

Introduction/ Background&Significance

- Resilient nurses are more engaged, more empathetic with their patients, and team oriented ¹
- Resilience is an important concept in nursing
- Nursing leaders require resilience and need to develop resilience as part of their leadership skills ²
- Approximately 62% of nurses in leadership positions are planning to leave their jobs within 5 years ³
- Resilience can be the “antidote” to burnout ⁴
- Resilience plays a role in burnout, turnover, teams, and patient outcomes ⁵
- Research reflects nurse leaders have a direct impact on staff and patients ³
- Downstream negative impact when nurse leaders are underdeveloped ⁶

References

See Separate handout

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Aims and Objectives

Identify needs of nurse leaders to improve support and increase resources- effort to improve overall resilience of those in nursing leadership positions

- Evaluate nurse leader resilience using the Brief Resilience Scale (BRS) ⁷ questionnaire
- Evaluate reported demographics and determine relationships between resilience and years in nursing, years in nursing leadership, and years in current leadership position
- Develop resilience plan for the organization
- Present findings and formal recommendations to organization senior nursing leadership at the conclusion of project

Methodology

- Performance Improvement project using quantitative approach
- Study population included nursing leaders in the Patient Care Services and Emergency Services at acute care hospital in Northern, NJ
- Confidential, Qualtrics questionnaire with anonymous link to survey
- Outcomes Measured
 - Resilience measured by BRS ⁷
 - Demographic questions
 - Ranking support interventions
 - Relationships

Results

- 11 Nursing Leaders participated (37%)
- 9.1% self-reported low resilience, 36.4% self-reported high resilience, and 54.5% self-reported normal resilience
- Majority of leaders (55%) ranked Individual Activities to Build Personal Resilience as their as their 1st preference or need
- Spearman’s rank correlation found no positive or negative relationship between level of self-reported resilience and other variables
- Positive correlation between Nurse Leaders’ current position and group activities to support peer connections, $r(9) = .72, p = .013$ and formal professional development courses, $r(9) = .80, p = .003$
- Positive correlation between the individual activity and award/recognition interventions, $r(9) = .74, p = .009$

Level of Self-Reported Resilience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low Resilience	1	9.1	9.1	9.1
	Normal Resilience	6	54.5	54.5	63.6
	High Resilience	4	36.4	36.4	100.0
	Total	11	100.0	100.0	



Discussion

Implications:

- **Clinical practice:** build culture of resilience, better patient outcomes
- **Healthcare policy:** policy change within organizations to address workplace failures
- **Quality & Safety:** support nurse leader resilience to prevent trickle-down effect
- **Education:** nurse leader resilience training can be developed
- **Economics:** improving resilience increases job satisfaction, decreases turnover- reported to be a \$3.6 million to \$6.5 million per year loss
- **Organization stakeholders:** knowledge about nursing leaders at site and what strategies they prefer/need

Limitations

- Small sample size
- Low response rate

Conclusion

- Implementing strategies to improve nurse leader resilience can mitigate negative patient outcomes
- Expand and evaluate nurse leader resilience using BRS across the organization

