



11-15-2019

Exploring the lived experience and meaning of resilience for registered nurses who choose to remain in the work force: a descriptive phenomenological study

Aidah Alkaissi
aidah@najah.edu

Yara Selawe

Shahd Kashkosh

Yana Abu Helwa

Hadeel Anini

Follow this and additional works at: <https://pmpj.najah.edu/journal>

Recommended Citation

Alkaissi, Aidah; Selawe, Yara; Kashkosh, Shahd; Abu Helwa, Yana; and Anini, Hadeel (2019) "Exploring the lived experience and meaning of resilience for registered nurses who choose to remain in the work force: a descriptive phenomenological study," *Palestinian Medical and Pharmaceutical Journal*: Vol. 5: Iss. 1, Article 5.

Available at: <https://pmpj.najah.edu/journal/vol5/iss1/5>

This Research article is brought to you for free and open access by Palestinian Medical and Pharmaceutical Journal. It has been accepted for inclusion in Palestinian Medical and Pharmaceutical Journal by an authorized editor of Palestinian Medical and Pharmaceutical Journal. For more information, please contact mqneibi@najah.edu.

Exploring the lived experience and meaning of resilience for registered nurses who choose to remain in the work force: a descriptive phenomenological study[†]

Aidah Alkaissi*, Yara Selawe, Shahd Kashkosh, Yana Abu Helwa & Hadeel Anini

Nursing and Midwifery Department, Faculty of Medicine and Health Sciences, An-Najah National University, Nablus- Palestine

*Corresponding author: aidah@najah.edu

Received: (22/2/2019), Accepted: (15/11/2019)

ABSTRACT

Nursing is a stressful profession. Hospital management and nurse training programs should therefore focus on building nurses' coping skills, encourage self-development and support nurses in meeting and overcoming challenges. Research has shown that nurses who draw upon and utilize a number of aspects of resilience find it easier to survive stress in the workplace and even thrive, despite stress. Resilience is defined as personal qualities that enable one to thrive in the face of adversity. The aims of this study were to explore and describe the lived experiences of registered nurses who chose to stay at a major teaching hospital (TH) in Palestine since its inauguration in order to develop insights into the nurses' resilience and to identify the most important characteristics of the resilience of those nurses. Descriptive phenomenology was used as a qualitative method to explore and describe lived experiences of resilient nurses in the clinical environment. This design enabled a search for the essence and meaning of resilience according to the nurses. It allowed for the understanding of their everyday practice and how these practices enhanced their choice to remain at work. Fifteen registered nurses who choose to stay in their workplace since the opening of the TH were selected. The length of their service enabled them to reflect on significant and ongoing changes within the workplace as possible sources of their resilient behaviors. Semi-structured interviews were conducted as a means of data collection. All interviews were audiotaped using a high quality audio tape recorder to ensure recording of comprehensive, accurate, true and reflective descriptions of informant experiences and were transcribed verbatim. Data was analyzed using Giorgi's phenomenological psychological method. Ten themes were identified as sources of the nurses' resilience: professionalism; thinking outside the box; a healthy working environment; appreciative hospital administration; ability to bounce back from adversity; effective communication; psychosocial support; self-regulation; seeing leadership as a common role; and religiosity. The major themes revealed why nurses chose to remain in the TH workforce and what contributes to their resilience, despite the often chaotic healthcare system. Clearly, the linked themes were the factors that helped the cohort handle and manage nursing and its challenges.

Keywords: Nurses, resilience, work force, phenomenology, lived experience.

[†] This paper was extracted from a graduation project submitted in Partial Fulfillment of the Requirements for the Degree of BSc of Nursing in the Faculty of Medicine and Health Sciences, An-Najah National University, Nablus, Palestine. In January 2019 Under the Supervision of Dr. *Aidah Alkaissi*

INTRODUCTION

Resilience is considered a necessary quality for success in healthcare [1]. Healthcare can be a demanding and stressful profession that has the potential to drive nurses to the brink. Stressors like work overload, role conflicts, lack of time, lack of self-care, poor job-related interpersonal relationships, feeling powerless to provide quality of care, struggling with competing demands, death, conflict with doctors, peers and super-

visors, and insufficient emotional preparation can be negative, stressful, traumatic or difficult for nurses. Situations or episodes of these types can also cause both physical and mental problems, such as fatigue, irritability, lack of concentration, accidents, depressive feelings and depersonalization. Even nurses who can handle extreme environmental stressors to some extent often eventually show signs of burnout syndrome (BOS) and / or post-traumatic stress disorder (PTSD) [2]. A study by Kovner et al. [3] that examined

nurse turnover revealed that 17.5 percent of newly registered nurses (RNs) leave their first nursing job within 12 months and one in three (33.5 percent) leave within two years. The authors estimate that total annual organizational costs for new RNs are 1.4 to 2.1 billion USD.

Despite all these challenges and sometimes excessive adversity, some individuals not only have the ability to cope with stressful situations, but can also thrive in this environment. These individuals are known as resilient. Resilience enables nurses to cope with their work environment and maintain a healthy and stable psychological function [4].

At present, the most common definition of resilience is positive adjustment despite adversity [5]. The advantages of being resilient for nurses include increased workplace satisfaction, increased patient safety and quality of care, increased self-esteem and self-efficacy, and reduced burnout, anxiety and turnover [6-9].

Resilience can also be seen as a positive response to stress. Resilient individuals have the ability to overcome difficult situations, achieve their goals and develop mastery of other situations [4]. Therefore, resilience should be of benefit to healthcare professionals who experience stress and setbacks in their jobs and clinical lives. Hence, qualitative resilience exploration has the potential to provide valuable insights into critical traits, essential processes, protection factors, and remarkable results specific to the nursing profession. Qualitative research, including in-depth interviews, can also reveal insights into the significance associated with experiences of resilience [10]. This study was conducted in a major teaching hospital (TH) in Palestine that is characterized by the presence of highly qualified nursing and medical staff that provide a high quality of health care. The hospital faces the problem of nurse turnover. The aims of this study were to explore and describe the lived experiences of registered nurses who chose to stay at the major teaching hospital since its inauguration in order to develop insights into the nurses' resilience and to identify the most important characteristics of the resilience of these nurses.

METHODS

Study Design

This study used phenomenology as the qualitative method to explore and describe lived experiences of resilient nurses in the clinical environment. The descriptive method was chosen as the best method for answering research questions and achieving the purpose of the study. This design also enabled a search for the essence and meaning of resilience according to the nurses in this study. It allowed for the understanding of their everyday practice and how these practices enhanced their choice to remain at work.

Husserlian descriptive phenomenology developed by Husserl (1859-1938) is used when researchers try to describe the phenomenon's universal structures and also when the ultimate goal is to develop future clinical interventions. This approach is advantageous in revealing the essence of a phenomenon that has been incompletely conceptualized by previous research.

Husserlian descriptive phenomenology shows each participant in the study as a representative of the world in which he or she lives and is based on what people share. An important and essential part of descriptive phenomenology is the bracketing process, in which the researcher actively binds or pre-sets all conditions, previous expertise, personal knowledge and personal endeavors throughout the study [11-13]. The number of participants included in the study was determined by saturation of information. The data acquisition process, according to Bowen et al. [14], is to get new participants to the study until the dataset is complete, as indicated by data replication or redundancy. After each interview, data was analyzed continuously until no new themes arose and data became redundant.

Study informants

The target population for this study was RNs who have worked at the TH and chosen to stay at their workplace in the hospital since it opened. Informants were between the ages of 28 and 35 and consisted of three females and 12 males. Five of the informants were in senior positions, four were head nurses, five were RNs working as general nurses, and one

of them was a deputy head nurse. Each informant had 6 years of work experience at the TH. Practicing nurses and other RNs who did not start working at the time of the opening of the TH were excluded.

Sample Size

The number of informants included in the current study is 15 who were chosen from 60 registered nurses who have worked at the TH and chosen to stay at their workplace in the hospital since it opened. In qualitative studies, sampling is usually purposeful in nature. Purposeful sampling means that the researcher chooses potential participants who represent the group to be studied. In phenomenology, the minimum sample size is five informants.

Selection of study instruments

An in-depth, semi-structured interview guide including underlying issues was used. The interview began with a collection of demographic data that included gender, age, years of experience, and education level. Selected demographic data reflected design recommendations from previous nursing research [8-9]. Subsequently, the interview continued with a broad opening question (Why have you chosen, as a nurse, to stay in your workplace—that is this teaching hospital—since it's opening until now?). The opening question was designed to invite participants to share their experiences of resilience related to choosing to remain in the workplace. In descriptive phenomenology, the interviewer asks the informant to describe a situation where the informant has experienced the phenomenon. The situation is important because the discovery of the phenomenon's meaning must be linked to a specific context in which the phenomenon has been experienced.

Data Collection

In all interviews, four of the authors were divided into two groups. Two authors were in each group, one as a primary facilitator and the other as co-facilitator (Y.S. & Y.A.) and (H.A. & Sh.K.), where the first team conducted eight interviews and the other team had seven interviews. In each interview, the primary facilitator conducted the interview while the co-facilitator observed

and completed with questions as needed. Interviewer roles varied between interviews. Use of a co-facilitator is helpful to get an extra person involved with the primary facilitator. The co-facilitator can make notes to supplement the audio tape. Writing who is talking (also using initials) helped with the transcription later, and noting any non-verbal communication was also useful. Monitoring the audio equipment was also a key role for the co-facilitator. The co-facilitator also asked questions at end of the session if she felt that something has been missed. Finally, it was valuable to have an extra person for post-session analysis.

At the beginning of each interview, the informants were reminded that participation was voluntary, and they could withdraw from the study at any time. Consent forms containing information about the study were read through with each informant. Interviews varied between 35 and 45 minutes. All interviews were conducted in closed rooms where conversation and digital sound recording could be done without disturbances or distractions. Two digital audio recorders were used simultaneously for data collection as a way to prevent data loss after interview, to ensure recording of comprehensive, accurate and truly reflective descriptions of informant experiences and to increase the consistency of the interview technique. Each interview was transcribed verbatim from the two recorders by the facilitator and co-facilitator soon after the interview as the memory of the conversations was still strong at that time. Using these methods ensured the transcriptions' proximity to the interview itself.

Data analysis

All the transcripts were revised by A.A. The process of analyzing data utilized the Giorgi phenomenology method. Phenomenological psychologists analyze data that utilizes a systematic and rigorous process. Data analysis consists of four consecutive steps where each step is a prerequisite for the next [15]. All steps in the analysis were carried out within the phenomenological reduction framework [15]. Phenomenological reduction has been used in descriptive phenomenological analysis and requires bracketing as a first step [16]. According to Giorgi, bracketing /

epoch does not mean that you take a stand for or against, but rather let the phenomenon emerge [17]. Phenomenological reduction also requires retaining some existential claims and presenting data because it presents itself instead of making one's own conclusions about what is presented [16]. We continuously treated the method and purpose of the study and the questions as coherent and not as separate parts. Analysis of the material went on right from the time the material was being collected. The design of the interview guide is a summary of the different themes beyond background information.

Giorgi – Phenomenological Psychology

All authors of this study read the full descriptions many times and were involved in the whole analysis. The analysis method consists of five essential steps which are as follows:

1. Sense of the Whole: to get a general idea of the entire statement,
2. Discrimination of opinion units within a psychological perspective focused on the phenomenon being investigated: when the whole feeling has been seized, the researchers went back to the beginning and read through the text once more and delimited each time a transition of importance took place with the specific purpose of discriminating "opinion units" from a psychological perspective and focusing on the phenomenon being researched. The significance unit was made with psychological criteria in mind. The researchers then eliminated layoffs and clarified and elaborated on the units' meanings by connecting them to each other and to the whole.
3. Transformation of subjects-daily expressions in psychological language focusing on the phenomenon being investigated: after the units had been delimited, the researchers went through all the sentence units, which were still expressed in the participants' concrete language, reflecting on them and forming the core of the experience for the participant. The researcher then converted each relevant unit into the language of psychology.
4. Synthesis of transformed mindsets in a consistent statement of the experience structure: after the use of imaginative variation on these transformed sentence units, the researchers developed a consistent statement regarding the structure of the participant's experience.
5. Final Synthesis: finally, the researchers summarized all statements about each informant's experience based on a consistent understanding of the structure of the experience that describes and captures the core of the experience being studied [15, 18]. All statements were reviewed many times by all authors to increase the credibility of the study.

Pilot study

Two nurses were recruited in the pilot study and data was collected and analyzed. The interviews were conducted in a private room within the hospital. The interviews were audiotaped and transcribed verbatim and the text was treated in accordance with the above analysis. By conducting pilot testing the researchers were able to describe the process that had been implemented. Each step helped the researchers improve the interview guide for the main study and each step was, therefore, discussed. The pilot study also helped researchers learn the skills needed for interviewing and how to follow the flow of conversation. The importance of the pilot study was that it supported researchers to refine strategies before they began the major study phase [19]. There were no modifications as a result of the pilot study; therefore, these pilot interviews were included in the study sample.

Trustworthiness

The study's trustworthiness is based on methods that ensure that the researchers have performed the research process exactly [20]. Trustworthiness criteria are credibility, transferability, dependability and conformability [20].

Before interviews were conducted, the authors noted their expectations of the study phenomenon in order to be aware of how their background could color the study results. The authors could thus limit their expectations by bracketing their previous

knowledge [21]. The authors were able to, by making themselves aware of their own attitudes, become better listeners who attempted to set aside preconceived notions and focus on the dialogue. All interviews were audiotaped and transcribed fully. This made the data more credible than if the authors had only taken notes during the interviews [21]. Credibility refers to the trustworthiness of data collection, analysis and conclusions as well [20]. Furthermore, the informants were informed through the consent form that they received. The credibility of the data can also be related to whether the respondents tell the researcher the truth [22].

Ethical considerations

This study has been conducted in accordance with international standards for data protection and confidentiality, according to the World Health Organization Declaration on the Ethical Principles of Helsinki for Medical Research on Human Beings [23]. The ethical approval of the current research was formally made by the Institutional Review Board (IRB) at An-Najah National University. In addition, the recording process occurred after taking consent from all informants, and the interview was conducted in a private area in the hospital. The recorded interviews were used only for research purposes by researchers in order to ensure the participants' confidentiality. The participants were informed of the study question set and the data collection procedure, and they were informed that participation in the study was voluntary.

RESULTS

Analysis of the data revealed ten themes.

Theme 1: Professionalism

Sub-themes:

(1) Passion for work and learning, (2) Empathy and humanism, (3) Developed insight about responsibilities and roles, (4) Ensuring excellent patient care (P2, 3, 4, 6, 9, 11, 14, 15).

The first theme that emerged from analysis of individual interviews was professionalism. There were four associated sub-themes. A professional personality was found to be an important feature of successful nurses that

played a major role in staying in the workforce. The nurses' professionalism was about more than only a few attributes. It was described as requiring being ready to do the job every single shift. Therefore, there were some important points that distinguish successful nurses from others. This kind of professionalism provided a positive and realistic approach to each shift, as the negativity of the workplace could have affected nurses' personalities, which may have led to a reduction in the quality of work.

1.1 Passion for work and learning: is one of the most important characteristics of a professional personality, where the love of the profession and the existence of passion is one of the most important parts of a successful nurse in addition to being a strong supporter of the nurse's survival in workplace. Nurse participants showed elements of striving for, understanding and applying new knowledge. As one participant mentioned: *"I like to learn...I'm thinking of learning about chemotherapy"* P5. It also seemed that the resilient nurses like their job and had a feeling of belonging to the department where they work, *"I love to work in my department"* P9.

1.2 Empathy and humanism: is about the ability to understand patients' experiences and feelings and see the world from patients' perspectives. Empathy is associated with many positive outcomes in nurses, including duty, moral reasoning, patient satisfaction, improved therapeutic relationships, and overall improved clinical outcomes [24]. In this study, empathy and humanism emerged as a theme when participants described their ability to feel with the patient. *"You must understand how patients feel so that you can respond appropriately to the situation"* P4.

1.3 Developed insight about responsibilities and roles: Carrying responsibility and the sense of importance of patient care should come from the inside of the person, so the task will be well achieved. Nurses in this study described their responsibilities very well. One participant stated: *"Being a successful nurse means you achieve what you work for."* P2.

1.4 Ensuring excellent patient care: The primary goal that nurses are seeking is to achieve the patient's full care and to provide

care efficiently and of high quality because what is important in the treatment plan is the patient as a key element. This appeared in this study in the following statement: "*The first purpose is to work and focus on improving patient health*" P8

Theme 2: Thinking outside of the box

Sub-themes:

(1) Initiative, (2) A sense of connection, (3) A sense of carrying on, (4) Creativity

The second theme that emerged from the analysis of individual interviews is thinking out of the box. There were four associated subthemes. Nurses sometimes encounter situations that they are not fully accustomed to. When these problems or situations arise, it is important for the nurse to think of a creative and effective solution. This means thinking outside the box. This was one ability that the sampled nurses, who chose to stay in the workforce at the TH, showed. It is about growing and improving self. Thinking outside the box is also about being an initiator and being a creative person that does not shy away from being out of the norm or routine and having a feeling of being helpful. This is one of the most important characteristics nurses should have.

2.1 Initiative: One aspect of taking initiative can be manifested when a nurse does work that is not directly in his/her job description or expectations. The most common form of initiative described by the study participants is participating in research in addition to performing their nursing duties. One of the informants said: "*I am doing my job and I also help with research*" P5.

2.2 A sense of connection: A sense of connection usually comes from working more than the job's basic responsibilities and demands, where some participants sometimes worked more than the basic workload, which enhanced belonging to their job and to the department. This will lead to a stronger personality and influence the quality of work. Work over the basic workload can also come from liking the job and feeling satisfaction with the work. This point has been discussed by one of the informant: "*I usually work more than the basic work.*" P9

2.3 A sense of carrying on: Some participants reported usually working on their holidays and that was what increased the sense of carrying out their own job, which is what one of participant mentioned: "*On my off day I come to work.*" P8.

2.4 Creativity: Being a creative and open-minded nurse is a crucial characteristic that distinguishes a successful nurse from others because creativity helps a lot in difficult situations, often helping to solve a complicated problem. One of the informants discussed looking for new ideas and new things by saying: "*I usually think and look for new ideas to improve the department*" P10.

Theme 3: Healthy work environment

Sub-themes:

(1) Appreciative environment, (2) Job satisfaction, (3) Work-life balance

The third theme that emerged from the analysis of individual interviews was a healthy work environment. There were three sub-themes associated. Nurses have the potential to lead improving health and care for everyone, but in order to realize that potential, they must work in an environment that is safe, empowering and satisfying. All of this will eventually help nurses stay in the workplace and improve the quality of their work. A healthy work environment (HWE) is one where the healthcare staff feels supported physically and emotionally, where one feels safe, respected and empowered.

3.1 Appreciative environment: It's important for nurses to remain in their workforce in a way that is effective and motivating for them. One of the ways to achieve an appreciative environment is by having a comfortable environment, physically, emotionally, and safety-wise. Informants discussed what constitutes a suitable and comfortable environment of work as well as what a safe environment looks like. They noted that these environmental aspects contributed to their survival and increased their ability to endure. One participant said: "*The atmosphere of the hospital is very comfortable, especially in the dialysis unit*" P9.

3.2 Job satisfaction: is the result of the environment being suitable for the nurse and

sometimes in accordance with their personalities. These factors are generally essential and supportive of the nurse's survival in their work. One of the participants said: "*The department is organized and clean and fits with my personality.*" P11

3.3 Work-life balance: is the balance between the nurse's personal life and the working conditions. For example, working only a day shift and not working on the weekend is a way to have work-life balance. Also, the hospital's closeness to the place of residence of the nurses positively affects the survival of the nurse in the workplace. This was discussed by one nurse: "*I am not working on Fridays and I do not have night shifts.*" P2, 3. Another one said: "*My work is only during the morning shift.*" P12.

Theme 4: Organizational aspects

Sub-themes:

(1) Demand for increased economic benefits, (2) Supported resources, (3) Demand for a more appreciative administration

The fourth theme that emerged from analysis of individual interviews was organizational aspects. There were three associated sub-themes. The organizational aspect is one of the biggest aspects that play a role in helping the nurse to stay in the workplace. The organization's incentives and appreciation of nurses, in addition to their wages and annual benefits contribute to nurses' survival and ability to meet their problems and come out with the least damage and loss.

4.1 Demand for increased economic benefits: All 15 informants discussed economic aspects in that the salary and incentives are important in helping nurses stay in their workforce. This was discussed by some nurses who said: "*At the beginning the salary was convincing.*" P1, 2, 3, 5, 6, 7, 10, 12, 13, 14. "*Materially, a special academic contract and salary are the main reasons for my staying at work.*" P10. Informants said that starting wages the hospital provides are convincing, but they also mentioned the importance of increasing wages related to experience. Informants said, "*Later, my salary will not be as convincing, as I have a mountain of experience*" P5, 15.

They also mentioned that the annual benefits encourage them to remain in their work, as reported by informants: "*There are many things that have kept me here, including annual bonuses*" P3, 4, 5, 7, 11.

4.2 Supported resources: Here, the importance of available resources to help nurses stay in their jobs has been discussed, as these resources help them manage their work more easily, saving time and effort. These resources include the provision of a computer system and the ability to facilitate work and communication between different departments. The head of department and his/her ability to achieve what is required and to organize the work all contributed to this survival, as confirmed by a nurse's expression: "*The success of any head nurse depends mainly on the possibilities and resources available to him.*" P10.

4.3 Demand for more appreciative administration: The need for more support from the hospital administration was discussed. The nurses demanded that they be heard by the hospital administration and that the administration pay attention to their problems. This is what a nurse explained by saying: "*No one hears us and no one notices our problems*" P1, 6, 7, 8, 11, 12, and 14. They also talked about the lack of entertainment activities and the need for recreational activities offered by the organization by saying: "*We hope to have entertainment activities provided for employees*" P10.

Participants discussed the availability of courses for employees, but also talked about the need to provide more courses that enhance their knowledge and skills and contribute to their development by saying: "*We hope to apply for more courses*" P4, 5, 6, 13, and 15.

Theme 5: Ability to bounce back from adversity

Sub-themes

(1) Moving through, (2) Coping with work stressors and struggling with competing demands, (3) Excessive workload, (4) Stamina, (5) Enhancement of well-being and positive coping

The fifth theme that emerged from analysis of individual interviews was bouncing

back after adversity. There were five sub-themes associated. In this theme, stressors that the nurses face were discussed – difficult situations, hard moments – as well as their effect on the nurses, especially the negative effects, the ability to bounce back after adversity, the ability to thrive and develop themselves for the better and to emerge from problems with little damage. Also discussed was the need to improve positivity by keeping body and mind fit. All this was found to improve nurse resilience and help nurses stay in the workplace.

5.1 Moving through: includes surviving the negative effects of workplace challenges. One of the participants said: "*When I face a problem, I usually avoid the negative effect on me, so I usually go out of the hospital to take a deep breath.*" P3, 4. Also, the nurses adjust positively to adversities in that they are always looking for the positive side of any problem; one of the informants said: "*If I don't fail, I will not succeed.*" P12-14.

5.2 Coping with work stressors and struggling with competing demands: Coping here means the positive coping mechanisms used in the face of the problems and the ability to work and achieve a goal when a person is working under pressure and handling a number of difficult stressors. One informant said: "*I have the ability to handle at least 30 patients a day.*" P5. It's also about overcoming bad times; this is achieved through faith in the power that comes from within, as well as the firm belief that difficult times will pass; informants said, "*I'm facing very bad times but I'm still strong and patient.*" P1-15.

5.3 Excessive workload: Some informants discussed the lack of staff, which can cause nurses to struggle in work to meet the needs of the hospital. Lack of staffing is one of the most difficult stressors they face, but they are still confident and strong. One of the participants said: "*We have staff shortages so we have to work more*" P6.

5.4 Stamina: Healthcare is a non-sedentary career that requires athleticism and perseverance. Nursing is psychologically demanding and emotionally exhausting; there is no place for negativity and endurance is, therefore, crucial. Stamina is about training the mind to be mentally strong, to never stop

and to be disciplined. Stamina is evident among participants from their ability to solve problems; one said: "*I have the skills to handle anyone and everything*" P1.

5.5 Enhancement of well-being and positive coping: Improving well-being plays a very important role in helping nurses to be positive and keep away feelings of apathy, and this is achieved by keeping the body and mind fit. What informants discussed regarding physical exercise was the following: "*I always practice physical exercises.*" P2, 4, 5, 8, 11, 12. Also, in regards to relaxation exercises: "*I usually do relaxation exercises.*" P10. It is also achieved by maintaining a sense of humor, playfulness and having fun. One informant said: "*I usually make my colleagues laugh.*" P3.

Theme 6: Effective communication

Sub-themes:

(1) Peer communication, (2) Contact with patients and family, (3) Being helpful with augmented composure (enhancing peace), (4) Trusting relationships

The sixth theme that emerged from the analysis of individual interviews was effective communication. There were four sub-themes associated. Nurses should be able to communicate effectively; it is the most important of all work skills, and is simply the art of transferring information from one person to another. The ability to communicate information carefully is crucial for the medical profession. Good communication between nurses and patients is crucial to have a successful outcome of the individual care of each patient.

6.1 Peer communication: Communication with peers is a prerequisite for achieving good results, and what the informants discussed was their ability to communicate and make contact with others effectively. They mentioned that this helped them handle themselves easily and helped them stay in their positions; one said: "*I can contact and communicate effectively with my colleagues.*" P1-15.

6.2 Contact with patients and family: For nurses, the ability to communicate is a very important skill and an important part of the job. Nurses talk to people of varying edu-

cational, cultural and social backgrounds and must do so effectively, thoughtfully, and professionally - especially when communicating with patients and their families. Communication should also be a way of absorbing the anger of patients. What informants discussed was their ability to communicate effectively with the patient, which makes the treatment easier; one said: *"I can talk to the patient and patient's family in a way that I can absorb their anger achieve good results."* P1-15.

6.3 Being helpful with augmented composure (enhancing peace): It is very important that a nurse has the ability to promote peace both in his/her relationship with the patient and with the family and to listen well so that the purpose of the discussions is not to create problems, but to solve them. He/she must be able to control his/her reaction to events and interactions; according to the nurses interviewed, this helped them stay in workplace. *"I listen to the patients and interact effectively with patients."* P1-15.

6.4 Trusting relationships: one of the skills a nurse is required to have is the ability to build a relationship of trust with the patient in terms of treatment so that this relationship supports the treatment of the patient, improves his/her condition, and promotes the provision of high quality health care. This, in turn, improves the nurse's self-confidence and ability to handle patients smoothly, and, therefore, strongly helps him/her to stay in the job. This is what one of the participants discussed when saying: *"I can form a relationship of trust with patients, which makes the job more comfortable."* P10.

Theme 7: Psychosocial support

Sub-themes

(1) Lifelong friendship, (2) Support of a peer group, (3) Family support, (4) Debriefing and lessened anxiety

The seventh theme that emerged from analysis of individual interviews was psychosocial support. There were four associated sub-themes. Here we discuss two important aspects of social support, which are friendship support and family help; we discuss their role in improving inner strength and a nurse's mental stability. This point brings us to another aspect, which is the psychological as-

pect that plays an important role in nurse resilience. Some informants told of their negative feelings towards people close to them, whether a friend or family member who supported them psychologically, as the strength of relationships and network of relationships established by the nurse contributes majorly to supporting and developing themselves.

7.1 Lifelong friendships: Long-term and lasting friendships play a major role in strengthening a person, especially if the friends work together in the same department, because the passing of the ages helps each to understand the other's personality. This has a great positive impact on nurses staying in their workplace. One participant had a close friend in the same section with whom he was friends before working together. This is what he said: *"We have a strong relationship with each other and visit each other."* P5.

"My co-workers are almost the same age; most of us are between 28 and 31 years old." P5.

7.2 Supportive peer group: having comrades that give moral support to a person is a good thing and provides a positive energy boost for development. When we say colleagues, we mean people who can remove a small part of the difficulties other colleagues face; as such, they are considered the most important people who play a role in informant survival in their workforce. Some of the participants said: *"Peer relations are fundamental points and this plays a role in creating a comfortable environment."* P6. *"My classmates and I knew each other before we all started working in the dialysis section."* P5. *"I think my colleagues love me."* P1, 3, 8, 10, 11, 12, 13, 14, 15.

7.3 Family support: Family support plays an important role in keeping a person's psyche stable. The presence of family members who nurses can talk to and on whom they can unload what they are facing in their day is essential. They play their part in listening to the nurses and giving them some options and solutions that can help them solve problems. The informants discussed the importance of having a person who understands the nature of their work and the difficulties they face. They also discussed the positive

role family can play in always finding the best solutions and easily getting them out of trouble. Some of the participants said: *"My wife is the first and last follower for me."* P7.

"My wife is a nurse; she understands the nature of my work. When I face problems, I usually talk to her." P5.

7.4 Debriefing and lessened anxiety:

Finding someone to talk to and help deal with problems and difficulties and being able to speak freely and without hindrance to this person increases the psychological improvement and self-stability and always helps the person search for the best solutions. This is what the participants discussed when they were asked about their mental health. All of this was a result of talking to someone in order to reduce tension and anxiety. Some of the participants said, *"When I go home I always talk to my wife about the problems that I face at work and she understands me."* P5 *"When I feel stress, I talk to my close friend."* P3, 8, 11, 14. *"My mental health is good."* P5.

Theme 8: Self-regulation

Sub-themes:

(1) Self-control and protection, (2) Self-confidence (3) Self-esteem.

The eighth theme that emerged from the analysis of individual interviews was managing the self or self-regulation. There were three sub-themes associated. Since nursing is a very stressful job and can have negative consequences for the nurse, it is necessary for them to be able to handle and control themselves, including the ability of the nurse to control feelings so that he/she protects himself/herself from collapse.

8.1 Self-control and protection: Protecting emotions and being able to control them is not easy. However, this is one of the things that characterizes a successful nurse. In difficult situations, the inability to control emotions can adversely affect the patient and his/her family. To control their emotions in difficult moments, such as a patient's death and informing the patient's family, is crucial. One of the participants said: *"When a child in my department died, I cried a lot, but I controlled my emotions in front of child's family."* P11.

8.2 Self-confidence: In some cases, the difficulty of what the nurses go through and the presence of great pressure can be frustrating for the nurse, so the nurse can see that he/she cannot tolerate these pressures and prefers to abandon his/her work. This lacks the role of the therapeutic process, so self-confidence and ability to maintain this confidence is very important to overcome the consequences and remain strong. This is what the informants discussed and one said: *"I depend on myself."* P5 and *"I trust myself."* P12.

8.3 Self-esteem: Self-esteem is defined as the ability of a person to be able to evaluate him or herself and, based on the results of this evaluation, to cope with life's challenges and to achieve goals. All that comes from self-respect and appreciation, and this is an important aspect that enhances a nurse's ability to overcome difficulties; one of the informants said: *"I respect myself and I believe I have an influential character."* P1.

Theme 9: Seeing leadership as a shared role

Sub-themes:

(1) Inner energy and life power to help an individual to persist, (2) Enduring values.

The ninth theme that emerged from analysis of individual interviews was to see leadership as a shared role. There were two sub-themes associated. A leader plays a very important role in helping a team to improve positivity and creating a comfortable environment. Successful leadership plays a major role in group member motivation and usually has the inner energy to help the team members continue; one of their beliefs, as one of the informants mentioned, is that the success of any head nurse is based mainly on the team members. Nurse Managers establish unit cultures through communication with individuals and groups that give positive consideration and set expectations for performance. In addition, a manager's influence on the unit culture entails recognition of achievements, as well as coaching and mentoring when improvement is needed. Finally, the executive role in unit culture means that the organization's goals are transformed into meaningful work for employees.

9.1 Inner energy and life power to help an individual to persist: The success of any department or team is based mainly on the person who handles it, and it requires highly reliable and motivated leadership that finds a way to be both the boss and the team's friend. What an informant discussed in the interview was the following: "*I am the head nurse and at the same time a friend and I encourage my employees.*" P10. "*The success of any head nurse depends mainly on the team.*" P10.

9.2 Enduring values: Usually, enduring values emerge from a sense of empowerment, which can be achieved by staying in the hospital for a long time and creating a good relationship with everyone; what the informants discussed was: "*Privileges available in the department are not found in any other hospital, including that I am deputy head of department.*" P9.

Theme 10: Religious spirituality

Sub-theme:

(1) Faith in Allah

The tenth theme that emerged from analysis of individual interviews was Islamic spirituality. It has one sub-theme associated. All informants discussed the Islamic religion and its positive impact on the composition of their personality and the ability to give them the inner energy and strength to face all challenges and remain in their workplace.

10.1 Faith in Allah: The informants discussed the spiritual aspect of their way of creating the inner power to continue and avoid giving up when facing problems; they had a strong faith in Allah and faith in fate; in other words, that Allah always chooses what is best. For example, one of the informants considered his presence in the hospital and his continuation in helping patients as his fate. We could see their faith in that they continued to say: *Alhamdulillah (thank you to Allah)*. This saying shows that they are satisfied with what Allah intended for them. Everything that has been discussed by the informants is summarized in these statements: "*What makes me strong is my belief that Allah is always with me.*" P12 and "*Allah always chooses the best.*" P4 and "*I believe in destiny.*" P8.

DISCUSSION

Nurses who buffered their current situation by considering the future and using coping mechanisms to help move through have been described as those who show greater resilience [24]. What we noticed in the experience of informants was their ability to bounce back after adversity by moving through, staying optimistic, and always trying to avoid negative effects. There was evidence that the development and reinforcement of individual resilience was a key factor in managing a stressful work environment in nursing. Collegial support was an important factor identified in the current study. Human interactive aspects and connections were important factors contributing to the personal development of resilience. Whether through reflective journaling [25], grounded connections with others and balance [26], or professional networks, relations and collaboration [27-28], these studies are in accordance with the results of the current study that has shown that one key factor in nurse resilience is having supportive relationships; informants discussed support networks and their role in developing resilience, as well as colleague and family support and its role in developing resilience.

In addition, other individual strategies that nurses use to build resilience were to maintain a positive attitude by engaging in humor and laughter, positive thinking techniques, visualization techniques, and positive affirmations [29]. Engaging in extracurricular activities such as exercise, volunteerism and social networking groups provide a way for stress reduction and help to put focus on personal follow-up and goals [30]. Seeking trusted mentors to provide guidance, motivation, emotional support, and role modeling can help nurses explore career goals, networking opportunities, and resources [31]. In the current study, we could see this in the ability of the informants to create a comfortable environment by maintaining a sense of humor and keeping a fit mind and body by practicing physical exercise and relaxation techniques that help them maintain their ability to thrive from adversity.

Nursing administrators and managers can greatly influence the resilience of nurses by promoting a positive organizational cul-

ture in the workplace. Stress and burnout continue to be factors seen in the rate of nurse turnover in hospital environments [32]. Lack of support and resources, high patient character, lack of independence and the complexity of the unit contribute even more to an overwhelming and potentially harmful environment [32], and can lead to emotional exhaustion and burnout that drive nurses to leave the profession [33]. In the current study we discussed the environment in the hospital where the informant works and that it is suitable for their personal life and their personality in addition to the fact that it was found to be a factor that contributed to building resilience.

The organization also has a responsibility to provide support and respect for the autonomy of these highly-educated professionals. It seems logical that if organizational culture contains values that promote resilience, new and experienced nurses will commit to the organization and contribute to the overall quality of care. This is reflected in the TH that supports these nurses to help them stay in their jobs. In addition, the benefits that the TH offered – bonuses, good pay, and thanks for the efforts of its nurses – enhanced the nurses' desire to give the best possible. The results of the current study are in accordance with the study [34] that noted that having strong, reliable and motivational leadership is important for good care and a good work attitude.

The current study is in agreement with the study of Rassool et al. [35] who described that in Islam, nurses provide healthcare services to patients, families, and communities as a manifestation of love for Allah and the Prophet Muhammad. Nursing is not new to Islam. Islamic traditions include sympathy for and responsibility towards those in need. This perspective had arisen during the evolution of Islam as a religion, culture and civilization. In the current study, Islam gave inner power to the nurses working and choosing to remain in their workplace at the TH. Many of them believed that Allah did not choose this profession randomly and indiscriminately, and that Allah always chooses the best for them. Also, many of them believed in fate, and that the problems that arose with them were nothing but an evasion of Allah, and

that Allah gave them the strength to face all challenges. They also saw that the livelihood that Allah provided was divided over their creation and what they have is nourishment from Allah to them. All these beliefs and this inner faith were supportive and strengthening and built great resilience within them.

With early indications suggesting that nursing can be an at-risk group for occupational stress [36], it is very important to find strategies for nurses through which they can control the stress they are exposed to in their work. One of these strategies that the participants talked about is self-care. Taking care of their own mental and physical health was as important as taking care of the patient's health. The results of the current study are in line with that of Mills et al. [37], which suggests that a lack of self-care and the ability to be compassionate towards oneself during stress periods affect one's ability to provide care and compassion to others. An individual who neglects self-care is at risk for engaging in abusive strategies that can impair their ability to work with the standards required of them in their profession [38]. For some, improvements in self-care strategies may require some lifestyle changes such as eating healthy, exercising more, or taking up relaxation techniques such as meditation or yoga [39]. This entire self-catering element has been discussed by the informants who work at the TH in their ability to boost their moods, and their ability to improve positivity by doing exercise and maintaining relaxation techniques; recharging themselves helped a lot to maintain the resilience and their ability to thrive from adversity.

LIMITATION

The first potential study limitation was related to the sample size and sample characteristics of the 15 nurse participants. While this sample size was appropriate for qualitative research and data collection progressed until saturation was reached, one can never be sure that the full range of information pertaining to resilience has been obtained without interviewing the entire population of nurses. Theoretically, there is always the possibility that the last person interviewed will reveal new information relating to the phenomenon of resilience. Another limitation is that the study was only conducted in a sin-

gle hospital that was our target. This study was conducted at a large teaching hospital that faces a problem with nurse turnover.

CONCLUSIONS

Ten major themes revealed why nurses chose to remain in the TH workforce and these themes show how nurses have become resilient and had positive results despite the often chaotic healthcare system. Clearly, the linked themes were the factors that helped the cohort handle and manage nursing and its challenges.

CONFLICT OF INTERESTS

The authors declare that they have no financial and/or non-financial competing interests.

REFERENCES

- 1) Jackson D, Hutchinson M, Everett B, Mannix J, Peters K, Weaver R, Alamonson Y. Struggling for legitimacy: nursing students' stories of organizational aggression, resilience and resistance. *Nurs Inq.* 2011; 18 (2): 102–110.
- 2) Mealer M, Jones J, Newman J, McFann K, Rothbaum B, Moss M. The presence of resilience is associated with a healthier psychological profile in intensive care unit (ICU) nurses. *Int J Nurs Stud.* 2012; 49(3): 292-299.
- 3) Kovner C T, Brewer C S, Fatehi F, Jun J. What does nurse turnover rate mean and what is the rate? *Policy Polit Nurs Pract.* 2014; 15(3-4): 64-71.
- 4) Dyer GD, McGuinness TM. Resilience: Analysis of the concept. *Arch Psychiatr Nurs.* 1996; 10(5): 276-82.
- 5) Fleming J, Ledogar RJ. Resilience, an evolving concept: A review of literature relevant to Aboriginal Research. *Pimatisiwin.* 2008; 6(2): 7-23.
- 6) Kim M, Windsor C. Resilience and work-life balance in first-line nurse manager. *Asian Nurs Res.* 2015; 9(1): 21-27.
- 7) Kornhaber R A, Wilson A. Building resilience in burn nurses: A descriptive phenomenological inquiry. *J Burn Care Res.* 2011; 32(4), 481-488.
- 8) Mealer M, Conrad D, Evans J, Jooste K, Solyntjes J, Rothbaum B, Moss M. Feasibility and acceptability of a resilience training program for intensive care unit nurses. *Am J Crit Care.* 2014; 23(6): 97-105.
- 9) Wang S, Liu Y, Wang L. Nurse burnout: Personal and environmental factors as predictors. *Int J Nurs Pract* 2015; 21(1): 78-86.
- 10) Almedom AM, Glandon D. Resilience is not the absence of PTSD any more than health is the absence of disease. *J Loss Trauma.* 2007; 12(2): 127-143.
- 11) Husserl E. *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press. 1970.
- 12) Lopez KA, Willis DG. Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qual. Health Res.* 2004; 14(5): 726-735.
- 13) Wojnar DM, Swanson KM. Phenomenology: An exploration. *J Holist Nurs Pract.* 2008; 25(3): 172-180.
- 14) Bowen GA. Naturalistic inquiry and the saturation concept: A research note. *Qual Res.* 2008; 8(1): 137–152.
- 15) Giorgi A. The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *J Phenomenol Psychol.* 1997; 28 (2): 235-260.
- 16) Kleiman S. Phenomenology: To wonder and search for meanings. *Nurse Res* 2004; 11(4): 7-19.
- 17) Groenewald T. A phenomenological research design illustrated. *Int J Qual.* 2004; 3(1): 1-26.
- 18) Giorgi A. The phenomenological psychology of learning and the verbal learning tradition. In A. Giorgi (ed). *Phenomenology and psychological research.* 1985; (pp.23-85). Pittsburgh, PA: Duquesne University Press.
- 19) Kim Y. The pilot study in qualitative inquiry: identifying issues and learning lessons for culturally competent re-

- search. *Qual Soc Work*. 2011; 10(2): 190-206.
- 20) Sparkes AC. Validity in qualitative inquiry and the problem of criteria: Implications for sport psychology. *Sport Psychol*. 1998; 12: 363–386.
- 21) Robson C. The methods of data collection. *Real World Research: A Resource for Social Scientists and Practitioner-Researcher*. Oxford: Blackwell. 2002.
- 22) Malterud K. Qualitative research: Standards, challenges, and guidelines. *Lancet*. 2001; 358: 483–488.
- 23) World Medical Association. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA*. 2013; 310(20): 2191-4.
- 24) Hardy C. Empathizing with patients: the role of interaction and narratives in providing better patient care. *Med Health Care and Philos*. 2017; 20: 237–248.
- 25) Hodges HF, Keeley AC, Troyan PJ. Professional resilience in Baccalaureate prepared acute care nurses: First steps. *Nursing Education Perspectives*. 2008; 29: 80-89.
- 26) Ablett JR, Jones RS. Resilience and well-being in palliative care staff: A qualitative study of hospice nurses' experience of work. *Psycho-Oncology*. 2007; 16: 733-740.
- 27) Gillespie BM, Chaboyer W, Wallis M, Grimbeck P. Resilience in the operating room: Developing and testing of a resilience model. *J Adv Nurs*. 2007; 59: 427-438.
- 28) Gillespie BM, Chaboyer W, Wallis M. The influence of personal characteristics on the resilience of operating room nurses: A predictor study. *Int J Nurs Stud*. 2009; 46: 968-976.
- 29) Jackson D, Firtko A, Edenborough M. Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *J Adv Nurs*. 2007; 60(1): 1-9.
- 30) McAllister M, Lowe JB. *The resilient nurse: Empowering your practice*. New York, NY: Springer. 2011.
- 31) McCloughen A, O'Brien L, Jackson D. Esteemed connection: Creating a mentoring relationship for nurse leadership. *Nurs Inq*. 2009; 16(4): 326-336
- 32) Baernholdt M, Mark BA. The nurse work environment, job satisfaction, and turnover rates in rural and urban nursing units. *J Nurs Manag*. 2009;17(8): 994-1001.
- 33) American Association of Colleges of Nursing. (2010). Nursing shortage fact sheet. Available from URL: <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>.
- 34) Hill KS. Improving quality and patient safety by retaining nursing expertise. *Online J Issues Nurs*. 2010; 15(3).
- 35) Rassool GH. The crescent and Islam: healing, nursing and the spiritual dimension. Some considerations towards an understanding of the Islamic perspectives on caring. *J Adv Nurs*. 2000; 32(6): 1476-1484.
- 36) Black AF, Winefield HR, Chur-Hansen A. Occupational stress in veterinary nurses: roles of the work environment and own companion animal. *Anthrozoös*. 2011; 24(2): 191–202.
- 37) Mills J, Wand T, Fraser JA. On self-compassion and self-care in nursing: Selfish or essential for compassionate care? *Int J Nurs Stud*. 2015; 52(4): 791-793.
- 38) Barnett JE, Baker EK, Elman NS, Schoener G.R. In pursuit of wellness: the self-care imperative. *Prof Psychol Res Pract*. 2007; 38(6): 603–612.
- 39) Alexander GK, Rollins K, Walker D, Wong L, Pennings J. Yoga for Self-Care and Burnout Prevention among Nurses. *Workplace Health Safe*. 2015; 63(10): 462–470.