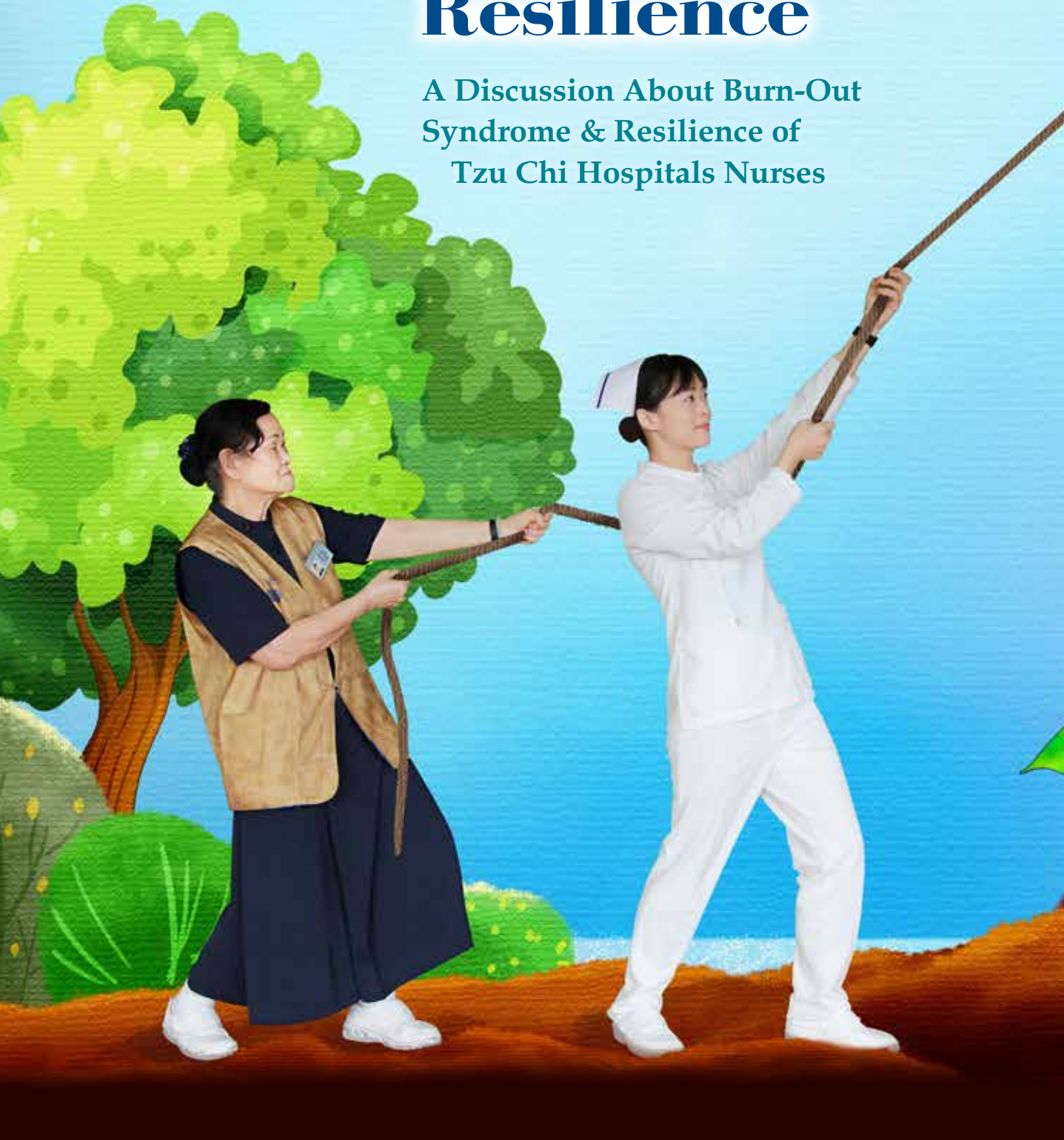


Cultivating Resilience

A Discussion About Burn-Out Syndrome & Resilience of Tzu Chi Hospitals Nurses





By Wang Shu-Chen, Deputy Director, Department of Nursing, Hualien Tzu Chi Hospital

In recent years, the Joint Commission of Taiwan has associated resilience with patient safety, and, as a result, there has been a growing interest in exploring the resilience of healthcare providers.

What is “resilience”? It is also known as the “ability to bounce back” and refers to a person’s ability to recover from adversity or stress in a short period. It’s like a rubber band that bounces back when you pull on it vigorously and then let go. The rubber band will bounce back to its original shape because it has the elasticity to allow it to return to its original state. The same is true for people. If they can rehabilitate themselves, they can restore their physical and mental state in a high-stress work environment. In the same workplace, some people can handle difficult problems at work with ease, while others, when faced with problems, take avoiding or retreating actions, allowing themselves to be trapped in the problem and eventually generating ideas such as leaving. How they handle, cope with, and act on stress, work fatigue, and the thought of quitting stems from what is called “resilience”.

Some people believe that resilience is an innate trait. Those who are more positive will view problems in a positive light. But resilience can also be strengthened or developed through education or training. For example, the Joint Commission of Taiwan organizes an annual course to promote resilience and a positive atmosphere in organizations, thereby creating an overall culture of safety. If healthcare professionals can recover from stress more quickly, they are less likely to make mistakes on the job, thereby making patients safer and themselves less likely to consider leaving the workplace. The topic for the current survey is the resilience of nursing staff. A total of 1,326 valid questionnaires were collected from the nursing staff at seven Tzu Chi hospitals, with the largest number of respondents (48.4%) having served for more than five years.

Good Rest and Sleep Are Necessary for Going to Work Refreshed the Next Day

The first question asked nursing staff whether they can recover quickly from work-related fatigue. While 38.2% of the nursing staff “agreed” (including “strongly agreed”) that they will be refreshed to go to work the next day after taking their off-duty rest, a similar proportion of 40.0% (“strongly disagreed” and “disagreed”) felt that even after taking their off-duty rest, they still feel tired the next day. The remaining 20% did not express an opinion.

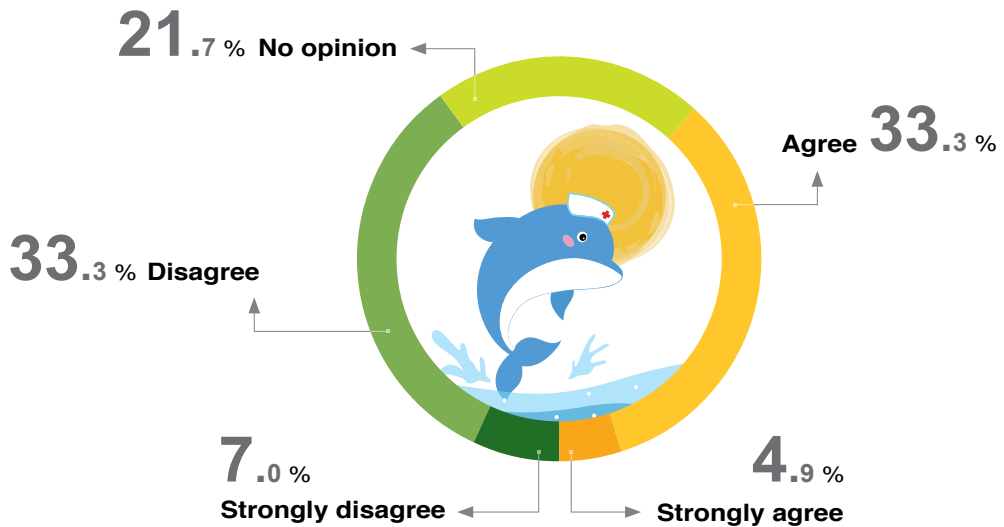
Basic Statistics

Gender	Number of People	%
Female	1,248	94.1
Male	78	5.9
Total	1,326	100.0
Age	Number of People	%
under 20	21	1.6
21~25	433	32.6
26~30	224	16.9
31~35	178	13.4
36~40	185	14.0
above 40	285	21.5
Total	1,326	100.0
Years worked in the hospital	Number of People	%
under 1	159	12.0
1.1~2	171	12.9
2.1~3	156	11.8
3.1~5	198	14.9
above 5	642	48.4
Total	1,326	100.0
Job Title	Number of People	%
Registered nurse	1,046	78.9
Deputy head nurse	50	3.8
Head nurse	63	4.7
Supervisor and above	24	1.8
Case manager / functional unit	53	4.0
Nurse Practitioner / senior RN	90	6.8
Total	1,326	100.0
Department	Number of People	%
Internal Medicine	240	18.1
Surgery	177	13.3
Pediatrics	40	3.0
Obstetrics & Gynecology	53	4.0
Intensive Care & ER	253	19.1
Functional Unit	16	1.2
Kidney Dialysis	48	3.6
Operating Room	104	7.9
Outpatient Clinic	202	15.2
Palliative Care	25	1.9
Administration	38	2.9
Psychiatry	39	2.9
Others	91	6.9
Total	1,326	100.0

Q1

Does resting after work alleviate the fatigue so that you can go to work with energy the next day?

(N = 1,326, single choice)



For those nurses who still feel tired at work the next day, I think it is related to the sleep quality; I often hear that clinical nurses have trouble sleeping or even suffer from insomnia. In my opinion, good sleep quality should improve the mental state at work the next day and allow for a quick recovery. Of course, if their mental fatigue has been building up over time, there may be other causes.

In addition, the delay in leaving work may cause a build-up of fatigue that is not easily eliminated. If nurses do not have to leave work late, they will have more time to rest.

In recent years, the hospital has been proactive in creating a positive work environment, and one of the priorities has been to reduce the “nurse-to-patient ratio” in order to reduce the workload of nursing staff so that they can complete their work as scheduled and leave on time whenever possible. In addition to adopting various measures to reduce the nurse-patient ratio, Hualien Tzu Chi Hospital also finds ways to reduce the workload of nursing staff, including reducing the proportion of non-direct care tasks, such as liaison and transportation. The head nurse of each unit is the central figure responsible for responding to superiors and organizing the work of subordinates. Chiang Ching-Chun, the head nurse at Heart Lotus Palliative Care Ward, said her unit

has adopted the Australian Palliative Care Outcomes Collaboration program (PCOC) since 2014. Since one of the program's indicators involves assessing a patient's ability to function and move around, when she assigns a patient to a nurse, she considers the burden of caring for the patient and the number of patients that nurse is caring for, rather than assigning all patients with a high burden of care to the same nurse.

Creating a friendly work environment fosters the ability to face stress positively at work; and in order to strengthen the resilience of each nursing staff, hospital management focuses on how to make the work environment more friendly and team-oriented.

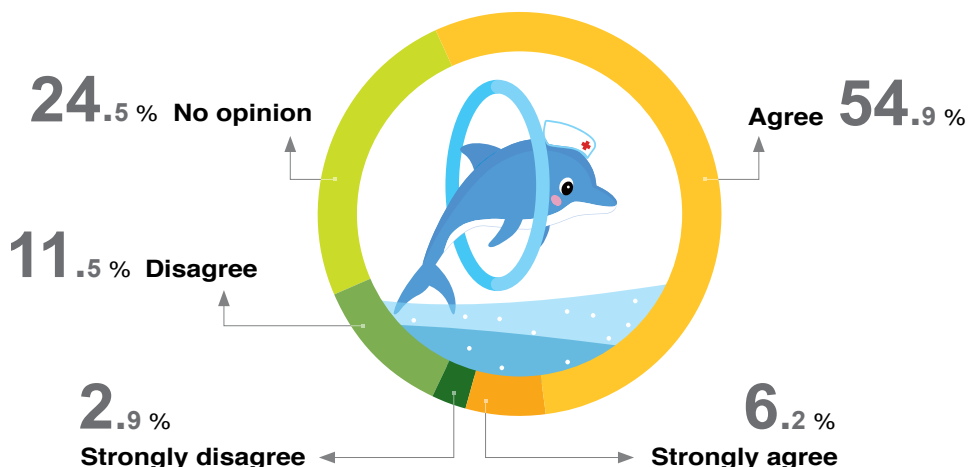
60% Believe That Setbacks Actually Provide Opportunities to Better Hone Their Skills

If a person is able to see setbacks at work as an opportunity to hone his or her skills, it shows that the person has the ability to think and to face adversity positively. Therefore, the second question of the questionnaire asked respondents if they can see setbacks at work as opportunities for self-development. 61.1% of these nurses answered “strongly agree” or “agree”, while only 14.4% of them disagreed. Just as a rebounded ball jumps higher and farther, a change in mindset can allow one to take on

Q2

Do you consider setbacks in the workplace as an opportunity to hone your skills?

(N = 1,326, single choice)



the challenges of the job when there are setbacks. Although I have been in nursing for almost 30 years, I still remember the frustrations I encountered when I was a beginner. I also believe that every nurse who has been in clinical practice for over two to three years has experienced many setbacks. However, they are able to take the setbacks as trials and tribulations and understand that “sweet are the uses of adversity”, thus becoming independent and confident and coming this far.

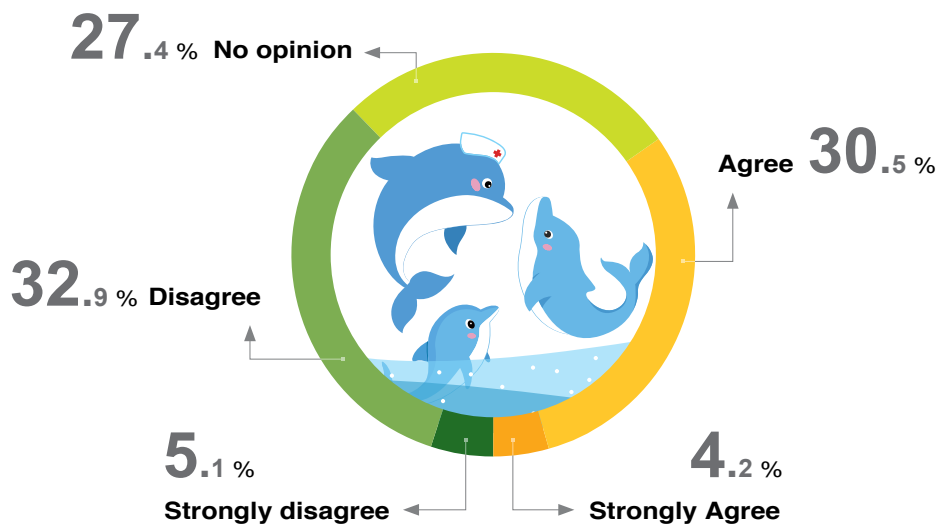
Adjust Your Feelings When Facing the Suffering of Patients and Their Families to Avoid Compassion Fatigue

Nurses provide care for people. Facing life and death scenarios every day inevitably creates many emotions and worries, especially when the patient is not well or when the family hears bad news. Emotional adjustment is also an important component of resilience.

Faced with patient/family grief, 34.7% (“strongly agree” and “agree”) of nurses felt that their emotion at work will not be affected, while 37.9% felt that they will be affected; the percentages were similar for the two different choices. In fact, frontline nurses empathize with the pain of patients/families when dealing with their illness. If nurses do

Q3

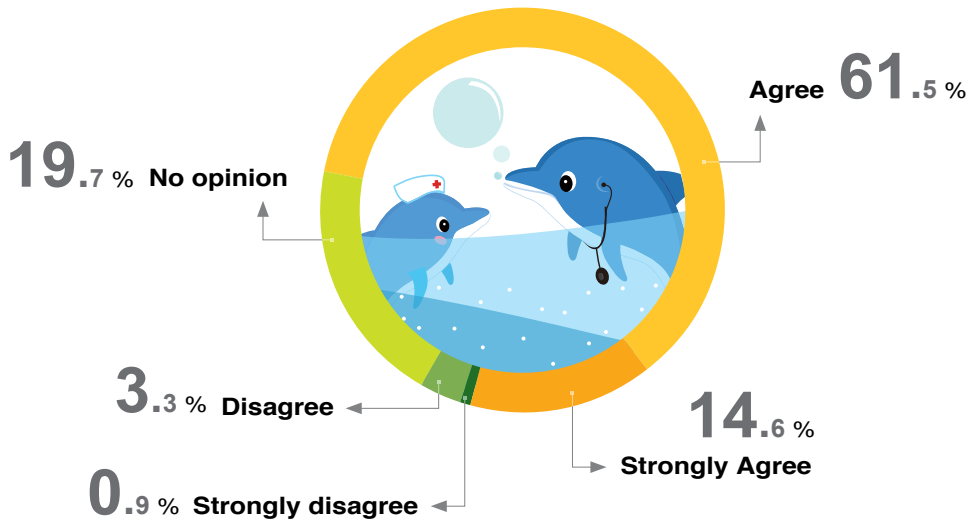
Does facing the grief of patients/families affect your emotion at work? (N = 1,326, single choice)



Q4

Can you actively discuss your patient's changing condition with the physician to find a solution to the problem?

(N = 1,326, single choice)



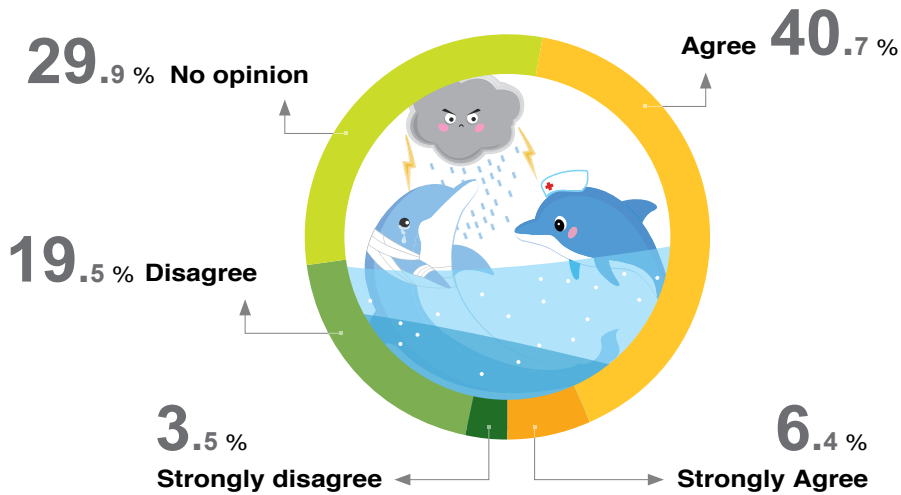
not adapt well, they are prone to psychological exhaustion. Some scholars refer to this phenomenon as “compassion fatigue”.

The sudden demise of a patient can also make nurses feel sad. Nurse Ah-Hui (alias) said, “As my shift was about to end, the patient was ... ‘gone’ ..., which was a little hard for me to accept. I got a little teary-eyed while sending him away, but I thought I should hide my feelings from the family as much as possible ...” Ah-Hui said she felt sad at the time, but then thought that it was also a relief for the patient. As she sent the patient out of the ward, she thought to herself, “The next patient is waiting for me,” so she ignored the sadness, pretended it was okay, and didn’t mention it to anyone else. “But late at night, when it’s quiet, the sadness will surface and I will feel that even if I put my heart and soul into taking care of the patient, it’s useless because the patient will still be gone” If this sadness for the patient is not processed and digested, it will drain the person’s energy internally. Over time, such a working condition will lead to fatigue and exhaustion, which is the last thing we want.

Feeling sorry for a patient is a sign of compassion, which can actually generate positive energy. If compassion is affirmed, it generates positive energy and enables one to continue to work hard at nursing.

Q5

When confronted with a patient's angry emotions, would you assume that the patient is not against you, but is worried about his/her illness? (N = 1,326, single choice)



Hualien Tzu Chi Hospital once invited Chen Yi-Chu, a holistic caregiver, to hold the “Taking Care of Yourself – Spiritual Self-Care Workshop”. One of the methods requires the nurses to do a “big tree” meditation, imagining themselves as a small sapling growing into a big tree, and then express their feelings with pictures to share with the group. Trees need sunlight, air, water, and soil, but they can also be affected by pests, big and small. To people, pests are their bad thoughts.

During this workshop, Supervisor Cheng Ya-Chun remembered her late mother and experienced a rare sense of loss in between her busy work schedule. She felt the grief of losing her mother, something she had overlooked in the past. Through this opportunity, she expressed her thoughts and gratitude for her mother and deeply appreciated her contribution to the family. By confronting the grief over her mother that had been hidden in her mind, the missing corner of her spirituality was mended.

Playing the role of a helper, nurses often forget to love themselves a little more. Therefore, it is important to provide an outlet for our emotions and heal our hearts through different activities so that we can have the energy to care for our patients.

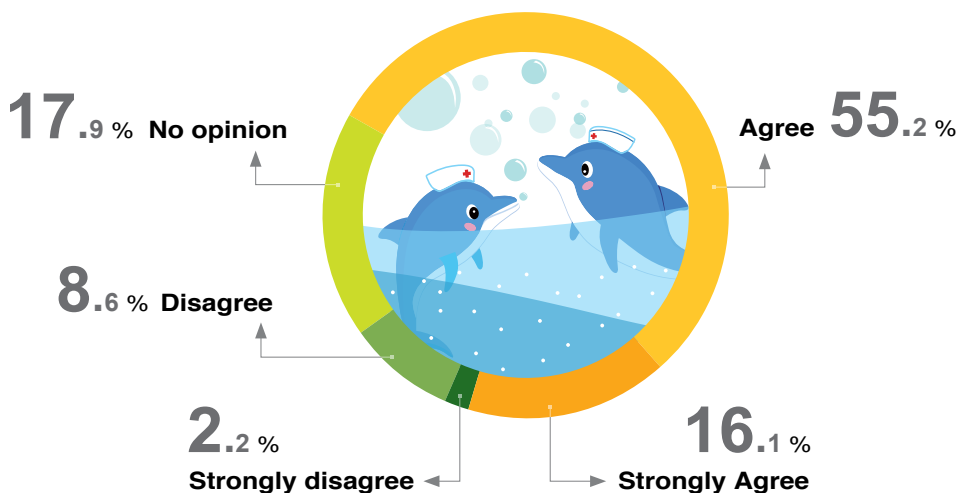
Build Team Cohesion

If the patient's condition goes downhill, will the nurse be helpless, or will the nurse be able to actively seek a solution? 76.1% of the nurses will actively discuss the problem with the physician to find a solution. Only 4.2% do not think they will do so.

Hualien Tzu Chi Hospital is very active in promoting discussions within the medical team. Every quarter, a hospital-wide interdisciplinary team meeting is held. Each department also actively conducts team meetings with the Medical Department or other medical professionals. Chen Tao Pei-Yu, Head Nurse of the Medical Intensive Care Unit, said that creating an atmosphere between the unit and the medical department is important. The head nurse will introduce the newcomers to all the physicians at the Medical Department meeting when they report to the unit, so that people can get to know each other. In addition, the team members are able to fully express their views on patient care at the joint medical conferences, and the physicians are also very willing to teach, so that communication and discussion with the physicians can lead to very close cooperation. Whenever nursing staff have a problem, they are able to fully discuss it with the physician.

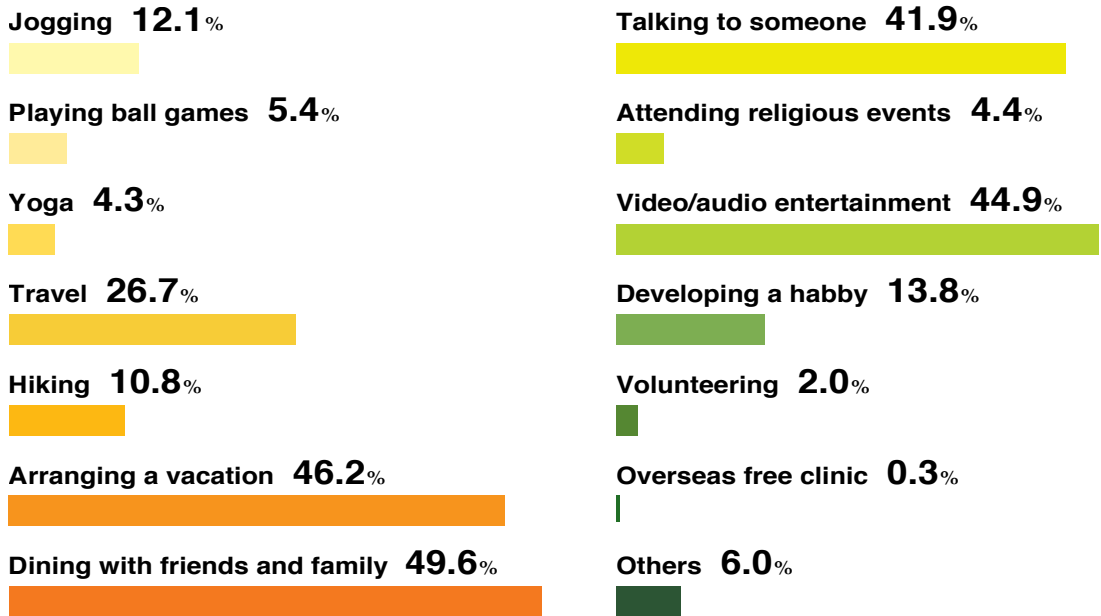
Q6

When faced with unreasonable requests from patients or family members or unfriendly attitudes from other staff, will you hold back and only express your own grievances or emotions to a third party when you return to the nursing station? (N = 1,326, multiple choice)



Q7

When you feel fatigue at work, how do you personally adapt?
 (N = 1,326, multiple choice)



Chao Chi-Yen, a male Head Nurse of the Surgical Intensive Care Unit, also mentioned that the problems nurses help patients with are not necessarily physical. Once a patient in the Surgical Intensive Care Unit became critically ill and his girlfriend wanted to marry him in a civil ceremony. All the nurses in the unit were mobilized to help make their wishes come true and arranged balloons around the bed in the ICU, hoping to help the patient and his family make the best memories of their lives.

Address Negative Emotions and Do Not Pass Them On to Innocent Third Parties

As for the emotions of others, can nurses determine where they come from? Will nurses get irritated or disturbed easily? Or can they address the emotions of others appropriately?

In question 5 of the questionnaire, 47.1% of the nurses agreed that the patient's emotions are not directed at themselves, but 23.0% disagreed.

Dai Wen-Hui, a nurse in the outpatient clinic, attends the weekly reading of the Lotus Sutra in the hospital's humanities room. She mentioned that she often gets

annoyed when a patient asks the same questions over and over in the clinic, especially when she is busy. Of course, she still holds back from showing impatience when answering, but holding it in too long can be painful for her. She said, “Attending the book club helped. My perspective changes when I think about the book that says Bodhisattvas will appear in different forms to test us. When some patients feel that they have waited for too long for their turn and ask me in a bad tone, I will say to myself, ‘He is actually a Bodhisattva who is here to test my temper, so don’t get annoyed.’ I will no longer be affected by this and will not transfer the patient’s displeasure to myself.”

In recent years, the Nursing Department has held several positive thinking workshops, including stress reduction with positive thinking, breathing with positive thinking, walking with positive thinking, and more. One of the nursing staff gave feedback after the positive thinking training, “When I encounter a patient or family member who is aggressive, I will first take a deep breath and then think about whether he is angry at me for something I have done. If not, then what is the reason for his aggression? Before I learned to think positively, I would immediately be overwhelmed when confronted with an angry or cursing patient. Now I can analyze the cause and calm myself down.” It was also mentioned, “If you let your emotions affect others when you get agitated, you will feel remorseful afterwards. Why should some irrelevant people be affected by such emotions which destroys not only the harmony, but also the efficiency of work? After this practice, I will calm down and give it some thought.”

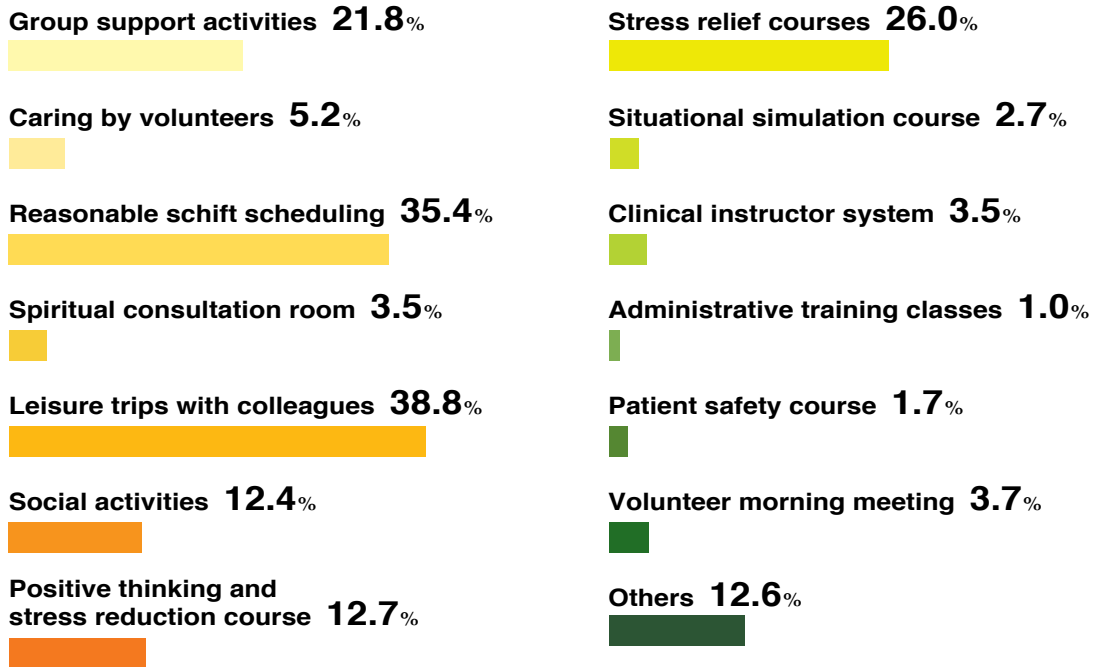
Don’t Start Head-On Conflicts, But Don’t Let Yourself Be Mistreated Either

Question 6 of the questionnaire was to find out the attitude of nursing staff when dealing with conflicts. When faced with unreasonable requests from patients or family members, or unfriendly attitudes from other staff members, 71.3% choose to hold their tongues and only express their dissatisfaction or emotions when they returned to the nursing station. Only 10.8%, or about 1 in 10, disagreed.

Lin Meng-Hua, Head Nurse of the East 26 Ward, shared that a nurse in her unit once encountered an unreasonable patient in the ward, “at the time she would not confront the patient, but when she came back to the nursing station, she could not hold back her emotions and shouted in anger.” But if she kept yelling, the whole ward would have heard her. The head nurse invited the angry nurse into her office, closed the door, and let the nurse vent her frustrations and talk about what had happened after she calmed down. Of course, if a patient seriously threatens a nurse or makes the nurse uncomfortable, the situation can be reported to the Medical Department, which will help resolve the issue with us. If there is a potential medical dispute or a violent patient, the



When you feel fatigue at work, how do you personally adapt?
 (N = 1,326, multiple choice)



hospital will protect the nursing staff first and then provide assistance for subsequent legal or administrative proceedings.

Avoid Work Fatigue by Making Good Use of Various Channels and Methods

When nurses feel they are about to experience job burnout, how do they adjust themselves? Question 7 of the questionnaire listed 13 options, four of which were selected by more than 40% of respondents. The first was “dining with friends and family” at 49.6%, followed by “arranging a vacation” at 46.2%, “video/audio entertainment” at 44.9% and “talking to someone” at 41.9%. This shows that when faced with work stress, nurses need an outlet, such as meeting with their closest family or friends at the dinner table to express their emotions, or finding someone to talk to, either casually or with expert advice in various areas. Of course, giving yourself a vacation and getting out of the work environment can make the stress of the job go away for at least a while.

Other options were also chosen, such as jogging, hiking, various sports, hobby development, etc. In fact, as long as you take the action you think is best for relieving stress, it's a good choice and a good solution.

“Attending religious events” was chosen by 4.4% of the respondents. Although Tzu Chi Hospitals are Buddhist hospitals, we does not exclude other religions. The Christian Endowment Society meets weekly for fellowship and evangelism for patients/families. There are also Mormons who come to the hospital to teach English. In addition to the Dharma reading group, Tzu Chi Hospitals also offer a variety of monthly classes in the Meditation Hall, which include Dharma study and volunteer service experience sharing. Chou Ying-Feng, Head Nurse of the East 25 Ward, said that sometimes the colleagues are not doing well at work, their resilience is gone and they just want to quit. She is frustrated because she has tried all kinds of ways to keep them, but to no avail. She felt relieved when she read a passage in the reading group, “Those who are not fortunate do not have the opportunity to hear the truth I speak, and those who are not fortunate enough cannot understand it when they hear it.” To her surprise, a former nurse who had resigned felt that Tzu Chi Hospital was still better and came back soon after. It's just that when a person is determined to leave a job, he or she will not listen to anyone.

Regardless of the adjustment method used, in order to recover from a stressful situation, people need to be aware of their stress so that they can take actions to recover or adjust to it.

Hospital Continues to Promote Resiliency Programs to Create a Positive Workplace

The final question asked the nurses what types of resiliency programs offered at the hospital they felt were most helpful in elevating their personal energy. Topping the list was “leisure trips with colleagues” at 38.8%, followed by “reasonable shift scheduling” at 35.4%, “stress relief courses” at 26.0%, and “group support activities” at 21.8%. Other programs also received varying degrees of recognition, with the single program that stood out being the “positive thinking and stress reduction course”. The hospital also encourages colleagues to call on their peers to start new clubs.

Retention of nursing talent has always been a global issue. Nurses need to be resilient in order to work in a healthcare environment. The global impact of the COVID-19 outbreak continues and has repeatedly tested the resistance and resilience of nurses. Resilience of nurses can be developed and deepened through a well-conceived resilience plan. Personalized care and supervisory support can also help them develop perseverance. In this time of fighting the epidemic, nurses must continue to think positively and rise to the challenge without compromise.