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Letter

Comment on Kunzler et al. (2022) 'Interventions to foster resilience in nursing staff: A systematic review and meta-analyses of pre-pandemic evidence'

Dear Editor,

We eagerly read the systematic review and meta-analysis published by Kunzler and colleagues (October 2022) in the International Journal of Nursing Studies on the efficacy of individual-level resilience interventions for staff nurses between 1990 and 2020 (Kunzler et al., 2022). This paper contributes to the important body of literature examining resilience and its criticality to individual-, unit-, and organizational-level outcomes (Williams et al., 2017). However, we found some limitations to the review and core body of research relied upon that may hinder advances in understanding the mechanisms underlying nursing staff resilience.

Most notably, the authors' focus on individual-level resilience is somewhat restrictive (Szanton and Gill, 2010) and misaligned with the consensus view of resilience research in settings outside of health care. These limitations likely stem, at least in part, from the field-level fragmentation that exists between health care, health services and nursing research on the one hand, and organizational science research on the other. Indeed, there is a robust line of resilience research published in organizational science (Williams et al., 2017; Kossek and Perrigino, 2016). Yet those studies rarely come to the attention of health care scholars and vice versa (Mayo et al., 2021). This siloing of attention impedes more nuanced, robust knowledge about employee well-being that might arise from integrating perspectives across disciplines (Mayo et al., 2021).

The authors' goal was to explore the efficacy of individual-based resilience interventions, although they acknowledge that individual resilience is "probably also affected by organizational factors and vice versa" (Kunzler et al., 2022). This understatement belies the reality of resilience at work: research in organization science has repeatedly and consistently demonstrated that resilience is not merely an individual-level attribute, but rather a collective accomplishment (Barton and Kahn, 2019; Gittell, 2008), perhaps best characterized as a multi-level phenomenon (Williams et al., 2017). Strong relational attachments have long been recognized as critical to individual resilience and lie at the root of many resilience factors such as psychological well-being, emotion regulation and meaning making (Mayo et al., 2021; Barton et al., 2022). But organizational scholars have also demonstrated that resilience emerges through agentic processes of interaction, as members coordinate, leverage and recombine individual and collective resources to mitigate or diffuse the strain of adversity (Barton et al., 2022).

From this vantage point, accounting for resilience research across disciplines more broadly, we propose that the authors have understated or overlooked some nuances of their findings, which have important theoretical, empirical, and practical implications. First, there is overlooked evidence for the collective nature of resilience in the authors' own review of 26 resilience interventions. Of the nine interventions that were thought to be "promising" eight were conducted in group settings, and four focused on strengthening nurses' relational networks. A critical, albeit buried, implication is that human resilience at work is not achieved alone. Rather, it is fundamentally relational – achieved through human connections and supported by individuals' attachments to and acceptance by others (Barton et al., 2022). Consequently, some of the reviewed interventions may have failed or had weak results on employee psychological health in part because they lacked opportunities for human connection. Moreover, such individually-targeted interventions can send employees the message that they are on their own when it comes to managing the psychological and physiological effects of workplace adversities (Barton et al., 2022). This can leave nursing staff feeling isolated, believing that resilience is a characteristic they (don't) have or need to build for themselves – when decades of organizational research suggest that resilience is achieved with and through interactions with others.

A second, related, concern arises from the authors' speculation that online and mobile-based delivery methods might make group-based resilience interventions more feasible (i.e., cost effective and more attractive to participants). If we take seriously the idea that nurses' resilience at work is affected by the context, including organizational and relational factors, it makes sense to question interventional methods that isolate individuals and limit human connection. We suggest technology-based interventions are likely to be effective only insofar as they are designed to facilitate genuine emotional and psychological connection.

Finally, the authors note throughout their findings the short-term effects of resilience interventions on nurses' resilience and mental health. Organizational scholars using meta-analytic methods to examine resilience-building training programs have similarly found these to have small to moderate effects that subside over time (Vanhove et al., 2016). Yet it is important to consider the roots of these short-term effects of resilience interventions; specifically the conceptual, rather than empirical causes. The observed decaying effects of resilience training may be less a result of poor interventions or limited longitudinal data, and more a reflection of the underlying nature of resilience as a concept. As the authors state, resilience arises from "complex and dynamic processes of adaptation to stressors" (Kunzler et al., 2022) and involves a dynamic interaction between actors and a context in flux. Thus, we should not expect resilience in one period to wholly predict later resilience in a linear deterministic way (i.e., that once resilient means always resilient). Resilience is relative, emerging and changing in transaction with specific circumstances and challenges. This suggests that resilience is, at its core, much more impermanent and transient than often assumed (e.g., by many individual-focused interventions). Recognizing this transience carries important implications for future research and organizational interventions. Resilience is not just something static we "have," but also something evolving, something we "do" – and specifically something we do together (Williams et al., 2017; Kossek and Perrigino, 2016; Barton et al., 2020). This fact may point to different intervention solutions—such as the relational pause—aimed at developing collective capacity for responding to myriad dynamic and changing workplace adversities (Barton and Kahn, 2019; Barton et al., 2022).

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Greater integration across disciplines and cross-fertilization of ideas will facilitate a more developed body of knowledge on topics important to health care, ranging from teamwork and coordination to learning and managing organizational change (Mayo et al., 2021). Here, we join with fellow nursing and resilience scholars to amplify that call as a means to advance resilience research. Perhaps by integrating research across disciplines and better accounting for the collective and active nature of resilience, future interventions might find more success in enhancing nurse resilience. Naturally that road goes both ways: organizational scholars benefit by understanding how resilience has been pursued in nursing and the relative efficacy of various interventions. In sum, we appreciate Kunzler et al.'s attention to the important topic of resilience at work (Kunzler et al., 2022) and hope that their article along with this letter contribute to an ongoing conversation across disciplinary divides about achieving resilience in health care.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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