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workplace culture

# **Becoming resilient: a guide for nurses**

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## **Abstract**

Discussions about the sustainability of the NHS workforce have placed considerable emphasis on improving the resilience of healthcare professionals. However, when discussed in relation to individuals, the contextual aspects of resilience are often lost. Instead, individuals are burdened with the responsibility of increasing their resilience so that they can better cope with the challenges they experience **rather than examining the external and environmental factors that can affect resilience**. This article explores the concept of resilience and suggests ways in which resilience can be developed by individuals and in collaboration with others, resulting in resilient healthcare teams and organisations capable of supporting individuals effectively. It aims to assist healthcare professionals to develop their resilience while also improving their understanding of the complex factors that can affect their coping capacity and how community influences the resilience of everyone.

## **Keywords**

**burnout, compassion, mental health, mindfulness, morale, organisational culture, patient experience, patients, personal development, professional issues, public health, staff welfare, wellbeing, workforce**

## **Aims and intended learning outcomes**

This article aims to improve nurses' understanding of the concept of resilience. It provides the opportunity for nurses to reflect on their resilience and outlines strategies that they can use to improve their resilience and that of others. After reading this article and completing the time out activities you should be able to:

- » Describe what is meant by resilience.
- » Reflect on how resilient you feel and the factors that might be influencing this.
- » Understand and discuss how resilience is affected by external factors such as the work environment and relationships with colleagues, and how it may affect your professional practice.
- » Develop skills to increase your resilience and support the resilience of others.

## **Introduction**

The rate at which nurses are choosing to leave the profession is a significant cause for concern in relation to the workforce sustainability within the NHS. The Nursing and Midwifery Council (NMC) reported that around 29,000 UK nurses and midwives left the register in 2016-17, 9% more than in 2015-2016 (NMC 2017). The House of Commons Health Committee (2018) reported that:

'In too many areas and specialties, the nursing workforce is overstretched and struggling to cope with demand. Over the course of our inquiry, we heard concerns about the impact of these pressures on morale, retention and standards of care for patients and patient safety.'

An NMC survey (NMC 2017) of nurses who had left the profession between June 2016 and May 2017, noted that 44% of nurses that left did so because of working conditions, for example staffing levels and workload. A total of 27% stated that they left because of disillusionment with the level of care offered to patients. This is reflected by Koy et al's (2015) literature review, which identified that job dissatisfaction and burnout contributed to the '*intention [of nurses] to leave, absenteeism, turnover, and adverse outcomes in hospital care.*' They also highlight how nurse burnout is not only detrimental for nurses, but has also been associated with lower levels of patient satisfaction and nursing care quality (Koy et al 2015).

Therefore, the ability of nurses to cope with their professional role has become an area of interest and concern. Developing resilience among nurses is important from three main perspectives: ensuring the well-being of nurses; workforce sustainability; and quality of care.

However, it is important to note that the increased use of the term 'resilience' has been subject to growing criticism. There is concern that focusing on the resilience of individuals to cope with adversity and precarious circumstances diverts attention from the collective responsibility of society to protect individuals. This means that failure to cope with challenges is constructed as a failure of the individual, who is considered to have developed insufficient resilience, rather than taking into account contextual factors such as social attitudes or public policy (Traynor 2017, Gill and Orgad 2018).

## **Resilience and nursing**

To understand the issue of resilience in nursing, it is important to first determine what is meant by resilience. Resilience has been conceptualised in various ways and is used in a range of disciplines. In nursing research, the term resilience is often specifically related to the professional challenges that nurses experience, and is viewed as a personal capacity that enables nurses to cope with the demands of the workplace (Hart et al 2014).

Taking a more psychological approach, the development of psychological measures to measure resilience also reflect a diversity of definitions. The Connor-Davidson Resilience Scale (Connor and Davidson 2003) comprises 25 items that assess a range of factors that can affect resilience, including self-esteem, sense of control, commitment, adaptability, health and humour. This tool may be useful because understanding what contributes to resilience can enable the identification of ways

to improve it. Another tool is the Brief Resilience Scale (Smith et al 2008), which was developed as a way to measure resilience specifically – an individual’s ability to bounce back or recover from stress – as opposed to measuring the factors that may contribute to resilience.

However, both the definition from Hart et al (2014) and the psychological conceptualisations of resilience, fail to reflect the complexity of resilience and the broader contexts that can affect it. Masten (2015) defined resilience as the capacity to positively and successfully adapt to challenging circumstances or adversity. This capacity manifests at various levels, including individuals, families and communities. Southwick et al (2014) described how ‘determinants of resilience include a host of biological, psychological, social and cultural factors that interact with one another to determine how one responds to stressful experiences’. As a result, the resilience of an individual is not considered a feature of their character or as a personality trait. While the psychological characteristics of an individual contribute to their resilience, it is also influenced by various external and environmental factors. For instance, if a challenging event occurs the financial, social and physical resources that an individual has to cope will effect how resilient they are and how quickly they can recover.

### **How nursing practice can undermine resilience**

Caring for people who are unwell or injured, as well as addressing the needs of their friends and family, places considerable demands on professional caregivers. [deleted sentence - repetitive] Nurses are expected to manage their feelings and emotions so that they appear ‘professional’ at all times hitting a delicate balance between showing empathy and compassion whilst keeping strong reactions that may arise from these under control. The need to manage emotion in line with professional expectations is referred to as emotional labour (Wharton 2009). Delgado et al (2017) explored how the emotional labour of nurses impacted their resilience, emphasising how emotional labour was a component of all nursing practice, including providing care for patients and their family and friends, as well as to colleagues. In particular, they emphasised how ‘emotional dissonance’ experienced through pretending that they feel other than they do, can be particularly burdensome and contribute to burn out. The dissonance arises from nurses having to continually act professionally, containing their own emotion, appearing calm whilst internally potentially feeling upset and anxious.

However, it is not only the nature of nursing practice that might pose a threat to the well-being of nurses; the organisational, social and political contexts in which they work are also relevant. Sir Robert Francis QC, chair of the Mid Staffordshire inquiry stated (House of Commons Health Committee 2018):

‘A huge number of staff are working in, frankly, unacceptable and unsafe conditions. I believe that must impact particularly on nurses, because of their role in the front line, being professionally responsible for the standard of care delivered on a minute-by-minute basis to patients, allied sometimes to the feeling that they cannot do it... and the stress of not being able to deliver what a nurse or a professional knows should be delivered. That must make life impossible.’

This quote illustrates that many other factors compound the challenges faced by healthcare staff, resulting in tension between the care they have been trained to provide and the care they are actually able to provide.

#### **Time out 1**

Traynor (2017) emphasised that becoming aware of the emotional labour involved in nursing practice is important for resilience. Such awareness encourages nurses to appreciate the work that they do and the demands that it places on them.

- Does the role you undertake frequently involve emotional labour?
- What it is about emotional labour that you find particularly rewarding or challenging?
- In what ways does your working environment support you in undertaking emotional labour? In what ways does your working environment make undertaking emotional labour challenging?

You may wish to note down your answers individually or discuss them with a colleague.

## Resilience, well-being and burnout

Having established that there are components of a nurses' professional role that might undermine resilience it is important to explicitly consider why that matters. What is the evidence that poor resilience might impact wellbeing or patient care? One area of research where this is most tangible is exploring the link between resilience and burn out.

High resilience among nurses working on an intensive care unit has been significantly associated with lower rates of posttraumatic stress disorder, anxiety and depression and burnout (Mealer et al 2012). Rushton et al's (2015) study of burnout and resilience explored the relationship between resilience and the three components of burnout – personal accomplishment, emotional exhaustion and depersonalisation. They found that nurses who scored higher on the resilience measure experienced less emotional exhaustion and a greater sense of personal accomplishment in their work. Greater physical well-being was also positively related to personal accomplishment. Similarly, research by Gillespie et al (2007a, 2007b) found that positive mental states such as self-efficacy, hope and coping were related to increased resilience, with a particularly strong correlation between hope and resilience.

Therefore, developing resilience among nurses and other healthcare professionals may contribute to the prevention of burn-out and improved well-being despite the inherently challenging nature of nursing roles.

### Time out 2

Thinking about the definitions of resilience, spend 10-15 minutes reflecting on how resilient you feel you are at the moment. Use the following prompts to assist you, if necessary:

- When you experience a challenging or stressful situation, how able do you feel to respond to it and recover from it?
- Do you find it more challenging to cope with stress now than you did previously? What has changed?
- When you leave work how able do you feel to 'put it down'? How does this affect you?

## Developing individual resilience

Having established the importance of the resilience and its relevance to nurses, different ways that resilience can be improved will now be explored. While the actions an individual might take to increase their resilience should be considered, Southwick et al (2014) emphasised that 'it is critical to understand that humans are embedded in families, families in organisations and communities, and communities in societies and cultures' and that their resilience will be affected by factors at each of these levels. Therefore, the link between resilience and the workplace culture should also be taken into account when identifying what can be done individually and collectively to contribute to resilient healthcare teams and organisations.

Becoming aware of how we expend our energy, and the balance between activities which drain and deplete us compared to those which restore and nurture us is an important part of becoming more resilient and identifying opportunities for better self-care. This is the focus of time out 3 which you may want to complete before reading on.

### Time out 3

Sit down in a quiet space. In the table below, or on a separate notepad, list the activities that you engage in your life that you find nurturing in the left column and depleting in the right column.

Nurturing activities are those that bring enjoyment or satisfaction and provide a sense of well-being. Depleting activities are those that are draining, that one may feel obligated to complete and are not accompanied by a sense of well-being.

Complete this task quickly, without thinking too much or censoring yourself.

Nurturing activities	Depleting activities


Take some time to reflect on the two lists you have written down. Is there anything that surprises you?

Note that it is likely that you will not be able to remove all depleting activities from your life; the purpose of this exercise is to enable you to identify the balance is between these two types of activities. Is there any action you can take to increase the time spent on nurturing activities?

### **Emotional intelligence**

The first suggestion for improving resilience is the development of greater emotional intelligence. Karimi et al (2014) stated that emotional intelligence refers to ‘the ability to identify, assess, manage and control self and reactions to others’ emotions’. In their study on the relationship between resilience and emotional intelligence, emotional intelligence was shown to moderate nurse’s responses to stressful events (Karimi et al 2014). Similarly, Armstrong et al (2011) demonstrated that emotional self-awareness, expression and self-management buffer the effects of adverse events, and suggested that emotional self-control also had a role.

Interventions aimed at increasing emotional intelligence typically involve education on the theoretical underpinning of emotional intelligence along with training in practical skills for day-to-day life and the use of personal reflection to develop awareness. Nelis et al (2009) described the emotional intelligence training intervention they used in their research as focusing ‘on teaching theoretical knowledge about emotions and on training participants to apply specific emotional skills in their everyday life’. The results from their study showed a significant increase in emotion identification and emotion management abilities in the intervention group, which persisted after six months.

### **Mindfulness**

Mindfulness is often associated with emotional intelligence, and many emotional intelligence interventions include mindfulness training. The evidence has not yet demonstrated a clear understanding of the relationship between emotional intelligence and mindfulness, but there is some evidence to suggest that the improved self-awareness from mindfulness practice can support the development of emotional intelligence (Snowden et al 2015).

A concerning trend in relation to resilience, and in self-help literature more broadly, is the encouragement for individuals to move on quickly from any challenging experiences – replacing any negatives with positives. Gill and Orgad (2018) noted the ‘oppressive speed with which suffering and pain are white washed’. They are critical of an individualised model of resilience that emphasises ‘psychological elasticity and bouncing back, and the requirement to reframe adversity as an opportunity for growth’ because it strongly suggests that individuals can make a choice to be happy and well, with challenging or negative experiences ‘outlawed’ or overcome as quickly as possible.

This is likely to be particularly challenging for nurses who are already experiencing considerable emotional dissonance in their practice; for example, having to suppress difficulties in the moment to cope with, and care for, patients and colleagues. Practising mindfulness involves developing a willingness to be present with one’s experience, even when that experience is unpleasant or challenging, and learning to respond skilfully to whatever is happening . While mindfulness has been associated with decreased anxiety and depression (Hofmann and Gómez 2017), it is thought that this relief has not occurred through denying difficult feelings or emotions but coming into a different relationship with them in which the individual is not as closely identified with the experience.

Mindfulness practice can be developed in many ways and some workplaces now provide training. Research is suggesting that even undertaking short mindfulness practices regularly can have a positive effect, so individuals do not have to commit to long meditation practices to benefit (Gauthier et al 2014). For a detailed discussion of mindfulness in nursing, see Barratt and Wagstaffe (2018) or Barratt (2017).

## **Self-compassion**

Self-compassion can be a challenging concept for some nurses, particularly when they have been trained to focus on caring for others. Halifax (2008) discussed the need to 'see my own limits with compassion', which is especially important in maintaining resilience.

Neff (2003) described three components of self-compassion: mindfulness, self-kindness and common humanity. Developing self-compassion is essentially about improving one's awareness of oneself and others, and increasing one's capacity to be kind towards everyone, including oneself. It may be beneficial to review your response to Time out 3 to identify opportunities to act compassionately towards yourself. Nurses should consider if there are opportunities to reduce the number of depleting activities they currently engage in, or to increase their engagement with nurturing activities.

Self-compassion is not just about what we do; fundamentally, it is about the quality of relationship a person has with themselves. Developing awareness of negative cycles of thought and self-talk is important for improving nurses' resilience, enabling them to become a source of support and kindness for themselves, even in the face of challenging external circumstances. Gilbert and Choden (2013) observed that critical and negative self-views are associated with mental health issues and that such views contribute to feelings of threat, for example feeling as though you are being attacked when a manager points out a mistake you have made, all of which negatively affect resilience.

## **Resilience, colleagues and community**

This article has emphasised the importance of understanding that external factors unavoidably affect the resilience of individuals. Trueland (2018) asserted that 'resilience is not about trying harder', and suggested that resilient healthcare organisations should be created, which can effectively support individuals. The suggestions for improving resilience outlined in this section are not only for nurses to consider as individuals; they could be shared with colleagues, and managers could take steps to embed these within their healthcare organisation. This would assist in ensuring that the task of improving resilience is shifted beyond the level of the individual.

## **Establishing a supportive workplace culture**

How colleagues work together is fundamental to [deleted - the experience in the] creating a supportive workplace culture, and feeling supported in the workplace is important for resilience (Koy et al 2015). Senior staff members with managerial responsibility might have more of a sense of how their relationships with colleagues can contribute to the resilience of others because they may be called upon to support colleagues in difficulty and the organisational structure reinforces their responsibilities in this regard. Even without any managerial responsibility, how the nurse treats their colleagues can have a significant effect on the well-being and resilience of the healthcare team. Using individual reflective practice is one mechanism that can help nurses to develop self-awareness and become conscious of the impact they have within a team. Finding a trusted mentor can also create the safe space necessary for looking at this. Completing Time Out 4 is a reflective practice to increase nurse understanding on how they might affect colleagues. Consider asking a colleague you trust to also complete this and explore your responses together.

### **Time out 4**

Given that we all contribute to each other's well-being and resilience, it is important to consider how we communicate with, and treat, others. When an individual feels stressed their communication can deteriorate and have subsequent effects on others. Work place culture also influences the quality of communication between colleagues and the space for open and honest communication. Take 15 minutes to reflect on the following, perhaps noting down your key thoughts:

- How do you speak to your colleagues at work? What tone and language do you use? Does this change when you are feeling stressed?
- What steps do you take to prepare for conversations you expect to be challenging?
- Do you feel you work in a supportive atmosphere at work? What is it that makes it feel supportive or unsupportive? How do you contribute to this atmosphere?
- Are there issues which need to be addressed to encourage a supportive atmosphere? Do you feel you have a space at work in which to raise your concerns in a constructive way?
- If you are a team leader or have a managerial or supervisory role, how might you be able to create a space in which concerns can be shared in a safe environment? Are you able to share this exercise with your colleagues to explore these issues collaboratively?

For a more detailed exploration of communication and more detailed reflective practices see Bramhall (2014).

### **Reflecting together**

As well as individual reflection, collective reflection has also been shown to support resilience. Schwartz Rounds, a particular form of group reflection developed for health care organisations, have been shown to support staff well-being, teamwork and effective care in healthcare organisations (Chadwick et al 2016). These provide a reflective space in which staff share and reflect on their experience of working within the healthcare organisation with a particular focus on their emotional experience. The aim of sharing experiences in this way is not to problem solve, but to make the emotional reality of the work more explicit. This encourages emotional resonance so that individuals feel less isolated and more trusting of each other, resulting in clear communication and improved care (Farr and Barker 2017).

Attending Schwartz Rounds in the workplace can be an effective means of support for nurses, developing a sense of community and increasing understanding between colleagues, whatever their role within the healthcare organisation. If Schwartz Rounds are not available in their healthcare organisation, nurses may wish to suggest this as a possible intervention. For more information on Schwartz Rounds visit [www.pointofcarefoundation.org.uk](http://www.pointofcarefoundation.org.uk).

### **Working for change and staying hopeful**

Gillespie (2007a) noted that there is a relationship between hope and resilience, and emphasised the importance of healthcare team cohesion for maintaining hope:

‘...our findings revealed a highly significant statistical association between hope and resilience...it seems likely that it may be enhanced in a supportive work environment...In short, a supportive workplace may well reduce the effects of potential stressors and enhance hope as an explanatory variable of resilience...nurses may well lose hope if they experience recurrent failures in relation to professional and social integration in context.’

It makes intuitive sense that remaining hopeful when faced with challenging circumstances assists nurses to manage such situations effectively, and that having supportive relationships can enable them to remain hopeful.

Another important component of hope is being able to see how situations might change for the better. This may involve creating change within healthcare teams and organisations, empowering individuals to speak out when they observe poor practice as well as to voice their wider concerns and needs without fear. However, the need to cultivate hope among nurses as a means to support their resilience also encourages exploration of wider questions about their political engagement. Cuthill (2016) described a lack of skills and confidence in this regard among the nursing community noting that *‘nurses in both academia and practice understand the texture of social and structural constraints, but often lack the skills to challenge them.’* In finding the confidence to collectively challenge these issues, hope can arise.

It might be challenging for some nurses to find the energy and time to contribute to these wider debates. However, connecting with others who are politically engaged can remind nurses of the contribution they make to society more broadly, enabling them to place local frustrations and challenges in a wider context. Traynor (2017) described how social media is acting as a democratising force *‘enabling nurses to overcome [these] individualising, or ‘responsibilising’ forces’* through community.

It is important for nurses to remember the importance of self-care and not becoming overwhelmed by taking on too much. While social media can be a positive source of support and a space to share ideas, it can be detrimental to one's well-being if used excessively or inappropriately. Nurses should also remember to think carefully before sharing anything online.

### **Time out 7**

Spend ten minutes reflecting on what you have learned from reading this article and completing the time out activities. **Make a list of three points you wish to explore further or take action on.**

Consider sharing this article with your colleagues or manager to promote discussion about the issues it raises.

### **Conclusion**

This article provides a brief introduction to the concept of resilience. It is crucial to appreciate that individuals cannot be 'resilient' independent of each other and the world around them; each has an effect on the resilience of the other. The importance of being kind to oneself and each other should be emphasised. The way that well-being has been constructed in society and in the media suggests that individuals should always have the capacity to cope, be healthy and gain strength from adversity. The depth of challenges that individuals can all experience, sometimes unexpectedly and often unavoidably, can be overlooked. Therefore, it is important that the need to become resilient does not become another source of self-criticism or blame. This does not mean individual nurses cannot take responsibility for some aspects of their wellbeing but wider organisational, social and political contexts also affect resilience; therefore, it is important not to burden individuals with a task for which they are only partly responsible.

The activities set out in this article, as well as the guidance on particular interventions, touch on some of the key ways that nurses could increase their resilience. Improved resilience amongst nurses is not only likely to improve the wellbeing of individuals but, as individuals become less stressed and more able to relate positively to both colleagues and patients, may also contribute to a more supportive workplace culture. Supporting the development of resilient individuals, teams and healthcare organisations may result in a virtuous circle which leads to a more positive and nurturing workplace culture, helping to improve job satisfaction and workforce sustainability, ultimately leading to better patient care.

### **Time out 8**

Consider how developing resilience and maintaining your well-being relates to The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing and Midwifery Council 2015) or, for non-UK readers, the requirements of your regulatory body

### **Time out 9**

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account: [rcni.com/reflective-account](https://rcni.com/reflective-account)

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