

Resiliency Strategies During a Pandemic Q&A

Q: Have you thought of doing something like this specifically for nursing students?

Yes, the intention of the scoping review was to identify education strategies for teaching resiliency to undergraduate students as an approach to help prepare them for future practice. I am planning on sharing more information about these strategies with instructors who teach the Foundations of Nursing Practice Course in first year. As well, a proposal has been submitted to develop a non-credit course for professional development in this area.

Q: Some people think resiliency is important but “mindfulness” is going too far. How do you address skeptical colleagues?

I recommend explaining that mindfulness is simply non-judgemental awareness in the present moment. Mindfulness has been identified as a practice that contributes to the development of resiliency by enhancing self-awareness, relational skills, information processing, emotional intelligence, cultivating compassion for self and others and responding to loss and grief. Some people may feel uncomfortable with the spiritual aspects of mindfulness, as it is a 2500-year-old practice that has roots in contemplative traditions, such as Buddhism. However, there are many modern-day mindfulness programs that are taught from a secular point of view. I also recommend discussing and sharing research on mindfulness, which indicates significant mental, emotional and physical benefits. The study of neuroscience and neuroplasticity has helped us validate and understand both why and how mindfulness practices help alleviate stress and build resilience.

Q: Has your research led you to any work in the area of health humanities literature (arts-based practice in all areas)?

There were no studies specifically associated with the field of health humanities identified, however there were studies from nursing, medicine and education that discussed the use of storytelling, art and music in activities that contributed to the development of resiliency. For information on literature in the Health Humanities refer to the Canadian Association of Health Humanities (CAHH) at <https://www.cahh.ca/>

Q: Can you speak to the interrelationship with some of the coping strategies mentioned and moral injury? The rates of moral injury are on the rise among healthcare providers during this pandemic

I found an article titled “Moral Resilience: Managing and Preventing Moral Distress and Moral Residue” by author Vicki D. Lachman (full reference below). The article discusses how moral resilience strategies can be used to address moral injury, which do align with the strategies identified in the webinar. Moral injury is defined as distress caused as a result of “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p.695). Moral resilience is defined as “the ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature” (Lachman, 2016, p.122). The article discusses the importance of developing attributes and behaviors of resiliency, which are identified as

rebounding/reintegration (the ability to move on after adversity), *high expectancy/self-determination* (sense of purpose), *positive relationships/social supports* (meaningful relationships), *flexibility* (adaptability & acceptance), *humor*, and *self-esteem/self-efficacy* (Lachman, 2016). These same attributes were also discussed in the webinar, although terminology varied in describing some of the characteristics. Further, the article highlights that moral resilience requires the ability to reframe the situation as a challenge that can be managed, which correlates with the concept of reframing stress. Lastly, the article outlines recommendations for leadership in the workplace to influence moral resilience by engaging in interdisciplinary discussions on complex cases, developing policies that emphasize the obligation to communicate concerns, and ensuring verbal directives align with actions and create a supportive and ethical work atmosphere (Lachman, 2016). These recommendations coincide with strategies discussed in the webinar on the importance of group debriefing and knowing your professional values and developing a professional identity.

References

Lachman, V.D. (2016). Moral resilience: managing and preventing moral distress and moral residue. *MEDSURG Nursing*, 25(2), 121-124.

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695-706.