Resilience research in nursing: part of the problem or part of the solution?

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Aims

• to describe the development of the concept of resilience in psychological and psychoanalytic literature;

• to review a selection of nursing research which focuses on resilience among practising nurses;

• To point to how the promotion of resilience can be seen as part of neoliberal governments’ attempts to ‘responsibilise’ populations.
Resilience – where did it come from?

- Sigmund Freud (1856 – 1939)
  The effect of early life on the formation of the unconscious
- John Bowlby (1907-1990)
  Attachment theory
- James Anthony (1916-2014)
  ‘Invulnerables’
A debate develops: can resilience be grown?

• ‘Is resilience essentially a personal characteristic—a character trait—or a dynamic developmental process?’

• ‘...and if it is a developmental process, can it be taught or improved by external intervention?’
Consider these two statements by researchers about the importance of resilience research relative to broader social programmes:

Some sources of adversity are preventable such as child maltreatment and it is far more effective to try to prevent these in the first place (Masten and Obradović 2006).

The primary concern of those working with children and adolescents at risk is the prevention of maltreatment and abuse, but given that this is not always possible, the promotion of resilience is even more valuable (Williams and Hazell, 2011) cited in (Winders 2014 page 7).
Four waves of resilience research?

Resilience is the ability to successfully sail through changes and challenges, and to bounce back following periods of hardship.
Resilience and nursing
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5. The argument for resilience can be circular
6. Powerlessness and pessimism
Discussion and Conclusion:
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