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ORIGINAL ARTICLE

# Defining the influence of external factors on nurse resilience

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**ABSTRACT:** *In the context of pressures faced by the nursing profession including increasing patient acuity and global nursing shortages, the importance of nurse resilience has gained attention in research and practice. Resilience is viewed as a protective factor that enables individuals to avoid psychological harm and continue in their work. There is limited evidence on the impact of external factors such as work conditions on nurse resilience. This study aimed to explore how external factors influence nurse resilience and to incorporate this knowledge into an updated definition of nurse resilience. As part of a two-phase mixed methods study, focus groups were conducted to obtain qualitative data to explore nurse's perceptions of resilience and factors they felt affected their resilience. Data analysis identified three main themes derived from 10 subthemes: Perceptions of Resilience, Pressures and Challenges, and Support and Strategies contributed to understanding how external factors can affect nurse resilience. A range of factors emerged including the impact of workplace conditions, organizational philosophy, the performance of managers, and the teams nurses work within, which were not reflected in an earlier definition of nurse resilience derived through a concept analysis. These factors were incorporated in an updated definition of nurse resilience. Understanding resilience in the nursing profession and the external factors that affect it is critical to the development of effective research, policies, interventions, and work environments to protect nurse well-being, promote nurse retention, and ensure the provision of quality patient care.*

**KEY WORDS:** *definition, nurse, qualitative research, resilience, workplace adversity.*

## INTRODUCTION

As worldwide nursing shortages increase, interest in nurse resilience, well-being, and retention continues to grow (World Health Organization 2020). Nurses face significant stressors in their work, and these have been further compounded in the context of the Coronavirus (COVID-19) pandemic. Longstanding issues in healthcare such as increasing patient acuity and reduced resources that preceded the pandemic have been further exposed, with nurses and other health professionals facing unprecedented adversity (Arnetz *et al*. 2020; Maben & Bridges 2020). The impact of the pandemic

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on nurse well-being, retention, and recruitment is not fully known, but could potentially worsen existing and predicted global shortages. Given the concerns of a mass exodus from the profession as a result of the pandemic (International Council of Nurses 2021; Lopez *et al*. 2021), approaches that could retain nurses by building and sustaining resilience are urgently needed.

## BACKGROUND

Resilience has been investigated in a variety of populations and contexts for decades (Cooper *et al*. 2020). Beginning in the 1970s with studies of children facing significant adversity (Garmezy & Streitman 1974; Werner & Smith 1982), from the 1980s onwards, trauma responses in adults and the development of post-traumatic stress disorder were investigated (Hendin & Haas 1984; Kluznik *et al*. 1986), and resilience in professional groups exposed to high levels of stress became a focus in the 2000s (Kimbrel *et al*. 2011; Martinussen & Richardsen 2006). There is evidence that the work nurses undertake has the potential for psychological harm, with high levels of burnout and other stress-related conditions reported internationally (Craigie *et al*. 2015; Hegney *et al*. 2015; Ray *et al*. 2013; Woo *et al*. 2020). For instance, clear evidence has been presented that the profession of nursing and work environment expose nurses to a high suicide risk (Alderson *et al*. 2015). Mental health nurses face unique stressors including caring for patients with self-harm behaviour, suicidal ideation, and patients who may not agree they have a mental illness (Foster *et al*. 2020). The emotional labour of suppressing reactions during interactions with patients was found to negatively affect mental health nurses' resilience (Delgado *et al*. 2020), which could in turn place mental health nurses at greater risk of negative psychological outcomes such as burnout, indicating that the very nature of nursing work can place nurses at risk of psychological harm.

In an attempt to address adverse psychological outcomes and understand why some nurses are able to positively adapt in the face of adversity, protective factors such as resilience have been examined in both research and practice (Mealer *et al*. 2012; Rees *et al*. 2015). The majority of research investigating resilience has focused on the individual, and in practice organizations have predominately looked at what individuals can do to maintain their own resilience while being exposed to the same work conditions (Cooper *et al*. 2021a; Taylor 2019). To better understand resilience in the nursing context, we undertook both a Concept Analysis (Cooper *et al*. 2020) that assessed the term resilience and an Integrative Review (Cooper *et al*. 2021a) that critically appraised research investigating nurse resilience. From the existing literature assessed in Concept Analysis, we developed a working definition of nurse resilience:

> Resilience is a complex and dynamic process which when present and sustained enables nurses to positively adapt to workplace stressors, avoid psychological harm and continue to provide safe, high quality patient care
> (Cooper *et al*. 2020, p. 567)

Both the Analysis and Review highlighted the lack of consideration of modifiable external factors that could affect nurse resilience, hence underestimating the complexity of nurse resilience and the possible responsibility organizations might have to their employees. While it is important to acknowledge there are inherent stressors that cannot be removed such as death and dying (Zander *et al*. 2013), there are workplace conditions that can be controlled such as staffing levels (Foster *et al*. 2018). Concerns have been raised that the predominant focus on individual factors related to nurse resilience could be harmful to the profession and ignores the work conditions nurses are subjected to (Taylor 2019; Traynor 2017; Virkstis *et al*. 2018). While individual factors are important, it is crucial to look beyond the individual to better understand nurse resilience and offer more complete interventions to sustain nurses and the nursing workforce.

To explore this gap in knowledge of the influence of external factors on nurse resilience, we conducted a mixed methods study to investigate the impact of organizational values (Cooper *et al*. 2021b). We found that organizational values had the potential to positively or negatively influence nurse resilience depending on whether or not nurses felt the organization abided by the espoused values. When nurses felt the organization upheld the values, participants reported this positively affected their resilience, whereas perceptions of the organization failing to live up to the values eroded resilience. While the main aim of the study was to explore the impact of organizational values as an external factor that may influence nurse resilience, the study also explored nurse's perceptions of resilience and factors they felt affected their resilience. This revealed important external factors that were missing from the initial working definition of nurse resilience drawn from existing literature and research (Cooper *et al*. 2020). The aim of this paper is to present data from our study

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relating to external factors that may influence nurse resilience and to incorporate this new knowledge into an updated definition.

## METHODS

### Design

As previously reported, we conducted a two-phase mixed methods study (Cooper *et al*. 2021b). This article presents unreported qualitative data obtained through focus groups. The data are presented in accordance with the COREQ Checklist for Interviews and Focus Groups (Tong *et al*. 2007).

### Ethical considerations

Ethics approval was granted by the study hospital Human Research Ethics Committee (1182), and the study was reciprocally approved by the University (HRE2017-0402). The study was considered low-risk. While it was not anticipated that participation in the study would cause distress, support and counselling were available through the study hospital in the event a participant became distressed as a result of taking part in a focus group. The lead author (AC) was employed as a Research Nurse at the study site; however, her position did not hold any authority over nurses recruited to the study. No unequal power relationship existed and participants' autonomy was not affected, in accordance with section 4.3 of the National Health and Medical Research Council guidelines (2007). The other members of the research team (JB, GL) were employed as university academics.

### Study setting

The study site was a 578-bed private, not-for-profit hospital in Western Australia, which offers a range of medical and surgical services. The Australia-wide healthcare group to which the study site belongs is described as a value-based organization and has five core faith-based values: hospitality, compassion, respect, justice, and excellence that are explicitly described in vision, mission, and values statements (St John of God Health Care 2019).

### Participants

Enrolled nurses and registered nurses employed at the study hospital who directly cared for patients and had participated in an earlier quantitative survey (Cooper *et al*. 2021b) were eligible to participate in the focus groups. Agency nurses, casual nurses, student nurses, and nurses in non-direct care roles were not eligible to participate. Participants were informed via the participant information sheet that the study was being conducted as part of a higher degree by research by the lead author (AC).

### Data collection

Data were collected via semi-structured focus groups (Fig. 1). Potential participants were provided with an information sheet and had the opportunity to ask questions and discuss the project with the researchers. Written consent was obtained prior to the focus groups. One-hour semi-structured focus groups were conducted at the study site by an experienced, PhD qualified Academic Nurse Researcher (JB) and a PhD Candidate assistant (AC) who took field notes. Focus group duration ranged between 40 and 60 min. All focus groups were audio-recorded and transcribed. Data were de-identified to ensure confidentiality. The final sample size was determined by data saturation which was achieved when no new information or codes were generated (Fusch & Ness 2015).

### Analysis

Thematic analysis was undertaken following the six phases developed by Braun and Clarke (2006) and ultilized NVivo (QSR-International 2015) to assist in the analysis process. Phase 1 included familiarization with the data through the taking of field notes and listening to each focus group twice prior to transcription and reading transcripts in their entirety multiple times. Initial codes were then independently generated (phase 2) by two researchers (AC, JB), before going on to search for themes (phase 3) by looking for similarities of concepts within the generated codes (Nowell *et al*. 2017; Shenton 2004). These themes were then extensively reviewed (phase 4) and discussed by all researchers. The essence of each theme was defined and theme names finalized (phase 5). While analysing data regarding the influence of organization values on nurse resilience, other external factors that impacted nurse resilience were identified. The findings that follow focus on these other external factors and are supported with evidence of themes from the data (phase 6).

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1) What kind of stresses do you face at work?
2) How do you cope with the stresses of work?
3) What do you think resilience is?
4) How important do you think it is to be resilient as a nurse?
5) What do you think helps nurses develop resilience?
6) What do you think threatens or erodes resilience in nurses?
7) Do you feel the values of a hospital can have an effect on resilience?
8) Has anyone worked at any other hospitals (other than those in the current organisation)?
9) Compared to other hospitals you have worked at, how do the values of this hospital affect resilience and coping?

**FIG. 1** Focus group questions.

## RESULTS

Four focus groups were conducted, with groups of 5–8 participants, during February and March 2018. Initially, 89 respondents indicated interest in participating. The final sample size was determined by participant availability and reaching data saturation. Ultimately, $n$ = 25 nurses participated. Participants had a vast range of clinical experience across numerous specialties. The sample consisted of early-career nurses through to nurses nearing retirement (Table 1).

Analysis of the entire data set obtained from the semi-structured focus groups (Fig. 2) generated 52 codes that contributed to the identification of four themes: Perceptions of Resilience, Pressures and Challenges, Supports and Strategies, and Impact of Organizational Values (Cooper *et al*. 2021b). All participants who attended member checking sessions ($n$ = 7) concurred with the data interpretation. The key sub-themes (green) and themes (blue) that relate to external factors that may influence nurse resilience are displayed in Figure 2. The Impact of Organizational of Values was previously reported as an external factor (Cooper *et al*. 2021b). From the complete data set, three other themes and 10 sub-themes contribute to understanding other external factors that may influence nurse resilience.

**TABLE 1** *Focus group participants, sample, and population characteristics*

| Characteristic | Focus group ($n$ = 25) | Study sample ($n$ = 392) | Population ($n$ = 758) |
|---|---|---|---|
| Age range (years) | 29–60 | 19–76 | – |
| Female | 100% ($n$ = 25) | 96% ($n$ = 374) | 94% ($n$ = 712) |
| Years of experience as a nurse | 4–34 | 1–50 | – |

### Theme: Perceptions of resilience

Participants discussed resilience in a variety of ways, from the importance of nurse resilience, what they considered resilience to be, and the notion of group resilience.

*Resilience is essential*

There was universal agreement amongst the participants that resilience was essential and that a lack of resilience could place nurses at risk. This risk was described as 'Huge, if you don't have those coping mechanisms or strategies in place I think you can really go under and quite quickly' (Participant 16).

*Nurses' definitions of resilience*

Participants defined resilience in various ways including the ability to cope, bouncing back, survival, flexibility, optimism, and going with the flow. The ability to endure and manage adversity was evident in participants' definitions; however, resilience did not mean being unaffected but being able to readjust and withstand; 'I would say resilience is about sort of not falling over but you can bend and sway in the breeze as long as you don't actually go over' (Participant 20). There was also recognition that resilience went beyond an individual capability and that both employees and employers had a role to play in maintaining nurse resilience; '. . .it's a dual responsibility, you have a responsibility to stay healthy and to do what you can, but the organisation also has a responsibility towards its employees. . .' (Participant 16).

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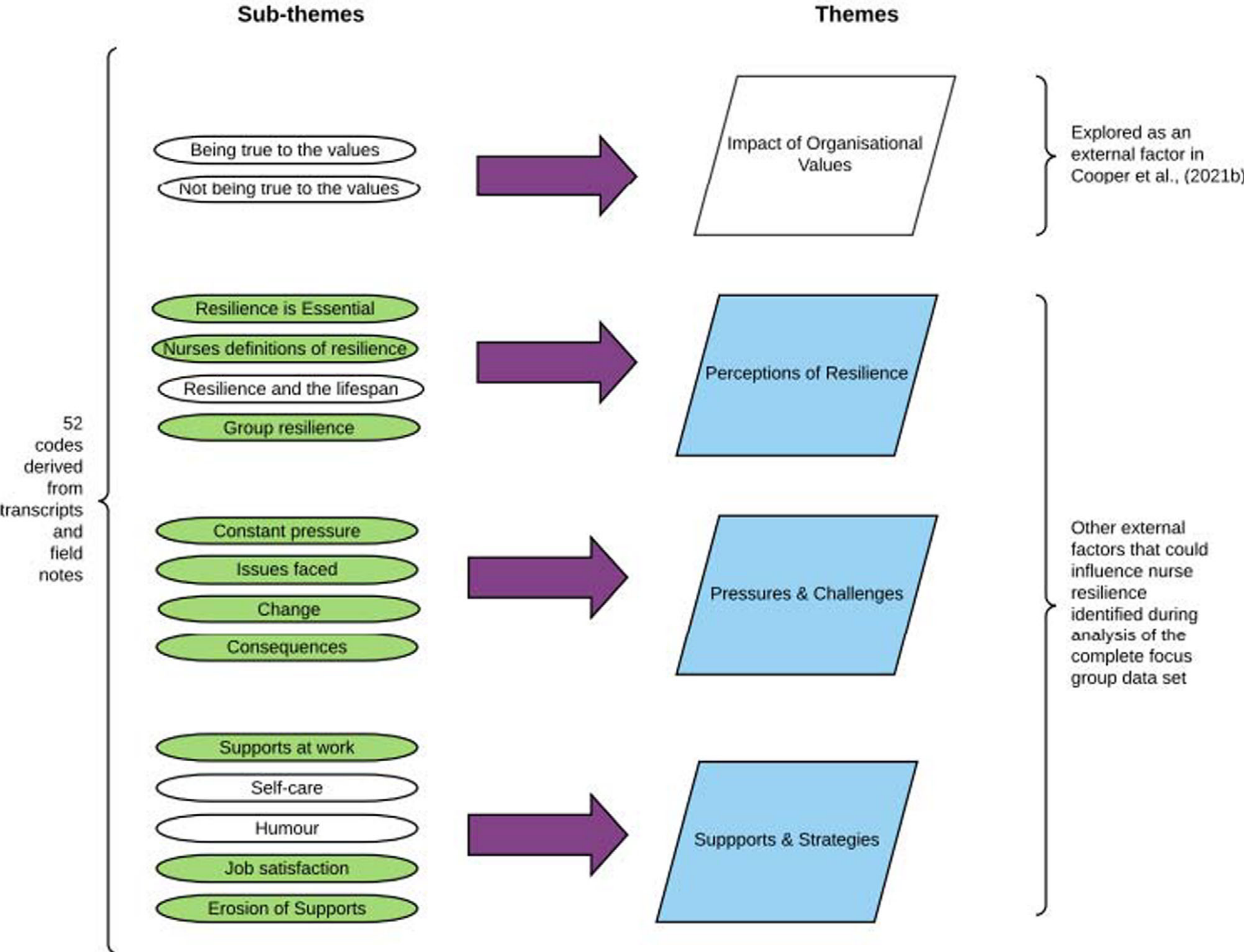


**FIG. 2** Focus group sub-themes and themes, with key sub-themes (green) and themes (blue) that contribute to the identification of other external factors that influence nurse resilience.

*Group resilience*

The possibility for group resilience in the workplace was also identified, with participants describing being part of a team as a source of resilience:

> …one of the biggest things that builds resilience is knowing you're not standing out there on your own (agreement from group). Knowing you're all in exactly the same position, you're standing as a group to go out there en masse and take it on. (Participant 18)

Group resilience varied from shift to shift and depended on peer support and team skill mix:

> I think it really boils down to… who you're working with, like the team work is it good enough? …do you support each other? If the co-ordinator's really good at helping out, and communicating to each team I think that really helps… (Participant 21)

A broad understanding of resilience was demonstrated during the focus groups. Participants provided detailed definitions of what they considered resilience to be and how group resilience aided teams. All participants agreed that resilience was an essential characteristic for nurses to possess to cope with the pressures and challenges of nursing.

## Theme: Pressures and challenges

The healthcare environment participants described was pressured due to a wide range of challenges faced on a daily basis.

*Constant pressure*

Participants frequently alluded to the pressured nature of their clinical work environments and a continuous

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struggle to deliver care, which could affect resilience. Participants described trying to address issues and shortcomings impeding effective delivery of care; '…just one thing has to go wrong and it completely tips the boat (agreement from others) and then it's very hard, that moves onto the next shift who are then… pushed to the threshold…' (Participant 3). Some participants felt unsupported and that they were expected to cope regardless of the situation; '… you feedback that… yesterday was terrible because this happened and I didn't feel I got the support. Well then, the expectation is that you will just learn how to cope with it…' (Participant 10).

*Issues faced*

Contributing to the pressure participants faced were a plethora of issues including reduced resources, workload, the unpredictable nature of the work, lack of support, lack of communication, difficulties with medical staff and management, insecurity in the workplace, and patient acuity. One participant recounted the issues she had faced on her shift:

> I worked last night… we had no tramadol. We ran out, there was an empty box of tramadol… we ran out of panadol, we ran out of pantoprazole, we had no IMCs… There was something else we ran out of… And it's like why is this so hard? (others agree)
> (Participant 14)

Lack of support from managers was seen as a factor that could negatively affect nurses' resilience; '…I've gone to… my line manager… and I've expressed my issues and nothings been done, so maybe it's something I'm doing wrong?' (Participant 10).

Some participants described negative interactions with medical staff that could create hostile working environments; '…they see the fact that their patient hasn't performed but it becomes a nursing… issue and sometimes their attitudes, and the way they present their grievance can erode you hugely (others agree)' (Participant 9). Alongside the issues faced in their usual area of work some participants described the dread they experienced when being reallocated to work in other clinical areas; '…it felt like having my legs and arms chopped off. You feel so out of your depth' (Participant 20).

*Change*

In addition to longstanding issues, participants were also acutely aware of recent organizational changes and how these impacted them and their patients. Participants described a combination of reduced resources combined with increasing patient acuity and complexity that threatened safe delivery of care and nurse resilience; 'Lack of resources, increasing in the actual workload and the complexity of what you have to do… It's just constantly becoming more and more convoluted as to how to get from A to B.' (Participant 16). Participants described how changes in the organization that were perceived as being contrary to the espoused values were particularly damaging:

> It contradicts doesn't it (others agree), compassion, excellence it's very hard to meet all of those when… (Participant 6 interjects) (Participant 3)
>
> You take away half your staff (Participant 6)

Participants also highlighted that these worsening conditions were in addition to and compounded stressors nurses have always faced:

> …on top of that you're still dealing with all the stresses that we always had… distraught families, dying patients, sick individuals, sick children (others agree)… but on top of that… I think the pressures to do your job have gotten more. (Participant 18)

*Consequences*

The pressured and challenging work environment participants described could lead to adverse consequences that could undermine nurse resilience and wellbeing. A number of participants were acutely aware of the psychological effects workplace pressures and challenges had; '…there was a survey… I actually wrote on it I have got nothing left to give. I have given everything to this organisation, I don't have anything left now I'm empty…' (Participant 17). Another participant described the effects of stress:

> …you try to hold it together and then suddenly it's like the lid blows off and my husband will be like 'what was that?' I've had a bad week, I just need no-one to need anything of me just for a little bit of time while I get my head straight… (Participant 18)

While another participant described the toll of working 12-h shifts:

> …when I've done three straight shifts, the next day off… I just do nothing for the whole day. I just veg at home and I just regather my thoughts, and my energy, and then the day after I can start and do things…
> (Participant 19)

Participants described a working environment where they felt they were under constant pressure, faced daily

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issues, and had also experienced significant changes. There was recognition that workplace stress had the potential to impact nurses' psychological and physical well-being.

## Theme: Supports and strategies

Despite the numerous pressures and challenges, participants reported strategies and supports that enabled them to positively adapt and sustain their resilience.

*Supports at work*

Participants described supportive managers who provided good leadership and demonstrated empathy that helped sustain resilience:

> ...our manager... she's great she's always there to help you out and if... you're stressed and overworked and need some time off she's quite flexible you just have to communicate that... (Participant 6)

Good teamwork was identified as a vital source of support that got participants through difficult shifts and sustained resilience; 'I think that makes a difference if you've got a good team (others agree) and when things are going haywire...' (Participant 1). Debriefing and reflection were important strategies, with participants describing how this helped to process and learn from difficult events; 'I think personal reflection and debriefs (others agree) are very important, with colleagues or doctors, if you don't understand what happened or how it happened... to ask questions and talk about it' (Participant 11). Participants were aware of sources of formal support at the organization including employee assistance programs and pastoral care, and some participants reported utilizing these; '...we had a patient die on the table... who had a DNR... They had to stay there, of course, until the police came in. ...as staff we got to have a chat to the pastoral care team...' (Participant 7).

*Job satisfaction*

Ultimately, what meant the most to participants was providing good patient care, which in turn provided them with job satisfaction; '...you know a patient at the end of the day remembers your name and says "thanks now I've got everything" and I think yep I've done my job' (Participant 1). One participant described how the patients she cared for were the reason for her continuing in nursing:

> The only thing that keeps me here is, it's not the money... I work part-time now because the stresses just got to me... what really keeps me here is my patients... I still feel privileged being in a position where I can help them... (Participant 12)

*Erosion of supports*

Although participants identified supports and strategies that bolstered their resilience and enabled them to manage workplace stress, these were seen as being under threat. Loss of nursing hours and education was seen to undermine the nursing role and nurses as individuals, with reduced resources affecting the extent to which nurses could strive for excellence in the delivery of care. Participants described supports being eroded through reductions in nursing hours, loss of education time, and increasing workloads:

> ...that's the part you struggle with because that's why we became nurses (others agree) because we want to do that patient care... if somebody needs a little bit more time you don't want to be like 'oh gosh I've got to go and do that other thing'... you want to take that time and be with that patient... (Participant 6)

Linking with the previous subtheme, reduced job satisfaction was connected with changes in the organization that had negatively impacted participants:

> ...we need that job satisfaction... because that drives you on the next day to go back and do it again. Yet they're (the organisation) taking it away. But they're not just taking it away, they're making it so much worse because they're dropping the nursing hours and we're distraught... (others agree) (Participant 18)

These changes, reduction in nursing hours and loss of education, resulted in participants describing a breakdown of the team dynamic in their clinical area with the potential to compromise resilience:

> ...when we used to have education at a departmental level it was an opportunity for the team to get together... things were brought up and discussed... When we did have that crossover of staff we did build resilience... because we were able to talk and develop our skills and knowledge, and work as a team but that's gone now (others agree) (Participant 19)

Participants identified a range of supports and strategies that sustained their resilience and enabled them to manage workplace stress. These supports and strategies were vital, from support within their teams, formal supports provided by the organization, and having a sense of job satisfaction that drove them to continue in their work. Participants felt that some sources of support had been eroded away by changes at the

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organization making it harder to manage challenges at work.

## DISCUSSION

The aim of this paper was to present data relating to external factors that can influence nurse resilience and to update the existing definition of nurse resilience (Cooper *et al*. 2020) to incorporate this new knowledge and present a more complete definition. The qualitative data highlighted the complexity of nurse resilience and the influence of workplace conditions and organizations. Participant's descriptions of resilience were similar to those presented in the literature. This reflects the growing interest in the resilience of health professionals, with both professional organizations and employers raising awareness of resilience in recent years. Specfically, focus group participants described a sense of constant pressure at work, which mirrored the literature where the stressful nature of the nursing profession and the clinical environments nurses work in is acknowledged (Alderson *et al*. 2015; Craigie *et al*. 2015; Hegney *et al*. 2014; Ray *et al*. 2013). As a result, we updated our our earlier definition of nurse resilience (Cooper *et al*. 2020), to reflect these modifiable external factors influencing nurse resilience, namely the impact of *workplace conditions*, *organizational philosophy*, the *performance of managers*, and the *teams nurses work within*.

In this study, the erosion of supports in the workplace was clearly linked to the increased pressures participants experienced at work. Participants described how these increasing pressures and lack of support could negatively impact their physical and mental health. Subsequently, this had the potential to erode resilience. Although staff retention is frequently cited in the literature as a consequence of high resilience levels (Cooper *et al*. 2020), the impact of *work conditions* on nurse resilience has had little exploration to date. A study of American registered nurses found work conditions can influence both nurse resilience and retention (Gensimore *et al*. 2020). The authors found positive perceptions of hospital management and organizational support improved nurse retention for nurses with high resilience levels (Gensimore *et al*. 2020), suggesting that a more complex relationship exists between nurse resilience and nurse retention. High resilience alone will not make nurses more likely to stay with an organization.

Our research was conducted prior to the COVID-19 pandemic. The significant adversity already faced by nurses has substantially increased in the context of the pandemic (Arnetz *et al*. 2020; Maben & Bridges 2020). Participants identified that the levels of stress they experienced were influenced by reducing resources and increasing patient acuity and complexity, which has been identified globally as an issue for the nursing profession for some time (Cope *et al*. 2016; Hart & Warren 2015; Zito *et al*. 2016). Finding ways to foster attributes of resilience and improve modifiable work conditions could be key to helping nurses successfully manage workplace adversity.

We previously found that the *organizational philosophy* and values and whether participants felt these were upheld at an organizational level influenced nurse resilience (Cooper *et al*. 2021b). Participants' descriptions of the values not being upheld were clearly linked to perceived failures by the organization to provide optimal working conditions. The reduction of nursing hours, the loss of protected education time, and other supports at the hospital were perceived to be detrimental to nurse resilience, and participants felt these changes contradicted the organizational values. As the majority of organizations operate from a philosophical position, with a set of values, what these are and the level to which organizations abide by their values could affect employees in all healthcare settings. Simply having values is not enough, nurses need to agree with the values and feel they are 'lived' within the organization as evidenced by working conditions. When this does not occur, this negatively impacts on nurse resilience and morale.

The influence of managers' performance on nurse resilience is another important external factor that can affect nurse resilience. Gensimore *et al*. (2020) found nurses with below-average resilience levels who held a positive perception of their unit manager had higher levels of nurse retention. Similarly, an integrative review that examined the role of ICU nurse managers in supporting nurse well-being concluded there was evidence that the behaviours of nurses managers can impact the well-being of nurses and their ability to provide quality care (Adams *et al*. 2018). In this study, participants described how *managers' performance* could have positive or negative influences on resilience. When participants discussed working with managers who displayed good leadership, they felt supported and more resilient. In contrast, when leadership was lacking, they felt unsupported, and this increased stress levels and eroded resilience.

The notion of group resilience featured strongly in the focus groups and is an area that has previously only

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had brief exploration. In our study, participants described how the resilience of the nursing staff group could change from shift to shift depending on the individuals in the *teams nurses work within*. Getting through a shift together and the camaraderie that exists within teams bolstered participants' resilience and their ability to cope. Similary, Cleary *et al*. (2014) highlighted the lack of research exploring the notion of group resilience in health professionals and the need for research to explore this in the context of mental health nurses. In clinical environments, stressful events can be experienced by groups as well as individuals (Itzhaki *et al*. 2015). Working as a team was found to help mental health nurses deal with aggressive patients, and there is research that suggests group resilience could be an important factor that enables mental health nurses to cope with adversity (Cleary *et al*. 2014; Itzhaki *et al*. 2015). The findings of these earlier studies of mental health nurses and our study of hospital-based nurses suggest the predominant focus in the literature on individual resilience may be misplaced, as most nurses work within teams. Therefore, group resilience is an important area that warrants further exploration.

### Updated working defintion

Nurse resilience is complex and dynamic process that is influenced by internal and external factors (Cooper *et al*. 2020). The previous working definition arrived at through concept analysis (Cooper *et al*. 2020) was limited due to the predominant focus on individual factors in the literature. Based on our research, we present the following updated working definition of nurse resilience:

> Resilience is a complex and dynamic process, **influenced by individual factors, as well as modifiable workplace conditions, organizational philosophy, management performance, and the teams nurses work within.These factors influence the extent to which resilience can be sustained, to enable nurses to positively adapt to** workplace stressors, avoid psychological harm, and continue to provide safe, high-quality patient care.

This updated definition reflects the responsibility both nurses and their employers have to promote and sustain resilience. Nurses need to develop strategies to cope with the unavoidable workplace stressors and sustain their resilience, while employers need to provide optimal conditions and abide by the philosophy and values the organization sets, to promote nurse resilience. Improving working conditions and establishing organizational values that nurses concur with and are tangible could aid resilience.

## CONCLUSION

In this paper, we have updated our empirically derived, working definition of nurse resilience. The development of a more comprehensive definition that incorporates external factors that affect nurse resilience provides a useful framework to guide future research in the area. We believe that this updated definition of resilience in the nursing profession will enable a more consistent understanding to guide research and interpretation and translation to practice. This could assist in organizations identifying modifiable workplace factors that could support resilience and are urgently needed in the context of the COVID-19 pandemic.

## RELEVANCE FOR CLINICAL PRACTICE

It is important to acknowledge that nursing is an inherently stressful profession and many of the pressures nurses face cannot be removed such as exposure to trauma, death, and dying and increasing patient acuity. Promoting and maintaining resilience is essential for nurses to adapt and prosper in clinical practice. Understanding resilience in the nursing profession and the modifiable external factors that affect nurse resilience is critical to the development of effective research, policies, interventions, and work environments to protect nurse well-being, promote nurse retention, and ensure the provision of quality patient care. To sustain and promote resilience in mental health nurses, organizations need to develop and provide strategies that take into consideration external and individual factors. Multifaceted approaches are needed that consider the complexity of nurse resilience, including the unique stressors encountered by mental health nurses. These approaches should include changes to modifiable workplace conditions such as facilitating work–life balance with individualized flexible rostering, ensuring safe staffing levels, and actively promoting team work and team support in the workplace, as well as programmes that promote and maintain group and individual resilience. Implementation, testing, and evaluation of these strategies are required across different mental health settings to optimize the resilience and well-being of mental health nurses.

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## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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