Resilience through the Eyes of Professional Nurses in South Africa

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Nurses enter the profession because they have a deeply rooted desire to care for people and it is important that they stay optimistic and keep their caring concern for patients to ensure high quality nursing care. We can learn about enabling or protective factors from resilient professional nurses who experience satisfaction in caring for their patients. We can also learn from less resilient nurses about risk factors in order to better equip nurses who suffer and run the risk of becoming physically or mentally ill and even leave the profession. The experiences of these nurses can lead to a better understanding of resilience in the profession and the information can be used to facilitate growth in professional nurses and can be of benefit to the health care service. This qualitative phase of a research project on resilience in professional nurses focused on the experiential narratives of 35 identified resilient and 10 less resilient professional nurses. Nurses were asked to share their experiences about what enabled or hindered them in their professional resilience. It took place in public and private hospitals, as well as primary health care clinics in South Africa. Findings indicated that the resilient nurses were actively involved in building and maintaining their resilience promoting ecologies, whereas less resilient nurses mostly externalised their loss of resilience and manifested professional helplessness and meaninglessness.

The nursing profession is based on a philosophy of care and professional nurses are responsible for delivering this care to the sick, weak, traumatised, wounded and dying patients in their care, and to be an instrument of service to patients within the health care system (Kozier, Erb, Berman, & Burbe, 2000). It can be said that nursing claims caring as the hallmark of the nursing profession, and thus all issues relating to caring are important to maintain the quality of care in the nursing profession (Muller, 2002). Nurses must be able to find a sense of purpose in caring for others, to stay optimistic, and to keep a compassionate caring concern for their patients in order to be successful caregivers (Talento, 1990; Watson, 2003).

When focusing on the well-being of South African professional nurses, the nature of the South African health care system and the effect it has on them should be taken into consideration. In the last 5 to 10 years there has been a shift from a fragmented, mainly curative, hospital-based service to an integrated, primary health care, community-based service (African National Congress, 1994; Geyer, Naude, & Sithole, 2002). The health care system consists of both a public and private sector, the private sector being profitable and catering for clients who have medical insurance, and the public sector, publicly funded and free to unemployed citizens or available for a small fee to those who are able to pay (Geyer et al., 2002; Van Rensburg & Pelser, 2004).

The resultant increase in health care utilisation is placing a great burden on professional nurses. They had to bear the majority of consequences resulting from the changes without the necessary preparation and support (Armstrong, Daellenbach, & Dixon,

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2008; Van Rensburg & Pelser, 2004). The vast financial disparities between the public and private health care sectors have devastating effects on all health professionals, but perhaps even more so on professional nurses who have to provide most of the care (Day & Gray, 2005). It is noteworthy that 58.9% of nurses work in the public sector and are serving 82% of the population and that 41.1% of nurses in the private sector are serving 18% of the population (Van Rensburg, 2004). The ethics and ethos of nursing with the core value of caring have come in direct conflict with a profit-focused health care society, thereby adding further stress to the already challenged nursing profession (Hofmeyer, 2003).

There is an overall shortage of nursing professionals around the world and in South Africa the shortages are acutely felt with a nurse shortage of 32 000 (Oulton, 2006). According to the South African Nursing Council a total of 47 390 000 patients were served by 101 295 registered nurses in 2006, that is a ratio of 468 patients for one registered nurse (South African Nursing Council, 2006). According to Buchan (2006), the nursing professionals who remain in the profession suffer from a high workload and low morale that has lead to a compromise in the quality of care provided, as hundreds of patients are often served by one practitioner and even providing the most basic care is sometimes impossible. In these circumstances the professional nurses try only to survive as they work under high stress levels and unbearable work loads, affecting their physical health and emotional well-being (Levert, Lucas, & Ortlepp, 2000; Pienaar & Bester, 2011).

Looking at the measures the government has thus far implemented to recruit and retain professional nurses their focus is solely monetary incentives, but this alone will not fulfil the needs that have been voiced. More positive approaches have been suggested to retain and empower nurses such as strengthening work autonomy and providing a safe work environment (Adams & Kennedy, 2006; Connell, Zurn, Stilwell, Awases, & Raichet, 2007). Recent work in the caring professions is leaning towards an illness prevention and health promotion orientation, the focus being on the facilitation and enhancement of skills and competencies, with an emphasis on hope and optimism, rather than relying on survival and reactive strategies (Collins & Long, 2003; Fralic, 2008). Research on human resilience has been done to understand how certain individuals, even when faced with challenges and risk factors or stressors, are able to bounce back and develop into confident, competent, caring individuals.

Resilience has become an appealing concept because of its roots in a model of positive psychology from which resilience researchers seek to explore those factors that enable individuals to successfully overcome adversity (Huber & Mathy, 2002; Kaplan, 1999). More recent conceptualisations of resilience describe it as a dynamic intra- and interpersonal process, influenced by internal factors and environmental factors and leading to positive outcomes when dealing with adversity (Carver, 1999; Kumpfer, 1999; Richardson, 2002; Tugade & Fredrickson, 2004). When understood in this way resilience is a multi-dimensional construct generally made up of four interactive components, namely: (a) risk factors, (b) protective factors, (c) vulnerability factors, and (d) positive adaptation (Luthar & Zelazo, 2003). Applying these factors to the workplace of the professional nurse, the following components can be identified: Risk factors or stressors in the nursing work environment, such as the high work load, the shortage of staff, poor support and role conflict (Ehlers, 2006); Protective factors, identified in literature as having protective influences. This also implies stress-resistance acquired through external factors and internal

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resiliency factors including cognitive, emotional, spiritual, behavioural and physical factors. Certain personality traits that seem to enhance resilience are hope, optimism, sense of coherence, mental health, and coping self-efficacy (Kumpfer, 1999; Richardson, 2002); Vulnerability factors are the opposite of the protective factors, and described by Luthar (1991) as attributes that make individuals more susceptible to deterioration in functioning due to high levels of stress. In the nursing context these would refer to the fatigue, burnout, depression and de-motivation that lead to many nurses leaving the profession (Pienaar & Bester, 2011), and Positive adaptation that can be defined as an outcome that is much better than would be expected given the presence of the risk factors. In the nursing context this would refer to the strengths and abilities of resilient professional nurses who cope with the demands and even thrive in the face of the adverse nursing workplace (Luthar & Zelazo, 2003; Richardson, 2002).

Resilience in this research is conceptualised as the intra- and interpersonal strengths and abilities, available as resources to the professional nurse. These resources fulfil both protective and enabling functions that promote stress resistance to risk as well as resilience for positive adaptation and benign outcomes in adverse working circumstances.

However, there is still a paucity of information about the concept resilience as it pertains to nurses in practice. Relevant information and a better understanding of resilience in professional nurses, their coping skills and resilient adaptations, as well as the risk factors that can be identified from the less resilient nurses can be of benefit to the health care service and provide hospital managers with useful recommendations for in-service training that can facilitate growth in professional nurses. The socially relevant contribution of this study could thus be to improve the overall functioning of professional nurses, thereby improving the quality of nursing care and improving the health care service. This research aimed to identify strengths and other protective factors from experiential narratives of resilient professional nurses as well as hindering aspects or risk factors to resilience expressed by less resilient nurses, by employing a qualitative research method.

Method

A multi-method approach was used of which the first phase was quantitative and focused on the prevalence of resilience in professional nurses using validated questionnaires (Koen, Van Eeden, & Wissing, 2010). The second phase was qualitative, investigating the experiences of resilient and less resilient professional nurses who agreed to participate, by requesting them to write about their experiences of either the enabling or hindering aspects in the profession. This article describes the second phase of the research. Throughout this phase general ethical principles (Brink, 2002; Strydom, 2002; World Medical Association, 2002) as well as guidelines to promote trustworthiness (Krefting, 1991) were followed.

Ethical Aspects

Ethical permission was obtained from the Ethics Committee of the North-West University (reference no. NWU-00002-07-A2). The researcher ensured that she was equipped to conduct the research and experienced co-researchers guided the research process. The researcher viewed the participants as autonomous and provided adequate information regarding the objectives and anticipated benefits, they participated voluntary and could withdraw any time without reprisal.

Trustworthiness

Guba's model of trustworthiness was followed (Krefting, 1991). The following strategies were employed: Prolonged engagement in which adequate time was spent with the participants, allowing for the

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establishment of rapport and participants could thus feel comfortable and safe enough to share opinions even on sensitive issues. The strategy of reflexivity enabled the researcher to maintain a critical, questioning thought process throughout data gathering. A dense description of the research process and characteristics of participants is provided, ensuring that the research is auditable. The involvement of a co-coder in the data analysis and consensus discussions enhanced the consistency of results and added to trustworthiness of the study.

Research Design

An explorative and descriptive qualitative design was followed, as information about resilience in professional nurses was investigated. The participants were professional nurses, all registered at the South African Nursing Council to practice nursing, working in health care facilities and identified from the first phase of the research as being resilient or manifesting low resilience.

Population and Sampling

Resilient professional nurses (N = 133) were identified by means of validated questionnaires that they completed during the first phase of the research. The researcher telephonically contacted the participants who scored high in resilience and that provided a contact telephone number, requesting them to write about their experiences and to describe how they manage to stay resilient and compassionate in the nursing profession. In this way 39 nurses initially agreed to participate and the 35 who eventually wrote their stories were: 2 Males and 33 Females of whom 27 were of Black South Africans, 7 White South Africans and 1 of Coloured origin. The same process was followed with 14 identified less resilient nurses who were contacted and requested to write on factors that hinder them in maintaining resilience in the profession and 10 completed the narrative. All 10 were Females, 8 of African and 2 of White origin. Participants had to meet the following criteria: Were identified as resilient or less resilient professional nurses from the first research phase, were willing to participate, and able to communicate in Afrikaans or English. The context within which the research took place was public and private hospitals as well as primary health care clinics in four semi-urban areas. Included were a psychiatric and a general hospital from the public sector and four private hospitals, three of them under management of the mining industry, as the area is mainly a mining community. The three primary health care clinics are affiliated with one of the private hospitals under mining management, catering for primary health care needs of the mining industry.

Data Gathering

After obtaining permission from the Ethics Committee of this University, relevant authorities were contacted and permission obtained to involve the professional nurses in this research project. Voluntary, informed consent was obtained from all the participants. Detailed data were gathered from the narratives of these professional nurses through writing about their experiences. One of the benefits of writing exercises is that the participants give the researcher their accounts in an exact form, the words are their words and reflect their reality (Gilbert, 1993). The resilient nurses were asked to write on how they manage to stay resilient and keep the caring concern in the nursing profession, while the less resilient nurses were requested to write on what they found hindering or troublesome in the nursing profession to maintain resilience.

Throughout this process confidentiality and privacy were ensured and all the ethical principles required for this research were upheld.

Data Analysis

Data saturation was clear after the initial thorough reading of 20 of the narratives by the researcher and a co-coder, but as 35 were received and because they were in the words of the participants, they were all analysed, as well

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as the 10 describing the hindering aspects. After multiple readings, analysing of the text content and identifying of themes or units of analysis that emerged, was done (thematic content analysis with open coding (Babbie, Mouton, Vorster & Prozesky, 2004). Thereafter the tentative naming of conceptual categories according to our understanding of protective factors and risk factors in resilience theory was done, for resilient and less resilient nurses respectively (Niewenhuis, 2007). This process of analysis was thus both deductive and inductive (Delport, 2005). An independent co-coder assisted in data-analysis and a consensus meeting between the researcher and the co-coder was held to verify the themes for the final narrative with the help of Tesch's steps of analysing textual data (Creswell, 1994). The co-coder followed the same procedure with a framework for data-analysis provided by the researcher, which entailed assisting guidelines for coding.

Literature Review

A thorough literature review was conducted in order to base findings in literature, as well as to identify similarities, differences, and also identify what is unique in these findings as indicated by Burns and Grove (2005).

Findings and Discussion

After consensus was reached between the first author/researcher and the independent co-coder the following final version was written and discussed under themes and sub-themes as identified. The experiences of the participants are presented using their own words from the narratives. The authors support the later trend in qualitative research to report the richness of the data and in this case to give these nurses a voice, by sharing their experience and to rather report too much of the data than too little (Chenail, 1995). The goal is to make the data as public and the process as replicable as possible (Anfara, Brown, & Mangione, 2002; Constas, 1992). The results from narratives on: "How I manage to stay resilient and keep the caring concern in the nursing profession", will be presented first.

Theme 1: Strong Beliefs and Solid Foundation

Under this theme, four sub-themes emerged:

Sub-theme 1: Spiritual strength. Most of the participants referred to a strong belief system or spiritual philosophy that they are depending on for strength and direction (22 referred to this theme). They say:

> *God is on my side, therefore I can do anything; I start every day in the name of Jesus, and live as if it is my last day; I believe God put me in the profession, to serve others; Nursing is a calling and I will keep going with the help of God; I tap into and harness my spiritual dimension.*

Literature that refers to the importance of a strong belief system, although not in reference to nurses, includes Garbarino, Kostelny, and Dubrow (1993) and Wicks (2005), who discuss the importance of inner-strength and spiritual wisdom to overcome stress and improve well-being, and Milne (2007) who stresses the importance of developing a personal moral compass or shatterproof set of beliefs to increase resilience. Seligman (2002) identifies spirituality and transcendence as an important virtue in authentic happiness, while Polk (1997), Deveson (2003) and Prevatt (2003) also address philosophical issues, including personal beliefs and principles and a moral-religious orientation. Faith as a protective factor has also been indicated by other authors (Killian, 2004; Myers, 2000; Schlessinger, 2006; Williams, 2002).

Sub-theme 2: Personal resources. Most of the participants wrote about their upbringing by strict, loving parents that provided them with discipline, or values for life, the support and correction by friends that help them in managing their life, or providing direction in life (23 narratives had this

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theme). They say:

> *My family support me, specially my children and I try to spend time with them, I want to make them proud, it gives me direction in life; Support from friends and family keep me going; My upbringing, my parents taught me and disciplined me, they taught me values and are my role models; Advice and corrections from family and friends help me to stay on the right track; I was taught to stick to things and do my best.*

Literature that refers to friends or parents as important in resilience include: Milne (2007) refers to victims of Hurricane Katrina who attributed their survival to faith, and referring to the supportive prayers of friends and family, while Wolin and Wolin (1993), Grove (2002) and Reed-Victor (2003) discuss the importance of trusting relationships with parents or significant others as a protective factor in resilience. Literature refers to the importance of a good relationship with parents or other people and the importance of a thorough upbringing to instil values and discipline which will add to building character, a sense of responsibility, good habits and the ability to cope with difficulties (Ganiere, Howell, & Osguthorpe, 2007; Grotberg, 1997).

Sub-theme 3: Sustained by values. What became clear from reading the stories, was the fact that many of the participating nurses are value-driven (17 narratives carried this theme). They say:

> *I am committed to make a success and live with integrity and dignity giving my best for my patients; I am proud of my achievements and don't focus on money and material things; I stick with my principles, that makes me feel good about myself; I want to be of value and make a difference, being loyal to my patients; I must be committed and loyal to management and my co-workers; I want to do my work with justice, and be fair towards my patients, giving them my best and value them.*

The importance of values are mentioned in literature by Pawelski (2008) who refers to the importance of acting just and being fair, and according to Seligman (2002), justice is a virtue on which character strengths such as loyalty, duty and fairness is based. A study among nurses about burnout, found that nurses who were coping better referred to their commitment, feeling that nursing was a calling and that they had to be loyal, it seemed as if they found meaning in the belief that there was a larger purpose behind their work (Cilliers, 2002).

Sub-theme 4: Professional assets. Many of the participants wrote about the importance of good training and ongoing training that have equipped them with knowledge and skills to cope with the many demands and stressors in the profession. The importance of good role-models also stood out (19 narratives carried this theme). They say:

> *My good training has equipped me and consultation with co-workers is a good source of support; I thirst for knowledge and I want to become the best, setting goals and challenges for myself; Good training, specially Psychiatry has taught me a lot and equipped me with skills; The role models and good nurses, have taught me a lot, a good tutor has inspired me; I learn from my experiences and don't make the same mistakes, reflecting a lot and trying to stay abreast by continuous development; I feel I have to be a role model for juniors, I try to teach and empower them.*

Literature mentions the importance of training, ongoing training and role-models

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(Waterman, Waterman, & Collard 1994). Gaba (2003) and Kakabadse (1999) discuss the importance of further training and formal educational processes to strengthen characteristics of resilient individuals. A study among nurses found that the nurses who were coping best, reported that they made a deliberate effort to learn more about nursing and to improve themselves (Cilliers, 2002). Authors that expressed the importance of role-models as a protective factor in resilience are amongst others Block (2007), Charney (2005), Killian (2004) and Milne (2007). What couldn't be found in literature and seems to be a unique finding here is the fact that professional nurses feel responsible to equip the junior personnel, be role models and empower the nurses who are still learning.

Theme 2: Supportive Professional Context

The support of friends and co-workers seem to help most of them as they can debrief and ventilate. Many mentioned the importance of positive friends (26 referred to this theme). They say:

> *I respect the rest of the team and learn from them we support each other; I listen to advice of co-workers they are like my family; I get help from others and share time with positive people who makes me feel better; I have support systems among nurses and also at home and at church; Positive relationships with colleagues help me a lot and motivate me to keep going; I debrief after death of a patient, by talking to colleagues, friends or family.*

According to Milne (2007) a supportive social network must be established and nurtured for sustained resilience and according to Loesel (1992) resilience is reinforced by emotional support outside the family. Morano (1993) refers to the importance of using a social support system as part of interpersonal coping strategies and connecting with other people can enhance hope and positive adjustment (Niederholfer & Pennebaker, 2005; Snyder, Rand, & Sigman, 2005; Williams, 2002).

Theme 3: Health and Wellness Strategies

Many of the participants mentioned the importance of a balanced, healthy lifestyle that helps them to stay healthy and give their best (this theme was found in 16 narratives). They say:

> *I take care of myself and do nice things; I rest and get enough sleep; I eat healthy and stay fit; I make time for fun; I have hobbies and live a balanced lifestyle; I spend time doing gardening; I go for regular check ups and I treat myself to something special regularly; I have to rest enough and do things like going to the gym, to stay healthy.*

The importance of a healthy life style is mentioned in literature: Milne (2007) mentions the importance of keeping fit as part of resilience, saying that exercise for physical well-being will also enhance brain health. A study among nurses found that those with a healthy lifestyle could cope better with burnout (Cilliers, 2002).

Theme 4: Cognitive Strength and Well-being

Most of them wrote about the fact that they have a positive mindset or attitude towards life, making the best of every day. They see problems as challenges, which by overcoming, strengthen them (27 narratives contained this theme). They say:

> *I appreciate life and people and see things as challenges trying to make a difference; I don't see myself as a victim and focus on the positive things in life and can cope with the demands; I have a positive attitude, thankful for every day; I feel privileged for all the blessings in my life and am thankful; Dealing with difficult situations have made me stronger; I mourn failures and*

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rejoice in successes; Life is a journey and I believe I can make a difference; I focus on the good things, I make a choice every day to be joyful and hopeful, never giving up.

Literature mentions the importance of a positive outlook or mindset: A study among nurses about burnout found that the coping nurses find meaning in small things (Cilliers, 2002), and humour as being a part of resilience is mentioned by Holmes and Marra (2002). The theme of the importance of a positive mindset is also found in the work of Seligman (2002), and Risher and Stopper (1999) about being positive and optimistic and other authors referring to the importance of staying positive by cultivating a positive frame of mind (Block & Kremen, 1996; Bonanno, 2004; Tugade & Fredrickson, 2004; Tusaie & Dyer, 2004; Wolkow & Ferguson, 2001). There seems to be a growing awareness that positive perceptions and attitudes are necessary for effective functioning in the face of adversity (Boss, 1992; Lazarus, & Folkman, 1984; Potgieter & Heyns, 2006). Seligman shows the difference between optimism and pessimism as a state where the former lead to better health, better performance at work, and ability to age well (Seligman, 1990).

Theme 5: Proud of the Nursing Profession as a Secure Base

The nursing profession has provided many of them with opportunities and some of them feel it is a satisfying and interesting job (23 referred to this theme). They say:

I care for my patients and they need me therefore I will keep going; Being there for my patients, they are like my family; Patients appreciation is my reward and encouragement; There are many opportunities in Nursing; I think about my patients who need me when I want to quit; It is fulfilling to care for patients; I have a passion for nursing and care for my patients; I seize the opportunities in the profession; It is rewarding when patients get better.

Literature refers to the importance of resilient people to stick to their jobs and manage the demands in their workplace: It has been suggested that resilient careerists will exhibit a greater tendency to persevere in their occupations, with weaker intentions to withdraw (London, 1993). Charney (2005) refers to altruism as a therapeutic tool and asserts that stress is often made easier by helping others (Milne, 2007). Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) refer to the positive side of nursing, namely engagement. Engaged nurses see themselves as competent in dealing with the demands of their job, and have a sense of effective connection with their work activities. Although there is mention of the rewarding factor of the profession in literature, this was not found to be a prominent theme. The uniqueness of this study is that it reveals aspects of resilience in professional nurses and a strong factor seems to be the fact that many of them feel the profession is a calling and that the patients need them. They also learn a lot from patients who have to endure pain and suffering, thereby becoming stronger in themselves and their resolve to manage the stressors or obstacles in the profession.

The major themes that emerged from resilient participants' narratives of their experiences in the nursing profession capture the essence of resilience as a resource-based ability. The participants found their personal resources (values, cognitive strengths and well-being, health and wellness strategies), their social resources (interpersonal relationships, supportive professional ties and patients), their contextual resources (professional assets of training and competencies and the ethos of the nursing profession) and their spiritual resources (beliefs and spiritual philosophy), as

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resilience promoting or enabling. These findings align well with understanding of resilience from an ecological perspective in which the focus is shifted from viewing intrapersonal characteristics as determinants of resilience, to emphasising the network of interactions and relationships of which the person is part, as the main sources of resilience (Theron & Theron, 2010; Ungar, 2005). The ecological approach supports the argument that intrapersonal competencies develop in and are shaped by the larger interpersonal context within which persons find themselves and that resilience is the outcome thereof (Smith & Dower, 2008). The writings of nurses reveal how they are choosing to interact with their environment, although realising the complexity and potential for adaptability and flexibility in themselves (Siebert, 2002). Resilience through their eyes seems not only what they are faced with, but what they do, or can do about the reality that they encounter. It is not a static state, but can be enhanced and developed in some manner, to become an active and enabling process that contributes to well-being. Finally, Viktor Frankl's conclusion about the inner processes that enabled people to overcome unthinkable conditions was that, the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way" (Frankl, 1963, p. 104), was also reflected in these narratives. The resilient nurses' writings attest to their chosen ownership of their attitude toward and behaviour in the nursing profession and how this empowered them to stay and serve and to live what they believed was the essence of their profession.

The experiential narratives on: "What is hindering you or do you find troublesome in the nursing profession to maintain resilience", revealed four themes and emphasised the difficult context in which nurses have to work, confirming just how resilient nurses have to be to stay compassionate and thrive. They are discussed in the following narrative with direct quotes.

Theme 1: Unappreciative Workplace and Poor Remuneration

Low remuneration and deteriorating conditions are prominent themes, with the burden of not enough trained people to do the work, long working hours and facing too many responsibilities, indicated as the difficulties experienced. The caring is largely gone, with only a few who seem to care for patients. The training is not as good as it has been. Many nurses are going overseas or are leaving nursing (10 narratives had this theme). They say:

> *I have to work long shifts i.e. 07:00 -19:00 and the money is not enough; Under payment and poor remuneration have always been a problem; Lack of resources, human resources, financial and equipment, the environment is not conducive to work in; There is a lack of passion and commitment. Many of us are burnt out; The shortage of nurses, like one nurse care for up to 15 patients, and the quality of care is compromised; The turnover is very high, newly appointed nurses leave quickly.*

Theme 2: No Investment in their Potential

Nurses feel that there are not enough opportunities for in-service training, attendance of workshops, seminars or staff development; the management don't care about the nurses, it has become money-driven, poor instructions by management, protocols and policies don't exist, autocratic leaders, favouritism and the lack of respect towards nurses are causing problems (eight narratives carried this theme). They say:

> *No in-service training is available; we don't get the opportunity to attend workshops; The attitude of managers towards subordinates are bad; We have to many autocratic leaders, and a lot of favouritism; It*

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has become money-driven. There is a lack of respect for the nurses; Employers don't motivate and support nurses in their professional development, they are afraid we will be promoted.

Theme 3: Insecure Environment

The nurses have to deal with incurable communicable diseases like HIV/AIDS, some nurses are also infected and they are scared to get sick. There is no counselling or support systems in place for nurses to deal with trauma and their negative experiences. There is a lot of misbehaviour from nurses like absenteeism and alcoholism. There is a culture of doing wrong things thus impacting negatively the lives of patients and other nurses. Staff members are not working as a team, leading to conflict among staff, with patient care lacking (seven narratives had this theme). They say:

The fact that I can get AIDS is always in the back of my mind; Many of the nurses are already infected with the HI-virus; We don't have counsellors at the hospital for the nurses; Many of the nurses just stay away from work or take a lot of sick leave; Some of us are drinking to cope; The standards have dropped, nurses are lazy, they strike and don't have integrity.

Theme 4: Acknowledgement Deficit

There is much of violence in the work place and some of the nurses don't feel safe or respected by patients and/or the rest of the multi-disciplinary team. Some of the nurses have to do tasks that are not part of their scope of practice or that they feel are non-nursing tasks. The nurses are not always informed of new policies (seven narratives carried this theme). They say:

When we have to do things that we know are not part of our scope of practice; We hesitate when we have to do things that we haven't been trained for; The patients don't respect us, and some will shout and get violent; It is not safe at work; The doctors are never here and don't respect us. Non-nursing duties are a problem to me; Management don't tell us and only implement new things; The other professions don't appreciate the nurses, they see us as the slaves; The lack of autonomy.

These hindrances are also alluded to in literature. Cavanagh and Snape (1997) divide stressors in the nursing profession into three categories, namely: personal, interpersonal and work environment or organisational stressors. Personal stressors refer to the inability to manage: home, work and sometimes study responsibilities, or inadequate preparation for the nursing demands. Interpersonal stressors reflect on bad relationships among nurses and doctors, supervisors, co-workers or other personnel (Basson & Van der Merwe, 1994). Work environment stressors include modern technology, a high work load and long working hours, demanding responsibilities, a lack of autonomy, role conflict, and under-staffing. The negative impact of such stressors or burnout on the quality of care in nursing should not be underestimated (Pienaar & Bester, 2011; Schaufeli & Enzmann, 1998), as indicated by the increase in stress-related absenteeism. Literature also reports an increase in the number of individuals who receive disability grants due to mental (possibly stress related) problems (Schaufeli & Enzmann, 1998). Tusaie and Dyer (2004) furthermore mention the fact that nurses bear witness to tragedy, suffering and human distress as part of their daily working lives, with many stressors and workplace adversity, and need support in the workplace.

What seems to be a unique finding is the perceived lack of opportunities as far as training, seminars, in-service training and workshops are concerned, and literature does

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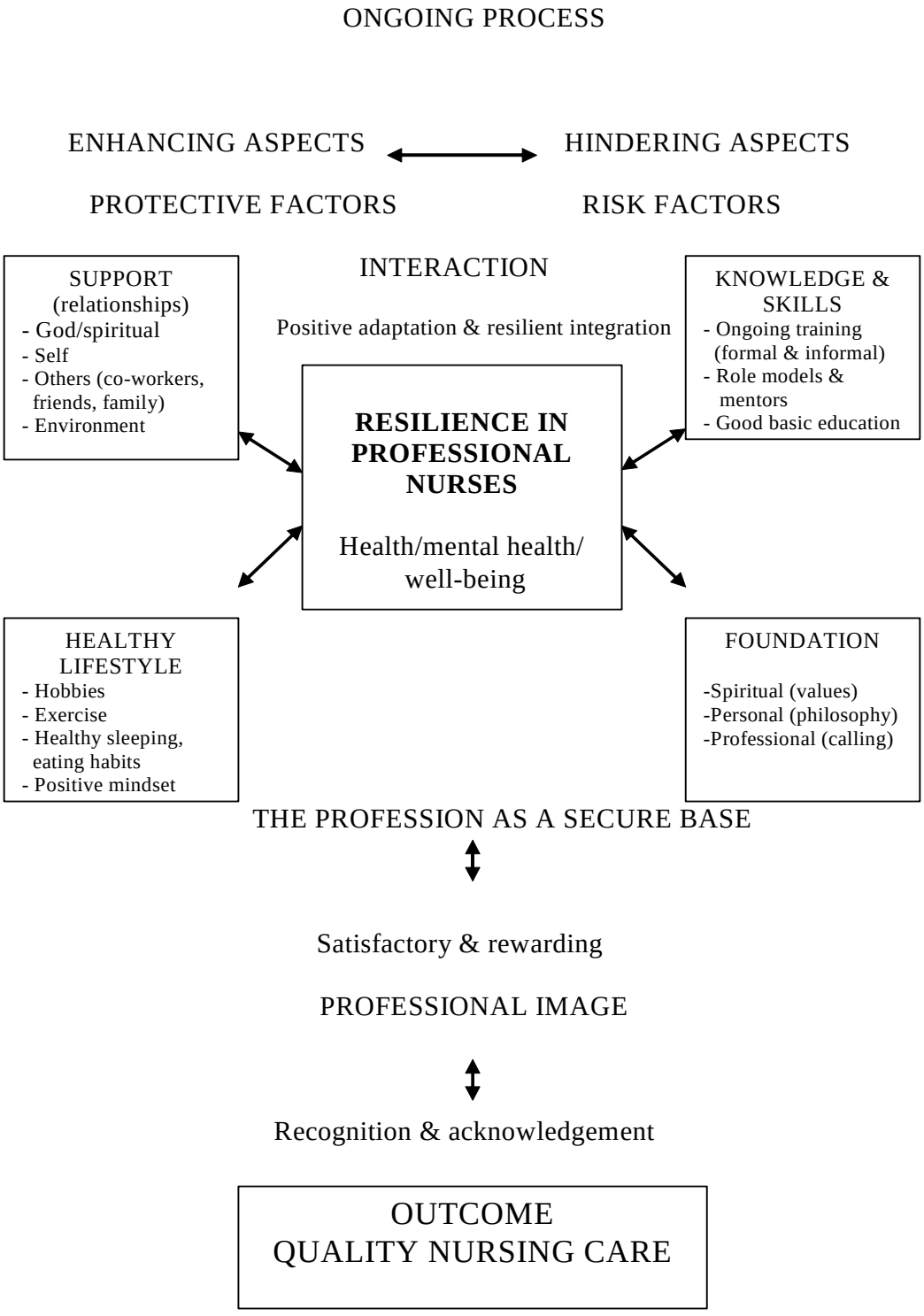

Figure 1: Framework for facilitating and enhancing resilience and psycho-social well-being in professional nurses

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not mention the lack of opportunities for further development.

From their experiential accounts it seems as if the less resilient nurses manifest helplessness and hopelessness, feel threatened by the workplace ecology, are unable to cope with the challenges and experience these as adversities and risks. They seem to have lost their engagement with the caring nature of the nursing profession and to externalise their feelings by attributing the cause of their disillusioned behaviour onto management, service providers, patients and colleagues. From the narratives it is clear that nurses have to deal with severe risk factors in their work environment (hindering aspects). Some nurses are able to manage the adverse working conditions and cope or even thrive, while others seem to become angry and dissatisfied, de-motivated and lose their caring commitment to the profession.

In Figure 1, the enhancing or protective factors that serve enabling functions and buffer the impact of risk or hindering factors in the nursing profession, are illustrated. It seems that if these processes lead to positive adaptation and resilient integration (Kumpfer, 1999; Richardson, 2002) in the challenging and risk laden health care context where nurses work, the outcome may be quality nursing care.

Conclusions

This study aimed to identify specific and unique resilience enabling aspects and protective factors from previously identified resilient nurses and risk factors or hindrances from identified less resilient nurses, by employing a qualitative research method in order to obtain an in-depth understanding of resilience in professional nurses. This aim was achieved and rich data about resilience was obtained from both groups of nurses.

Our findings indicated that there are professional nurses who show strengths that enable them to act resiliently in difficult workplace circumstances. These strengths are the outcomes of resilience promoting resources in their personal and professional environments (ecologies). This strength-based understanding of resilience is in line with positive psychology, which emphasise the unearthing of strengths or assets to promote psycho-social well-being, rather than the difficulties and weaknesses that negate well-being in general (Coutu, 2002; Seligman, Rashid, & Parks, 2006).

The opposite was however found in the narratives of less resilient nurses, characterised by demotivation and disillusionment that have detrimental effects on their commitment to care and compassion. The outstanding realisation however, is that resilience is crucial in the nursing profession and therein lies the contribution of this qualitative investigation. An in-depth understanding of resilience promoting factors could provide guidelines for interventions or programs aimed at generating resilience in all nurses. Their psycho-social well-being could be enhanced and the overall health care system improved.

Research Limitations

It must be remembered that in qualitative research, the design that was followed to explore the experiences of the nurses, it cannot be assumed that the findings can be generalised to other settings or participants. Further research is recommended to add to the knowledge gained. Although the participants were proficient enough in English to write their narratives, it is recommended that further research allow for the narratives to be written in the home language of the person. This is particularly important for participants from African descent.

Recommendations for Future Research

It is recommended that focus group interviews are done with professional nurses to further explore their resilience. It is also recommended that the unique strengths evident in the professional nurses enabling them to be resilient, be used to develop

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guidelines for in-service training and other programs to enhance resilience and psycho-social well-being in all nurses. It is further recommended that strengths specific to the various cultures from which the nursing population is made up of, be further explored. Although the authors recognise the significance and inter-relatedness of culture in resilience and were respectful and mindful of culture differences, it was not explored. The nursing profession as having a culture of its own was clearly recognised in the similarities found in the narratives of the participants from the different South African cultural groups taking part in this multi-cultural study.

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