Full Length Article

Exploring resilience in nurses caring for older persons

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ABSTRACT

Background: A shortage of nurses caring for older persons is experienced due to adverse working conditions. Resilience might empower nurses to persevere while caring for older persons. Research regarding the resilience of nurses caring for older persons is scarce.
Objectives: The objectives were to explore and describe the strengths and coping abilities of nurses caring for older persons and to formulate recommendations to strengthen their resilience.
Methodology: An explorative, descriptive qualitative research design was used. An all-inclusive sample of nurses caring for older persons in an urban setting in the North West Province, South Africa, participated in the study. During phase one, demographic information was obtained, and narratives were written (n = 43). Four focus group interviews were conducted in phase two (n = 17) and recommendations were formulated in phase three. Content analysis was used.
Principal results: Participants experienced adverse working circumstances while caring for older persons and they needed resilience to balance the emotional nature of the work, work ethics, staff shortages, physical demands of the work and the dependency of the older persons. These nurses used personal, professional, contextual and spiritual strengths to handle adverse working conditions.
Conclusions: By applying their personal, professional, contextual and spiritual strengths, nurses could further enhance these strengths and possibly their resilience. The participants' identified strengths were used to formulate recommendations to strengthen resilience of nurses caring for older persons.

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1. Introduction

The aim of this study was to explore and describe the resilience of nurses caring for older persons. Resilience might enable nurses to better cope with adverse working conditions experienced while caring for older persons. This article reports on qualitative research that explored the resilience of nurses caring for older persons in the North West Province (NWP) of South Africa.

1.1. Background

Populations globally, including South Africa, are rapidly growing older (World Health Organization [WHO], 2011; Statistics South Africa, 2011). It is projected that the number of people aged 65 and older will increase from 524 million in 2010 to almost 1.5 billion in 2050 (WHO, 2011). The number of older persons in sub-Saharan Africa (SSA) is expected to grow faster than in the rest of the world and will increase from 46 million in 2015 to 157 million by 2050 (WHO, 2015).

These growing numbers of older persons require qualified nurses to provide specialised care (Fedele, 2015). However, adverse working conditions experienced by nurses caring for older persons cause international as well as national nursing shortages (Chenoweth, Jeon, Merlyn, & Brodaty, 2010; Christopher, Chiarella, & Waters, 2015; Department of Social Development [DSD], 2010; Fedele, 2015).

Nurses caring for older persons experience a low professional status and their work is physically and emotionally challenging (Chenoweth et al., 2010; Schmidt, Dichter, Palm, & Hasselhorn, 2012). These nurses often experience workplace violence (Isaksson, Graneheim, Richter, Eisemann, & Aström, 2008; Sharipova, Hogh, & Borg, 2010). Older persons with dementia place even more pressure on nurses because they require more time and knowledge and their demands are unpredictable (Josefsson, Sonde, Winblad, & Wahlin, 2007). This challenging behaviour of the older persons is stressful to the nurses and influences their health and work ability and may cause burnout (Schmidt et al., 2012). Lack of leadership and involvement from management in facilities may cause stress to the nurses and may contribute to the low job satisfaction experienced by these nurses (Testad, Mikkelsen, Ballard, & Aarsland, 2010). All these factors could aggravate stress and burnout and might cause nurses to resign, aggravating the nursing shortage (Schmidt et al., 2012).

Despite these adverse working conditions, some nurses manage to cope and persevere and some even flourish (Jackson, Firtko, & Edenborough, 2007; Koen, Van Eeden, & Wissing, 2011a). The resilience of these nurses might enable them to handle the adverse working conditions experienced while caring for older persons and to persevere (Jackson et al., 2007; Koen et al., 2011a).

1.2. Resilience theory

Resilience is the ability to adjust successfully to adversity experienced (Jackson et al., 2007). Resilience is needed to handle everyday difficulties as well as great life-changing events and the positive adjustment must be in accordance

with the difficulty experienced (Fletcher & Sarkar, 2013). The quality of "bouncing back" and going forward in life after difficulties is evident in resilience (Earvolino-Ramirez, 2007, p. 76). Resilience refers to the ability to be resourceful and use all the available internal and external resources to handle different contextual and developmental challenges (Pooley & Cohen, 2010). Resilience can be defined as the part played by psychological processes and behaviour in encouraging the use of personal resources and protecting an individual from the potential negative consequences of stressors (Fletcher & Sarkar, 2013). Nurses can be empowered to cope with stress at work and prevent burnout if they demonstrate resilient behaviour (Edward & Hercelinskyj, 2007).

1.3. Trends from research literature

Studies regarding nurses' resilience in caring for older persons seem to be scarce. In one such study, Cameron and Brownie (2010) investigated the resilience of registered nurses who cared for older persons in high-care residential aged care facilities. These nurses enhanced their resilience by using strengths such as clinical knowledge, skills and expertise, support and self-reflection (Cameron & Brownie, 2010). Studies regarding the resilience of professional nurses in public and private healthcare facilities were conducted by Koen et al. (2011a) and Koen, Van Eeden, Wissing, and Du Plessis (2011b). Koen, Van Eeden, Wissing, and Koen (2011c) formulated guidelines to enhance nurses' resilience.

Although valuable guidelines were formulated by Koen et al. (2011c), this research was not conducted in facilities caring for older persons and these guidelines do not focus on the practicalities faced by nurses caring for older persons. Although the research findings of Cameron and Brownie (2010) provided valuable information on how resilience is enhanced by these nurses, this research included only registered nurses and not enrolled nurses nor auxiliary nurses and no recommendations were formulated for strengthening resilience in nurses caring for older persons, indicating the need for this study.

1.4. Research problem

An increasing shortage of nurses caring for older persons became evident from several reports, while there is an increased need for such care brought about by the ageing population (Chenoweth et al., 2010; Christopher et al., 2015; DSD, 2010; Fedele, 2015; WHO, 2011). According to Jackson et al. (2007, p. 1, 7) nurses can be assisted to "survive" and "thrive" in the workplace by building their personal resilience.

However, the strengths and coping abilities nurses use while caring for older persons were unknown and no recommendations to strengthen resilience in nurses caring for older persons could be found in the literature. This situation gave rise to the following research questions:

- What strengths and coping abilities do nurses use while caring for older persons?
- What recommendations could be formulated to strengthen resilience in nurses caring for older persons?

1.5. Objectives

This study aimed to:

- explore and describe the strengths and coping abilities of nurses caring for older persons
- formulate recommendations to strengthen resilience in nurses caring for older persons.

1.6. Significance of the study

Recommendations to strengthen their resilience might empower nurses to be more resilient while caring for older persons and to better handle the adverse working conditions experienced. Management would benefit if the nurses are more resilient and do not resign. The older persons would benefit if the nurses would be able to survive and remain in their jobs caring for older persons.

1.7. Definitions of key concepts

1.7.1. Resilience
Resilience is the ability to handle adversity and still be able to bounce back and continue with life (Earvolino-Ramirez, 2007). Internal and external resources enable a person to handle the challenges experienced and protect a person against the negative effects of these stressors (Fletcher & Sarkar, 2013; Pooley & Cohen, 2010). In this study resilience refers to the ability of nurses to handle adverse working conditions experienced while caring for older persons and to continue with their work and even to grow stronger in the process.

1.7.2. Nurse
A nurse is a person registered with the South African Nursing Council (SANC) in a category under section 31(1) of the Nursing Act, No. 33 of 2005 to practise nursing or midwifery (SANC, 2005). Different categories of nurses include: auxiliary nurses; enrolled/staff nurses and professional nurses (SANC, 2005). All these categories of nurses participated in this study.

1.7.3. Older person
In South Africa a man aged 65 years or older and a woman aged 60 years of age or older are regarded as being older persons (Older Persons Act, No. 13 of 2006). In this study all persons older than 60 years of age were regarded as being older persons.

1.7.4. Adverse working conditions/challenges
Adverse means "unfavourable" and adversity refers to "difficulty or misfortune" (Concise Oxford English Dictionary, 2011, p. 19). A challenge refers to "a demanding task or situation" (Concise Oxford English Dictionary, 2011, p. 235). In this study adverse working conditions refer to difficult circumstances (challenges) in the workplace that nurses experience while caring for older persons.

1.7.5. Strength
A strength is "a good or beneficial quality" implying "being strong" and it can be seen as "a source of mental or emotional support" (Concise Oxford English Dictionary, 2011, p. 1427). In this study a strength is a valued attribute that can make nurses strong and enable them to handle adverse working conditions experienced while caring for older persons.

1.7.6. Theoretical framework
The resilience of nurses caring for older persons was explored without a specific theoretical framework guiding the study. After the data had been analysed, a thorough literature control of the emerged themes and subthemes provided a theoretical framework, namely Carr's model "Bringing strengths to bear on opportunities and challenges" (Carr, 2004, p. 304). This model was used to explain, discuss and interpret the qualitative findings and to formulate recommendations. According to this model we use historical, personal and contextual strengths to handle our opportunities and challenges (Carr, 2004). The findings of our study revealed that the participants used personal, professional, contextual and spiritual strengths to handle adverse working conditions/challenges experienced while caring for older persons (Benadé, 2014).

2. Research method and design

2.1. Research design

An explorative descriptive qualitative design was used.

2.2. Context of the study

The study was conducted in an urban setting in the NWP of South Africa. Seven facilities, providing care to older persons in the community, participated in the research. These facilities comprised three old age homes, one retirement village, one service centre for the aged, one facility providing care to older and disabled persons and one residential home.

2.3. Population

The population included all the professional nurses, enrolled nurses and auxiliary nurses caring for older persons in facilities or in the community, in an urban setting within the eastern portion of the NWP.

2.4. Sampling method

An all-inclusive, voluntary sample of nurses caring for older persons in the participating facilities participated in the research. The first author contacted all these facilities to obtain permission for conducting the research at their facilities. Seven facilities granted permission. All professional nurses, enrolled nurses and auxiliary nurses, who were willing to participate voluntarily in the study, were included in the study because they all had practical experience in caring for older persons and were able to communicate in Afrikaans or English.

2.5. Sample size

The sample size for the completion of the demographic information form and writing of the narratives was 43 and

included nurses from all seven participating facilities. Four focus group interviews were conducted that included a total of 17 nurses from five of the seven facilities. Six nurses participated in focus group one; three in focus group two; five in focus group three; and three in focus group four.

2.6. Data collection

2.6.1. Materials
During phase one, participants were asked to complete the demographic information form and to write a narrative (see Section 2.6.2.2). Focus group interviews were conducted during phase two. Recommendations to strengthen resilience in nurses caring for older persons were formulated during phase three.

2.6.2. Data collection method
2.6.2.1. *Demographic information form.* The following information to contextualize the findings was obtained by means of the demographic information form: employment status, marital status, age, gender, home language, highest level of education, nursing category and number of years of caring for older persons.

2.6.2.2. *Narratives.* Participants were requested to write a letter to "Nurse Dawn", an imaginary young nurse who would like to care for older persons. They had to tell her about their personal strengths enabling them to care for older persons, how they managed to cope while caring for older persons, what made it worthwhile caring for older persons and how they managed to be resilient while caring for older persons.

2.6.2.3. *Focus group interviews.* All the nurses who participated in phase one were invited to participate in phase two, the focus group interviews. They received an interview schedule and the focus group interviews were voice recorded. The purpose of the focus group interviews was to validate the preliminary results obtained from the narratives and to provide the participants with opportunities to add new information. Two new questions were asked to explore why nurses caring for older persons need to be resilient and what advice participants could give to nurses caring for older persons on being resilient. Data saturation was reached after focus group number four. The researcher took detailed field notes during all focus group interviews.

2.6.3. Data analysis
The narratives and the transcriptions of the focus group interviews were analysed using content analysis (Tesch [1990], as cited in Creswell, 2009). An experienced co-coder analysed the data independently. Carr's model "Bringing strengths to bear on opportunities and challenges" (Carr, 2004, p. 304) was used to organise the data.

3. Ethical considerations

Ethical approval was obtained from the Faculty of Health Sciences Ethics Sub-committee of the North-West University (NWU) (NWU-00036-11-A1). The *benefit* of the study related to

the recommendations for empowering nurses to be more resilient while caring for older persons.

The first author obtained *permission to conduct the research* from the managers or chief professional nurses at all seven participating facilities.

The managers or chief professional nurses acted as mediators at the facilities and *recruited* nurses to participate in the study. *Fair selection and treatment* were ensured by requesting the population of nurses to participate voluntarily and by treating the nurses fairly and respectfully during interviews. Voluntary, written *informed consent* was obtained from each participant.

Confidentiality was maintained by keeping the names of the nurses and of the facilities confidential. *Data are protected* by safe storage during and after data analysis. Confidentiality was ensured as the co-coder and transcriber signed confidentiality declarations.

4. Trustworthiness

The four criteria for trustworthiness, namely truth value, applicability, consistency and neutrality were applied (Lincoln & Guba [1985], as cited in Botma, Greeff, Mulaudzi, & Wright, 2010). Truth value was ensured by reporting the nurses' viewpoints honestly. The use of narratives and focus group interviews ensured data triangulation. Member-checking was done by asking the nurses to verify the preliminary findings obtained from the narratives. Applicability was ensured by providing rich in-depth descriptions of the narratives and the focus group interviews, the all-inclusive sample and the explorative descriptive qualitative research design that was used. Consistency was improved by employing an independent co-coder and by the triangulation of data. Neutrality was ensured when the researcher used bracketing (Botma et al., 2010).

5. Findings and discussion

5.1. Demographic profile

Table 1 extracted from Benadé (2014, p. 103), summarises participants' demographic data.

5.2. Themes and sub-themes

Fig. 1 extracted from Benadé (2014, p. 201), outlines the themes and sub-themes, indicating the adverse working conditions/ challenges experienced by nurses caring for older persons as well as the strengths used/recommended by participants to handle adverse working conditions, as applied within Carr's model (Carr, 2004, p. 304), as adapted.

Key used for direct quotes: (n) for narratives and (fg) for focus groups.

Theme 1: Nurses need resilience in dealing with adverse working conditions while caring for older persons
    Nurses need resilience when caring for older persons
    The need for balance

Table 1 – Demographic profile of participants (n = 43).		
	Frequency	Percent
Employment status		
Full-time	36	83.7
Part-time	5	11.6
Per hour	2	4.7
Marital status		
Single	7	16.3
Married	20	46.5
Divorced	9	20.9
Widowed	7	16.3
Gender		
Male	0	0.0
Female	43	100.0
Home language		
Afrikaans	35	81.4
English	0	0.0
Setswana	6	14.0
Other	2	4.7
Highest level of education		
Grade 10	9	20.9
Grade 12	8	18.6
Certificate	14	32.6
Diploma	8	18.6
Bachelor's degree	1	2.3
Post-graduate	3	7.0
Nursing category		
Professional nurse	15	34.9
Enrolled nurse (staff nurse)	5	11.6
Auxiliary nurse	23	53.5
Number of years caring for older persons		
<6 months	5	11.6
6 months to 1 year	2	4.7
1 year < 5 years	5	11.6
5 years < 10 years	4	9.3
>10 years	27	62.8

Participants encountered conflicting situations and emotions and had to balance their feelings. They had to balance work and life and recharge their batteries in order to handle the physical and emotional demands of their work.

"And to keep a balance on your own feelings" (fg2)

"You need to keep a balance between work and leisure. If you do not keep a balance, one can get burned out" (n6)

…*"So you must make sure that your battery is always charged to be able to keep going and keep on" (fg2)*

Different authors agree that it is important that nurses should keep a work-life balance (Cameron & Brownie, 2010; Koen et al., 2011b). Nurses constantly need to manage their own and the older persons' emotions, and they need to "recharge" themselves emotionally, in order to be able to continue working with older persons (King, 2012, p. 65).

The emotional nature of the work

Unpleasant incidents and negative criticisms caused discouragement, and participants became emotionally involved with the older persons and grieved if one of them died. The pressure that certain family members exerted on nurses contributed to the emotional nature of their work.

"If there are unpleasant incidents that happen, it is human, and it will surely happen, then you get discouraged" (fg3)

"You get emotionally involved, genuine you do. As when one of them dies, you grieve just as hard as them" (fg4)

Hart, Brannan, and De Chesnay (2014) support the fact that nurses often feel discouraged and King (2012) confirms that caring for older persons is emotionally demanding.

Work ethics

Participants reported work ethics as a sense of duty and a sense of responsibility.

"Work ethics means you come to work because you have a responsibility not only to yourself but also to the elderly" (fg3)

Literature confirms that work ethics includes working hard and being careful (Concise Oxford English Dictionary, 2011, p. 1663).

The work environment requires nurses caring for older persons to be resilient

Staff shortages

Participants experienced staff shortages and feelings of guilt if they were unable to provide their preferred level of care. In South Africa, nursing education institutions assign students to old age facilities to obtain their mandatory geriatric clinical experience. When training institutions allocated too many students to the practical facilities, supervision of these students contributed to the workload of the nurses.

"…we are a few staff and … we do not have enough hands to get to everyone as we would have liked to do it, and it causes guilt feelings and it is a vicious circle in the end" (fg1)

"…if the students are here then we have too many" (fg4)

Literature confirms that there is a shortage of nurses caring for older persons (Chenoweth et al., 2010; Christopher et al., 2015; DSD, 2010; Fedele, 2015).

Physical nature of the work

Participants also experienced their work circumstances to be demanding, as a wrong decision could cost a patient's life. They agreed that caring for older persons was physically hard work.

"I think it takes so incredibly hum it's such an energy loaded working environment, that we have, that we need to have resilience in our lives" (fg1)

"Physically is basically the lifting and the bath and showers and the cleaning and psychologically is just the see-saw that their emotions ride, and yours with them" (fg4)

Literature confirms that caring for older persons is hard work and that these extreme workloads can cause burnout (Chenoweth, Merlyn, Jeon, Tait, & Duffield, 2014; DSD, 2010).

Dependency of the older persons

The older persons require much help and attention while some older persons displayed aggressiveness towards the nurses.

STRENGTHS

PERSONAL STRENGTHS
used/recommended by participants
(Theme 2)

Caring attitude
• Being caring
• Being patient
• Being loving
• Being friendly
• Being respectful
• Showing empathy and sympathy

Positive attitude
• Being positive
• Being humorous
• Being motivated
• Persevering

Good health
• Physical health
• Spiritual health
• Emotional health
• Social health
• Medication

PROFESSIONAL STRENGTHS
used/recommended by participants
(Theme 3)

Communication
• Listening and providing feedback
• Keeping a professional distance

Education
• Previous experience
• Basic knowledge
• To stay updated
• Specialized geriatric training
• Learning from older persons

Role models
• Being passionate
• Being trustworthy and responsible
• Acknowledging uniqueness and wholeness of older persons
• Being organized

CONTEXTUAL STRENGTHS
used/recommended by participants
(Theme 4)

Uniqueness of caring for older persons
• Dependency of older persons
• Improvement of older persons
• Appreciation from older persons and families

Support
• Family and colleagues in multi-professional team
• Volunteers in the community

Work environment
• A safe, homely environment
• Resources and equipment

SPIRITUAL STRENGTHS
used/recommended by participants
(Theme 5)
• Religion
• Treat others as you would like to be treated yourselves
• Providing bereavement counselling

OPPORTUNITIES AND CHALLENGES
Nurses need resilience in dealing with
ADVERSE WORKING CONDITIONS
while caring for older persons
(Theme 1)

Nurses need resilience due to:
• The need for balance
    "balance in life"
    "batteries charged"

• The emotional nature of the work
    "sometimes discouraged"
    "emotional"

• Work ethics
    "responsibility and sense of duty"

The work environment requires resilience:
• Staff shortages
    "few staff"
    "accompaniment of students"

• Physical nature of the work
    "energy loaded working circumstances"
    "hard work"

• Dependency of the older persons
    "Patients require a lot of help and attention"
    "aggressiveness"

ENGAGING WITH OPPORTUNITIES AND CHALLENGES

Use personal, professional, contextual and spiritual strengths to handle the adverse working conditions nurses face while caring for older persons

Recommendations to strengthen resilience in nurses caring for older persons must consider the adverse working conditions these nurses face as opportunities and challenges as well as the strengths used by nurses caring for older persons

POSITIVE OUTCOMES

Enhancement of personal, professional, contextual and spiritual strengths

Strengthening of resilience

Fig. 1 – Strengths used or recommended by participants to handle the adverse working conditions they experience while caring for older persons as applied within the model "Bringing strengths to bear on opportunities and challenges" Carr (2004, p. 304), as adapted. [The model "Bringing strengths to bear on opportunities and challenges" Carr (2004, p. 304) was adapted by indicating the findings of this current study under the broad framework provided by Carr (2004, p. 304)].

"Sometimes they get aggressive…. Yes it's almost the most difficult part… Sometimes they do yes, they assault us physically" (fg4)

Different authors agree that nurses caring for older persons might experience violent and aggressive behavior (Isaksson et al., 2008; Schmidt et al., 2012; Sharipova et al., 2010).

Theme 2: Personal strengths used/recommended by participants

Caring attitude towards older persons

Being caring, patient, loving, friendly, respectful and showing empathy and sympathy

Participants agreed that nurses caring for older persons need to be caring, patient, and compassionate. Nurses caring for older persons should ensure that the older persons feel emotionally safe and are not afraid of the nurses; respecting themselves and treating the older persons with respect and dignity while showing empathy and sympathy towards the older persons.

"Caring. Always you must have the soft heart for them" (n19)

"Be patient don't get angry very quickly" (n31)

"Tons of love. My love for them gives me the strength to care for them every day" (n11)

"Friendly — be always like this because it makes the old persons peaceful and calm" (n26)

"Treat them with respect" (n11)

"Have empathy and sympathy with the elderly" (n24)

Kalula et al. (2011) confirm that nursing is a caring profession and that all nurses must show compassion to older persons. Brooks and Goldstein (2004) add that people develop their own resilience when they show compassion.

A positive attitude towards caring for older persons

Being positive, humorous, motivated and persevering

Participants shared that nurses caring for older persons should express a positive attitude and have a good sense of humour, be motivated and enjoy their work as they need to persevere in their work.

"Always try to look positive and stay positive" (n27)

"See humour in situations and laugh with an elderly and not at him" (n34)

"Motivated, liking what you do" (n26)

"Hang on and hold on" (n7)

Optimism and humour are used by nurses caring for older persons to enhance their resilience (Cameron & Brownie, 2010).

Valuing good health

Physical, spiritual, emotional, social health and medication

Participants mentioned that nurses caring for older persons need physical, spiritual, emotional and social health.

Some nurses mentioned that they used a tonic to cope while others referred to stronger medications.

"Firstly you need to experience good health" (n3)

"..it's but faith and trust" (fg3)

"We must learn to give ourselves credit …. Give yourself a star. Just say to yourself, just I did it well" (fg3)

"Relax, relax completely" (fg4)

"Bioplus; yes bioplus yes, no we need something to drink" (fg4)

"A Valium" (fg4)

"Sometimes it is necessary to drink a tranquilizer (Prozac) (not recommended)" (n6)

Koen et al. (2011b) also confirmed that holistic self-care enhances nurses' resilience.

Theme 3: Professional strengths used/recommended by participants

Communicating professionally

Listening and providing feedback

Nurses caring for older persons need to communicate effectively by listening patiently and by speaking in a pleasant, clear voice.

"Like to listen to their complaints that need attention. Always talk nicely and clearly to the elderly" (n17)

According to Brooks and Goldstein (2004) effective communication is an essential element of resilience and includes listening actively and being aware of how verbal and nonverbal communication is experienced by others.

Keeping a professional distance

Nurses should not take everything the older persons tell them personally and should not get emotionally involved.

"One should not take to heart everything they tell you" (fg2)

Hart et al. (2014) concur, saying that nurses use emotional hardiness and emotional distance as tactics when providing nursing care in situations that are difficult and distressing.

Valuing education

Previous experience, basic knowledge, to stay updated, specialized geriatric training, learning from older persons

Participants shared that nurses need to use the experience they obtained from working with the older persons, with their children and their families. They viewed basic knowledge and remaining up-to-date with developments, regarding caring for older persons, as being necessary. Specialised knowledge about conditions such as Parkinson's and Alzheimer's disease is also needed. Participants indicated that they had learned valuable lessons of life from the older persons' wisdom.

Table 2 – Recommendations to nurses on using their strengths to strengthen their resilience.

Recommendations	Actions to be taken
Recommendations to use personal strengths	
1. Nurses should display a **caring attitude** towards older persons by	* Being caring and compassionate while caring for older persons. * Having a lot of patience with older persons. * Loving the older persons. * Always being friendly with the older persons and their families. * Treating older persons with respect and dignity. * Having empathy and sympathy with the older persons.
2. Nurses should have a **positive attitude** when caring for older persons by	* Looking positive and staying positive. * Seeing the humour in situations and laugh with the older persons and not at them. * Being motivated and enjoy caring for older persons. * Persevering by hanging on and holding on.
3. Nurses should value **good health** while caring for older persons by	* Keeping themselves healthy and eating healthy. * Believing, having faith and trusting. * Giving themselves credit for doing something right. * Relaxing, reading a book or watching television. * Drinking a tonic/multivitamin supplement.
Recommendations to use professional strengths	
4. Nurses should **communicate** professionally with older persons, their families and colleagues by	* Being quiet and listen patiently what they say. * Talking nicely, clearly and with great love and care. * Not taking to heart everything the older persons tell them. * Keeping a professional distance between themselves and the older persons.
5. Nurses caring for older persons should value **education** by	* Using their previous experience with the older persons, their children and families. * Obtaining a good basic education regarding diseases. * Reading a lot and keeping updated regarding new developments. * Specializing in geriatric nursing. * Learning a lot from the wisdom and life experience of the older persons.
6. Nurses should serve as **role models** while caring for older persons by	* Being passionate and love caring for older persons. * Being trustworthy and responsible while caring for older persons. * Acknowledging that each older person is a unique, holistic human being. * Being organized by: planning ahead, prioritizing and delegating.
Recommendations to use contextual strengths	
7. Nurses should value the **uniqueness of caring for older persons** by	* Having a deep compassion for the older persons that have lost their independence. * Cherishing any improvements after a sickbed and by seeing that the older persons are happy, comfortable and well-cared-for. * Treasuring the appreciation received from older persons and their families.
8. Nurses should value **support** while caring for older persons by	* Using all the support given by their families and colleagues in multi-professional team. * Making use of volunteers in the community to help with the older persons.
9. Nurses should value a conducive and safe **work environment** while caring for older persons by	* Providing a safe, homely environment for the older persons and staff. * Ensuring that all the resources and equipment needed to care for the older persons are available and used.
Recommendations to use spiritual strengths	
10. Nurses should find their strength in their **religion** while caring for older persons by	* Praying, having faith and trusting.
11. Nurses should **treat the older persons as they would like to be treated themselves** by	* Placing themselves in the older persons' shoes and by treating them as they and their loved ones would like to be treated when they are old.
12. Nurses should provide **bereavement counselling** to the older persons and their families by	* Assisting the older persons and their families at the time of death.

"Experience teaches you how to deal with it" (n17)

"I think education is extremely important … you know basic knowledge regarding diseases" (fg1)

"…so knowledge in all those areas especially hum in your Parkinson's and Alzheimer's" (fg3)

" then you can specialize in geriatrics…" (fg3)

"You can learn a lot from the elderly, calmness, kindness, patience and wise words" (n17)

Cameron and Brownie (2010) emphasized that resilience in nurses caring for older persons is enhanced by clinical skills, knowledge and experience.

Serving as role models

Being passionate, trustworthy and responsible, acknowledging uniqueness and wholeness of older persons and being organized

Nurses caring for older persons need to serve as role models to caregivers, especially when caring for older persons that suffer from Alzheimer's disease, through being passionate, being trustworthy, acknowledging the uniqueness of older persons, providing holistic care and being organized.

"The example you set for them to show how to deal with people, such as an Alzheimer person, the way you, those examples you give to our caregivers it's important" (fg1)

"Passionate — to love my work and that what I do" (n26)

"That they can trust you; they must have great confidence in us to take those medications that we give them what they drink every day" (fg3)

"Every older person is unique to me with his own manners" (n3)

"To tackle tasks systematically and successfully. To be organized, not to grab here and let go there" (n7)

The importance of having good role-models in nursing was confirmed by Hart et al. (2014) and Koen et al. (2011b).

Theme 4: Contextual strengths used/recommended by participants

The uniqueness of caring for older persons

Dependency and improvement of older persons and appreciation received

Participants stated that caring for older persons is unique and rewarding. Older persons who depend on nurses filled nurses with compassion and made it pleasant to work with them. Participants experienced satisfaction when older persons improved after being ill and showed gratitude.

"Deep compassion for older persons that have lost their independence" (n5)

"If a wound heals after a long treatment. If someone starts to walk again after a sick bed" (n15)

"Gratitude. The words thanks and please. Sometimes it's just the crooked smile that makes the difference" (n17)

Literature confirms that appreciation received from older persons and from nursing colleagues made it worthwhile for nurses to care for older people (Chenoweth et al., 2014; King, 2012).

Valuing support

Family and colleagues in multi-professional team and volunteers in the community

The support the nurses received from their own families, their colleagues and community volunteers encouraged them to continue working with older people. They recommended that community volunteers should support nurses.

"I gained that strength from home to my parents and grandparents" (n33)

"Our institution's professional staff is very supportive!" (n29)

"Teamwork" (n42)

"Hum community service. Volunteers" (fg1)

Hart et al. (2014) confirm that family members and friends provide valuable support to nurses. Cameron and Brownie (2010) add that colleagues' support in the multi-professional team might enhance nurses' resilience.

Valuing a conducive and safe work environment

A safe, homely environment and resources and equipment

The caring environment for older persons should be physically safe and provide a homely atmosphere. The nurses
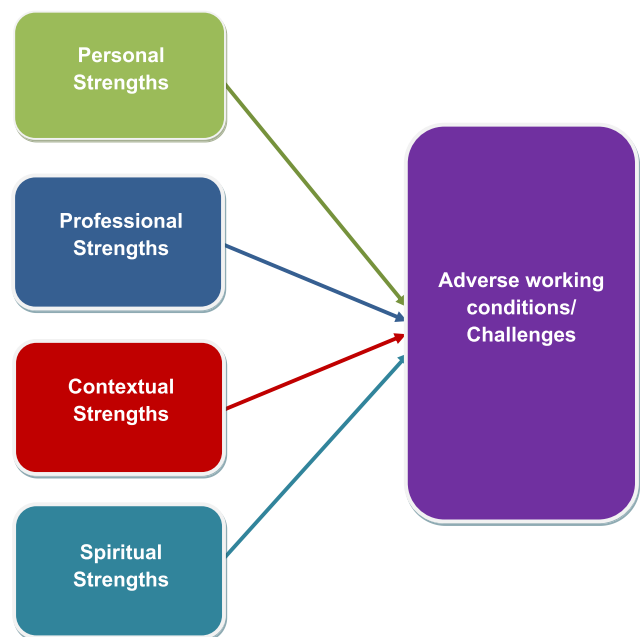

Fig. 2 — Personal, professional, contextual and spiritual strengths can be used to handle the adverse working conditions/challenges.

Table 3 – Recommendations to nurses for using their strengths to handle adverse working conditions and strengthening their resilience.

(**Personal strengths,** **Professional strengths,** **Contextual strengths,** **Spiritual strengths**)

Recommendations	
1. Nurses should keep a **balance** in life while caring for older persons by	* Keeping themselves healthy and eating healthy. * Relaxing, reading a book or watching television. * Using their previous experience with the older persons, their children and families. * Providing a safe, homely environment for the older persons and staff. * Praying, having faith and trusting.
2. Nurses should handle the **emotional nature of the work** while caring for older persons by	* Looking positive and staying positive. * Believing, having faith and trusting. * Giving themselves credit for doing something right. * Being quiet and listen patiently what they say. * Not taking to heart everything the older persons tell them. * Keeping a professional distance between themselves and the older persons. * Treasuring the appreciation received from older persons and their families. * Using all the support given by their families and colleagues in multi-professional team. * Praying, having faith and trusting.
3. Nurses should have **work ethics** while caring for older persons by	* Treating older persons with respect and dignity * Talking nicely, clearly and with great love and care. * Being trustworthy and responsible while caring for older persons. * Providing a safe, homely environment for the older persons and staff. * Placing themselves in the older persons' shoes and by treating them as they and their loved ones would like to be treated when they are old.
4. Nurses should manage **staff shortages** resourcefully while caring for older persons by	* Persevering by hanging on and holding on. * Drinking a tonic/multivitamin. * Being organized by: planning ahead, prioritizing and delegating. * Using all the support given by their families and colleagues in multi-professional team. * Making use of volunteers in the community to help with the older persons. * Praying, having faith and trusting.
5. Nurses should handle the **physical nature of the work** while caring for older persons by	* Seeing the humour in situations and laugh with the older persons and not at them. * Obtaining a good basic education regarding diseases. * Reading a lot and keeping updated regarding new developments. * Specializing in geriatric nursing. * Being passionate and love caring for older persons. * Cherishing any improvements after a sickbed and by seeing that the older persons are happy, comfortable and well-cared-for. * Using all the support given by their families and colleagues in multi-professional team. * Ensuring that all the resources and equipment needed to care for the older persons are available and used. * Praying, having faith and trusting.
6. Nurses should handle the **dependency of the older persons** by	* Being caring and compassionate while caring for older persons. * Having a lot of patience with older persons. * Loving the older persons. * Always being friendly with the older persons and their families. * Having empathy and sympathy with the older persons. * Being motivated and enjoy caring for older persons. * Learning a lot from the wisdom and life experience of the older persons. * Acknowledging that each older person is a unique, holistic human being. * Having a deep compassion for the older persons that have lost their independence. * Praying, having faith and trusting. * Placing themselves in the older persons' shoes and by treating them as they and their loved ones would like to be treated when they are old. * Assisting the older persons and their families at the time of death.

verbalised that if all the resources and equipment needed by the older persons are available, it will help the nurses to be resilient.

> "With my protective feeling I ensure their safety" (n4)

> "One actually has more of a homely environment in a place for the elderly" (fg4)

> "They have hearing problems, their glasses break, their teeth break, it is part of their human dignity to hum to keep going on, it should be available for our elderly, that's so terribly important that it should be available, wheelchairs, aids, hum…" (fg1)

> "Your equipment; equipment to work with the elderly because it is different from other situations… and equipment such as a hoist…" (fg3)

The importance of creating a homely environment in facilities caring for older persons is supported by Brownie (2011). Sufficient resources and equipment might convince nurses to stay in South Africa instead of emigrating (Oosthuizen & Ehlers, 2007).

Theme 5: Spiritual strengths used/recommended by participants

Religion

Participants stated that their religious beliefs and daily prayers made them resilient, enabling them to continue with their work.

> "Pray is also one of my strongest points for it enables me to face anything in life…" (n14)

> "Faith — without it you cannot do your work" (n26)

According to Cameron and Brownie (2010) a religious belief system can strengthen resilience in the work situation of aged care nurses.

Treating others as you would like to be treated yourselves

Treating others in the same way that they wanted their family and themselves to be treated in the same situation was highlighted as another strength used by participants.

> "My own policy is: Do to others as you would like them to do to you!" (n5)

Kalula et al. (2011) remind nurses that they will also grow older and they need to be patient and tolerant towards older persons even if they display strange behavior.

Providing bereavement counselling

The privilege to provide bereavement counselling to the older persons and their families made it worthwhile for the nurses to care for them.

> "To assist them and their families at the time of death, bereavement counselling" (n18)

According to Kalula et al. (2011) nurses caring for older persons encounter death, dying, grief and loss requiring them to be empathetic, supporting the family with compassion, listening carefully and answering questions as honestly as possible.

6. Limitations of the study

Only four focus group interviews were conducted, including nurses from five of the seven facilities but data saturation was obtained during the fourth focus group. The sample size was small and the results should be generalised with caution to similar contexts.

7. Conclusions

Recommendations to strengthen the resilience of nurses caring for older persons should consider the adverse working conditions as opportunities/challenges to strengthen nurses' resilience. By using strengths, these nurses could enhance their personal, professional, contextual and spiritual strengths. This may lead to positive outcomes of strengthened resilience, and rendering better care to older persons, and fewer of these nurses might abandon their profession.

8. Recommendations to strengthen resilience

Recommendations were formulated from the findings (Benadé, 2014) as informed by Carr's model (2004, p. 304). These recommendations can be used by nurses of older persons.

Table 2 provides the recommendations to nurses on using their strengths to strengthen their resilience.

Fig. 2 indicates that personal, professional, contextual and spiritual strengths can be used to handle adverse working conditions/challenges.

Table 3 provides the recommendations to nurses for using their strengths to handle adverse working conditions and strengthening their resilience.

Undergraduate and postgraduate nursing education curricula should address resilience in geriatric nursing to prepare nurses to care for the ageing population. Further research should establish whether the recommendations will indeed strengthen the resilience of nurses caring for older persons.

Authors' contributions

The research was conducted by PB for a Master's dissertation at the NWU. PB wrote the manuscript. EdP and MPK were supervisors.

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