

Why are you thriving when I'm barely surviving? An exploration of personal resiliency factors that Enable Novice Nurses to Thrive

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Despite exposure to similar workplace stressors, some novice nurses manage to thrive while others experience high levels of emotional exhaustion and burnout. This qualitative research study of eight novice nurses from British Columbia, Canada explored the interplay of personal resiliency factors that enable nurses to thrive in their nursing roles. The study outcomes demonstrate that personal resiliency factors play a significant role in how the novice nurse participants interpreted workplace stimuli, either as challenges they felt confident to navigate, or as threatening stressors. The most prominent personal resiliency factors that impacted the novice nurses' ability to thrive included congruence, self-compassion, self-efficacy, and the resulting ability to navigate workplace stressors. Personal resiliency impacts the ability to navigate the stressors endemic in many novice nurse work environments. Study results underscore the importance of resilience education for nurses in training and ongoing support as they cross the threshold into professional practice.

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Nursing culture is well-known for toxic work environments (Jacobs & Kyzer, 2010), and international research trends that span over a decade show that most novice nurses experience severe levels of emotional exhaustion from job conflicts and stress (Cho, Spence Laschinger, & Wong, 2006; Laschinger, Borgogni, Consiglio, & Read, 2015; McKenna, Smith, Poole, & Coverdale, 2003; Parker, Giles, Lantry, & McMillan, 2014). As discussed in Leiter, Price, and Spence-Laschinger's (2010) research on the topic, the workplace, where novice nurses begin their journey into professional practice, can be an emotional battlefield with stressors that can have significant adverse physical and mental health impacts on workers. For this study, *personal resiliency* is the culmination of biological, psychological, social, and cultural factors that intertwine to determine how one responds to stimuli and specifically, whether one perceives the stimuli as a manageable challenge or a threatening stressor (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014).

Besides the steep personal cost of burnout, the emotional demand on nurses has a wider impact on team morale and when nurses succumb to burnout, there are financial costs to fill resulting vacancies (Rush, Adamack, & Gordon, 2013). Some nurses will change work settings, some will leave the profession altogether, and many remain working in a burned-out condition

(Currie & Carr Hill, 2012; Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforages, & Marchionni, 2008).

In terms of scope, research suggests the stressors leading to burnout may begin in the undergraduate experience, with nurses who were already experiencing feelings of burnout before entering the profession being at significantly higher risk of leaving their position after only 10 to 15 months (Rudman & Gustavsson, 2012). Based on an integrative review by Reyes, Andrusyszyn, Iwasiw, Forchuk, and Babenko-Mould (2015), when students experience ongoing stress, it erodes their ability to cope. As a result, it impacts wellbeing and academic performance, and puts them at a higher likelihood of leaving the profession altogether. For nursing students, when ineffective coping is ongoing, their well-being and academic performance deteriorates, causing some to leave the program (Wells, as cited in Reyes et al., 2015). Nurses and those in training face compounding stressors as they deal not only with the academic workload, but highly stressful practicums and culture shock. They are faced with several endemically stressful factors such as the harshness of nursing culture, direct and ongoing exposure to death and suffering, fears of making mistakes, and fears of not being deemed good enough in the eyes of faculty and senior nurses. Those who have more resiliency, reflected by greater sense of coherence and congruence, are likely to be better able to buffer stressors, setting them up for an ability to manage similar challenges as they cross the threshold into professional practice.

The study provides a greater understanding of how personal resiliency factors affect novice nurses' perception and management of stress and the resulting ability to engage in self-actualizing activity in their newly acquired professional role. Because early career burnout has several ripple effects related to morale, a steep financial burden of replacing those who leave the profession, and ultimately patient care, interweaving resiliency as a core component in caregiver education is a worthy and necessary investment.

Theoretical Background

The theoretical framework that informed the interview questions, data analysis, and the lens through which the results were interpreted centred on the work of Abraham Maslow's theory of unmet needs (1943) and Carl Rogers' concept of congruence (1959). Maslow and Rogers' work centred on one's ability to self-actualize. Self-actualization relates to the degree that one fully develops one's personal potential, which is a significant factor in the ability to engage in thriving (Coon, Mitterer, & Martini, 2017). While Rogers' (1959) concept of congruence and Maslow's (1943) theory of unmet needs are not formally linked, they are implicitly aligned. Congruence relates to one's inner connection and ability to authentically self-express, and Maslow's work around self-actualization relates to the ability to express one's unique talents and passions. The self-actualizing process centres on the ability to engage with life from an authentic or congruent place (Rogers, 1959).

Thriving and self-actualization both share definitions using similar descriptors. For example, those who are thriving feel alive, full of energy, and optimistic about their progress or learning (Mortier, Vlerick, & Clays, 2016; Porath, Spreitzer, Gibson, & Garnett, 2012). To illustrate this point further, Stock (2017) performed a study that asked 12 registered nurses how they defined thriving. The study found that meaning was the most valued characteristic, which

encompasses the idea that life demands are worthy of engagement and their degree of motivation to succeed. Secondly, manageability was the next most significant characteristic. Manageability is the felt sense that the novice nurse has adequate resources to cope. Finally, though participants refer to comprehensibility the least, it was still significant. This short list of characteristics aligns with my theoretical framework, which also addresses meaning, manageability, and comprehensibility as factors that influence engagement in self-actualization.

A characteristic of self-actualization is the subconscious need to achieve, which Rogers (1951) articulated as “one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism” (p. 487). The self-actualizing process centres on the ability to engage with life from an authentic or congruent place (Rogers, 1959). Relating to authentic living, Rowen (2015) described it as an honouring of the intertwining connection of the mind, body, and spirit, whereby one takes ownership of their life and feels motivated to participate in life fully. One’s internal compass guides them, whereby they see the world and actions in the world through their eyes, rather than the eyes of others (Rowan, 2015). It enables them to reach a level of fulfilment that transitions them from looking at their needs to the needs of others (Starcher, 2006). Conversely, when motivated by a role ascribed to them by others, they act from an obligation to gain approval and become consumed with having their own needs met. The ability to self-actualize relates to one’s degree of congruence (Rogers, 1959).

Numerous critiques have addressed Maslow’s hierarchy of needs (Bouzenita & Boulanouar, 2016). Many take issue with the theory’s assumed universal application, finding it Western-centric, individualist, and atheistic (Bouzenita & Boulanouar, 2016). To address the atheistic concerns, for this study, we acknowledged spirituality as a component in one’s felt ability to belong and to achieve a sense of unconditional positive regard. The focus is on the common human needs as a group, rather than a linear prioritization of the needs. In terms of the ability to engage in thriving, unmet primary needs will distract if not disable us from thriving. Until they address the felt unmet need, getting lost in self-actualizing activity is limited.

Learning to Thrive: A Core Component of Caregiver Education

Understanding resiliency factors will better inform nursing students as they develop their skills and abilities in the post-secondary setting, providing an opportunity to bolster their personal resiliency assets. In a survey study of 421 nursing students across Canada and Australia (Rees et al., 2016), researchers found that resilience had a significant correlation with mindfulness, self-efficacy, coping abilities, and burnout scores. Those with higher resilience were less likely to have symptoms of burnout (Rees et al., 2016). Highlighting these important assets in the post-secondary environment and providing the tools and time to develop and integrate them is an important if not imperative strategy to address early career burnout. Resilience education prior to crossing the threshold to professional practice could potentially buffer novice nurses from stressors endemic in the field, stemming the tide of early career burnout. To do so, we must broaden our reach, using a strengths-based approach as we stretch back to the personal assets that exist before coming into nursing school, enabling students to build upon their current assets, and to take hold of development opportunities in their training, providing a robust foundation as they move into their careers.

Congruence

Carl Rogers' (1959) concept of congruence between the *real* and *ideal* provides further insights into the needs of novice nurses as it is a primary indicator of their likelihood to engage in the self-actualizing process. One's degree of incongruence is dependent on how far apart the perceived *real* self and the *ideal* self are. These incongruences affect decision-making because one may do things to please others, rather than satisfying their needs. Furthermore, those that have a greater discrepancy between the *real* and the *ideal* will be more at risk for maladjustment, resulting in feelings of shame and dissatisfaction.

Rogers (1959) suggested that for a person to achieve congruence, they require an environment that provides them with unconditional positive regard. Much like a tree that will not flourish without sunlight and water, one needs a nurturing space for authenticity, which promotes the experience of feeling known and accepted (Bryan, Lindo, Anderson-Johnson, & Weaver, 2015). These nurturing spaces result in one's ability to naturally engage in the self-actualizing process (Rogers, 1959). Conversely, when experiences occur within a perceived relationship of conditional regard, people are more likely to prioritize the opinions and values of others above their own, leading to further incongruence (Rogers, 1986). This same premise also applies to work relationships where novice nurses feel free being authentic and as a result, engage in self-actualization as a novice nurse.

Incongruence in Nursing

A common stressor reported in the literature is the incongruence evident within the power struggles which exist between novice nurses and experienced nurses. The novices often report scrutiny that causes them to further doubt their competencies and innate way of being, which causes many to assimilate, contributing to the dysfunction (Pearson & Porath, 2012). Furthermore, adding to the pressure to belong, Griffin (2004) found that there was pressure to keep pace and prove their competency, but based on their novice nature they had not gained the efficiencies to do so. The result of not earning the approval and respect of more experienced nurses is emotional insecurity and a potential barrier to ascertaining more favourable schedules and nursing roles (Griffin, 2004). Refusing to acknowledge otherness, including differing levels of self-efficacy, is the fuel that sustains the homogenization within many nursing cultures (Palmer, Zajonc, & Scribner, 2010). Maintaining a positive social self and gaining peer acceptance is a fundamental part of the human condition (Dickerson, Gruenewald, & Kemeny, 2009) and is highly relevant to novice nurses who feel compelled to earn the acceptance of senior nurses. Based on this primal need to belong they are then vulnerable to shaming that occurs as a motivator to assimilate into the established culture (Adamson & Clark, 1999). Those that argue for acceptance of diversity become vulnerable to scrutiny and those that assimilate often feel incongruent as a result.

Adding to the pressures of cultural incongruences, the binary ways of thinking and the heavy focus on ideals in nursing school promotes tendencies toward individual incongruence/perfectionism; as a result, high levels of anxiety and depression are commonplace when the *real* context cannot accommodate the *ideals* (Jahromi, Naziri, & Barzegar, 2012). Perfectionism is not always negative as it is often a motivating factor to complete work and

produce the best possible product. However, extreme perfectionism and socially prescribed perfectionism in particular, can create toxically stressful environments for those who do not fit neatly into the status quo. These health effects correlate with fears of criticism and failure, which when left unaddressed can lead to burnout (Chang, 2012; Sevlever & Rice, 2010). Relating perfectionism to emotional management, when extreme, it leads to dissociation from emotions, characterized by ignoring or internalizing fears of worthlessness, shame, and failure. This habitually defensive way of being will result in an overall lower tolerance for exposure to stress (Petersson, Perseius, & Johnsson, 2014).

Cultural and personal incongruence is a breeding ground for frequent feelings of dissonance, shame, and anxiety in the workplace. What is lacking in the literature is a robust account of what and how development assets interplay to buffer nurses from the stressors that are endemic in nursing workplaces.

The Study

This paper presents one part, the personal resiliency components, of a whole study on multiple factors of interplay. The overarching purpose of the study was to gain an understanding of how previous life experiences, the post-secondary experience, and workplace contexts interplay to enable or disable engagement in the process of self-actualization within the first year of nursing practice. The research sub-question addressed in this paper is: How might personal resiliency factors enable or disable the ability to thrive/self-actualize in the workplace? The exploration of this question can inform and encourage educators and students to focus on opportunities to develop personal resiliency assets within the post-secondary setting.

Design

Guided by a Merriam's (2014) basic qualitative research methodology, I used semi-structured interviews to explore the perspectives of new graduate nurses. I interviewed each participant three times, which provided an opportunity to deepen understandings and validate my interpretations of the data. Additionally, this approach encouraged reflection and discourse with the aim of uncovering patterns and meaning within the interplay between context and the experience of stress in the workplace. I then analyzed and interpreted the data, documenting meaning that arose through the descriptions used by participants and the connections they made between their experiences. The data collection, analysis, and the interpretation of results were viewed through the lens of the theoretical framework, which was underpinned by Maslow's theory of unmet needs (1943) and Rogers' concept of congruence (1959).

Participants

As illustrated in Table 1, eight novice nurses were recruited for the study via a third-party website available to all British Columbian registered nurses. Eight participants were initially enrolled, with others on a wait list, ready to enrol if more were needed to reach data saturation. The purpose of keeping the study small was to focus on depth, to probe into the interplay between factors, as opposed to identifying a wide breadth of factors with a larger sample size. Participant eligibility was based on having worked in the field for more than six months, but less

than two years. They had to reside in a location that was feasible to meet for interviews with a preference for those who resided on Vancouver Island. Participants were chosen based on a first come first serve basis. The first eight that signed the informed consent were approved for the study and all eight of them remained in the study until completion. All participants were all female, born and raised in Canada, identified as Caucasian, were working as registered nurses in British Columbia and were under 40 years of age.

Table 1

Summary of Profile Data of Study Participants (P)

| P | Mo. of work | Site | Age | Full-time | Has children | Thriving at work (most times) | Child-centred upbringing | MH dx in past * | Childhood trauma ** | Introvert in high stimulus context | Goal to leave position |
|-------------|-------------|-------|-----|-----------|--------------|-------------------------------|--------------------------|-----------------|---------------------|------------------------------------|------------------------|
| Mary (1) | 9 | MH | 31 | Yes | Yes | Yes | No | Yes | Yes | No | No |
| Jessica (2) | 12 | Acute | 30 | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes |
| Tabitha (3) | 12 | OR | 37 | No | Yes | Yes | No | No | Yes | No | No |
| Rhonda (4) | 12 | Acute | 25 | Yes | No | No | No | No | Yes | Yes | Yes |
| Sarah (5) | 12 | Acute | 25 | Yes | No | No | Yes | Yes | Yes | No | No |
| Candice (6) | 12 | Acute | 29 | Yes | No | Yes | Yes | Yes | Yes | No | No |
| Janice (7) | 12 | Acute | 28 | Yes | No | Yes | Yes | No | No | Yes | Yes |
| Cherie (8) | 10 | LC | 25 | No | No | No | Yes | No | Yes | Yes | Yes |

Note. Thriving at work most days relates to feeling congruent and able to engage in the self-actualizing process at work on a regular basis.

MH= Mental Health, LC = Long-term care, OR = Operating Room, dx = Diagnosis, Mo=Months

*Includes a history of addiction to drugs/alcohol.

**Self-ascribed traumatic event, defined as an event(s) that was pivotal in their childhood development with lingering effects of depression or anxiety into their adult years.

Data Collection

As per the guidelines of Merriam's (2014) basic qualitative research design and adhering to the guiding principles, data was collected in the summer of 2017 using three 60-90 minute semi-structured and iterative interviews with each participant. Each interview was recorded and transcribed. The first interview was focused on inducing knowledge by exploring participant perceptions surrounding their ability to thrive/self-actualize at work and the primary influencing factors that enabled and disabled them from engaging in self-actualizing activities. Subsequent interviews continued to explore, inducing knowledge, but also provided a deducing opportunity, whereby themes that were beginning to emerge could be validated and probed for deeper

meaning. The first and second round of interviews were separated by one to two weeks, which enabled enough time for the participants to review the interview transcript prior to the next interview and for the researcher to collate individual patterns and themes for validation and further probing. Three to four weeks were left between the second and third interview, which provided enough time to collate potential collective themes to bring forward to the final interview.

Data Analysis

The interview process centred on answering the research questions, building an understanding of the influence of how personal resiliency factors interplayed with context and the iterative process enabled emerging themes to be validated, and probed for understanding at subsequent interviews. In order to document insights and potential assumptions and areas of subjectivity, field notes were also kept throughout the interview process and emerging themes were brought forward to participants for validation. The thematic coding process was influenced and interpreted by the theoretical framework centring on Maslow (1943) and Rogers' work (1959). These theories provided the lens from which the data themes emerged, using an inductive and comparative technique (Merriam, 2014). Transcripts were provided for respondent validation, ensuring that they were accurate, colour-coded based on potential patterns and themes that arose in the interview. Themes were then summarized and then validated again to ensure that the summary of individual themes rang true to the participants. Finally, all collective themes among the participants were validated in the final interview to ensure that they resonated with the participants.

Validity

The findings were validated through respondent validation (Merriam, 2014), by comparing and contrasting findings with the existing literature (Leung, 2015), and by regular review of the study's theoretical framework, design, and iterative results with doctoral committee members. By the time the research got to the interview with the sixth participant, no new themes emerged, which suggested data saturation. Given the qualitative nature of the study and the small sample size, the goal was to develop a greater understanding of impacting factors, not to generalize to all novice nurses.

Ethical Considerations

Ethical approval was obtained from the university hosting the research study and the research process adhered to the approved research design. Participant confidentiality was protected via the use of pseudonyms.

Findings

As illustrated in Table 2, during the analysis, the most influential life experiences that emerged were: (1) those that promote the development of congruence in childhood and the young adult years, (2) the tendency to practice self-compassion, and (3) one's degree of self-efficacy and the confidence to resolve dissonance in the workplace.

Table 2

Summary of Findings

| Congruence | Self-compassion | Self-efficacy |
|---|-----------------|---|
| Optimism | | Previous travel or work experience |
| Childhood | | Spirituality/other sources of confidence and connection |
| Perceived unconditional positive regard | | Childhood |
| Age | | Ability to resolve stressors |
| | | Coping choices outside of work |

Note. Congruence, self-compassion, and self-efficacy were the primary factors that emerged in the analysis. Congruence and self-efficacy had several interplaying sub-factors.

Congruence

In this study, congruence appeared to provide a buffer against the effects of stress that emerged in their professional roles in areas such as role ambiguity, learning from mistakes, and receiving negative feedback about their performances. Multiple factors interplayed with the participants' ability to develop congruence, including their ability to orient themselves optimistically, their childhood experience, whether they had relationships that provided unconditional positive regard, and the role age played as they begin their nursing career.

Congruence and childhood experiences.

According to Rogers (1959), one's degree of congruence as an adult is tied to one's felt sense of unconditional positive regard as children. A key factor is not whether they were provided with unconditional positive regard, but whether they believed they had it. In this study, Jessica and Janice described their upbringing as child-centred and one that provided many opportunities to thrive and thereby gain congruence. While Jessica struggled as a teen mother, she felt the enduring support of her parents, which enabled her to gain congruence despite the difficulties associated with the experience. Janice reflected on her young adult years as a time of transitioning from a shy and passive child to an assertive adult who embraces her unique path and voice in the world. She was grateful that she developed a significant amount of congruence in her childhood, which supported her identity-finding journey as a young adult. Janice stated, "I am very thankful that I didn't have to go through a lot of that suffering as a child, mine was more as an adult, where I felt I had more capacity to deal with it more as a more developed adult." While still difficult, the congruence she developed as a child enabled her to take on her young adult challenges with confidence.

Not all participants felt that they came out of their childhood with a congruent sense of self. Six of them felt varying degrees of incongruence because of either a lack of a child-centred upbringing or adverse events that took place in their childhood. Those that came out of their house of origin with more incongruence felt prone to perfectionistic tendencies as they entered their young adult years. These tendencies were characterized by frequent self-destructive thoughts, depression and/or anxiety. "I was terrified of not being what others expected of me, or

even what I expected of me...terrified of failing,” Tabitha said, “it felt like it would destroy me.” Mary also recalled times when she felt “that whatever happened was my fault in some way.” This self-doubt, especially in the young adult years, was more evident in those who felt that they survived as opposed to thrived as children. The participants who felt their childhoods harmed their development have had to work to establish congruence in their young adult years by using professional counselling, being in relationships with unconditional positive regard, and being willing to reflect on feelings of dissonance and shame as they re-emerged in their adult lives.

Congruence and optimism.

In this study, optimism describes the participant’s ability to orient themselves, events, and external stimuli in a positive and hopeful light. For instance, Candice optimistically viewed the difficulties that she experienced in her personal and professional life as an opportunity to become more conscious and intentional, “people are more likely to wake up from a nightmare than a dream that is all good.” Rhonda recognized that having to take on an adult role as a child gave her confidence to communicate with people of all ages. Tabitha described the benefits of working through her childhood dissonance as a way of freeing herself from perpetuating destructive patterns in her adult life. She felt that the confidence that she had garnered from overcoming personal challenges enabled her to be willing and able to feel empowered to navigate workplace challenges. “If I hadn’t worked through those experiences...I could have turned into a mean person that contributed to that bullying instead of making it better...they [hostile nurses] would have crushed me” (Tabitha).

Coming from an optimistic orientation, Mary and Candice found that the adversities they endured when they were children deepened their capacity for compassion and connection to their patients. “I feel like I can relate better. I feel like I have more of a connection with the clients whether they know it or not” (Mary). “I’ve been through hell...if I hadn’t gone through that, I wouldn’t be where I am...People feel that shared suffering, it allows you to be truly nonjudgmental, and people know when you are genuine” (Candice). Finally, optimism was evident in the gratitude they expressed for the opportunities to establish relationships that promoted congruence.

Congruence and relationships with unconditional positive regard.

Unconditional positive regard is a term used to describe a relationship(s) where we feel safe to be vulnerable, promoting a willingness to express ourselves openly (Rogers, 1959). Those that experienced unconditional positive regard in their childhood appeared to have a greater ability to be more accepting of their *real* selves, which then enabled them to enter their adulthood with more congruence.

Turning to the present, six out of the eight participants reported that having a relationship with a counsellor was helpful to gain a more objective perspective. However, it was primarily relationships with nursing friends, intimate partners, immediate family members, and work mentors that provided an opportunity for them to feel accepted as their *real* self. For example, Mary could be vulnerable with her work mentor because she felt a sense of unconditional positive regard. She stated, “[I was] able to talk about anything. I could throw anything at him...If it wasn’t for [him], I wouldn’t be where I am today” (Mary). Additionally, being older

appeared to be an influential factor that emerged in this study, which related to the development of congruence, especially for participants who lacked relationships of unconditional positive regard as children.

Congruence and age.

In doing this thematic analysis, it was apparent that the varying ages of the participants affected their degree of congruence as novice nurses. Those that were older reflected on the novice nurse challenges they would have had if they had begun their nursing careers five years earlier. All five of them felt that due to their age they had fewer tendencies toward perfectionism, which buffered them from anxiety relating to fears of not measuring up to what others want from them. They felt they had more self-compassion, confidence, and perspective due to their age. For example, Tabitha stated that in her young adult years she was, “a people pleaser versus a me-pleaser...it was my role to make everyone else happy.” With age, she came to accept all sides of herself, both the “rainbows and sunshine and also the other side that needs space.” In a similar vein, regarding her ability to articulate her needs, “at 25, I would have still been honest, but there might have been a lot more guilt involved in me saying what was affecting me...I was still a people pleaser versus a me-pleaser” (Tabitha, age 37). Similarly, in response to addressing workplace hostility, Mary stated that five years ago, when she was in her mid-twenties, “I would have turned it around in my head, that I was wrong, that whatever happened was my fault in some way.” Janice stated that she “would have been walked all over by everybody...I would have just been walked all over.”

The participants that were in their mid-twenties, expressed feelings of ambiguity, resulting in a desire to feel more congruent. Cherie characterized it as a “fluid” feeling in her sense of self. Sarah described it as a journey of learning what she wants to do with her life, still feeling unsure of whether her wants are authentic to her, or if they are the result of trying to please those around her. They articulated the feelings of disconnection related to their lack of experience as adults and feelings of uncertainty relating to life and career goals. Rhonda was working on being less “black and white” in her views, embracing the messiness of many of the situations she encounters in her nursing role. Sarah reflected on a similar feeling of ambiguity around her sense of self, feeling challenged to differentiate between what she wants in life as opposed to defining her wants based on the desires of others. “It has been a process to step back...to do something that is more what I want to do, not that I [feel I] have to do.” Essentially, those that were older seemed to have a higher level of self-efficacy.

Self-compassion

While congruence had sub themes related to the overarching concept, self-compassion interplayed with one’s felt congruence. Given the impact of self-compassion for participants who had it, it was considered a primary theme. The habitual practice of self-compassion seemed to be a primary factor that influenced the participants’ ability to engage in frequent moments of thriving. Self-compassion appeared to act as a buffer against the stress produced by making mistakes, role ambiguity, and negative feedback from coworkers. Ultimately, those that viewed themselves in a compassionate light appeared to be better able to resolve workplace stimuli and to prevent rumination on negative self-talk before it became disabling. For example, Janice

described how she had to learn to respond to mistakes with self-compassion, “my challenges at work, my mistakes...don’t make or break who I am...dwelling on it will just impact my ability to take care of my other patients” Similarly, Cherie stated “I make mistakes at work, but I don’t really feel bad about it...it is more important to look at what is happening to cause that to happen in the first place. It isn’t all about me.”

Participant self-compassion levels were not scored, rather it was discussed on a dynamic and rather fluid spectrum that influenced their ability to manage stressful experiences and the intensity and duration of stressful thoughts. Those that were more self-compassionate seemed less apt to spiral into self-destructive thoughts and had a greater ability to “let go” (Mary) of stress, rather than spending long periods of time “dwelling” (Janice) on it. Conversely, those that lacked self-compassion were often consumed and disabled by negative thoughts when mistakes occurred or when they felt that coworkers did not approve of them.

Self-efficacy

For this study, self-efficacy refers to one’s confidence or belief in self to manage life events and attain their goals. Self-efficacy was a reoccurring pattern that influenced the participant’s ability to engage in thriving at work, which also interplayed with their felt personal congruence in their professional nursing role. The primary sub-factors that seemed to interplay with self-efficacy included one’s previous travel and work experience, spirituality, childhood experience, the ability to resolve workplace stressors, and coping choices outside of work.

Self-efficacy and previous work or travel.

The participants that worked or traveled before nursing believed that they developed skills that enabled them to be more congruent. For example, they experienced times of intense vulnerability followed by a period of rapid growth. They had to make new friendships and navigate unfamiliar situations by themselves. They characterized these opportunities as transformative periods of building self-awareness and self-efficacy. To illustrate this point, Cherie stated, “I started traveling...this is when I ended getting to know myself more...I started talking, and I haven’t really stopped since. It was very much like this switch in me.” Janice said, “[Traveling] was the first time where...I wasn’t being compared to anyone. I wasn’t being anyone but me.” Janice also believed that her previous degree and career enabled a more solid sense of who she is and where she wants to go in life. Jessica was a waitress for ten years before becoming a nurse and stated, “I learned how to prioritize, how to manage stressful times when many people needed things at the same time. I gained a lot of skills that carried right into the hospital. It gave me skills and confidence to manage it.”

Those that garnered a sense of identity in a role outside of nursing appeared to feel less threatened when a mistake occurred or when they received negative feedback at work. They felt it enabled them to have a more objective perspective. Tabitha and Sarah reflected on how their non-nursing roles in athletics built their confidence and acted as a buffer against stress. Tabitha stated, “Everyone knows me as [her sport identity] and has for a long time. It’s kind of an identity for me...it’s the most confident and authentic I feel compared to anywhere else...where I feel the most whole.” Sarah stated, “[My identity] was always [sport], that was my ‘be all end all,’ that was who I was. I was a [sport] player...Nursing school stress came second to my role as

a [sport] player. It probably was less stressful because of that.” Similarly, Jessica and Mary strongly identified with their role as a mother, which motivated them to leave their tensions at work so that they could be present in their family role.

Self-efficacy and spirituality/other areas that bolstered personal confidence and connection.

Spiritual practices, beliefs, and a community that gathered for spiritual connection was an impactful factor for one of the eight participants. Janice felt that her spiritual identity was an influential factor that enabled her to maintain perspective when she encountered stress at work. She stated, “My faith helps me feel that you know it’s okay, I’ve done what I can to make it right, I’ve changed what I can change, I know I am forgiven, and I can move on.” Like spirituality for Janice, having another role that participants felt confident in enabled them to keep workplace stressors in perspective, as opposed to feeling threatened and insecure, which prevented them from ruminating on self-destructive thoughts at work. Essentially, they diversified their sense of self.

Self-efficacy and childhood.

Participants who reported frequent childhood adversities and a lack of relationships of unconditional positive regard as children also reported more mental health challenges and anxiety in the workplace. Compounding this, those that were in their early twenties had less time outside of their house of origin to resolve childhood adversities; as a result, unresolved childhood dissonance bubbled up in nursing school or at work, which they felt was often an overwhelming and disabling source of stress.

Self-efficacy and the ability to resolve stressors.

A lack of self-efficacy and fears of inadequacy appeared to be especially disabling when enmeshed with unresolved childhood shame or dissonance. For example, Rhonda talked about her struggle when caring for patients that reminded her of unresolved issues with her father. “To care for patients that resembled him was really hard...pretty much everything comes back to my relationship with my dad.” Cherie felt at times that she did not know as much as she should in her nursing role, which affected her confidence to assert her opinions and proactively address areas of dissonance. “I often feel like I don’t know much...I just assume that...others know more than me. I guess I feel like a fraud a little, pretending to be smarter than you are and then having that confirmed.” Sarah also felt like she felt she “should” know more. “I don’t feel like I know what I should know, like I’m skating by.” Similarly, Rhonda noted, “whenever anyone in power says, ‘I need to talk to you’ I’m still like, ‘oh my God’! ...I’m worried for being called out for being wrong or bad.” The fear of exposure for not knowing enough created a chronic source of stress for the novice nurse participants. It disabled them from being authentic and asserting their voice. Their fears often disabled them from resolving dissonance, which presented as a barrier to engaging in self-actualization.

Because healthcare environments tend to have high frequency and varying stimuli, dissonance between one’s real situation and their ideal expectations is common. A frequent source of dissonance for the novice nurse participants in this study came from coworker

feedback, which often felt more critical than constructive. Adding to the fear of being criticized, it was common for participants to feel triggered, leading to a compounding experience from emotional transference from unresolved events of the past. For instance, when Sarah received criticism at work, it often reminded her of her adolescence. She stated, “When I was really bullied in middle school and when I was really depressed. ... My big bully keeps popping into my head.” Similarly, Cherie experienced constant scrutiny and rejection from her childhood peers, which compounded her experience of threat about being excluded at work. She stated, “I worry they will think that I think I am better than them, or that I’ll be excluded from the coworker network or something...I was a weird kid, a weird adult. It has always put me outside the circle.” Jessica felt pangs of shame that she was working through when she remembered some of her childhood choices, “it blows me away that I was ever in such a dark shitty place and hung out with such rough people...I’m ashamed.” Tabitha talked about how her childhood experiences were still evident in her hesitancy to trust others, how her value felt tied up in her achievements and she had developed a habit of taking responsibility for other people’s mistakes. Tabitha stated,

I don’t really trust people very easily, and also I have that feeling that I need to achieve all the time. If something goes wrong in the room...I automatically think it is my fault somehow. It’s the guilt that...drains my energy. I have to tell myself, ‘no, that was not on me.’

Emotional authenticity was a key factor that seemed to interplay with the ability to resolve stressors as they arose at work. Only one participant believed that emotional displays at work were acceptable. For seven of the participants, when emotions arose at work, they typically denied their expression. For example, Candice stated, “I never cry at work. I never come close...that just can’t happen. You just don’t have time to process those things...I try not to dwell on it, which I am sometimes guilty of, but I can usually put it aside and then reflect on it after.”

Self-efficacy and coping outside of work.

Regular debriefing, exercise, and counselling were the most common ways in which the participants positively resolved or at least managed their stress. Cherie talked about how she embraced debriefing and reflecting, either individually or with another, as an essential part of how she managed the effects of workplace stress. She stated, “I do a lot of self-talk. I work through a lot of shit on my own...I like to think things through to the point until they are exhausted. I find it to be a fun journey.” Seven out of the eight participants used physical exercise to manage stress and bolster their confidence. Jessica stated, “I like to feel strong. It helps me feel confident at work...it makes my brain feel good.” In a similar vein, Tabitha said, “It [exercise] relaxes me...it makes me feel like I can protect myself. It makes me feel like ‘I got this, I can do this’ ...When I’m in the gym, it’s the most confident and authentic I feel...where I feel the most whole.”

Six out of the eight participants found that debriefing through counselling enabled them to gain a more objective perspective. They felt little to no shame associated with seeking this form of help when needed. Five of the participants had peers or faculty members that normalized

counselling as a coping tool in nursing school. “It was another nursing student who normalized it for me. She would talk about it and made it seem pretty normal” (Sarah).

Participants talked about other forms of coping such as using alcohol, food, and cannabis. These coping mechanisms enabled the novice nurses to either to resolve stressors or find reprieve from them. In terms of using food to cope with stress, rather than to provide energy or nutrition, Jessica stated, “I find when I have a particularly stressful day I’ll mow down on a bunch of carbs or sugary foods. I’ll binge eat...I wake up with puffy eyes sometimes, but it helps!” Similarly, Sarah stated, “Some days I just want to go to the coffee shop and get a treat because I’ve had a sh*t day.” Cherie said, “I probably eat [to cope], but I don’t really have anything harmful.” A critical interplaying factor in the participant’s confidence to resolve stressors, as opposed to using substances to cope, seemed to be tied to the tendency to practice self-compassion. Those that were more self-compassionate were more likely to choose coping mechanisms that were enjoyable and felt kind to self, as opposed to those that had negative cultural or physical consequences.

To summarize the prominent findings, viewed through the lens of the theoretical framework, the most impactful life experiences in this study were those that had the greatest influence on the participant’s ability to develop congruence in their childhood and young adult years. This congruence appeared to promote self-compassion, which then provided a buffer against the effects of stress that came from role ambiguity, learning from mistakes, and from receiving negative feedback about their performance. Additionally, those that carried unresolved dissonance from their childhood and that entered nursing at a young age seemed more prone to unresolved emotions/projections from the past emerging at work. Finally, the development of congruence cultivated self-efficacy in their novice nurse role, which promoted the ability to creatively navigate stressors/challenges.

Discussion of Prominent Findings

Regarding the development of congruence, a factor that appeared to promote congruence was age, whereby those participants who had more life experience had more opportunities to become aware of maladaptive tendencies and work toward resolving them. The older nurses also had more time to develop personal relationships that provided unconditional positive regard for their *real* selves. Hwang, Kim, Yang, and Yang (2016) also found a significant connection between age and self-compassion, and an even stronger correlation between age and self-esteem. Those who were older reported that they had high self-esteem and efficacy, which they largely credited to life experience. Allan, Duffy, and Douglass (2015) found that individuals between the prime working ages of 20-50 years who had a high degree of meaning in their work also had higher levels of overall life meaning. Furthermore, the study results are in line with Erickson’s stages of development, which describes how adults nearing their 40’s are more likely to feel driven to contribute to causes beyond themselves, promoting a greater sense of meaning at work (as cited in Allan et al., 2015). Conversely, those in their young adult years were less likely to be driven to contribute outside of themselves and thereby experienced a less meaning from their work (Allan et al., 2015; McAdams, de St. Aubin, & Logan, 1993).

Optimism was another emergent factor in this study and was more evident among participants who considered themselves fairly congruent. According to the literature, optimism is significant in one's resilience against numerous psychological illnesses (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Those participants who were able to see the opportunities in workplace challenges felt less personally threatened by them. For example, coworker feedback and learning through mistakes provided a chance to practice self-compassion and to seize the opportunity to improve one's practice. Those that tend toward an optimistic orientation tend to reflect on workplace challenges from a strengths-based approach, recognizing when a stressor may not be changeable and reframing their perspective to accept and navigate the challenge, as opposed to feeling disempowered by it (Troy, Wilhelm, Shallcross, & Mauss, 2010).

A significant relationship emerged between congruence, frequent reports of thriving at work, and the participants' ability to habitually practice self-compassion. The culmination of these factors promoted congruence and buffered participants from experiencing workplace stress. Self-compassion is defined by Neff (2003) as an ability to see mistakes and feelings of inadequacy in a nonjudgmental way, viewed as part of the larger human experience. Multiple factors interplayed to support the development of self-compassion, which included a child-centred upbringing, relationships of unconditional positive regard, age, an optimistic perspective, and self-efficacy in one's roles inside and outside of nursing. Those who naturally practiced self-compassion expressed a confidence and even tendency to advocate for themselves to take breaks to nourish themselves and rest when needed. Conversely, those with lower levels of self-compassion frequently skipped breaks and denied their needs, often feeling a greater need to prioritize the completion of work tasks.

Montero-Marin et al. (2016) found that health care providers that suffered from burnout were also deficient in self-compassion. Those who demonstrate higher levels of self-compassion are more likely to effectively cope with workplace stressors, as opposed to feeling overwhelmed by a sense of personal inadequacy in addition to the initial stimulus. Additionally, those who regularly practice self-compassion had higher levels of emotional intelligence (Heffernan, Quinn Griffin, McNulty & Fitzpatrick, 2010) and had a greater ability to provide empathy to others (Boellinghaus, Jones, & Hutton, 2014; Raab, 2014). Finally, self-compassion is a protective factor against depression, mixed anxiety-depressive disorder, eating disorders, and post-traumatic stress disorders (Bluth, Campo, Futch, & Gaylord, 2017; Hwang, Kim, Yang, & Yang, 2016; Kelly, Vimalakanthan, & Miller, 2014).

Essentially, the ability to be self-compassionate acts as a buffer from emotional exhaustion. Emotional exhaustion can be a result of feelings of insecurity and habitual rumination on self-destructive thoughts. Participants in this study who felt they lacked self-compassion also reported frequently struggling with perfectionism and self-destructive thoughts.

The participants who felt they lacked self-compassion also felt they lacked a sense of unconditional positive regard as children, and they also struggled with perfectionism and ruminated on self-destructive thoughts. Supporting this connection, Tanaka, Wekerle, Schmuck, Paglia-Boak, and the MAP Research Team (2011) found that emotional abuse in childhood correlated positively with reduced levels of self-compassion. Additionally, greater maternal support and family functioning promote environments of unconditional positive regard, which correlates with higher levels of self-compassion and is significant in the ability to psychosocially

adjust to challenges in adulthood (Amato & Kane, 2011; Neff & McGehee, 2010). In this study, the ability of participants to manage workplace challenges before they evolved into stressors seemed to correlate with the tendency to habitually practice self-compassion, childhood opportunities, and having the time and resources to resolve areas of incongruence in their young adult years.

Participants that had a meaningful life role outside of nursing, previous work, and travel opportunities believed this life role helped them to feel more confident and able to practice self-efficacy to manage workplace stressors. Identifying with more than one life role and having previous life experience that built confidence diversified their sense of self. Steger, Dik, and Duffy (2012) described meaning in work as the subjective perception that one's labor is significant, that it promotes personal growth, and that it contributes to a greater cause. The question brought about by this study is how one's meaning in work relates to meaning felt outside of work. Numerous studies concluded that work is one source where people can draw meaning from in their lives, but other influential sources can add or subtract from one's overall assessment of their ability to lead a meaningful life (Allan et al., 2015). Consistent with my study's findings, Munn (2013) found that when life roles and work roles balanced positively, there is a 21% increase in meaningful work. Conversely, when life roles and work roles conflicted, employees experienced 6% less meaning in their work (Munn, 2013). Based on Munn's work (2013) and echoed in this study and others, those that find balance and confidence across their life and professional roles are more likely to feel a sense of meaning in their work, which is a characteristic of self-actualization and thriving.

Finally, self-efficacy also relates to one's ability to identify what can and cannot be changed to enable thriving in one's novice nurse role. When a stressor can be modified then taking action is often the most effective way to resolve the dissonance. However, if it cannot be changed, one must employ positive reappraisal/optimism to manage the stressor, which may prevent one from feeling emotionally disabled by it (Troy et al., 2010). In this study, and echoed by the literature, self-efficacy provided an ability to be objective in the face of adversity, enabling choice and creativity in the process of navigating obstacles.

Limitations

While this paper contributes to a greater understanding of the factors that interplay to promote thriving among novice nurses, the study had limitations. While the results promote a greater understanding of how factors may interplay to impact the ability to engage in thriving as a novice nurse, they are not directly transferable or generalizable to all novice nurses or novice nurse contexts. To manage the transferability limitation, findings were compared to the literature and interpreted through a well vetted theoretical framework. Finally, all participants were female, Caucasian, and born and raised in Canada. Seven resided on Vancouver Island. Owing to the sample size, limited geography, relative homogeneity in gender/ethnicity, this research does not include a wide range of diverse perspectives and contexts. Thus there is scope for other researchers to take up this type of research to investigate other nursing demographics or contexts.

Recommendations for Future Research

Research is lacking in the relationship between the impact of workplace stimulus and one's felt degree of incongruence in their nursing role. This appears to be an area of inequity among nurses. Those who suffered as children, based on the frequency and intensity of adversities, are more likely to experience further suffering as young adults, which is then further pronounced when immersed in highly stressful nursing work environments. Therefore, those who suffered as children are disadvantaged as nurses. Developing effective strategies that promote congruence amongst novice nurses will require more research. Specifically, a greater understanding of how personal resiliency factors impact personal and professional congruence may provide tools to buffer novice nurses from the stressors that are endemic in the field of nursing.

Recommendations for Education and Training

Circling back to the core findings, congruence, self-compassion, and self-efficacy are primary personal resiliency factors that promote a greater ability for novice nurses to thrive. While there may be many practical reasons to assimilate to workplace norms, assimilation at the cost of one's felt sense of congruence can disable their ability to thrive. One's degree of self-compassion and self-efficacy provides a buffer against the homogenous forces that pervade many nursing cultures. For novice nurses, the consequence of silencing their inner voice, which may feel less important than the opinions of those in positions of authority, is a higher risk of emotional burnout. These risks of burnout are real for novice nurses. Educators and mentors have an important opportunity to articulate and underscore many of these challenges in the post-secondary setting. With this enhanced awareness comes a greater ability to bolster personal resilience factors prior to entry to professional practice, which may buffer them from the impact of workplace stressors. Furthermore, if educators and students have a greater understanding of unconditional positive regard, receiving a perceived sense of inherent human worth from faculty and peers, students can cultivate similar relationships in their training. Developing these authentic support systems will reduce the risks of feeling the need to assimilate to be accepted, promoting greater congruence and resiliency in perfectionistic work environments.

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