Resilience: The Power Within

Eileen Grafton, RN, BN, MADvPrac(Hons), GradCertClinEd, OCN®, MRCNA, Brigid Gillespie, RN, RM, Cert Periop BHlthSc, PhD, and Saras Henderson, RN, RM, BAappSc (Nursing), MEd, PhD

A great deal of discussion has taken place since the mid-1990s on the global shortage of nurses (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; International Council of Nurses, 2006; Kimball, 2004). The adverse effects of workplace stress on the healthcare system, in terms of staff turnover, productivity, costs, and impact on quality of patient care, are well known (Agency for Healthcare Research and Quality, 2004; Aiken, Clarke, & Sloane, 2002; Duffield et al., 2007; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Researchers have identified workplace stress, which embodies job stress and the quality of the work environment, as a significant contributory factor to lack of job satisfaction and retention issues in nursing (Donley, 2005; Duffield et al., 2007; Hayes et al., 2005; Letvak & Buck, 2008; Reineck & Furino, 2005). In addition to workplace stress experienced by nurses already in the workforce, evidence suggests that graduate nurses entering the workplace for the first time suffer stress adapting to the reality of the work environment, described as “reality shock” (Fox, Henderson, & Malko-Nyhan, 2005).

Although oncology nurses report potential for great reward and job satisfaction, studies reveal high levels of emotional exhaustion, depersonalization, feeling unsupported by the work environment, and intend to leave oncology nursing, all of which indicate that workplace stress remains significant in this specialty (Barrett & Yates, 2002; Ekedahl & Wengström, 2007; Hayes et al., 2005; Jackson, Firtko, & Edenborough, 2007; Medland, Howard-Ruben, & Whitaker, 2004).

The holistic nature of oncology nurses’ role creates intrinsic moral, emotional, and spiritual distress or role stress (Bush, 2009; Medland et al., 2004; Pendry, 2007). Novice oncology nurses seem particularly vulnerable, reporting “feeling unprepared to cope with their patients’ complex psychological, social, and spiritual care needs” (Medland et al., 2004, p. 50). These stressors are in addition to potential for stress associated with establishing and maintaining professional relationships and the learning nuances of the work setting (Jackson et al., 2007). Clearly, the very nature of the work oncology nurses perform will remain intrinsically stressful (Barrett & Yates, 2002; Letvak & Buck, 2008; Medland et al., 2004).

Researchers assert that it is not so much the actual stress but an individual’s response to the stress that affects physical, psychological, and spiritual well-being (Engel, 2004; Hamilton, Kitzman, & Guyotte, 2006). The field of psychoneuroimmunology provides evidence of a significant biologic link between the state of mind and emotions of an individual and the health and well-being of that individual. Stress, particularly prolonged stress, can be detrimental to physical and mental health.