RESILIENCE AMONG NURSES IN RENDERING QUALITY NURSING MANAGEMENT: IMPLICATIONS TO PUBLIC HEALTH MANAGEMENT

BAI QIAN

Tarlac State University

ABSTRACT

This correlational study aimed to explore the relationship between the nurses' resilience and quality nursing management. The primary participants in this study were the 310 selected nurses in Guilin Medical University, Guilin City, Guangxi Province, China.

According to the data, the correlation coefficient obtained which is +0.997 respectively shows a very high positive correlation between the resilience and quality nursing management of the nurses. Moreover, the nurses exhibited a high level of resilience when fulfilling their professional duties during a disaster.

The level of the quality leadership nursing management performed by the nurses during the pandemic gained a grand mean of 4.78 described verbally as "Outstanding". Moreover, the level of the quality nursing management in terms of involvement in quality planning, management, quality results, customer satisfaction and nursing management in terms of information and analysis were all rated as outstanding. It was recommended that future researchers may undertake a comparable or related study to this one to determine whether similar or related nursing trends or conditions exist in other locales.

Keywords: *Resilience, Quality Nursing Management, Public Health Management.*

Introduction

As they offer everyday care for their patients, all healthcare professionals face various challenges and challenging circumstances. This raises the likelihood of anxiousness, sadness, stress-related disorders, and burnout among healthcare professionals. Nursing involves numerous specific pressures and high-pressure circumstances, so nurses are more susceptible to these diseases (Chan and Huak, 2021).

Operational challenges, like nursing shortages, and patient safety issues, such as prescription errors, are inextricably linked to the mental health of nurses. Although evidence suggests that these characteristics may vary between specific groups of nurses, most studies on nurse wellbeing have relied on the generalizations that all nurses are impacted by the same factors affecting their work-related wellbeing. For example, sociodemographic variables such as gender or intergenerational affiliation impact work-related wellbeing.

It has been stated that the current group of nursing professionals has the lowest well-being compared to all preceding developing cohorts of nurses. The nurse's conceptual vision of modern nursing practices and its coherence with the ideas of others in their work context could be significant to the development of cohorts in the nursing discipline. Consequently, although work-related well-being has already been investigated concerning diverse work situations, this study investigates nurses' practice perspectives and other important characteristics influencing their work-related health.

Several researchers acknowledge that the nursing profession is more difficult and stressful than any other health professional (Adriaenssens, 2015). Nursing, by its very nature, is a highly stressful vocation. Daily, nurses are confronted with adversity, misery, and death like few others. The majority of nursing duties are dull and unfulfilling. Most are, by traditional standards, unattractive and even unhealthy; others are frequently degrading; and some are simply stressful (Al Hosis, 2013).

Furthermore, countless factors affect their daily tasks, like medical personnel becoming psychologically attached to bedridden patients, insufficient and vague information from health care system assistants and doctors, irrational patient requirements, their challenges, as well as their health problems, to mention a few; obviously, all of these factors contribute to nurses' poor work performance (Canady and Allen, 2015). Low nursing success has led to a lack of availability of treatments and poor quality of care, which leads to diminished health experiences and outcomes of individuals not utilizing services or being treated unjustly due to poor practices. Consequently, the requirement of high healthcare care increases the obligation of hospital management to improve the performance of their personnel (Al-Omari et al., 2020). Effective implementation of health workers is important to the growth of any public healthcare system. However, it could be exaggerated since it directly impacts patient safety and clinical outcomes. According to a 2011 report by the Ministry of Health, nurses make up the bulk of health care employees at public hospitals, comprising 332 of the 24 percent of professional nurses. Therefore, it is essential to emphasize the variables that impact their performance, especially personal characteristics. A few of these areas are nurses' health management techniques.

Occupational pressures and heavy workloads have a severe impact on nurses' physical, emotional, and organizational well-being, resulting in poor job performances, low job satisfaction, and a high desire to leave the profession. This would increase the workload of the surviving nurses, creating a vicious circle of increased burnout. This cycle is precipitated by exposure to traumatic events and moderated through resilience (Yu, 2019).

In such challenging situations, personal resilience is necessary for nurses' resilience. Due to its significance in lessening the consequences of workplace stresses, researchers focus on resilience, which is described as the capacity to overcome obstacles and cope well with stressful experiences (Hart, 2015). As a result, it has been suggested that increasing resilience in high-risk and demanding environments is an effective method to improve staff wellbeing. High levels of resilience have

been associated with lower rates of nurse burnout and attrition (Heritage, 2016). In addition, studies on resilience have revealed its importance in promoting quality of care and patient satisfaction (Hart, 2015). Physical characteristics (e.g., sympathetic nervous system), psychological factors (e.g., self-efficacy, inner knowledge), external variables (e.g., therapeutic settings, social media network), and sociodemographic characteristics (e.g., age, years of experience) contribute to resilience (Manomenidis et al., 2019; Turner et al., 2015). Nevertheless, job satisfaction is among the most significant contributors to resiliency (Oksüz, 2019).

These kinds of information are alarming; Indeed, many nurses have trouble maintaining their wellbeing nowadays. As a public health officer in Guillin Medical University, I believe that it is necessary to recognize the nurses' current resilience level and their nursing management practices. In line with this, the current study will be conducted to evaluate the relationship between the nurses' resilience and quality nursing management.

This study aimed to explore the relationship between the nurses' resilience and quality nursing management.
Specifically, this aimed to answer the following questions:
1. What is the nurses' level of resilience at work?

2. What is the level of the quality nursing management performed by the nurses during the pandemic?
     4.1 Leadership
     4.2 Involvement In Quality Planning
     4.3 Quality Management
     4.4 Quality Results
     4.5 Customer Satisfaction
     4.6 Information And Analysis
3. Is there a significant relationship between the resilience and quality nursing management of the nurses?

METHODS

The research design for this study was Descriptive Correlation. The descriptive correlational research design was used to describe variables and their natural correlations. This technique was applied in the current study to ascertain the association between nurses' resilience and the quality of their nursing management in Guilin Medical University.

The researcher conducted the data gathering in Guilin City, Guangxi Province of China. Specifically in Guilin Medical University.

The primary participants in this study were the 310 selected nurses in Guilin Medical University, Guilin City, Guangxi Province, China.

RESULTS

1. Nurses' Level of Resilience at Work

Table 1
Nurses' Level of Resilience at Work

Nurses' Level of Resilience at Work	Mean	Verbal Description
I am able to adapt when changes occur especially during any crises	4.59	Very High
I can deal with whatever comes my way	4.55	Very High
I can bounce back after any crises	4.55	Very High
I believe I can achieve my goals, even if there are obstacles.	4.54	Very High
I think of myself as a strong person when dealing with life's challenges and difficulties.	4.53	Very High
I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	4.50	Very High
I try to see the humorous side of things when I am faced with problems.	4.49	High
Having to cope with stress brought by any crises can make me stronger.	4.45	High
Under pressure, I stay focused and think clearly.	4.40	High
I am not easily discouraged by failure.	3.50	High
GRAN MEAN	4.41	High

Table 1 exhibits that the level of the nurses' level of resilience at work gained a grand mean of 4.41 described verbally as "High". This implies that the participants have the high level of resilience at work to manage the changes brought by the post-pandemic.

Based on the result, the statement that they are able to adapt when changes occur especially during any crises got the highest mean of 4.59 described verbally as "Very High". On the other hand, the statement that they are not easily discouraged by failure got the lowest mean of 3.50 described verbally as "High".

To elaborate further, they can deal with whatever comes their way (4.55); they can bounce back after any crises (4.55); they can achieve their goals, even if there are obstacles (4.54); they are a strong person when dealing with life's challenges and difficulties (4.53); they can handle unpleasant or painful feelings like sadness, fear, and anger (4.50); all these were described verbally as "Very High". Moreover, they also try to see the humorous side of things when there are faced with problems (4.49) and having to cope with stress brought by any crises can

make them stronger (4.45); all these were described verbally as "High".

In conclusion, nurses are considered as being highly resilient to respond to COVID-19. The perceived resilience of nurses who had spent years training was high, in part because they were better aware of what to do in the event of a COVID-19 case. In addition, the hospital's communication management, COVID-19 procedures, isolated wards, and proper PPEs play a significant role in enhancing their resilience. Considering the catastrophic implications of resilience in reaction to the pandemic, the government and other relevant parties within the healthcare system must respond to boost the resilience of nurses to respond to the rapidly expanding pandemic in the country.

2. Level of the quality nursing management performed by the nurses during the pandemic. Leadership

Table 2
Leadership nursing management

Nursing Quality Management	Mean	Verbal Description
LEADERSHIP		
My behavior is consistent with values relevant to quality of care and continuous quality improvement.	4.95	Outstanding
I generate confidence that efforts to improve quality will succeed.	4.94	Outstanding
I can clearly articulate the organization's values relevant to quality of care and continuous quality improvement.	4.90	Outstanding
I act on suggestions to improve the quality of care and services.	4.87	Outstanding
I have demonstrated an ability to manage the changes (e.g., organizational, technological) needed to improve the quality of care and services.	4.23	Very Satisfactory
GRAND MEAN	4.78	Outstanding

Table 2 exhibits that the level of the quality leadership nursing management performed by the nurses during the pandemic gained a grand mean of 4.78 described verbally as "Outstanding". This implies that the participants have the leadership skills and ability to manage the changes brought by the post-pandemic.

Based on the result, the statement that their behavior is consistent with values relevant to quality of care and continuous quality improvement got the highest mean of 4.95 described verbally as "Outstanding".

On the other hand, the statement that they have demonstrated an ability to manage the changes (e.g., organizational, technological) needed to improve the quality of care and services got the lowest mean of 4.23 described verbally as "Very Satisfactory".

To elaborate further, they also generate confidence that efforts to improve nursing quality (4.94); clearly articulate the organization's values relevant to quality of care and continuous quality improvement (4.90) and act on suggestions to improve the quality of care and services (4.87); all these were described verbally as "Outstanding".

Today, nurse administration is recognized as a career of its own, needing unique training, abilities, and qualities (which often come more easily to some than others). Effective nurse management is of the greatest priority to hospitals and health care providers as a vital component that drives team motivation, productivity, and job satisfaction. Based upon this rationale, nurse supervisors with a firm awareness of their own nursing management style will become more successful in leading their group, eventually generating improved patient care.

Involvement In Quality Planning
Table 3
Involvement in Quality Planning

Involvement In Quality Planning	Mean	Verbal Description
I am playing a key role in setting priorities for quality improvement.	4.96	Outstanding
I have an effective system to make suggestions to management on how to improve quality.	4.90	Outstanding
I am involved in developing plans for improving quality.	4.86	Outstanding
I have the authority to correct problems in their area when quality standards are not being met.	4.83	Outstanding
I am supported when they take necessary risks to improve quality.	4.82	Outstanding
GRAND MEAN	4.87	Outstanding

Table 3 exhibits that the level of the quality nursing management in terms of involvement in quality planning performed by the nurses during the pandemic gained a grand mean of 4.87 described verbally as "Outstanding". This implies that that the nurses play a key role and are involved in developing plans for improving quality.

Based on the result, the statement that they are playing a key role in setting priorities for quality improvement got the highest mean of 4.96 described verbally as "Outstanding".

On the other hand, the statement that they are supported when they take necessary risks to improve quality got the lowest mean of 4.82 described verbally as "Outstanding".

To elaborate further, they also have an effective system to make suggestions to management on how to improve quality (4.90); involved in developing plans for improving quality (4.86); and have the authority to correct problems in their area when quality standards are not being met (4.83); all these were described verbally as "Outstanding".

Planning and envisioning are, in fact, among the most vital aspects of management. Without strategies, operations could not be carried out more effectively. This merely demonstrates that planning is one of the most crucial aspects nurses must be ready for to develop effective crisis management strategies. The scope of catastrophe preparation must be widened to incorporate new possible dangers.

Quality Management

Table 4
Quality Management

Quality Management	Mean	Verbal Description
I follow policies to support improving the quality of care and services.	5.00	Outstanding
I effectively coordinate my efforts with others to improve the quality of care and services the organization provides.	4.98	Outstanding
I try to design quality into new services as they are being developed.	4.92	Outstanding
I view quality assurance as a continuing search for ways to improve	4.68	Outstanding
I work closely with superiors to improve the quality of our services.	4.66	Outstanding
GRAND MEAN	4.85	Outstanding

Table 4 exhibits that the level of the quality nursing management in terms of quality management performed by the nurses during the pandemic has a grand mean of 4.85, described verbally as "Outstanding". This implies that the nurses support improving the quality of care and services.

Based on the result, the statement that they follow policies to support improving the quality of care and services got the highest mean of 5.00 described verbally as "Outstanding".

On the other hand, the statement that they work closely with superiors to improve the quality of our services got the lowest mean of 4.66 described verbally as "Outstanding".

To elaborate further, they also effectively coordinate efforts with others to improve the quality of care and services the organization provides (4.98); try to design quality into new services as they are being developed (4.92); and view quality assurance as a continuing search for ways to improve (4.68); all these were described verbally as "Outstanding".

The mentioned study highlights the importance of supporting and improving the quality of care and services by ongoing education on the preparation of nurses during catastrophe scenarios, which necessitates the involvement of nurses in seminars and workshops for professional advancement and development. Notably, the developing trends in modern technology need nurses' understanding of the advantages of technology on their execution of nursing duties. Consequently, this may be one of the finest ways to comply with emergency resilience standards.

Quality Results

Table 5
Quality Results

Quality Results	Mean	Verbal Description
I have done a good job of simplifying how care and services are provided.	4.85	Outstanding
Over the past few years, I have shown steady, measurable improvements in the quality of care provided by clinical support departments such as laboratory, pharmacy, and radiology.	4.85	Outstanding
Over the past few years, I have shown steady, measurable cost reduction while maintaining or improving quality.	4.82	Outstanding
Over the past few years, I have shown steady, measurable improvements in the quality of care provided to medical, surgical, and obstetric patients.	4.71	Outstanding
GRAND MEAN	4.81	Outstanding

Table 5 exhibits that the level of the quality nursing management in terms of quality results performed by the nurses during the pandemic has a grand mean of 4.81, described verbally as "Outstanding". This implies that they have provided quality care and services to patients.

Based on the result, the statement that they have done a good job of simplifying how care and services are provided and shown steady, measurable improvements in the quality of care provided by clinical support departments such as laboratory, pharmacy, and radiology got the highest mean of 4.85 described verbally as "Outstanding".

On the other hand, the statement that they have shown steady, measurable improvements in the quality of care provided to medical, surgical, and obstetric patients got the lowest mean of 4.71 described verbally as "Outstanding".

To elaborate further, they have also shown steady, measurable cost reduction while maintaining or improving quality, this got a mean of 4.82 described verbally as "Outstanding".

Customer Satisfaction

Table 6
Customer Satisfaction

Customer Satisfaction	Mean	Verbal Description
I did a good job of assessing current patient needs and expectations.	5.00	Outstanding
I promptly resolve patient complaints.	4.82	Outstanding
Patients' complaints are studied to identify patterns and prevent the same problems from recurring.	4.79	Outstanding
I use data from patients to improve services.	4.66	Outstanding
I use data on customer expectations and/or satisfaction in our services	4.55	Outstanding
GRAND MEAN	4.71	Outstanding

Table 6 exhibits that the level of the quality nursing management in terms of customer satisfaction has a grand mean of 4.71, described verbally as "Outstanding". This implies that the nurses outstandingly offered patient needs and met their expectations.

Based on the result, the statement that they did a good job of assessing current patient needs and expectations got the highest mean of 5.00 described verbally as "Outstanding".

On the other hand, the statement that they use data on customer expectations and/or satisfaction in our services got the lowest mean of 4.55 described verbally as "Outstanding".

To elaborate further, they also promptly resolve patient complaints (4.82); Patients' complaints are studied to identify patterns and prevent the same problems from recurring (4.79); and they use data from patients to improve services (4.66); all these were described verbally as "Outstanding".

Information And Analysis

Table 7
Information And Analysis

Information And Analysis	Mean	Verbal Description
I continually try to improve the timeliness of data on the quality of care and services provided.	4.89	Outstanding
I use a wide range of data and information about the quality of care and services to make improvements.	4.78	Outstanding
I continually try to improve how it uses data and information on the quality of care and services.	4.58	Outstanding
I continually try to improve the accuracy and relevance of data on the quality of care and services provided.	4.34	Very Satisfactory
GRAND MEAN	4.65	Outstanding

Variable	Correlation Coefficient	Critical Value	Coefficient Determination	Remarks	Decision
Resilience Quality Nursing Management	+0.997	.250	0.994 (99%)	Significant, Very High Positive Correlation	Reject the Ho

*Level of Significance = alpha (p) level of 0.05

Table 7 exhibits that the level of the quality nursing management in terms of information and analysis performed by the nurses during the pandemic has a grand mean of 4.65, described verbally as "Outstanding". This implies that the nurses continually try to improve how they uses data and information on the quality of care and services.

The need for higher quality healthcare services has been recognized as a result of developments in health-related information and technology, shifts in expectations and perspectives regarding medical services, an increase in individuals' participation in their own health care, as well as rising costs and competition in the health sector.

Based on the result, the statement that they continually try to improve the timeliness of data on the quality of care and services provided got the highest mean of 4.89 described verbally as "Outstanding".

On the other hand, the statement that they continually try to improve the accuracy and relevance of data on the quality of care and services provided got the lowest mean of 4.34 described verbally as "Very Satisfactory".

To elaborate further, they also use a wide range of data and information about the quality of care and services to make improvements (4.78) and continually try to improve how they use data and information on the

quality of care and services (4.58); all these were described verbally as "Outstanding".

3. Significant relationship between the resilience and quality nursing management of the nurses

Table 8
Significant relationship between the resilience and quality nursing management of the nurses

Table 8 displays the significant relationship between the resilience and quality nursing management of the nurses. The correlation coefficient obtained which is +0.997 respectively shows a very high positive correlation between the resilience and quality nursing management of the nurses.

For the critical value the degrees of freedom, the critical value in the table of Pearson r is .250 which is found significant at 0.05 level of significance. The correlation coefficient obtained, +0.997 is larger than the critical value .250. Therefore, the hypothesis which says that there is no significant relationship between the resilience and quality nursing management of the nurses is rejected. Hence, there is a significant relationship between the variables in the study. These are a high value that suggests a very strong relationship between the variables.

Conclusions

The following conclusions were drawn in the study:
1. According to the data, the majority of participants are between 36 and 45 years old. They were in their middle or early adult years. The vast majority of nurses were married. The majority of participants pursue professional development and continued education. Differences in the participants' demographic profiles influence their evaluations of their roles, readiness, and management during catastrophe circumstances.
2. Post Pandemic resilience in healthcare goes beyond training. It contains well-structured healthcare facilities and properly functioning medical supplies, and nurses who are accepted to care for COVID 19 cases are trained and equipped to do so. Hence, it is necessary to educate nurses in emergency and catastrophe nursing as well as infectious disease management. As a result of their education, training, and work experiences, nurses exhibit a high level of readiness when fulfilling their professional duties during a disaster.

3. As a result of their education, training, and work experiences, along with their heightened knowledge of their roles and resilience for difficult situations, the nurses' leadership management skills are also extremely outstanding.

4. There is a very high positive correlation between the resilience and quality nursing management of the nurses.

5. The nurses were unable to be involved in developing plans for improving quality in the hospital and manage the changes needed to improve the quality of care and services during the pandemic.

6. The program would be used to improve the nurses' resilience and quality nursing management, the management of hospital facilities and enhance the participation in all the related activities in the new normal.

Recommendations

The following recommendations are shared for possible future research:

1. There is a relationship between resilience and the quality of work of nurses following a pandemic. There is a need for disaster-related counseling and information dissemination. In addition, it is required to provide the most recent developments in disaster management that emphasize disaster risk reduction in healthcare services provided to the community, in addition, to conducting follow-up research with a broader influence on disaster risk reduction for professional nurses or health groups.

2. Hospitals must be equipped for the admittance of COVID-19 patients and should guarantee that their personnel are properly trained and equipped with personal protective equipment (PPE).

3. The spread of COVID-19 within the healthcare setting must be prevented; patients with possible COVID-19 must be recognized; routine treatment should be provided for a small number of patients with suspected or confirmed COVID-19; all healthcare staff must be tracked and controlled because of the possibility of exposure to COVID-19; and efficient communication must be undertaken within the facility. Additionally, COVID-19-related open communication preparation must be implemented.

4. Despite demographic profile differences, nurses must always demonstrate a heightened awareness of their tasks during a crisis, be prepared for critical scenarios, and utilize their managerial abilities when dealing with diverse clients and situations.

5. To conduct nursing duties in the aftermath of a pandemic, nurses must possess the managerial skills

necessary to do so. By facilitating the seamless sharing of emergency alerts and incident-related data between various systems, management competencies improve coordination and cooperation among public safety groups.

6. To be of greater assistance to clients, society, and the country as a whole, all medically allied staff ought to be immediately available during disasters and emergencies. Because this is their primary responsibility, they must also exhibit a high level of professionalism when interacting with everyone.

7. The Ministry of Health should take this research seriously, as emergency post-resilience is a program of long-term development activities whose purpose is to increase a country's total capacity and capability to manage all types of emergencies effectively.

8. Future researchers may undertake a comparable or related study to this one to determine whether similar or related nursing trends or conditions exist in other locales.

REFERENCES

Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. International Journal of Nursing Studies, 52(2), 649–661. http://doi.org/10.1016/j.ijnurstu.2014.11.004

Al Hosis, K. F., Mersal, F. A., & Ismail Keshk, L. (2013). Effects of job stress on health of Saudi nurses working in ministry of health hospitals in Qassim region in KSA. Life Science Journal, 10(1), 1036–1044.

Al-Omari, A., Alhuqbani, W. N., Zaidi, A. R. Z., Al-Subaie, M. F., AlHindi, A. M., Abogosh, A. K., ... & Al Mutair, A. (2020). Clinical characteristics of non-intensive care unit COVID-19 patients in Saudi Arabia: a descriptive cross sectional study. Journal of infection and public health, 13(11), 1639-1644. https://doi.org/10.1016/j.jiph.2020.09.003.

Canady, K.E, & Allen, D .(2015). Stressors in the Working Environment of Registered Nurses. International Journal of Nursing & Clinical Practise 2: 157.

Chan, A., Huak, C. (2021). Psychological impact of the severe acute respiratory syndrome outbreak on health care workers in a medium size regional general hospital in Singapore. Occupational Medicine, 54: 190–6

Hart, P., Brannan, J., De Chesnay, M. (2015). Resilience in nurses: an integrative review. J Nurs Manag;22(6):720e34. https://doi.org/10.1111/j.1365-2834.2012.01485.x.

Manomenidis, G., Panagopoulou, E., & Montgomery, A. (2019). Resilience in nursing: The role of internal and external factors. Journal of Nursing Management, 27(1), 172-178. https://doi.org/10.1111/jonm.12662

Oksuz, E., Demiralp, M., Mersin, S., Tuzer, H., Aksu, M., & Sarikoc, G. (2019). Resilience in nurses in terms of perceived social support, job satisfaction and certain variables. Journal of Nursing Management, 27(2), 423-432. https://doi.org/10.1111/jonm.12703

Oksüz, E., Demiralp. M., Mersin, S., Tüzer, H., Aksu, M., (2019). Resilience in nurses in terms of perceived social support, job satisfaction and certain variables. J Nurs Management, 27(2):423e32. https://doi.org/10.1111/jonm.12703.

Turner, S., Kaylor, S. (2015). Neuman systems model as a conceptual framework for nurse resilience. Nurs Sci Q, 28(3):213e7. https://doi.org/10.1177/0894318415585620.

Yu, F., Raphael, D., Mackay, L., Smith, M., & King, A. (2019). Personal and work-related factors associated with nurse resilience: A systematic review. International Journal of Nursing Studies, 93, 129-140. https://doi.org/10.1016/j.ijnurstu.2019.02.014.