



OPEN

# Nursing Resilience

## *An Evidence-Based Approach to Strengthening Professional Well-being*

Nicole George, MSN, RN, NEA-BC

Nora E. Warshawsky, PhD, RN, NEA-BC, FAAN

Jeffrey Doucette, DNP, RN, NEA-BC, FAAN, FACHE

Nurse resilience took a hard hit during the COVID-19 pandemic and is showing signs of stabilization. Nationally, nurse leaders ask for guidance to better support frontline nurses. We conducted a review of literature to identify interventions to improve nurse resilience. This article presents a review and critique of individual-, team-, and system-level interventions to support frontline nurses. Nurse leaders are encouraged to implement systematic strategies to help frontline nurses disconnect from work.

Nurse leaders across the country report their top concerns were having sufficient numbers of staff and supporting their emotional health and well-being.<sup>1</sup> Their top 2 concerns: recruitment and retention and caring for the emotional health and well-being of their nurses are aligned with the feelings of the country's nurses. According to the American Nurses Foundation's survey of more than 7000 nurses, the majority reported feeling stressed, frustrated, exhausted, and overwhelmed.<sup>2</sup> Nurses' experience of stress and burnout is not a new phenomenon; rather, these findings highlight an exacerbation of a long-standing problem

for nursing.<sup>3</sup> Even prior to the COVID-19 pandemic, the prevalence of burnout had spread across health professionals, and the role of the healthcare system as the source of sustained stress on the healthcare team could not be denied.<sup>4</sup> COVID-19 exacerbated the prevalence of burnout, leading nurse leaders to their current state of concern and seeking solutions.

Resilience is a strategy believed to counter the negative effects of burnout. Although many definitions for resilience exist, common features include social support, self-efficacy, work-life balance, humor, optimism, and being realistic.<sup>5</sup> Press Ganey defines resilience as a combination of 2 domains: activation and decompression. Activation speaks to nurses making meaningful connections to the purpose of their work. Decompression is the ability of nurses to disconnect and recharge from work. Press Ganey data demonstrate the average resilience scores have remained relatively stable from 2019 through 2023. Total resilience average ranged from 4.12 to 4.20 (Figure 1). Activation scores consistently averaged 4.54 to 4.56. Decompression scores consistently averaged 3.84 in 2019 to 3.73 in 2023. This indicates that, overall, direct care nurses find their work meaningful. Where direct care nurses need help is disconnecting from their work. Direct care nurses working full-time reported more difficulty disconnecting from work in comparison to those who worked part-time and those who were employed in a per-diem or temporary position (Table 1). The same patterns among total resilience, activation, and decompression scores were noted: activation scores were highest, and decompression scores were lowest. When the resilience data were analyzed based on sex,

**Author Affiliations:** Director (George), Nursing Center of Excellence, Nurse Scientist (Dr Warshawsky), and Chief Nursing Officer (Dr Doucette), Press Ganey Associates, Chicago, Illinois.

The authors declare no conflicts of interest.

**Correspondence:** George, Press Ganey Associates, 1 North Franklin St, Chicago, IL 60606 (Nicole.george@pressganey.com).

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

DOI: 10.1097/NNA.0000000000001488

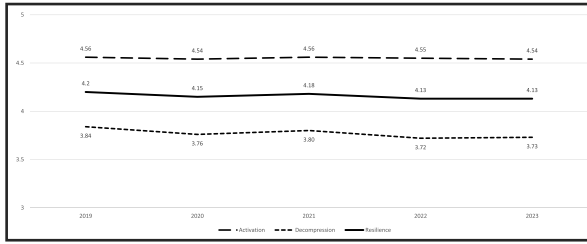


Figure 1. Resilience among direct care nurses 2019-2023.

comparable total resilience scores were reported by both sexes, with subtle differences found between the subscales. The activation scores demonstrated that females were somewhat more connected to their work than their male counterparts, and females had significantly more difficulty disconnecting from work. These differences between the sexes were consistent over time. Overall, the data demonstrate that although direct care nurses find their work meaningful, they have significant difficulty disconnecting from work. Further analysis demonstrated that nurses working full-time and female nurses demonstrated the greatest need for support. Because the nursing workforce predominantly comprised females working full-time, strategies to help boost overall resilience and promote decompression are needed. Therefore, the purpose of this article is to provide nurse leaders with guidance on evidence-based strategies to build resilience and decompression.

### Review of Literature

The literature suggests several strategies nurse leaders can implement to foster resilience within their nursing teams. The findings from 13 articles are presented in

table format to guide the development of an intervention (Table 2). The evidence reviewed ranges from supporting the nurse from an individualized perspective to system-level-related programming. There are 13 articles dating from 2017 to 2022, and the evidence ranges from homegrown initiatives to more comprehensive initiatives. An important observation is that resilience in RNs was already quite fragile prior to the beginning of the COVID-19 pandemic.

### Individualized

Many of the individualized strategies recommended in the literature are focused on the nurse adapting to stressors in their environment. Fiske et al<sup>6</sup> describe resilience as a complex personal characteristic that nurses may cultivate through trauma-informed strategies such as breathing exercises, expressing gratitude, and visual journaling. Hossain and Clatty<sup>8</sup> describe the effectiveness of phone applications, such as Calm and Headspace, which were created to facilitate effective breathing exercises and mindfulness self-care activities. Nurse leaders should also continuously encourage self-care and encourage an environment of self-care; fostering an environment of self-care as a nurse leader often means modeling self-care.<sup>15</sup> Rippstein-Leuenberger et al<sup>14</sup> underscore the importance of maintaining a work-life balance and share how female healthcare providers who maintain a work-life balance maintain the highest levels of resilience. In addition to promoting a healthy work-life balance, it is also highly recommended that healthcare leaders support all nurses in resilience-building individualized activities as this leads to both improved resilience and retention of top talent.<sup>17</sup>

Table 1. Resilience Dimensions by Employment Status and Sex

| Variable      | 2022    |      | 2021    |      | 2020    |      | 2019    |      |
|---------------|---------|------|---------|------|---------|------|---------|------|
|               | n       | Mean | n       | Mean | n       | Mean | n       | Mean |
| Resilience    |         |      |         |      |         |      |         |      |
| Female        | 142 668 | 4.10 | 143 692 | 4.09 | 118 079 | 4.15 | 202 641 | 4.20 |
| Male          | 16 702  | 4.10 | 15 361  | 4.10 | 13 201  | 4.17 | 22 714  | 4.22 |
| Full-time     | 111 911 | 4.09 | 1616    | 4.07 | 87 247  | 4.13 | 163 531 | 4.18 |
| Part-time     | 40 000  | 4.12 | 1084    | 4.09 | 31 916  | 4.15 | 45 968  | 4.23 |
| Casual        | 15 519  | 4.23 | 803     | 4.27 | 8135    | 4.31 | 18 013  | 4.33 |
| Activation    |         |      |         |      |         |      |         |      |
| Female        | 146 663 | 4.51 | 143 684 | 4.53 | 118 028 | 4.55 | 202 797 | 4.56 |
| Male          | 17 052  | 4.45 | 15 368  | 4.47 | 13 196  | 4.50 | 22 727  | 4.52 |
| Full-time     | 115 590 | 4.51 | 1635    | 4.52 | 87 237  | 4.54 | 163 633 | 4.56 |
| Part-time     | 40 657  | 4.51 | 1084    | 4.51 | 31 915  | 4.53 | 46 063  | 4.56 |
| Casual        | 15 521  | 4.52 | 803     | 4.57 | 8134    | 4.58 | 18 012  | 4.59 |
| Decompression |         |      |         |      |         |      |         |      |
| Female        | 147 714 | 3.68 | 143 896 | 3.65 | 117 934 | 3.75 | 205 215 | 3.83 |
| Male          | 17 500  | 3.77 | 15 382  | 3.74 | 13 196  | 3.85 | 22 922  | 3.92 |
| Full-time     | 116 116 | 3.66 | 1630    | 3.62 | 87 215  | 3.73 | 165 938 | 3.80 |
| Part-time     | 40 954  | 3.73 | 1085    | 3.66 | 31 910  | 3.77 | 46 132  | 3.89 |
| Casual        | 16 192  | 3.95 | 806     | 3.96 | 8122    | 4.03 | 18 238  | 4.08 |

**Table 2. Summary of Key Findings From the Literature**

| Themes   | Recommendations   | Author(s)  |   |
|--|---|--|---|
| Individual   | Breathing exercises   | Fiske et al, <sup>6</sup> 2020   |   |
|  | Journaling  | Fiske et al, <sup>6</sup> 2020   |   |
|  | Gratitude practices   | Fiske et al, <sup>6</sup> 2020   |   |
|  | Stress and resilience town halls  | Krystal et al, <sup>7</sup> 2021   |   |
|  | Mindfulness sessions  | Krystal et al, <sup>7</sup> 2021   |   |
|  | Support, education, and cognitive behavioral therapy via the “Care for the Caregivers” website  | Krystal et al, <sup>7</sup> 2021   |   |
|  | • Self-care strategies to build moral resilience through self-efficacy and self-control. <ul style="list-style-type: none"> <li>◦ Practice mindfulness</li> <li>◦ Practice mindful breathing</li> </ul> | Hossain and Clatty, <sup>8</sup> 2021  |   |
|  | • Self-stewardship to nurture one's well-being <ul style="list-style-type: none"> <li>◦ Have a defined space to express frustrations to colleagues or psychologist</li> </ul>                           | Hossain and Clatty, <sup>8</sup> 2021  |   |
|  | Team-based  | Daylong resilience retreats <ul style="list-style-type: none"> <li>• Guided breathing exercises</li> <li>• Contemplative practices</li> <li>• Mindful eating</li> <li>• Mindful walking</li> <li>• Reflective writing</li> <li>• Group discussion</li> </ul> | Cunningham and Çayir, <sup>9</sup> 2021 |
|  |   | • Unit and department town halls   | Krystal et al, <sup>7</sup> 2021        |
| • Buddy system and peer support  |   |  |   |
| • Palliative care huddles  |   |  |   |
| • Psychological medicine and social work rounding and consultation   |   |  |   |
| • Leadership initiative  |   |  |   |
| Formal peer support program provided   |   | Godfrey and Scott, <sup>10</sup> 2021  |   |
| Program best practices: <ul style="list-style-type: none"> <li>• Formal selection process</li> <li>• Peer supporter training</li> <li>• Identify distressed colleagues and reach out proactively</li> <li>• Referrals can be made on behalf of a nurse</li> <li>• Peer supporter is trained to offer a guided conversation</li> <li>• Peer supporters do not provide therapy. Normalize the traumatic experience and provide a bridge to additional resources as needed</li> </ul> |   |  |   |
| Evaluation was an assessment of utilization—use of program grew over time  |   |  |   |
| Key components of Joy in the Workplace (IHI)   |   |  | Perlo et al, <sup>11</sup> 2017         |
| • Physical and psychological safety  |   |  |   |
| • Meaning and purpose  |   |  |   |
| • Choice and autonomy  |   |  |   |
| • Recognition and rewards  |   |  |   |
| • Participative management   |   | Kelly et al, <sup>12</sup> 2019  |   |
| • Camaraderie and teamwork   |   |  |   |
| • Daily improvement  |   |  |   |
| • Real-time measurement  |   |  |   |
| • Wellness and resilience  |   |  |   |
| Toolkit for nurse leaders: <ul style="list-style-type: none"> <li>• Leading self/individuals</li> <li>• Leading teams</li> <li>• Leading leaders</li> <li>• Leading organizations</li> <li>• Leading students</li> </ul>   | Kelly et al, <sup>12</sup> 2019   |  |   |
| Interventions are recommended for each domain. Examples include reflective practice; healthy social network and relationships; sharing purpose; provide positive coping programs; promote culture of gratitude; role model resilience competency; establish peer-to-peer schedule coverage to allow for rest; align nurses' work to mission, vision, and values of the organization; clarify points of contact during a crisis; provide learning resources                         |   |  |   |
| Recommendation to utilize the IHI framework to build joy in the workplace <ul style="list-style-type: none"> <li>• Address human needs</li> <li>• Develop participatory management competence in leaders</li> <li>• Build social community</li> <li>• Remove sources of frustration and inefficiency</li> <li>• Reduce preventable patient harm and support second victims</li> <li>• Bolster individual resilience</li> </ul>   |   |  |   |

(continues)

**Table 2. Summary of Key Findings From the Literature, Continued**

| Themes      | Recommendations   | Author(s)                                       |
|-------------|---|---|
|             | <p>STRONGER (part 1)</p> <ul style="list-style-type: none"> <li>• RN has option to “tap out” for 7 min when confronted with a highly emotional situation. The assistant nurse manager provides immediate relief staff to take over responsibilities of RN. RN is provided with support from a resilience coach or chaplain</li> </ul> <p>STRONGER (serenity room)</p> <ul style="list-style-type: none"> <li>• Tranquil space to provide holistic stress management and decompression</li> </ul> <p>STRONGER (part 2)</p> <p>Monthly forum to provide a safe and therapeutic environment to discuss the emotional concerns. Facilitated by a resilience coach, holistic health, and well-being nurses, coach, or chaplain</p>   | Coicou, <sup>13</sup> 2021                      |
|             | <p>Thematic analysis of Three Good Things recorded by a sample of 32 participants who provided responses on at least 13 of 14 d. Themes:</p> <ul style="list-style-type: none"> <li>• Making meaningful use of self-determined time</li> <li>• Having a good day at work</li> <li>• Having supportive relationships</li> </ul> <p>Research question: Identify nurse leader strategies to build resilience in nurses.</p> <p>7 Strategies identified through face-to-face interviews:</p> <ul style="list-style-type: none"> <li>• Facilitate social connections</li> <li>• Promote positivity</li> <li>• Capitalize on nurses' strengths</li> <li>• Nurture nurses' growth</li> <li>• Encourage nurses' self-care</li> <li>• Foster mindfulness practice</li> <li>• Covey altruism</li> </ul>   | Rippstein-Leuenberger et al, <sup>14</sup> 2017 |
|             | <p>Research question: Identify nurse leader strategies to build resilience in nurses.</p> <p>7 Strategies identified through face-to-face interviews:</p> <ul style="list-style-type: none"> <li>• Facilitate social connections</li> <li>• Promote positivity</li> <li>• Capitalize on nurses' strengths</li> <li>• Nurture nurses' growth</li> <li>• Encourage nurses' self-care</li> <li>• Foster mindfulness practice</li> <li>• Covey altruism</li> </ul>  | Wei et al, <sup>15</sup> 2018                   |
| System-wide | <p>Structural recommendations:</p> <ul style="list-style-type: none"> <li>• Visible leadership</li> <li>• Acknowledge success of RNs</li> <li>• Acknowledge stress and offer hope</li> <li>• Educational support</li> <li>• Cognitive processing therapy: education, information, develop skills, changing beliefs</li> <li>• Emotional freedom techniques: combination of cognitive behavioral therapy and exposure therapy</li> <li>• Acupuncture</li> <li>• Create organizational culture to build moral resilience when dealing with traumatic events</li> </ul> <p>Meaningful system change using evidence-based practice to improve nurse well-being</p> <ul style="list-style-type: none"> <li>• Reduce workload—mentally, physically, and emotionally—through breaks</li> <li>• Create a culture of well-being—normalize and role model self-care</li> <li>• Respond to traumatic stress</li> <li>• Support authentic conversations</li> <li>• Create a culture of gratitude and meaningful recognition.</li> <li>• Engage and re-engage nurses with professional governance</li> </ul> | Hossain and Clatty, <sup>8</sup> 2021           |
|             | <p>The Web-based Implementation of the Science Enhancing Resilience (WISER) tool was used with 17 nurse managers from 3 Baptist Health hospitals.</p> <p>Program consisted of:</p> <ul style="list-style-type: none"> <li>• Days 1-5: introductory videos to the tools</li> <li>• Days 6-10: participants selected a tool each day to practice each new tool</li> </ul> <p>Examples of Tools: Three Good Things, gratitude, awe, cultivating joy, etc</p> <p>7 of original 17 completed final assessment</p>  | Kelly et al, <sup>16</sup> 2021                 |
|             | <p>Community</p> <ul style="list-style-type: none"> <li>• EAP</li> <li>• 24/7 Hotline</li> <li>• Web-based rapid access to 1:1 programs</li> <li>• Quiet rooms</li> <li>• 1:1 Wellness checks</li> <li>• Meals provided</li> <li>• Housing made available for healthcare workers</li> </ul>   | Carter and Turner, <sup>17</sup> 2021           |
|             | <p>Community</p> <ul style="list-style-type: none"> <li>• EAP</li> <li>• 24/7 Hotline</li> <li>• Web-based rapid access to 1:1 programs</li> <li>• Quiet rooms</li> <li>• 1:1 Wellness checks</li> <li>• Meals provided</li> <li>• Housing made available for healthcare workers</li> </ul>   | Krystal et al, <sup>7</sup> 2021                |

(continues)

**Table 2.** Summary of Key Findings From the Literature, Continued

| Themes | Recommendations  | Author(s)                   |
|--------|--|-----------------------------|
|        | Based on Community of Healing Model<br>Developed by AONL<br>Four interactive sessions via Zoom over a 4-mo period: <ul style="list-style-type: none"> <li>• One 45-min introductory session</li> <li>• Three 2-h follow-up sessions once per month</li> <li>• Facilitated by AONL and One Team Leadership consultants</li> <li>• Each session included discussion and small group sharing and an assignment to complete following each session</li> <li>• Discussion forums with topics:                             <ul style="list-style-type: none"> <li>◦ Current strategies to strengthen personal resiliency and energy "level"</li> <li>◦ Resiliency practices gaining traction with team and organization</li> <li>◦ Self-care strategy and commitments with feedback on effectiveness of prioritizing well-being</li> <li>◦ Leaders' teams responses to wellness and self-care</li> </ul> </li> <li>• Drop-in sessions with a resiliency coach via zoom available</li> </ul> Results: <ul style="list-style-type: none"> <li>• No reduction in burnout scores</li> <li>• Qualitative themes for individual resilience: prioritize healthy behaviors, set work boundaries, prioritize family, practice gratitude, meditate and pray</li> </ul> Qualitative themes to build Team Resilience: encourage self-care, listen, promote work-life balance, serenity rooms, team building activities, sharing positive affirmations, reward, and recognition | Stemley, <sup>18</sup> 2022 |

### Structured Programs and Retreats to Teach Self-care

In addition to promoting individualized resilience-building strategies, nurse leaders can facilitate resilience via structured programming and retreats. Cunningham and Çayir<sup>9</sup> describe the resilience retreats where nurse leaders host a series of evidence-based, expert-guided sessions geared toward increasing mindfulness practices. The resilience retreats are multicomponent sessions with focuses on mindfulness, reflection, breathing, and group discussions.<sup>9</sup> In addition, these resilience retreats can be designed so they are just as engaging and effective for nursing team members who may need to join virtually. Another virtual structured resilience program described by Stemley<sup>18</sup> is geared toward the nurse leader. Stemley<sup>18</sup> evaluated the effectiveness of the virtual resilience program developed by the American Organization for Nursing Leadership (AONL) and found that the interactive, best practice sessions helped nurse leaders to reignite resilience on their respective nursing teams.

### Team-Based Interventions

During the COVID-19 pandemic, healthcare systems rapidly recognized the need to build resilience at the team level. Town halls led by psychiatry volunteers proved to be a very effective way for teams to build resilience by sharing stressors in a group setting and connecting with others who were experiencing similar stressors.<sup>7</sup> Wei et al<sup>15</sup> describe nurse managers (or other formal nurse leaders) using the start of a shift to share stories of gratitude as a resilience-building strategy. Coicou<sup>13</sup> describes the Standing Together: Resilience

Outreach Navigating Gracefully and Effectively to Recharge (S.T.R.O.N.G.E.R.) initiative, which is a 2-part program aimed at addressing the immediate needs nursing teams may be facing emotionally and then providing a framework to support the constructive needs of nurses. One of the aspects of the S.T.R.O.N.G.E.R. program provides space for the RN "tap out" for 7 minutes to recover from stressful situation.<sup>13</sup> During the time the RN is receiving emotional support from a resilience coach or chaplain, their assignment is covered by an assistant nurse manager.<sup>13</sup>

### Peer Support Programs

Peer support remains an evidence-based practice that is effective in supporting nurses and building their resilience.<sup>10</sup> Formal peer supporters who are trained to support distressed nurse colleagues build an environment of safety and connectedness.<sup>10</sup> Krystal et al<sup>7</sup> also describe the benefits of peer support and buddy systems as part of their 3-tiered support system for healthcare workers. Resilience expert-led monthly forums where nurses are able to safely speak about their emotional concerns are also another effective peer support initiative.<sup>13</sup>

### System-Focused Initiatives

Most interventions reported in the literature are primarily focused on strategies for nurses to build their resilience; however, it is also important for leaders at the system level to ensure the healthcare environment fosters a sense of resilience. Just prior to the COVID-19 pandemic in late 2019, recommendations regarding infrastructure support, annual measurement

and reporting, and leadership accountability were released.<sup>12</sup> However, once the COVID-19 pandemic began, there was no time to dedicate to fully implementing these recommendations. System-focused interventions based on the 2017 Institute for Healthcare Improvement's (IHI's) Framework for Improving Joy in Work have re-emerged.<sup>11</sup> Enhancing infrastructure support such as destigmatizing employee assistant programs (EAPs) is a critical step forward for systems; at the height of the COVID-19 pandemic, approximately only 5% of RNs utilized their EAP.<sup>16</sup> In addition to infrastructure support, it is important for leaders within the organization to enhance and improve organizational culture.<sup>8</sup>

## Discussion

It is abundantly clear that building resilience is imperative for both the frontline nurse and the nurse leader. The literature review provides a “state of the science” as it relates to resilience and was largely based on hospitals' response during the COVID-19 pandemic. Thus, the focus for building resilience has shifted from improving activation and decompression to building nurses' coping with traumatic events and emotional stressors. Activities for nurses are individualized and practical and can be implemented the moment a nurse asks to “tap out.” In addition to the onus being on the individual RN making themselves stronger, the literature suggests nurse leaders must support their teams and continuously encourage resilience building at the individualized level. It is imperative that nurse leaders role model resilience-building behaviors as well. Tapping out may look a bit different for a nurse manager, but the idea is to have a bit of quiet and/or reflection time immediately following a stressful event to implement breathing exercises, reflective journaling, or debriefing with a peer.

Nurse leaders must also foster an environment for their teams to build resilience with each other. Implementing formal peer or buddy support groups is an effective means to encourage team resilience building. Consider enhancing a town-hall meeting by incorporating dedicated time for a behavioral health team member to speak to the team. Team members may be more open to participating if an “outside” professional facilitates the sessions as opposed to a member of the nurse leadership team. Resilience retreats and other structured programming can also target an entire

team. If an organization already has retreats at regular intervals, consider building in resilience-building content. For organizations that do not currently host retreats, this is an opportunity to initiate an evidence-based practice that will foster and build resilience for a nursing team.

System-focused interventions need to be implemented in a strategic way. An assessment of which programs currently exist related to building resilience will need to occur followed by an identification of gaps. Support from other departments (eg, human resources) may be warranted, particularly if there is a need to destigmatize EAP. An assessment of the organization's culture must also occur, and it is imperative that the chief nursing officer has a voice when decisions related to organizational culture are underway.

The literature is clear and suggests that improving RN resilience will require nurse leaders to consider a multifaceted approach to target the individual, teams, and system level. These differing levels of support were suggested throughout the literature; however, the feasibility of a number of these initiatives may be a challenge and must be evaluated by nurse leaders as they look to implement these strategies. For example, the “tap out” example described would require ample staffing to ensure the nurse manager or assistant nurse manager would be able to step in when a nurse needed a break. Sustainability of system-level initiatives may also be a challenge because many of the programs were introduced to address challenges during COVID-19.

## Conclusion

Nursing is the largest workforce in any organization, and it is vital nurses are a primary focus. The literature is clear on a number of ways resilience can be enhanced via individualized initiatives, system-focused initiatives, and through nurse leader support and empowerment. It is also clear that sustained, feasible initiatives need to be woven into the nurse practice environment and continue to be tested and developed. Proactive, routine, and systematic initiatives geared toward decompression would provide nurses the space to disconnect without the stressors and anxieties often felt in the nurse practice environment. As nurses and nurse leaders become better equipped with strategies to improve resilience, the quality of care and well-being of our nursing teams will improve.

## References

1. American Organization for Nursing Leadership. Nursing Leadership Insight Longitudinal Study. <https://www.aonl.org/resources/nursing-leadership-survey>. Accessed February 5, 2024.
2. American Nurses Association. Mental Health and Wellness Survey 4. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/>

coronavirus/what-you-need-to-know/survey-4/. Accessed February 5, 2024.

3. Jennings BM. Work stress and burnout among nurses: role of the work environment and working conditions. In: *Hughes RG, ed. Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville, MD: Agency for Healthcare Research and Quality (US); 2008.
4. National Academy of Medicine. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-being*. Washington, DC: The National Academy of Medicine; 2019.
5. Cooper AL, Brown JA, Rees CS, Leslie GD. Nurse resilience: a concept analysis. *Int J Ment Health Nurs*. 2020;29(4):553-575. doi:10.1111/inm.12721.
6. Fiske E, Martin S, Luetkemeyer J. Building nurses' resilience to trauma through contemplative practices. *Creat Nurs*. 2020; 26(4):e90-e96. doi:10.1891/CRNR-D-20-00054.
7. Krystal JH, Alvarado J, Ball SA, et al. Mobilizing an institutional supportive response for healthcare workers and other staff in the context of COVID-19: the Yale experience. *Gen Hosp Psychiatry*. 2021;68:12-18. doi:10.1016/j.genhosppsych.2020.11.005.
8. Hossain F, Clatty A. Self-care strategies in response to nurses' moral injury during COVID-19 pandemic. *Nurs Ethics*. 2021; 28(1):23-32. doi:10.1177/0969733020961825.
9. Cunningham T, Çayır E. Nurse leaders employ contemplative practices to promote healthcare professional well-being and decrease anxiety. *J Nurs Adm*. 2021;51(3):156-161. doi:10.1097/NNA.0000000000000987.
10. Godfrey KM, Scott SD. At the heart of the pandemic: nursing peer support. *Nurse Lead*. 2021;19(2):188-193. doi:10.1016/j.mnl.2020.09.006.
11. Perlo JBB, Swensen S, Kabacell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. Cambridge, MA: Institute for Healthcare Improvement; 2017.
12. Kelly LA, Gee PM, Weston MJ, Ryan HA. Rethinking resilience. *Nurse Lead*. 2019;17(5):461-464. doi:10.1016/j.mnl.2019.01.005.
13. Coicou RA. Our responsibility to be S.T.R.O.N.G.E.R.: (Standing Together: Resilience Outreach Navigating Gracefully & Effectively to Recharge). *Nurse Lead*. 2021;19(4):348-351. doi:10.1016/j.mnl.2021.03.010.
14. Rippstein-Leuenberger K, Mauthner O, Bryan Sexton J, Schwendimann R. A qualitative analysis of the three good things intervention in healthcare workers. *BMJ Open*. 2017; 7(5):e015826. doi:10.1136/bmjopen-2017-015826.
15. Wei H, Roberts P, Strickler J, Corbett RW. Nurse leaders' strategies to foster nurse resilience. *J Nurs Manag*. 2019;27(4): 681-687. doi:10.1111/jonm.12736.
16. Kelly LA, Weston MJ, Gee PM. A nurse leader's guide to reducing burnout: strategies to improve well-being. *Nurse Lead*. 2021;19(5):467-473. doi:10.1016/j.mnl.2021.03.012.
17. Carter M, Turner KM. Enhancing nurse manager resilience in a pandemic. *Nurse Lead*. 2021;19(6):622-624. doi:10.1016/j.mnl.2021.07.007.
18. Stemley M. Reignite: fighting burnout with a virtual resiliency program for nurse leaders. *Nurse Lead*. 2022;20(6):614-620. doi:10.1016/j.mnl.2022.04.002.