Support for Caring and Resiliency Among Successful Nurse Leaders

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Health care practice settings are replete with competing priorities for nurse leaders who are responsible to the staff, the organization, and the patients and their families. In the midst of the competing priorities, there is a mandate for successful nursing leadership that is patient centered. To support the continuance of nurse leader success and avoid discouragement and attrition, a caring and resilient model for leadership may be necessary. This article considers the practices of nurse leaders that support caring, resiliency, and, ultimately, their success. Successful navigation toward patient-centered solutions through the intentional and inextricably linked living caring and resiliency was enhanced with practices of self-care, accountability, and reflection. Within each of the 3 intentional practices, a primary process emerged that revealed how nurse leaders actualize their caring and resiliency. The practices and mutually supportive processes are discussed. Useful questions are provided to guide any nurse leader who is contemplating practices of self-care, accountability, and reflection for supporting caring and resiliency. **Key words:** *caring resiliency, nursing leadership, research*

SUCCESSFUL NURSE LEADERS in acute care environments develop and maintain practice settings as places of health and healing. Health care practice settings are replete with competing priorities for nurse leaders who, moment by moment, are responsible to the staff, the organization, and the patients and their families. In the midst of the competing priorities, there is a mandate for successful nursing leadership that is patient cen-

tered. In addition, nurse leaders must drive quality, safety, and satisfaction metrics and remain a fiscal steward of the organization.[1,2] To achieve these multifocal mandates of success, the nurse leader is charged with the ultimate job of transforming cultures where clinical knowledge and caring practice are shaped and lived out.[3,4] This takes courage. For some nurse leaders, the positions of responsibility contribute to anxiety that prevents their goal attainment, whereas others thrive to guide systems that can boast about the reduction of adverse events, increased patient and employee satisfaction, and a culture that facilitates innovation in its quest to create an environment of health and healing.[5] Resiliency is necessary to navigate the unchartered territory of the future of health care. If caring and resiliency are key factors in sustaining the success of nurse leaders, understanding how these factors are supported is important for initiating and sustaining success for future

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generations of leaders. The purpose of this article is to share the findings from researchers who examined the practices supporting caring and resiliency for successful nurse leaders. The research question guiding the study was "How are practices supporting caring and resiliency actualized for successful nurse leaders in their positions of leadership?"

BACKGROUND AND SIGNIFICANCE

The nurse as leader in an acute health care organization is an integral member of the health care team. He or she is responsible for accomplishing the realization of numerous objectives. Implicit within this health care responsibility is that the nurse leader, as the patients' advocate, will do what is ethically necessary to effectively accomplish collaborative, multidisciplinary, and evidence-based approaches to solution finding across the health care continuum. His or her success in a position of nursing leadership depends on attaining these responsibilities. Notably, these responsibilities can contribute to leader stress, dissatisfaction, and subsequent attrition. Nurse leader attrition adds to the disruption and variation within practice environments due to increased acuity of patients, regulatory mandates, and reform.[6,7]

How do nurse leaders live out their values while under pressure to successfully accomplish all that is required? Nurse leaders will need to leverage the power of the electronic health record, utilize technologies to enhance diagnostics, translate research rapidly, direct individualized treatment plans, and exchange effective ideas in addition to orchestrating the daily operations of their practice setting.[8] Observers repeat the certainty of these nurse leader responsibilities and remark that they must possess "well established competencies in integrating, coordinating and facilitating interactions."[9(p66)] Expanded competencies from other disciplines, such as business, also are considered necessary to address solutions for health care issues in the 21st century.[10] Professional literature is rich with information about successful leadership attributes, but little is known about how nurse leaders are sustained to balance successfully these vast responsibilities in the midst of a myriad of challenges and the directive for numerous measurable patient outcomes.

The authors, informed by years of experience in practice and research, assert that caring and resiliency are the foundation for successful nursing leadership. Sustained energy and passionate commitment are necessary to compel excellent patient outcomes. It takes courage for leaders to be mission driven and inspire confidence.[11] While we believe that these are important and may affect sustainment and outcomes of leadership, we do not know what practices help a nurse leader nurture caring and resiliency.

In the remaining sections of this article, the authors describe the concepts of caring and resiliency to support success in nursing leader positions. The methods and findings of a secondary analysis of data from a parent study explicate practices that support caring and resiliency in nurse leaders. Suggested questions that might facilitate the incorporation of caring and resiliency actions are highlighted in the implications for nurse leaders section and within the tables, with the hope of evoking thoughtful discussion.

Caring in nursing leadership

The idea of caring in nursing leadership is not novel. It extends beyond the task-oriented approach to conventional management. A noted feminist scholar once recognized caring to be an essential human interaction expressed by nurses by virtue of the practice and knowledge of nursing.[12] Before and after that recognition, philosophers and scholars contributed to the development of caring knowledge, with caring recognized quintessentially as an ontology or way of being.[13-16] Caring may be what unites and transforms the profession of nursing, and it is deemed an underlying core value for those who practice holistically.[17,18]

Caring within a health care organization is articulated by Ray[19] as the tension between

humanism and bureaucracy. It is inclusive of ethical, spiritual, and educational dimensions, as well as economic, technological, legal, and political dimensions. These multiple tensions are carefully balanced by the nurse leader who is ultimately fiscally accountable to the organization for the nursing budget. More than a decade ago, a noted nurse leader wondered whether caring could actually improve the economic position or "bottom line" of a health care organization.[20] Her answer was "yes." The improved outcomes were realized as nurse leaders boldly engaged in initiatives to demonstrate caring within organizations.[21-24] The outcomes varied greatly, but all were directly related to caring initiatives. More research is certainly warranted because this is a promising area for continuing inquiry.

Caring can be viewed by nurse leaders as a natural compassionate response to working with others. Other leaders view caring as difficult to practice. Scholars declare that caring for nurse leaders is more than emotive; it is the essential fiber of nursing leadership comportment.[13-17] An individual may come to appreciate caring by learning to know self and other as caring.[13,25] Fine-tuning the art of caring is a lifelong process and is enhanced in nursing leadership, if it is supported by education and an organizational culture that advocates for this art.[13,17,25] The practice of nursing leadership with a posture of caring requires unflappable resiliency to remain mission driven despite moral, economic, and political challenges.[26]

Resiliency in nursing leadership

The concept of resiliency has been considered by nurse scholars who have acknowledged thriving as an ideal despite circumstances that could be labeled as adverse.[27-29] Resiliency theory provides a favorable explanation for individuals who face diverse adversities in life and also for those who excel in particularly challenging professions such as nursing. Common personal and interpersonal characteristics are shared by those who are described as resilient and are noted within nurses and successful nurse leaders. Resiliency attributes commonly identified include rebounding, self-determination, social support, hope, coping skills, spirituality, pragmatism, and self-esteem.[28,29] The capacity for resiliency also is depicted by researchers as a behavioral trait of adaptability.[29] This adaptive behavior is exhibited in response *to something* while one sustains the sense of purpose and stability within any given situation.[29] The adaptive behavior is also acknowledged as being positive and is recognized as the ability to bounce back.[27-29]

Resilient people are described as responding positively to adversity. They are not overwhelmed with feelings of hopelessness, and they overcome barriers to thrive. Thriving is frequently noted to have been achieved in association with the supportive relationships maintained with their families, as well as social and professional communities. Resiliency fosters adaptation to change, a strong sense of self, a calm attitude, and often the use of multiple coping strategies to aid in recovering from adversity.[30-32] Similar to caring, several researchers argue that the ability to be resilient is learned and refined.[29-31] Also analogous to caring, the authors suggest that intentional practices may foster the likelihood of nurse leadership resiliency. More research is justifiable in this area.

Method

This study used a secondary analysis of data collected in a parent study with a sample of 20 individuals who occupied positions of chief nursing officer. All were employed by acute health care organizations within the United States for 2 or more consecutive years in their current role. Their success within the role was implied by their longevity in their positions. The participants, 18 women and 2 men, closely resemble the national trend for gender representation. Their average age (56 years) is also consistent with national trends for nurse leaders. Eight diverse states in America comprised the location of the organizations where the nurse leaders practiced, and everyone in

the group was educationally prepared at a master's degree or higher. See Table 1 for demographics.

In the parent study, the nurse leaders did not receive incentive for their participation. The participants were interviewed using semistructured questions via the telephone. The data collection occurred over 2 months. The parent research, a phenomenological inquiry of role sustainment, was completed within the original study and it is reported elsewhere.[33] The concepts of caring and resiliency surfaced within the discussion related to findings in the parent study. They were not the focus of the study.

Secondary analysis of qualitative data is an accepted approach for research that allows for new questions to be asked of a data set in order to obtain new insight related to particular phenomena.[34,35] The data used in this secondary study included all of the original audiotapes, transcripts of the interviews, and demographic data. Qualitative data were selected because of their important value that allowed the participants' voices and experiences to be known.[36] The secondary approach also provided an opportunity to maximize the richness of narratives acquired within original data collection.[34] Human subjects' concerns were addressed within a university institutional review board approval, and consents obtained for original research. Data were deemed archival for this secondary study. Therefore, no additional consent was required because data were de-identified, and the anonymity of participants was maintained throughout secondary analysis.

The analysis followed the tenets of directed content analysis. This form of analysis is used when phenomena, such as caring and resiliency, could benefit from further elaboration.[37] To begin, transcripts were read separately by 2 experienced qualitative researchers looking for categories of caring and resiliency as concepts thought to be aligned with nurse leader success. Researchers used the predetermined codes of caring and resiliency to maintain method integrity, described as "the goal of a directed approach to content analysis is to validate or extend conceptually a theoretical framework or theory."[37(p1281)] An initial code list that sought expressions of caring and resiliency is provided in Table 2 to illustrate the preliminary analytic process. Interestingly, the initial codes bear a strong resemblance to attributes of caring and resiliency traits.[25,27-30]

Through immersion in transcripts, the researchers were attentive to data that focused on participants' descriptions of their nursing leadership practices that supported caring and resiliency. Data reduction included distilling the coding within an iterative process. Data that could not be coded within the predetermined codes of caring and resiliency or practices supporting them were identified, and thoughtful deliberative discussion occurred among researchers. The analysis processes used by the researchers supported the emergence of findings that bond caring and resiliency to successful nursing leadership.

Table 1. Demographics of Participants

N = 20 Education	18 women, 2 men MSN, 17; MS, 1; PhD, 2	
	Mean	**Range**
Age, y	56	45-64
Years of RN experience	33	20-43
Years as chief nursing officer	19	2-30
Years in current role	5	2-11

FINDINGS

Successful navigation toward patient-centered solutions, through the intentional and inextricably linked living with caring and resiliency, was enhanced with practices of self-care, accountability, and reflection. Each practice is described in some depth. Within each of the 3 intentional practices, a primary

Table 2. Findings Analytic Process of Coding for Caring and Resiliency Within Data

Category	Code	Transcript
Caring	Honesty	"I'm not afraid to have the tough conversations with people"; "I think people respect you when you say, I don't know"
	Authenticity	"This profession is really a calling for people"; "I just love listening to the team"; "I'm a nurse that's what I tell people, I want that on my gravestone"
	Growth	"I grew as a person"; "We are human, dealing with a human endeavor and we all are learning as humans"
	Hope	" I would really like to make it better for patients"; "I move ahead and dwell on the positive"
	Trust	"Knowing that you trust those around you and that you are trusted"; "I really listen to the other person"
Resiliency	Learn from the past	"You do the best that you can, you learn, you get stronger"; "Looking at things, to say what can we do differently"
	Keeps me going	"It helps me realize I have a lot of value"; "that's why I'm in this"; "Making a difference in lives, keeps me coming back"
	Coping	"You have to realize, some people cannot be satisfied"; "You have to go at that from several different mechanisms"
	Positive attitude	"It feels so good when you come over the edge of a problem, things are working"; "I try not to fall into the trap of reacting to a situation"

process emerged that revealed how nurse leaders actualize their caring and resiliency. The practices and mutually supportive processes are identified in Table 3.

Table 3. Findings Processes Associated With Practices of Caring and Resiliency in Nursing Leadership

Practices	Processes
Self-care	Connecting
	Attending to self-cues
	Fostering relationships
	Establishing boundaries
Accountability	Persevering
	Advocating nursing
	Setting decision priorities
	Focusing on making a difference
Reflection	Reconciling
	Accepting past/ anticipating future
	Appreciating humanity
	Finding meaning

The sections that follow highlight direct quotes from participants as they answered questions about what sustains them in their positions of leadership. The data-derived model shown in the Figure illustrates the interconnection of caring and resiliency, as well as the practices of self-care, accountability, and reflection, wherein the inextricably linked processes ultimately support patient outcomes.

PRACTICES THAT SUPPORT CARING AND RESILIENCY

Self-care

Integrating self-care was recognized as an important practice for nurse leaders and was evident within the data. The practice of self-care was a clear intention voiced repeatedly in the data, with the process of connecting to self and others identified as dominant. The connecting appeared to start with the inner knowing of self and then extend to a number

Figure. Support for successful nursing leadership.

of relationships in their professional and personal lives. Three themes of attending to self-cues, fostering relationships, and establishing boundaries are described.

Attending to self-cues

Participants discussed how in the midst of their busy lives and responsibilities they have learned to listen carefully to self-cues to know what they needed to do to stay in balance. One participant said, "I try to eat well and sleep good, and I try to take care of myself, because if you don't, I don't' know how you survive." Some leaders spoke of planning periods of rest so that they were able to "have the desire come back." Two leaders reported this self-care as "rest periods, even if it is a short period, to really just separate yourself from everything at work" or "doing some kind of fun activity to reset yourself" was important. One strategy used by a nurse leader was recognizing "when you need someone to cover calls for the next 6 hours." Another leader described how she purposely worked on her emotional responses at work:

I know myself. I used to have a bad temper. You have to be able to manage that, control my response, so I have to be cognizant, sometimes I have to come back around when I am in a place to have a conversation.

It was through connecting to self that enabled nurse leaders to care for themselves first.

Fostering relationships

Participants in this study described the importance of supportive relationships. One leader commented about her connection to colleagues in administration. She stated, "It starts at the top with your peers at the C-level and then interdepartmentally. That kind of support is very much needed." The connections to others also include staff at every level, such as "I have a lot of very novice nurse leaders and we keep in touch regularly, and that is fine with me," and like-minded colleagues: "I think the strong team here is what keeps me going." In addition, the leaders reported about the importance of their personal relationships, such as "I believe my family support is very important in my ability to regenerate as a leader." Each relationship appeared to support practices of caring for self, which ultimately strengthened their caring and resiliency.

Establishing boundaries

While being available to others in relationships, the nurse leaders discussed the importance of "work-life balance," "pacing yourself," and "doing things in moderation so that you can take care of yourself." One commented specifically on the importance of boundaries in self-care, "You see, this is the job that never ends, but you need to know when to walk away, to go home, to turn off the computer." Another stated, "You know I admit, I spend a lot of time thinking about work

and work issues, but within the down times, I try to regroup and relax as much as I can."

If nurse leaders ignore their own physical, spiritual, emotional, and behavioral cues, the likelihood of success is undermined. Caring wanes and resiliency diminishes. As nurse leaders model self-care and embrace it as a practice competency, vital to support caring and resiliency, they create a greater capacity for innovation and engagement within themselves and ultimately their patient service line teams.[34] The practice of self-care was linked to the other identified practices of reflection and accountability.

Accountability

The nurse leader ought to be completely engaged in and accountable to the mission and vision of the organization in order to support and promote resiliency while providing caring leadership. The nurse leaders voiced their responsibility to "pull *it* all together" in order to maintain success within their positions. This accountability was accomplished often "moment by moment" through the process of persevering. The themes of persevering surfaced in the data, which are considered in the following sections: advocating for nursing, setting decision priorities, and focusing on making a difference.

Advocating for nursing

In their leadership, a large part of their persevering was expressed as recognizing the "difference you can make for nurses," or to "elevate the level of the profession in the long run." Being a nurse advocate was described within formal opportunities such as "mentoring the new ones" or in board meetings where they "explain what nurses actually do." One expressed her sense that the bedside nurses were "truly at the point of care" and knew all of the nuances because "most of the really good answers are at the bedside." Advocating for nursing also occurred within informal opportunities "just by the way I am able to model my commitment to the profession" and continuing to engage in "lifelong

learning about the profession that is always changing."

Setting decision priorities

The nurse leaders also voiced that they persevered in their responsibilities when they maintained priorities. Two stated, "You just learn how to deal and prioritize your work" by "staying one step ahead of things with choices you make." Nurse leaders communicated that decisions were not always unanimous, but it was their job to realize that sometimes "you have to say we are going *to go this way*, I know it is not what you want to do but we are going to do this." Priorities were "juggled day to day" to enable leaders "to manage their time and not let the schedule manage you." One leader plainly remarked that "I problem solve to come up with those strategies" to keep the "real issues real."

Focusing on making a difference

The participants commented on how they believed their leadership made a difference in the lives of patients and staff and in the performance of the overall organization; 2 quotes best illustrate this, "You are required to fix the patient, and fix the organization and then you are able to see the great outcomes and celebrate," and "I love making a difference in patient outcomes." Many spoke of meeting specific performance goals with patient quality and safety paramount, such as "you always keep the patient as the final destination in whatever is being done" and "keep in mind, at the end of the day it is who you serve that's important" and finally "keeping the patient at the center of the conversation" is the critical aspect of persevering in accountability as a nurse leader. Another noted that on her drive home each day, "I always think about what a difference I made." This sense of accountability kept the nurse leaders happy about their work and allowed them to develop the practice of reflection.

Reflection

Living with caring and resiliency for nursing leaders was heightened through reflection

on nursing situations from practice and reflection in practice. Reflection was accomplished as the leaders were mindful of self, either within or after an experience. Reflection was articulated by nurse leaders over and over again as the third practice supporting caring and resilience; it was further illuminated by the process of reconciling. The themes of accepting the past/anticipating the future, appreciating humanity, and finding meaning emerged within the process of reconciling. These 3 themes are considered in the following sections.

Accepting the past/anticipating the future

By reflecting on situations, nurse leaders accept the past and anticipate the future as commented by one nurse leader, "I try to find out what's working well and what isn't so that we can do what needs to be done to face the next day." Another nurse leader shared the importance of readiness as a nurse leader within a metaphor of packing a parachute, "Someday you will need a parachute that somebody packed correctly for you, so it is our job to have the parachutes ready when a jump comes." Learning from past mistakes to confidently face the future was discussed by all of the nurse leaders and was poignantly stated in one quote, "I don't know what the future is going to be in health care, but I do know that nurse leaders are going to be needed more than ever."

Appreciating humanity

Each nurse leader acknowledged his or her human fallibility. One aptly noted, "I probably don't have the answer to most questions." Other leaders recognize the suffering of others: "You talk about the stories of veterans and what they have lived through and experienced" and how their work issues appear to be "pretty small in comparison." By thinking of other individuals, the leaders appreciate being human when they realize the fullness of all situations, "I am a strong believer that there are three sides to every story." Finally, a leader discussed the reality of the challenges faced by bedside nurses and then shared her willingness to be right there on the front line: "I would never ask anybody to ever do something that I wouldn't do myself." As part of their reflective process, the nurse leaders recognized humanness in themselves, their staff, their colleagues, and the patients.

Finding meaning

Finding meaning in all situations, especially in problematic situations, was identified as an important reconciliation that occurred through reflection. The nurse leaders communicated that it was most important for them to discover meaning or "takeaways" within the life's hardest situations. For instance, one nurse leader recalled a particularly difficult event and declared, "I'm going to take something away from this." Another shared that "the worst experience of my professional career was also the best because I really took in some lessons."

Finding meaning through reflection on the situations of leadership shaped who they continued to be as leaders. One leader spoke of a detailed story that occurred years before and said, "I always think of that situation. It sticks with me and makes me who I am." For some nurse leaders, finding meaning took on an existential tone: "I think it comes from the belief that it's all bigger than me." The reconciling that occurred within reflection was described as the ability to consider lived situations for alignment through the lens of who they are and their responsibilities as nurse leaders.

Method rigor

In this secondary analysis, issues of trustworthiness were carefully addressed. An audit trail was maintained for all members of the team to establish consistency. The findings were confirmed by 2 experienced researchers and members of the sample population for the establishment of credibility. Quotes from the data itself were linked to reporting findings that established truth. The fittingness to

nurse leadership practice enabled us to establish applicability.[38]

LIMITATIONS

Original data were not collected within this study. A secondary analysis was used because the original study yielded a rich data set that was an ideal fit with the research question. Through listening to the original audiotaped recording of the interviews, and reviewing the transcripts through immersion, the researchers were able to establish their deep connection to the data. The original researcher was part of the team, and an as expert nurse leader in community, provided thoughtful direction and clarification to the structure of the findings.

DISCUSSION AND IMPLICATIONS FOR NURSE LEADERS

An intentional caring and resiliency model as the foundation for leadership that incorporates self-care, accountability, and reflection is offered as a potential antidote to attrition challenges facing nurse leaders in the 21st century. Each practice theme that was identified in the data to support caring and resiliency in nurse leaders is briefly discussed.

Self-care discussion

Self-care is considered to be part of the continuous journey of health, with a focus on the promoting of personal health, balance, and healing to reach one's full potential.[18] Purposeful self-care practice may lead to a greater awareness of the dynamic relationship with self, others, and environment while enhancing nurse leaders' ability to understand staff members and their relationship to the organization.

The power of self-care should not be underestimated as an essential catalyst for creating positive work cultures.[39,40] Caring scholars urge that all nurses, not just nurse leaders, participate in intentional self-care to foster the work of health and healing. Watson remarks,

"It seems that our relationship with our self is most critical to all other aspects of healing work. It starts with self and moves in concentric radiating circles out to all whom we touch."[16(p133)]

The process of connecting is also recognized by researchers as a structure of resources that support caring and resiliency.[27-32,41-44] For example, in the research done by Denz-Penhey and Murdoch[32] with individuals living with terminal disease, the dimension of community connectedness highlighted the ability to envelop themselves with human relationships to avoid despair and loneliness. Family connectedness emphasized the importance of honoring values and traditions. Personal connection to values shaped daily routines and assured meaning and purpose despite what occurred in a given day. To support connecting within self-care, the authors of this article offer suggested questions in Table 4 that may guide the intentional practice for any nurse leaders.

Accountability discussion

Positive patient outcomes cannot be fully potentiated without the nurse leaders' intentional accountability guiding the culture. This essential practice has also been identified as comportment and entails a sense of caring presence.[4,14,41-43] Awareness of personal actions, words, and behaviors contributes to the development of accountability within a culture of caring.[41-43]

Persevering in accountability is considered to be essential for the nurse leader who is engaged in the transformation of practice settings.[44,45] Stagman-Tyrer[46] posits that persevering is equivalent to endurance and adds the element of courage. Nurse leaders quietly screamed of their courageous accountability to return daily to their practice setting despite the overwhelming challenges. Not backing down from adversity demanded a mental, spiritual, and physical stamina that fortified caring and resiliency. Suggested questions that may guide accountability practices for nurse leaders are offered in Table 5.

Table 4. Questions to Guide Self-care

As Nurse Leader Do I Model Self-care?	As Nurse Leader How Do I Prioritize Connections?
What behaviors do I model? What subtle messages do I send?	How do I maintain a work-life balance?
What elements are in the practice environment to remind me of self-care?	Do I attend gatherings to celebrate special events with family and friends?
How do I allow for moments of rest throughout my day?	How often do I set aside uninterrupted time for my significant other and I?
Are there recommendations for self-care within job descriptions, policy, or orientation?	When was the last time I arranged for time with a friend?
Can a healing modality be encouraged for me (all staff)?	Am I aware of my personal values?
One possible action: Participate in a mediation practice of your choosing.	*One possible action*: Arrange to have coffee/tea with an old but dear friend.

Reflection discussion

The practice of reflection has long been touted as the hallmark of professional practice within nursing[47] and any discipline.[48] It is a powerful practice that can be used to combat the stress of executive life.[49] This direct reflective attention within the context of any particular experience allowed the nurse leader to face up to, appreciate, and resolve inconsistency between one's desired caring practice and one's actual caring practice.[47] Reflection can be fostered through deliberate breaks in an individual's day that support leadership practice that is mindful and transformative.[47,48,50] It is possible that reflecting on nursing leadership experiences and reconciling inconsistencies can improve actions to exemplify caring and resiliency.

Reconciling seemed to be the universal process for the nurse leaders who engaged in reflection. Although all nurse leaders did not describe their spirituality, some did. One resiliency researcher hypothesizes that spiritual activities support self-protective behavior for making sense of one's situation.[51]

Table 5. Questions to Guide Accountability

As the Nurse Leader, Do I Hold Myself Accountable for a Culture of Caring?	As Nurse Leader, Do I Advocate for the Profession of Nursing?
How do I acknowledge each staff member's significant impact on patient and family safety, quality outcomes, and satisfaction?	Do I critically consider the impact and outcomes on patients with all decisions?
What do I do to support the renewal, recharge, and refocus on the staff's important work?	How do I seek out and share wisdom from other nurses?
Are caring theories and principles articulated in recruitment, hiring, and orientation processes?	Are lifelong learning principles supported?
How is staff encouraged to interact with members of the interdisciplinary team, patients, and families in a caring manner?	What policies are in place that promote nursing's unique contribution to patient outcomes?
One possible action: Daily affirm a staff member in public.	*One possible action*: Stop and ask the question, where is the patient in this decision?

Denz-Penhey and Murdoch[32] use the terminology "inner wisdom" borne from personal experience in overcoming a sensation or a God experience that profoundly informed decision making. Through processes of reconciliation, nurse leaders shaped the impetus to persevere in accountability and connect within self-care. Suggested questions, originated by Johns,[47] may guide reflection practices for nurse leaders are offered in Table 6.

CONCLUSION

The caring and resiliency mandate for nurse leaders considered in this article presupposes a paradigmatic view that is consistent with the unitary transformative paradigm, complexity science, and practice informed by caring theories.[52-55] Understandably, all nurse leaders are not conscious of these presuppositions. The theory of bureaucratic caring of Ray[19] is one readily applicable theory to consider. It is embedded within complexity, fully considers nursing leadership practice within an organization, and embraces unitary transformation. The unitary caring theory of Smith[56] is another tenet that may offer guidance in living with caring in dynamic situations through manifesting intention, appreciating pattern, attuning to dynamic flow, experiencing the Infinite, and inviting creative emergence.

The authors posit that caring and resiliency are intertwined and could be the undergirding concepts necessary for nurse leader success in the 21st century. Caring and resiliency foundations that support success suggest a different pattern for leadership that intentionally integrates, coordinates, and facilitates the interface of multiple dynamic and caring relationships from which positive outcomes ultimately emerge.[41-46,54,55] Similar assertions were advanced in 1929 when Isabel Stewart proclaimed the essence of nursing and shared wisdom for the future nurse leaders:

The real essence of nursing, as of any fine art, lies not in the mechanical details of execution, nor yet in the dexterity of the performer, but in the creative imagination, the sensitive spirit, and the intelligent understanding lying back of these techniques and skills. Without these, nursing may become a highly skilled trade, but it cannot be a profession or a fine art. All the rituals and ceremonials which our modern worship of efficiency may devise, and all our elaborate scientific equipment will not save us if the intellectual and spiritual elements in our art are subordinated to the mechanical, and if the means come to be regarded as more important than ends.[57(p1)]

Current and future nurse leaders will flourish as they integrate a caring and resiliency foundation for their leadership within any acute and/or community health care organization. Self-care, accountability, and reflection are the important practices to ensure that caring and resiliency are actualized.

Table 6. Questions to Guide Reflection

As Nurse Leader Do I Reflect in Action	As a Nurse Leader Do I Reflect on Action
Who are the people in this situation?	What informed me?
What meaning does this event have for them?	How did I respond?
How can I respond best in this situation?	What caring was demonstrated?
What is my response?	What happened because of the caring offered?
Is my response caring?	What lessons can I learn?
One possible action: Inhale and exhale slowly before responding in situations.	*One possible action*: Keep a weekly journal that considers the reflection questions of a particularly challenging situation that occurred.

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