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## Resilience as resistance to the new managerialism: Portraits that reframe nursing through quotes from the field

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## **Resilience as resistance to the new managerialism: Portraits that reframe nursing through quotes from the field**

### **Abstract**

**Aim:** This paper acknowledges the relationship between resilience and the new managerialism of contemporary nursing.

**Methods:** Qualitative Portraiture methodology.

**Discussion:** The new managerialism in hospital settings result in a rapidly increasing turnover of acutely ill or co-morbid patients, which directly relates to retention and quality service. In education settings, the management imperative to recruit more students into the profession combined with financial cutbacks lead to similar tensions. In aged care the trend equates care directly with funding with the same effect. Yet despite this, many Registered Nurses remain working.

Portraiture explored 'why' nurses remain in workplaces often described as awful. The resilience of nurses is seen through their stories and reframed to highlight resilience as a form of resistance to the new managerialism inherent in contemporary healthcare.

**Conclusion:** This paper describes some of the hallmarks of new managerialism where workforce pressures force practices that do not value the 'human resource'.

**Implications for Nursing Management:** The quotes from the field give insight into the nurse's world view and have implications for managers, educators and employers as well as for consumers of nursing care.

**Keywords:** New managerialism, retention, resilience, resistance, nursing work, Portraiture

## Introduction

Staying in nursing is notoriously difficult. Many clever and committed nurses find they cannot endure the dynamism that is today's clinical environment and simply leave the workforce. This attrition not only causes considerable distress for the nurse involved, it also affects nurse managers who not only lose a team member and an experienced colleague, plus the associated corporate knowledge that goes with them. DeLucia, Ott and Palmieri (2009) assert:

*"The profession of nursing as a whole is overwhelmed because there is a nursing shortage. Individual nurses are overloaded. They are overloaded by the number of patients they oversee. They are overloaded by the number of tasks they perform. They work under cognitive overload, engaging in multitasking and encountering frequent interruptions. They work under perceptual overload...and physical overload...In short; the nursing work system often exceeds the limits and capabilities of human performance" (p.37).*

Reflecting on this caused the author to consider the opposing view: Why then were nurses remaining in nursing? Setting aside the valid need of 'making a living', what is it about these nurses that enables them not only to cope with and manage perceived stressors, but to enjoy a fulfilling working life? These questions focused this study with the author postulating that nurses must be resilient and have stories to tell of their personal resilience.

This paper presents excerpts from nurse's portraits or 'quotes from the field' demonstrating their inherent resilience.

## Background

Nurses are the largest occupational group in the Australian health workforce, a workforce that remains predominantly female who work in diverse practice contexts. Despite efforts to improve workplace conditions to increase nurse retention, a demographic time bomb occurred in 2012 causing international concern (Australian Institute of Health & Welfare, 2008; National Health Workforce Taskforce, 2009). The majority of nurses, are baby boomers, and have reached retirement age with shortages of nurses predicted to increase equating to the workforce being undersupplied for years to come (Australian Institute of Health & Welfare, 2008). This crisis is compounded by alarming research that shows that many Australian nursing graduates intend to stay in the profession for less than 15 years (Eley, Eley & Rogers-Clark, 2010) because they are disillusioned with nursing, and dissatisfied with their potential career.

Worldwide, nursing is an aging workforce, and there is little doubt that it is a stressful profession (Scudder, Rheame, Clement & LeBel, 2011). Workplace stress is correlated with high workloads, rationalisation and restructuring, bullying and horizontal violence, and lack of autonomy, chronic staff shortages and inadequate skill mix with high acuity of patients. These factors impact upon the dynamics of the organisational, technological and system change currently being experienced in health care (Jackson, Firtko & Edenborough, 2007). Moreover, stress is correlated to nursing environments in which a mismatch occurs between the resources available for optimal patient care, the capabilities and competencies of the nurse to express their desire to provide optimum care, and the management of this scenario by the employer (Kawano, 2008).

Nurses currently work in radically changing times, where the integrity of nursing is undermined by micro-economic reform (Aiken et al., 2001; Buchan et al., 2013; Squires et al., 2010; Twigg et al., 2010). Healthcare organisations are downsizing (new managerialism), with severe cost containment leaving many nurses confronting the tensions of isolation, powerlessness and distrust, a new reality of management. Carter (2007, p. 270) notes:

*“Nursing is being overwritten by a new programme of managerialism. Nursing is subtly and insidiously being reformatted, re-engineered, processed to become something which may be efficient and effective in managerial, commercial and business sense but which is unrecognisable as something nurses or patients wish to engage with.”*

The negative effects of bureaucratic top-down decision making; inter and intra professional hostility; limited autonomy and invalidation; and the view that nursing is a harsh and unresponsive environment with unexciting employment opportunities, widespread unpaid overtime and difficult working conditions, do not encourage nurses to remain (Jackson et al., 2007; McAllister & McKinnon, 2009). The snowballing cost of work unhappiness, stress and burnout has, and will affect, the retention of qualified staff. Ultimately recruitment will be hindered as the problems in the system and of the system are either neglected or escalate (Hegney et al., 2006; Holland, Allen & Cooper, 2012).

Given the landscape of the healthcare environment, resilience would seem to be a necessary quality for surviving the negative effects of workforce challenge and stress (Tusaie & Dyer, 2004). Nurses may succumb to this workplace stress or as in the case of the nurses in this study may offer a different view - one of positive change, development, successful adaptation, or resilience which directly affects their behaviour in work life situations. Resilient nurses choose to stay within nursing - offering the re-framing of a liberatory or an emancipatory affect over adverse events.

Although a common definition of resilience is elusive, seminal works agree that “resilience simply stated, is positive adaptation in response to adversity” (Waller, 2001, p. 292). It is the capacity to remain functioning in the company of noteworthy strife. Individuals, communities and systems with resilience can positively adapt to and cope with and even develop from the disturbances to the challenges they come across (Gilligan, 1997). Resilience theory provided the lens through which the portraits were considered.

### *The reframing*

It may be argued that the predominant view that shaped nurses’ thinking is influenced by their social world, acting marginalised, oppressed and dominated by the male medical model with anger, disillusionment, fostering powerlessness, and low self-esteem within the profession. But nurses do not want, or need to read about any more sad stories of disempowerment. What is needed is to adopt a transformative or emancipatory goal, where success in the day-to-day reality of nursing is fostered and celebrated. Stories of resilience which evidence that nurses are survivors and transformers of their own reality are required. This reframing of the nurse’s story

to a perspective focusing on the positive and successful in the workplace serves as a point of departure from traditional ways of constructing nursing.

After reviewing other qualitative approaches including phenomenology, folkloristic biography, ethnography, and discourse analysis, the author came across a methodology called Portraiture. Portraiture offered a blend of several qualitative approaches which offered many advantages. Importantly portraiture as a counter narrative has its conceptual foundation in success; thus, it offered an approach that was both emancipatory and empowering (Lawrence-Lightfoot, 1997). Portraiture allowed the illumination of nurses who were not floundering by the pressures of the health care system, but rather they were overcoming the adverse conditions of work and life. Another advantage of Portraiture is that it is creative in intent and allowed the utilisation of the author's prior educational and life experiences as a starting point for narrating the stories. Further, the approach allowed the author's voice to be present in the crafting of the portraits or the 'painting with words' capturing the subtlety of each story through the retelling (Cope, 2012). This enabled the creation of portraits of nurses as survivors and victors, actively engaged in their own empowerment, resistance and resilience

### *Story, narrative, portrait*

Story is the heart, the shape of voice, language and wisdom. Mahilingam and Reid (2007) found that the interactive dialogue of sharing and listening to stories promoted emancipatory knowing through generating strategies for empowerment between both story teller and story listener. By offering insights, stories can help transform unfair social structures and reality by generating new knowledge and voicing the opinions of the marginalised, oppressed or vulnerable.

Listening for a story can be a cathartic release for those involved in the telling of their story as it frees them from the confines of keeping their experiences and feelings to themselves. As the stories are told the lid no longer remains closed on the paint tube; the colours are free to flow to the palette and the verbal brushstrokes are able to be placed on the canvas. By the telling of their stories, each nurse can reflect upon their own tale, integrating their meaning and making sense of them as they reveal and critically review their own experience providing emancipatory knowledge about themselves while the researcher empowers them by valuing them as experts of their own story (Chinn & Kramer, 2008; Cope, 2012).

### **Research Purpose**

The purpose of the study was to develop an understanding of why nurses make the choice to remain in the nursing workforce, and illuminate the qualities of resilience as resistance shown by nurses who have chosen to remain.

### **Design**

Portraiture (Lawrence-Lightfoot, 1983) was the methodology used. Portraiture concentrates on unearthing goodness and highlighting successes. The portraiture listens for the authentic central story, choosing to tell the story from a framework of strength rather than deficiency (Lawrence-Lightfoot, 1983). This approach is particularly appropriate within the field of nursing, since surely more is gained from studying successes rather than failures. From the perspective of portraiture, the researchers aim is to depict examples of success, and embrace the goodness of a healthcare environment that is always present, yet overshadowed, by the dysfunction of a precarious system, providing an affirmative view of resilience and how to enhance it, rather than focusing on the negativity that often makes those involved in the healthcare system feel powerless to bring about change.

### *Participants*

Nine nurses (n=9) agreed to be included in the study: Three from interim and residential aged care, three from the academic setting and three from management within tertiary acute care.

### *Criteria for inclusion*

All participants were English speaking nurses registered with the Nurses and Midwives Board of Western Australia with more than five years' experience in the Western Australian healthcare environment. This criterion was to enable reflection on significant and ongoing changes within the workplace as a possible source of resilient behaviours.

### **Data collection**

Data collection involved the compilation of field notes, memos, gesture drawings and interviews.

### *Field notes*

Extensive field notes were maintained. This allowed the author to document situations that occurred in the environments while interacting with the nurses. Field notes are written descriptions about what the researcher or Portraiture is noting. As Lawrence-Lightfoot and Davis (1997) claims they have the advantage of documenting initial movements and first impressions, noting what is familiar and what is surprising.

### *Gesture drawings or Impressionistic records*

'Gesture drawings' are defined as 'brief narratives' (Lawrence-Lightfoot & Davis, 1997, p. 23). These aim to capture the essence of a nursing setting or a nurse of interest, just as a sketch for a portrait would do. These gesture drawings were developed into memos and are important early reflections as they document what is superficially apparent and what may be surprising upon later reflection.

### *Memos*

Memos were written at the end of visits to each setting to reflect on the study process. Each day the memos and reflections, and ultimately the portraits they painted, continued to grow, build, change, and increase in complexity as reflection and meaning were attributed to them (Miles & Huberman, 1994).

### *Interviews*

Two semi-structured interviews were undertaken in this study. The use of in-depth interviewing as a method of qualitative inquiry is ideal for the purpose of listening for a story. There is the need to establish rapport with those being interviewed, to make them feel comfortable and at ease, and to achieve the “dynamic mutuality” described by Lawrence-Lightfoot and Davis (1997, p. 152) where a level of intimacy is established yet boundaries maintained to protect the encounter. The Portraitist is paying attention to the research questions, focusing on how each individual experience may inform others like it, probing and pursuing interesting areas of response.

### *Verisimilitude and authenticity*

Data collection and analysis were concurrent with the merged transcripts, memos and field notes, generating a large amount of data which was gradually aggregated into portraits from which emerged discrete themes. The draft final portrait was given to the individual nurse to review for factual errors within the text. The Portraitist’s hope was that upon reading, the nurses would find their portrait interpretive, yet authentic, giving voice to their experience revealing the narrative of their real world. Trustworthiness was addressed by returning the transcripts and portraits to the nurses to ask them to validate the data.

## **Findings and Discussion**

In keeping with Portraiture, the findings and discussion are presented together. Eight themes arose from the data analysis.

Resilience is the capability to absorb the impacts of a disaster, maintain as much function as possible, and make certain that interruptions to normalcy occur in a controlled way. This permits as rapid as possible re-establishment of normal or near-normal function. It is a capacity that develops over time in the context of person-environment interaction - a translational process (Siebert, 2008). It is a bouncing back with a capacity to absorb impact through the management of self through self-control which was the first theme within the portraits. Self-control is defined as “the overriding or inhibiting of automatic, habitual or spontaneous action tendencies, urges, or desires in order to ensure an unimpaired realisation of planned, purposeful behaviour”(Shernoff & Schmidt, 2007, p. 565). This resistance or self-control and management harden a person so that damage is minimal as through self-management skills and self-awareness the nurses recognise better ways for dealing with stressful situations (Reeve, 2005). Thus resilience as resistance directly limits the ability of adversity to penetrate the person, to gain hold, and inflict damage (Masten, 1994). The participant ‘Mary-Anne’ demonstrates this self-

control, being careful about voicing her decisions and her next moves in the residential aged care environment.

*My tension ... with ... issues and ... with the paperwork and the paper work has mounted up and I still don't feel convinced that it is all going to work out yet. I've just got to wait and see (Mary-Anne).*

Management literature weaves the interconnections between authority, power and professionalism with the work of nursing (women's work). Current work-motivation theories also stress the interplay of the notion of self with work being part of self-expression and self-consistency. Especially important is the notion and meaning of work to women with regard to this study; as the nursing workforce remains a predominantly female one. Svendsen (1997) revealed that women often 'merge' their professional and personal selves, that they have involved their mind, body and spirit within their work life, with the work, relationships at work and the career growth achieved at work, all being interrelated to the meaning derived from their work. Svendsen coined the term 'integrated wholeness' to reflect this idea.

Wolin and Wolin, (1994) emphasise that resilience requires both suffering and perseverance by struggling to work through obstacles and by integrating those difficult experiences into one's sense of self. They speak of developing 'survivor's pride' a feeling of self-accomplishment when achieving a difficult task or getting through a difficult day. Moen's (1997) seminal work in 'turning points' develops the idea of cumulative resilience which extends a professionals stamina and longevity of their career as nurses encounter critical turning points but learn to build resilience from their experiences. Nurses' work hard, they are eager to contribute, they use their loyalty for a purpose, and they serve the common good, they are proud of their ability to labour and their work ethic. Resistance and resilience are complimentary as nurses accept or rise to the challenge which is the second theme found within the portraits. The nurses resist and absorb the impact of events, they function and 'handle it'. They continue to operate with minimal dysfunction, with optimism and hope. 'You do what you gotta do', having the confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks. They even take on the mantle of leadership and saw it as part of their work function. For example, 'Vivien' states:

*I try to make the right decisions. I try to lead by example ... I said to the boss I will not compromise the patients... If it was affecting patients, I would go; I would have to make a stand, make a protest if the care is not optimum for the patient (Vivien).*

The nurses persevere toward goals, redirect paths and problem solve in order to succeed and when beset by problems and adversity, are sustained and bounce back (resiliency) to attain success (Luthans et al., 2007, p. 3). Small sketches from the portraits provide quotes from the field where resistance and resilience are evidenced. For example:



*"I was actually asked to manage one ward, then I asked could I do ortho [orthopaedic] ward as well? And I said- I don't know how to do one, so give me two and I'll see how I go. So maybe I am an adrenaline junkie- I do like a challenge!" (Jade)*

'Jean' working within aged care echoed the same when she explained:

*"Sometimes you just get things off your chest, especially after a shit shift. You get to sit down and tell someone who is actually listening to what it is. Usually someone says something and you just feel better." (Jean)*

'Jean' pointedly remarks about "getting things off her chest" and "telling some-one who is actually listening" which uncovers the theme of valuing social support. Social support referred to the various types of assistance that participants received from others whether emotional or physical (Seligman, 1991). The importance of personal relationships and the collegial interactions with others, especially at work, was given great credence by the participants. One participant stated:

*It's important to be very supportive of staff members because by doing that, helping them, it also makes yourself feel better by debriefing with them.*  
(Vivien)

The nurses are resilient and resistant demonstrating determination and strength of purpose. They also evidence emotional endurance and humour, taking opportunities for personal growth, Life Long Learning and leadership. 'Grace' uses contextual humour to students within the academic clinical setting:

*"Just remember, a baby may suck your finger during a vaginal examination but a bum will not! And, remember! A foetus is like a corkscrew; otherwise it would end up in a knot!"*  
(Grace)

Positive psychology and the study of happiness are fundamental to the resilient self (Frederickson, Tugade, Waugh & Larkin, 2003; Seligman, Steen, Park & Peterson, 2005). 'We become what we do' is the foundational notion of Hocking's (2000) study. That is, we can become healthier and more successful by consciously modelling and/or 'acting' the happy, healthy positive traits and attitudes we desire. Each portrait demonstrated this theme. Building self-efficacy is the primary formulation of Bandura's (1997) seminal work that postulates that self-belief and effort can achieve the necessary required goals of perseverance in the face of obstacles, resilience to adversity, and coping in times of stress. Building on Bandura's work, social cognitive theory and extensive empirical research, Stajkovic and Luthans (1998b) define self-efficacy in the workplace as:

*"One's conviction (or confidence) about his or her abilities to mobilise the motivation, cognitive resources, and courses of action needed to successfully execute a specific task within a given context" (p. 66).*

Resiliency is often associated with confidence where self-efficacy is operationalised in terms of challenging self-set goals, self-selection into difficult tasks, self-motivation, effort investment toward task mastery and goal accomplishment, and perseverance when faced with obstacles or adversity and growing through them, an additional theme found within the portraits (Stajkovic & Luthans, 1998a, 1998b). These themes are extremely important for the nurse manager to consider.

Effective resistance and resilience requires long term effort, an overwhelming sense of commitment and/or passionate professionalism another theme found within the portraits. These nurses deliberately wanted to leave a legacy, sought partnership opportunities, mentoring, and collegiality, another theme found within the portraits. Specifically, the idea of 'paying it forward' (Hyde, 1999). One participant enjoys the healing power of gratitude and giving by "*paying it forward*" or "*sharing the luck*" enabling her to connect and focus on other people.' Lucky' says:

*"When you get to the position of getting it all sorted out, you think, God I was lucky, gee ...I'm going to give my luck to someone else...I am not a rich woman by any means but I am richer than 90% of the people that are out there. So I feel very blessed and very lucky". (Lucky)*

Resistance and resilience has to be an integrated effort. And, perhaps more importantly, it has to be a sustained effort. Instead of only portraying resilient individuals as exceptional case studies, Coutu (2002) describes them as those who accept reality, strongly hold onto meaningful and stable values and beliefs, and possess effective adaptive mechanisms that allow them to flexibly improvise in response to unexpected situations. Similarly, Wolin and Wolin (1994) challenge the 'damage model' and its underlying risk paradigm, which establish preconceived notions based on a person's 'at-risk' classification. These labels, and consequently the ways in which the person is treated by mentors and peers, can become self-fulfilling prophecies that can set that person up for success or failure, independently of the person's real ability to cope, adapt, and bounce back. Nurses demonstrate their ability to keep going for various reasons:

*"It's not very often you win ... You maintain people generally, or watch them deteriorate, you don't see many of them improve, but every now and again ... somebody improves or they either go home or something happens and yeah they can resume their quality or their life outside of residential care ... a rewarding role." (April)*

Another participant summarised:

*"Stressed; it's hard to support your team without feeling stressed and take on board what they are experiencing and try to make it better ... valued ... that goes back to resilience - why we are all here ... the best ability that you have ... the best way possible." (Jade)*

## Conclusion

Shared stories of resistance and resilience have the capacity to sustain in difficult and challenging times. Both have power. One person's story becomes a force for restoring and/or re-storying, which has the potential to remind, guide, inspire and heal. Resilience involves the use of strategies (consciously or unconsciously) through which the nurses meet and overcome challenges, where their power is based their ability to negotiate conflicts and remain working.

In this study, the stories shared through Portraiture showcase characteristics of nurses highlighting their identity, valuing the human connection of nursing and teaching, using their own ways of knowing. The global economic crisis and the new managerialism imperative have created a new reality of nursing work. By exposing the notion that nurses believe they are resilient, that they are resisting the opposing forces to let them do their work, to perform their care, to advocate, to teach even when overloaded, which empowers their capacity to continue.

Resilience is an essential element for professional practice in a chaotic healthcare system and resilience is a vital trait that can be learned. This has implications for nursing management because increased resistance and resilience has the potential to reduce damage, reduce dislocation and promote return to normal function so as to keep working.

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No funding was sourced for this research.

## Ethical approval

The study was approved by the University Ethics Committee and participating research venues prior to commencement. The aims and objectives of the study were described to each potential participant and the part they could play. The right to privacy and confidentiality was assured and to preserve privacy of the participant, pseudonyms were used.

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