. Retention of nursing teams has grown increasingly complex, especially as the challenges of the pandemic greatly influenced the decisions nurses made to stay in their positions or to leave. Refer to Figure 2: reasons for nursing turnover before and during the pandemic.

Organizational resiliency is essential

Retaining a consistent team of excellent nurses is a priority for every organization. The financial hardship of losing just one nurse is estimated to be more than \$44,000. This can easily create a financial burden of \$3.6 to \$6.1 million per year for an organization (NSI, 2020; Lockhart, 2020). A low nursing turnover rate results from (but is not limited to) many factors from the physical environment, wage/benefits, services offered, individual relationship with immediate supervisor, and organizational resiliency. Organizations must successfully navigate tremendously difficult times by having a resilient leadership team in order for employees to feel safe and secure enough to remain committed to their jobs. Resilient organizations must:

- Maintain the organization's mission and vision at the center of their focus and see how current events may impact the future.
- Be transparent with information that is updated in real-time
- openly communicate with hopeful messages that “we can do this together”
- Quickly correct weaknesses or failures, learn from them, and recover in a professional manner
- Be visible on the front line, listen to staff with empathy, provide follow-up as promised
- Update policies in real-time, make them easily accessible to all employees

Disclaimer: The view expressed herein is that of the author and does not reflect the official policy or position of Highland Hospital or the University of Rochester.

* Corresponding author: Valerie Aarne Grossman, Nurse Manager: Medical Imaging, Highland Hospital (An Affiliate of the University of Rochester), Rochester, New York.

E-mail address: valerie210@aol.com.

<https://doi.org/10.1016/j.jradnu.2021.07.002>

1546-0843/\$36.00/© 2021 Association for Radiologic & Imaging Nursing. Published by Elsevier Inc. All rights reserved.

- Senior leadership must remain calm and engaged while leading the command center during any disaster; this can be incredibly challenging for long-lasting events such as the COVID-19 pandemic.
- To serve their organizations, teams, and patients, organizational leaders MUST include *personal* plans of self-care.
- Staff notice when senior leaders look worn out or react without compassion
- Be nimble, able to adapt to events regardless of the organization's capacity being stretched, tested, or overwhelmed

(Veenema, 2019; Rangachari, 2020; Aarne Grossman 2021b; Renjen, 2020; Bennis, 2002; Lofti, 2018).

Resilient nurse leaders

Nursing leaders must have compassion for all team members, with a deep appreciation for the uniqueness of all employees: diversity may include generations, cultures, religions, races, languages, and so on. Much more is required, though, to be a successful leader who can inspire a team naturally. The nurse leader must commit to learning from adversity calmly and professionally and steadfastly advocate for their team members toward achieving their own individual greatness through their confidence, intelligence, loyalty, kindness, and commitment (Aarne Grossman, 2020; Wakeman, 2021; Lofti, 2018).

During the COVID-19 pandemic, every nursing leader was tested in ways never experienced in their past. In the early days of the pandemic and subsequent surges, nurse leaders often worked 7 days a week, throughout the day and night. They shared the same fears and uncertainty as their staff, yet, as the role model continuously “on stage,” they were pushed in one of two directions: sink or swim as a leader.

The development of resiliency is a complicated and long personal journey of learning to overcome adversity and find solutions to challenging situations. Nurses develop resiliency throughout their careers from personal experiences and by learning from those around them. Refer to Figure 3 for characteristics of a resilient nurse.

Resilient nurse leaders learn from life events and professional experiences, which are positively impacted by age, tenure as a nurse, and intention to remain in each position (Kelly, 2021).

In addition to resiliency, nurse leaders must develop high-level expertise in leadership skills. No “one” algorithm leads a nurse to be a successful leader.

Nurse leaders must be comfortable with their own self-reflection and work to improve gaps in their skills. Learning strategies from others will enhance the skills of the nurse leader, as well as continuing education through conferences, teaching days, journal articles, and so on.

Kroning (2021), Holge-Hazelton (2020), Aarne Grossman (2020), Fessel (2021).

Each team is different, and each team member is unique. The nurse leader must understand each member of their team and respect them without judgment or question. Listening carefully, maintaining positive, hopeful communication, and leading by example will promote the development of trust among members of the team. Staff nurses will appreciate working with a leader who consistently portrays inspiration, motivation, mentorship, professionalism, ability to solve problems (without scaring staff), and shows gratitude for the hard work of each nurse on the team. When nurse managers have developed their adaptive capacity and actively address every adverse situation, the team feels protected. Leaders should work diligently to make the environment a place where nurses can thrive, look forward to coming to work, want their friends to join their team, and they can grow into the nurses THEY wish to become (Spies, 2018; Bennis, 2002; Renjen, 2020; Aarne Grossman, 2020; Wakeman, 2021; Pishgooie, 2019).

Staff nurse resiliency

When an organization, senior leadership, and nursing leadership maintain professionalism and portray resiliency, staff nurses on the team will have role models to emulate. Working where constant examples of resiliency occur at every turn, nurses will develop their own strengths, skills, and resiliency. Nurses remain in their positions when they are listened to, cared for, protected (physically, professionally, and emotionally), invested in, respected, empowered to speak up, and have their concerns taken seriously. During the COVID-19 pandemic, nurses with well-developed resiliency and a strong professional commitment immersed themselves into the care of patients—in doing so, they experienced moral dilemmas in life like never before, yet found solutions that allowed them to maintain their drive to the bedside. Being part of a supportive team and having a robust personal support system

Nursing Turnover Statistics

- ◆ In 2019, there were more than 6 million nurses in the United States, making up approximately 30% of hospital employees
- ◆ Data from a 2018 survey of 3,957,661 nurses in the United States revealed:
 - ◇ 10.6% (418,769 nurses) reported leaving their job in the previous year
 - ◇ Reasons given for leaving their jobs included:
 - 34% reported lack of good leadership
 - 34% reported stressful work environment
 - 31% reported burnout
 - ◇ Nurses working >40 hours/week had a higher likelihood of listing burnout as their reason for leaving than nurses working < 20 hours/week
 - ◇ Other surveys reported nurses leaving their jobs because:
 - Stressful work environment (68.6%)
 - Inadequate staffing (63%)
 - Burnout (54%)
 - Lack of good nursing leadership (33.9%)
 - Better pay/benefits elsewhere (26.5%)

Figure 1. Nursing turnover statistics in the United States (Virkstis, 2021; Shah, 2021; USDLBLS, 2020a; USDLBLS, 2020b; NSI, 2021; Lockhart, 2020; Kelly, 2021; Tsernov, 2021).

Reasons for Nursing Turnover Prior To and During COVID-19

Prior to COVID-19 Pandemic:

- ◆ Unsafe staffing ratios
- ◆ Emotional and physical exhaustion
- ◆ Poor leadership, lack of respect from immediate supervisor
- ◆ Poor work schedules (rotating too often, working nights, unable to take vacation, etc)
- ◆ “Under compensated while administration earns top dollar”
- ◆ Chance to advance in a new job opportunity elsewhere (no similar opportunity with current employer)
- ◆ Lack of support
 - ◇ ancillary departments, equipment, tenured nurses who would teach, etc
- ◆ To become Travel Nurse
- ◆ Tired of being physically and verbally assaulted by patients, visitors, colleagues
- ◆ “Lack of job orientation and ongoing training, just thrown into a job”
- ◆ Mandated overtime
- ◆ Burnout
- ◆ Lack of recognition and appreciation from immediate supervisor and/or organization
- ◆ Toxic organizational work environment
 - ◇ Poor behavior tolerated by other professionals on the team or at institution
- ◆ Lack of organization support for certification, education, attending conferences, etc
- ◆ Lack of competitive wages and benefits
- ◆ Overwhelming “other” responsibilities while trying to provide patient care
 - ◇ Passing meal trays, ordering supplies, transporting patients to tests, housekeeping,
- ◆ Stressful work environment: overworked, undervalued, unappreciated, unsafe, underpaid,

In addition to the above, during the COVID-19 Pandemic nurses reported:

- ◆ “Senior leadership team was not supportive; we were left to figure it out ourselves; they never came around to check on us”
- ◆ “We didn’t have enough PPE in the beginning; we had to sign out masks and keep them for two weeks, we were told to improvise any way we could”
- ◆ “Administration didn’t understand what work we were doing or what we were going through on the front line, they didn’t care”
- ◆ Leadership never came around to see how or what we were doing; we were left on the front line without their support
- ◆ Burnout, cynicism, and negativity was rampant
- ◆ Early retirement
- ◆ Returned to their home country
 - ◇ Example: A few dozen nurses came from Philippines, worked for decades in same unit, and opted to retire at the same time when Covid arrived at their hospital
- ◆ Leaving their home country for better working conditions (nurse/patient ratios in Pakistan 1:40)
- ◆ “Workload unrealistic”
 - ◇ “Delay in patient care (common for it to take 24 hours after the order was written)”
- ◆ Lack of essential supplies (beds, ventilators, PPE, lab supplies, etc)
- ◆ Watched too many patients die each month
- ◆ “Unable to take care of own needs during a work shift (drink, eat, use restroom, etc)”
- ◆ “Fear of getting sick or bringing COVID-19 home to family”
- ◆ “Emotional toll got to be too much”
- ◆ “With visitor restriction, it was too hard watching patients die alone and scared.”
- ◆ Improvised work environments (i.e. trailers and tents outside, conference rooms into patient wards, med/surg units turned into OCIs, etc)
- ◆ “In the beginning, there weren’t enough places that could test us when we had symptoms”
- ◆ “If I got Covid at work, I would have to use my own sick bank to cover my time off”
- ◆ “Floated to work in areas that I had never worked before”
- ◆ Lack of support from organizations for nurses’ individual self-care

Figure 2. Reasons for nursing turnover before and after the pandemic (Aarne Grossman, 2021a; Jones, 2018; Kelly, 2020; Berlin, 2021; Cabrera, 2020; Shah, 2021; NASEM, 2019; NAM,2020; NASEM/NAM, 2019; Kelly, 2021; Hussan Madani, 2021; Rangachari, 2020; Fernandez, 2020; Tsernov,2021).

Characteristics of a Resilient Nurse

◆ Effective coping skills	◆ Optimism, hopeful outlook for the future
◆ Able to adapt to change	◆ Maintain a positive perspective
◆ Reservoir of mental strength	◆ Withstand adversity and bounce back
◆ Sense of humor	◆ Belief in self (ability, attitude, skills, self-esteem)
◆ Ability to remain calm, self-control	◆ Face challenges head on instead of falling into despair
◆ Professionally competent	◆ Skillful at problem solving
◆ Excellent communication skills	◆ Seek facts of the current reality
◆ Emotional intelligence	◆ Participate in professional organizations
◆ Strong set of values, moral integrity	

Figure 3. Characteristics of a resilient nurse (Wakeman, 2021; Wakeman, 2017; Aarne Grossman, 2020; Yilmez, 2017; Holge-Hazelton, 2020; Spies, 2018; Pishgooie, 2019; Kelly, 2021).

(family, friends) were better able to maintain their dedication to remaining in their position and caring for their patients.

The answer to Wakeman's second question of "*how*" this team stayed together during a very challenging 15 months period is a synthesizing of resiliency, professionalism, dedication, and

feeling safe in their current jobs. To better understand why these nurses and other nurses stayed in their positions during the pandemic, the author spoke to nurses worldwide. Many were eager to share their experience anonymously. Refer to [Figure 4](#); I Stayed Because

I Stayed Because

<p>During the COVID-19 Pandemic, I stayed in my job because:</p> <ul style="list-style-type: none"> ◆ I was committed to my patients and to keeping them safe ◆ Our team said, "all hands-on deck." ◆ My team worked to protect each other; we are committed to each other ◆ I needed the paycheck ◆ The promise of a pension ◆ My "work family" was important to me ◆ We had an excellent infection protection team who helped us learn and stay safe ◆ The administration was transparent, listened, kept us informed about their plan, and I knew my voice was heard ◆ I love my job and my co-workers ◆ Coming to work was a challenge like we never had before, the "adrenaline rush" was constant ... always trying to <i>figure it out</i> or learning new information about COVID-19 ◆ I knew what I had and was afraid of going to a place that might be worse; there were lots of <i>horror stories</i> out there ◆ Our hospital holds a special place for many employees; we matter to the administration ◆ Our team is dedicated and committed to delivering the best care for all our patients ◆ We share mutual respect among our team members, even though we are different in many ways ◆ We have a great nurse manager ◆ I felt a strong obligation to take care of people during the worst pandemic of our times, even though I could have thrown my arms up and retired ◆ I was nervous every day about getting COVID-19, but thankfully stayed healthy even though I was surrounded by very sick patients ◆ Our radiology team and our hospital had a shared "vibe" that we had a lot of hard work to do and we needed each other to be able to do that well. Dedication was everywhere. ◆ The pandemic gave us a real sense of purpose in our work, to work hard to protect ourselves, our patients, friends and family ◆ My hospital didn't make us float, I felt safe working in our closed unit with patients and staff that I've known for a long time ◆ I stayed for my patients. They needed us the most during that time, so how could I possibly walk away and abandon them, I think that would go against everything I believe in as to why I became a nurse and why I stay as a nurse ◆ I think the pandemic beautifully showed the world who nurses are and why we do what we do, not for us, but for the patients ◆ Early in the pandemic, I had COVID. It made me think a lot about how any one of the ventilated patient's I took care of could have been me. ◆ It was a war on humankind. I knew we all had to play a part and for me, it was my critical care skill set I needed to use to help people. It was humbling to see my colleagues fighting every day and I felt like I had to be in there. ◆ When I first saw the numbers climbing, I knew I needed to go fight. My family at work was under attack. I needed to be at the bedside.

Figure 4. I stayed in my job because (Aarne Grossman, 2021a,b).

References

- Aarne Grossman, V. (2021a). *Personal conversations with nurses around the world*. Respondents requested anonymity.
- Aarne Grossman, V. (2021b). Leadership Essentials During a Disaster. *Journal of Radiology Nursing*, 39(3), 156–157. <https://doi.org/10.1016/j.jradnu.2020.04.006>.
- Aarne Grossman, V., & Penzias, A. (2020). Radiology Nurse Manager. In K. Gross (Ed.), *Advanced Practice and Leadership in Radiology Nursing*. Switzerland: Springer Nature. <https://doi.org/10.1007/978-3-030-32679-1>.
- Bennis, W., & Thomas, R. (2002) Crucibles of Leadership. Harvard Business Review at Large. <https://hbr.org/2002/09/crucibles-of-leadership>. Accessed May 7, 2021.
- Berlin, G., Lapointe, M., Murphy, M., & Viscardi, M. (2021) Nursing in 2021: Retaining the healthcare workforce when we need it most. <https://www.mckinsey.com/~media/mckinsey/industries/healthcare%20systems%20and%20services/our%20insights/nursing%20in%202021%20retaining%20the%20healthcare%20workforce%20when%20we%20need%20it%20most/nursing-in-2021-retaining-the-healthcare-workforce-when-we-need-it-.most.pdf?shouldIndex=false>. Accessed May 7, 2021.
- Cabrera, R. (2020) 5 Dreadful Reasons Why Nurses Quit Their Jobs. <https://nurseslabs.com/5-dreadful-reasons-nurses-quit-jobs/>. Accessed May 7, 2021.
- Fernandez, R., Lord, H., Halcomb, E., Moxham, L., Middleton, R., Alananzeh, I., & Ellwood, L. (2020). Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies*, 111, 2020. <https://doi.org/10.1016/j.ijnurstu.2020.103637>.
- Fessel, D., et al. (2020). Coronavirus Disease 2019 (COVID-19) and Beyond: Micro-practices For Burnout Prevention and Emotional Wellness. *Journal of the American College of Radiology*, 17(6), 746–748. <https://doi.org/10.1016/j.jacr.2020.03.013>.
- Goostay, S. (1941). Supply, Demand, and Standards. The President's Address. *The American Journal of Nursing*, 41(7), 745–747. <https://doi.org/10.2307/3415046>.
- Hølge-Hazelton, B., & Berthelsen, C.B. (2020). Leading unique cultures in departments with low turnover of nurses. A positive deviance approach study. *Journal of Nursing Management*, 28, 1207–1214. <https://doi.org/10.1111/jonm.13061>.
- Hussan Madani, S. (2021) Letters from Pakistan-Brain Drain: The exodus of Nurses to Wealthier Countries is Killing Us. *Daily Nurse: The Pulse of Nursing*. <https://dailynurse.com/letter-from-pakistan-brain-drain-the-exodus-of-nurses-to-wealthier-countries-is-killing-us/>. Accessed May 7, 2021.
- Jones, R. (2018) The Hemorrhage of Emergency Nurses. *Op-Med: Voices from the Dexterity Network*. <https://opmed.doximity.com/articles/the-hemorrhage-of-emergency-nurses-dfba6f3c-91e5-4b39-9a8d-d0d1091c614d>. Accessed May 7, 2021.
- Kelly, L.A., Gee, P.M., & Butler, R.J. (2021). Impact of nurse burnout on organizational and position turnover. *Nursing Outlook*, 69(1), 96–102. <https://doi.org/10.1016/j.outlook.2020.06.008>.
- Kroning, M. (2021). Reflecting on two distinct leadership roles during the pandemic. *Nursing*, 51(7), 43–46. <https://doi.org/10.1097/01.NURSE.0000751696.84726.6c>.
- Lockhart, L. (2020). Strategies to reduce nursing turnover. *Nursing Made Incredibly Easy!*, 18(2), 56. <https://doi.org/10.1097/01.NME.0000653196.16629.2e>.
- Lotfi, Z., Atashzadeh-Shoorideh, F., Mohtashami, J., & Nasiri, M. (2018). Relationship between ethical leadership and organisational commitment of nurses with perception of patient safety culture. *Journal of Nursing Management*, 26, 726–734. <https://doi.org/10.1111/jonm.12607>.
- NASEM/NAM. (2019). Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. In *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. Washington (DC): National Academies Press (US).
- National Academies of Sciences, Engineering, and Medicine, NASEM. (2019) Taking action against clinician burnout: A systems approach to professional wellbeing. <https://www.nap.edu/catalog/25521/taking-action-against-clinician-burnout-a-sys-tems-approach-to-professional>. Accessed May 7, 2021.
- National Academy of Medicine. (2020) Action collaborative on clinician well-being and resilience. <https://nam.edu/initiatives/clinician-resilience-and-well-being/>. Accessed May 7, 2021.
- NSI National Health. (2021) Care Retention & RN Staffing Report, Nursing Solutions Inc. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf. Accessed May 7, 2021.
- NSI Nursing Solutions, Inc. (2020) 2019 NSI National Health Care Retention & RN Staffing Report. www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf. Accessed May 7, 2021.
- Pishgooie, A.H., Atashzadeh-Shoorideh, F., Falcó-Pegueroles, A., & Lotfi, Z. (2019). Correlation between nursing managers' leadership styles and nurses' job stress and anticipated turnover. *Journal of Nursing Management*, 27(3), 527–534. <https://doi.org/10.1111/jonm.12707>.
- Rangachari, P., & Woods J, L. (2020). Preserving Organizational Resilience, Patient Safety, and Staff Retention during COVID-19 Requires a Holistic Consideration of the Psychological Safety of Healthcare Workers. *International Journal of Environmental Research and Public Health*, 17(12), 4267. <https://doi.org/10.3390/ijerph17124267>.
- Renjen, P. (2020) The Heart of Resilient Leadership Responding to COVID-19: A guide for senior executives. *Deloitte Insights*. <https://www2.deloitte.com/us/en/insights/economy/covid-19/heart-of-resilient-leadership-responding-to-covid-19.html>. Accessed May 7, 2021.
- Roberts, M. (1954). *American Nursing: History and Interpretation* (pp. 383–393). New York: Macmillan Co..
- Shah, M.K., Gandrakota, N., Cimiotti, J.P., Ghose, N., Moore, M., & Ali, M.K. (2021). Prevalence of and Factors Associated With Nurse Burnout in the US. *JAMA Network Open*, 4(2), e2036469. <https://doi.org/10.1001/jamanetworkopen.2020.36469>.
- Spies, L., Gray, J., Opolo, J., Mbalinda, S., Nabirye, R., & Asher, C. (2018). Transformational leadership as a framework for nurse education about hypertension in Uganda. *Nurse Education Today*, 64, 172–174.
- Tsernov, K. (2021) Overworked Nurses are Killing your Healthcare Business. *QMinder*. <https://www.qminder.com/nurse-overload-consequences/>. Accessed May 7, 2021.
- United States Department of Labor Bureau of Labor Statistics. (2020b) Occupational outlook handbook: registered nurses. <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>. Accessed May 7, 2021.
- United States Department of Labor Bureau of Labor Statistics. (2020a) Employment by detailed occupation. <https://www.bls.gov/emp/tables/emp-by-detailed-occupation.htm>. Accessed May 7, 2021.
- Veenema, T. (2019). *Disaster Nursing and Emergency Preparedness for Chemical, Biological, and Radiological Terrorism and other Hazards* (4th ed.). New York: Springer Publishing Company.
- Virkstis, K. (2021) The Top 5 Reasons Why Nurses Quit Their Jobs. *Advisory Board*. <https://www.advisory.com/en/daily-briefing/2021/03/11/nurse-burnout>. Accessed May 7, 2021.
- Wakeman, C. (2021). Five ways to modernize your leadership and get rid of the drama. In V.A. Grossman (Ed.), *Fast Facts for the Radiology Nurse* (2nd ed., pp. 17–23). New York City, NY: Springer Publishing Company.
- Wakeman, C. (2017). *No Ego: How leaders can cut the cost of workplace drama, end entitlement, and drive big results*. New York, NY: St Martin's Press.
- Yilmaz, E. (2017). Resilience as a strategy for struggling against challenges related to the nursing profession. *Chinese Nursing Research*, 4(1), 9–13.