

Exploring Resilience of Contemporary Nursing Roles in Wales: RCN Wales PhD Research Study



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Why now?

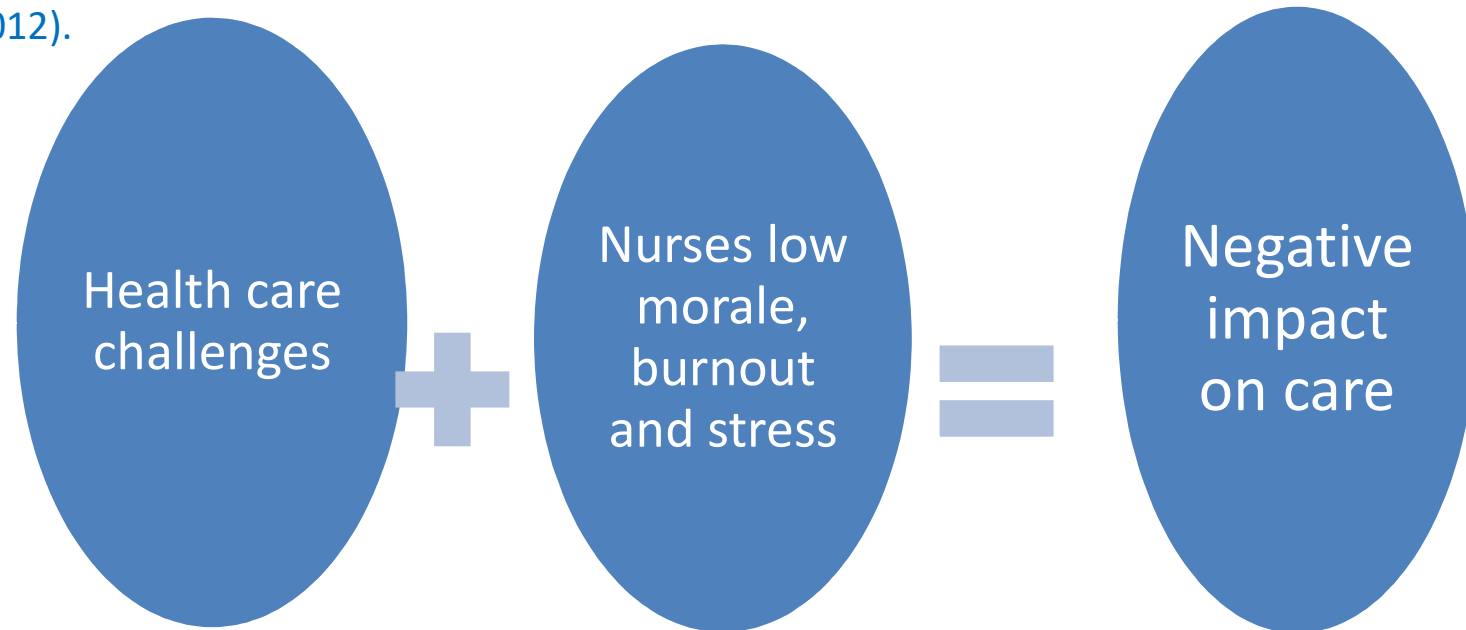
- Nursing is categorised as a highly stressful, yet rewarding occupation (Mark and Smith 2011).
- *Critical care: high risk/intensity (e.g. Rushton,2015; Mealer 2016 and Jackson 2017).
- Currently nurses are thought to be facing unprecedented complex workplace pressures ([Boorman 2009](#)) locally in Wales/UK and globally.



Why is this study important?

Staff wellbeing is an important antecedent of patient care performance

Nurses ability to deliver compassionate care is inextricably linked to individual and organisational professional and personal challenges and support available (Maben, 2012).



It is uncertain why some nurses:

- Respond unhealthily to stress while others succeed. Resilience is thought to moderate stress.
- Resilience simply defined as *the ability of an individual to cope with and adapt positively to **adverse** circumstances.*
- Key antecedent is **adversity**, main consequence **positive adaption.**
- Growing view: need to examine **context** first then individual (Ungar 2011): how qualities of both potentiate growth.

Study Aim

- To provide novel insights into the intrinsic and extrinsic influences, that shape the resilience of nurses in Wales.
- To inform practice, education, policy and research to develop the resilience of nurses to deliver enhanced quality care.

Research Design

- Mixed methods concurrent triangulation approach (Cresswell and Clark, 2011).
- Survey approach-two different forms of questionnaire questions, structured and unstructured.
- Qualitative findings: presentation spotlight



Approx.

: 63 million in UK

: 7 million in Wales

Rural and urban regions e.g. Cardiff
350K

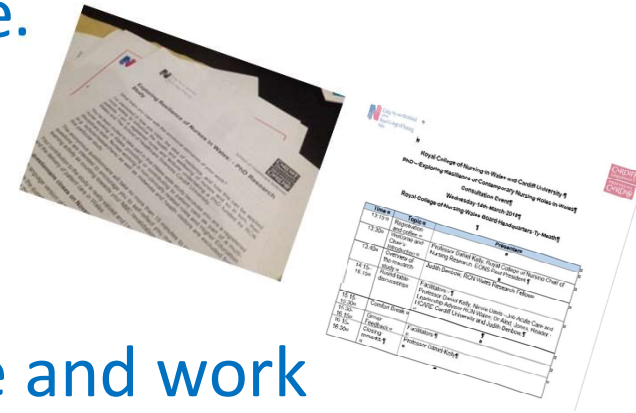
30, 000 registered nurses

Sample

- Autumn 2016: RNs in Wales delivering/contributing to care invited to complete on line/paper questionnaire.
- March 2018: Consultation Stake-holders Event

Questionnaire

- Tool describing nurses' perceptions of resilience and work environments, developed for the purposes of the study
- 163 items: two sections, resilience then demographics
- Reflective tool: NMC Revalidation evidence
- Local, national and international engagement throughout



Engagement throughout the study.....

Research & Development Conference 2016

RESEARCH & DEVELOPMENT CONFERENCE
Thursday, 30th November 2017

Conference Centre, Treforest Campus,
University of South Wales

Senior Lecturer explores the resilience of nurses in Wales
7 October 2016

Aneurin Bevan UHB eighth annual R&D conference

20 June 2017 | 09:30 - 10:00 | Christchurch Centre, Old Malpas Road NP20 5PP | £0.00



The School of Healthcare Sciences are pleased to invite you to the **Postgraduate Research Symposium**

This event will showcase the current postgraduate research in the school
Friday 18th November 2016
9.00am - 4.30pm
Veronica Phillips-Stone

Nursing and Midwifery Conference 2017
Nurses and Midwives - Delivering Outcomes that Matter to Patients



"Living Up To The Label - What it means to be a University Health Board"
Tuesday 21st June 2016

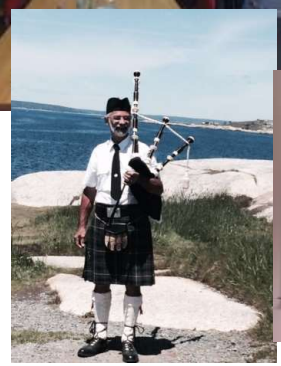


100 years of the RCN - Tracing Resilience
May 2015
RCN Wales Research Fellow

Royal College of Nursing
RCN International Nursing Research Conference 2017
Wednesday 5 - Friday 7 April 2017
University of Oxford Examination Schools, 22-28 High Street, Oxford, OX1 4BG, UK

PATHWAYS TO RESILIENCE IV
JUNE 14-16, 2017

Expanding Resilience of Nurses in Wales - PhD Research
Abstract text...



Findings :-Demographics outline

- n = **1,459** 88% female and 95% UK registered
- Ages: mean age 46. 6 years (St. Dev 10.336).
- Years qualified: under 1 to **52** years
 - 26-30 years- 13.6% (n = 198)
 - 0-5 years- 12% (n = 175)

All bands, fields, sectors, urban and rural regions

- Band 5: 34.7% (n= 506) to Consultant/Lead nurse
- Settings: Acute, 62% (n = 904) **Over 100 Critical Care Nurses** Community 18.8% (n =274)
- Fields: Adult/RGN- 71% (n= 1152)

- Qualitative Comments =**7,921** Totalling= **88,501** words
- Completion time- minimum 20 minutes x 1459 = **60** days (based on 8 hour day)

Study Findings



Data Analysis: in depth analysis of numbers and words.

Findings 1 overview :- Perceptions of resilience

- Resilience seems integral to nurses work, can be recognised and described.
- Expected positive re-requisite of nurses, contributes to competence and career sustainability.
- Registration baseline, but individual differences can ebb and flow.
- Broadly, nurses perceived as resilient cope with stressful events and bounce back quickly after challenging times in work.
- Visible performance outcomes *managing emotions of self and others-
resilience flow
- Risks-
 - Demanding context and expectations
 - Concealing of emotions, can be difficult determining risks and sharing of challenges
 - Depleted personal resources and expectations

Findings 1:- Perceptions of resilience

- *“Part of her role - we work in a stressful environment anyway so its par for the course” (46768111, Adult*, Band 6, Critical Care) [Q1b].*
- *“An amazing nurse!” (47970979, Band 7, Critical Care) [Q1b].*
- *“She copes and is able to support others during stressful times” (48666752, Band 6, Critical Care) [Q1b].*
- *“Understanding - he has the ability to rationalise care decisions in challenging situations and helps to support those who can’t. Enduring and proactive- he endeavours to promote change in the required areas and is persistent in his want to do so” (48169895, Band 5 Critical Care) [Q1b].*

Findings 1:- Perceptions of resilience

- **Lowered resilience**
- *“Extremely overanxious and refuses to delegate tasks to anyone which means they are trying to do everything at once and becomes overwhelmed with stress. Time management then is a struggle (48557759, Band 5 Critical Care) [Q2b]*
- *“Doesn’t look for opportunities for self- development, is not self-aware, poor coping strategies” (45267750, Band 5 Critical Care) [Q2b].*
- *“Emotional, frequently off sick, tends to be unreliable at times, quality of work variable” (46784931, RGN Critical Care) [Q2b].*
- **Temporal trend**
- *“My colleague struggles to cope with workload she used to find relatively easy” (46235496, RGN, Band 6, Critical Care) [Q2b].*

Findings 2 Overview:- Workplace Adversities

- Nurses' intrinsic work demanding, but not necessarily the adversity.
- More nurses' inability to deliver care required and overcome challenges: **resources, workload and interpersonal.**
- Often adversities normalised rather than attempts to ameliorate them.
- Increased risk factors: resilience tests, tipping/turning points and thresholds.
- For some, rate of adversity seemed faster than individual adaption.
- Sample, volume/depth, often distressing disclosures made adversities more easily detected, leaving no doubt concerning demanding, high-risk nature of nurses' work.
- Striking, even in most severe circumstances overriding sense nurses' commitment to practice, deliver quality care and develop resilience.

Findings 2:- Workplace Adversities

- *“I have a senior role so head teams who deal with all of these issues on a daily basis” (46532684, 8a Critical care).*
- *“Allow nurses to nurse” (46872334, Band 7, critical care).*
- **Expectations:** *“Conflict between managerial expectations of role and NMC code of conduct (patient flow demands, generation of audit data, HR management vs delivery quality of nursing care and specialist nursing knowledge” (46872334, Critical Care Sister, 30 years registered) [Q2b).*

Findings 2:- Workplace adversities

- Workload: across all settings, not necessarily rewarding; overwhelming volume and demand, limited control and autonomy.
- Resources: understaffing number and quality of staff, all work settings, management support issues
- *“Lack of good skill mix on a daily basis, resulting in more experienced staff being stretched even further than usual” (47952147, Band 6, Critical Care, 10 years registered) [Q2b].*
- *“Feeling as though hospital management are ‘the enemy’” (46235496, Band 6, Critical Care, 24 years registered) [Q3b].*

Findings 2:- Workplace adversities

Patient care : need to overcome challenges, more support required

“Conflict between managerial expectations of role and NMC code of conduct (patient flow demands, generation of audit data, HR management vs delivery quality of nursing care and specialist nursing knowledge” (46872334 Band 7 Critical care).

Interpersonal: overstretched staff conflict and challenges (patient /staff) exposed different forms/levels

- *“Another stressed colleague transferring their lack of resilience by shouting at me” (47793631 26 years experience, 8a CYP Critical Care Practice Educator).*

Tests to resilience

- 8/10 said an adversity tested their resilience: 952 tests emotively described (22,000 words)..
 - Differences between tests and adversities : often determined by patient/staff outcome and support received.
1. 100's **incidents**, often distressing (e.g. violence/aggression and bereavement)
*“Overwhelming workload due to how sick patients were and coping with a very distressed family of a dying patient. STRUGGLED TO LOOK AFTER PATIENTS UNDER MY CARE. Unable to take adequate break to recharge”
(47619443, Band 7, 15 years registered, Critical Care).*
 1. **Primary/secondary adversities and interlinks** e.g. resources (understaffing) and workload, home/work interface.
 2. Exposed interwoven **environments** of care.
 3. **Outcomes**: some individual turning/tipping points, thresholds exposed.

Adversities

Tests to Resilience

Outcomes:
tipping/turning
points

Environmental
Influences

Interconnections
Primary and
secondary Adversities

Incidents

Workload, Resources,
Interpersonal, Patient
Care Challenges

Workload, Resources,
Interpersonal, Patient
Care Challenges

Resilience Equilibrium

Findings 3 overview: Routes to Resilience- strategies and resources

- Varied responses, (productive/non productive coping) stages, phases and outcomes to adversities.
- Self-directed committed to coping- drawing upon resources.
- Strong relationships (home and work), to help process adversities mainly talking, reflection, alongside learnt emotional coping strategies, health wellbeing and work-life balance adaptations.
- Various strategies seemed developed and necessitated to offset workplace environmental deficits.
- Learning from first hand clinical situations favoured (e.g. debrief).
- **Varied** levels of workplace resilience resources available.

Findings 3:- Routes to Resilience- strategies and resources

Informal/formal support: to talk

- *“To get not only support from my team but to be able to talk openly about my thoughts and to discover that other people were thinking the same way despite our inability to change the situation” (45183178, Adult, Band 5 Critical Care Nurse) [Q4b].*
- *“I saw our team’s psychologist; we have a well-being team” (47621585, CYP, Band 5 Critical Care Nurse) [Q4b].*

Professional efficacy:

“Experience helps me to test my thinking with others in terms of implementing care in the best way - I see this as being flexibly self-assured or even 'secure in knowledge'” (45183178, Adult Band 5 Critical Care) [Q5b].

Motivation

- *“My sense of responsibility that makes me keep on going. I don't like to let the patient or my colleagues down” (46235496, RGN Band 6 Critical Care) [Q5b].*

Findings 3:- Routes to Resilience- strategies and resources

Learnt Coping strategies:

- *“Walk away and calm down then go back and try again” (45185117, Band 5 Critical Care, qualified for 29 years) [Q4b].*
- *“Ability to challenge a decision if it is not in the patients’ best interest” (46531423, Band 7, Sister, Critical Care) [Q5b]*
- *“Informed sister of ward about difficulties I experienced with particular staff members” (48557759, Band 5, Critical care, 1 year qualified) [Q4b].*

Findings 3:- Routes to Resilience- strategies and resources

What **could help** nurses sense of resilience?

1. Increased support: resources- specifically quality and quantity of staff (increased time, reduced workload better working conditions, break and break facilities).
2. Increased support: CPD specifically “protected ” regular on the job” training to enhance emotional efficacy (debriefs*).

“More debrief sessions. Time out sessions with all staff. To feel appreciated”. (47626357, Band 7, Critical Care) [SQ10].

3. Increased support and understanding of nurses work, (managers, colleagues and public). Specific situational management* support (e.g. violence and aggression).

Final Qu.63% (N = 920) 2,760 comments and 20,152 words

So what is important about these unique insights?

1. Shifts focus from responsibility of individual nurses, less psychologically orientated, more focused on realities of practice, resource focused.
2. Better understanding of adversities how nurses cope, adapt **overtime**, how work environments can potentiate resilience.
3. Even if nurses have high personal resources if their environment is poor, their risks will be increased; knowing risks key to appropriate interventions, **support** seems critical.

To sum up

- The aim has been achieved: To share insights into the extrinsic and intrinsic influences that shape resilience of nurses in Wales, specifically critical care nurses.
- These insights concerning nurses within the environment that they respond to it, can inform practice, education, policy and research.
- More broadly, these insights could lead to:
 - Better workplace support for nurses striving to deliver quality care
 - Deal with current agenda items: e.g. workforce and workplace challenges, career structures and CPD.
- On reflection: What would be useful to you?

Thank you

Diolch yn fawr

- Royal College of Nursing Wales
- Cardiff University
- Supervisors: *Professor Danny Kelly/RCN initial proposal and Professor Aled Jones
- Nurses in Wales: Private, 3rd sector and NHS
- Organisations: all Health Boards and Trusts in Wales who supported the study
- Project champions
- Critical friends

Any questions please.....

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