

WHITE PAPER



BATTLING BACK FROM HOPELESSNESS

# RESILIENCE INTERVENTIONS FOR NURSE LEADERS

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## EXECUTIVE SUMMARY

For the last two years, nurse leaders successfully led their nursing teams through the unprecedented tumult and strain of the global pandemic. Now those same nurse leaders are being asked to rebuild the nursing work environment, while managing staffing shortages, tight budgets and frayed clinical nurse teams needing more support than ever from their leadership teams. How are nurse leaders holding up under this continuous strain? While few researchers have focused on nurse leader turnover, one large multi-site study recently found that approximately 25% of nurse leaders intend to leave their roles within two years. Job dissatisfaction and burnout were cited by respondents as the top reasons they were considering leaving the profession to which they had dedicated their lives. With this article, we explore the prevalence of job dissatisfaction and burnout among nurse leaders and present evidence-based interventions that can help these key nurses to build resilience through increased social connectedness, self-care, optimism and gratitude.

## INTRODUCTION

Nearly one quarter of all nurse leaders are so tired and damaged from the last few years that they no longer want to be nurse leaders, according to an American Organization for Nursing Leadership (AONL) 2021 study. In the longitudinal study conducted from July 2020 through August 2021, researchers found that 36% of Nurse Managers described themselves as “not or not at all emotionally healthy.” Directors and Chief Nursing Officers indicated the same at a rate of 26% and 17%, respectively. Overall, the study reported that nurse managers “have gone from burnout to hopelessness.” This finding has been largely unnoticed as nurse leaders have often been viewed as part of a support structure for their teams with little appreciation for the impact of the global crisis on them, their families, and their emotional wellbeing. Meanwhile, these same nurse leaders were not only counted on to protect their teams during the worst of the pandemic, but are now responsible for implementing organizational measures to promote wellbeing and resilience of their clinical nurses. However, if the emotional health of nurse leaders is not addressed, the effectiveness of these recovery measures will be limited. Cultivating resilience is not only vital for the personal health of nurse leaders, evidence indicates that the teams they lead will benefit from strengthening their resilience as well (Seligman, 2011).

## BACKGROUND

### The Critical Role of the Nurse Leader

The term nurse leader is used to refer to nurse executives, nurse directors, and nurse managers. These leaders have both a direct and indirect impact on the nursing workforce, the care that nurses provide, and the patient outcomes that result (Aiken et al.) Nurse leader roles are different at each level and are defined in the American Nurses Association Scope of Practice and are addressed in the American Association for Nursing Leadership Competencies (American Nurses Association 2009; American Organization for Nursing Leadership 2015a; American Organization for Nursing Leadership 2015b; American Organization for Nursing Leadership 2015c; American Organization for Nursing Leadership 2015d). They impact everything from nursing organizational structure to hiring and inspiring the nurse at the bedside. They all play a role in ensuring that nurses have the knowledge, skills, tools, structures, and processes needed to provide quality care. They have a responsibility for both the cost and quality of care. Following are just some of the key roles played by nursing leaders as the linchpins of quality nursing care:

- Hiring nurses and other team members to fill existing vacancies
- Properly onboarding new team members which improves retention
- Ensuring responsible use of all fiscal resources allocated to nursing
- Creating schedules that meet both staff and patient needs
- Creating a work environment for staff that is safe, collegial, and promotes professional growth
- Growing and recognizing talented team members
- Promoting practice that is evidence-based
- Monitoring the quality of patient care and leading teams to improve all aspects of care, including patient experience

**During the two-year COVID-19 pandemic, nurse leaders were tasked with the additional roles of:**

- Caring for patients when clinical nurse vacancies could not be filled
- Managing census that exceeded capacity

- Managing supply issues, including personal protective equipment (PPE)
- Supporting a nursing team that was fatigued and worried about the health of themselves and their loved ones as they assumed risks every day at work.

While the above list is certainly not exhaustive, it illustrates the importance of the nurse leader to quality care and the consequences of nurse leader turnover, nurse leader vacancies, and the erosion of nurse leader engagement. Unfortunately, research is sparse on the current emotional health of nurse leaders. While much has been published regarding the number of nurses leaving the bedside, leaving the profession, and the resulting vacancy rates, there are few studies on nurse leader turnover and the factors that influence their intent to leave and actual decisions to leave their profession. Nurse leaders, like all healthcare workers, continued to play the roles of parent, spouse, home-teacher, friend, and caregiver for older family members. They did so while shouldering the enormous responsibility of leading those who daily bore witness to the impact of the pandemic.

Clearly, this has had an impact on nurse leaders as the AONL research suggests. Organizations must act now to take measures to recognize the challenges facing nurse leaders and support them by focusing on both organizational and human factors that impact nurse leader resilience. This is an essential priority because of the ability of the nurse leader to positively impact the nursing workforce, the work environment, the resulting healthcare capacity, and the quality of nursing care.

## **WHAT WE KNOW ABOUT NURSE LEADER TURNOVER**

While researchers and industry experts have invested in the exploration of nurse turnover at the bedside (clinical nurse turnover), little has been explored about post-pandemic nurse leader turnover, intent to leave, and organizational costs associated with these phenomena. What is clear is that nurse leader turnover is costly both to an organization's finances and its ability to provide the best patient care. While relationships, continuity, trust, and work environment can all be eroded with resulting costs that are difficult to monetize, critical leadership vacancies have a negative impact on healthcare organizations, wasting an estimated \$8 million annually (NSI Nursing Solutions, Inc 2017). This cost comes in the form of resulting bedside turnover, decreased quality, and poor process control. In one large multisite study which included 1,880 nurse leaders, Warden and her colleagues found that more than half of participants planned to leave their current positions in less than five years, with job dissatisfaction and burnout being top drivers of intent to leave (Warden et al., 2021). Additionally, about 25% indicated an intent to leave their role within 2 years; a stark

picture. What is missing from current research is an understanding of those nurse leaders who have already exited their roles and not included when current leaders are studied. This represents a retrospective opportunity for new knowledge.

### **IS RESILIENCE THE ANSWER TO NURSE LEADER BURNOUT?**

Burnout is defined as a state of continuous psychological stress within work life. Causes of burnout include workload, lack of work life balance, and a toxic work environment. While stressors and adversity in the workplace may be expected in healthcare, particularly during events such as a global pandemic, resilience plays a protective role in allowing the leader to endure the adversity and to persevere. It allows the individual to experience the same adversity in a different way and with a different outcome: growth. Hudgins (2016) found a statistically significant relationship between resilience and job satisfaction ( $r=0.51$ ) and a statistical significance between job satisfaction and intended turnover ( $r=0.68$ ). In short, resilient nurse leaders are better equipped to favorably navigate adversity without suffering the effects of burnout and possible exit from their position.

Throughout the pandemic, resilience has been touted as an antidote to burnout and secondary traumatic stress experienced by nurses. The news media continues to focus on nursing resilience, as a few recent news articles demonstrate. “Nurses on pandemic front lines look to refill their “empty cup,” proclaimed the Baltimore Sun (May 6). “A Culture of Burnout—Addressing the Neglected Well-being of UPSON (University of Portland School of Nursing) Students Through Evidenced-based Practice,” read an April 28 opinion piece in that school’s *The Beacon* newspaper. But to what are they actually referring when they cite resilience? Resilience is most often defined as an individual characteristic, which in effect, pushes the responsibility onto nurses and nurse leaders to fix themselves and could limit organizational opportunities to impact the resilience of the work force.

Resilience in individuals is actually much more complex and is now understood as both a set of characteristics and a dynamic process. Early resilience literature described resilience as an ability to bounce back from adversity, focusing on an individual’s characteristics, such as hardiness, coping, self-efficacy, or optimism (Wignild & Young, 1993). Further exploration of the topic has found that resilience is not a static personal characteristic, but it developed as we experience and recover from adversity (Wignild & Young, 1993; Gillespie, 2007). Several researchers agreed that resilience is “An individual’s ability to adapt to various adverse conditions while maintaining a sense of purpose, balance, and positive mental and physical wellbeing” (Halter & Sturgeon, 2013; Sergeant & Laws-Chapman, 2012). In his research, Seligman describes resilience

in terms of how individuals respond to adversity, setbacks and failures. Resilient individuals see these experiences as temporary, local, and changeable which Seligman describes as “thinking like an optimist” (2011).

While Individuals do develop resilience through adversity by developing coping skills, exercising determination and persistence, and finding meaning in hardships, focusing only on the resilience of the individual is limiting and places the burden solely on the individual. Organizations have three distinct opportunities that are truly calls to action. The first, to provide nurses with information to help them to build individual resilience. The second, to create a work environment that supports those practices such as self-care, focusing on meaning, gratitude, and using individual strengths. The third may be the most challenging. It is the call to address the actual sources of stress. Being resilient is not to imply that one is long-suffering. Seeking solutions to burnout-related issues such as workload, poor relationships, and daily work frustrations cannot be diminished in its importance. In 2014, Dr. Thomas Bodenheimer called to add “Improved Clinician Experience” to the Triple Aim (now known as the Quadruple Aim). While he was inspired by his concern for physician burnout, he does address his concurrent concern beyond just physicians and mentions nurses specifically (Bodenheimer & Sinsky, 2014). In the face of the new challenges of the pandemic, it is believed that achieving the original Triple Aim is only possible by addressing the wellbeing of those who make healthcare happen (Mate, 2022). In the IHI’s Framework for Improving Joy at Work (Perlo et al., 2017), a model is provided that shows a pinwheel of responsibilities that includes those of individuals, managers, and senior leaders: a shared responsibility. It addresses leadership responsibilities such as establishing psychological safety, autonomy, recognition, and meaning in the work.

While nurse leaders focus on these areas of concern for their team members, remembering that they themselves require the same support is essential. This illuminates two leader responsibilities when it comes to organizational resilience and a nurse leader work environment which fosters that resilience. First, leaders need to model the way and practice evidence-based responses, such as optimism and self-care. Second, leaders who oversee leaders (such as nurse executives) should ensure that the resiliency of nurse leaders is addressed just as it is for clinical nurses and implement organizational levers to promote the resilience of all leaders. Nurse executives should support the autonomy of their nurse leaders, provide them with opportunities for self-care, and support a strong work community. Addressing both personal and organizational resilience is an essential investment in the future of nursing and nurse leadership.

## HOW TO BUILD RESILIENCE IN NURSE LEADERS

The key tactics to building resilience are well-known, such as increasing social connections, being optimistic and practicing self-care. Nurse leaders can undertake efforts to personally adopt these tactics. Organizations can also support the nurse leaders in building resilience.

### INTERVENTION: THE IMPORTANCE OF SOCIAL CONNECTIONS

#### What Nurse Leaders Can Do

Resilient individuals share many characteristics and behaviors that inform us about how resilience can be developed. The strongest correlation to resilience is social connectedness (Quevillon, 2016). Because individuals who have networks of family and friends demonstrate a greater capacity to bounce back during times of adversity, nurse leaders should leverage their relationships as an essential first step in building personal resilience. It is worth noting that social media does not promote the same sense of belonging and can actually increase an individual's sense of isolation. Encouraging nurse leaders to think about time spent in social ways can increase awareness and allow for socialization that is purposeful and rewarding. Sharing hardships leads to a shared experience and an increased sense that, "We'll all get through this." Knowing, for example, that others are worried about their families, their health, and kids in school allows the individual to say, "It's not just me; we're in this together."

#### How Organizations Can Support Nurse Leaders

Strong workplace social connections are as important as all other social connections. However, nurse leaders often have a solitary experience in the workplace. Purposely building a practice community for nurse leaders is a therapeutic intervention that may have more impact than any other. In the business of the healthcare work environment, creating both time and space where nurse leaders can be together, create shared experiences, and develop a like-minded community is essential. This can be done virtually, if necessary, but in person is a worthy goal.

In this setting, nurse leaders can not only build camaraderie, but by acknowledging their shared skill set (operational leadership), they can use their community to design ways to support one another and share the burdens of leading through crisis. One example would be the creation of schedules or rotations that allow each one to have protected time away, knowing that their capable colleagues would fill their shoes

temporarily. This practice community can serve to break down silos and lead to improved organizational functioning and can provide opportunities for countless acts of kindness among team members—an invaluable function.

## **INTERVENTION: SELF-CARE**

### **What Nurse Leaders Can Do**

Self-care should be thought of as self-preservation, and should be a practiced discipline for all nurse leaders. For the individual, self-care can be anything that makes them feel as though they have placed the metaphorical oxygen mask on themselves so that they can sustain and thrive. It is important to think about and choose self-care investments through that lens to receive the greatest benefit. Self-care should have a long-lasting, positive effect on the individual.

While caring for self is a highly individual endeavor and is based on what elevates each person uniquely, the following items are intended to ignite the imagination:

- Consider self-care practices that connect you to others such as a book club, a biking group or walking group
- Yoga and movement: things that engage the body
- Take care of your health by scheduling that dentist appointment, annual physical, or preventive healthcare
- Get enough sleep
- Engage your senses: music, good food, paint, art to be appreciated or created
- Resolve issues that simply need attention and weigh on the mind, such as balancing your checkbook or getting your passport
- Indulge yourself in those things that animate you and bring you joy.

Caring for oneself will allow nurse leaders to better face adversity with the courage that comes from being rested and emotionally prepared.



## How Organizations Can Support Nurse Leaders

Organizations can take tangible steps to allow nurse leaders to practice self-care when it is needed most. Nurse leaders at all levels need to model self-care practices and build structures and processes to promote them. Such measures can include:

- Speak of all self-care activities as “vaccinations” against burnout and despair. Create a culture of self-care that is unapologetic and creates a shared understanding of its value and the need to promote it for all leaders at all levels (Wei et al. 2018). This can be part of what is commonly referred to as “modeling the way.” It gives implicit and explicit permission to all nurse leaders to take necessary self-care measures.
- Measuring and modifying time spent at work so that individuals can get adequate rest and devote precious time to self-care activities that need to take place away from work, such as dentist appointments.

## INTERVENTION: DOING WHAT YOU DO BEST

### What Nurse Leaders Can Do

Resilient individuals play to their strengths. The results can overlap with both the social connectedness and self-care aspects discussed. When we think about “doing what we do best,” we think about the positive feeling that comes from successfully meeting a challenge that you are well suited to (Tse & Csikszentmihalyi, 2020). In your personal life this can be expressed in creative ways, playing an instrument, physical challenges such as running, or even volunteer work where the investment seems a natural fit.

In the professional setting, we see this when nurse leaders play the roles such as master communicator, master organizer, and master problem solver. During the pandemic, we saw both nurses and nurse leaders inventory their strengths when they were redeployed to sectors of greatest need. We saw, for example, some operating room nurses return to their critical care roots and others using their strengths in the important community sector where testing, assessing, vaccinating, and educating were essential to our national recovery.

The overlap with other constructs appears when we think about using our strengths to do good things for and with other people. As of this writing, the world is witnessing the hardships in Ukraine. We have seen professional musicians playing beautiful music to lift the spirits of others. We have seen a famous musician, Sviatoslav Vakarchuk, who has remained in harm’s way to sing to anyone he can reach. This use of one’s greatest talents has multifaceted benefits: it’s good for the individual, it builds connections with others, and as reviewed next, it can help to cultivate a sense of empowerment and optimism.

## How Organizations Can Support Nurse Leaders

What better place than the professional setting to play to the strengths of all individuals. In a formal way, nurse leaders should be asked about their strengths. Questions that can elicit reflection include:

- What are you doing when you are so engrossed that you lose track of time?
- What do others come to you for? What kind of help do others rely on you for?

By understanding what nurse leaders do best, the nurse leader group can determine how to allow each one to do more of what they're really good at and less of something else. For example, creative nurse leaders may be charged with celebratory designs for recognition of all teams while analytical team members may be charged with staffing analysis across multiple departments. This also opens doors for recognition for all, an opportunity that should not be wasted.

## INTERVENTION: CULTIVATING OPTIMISM

### What Nurse Leaders Can Do

Optimism appears to immunize individuals against depression, anxiety and helplessness (Seligman, 2011). Optimism is not about denying the realities of hardships or negative circumstances. Rather, optimism is about viewing hardships as temporary, limited in scope and changeable. In other words, optimistic individuals expect good things in the future.

**Following are key tactics to become more optimistic:**

- Increase your awareness of negative thoughts and consciously reframe them: "I've been through hard times before and I will get through this too."
- Recognize your role as a nurse leader and the impact you have on others. By being optimistic, you model this behavior for your team members. Remembering this responsibility will help you to focus on optimism.
- Be aware of the company you keep. Seek out people who demonstrate an optimism and speak it in everyday events. If someone pulls you down, finding a graceful exit from their company may be very beneficial.
- Avoid being flooded with negative input from news and other outlets. You may want to watch the news, but 20 minutes may be enough. Limiting screen time in others ways can be equally essential.

- Keep gratitude on the tip of your tongue and your pen. It is almost impossible for the mind to hold gratitude in the same time and space as emotions such as anxiety and anger. Let gratitude win by being thankful for at least three new things every day. Then express that thanks to others and journal about it as well.

## How Organizations Can Support Nurse Leaders

Cultivating optimism can have a direct effect on the ability of nurse leaders to cope (Rosa-besa, 2021; Seligman, 2011). Nurse leaders should develop “rules of engagement” in their interactions with each other where they employ a few key measures: start and end meetings with gratitude for each other and for the good works of others; agree to “pay it forward” after leaving the meeting by agreeing to thank someone who is not present in the room; agree to “flip the script” when negative conversations take on energy (turn the discussion to solutions and positive outcome expectations) and use virtual white boards found in platforms such as Microsoft Teams to post gratitude notes.

## ADDITIONAL OPPORTUNITIES FOR ORGANIZATIONS TO STRENGTHEN NURSE LEADER RESILIENCE

### Focus on Meaning

As previously discussed, resilient individuals share characteristics and behaviors in common such as optimism and social connectedness. Another shared characteristic of these individuals is an ability to find meaning in adversity. Nurse leaders need not look far to find the meaning in the work that they do, although explicitly highlighting it can make it more accessible to all nurse leaders. The meaning in the work of the nurse leader can be found in positive outcomes of both their teams and the patients in their charge. However, the nurse leader can benefit from unique measures at the organizational level.

First, nurse leaders can be provided specific time to embrace patient care in their practice areas. This can be in the form of patient rounding, sitting with a specific patient at the bedside, or partnering with a nurse on the unit for two hours to get close to patients and patient care. In doing so, meaning that was previously out of focus can become clear.

Mentoring and providing opportunities for growth will also instill a sense of meaning and accomplishment at work (Huhn et al., 2021). This is something that nurse leaders at all levels can build and contribute to within the team. Mentor relationships can

be particularly helpful to new nurse leaders who are at great risk for making a career change in the first years as a nurse leader. Opportunities to learn and grow are beneficial for all nurse leaders.

Even in times of crisis, having conversations about the future and professional growth can foster a focus on the future, a focus on self, and a sense of purpose for nurse leaders (Hahn et al., 2021). These opportunities can include a focus on professional development needs and opportunities, research opportunities, and opportunities to lead in new ways such as shared governance council leadership and formal mentor opportunities. Striving for nursing excellence through the ANCC Magnet® journey or Pathway to Excellence® Journey can also be inspiring and rewarding by offering a future vision and a structured pathway for attainment. Understanding the value of all of these growth avenues, even in times of crisis, can fulfill an important need for nurse leaders and fortify them against negativity.

## **CONCLUSION**

As the world adjusts to life with COVID-19 and hospitalizations from the virus decrease, the importance of effective nurse leaders continues to grow. It is likely that a phenomenon similar to the COVID-19 pandemic will repeat in the future (Glasper, 2020). Other system stressors remain: reimbursement constraints, social determinants of health, and provider shortages, to name a few. In order to have a healthcare system that can respond in a nimble and effective way, we will require nursing teams that are well-led and provided with structures and processes that capable nurse leaders have designed to support their practice. Organizations have a responsibility and moral obligation to prioritize the wellbeing, resilience, engagement, and longevity of their nurse leader workforce by focusing on the key levers of social cohesion, self-care, leveraging individual leader strengths, cultivating optimism, and lifting up the meaning of the important work that they do. By cultivating resilient nurse leaders, they will be able to impact the resilience of their teams (Seligman, 2011). In most cases these levers are cost neutral and can have an infectious positive effect on the work force. Now is the time for such important measures.

**Key Takeaways for Nurse Leaders:**

1. By building resilience in the nurse leader team, you change the way the individual and team responds to adversity. They are able to see it as limited in scope, temporary, and changeable. Because we often cannot change adverse events or hardships, we can change the way our teams view them and navigate them. The result of successfully navigating adversity is growth. Without resilience, we run the risk of nurse leaders exiting the profession.
2. While building personal resilience is “an inside job,” a personal journey, we cannot relinquish our accountability to cultivate a work environment that fosters its key elements such as optimism, self-care, meaning, and social cohesion for nurse leaders and for all nurses.

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