

**The Predictors of Resilience
in
Operating Room Nurses**

by

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STATEMENT OF ORIGINALITY

This work has not been submitted for a degree or a diploma in any other university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

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Brigid M Gillespie

ABSTRACT

The nursing workforce has experienced considerable change during the previous decade, resulting in a chronic shortage of nurses. Issues such as economic rationalism, increased workloads, changes in nursing education and the advancing age of the current nursing workforce are the chief contributors to this shortage (Australian Institute of Health & Welfare, 2005b; Buerhaus, Staiger, & Auerbach, 2000b). Operating room (OR) nursing is a primary specialty area that has been especially affected by rising nurse attrition and a reduction in nurse recruitment (Australian College of Operating Room Nurses, 2003; Australian Health Workforce Advisory Committee, 2002). Accordingly, the loss of skilled nurses from the OR specialty compounds the negative effects on morale for those who remain in the environment, as they struggle to provide safe patient care while concomitantly being responsible for the clinical development of neophyte and inexperienced nurses (Australian Health Workforce Advisory Committee, 2002; Arndt, 1998). In the midst of working in the OR environs where the nature of the associated stressors is unique, resilient qualities may assist nurses to meet and overcome these challenges. If there is to be a continued nursing presence in the OR, it is essential that nurses be given the opportunity to develop resilience. At this time when nurse retention rates are continuing to decline steadily, there is a compelling need to identify and describe the relationship between resilience and its predictors in the context of the OR. To date, little is known about predictors of resilience and their potential to ameliorate the effects of workplace stress in the OR.

The overall purpose of this study was to identify and describe the predictors of resilience in OR nurses. A literature review and concept analysis of resilience was initially conducted. Hope, self-efficacy, coping and personal characteristics were identified as defining characteristics of resilience. Next, the research was conducted as a mixed method phased study that was underpinned by the pragmatist paradigm, and employed a sequenced combination of qualitative followed by quantitative inquiry (Morgan, 1998). The first phase used a mini-ethnography to identify and describe the components of workplace culture in an OR in relation to their potential impact on nurses' ability to adapt in this culture. A triangulated approach was used involving participant observation, a reflective journal, field notes and interviews. This phase revealed that competence, knowledge, collaboration, peer support and the ability to manage challenges were central components of OR workplace

culture. From these categories, three themes were abstracted and subsequently developed into constructs that were measured and validated in the larger second phase.

The second phase used a predictive correlation survey to describe empirically the relationship between resilience and its hypothesised predictors in a systematic random national sample of nurses who were members of the Australian College of Operating Room Nurses (ACORN), and a combined sample of hospital nurses purposively drawn from two similar hospital sites. The survey included scales measuring perceived competence, collaboration, managing stress, self-efficacy, hope, coping, and resilience, as well as gathering information about the demographic characteristics of nurse respondents.

Out of a total potential sample of 1,730 OR nurses, the overall response rate was 51.7% (n = 896). Differences between the ACORN and hospital samples were found in age, years of experience, education and years of employment; therefore, the national and hospital samples' findings were analysed separately. Five independent variables – hope, self-efficacy, coping, managing stress and competence – predicted resilience in the larger sample of ACORN respondents (n = 772). For the substantially smaller sample of hospital respondents (n = 124), hope, self-efficacy and managing stress predicted resilience. Given that the smaller hospital sample resulted in a similar model, this consistency lends strength and weight to the revised resilience model. Over 60% of the variance in resilience was explained by the independent variables in each model.

Given the dearth of literature describing the efficacy of resilience in ameliorating stress in OR contexts, the results of this study have extended the theoretical application of the resilience concept to include a nursing context. There is a need to implement resilience-building strategies that address the culture of the OR, both at the departmental and organisational levels. Strategies that provide a supportive workplace environment in relation to goal-orientation, the provision of stress management and education programs, and strategies that facilitate cultural assimilation may improve resilience, and hence retention and recruitment rates in the OR. The findings of this study support the need for further research not only to test the stability of the proposed model among other groups of nurses but also to explore further predictors of resilience in the OR setting.

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DISSEMINATION OF STUDY RESULTS

Refereed Publications

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Refereed Articles Under Review

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Refereed Published Abstracts

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Gillespie, B.M., Wallis, M. & Chaboyer, W. (2005) “Inside an operating room: a look at workplace culture”, paper presented at the International Council of Nurses International Conference in Taipei, Taiwan – May 25th.

Gillespie, B.M., Wallis, M. & Chaboyer, W. (2006) “Workplace culture of an operating room: An insider’s perspective”, paper presented at the 7th International Institute for Qualitative Methodology, Gold Coast, Australia – July 15th.

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