SECTION 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

1. INTRODUCTION

In this final section of the study its conclusions, limitations and recommendations will be discussed. The conclusions will provide evidence that the purpose and objectives of the study were reached. The recommendations are the unique contribution of this research to nursing practice, nursing education and nursing research. The limitations can be taken into consideration for future research.

The conclusions will be discussed first. The conclusions were drawn from the literature as well as from the empirical data, including the quantitative results and the qualitative findings. The most important text references will be provided for the conclusions drawn from literature and the conclusions drawn from the integration of literature and the empirical results. No references will be provided for the conclusions drawn from the quotes provided by the nurses. Full recognition for all the authors and original ideas are given in Section 2, the manuscript where the literature and quotes were used as well as in Annexure S.

Second, the recommendations will be discussed. The recommendations include recommendations for community nursing practice, nursing education and nursing research. The recommendations for community nursing practice include recommendations to nurses caring for older persons on how to strengthen their resilience as well as recommendations to management on how to strengthen resilience in nurses caring for older persons. The recommendations to nurses and the recommendations to management are discussed in an integrated manner.

The limitations of the study will be discussed next followed by the challenges experienced by the researcher. The researcher will give a personal reflection on the research, briefly evaluate the study and conclude with a final conclusion.

2. CONCLUSIONS

From the discussion of the conclusions drawn from the research, it will become evident that all the objectives that were set for the study were reached. Conclusions could be drawn from literature, from the empirical results (conclusions on Phase 1) as well as from a synthesis of the literature and the empirical results (conclusions on Phase 1, 2 and 3).

2.1 CONCLUSIONS FROM LITERATURE

Literature regarding resilience in nurses caring for older persons was searched on different occasions and using different keywords as explained in (Section 1: 1.11.1). The literature was searched from the commencement of the study to identify the "gap" in the knowledge base; during the writing of the proposal and overview of the study to sketch the background for the study, (see Section 1: 1.2), it was searched again for the writing of the literature review (see Section 1: 1.11) and again to ground the quantitative results and qualitative findings in the literature, (see Section 2: Quantitative results and discussion; Qualitative findings, discussion and literature control). Conclusions from literature include conclusions regarding the need for resilience, conclusions regarding existing literature and the gap in the knowledge base and conclusions relating to the model presented by Carr (2004).

2.1.1 Conclusions regarding the need for resilience

Globally as well as in South Africa the population is ageing and an increase in the number of older persons that need nursing care is experienced (Velkoff & Kowal, 2007:3, 11, 22; NIA, 2007:2, 3; StatsSA, 2011:1), while a shortage of nurses is experienced globally as well as in South Africa (Oulton, 2006:34S; SANC 2013b; George *et al*., 2012:2). This shortage of nurses is also experienced in the aged care sector (Jackson *et al*., 2003:42). Although all nurses experience difficult, stressful and demanding workplace circumstances, nurses caring for older persons face additional challenges related to caring for older persons that place increased emotional and physical demands on them (Jackson *et al*., 2003:43-44; Schmidt *et al*., 2012:3135). Different solutions for the nursing shortage are proposed, including the provision of a positive work environment and enhanced leadership and management (Oulton, 2006:39S; Testad *et al*., 2010:789).

The fact that some nurses manage to cope and survive and even thrive despite adverse workplace difficulties experienced might be attributed to the fact that resilience empowers these nurses to handle the challenges faced at work (Koen, Van Eeden & Wissing, 2011:1; Jackson *et al*., 2007:1). It seems that resilience is very important in the nursing profession (Koen, Van Eeden, Wissing & Du Plessis, 2011:114). Nurses need resilience to handle the daily problems they experience but also to handle the big life changing events (Fletcher & Sarkar, 2013:12, 14). It was also evident that resilience can vary on a continuum from a very low level of resilience to a high level of resilience (Wagnild, 2011:72). Despite their current level of resilience, every person is able to strengthen their resilience and be equipped to better handle the challenges and opportunities they experience in life (Wagnild, 2011:76-78).

2.1.2 Conclusions regarding existing resilience literature and the gap in the knowledge base

Research regarding resilience in nurses is gaining momentum but research regarding the resilience of nurses caring for older persons is scarce and no recommendations to strengthen resilience in nurses caring for older persons could be found, confirming the need for this study. Different definitions for resilience are available in literature and new definitions are formulated constantly (Wagnild & Young, 1993:165; Connor & Davidson, 2003:76; Rutter, 2006 (cited by Wagnild, 2011:12); Concise Oxford English Dictionary, 2011:1224; Dyer & McGuinnes, 1996:276; Reich *et al*., 2010:4). When someone is resilient this person is able to face the difficulties and challenges faced every day, but also the big adverse events that can occur in life (Fletcher & Sarkar, 2013:12, 14). This resilient person is then able to cope, survive and even grow stronger from these difficulties experienced and is able to bounce back and continue in life and even grow emotionally stronger in the process (Earvolino-Ramirez, 2007:76; Gillespie, Chaboyer & Wallis, 2007:127). Resilience is seen as a personality characteristic as well as a process and resilience can be developed at any age (Jacelon, 1997:128; Fletcher & Sarkar, 2013:15; Gillespie, Chaboyer & Wallis, 2007:124). Different theories and models regarding resilience have been formulated and it was suggested that new theories based on original research need to be formulated (Fletcher & Sarkar, 2013:17).

Research regarding resilience was done using different measuring instruments and different populations (Gillespie, Chaboyer & Wallis, 2007:131-132). The Resilience Scale developed by Wagnild and Young (1993:165) is a reliable and valid instrument that can be used for different age groups and enough evidence was found in literature regarding the reliability and validity of the Resilience Scale to use it on nurses caring for older persons in this study (Wagnild & Young, 1993:165; Wagnild, 2009:105; Koen, Van Eeden & Wissing, 2011:4; Ahern *et al*., 2006:121). Research regarding resilience in nurses was done in different settings, with different populations and disciplines of nurses and with different age groups of nurses. This research indicated that resilient nurses are better able to cope with the workplace difficulties experienced, are able to keep a balance between their private life and their work and they are less inclined to get burnout (Mealer, Jones, Newman, McFann, Rothbaum & Moss, 2012:292, 297-298). Strategies (Zander *et al*., 2013:23-24) and guidelines (Koen, Van Eeden, Wissing & Koen, 2011:643-652) for nurses working in different nursing disciplines were formulated, although only one study explored how the resilience of registered nurses in aged care can be enhanced (Cameron & Brownie, 2010:66). This literature did provide valuable information but no recommendations were formulated to strengthen resilience in nurses caring for older persons confirming the need for this study.

2.1.3 Conclusion with regard to the model provided by Carr (2004)

Although a thorough literature review was done, the research was conducted with no specific theoretical framework in mind because the researcher wanted to explore and describe the strengths and coping abilities of nurses caring for older persons with an open mind. While the researcher performed a thorough literature control regarding the themes and subthemes that have emerged from the qualitative findings, the researcher read about the model presented by Carr (2004:302-304) that explains how strengths can be used to handle opportunities and challenges. The conclusion could be drawn that this model could be used as a framework to explain the qualitative findings (see Section 2: Table 9) as well as a framework to discuss some of the conclusions (see Section 3: 2.3) and formulate the recommendations on how to strengthen resilience in nurses caring for older persons (see Section 3: Table 1).

An overview of this model will clarify this conclusion:

According to Carr (2004:302), we all face different opportunities and challenges in our lifetime, including the daily difficulties we encounter as well as the major crisis situations we need to handle. Opportunities and challenges may also be related to a certain stage in our lives or be caused by moving from one stage of life to the next (Carr, 2004:302). Making new habits or breaking bad habits may also form part of these opportunities and challenges we face (Carr, 2004:302). Although these challenges may test our coping abilities to the maximum, it may also provide us with the opportunity to grow and develop personally (Carr, 2004:302).

Carr (2004:302) asserts that we use historical, personal and contextual strengths to handle the opportunities and challenges we face. Historical strengths refers to security experienced in the past by feeling that you belong, the authority experienced from your parents, positive school experiences and experiences of coping successfully in the past with difficulties encountered (Carr, 2004:302). Personal strengths are those characteristics that help us to work out difficult problems (Carr, 2004:302). Carr (2004:303-304) refers to different personal strengths including character strengths, being intelligent, being creative, having wisdom, displaying emotional intelligence, having van easy temperament, personality characteristics that are positive, emotions that are positive, and motives that are positive. Having good self-esteem and being self-efficient, using positive defences and coping strategies that are positive, including competence of the immune system are all personal strengths mentioned by Carr (2004:303-304). Contextual strengths are the positive aspects of our social support system and our way of life (Carr, 2004:303). Carr (2004:303-304) contends that our relationship with our current as well as our original family, our social network of support, activities we do in our leisure time and rewarding occupational and educational roles we fulfil, all form part of our contextual strengths.

Carr (2004:303-304) argues that we use our strengths to handle the opportunities and challenges we face and that we need to adjust our strategy to the opportunity or challenge and to our readiness to change. Different positive outcomes can be achieved if we handle the opportunities and challenges we face successfully. These may include improved physical and psychological health, “flow experiences” and improvement of strengths (Carr, 2004:303-304).

Figure 1 outlines the framework provided by Carr (2004:304) of how strengths can be used to handle opportunities and challenges.

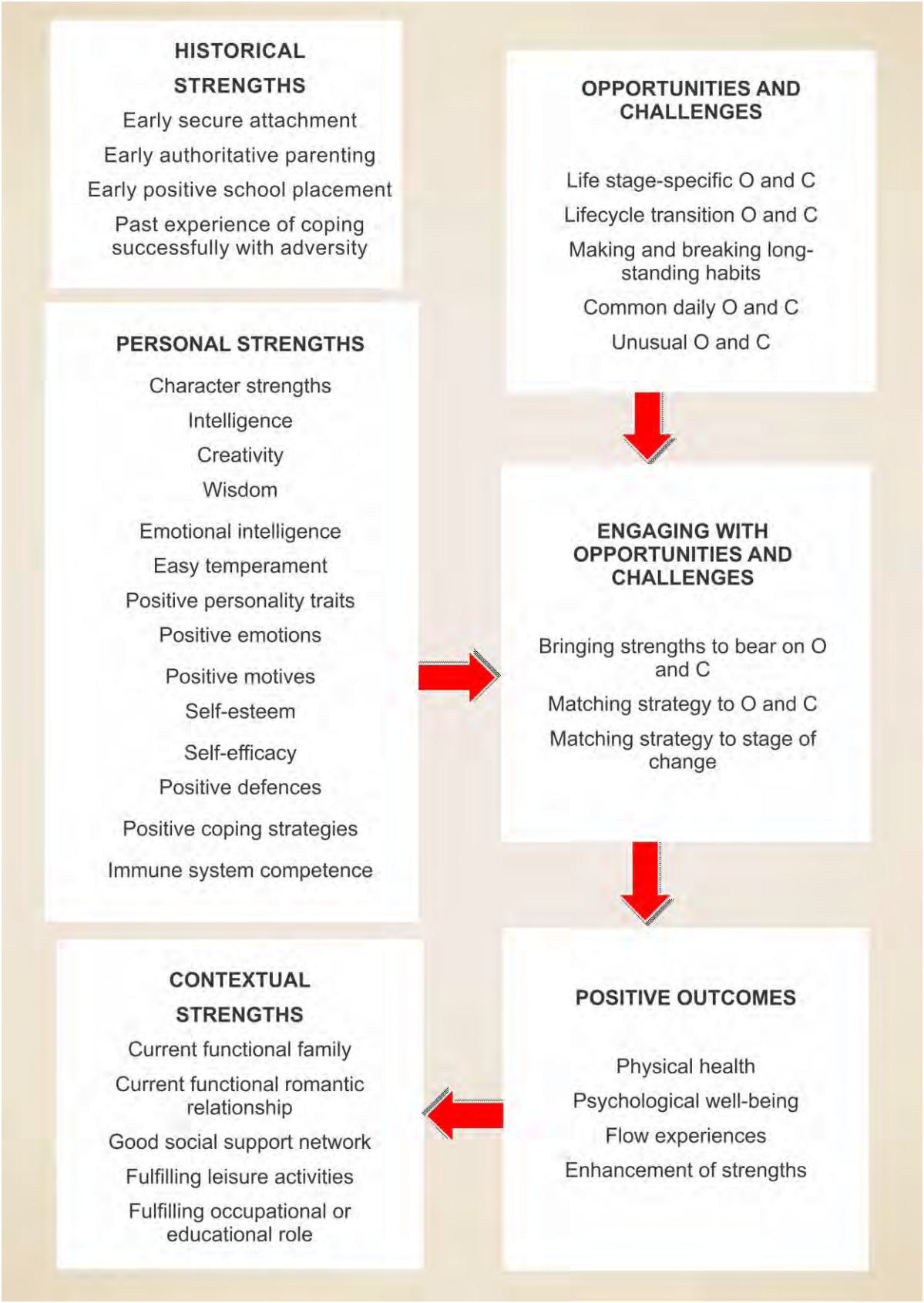

Figure 1: "Bringing strengths to bear on opportunities and challenges."

Model re-typed directly from (Carr, 2004:304).

2.2 CONCLUSIONS FROM PHASE 1: QUANTITATIVE DATA

Conclusions could be drawn from the empirical results, specifically the quantitative results generated in Phase 1 through the Resilience Scales and the demographic information forms. These empirical data were generated to reach the first objective of the study, namely "to investigate the level of resilience in nurses caring for older persons".

The majority of the nurses caring for older persons in this urban setting within the eastern portion of the North-West province are predominantly Afrikaans speaking. With an average of more than 10 years" experience a lot could be learned from the practical experience of these nurses. The fact that the majority of the nurses in this sample had a moderately high to high level of resilience and on average a moderately high level of resilience, provided proof that the level of resilience in these nurses was high enough that we could learn from their strengths and coping abilities in order to formulate recommendations to strengthen resilience in nurses caring for older persons. On the other hand, nurses with lower levels of resilience can benefit from the recommendations formulated to strengthen resilience in nurses caring for older persons.

It is furthermore evident from this research that employing nurses full-time might strengthen their resilience. In addition, the resilience of the married nurses was higher than the resilience of the nurses that were widows leading to the conclusion that attention must be given to the widows and empower and support them to become more resilient. Other important demographic results were that the resilience of the enrolled nurses (staff nurses) in this sample was higher than the resilience of the auxiliary nurses and their resilience was also higher than the resilience of the professional nurses. Enrolled nurses in this sample can thus act as role models to the auxiliary nurses and the professional nurses on how to be resilient while caring for older persons.

2.3 CONCLUSIONS FORMULATED FROM PHASE 1, 2 AND 3: AN INTEGRATION AND SYNTHESIS OF LITERATURE AND EMPIRICAL RESULTS INCLUDING THE QUANTITATIVE AND QUALITATIVE RESULTS

Conclusions could be drawn from Phase 1, 2, and 3 by integrating and synthesising literature and the empirical results of the research. These conclusions are mainly synthesised within the application of the results of the study to the model of Carr (2004).

Figure 2 provides a presentation of the results of the study as applied to the model of Carr, indicating how nurses caring for older persons use or recommend to use strengths to handle the adverse working conditions they experience while caring for older persons.

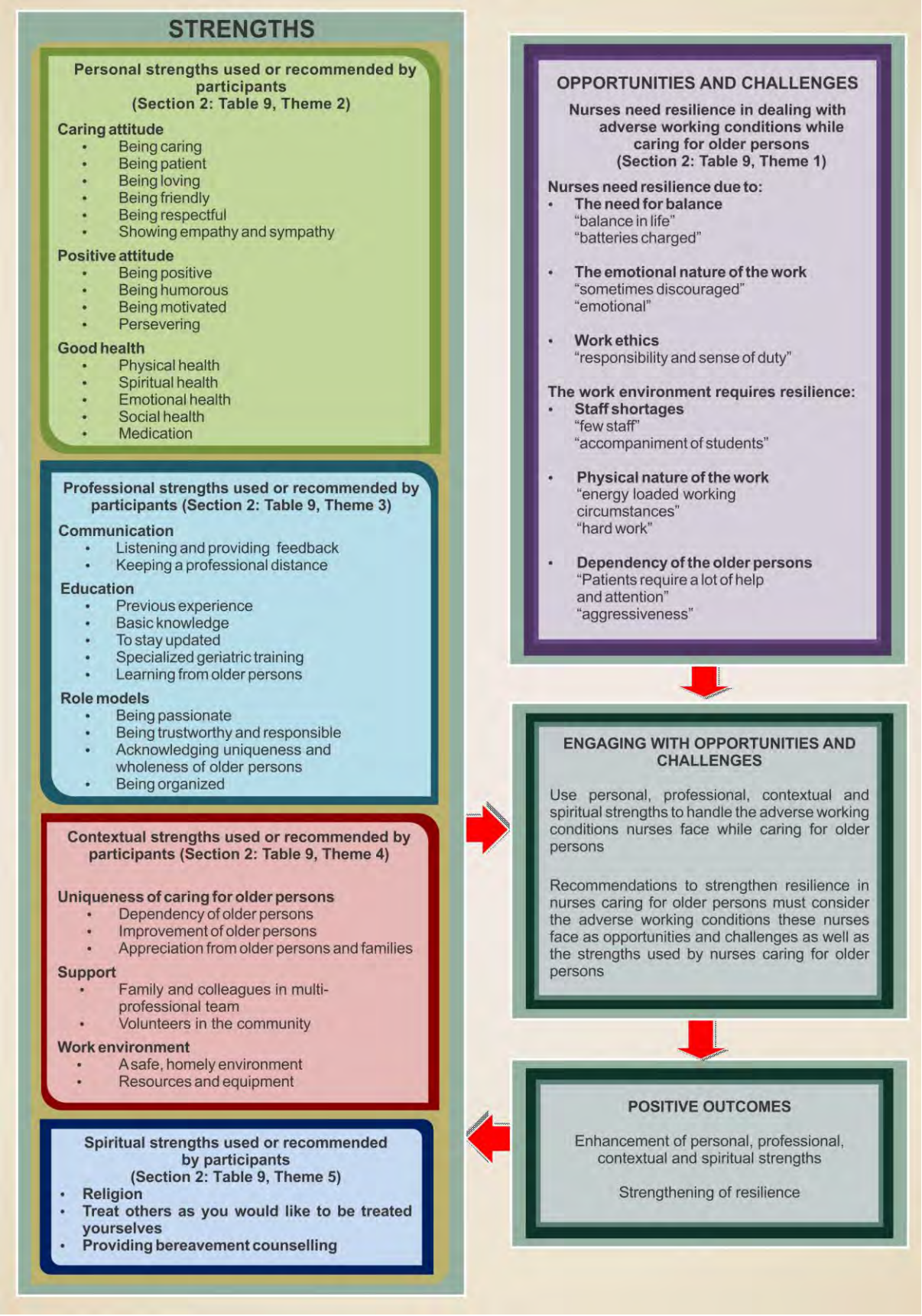

Figure 2: **Strengths used or recommended by participants to handle the adverse working conditions experienced while caring for older persons, as applied within the model provided by Carr (2004:304).**

This application resulted in conclusions on the adverse working conditions nurses experience while caring for older persons, and conclusions regarding the use of strengths to handle adverse working conditions:

It was clear that nurses caring for older persons experience adverse working conditions while caring for older persons that require them to be resilient. This was seen as the opportunities and challenges they face. It was seen that nurses need to be resilient when caring for older persons due to the need for balance, the emotional nature of the work and the fact that they need to have work ethics. The factors in their work environment that required them to be resilient included the staff shortages experienced, the physical nature of the work and the dependency of the older persons.

The nurses caring for older persons in this sample engaged with these challenges and opportunities (adverse working conditions) by using personal, professional, contextual and spiritual strengths to handle the adverse working conditions they experienced while caring for older persons.

The personal strengths used by these nurses caring for older persons included a caring attitude, a positive attitude and good health. The professional strengths used by these nurses included communication, education, and being a role model. The contextual strengths used by these nurses included the uniqueness of caring for older persons, the support they received and their work environment. The spiritual strengths used by these nurses included their religion, treating others as they would like to be treated themselves and the provision of bereavement counselling.

When formulating recommendations to strengthen resilience in nurses caring for older persons these challenges and opportunities (adverse working conditions) as well as the strengths used by nurses caring for older persons should be considered. Although Carr (2004:304) mentioned that the strategy must also match the stage of change, the stage of change was not explored in this study and will not be applied. Further research can be conducted to explore the stage of change further.

These conclusions could be discussed in more depth, drawing on the results of phases 1, 2 and 3.

2.3.1 Conclusions regarding the adverse working conditions nurses experience while caring for older persons

As mentioned earlier, nurses experience adverse working conditions while caring for older persons and they need resilience due to the need for balance, the emotional nature of the work and work ethics. The work environment also requires that nurses need to be resilient because of staff shortages experienced, the physical nature of the work and the dependency of the older persons.

Nurses caring for older persons need to keep a balance. This balance applies to a balance on their own feelings as well as a work-life balance and at the same time these nurses need to ensure that they "load their batteries" both physically and emotionally. Caring for older persons is very emotional in nature and places emotional demands on the nurses. Unpleasant incidents and criticism often cause these nurses to feel discouraged. The nurses get attached to the older persons and when these older persons die or the family take them away, the nurses grieve for them. These nurses also experience a lot of stress when the belongings of the older persons get lost or are misplaced. In addition, the families of the older persons often place a lot of pressure on the nurses caring for them. Nurses caring for older persons need to have a sense of responsibility and a sense duty as well as work ethics that will enable them to come to work even if they don"t always feel like it.

Most of the time and in all the facilities that participated in the focus group interviews, the nurses experienced a shortage of staff while caring for older persons. These staff shortages cause guilt feelings because the nurses do not have enough hands available to care for the older persons. The pressure on the staff is also increased when too many students are allocated to the facility because not enough nurses are available to teach the students well. Nurses caring for older persons need resilience because caring for older persons is energy loaded and it is a big responsibility to work with human lives. Caring for older persons is physically very hard and demanding work. Older persons are absolutely dependent on the nurses caring for them and they need a lot of help and attention. Contributing to the physical and emotional demands of the work is the fact that the older persons often display challenging behaviour including apathy, depression, agitation, verbally upsetting behaviour, wandering around and aggression that causes a lot of stress for the nurses caring for them (Schmidt *et al*., 2012:3134-3135). Caring for older persons that have some form of dementia, for example Alzheimer"s disease, places additional physical and emotional demands on the nurses because they often get aggressive and sometimes they assault the nurses physically, confirming that nurses caring for older persons often experience work-related violence.

2.3.2 Conclusions regarding the use of strengths to handle adverse working conditions

It was seen in the overview of the Carr model that people use different kinds of strengths to handle the opportunities and challenges they encounter in life. Koen, Van Eeden, Wissing and Du Plessis (2011:114) confirm that nurses also display strengths obtained from resources in their personal and professional environments enabling them to handle difficult workplace circumstances. As mentioned earlier, the nurses that participated in this study also use different strengths to enable them to handle the adverse working conditions they experience while caring for older persons. These strengths include personal strengths, professional strengths, contextual strengths and spiritual strengths.

2.3.2.1 Conclusions regarding the use of personal strengths to handle adverse working conditions

Personal strengths that are used by the nurses to handle the adverse workplace conditions they experience while caring for older persons include a caring attitude, a positive attitude and good health. Nurses display a caring attitude towards older persons by being caring, patient, loving, friendly, respectful, and by showing empathy and sympathy.

Nursing is viewed as a caring profession (Kalula *et al*., 2011:41) and nurses caring for older persons are caring and compassionate towards these older persons. These nurses are also very patient with the older persons by making time for them and by staying patient even if they display strange and unusual behaviour. The nurses show a lot of love towards the older persons and in return these nurses receive love back from the older persons. The nurses are friendly towards the older persons and their families. The nurses treat the older persons with respect and protect their human dignity and their privacy. Nurses show empathy and sympathy towards the older persons they care for.

Nurses have a positive attitude towards caring for older persons by being positive, humorous, motivated and by persevering. Nurses caring for older persons agree that they need to have a positive attitude when caring for older persons. They should take the positive forward and leave the negative behind. Nurses caring for older persons also have a good sense of humour. These nurses often laugh with the older persons but they never laugh at them. Humour can be learned as a coping mechanism to handle stressful situations (Tan, 2009:407). Resilience can be strengthened by the use of humour and a positive mindset. Nurses caring for older persons are also motivated to care for them. This may be linked to perseverance as a resilient characteristic

that enables a person to persevere, to bounce back when knocked down (Wagnild, 2011:15) and to keep going until the job is done despite challenges and difficulties experienced.

To be resilient, nurses need to be physically, emotionally, spiritually and socially healthy. Good physical health includes healthy eating habits, exercise, enough rest and sleep, caring for themselves, maintaining a balance and amusement. Spiritual health, including faith, trust and dependence on God is needed to be resilient and cope with the stressful working circumstances nurses experience while caring for older persons. These nurses use their religion, prayer and religious practices at work and at home to help them cope. Emotional health is strengthened when nurses caring for older persons give themselves credit for a job well done even if nobody else gives them recognition. Emotionally healthy nurses leave stress at work and only remember the positive episodes at work. It is also important that they make time for their loved ones. Social health in nurses caring for older persons is enhanced by a comfortable work environment and by sleeping during lunch hours at work. At home these nurses need to have silence and relax completely by reading a book or watching television. When these nurses have enough leisure time, good support systems, exercise, sleep well and pray, they experience social health. A discerning fact seems to be that some of the nurses caring for older persons use medication to cope while caring for these older persons. Although the vitamins or tonics they use are good and harmless, it does seem that some of these nurses need medication like Prozac and Valium to cope, confirming the emotional demands placed on them while they care for older persons.

2.3.2.2 Conclusions regarding the use of professional strengths to handle adverse working conditions

Professional strengths including communication, education, and being a role model are used by nurses caring for older persons in order to handle the adverse working conditions they face.

Nurses caring for older persons communicate openly by listening and by providing feedback. Communication with the older persons, their families as well as the other staff caring for them is very important to these nurses. Although nurses need to communicate effectively with the older persons and their families, these nurses agree that they need to keep a professional distance between themselves and the older persons as well as between themselves and the families of the older persons to enable them to cope with the emotional aspects of the work. These nurses ensure that they don't become emotionally too involved and they do not take everything the older persons say to them personally.

Nurses caring for older persons value education including previous experience, basic knowledge, to stay updated, specialized geriatric training and learning from older persons. Previous experience and previous education and training are used by nurses caring for older persons to cope and it is evident that resilient persons use their own as well as other people"s experience and wisdom to guide them. It is important to these nurses to have knowledge regarding the diseases older persons suffer from and to stay updated through reading and continuing education and training. Although it is evident that nurses caring for older persons need specialized geriatric knowledge, there is currently a severe shortage of nurses that received geriatric training and it seems that very few students consider the possibility of specializing in geriatrics. This is a disturbing fact that needs attention taking the increase in the older population into account. An interesting finding was that nurses also learn *v*aluable life lessons from the wisdom and experience of the older persons they care for.

Nurses caring for older persons serve as role models by being passionate, by being trustworthy and responsible, by acknowledging the uniqueness and wholeness of older persons and by being organized. These nurses serve as role models to students and other nurses by always being friendly and by making a difference in the lives of the older persons. Taking into consideration that resilient role models can enable nurses to cope with stressful workplace circumstances (Mealer, Jones & Moss, 2012:1445), identified resilient nurses for example the enrolled (staff) nurses in this sample can be used as role models for the other categories of nurses caring for older persons. These nurses also serve as role models by being passionate about caring for older persons and by experiencing it as a privilege to care for them.

The older persons must be able to trust the nurses caring for them at all times and the families of the older persons must also be able to trust the nurses with their loved ones. Trust in the workplace also creates a more supportive work environment for the nurses themselves (Hart *et al*., 2012:12). Nurses agree that caring for older persons is a big responsibility and they take their responsibility towards the older persons seriously by going the extra mile and by ensuring that they are always available for the older persons. The older persons are seen as unique, holistic human beings by the nurses caring for them and these nurses take into account the biological, psychological, social and spiritual dimensions of the older persons.

Nurses caring for older persons are well organised by planning in advance, by managing their time well at work as well as at home, by working systematically and by following a routine as far as possible. These nurses prioritize by doing important things first, by deciding what is most important now, and what is less important. They are also able to delegate tasks to other

competent staff while ensuring that the person they delegate the task to is competent to handle the task in the specific circumstances.

2.3.2.3 Conclusions regarding the use of contextual strengths to handle adverse working conditions

Contextual strengths including the uniqueness of caring for older persons, support, and the work environment are used by nurses caring for older persons in order to handle the adverse workplace conditions they experience while caring for them.

The uniqueness of caring for older persons including the dependency, improvement and appreciation of older persons makes it worthwhile for the nurses to care for them. Dementia and cognitive deterioration cause older persons to experience diminished function and become more dependent on the nurses caring for them (Aguero-Torres *et al*., 1998:1452). Luckily these nurses have a deep compassion for older persons that are so dependent on them because this dependency of the older persons on the nurses makes it worthwhile for the nurses to care for them. In addition the improvement of the older persons, for example when a wound heals or when an older person starts to walk again after a sickbed, contribute to the factors that make it worthwhile for the nurses to care for them. The appreciation received from the older persons, their families, their colleagues and management seems to be another important factor that makes it worthwhile for the nurses to care for older persons. Nurses caring for older persons value the support from family, their colleagues in the multi-professional team and volunteers in the community. The support these nurses receive from their own families, an objective person, their colleagues in the multi-professional team and management are very important to them. They also give support to the older persons and the families of the older persons in return. Social support is one of the characteristics of resilience and an adult that receives social support and has a meaningful relationship with at least one friend or family member can have a resilient outcome (Earvolino-Ramirez, 2007:76-77, 81). Management should be made aware of the importance of their support to the nurses caring for older persons. Teamwork and the support of the multi-professional team strengthen resilience in nurses caring for older persons. The team spirit in the facility is the most important factor that gives nurses caring for older persons" job satisfaction. The team members must also be able to trust one another and enjoy a good working relationship while providing care to the older persons.

Volunteers from the community visiting the older persons and doing therapeutic activities with them can reduce a decline in the physical and mental functioning of these older persons (Caplan & Harper, 2007:97). Older persons can also give something back to the community by working as volunteers themselves and by doing projects in the community to increase their

social and psychological resources and enable them to handle their medical conditions better (Lum & Lightfoot, 2005:31, 51-52).

Nurses need to ensure the safety of the older persons and staff by protecting them and by giving attention the physical environment for example by removing loose carpets and wires that can pose a safety risk. The creation of a work environment that is safe, protected, fair and nice-looking may contribute in keeping old and new nurses in the nursing profession (Oulton, 2006:39S). Older persons need to be cared for in a homely environment with a homely, healthy, positive, cheerful, and holistic atmosphere where the older persons are allowed to make decisions, reach their full potential and stay independent (Hudson, 2012:66; Dwyer, 2011:399; Brownie, 2011:67).

The provision of sufficient resources and equipment can contribute to the retention of nurses in the nursing profession (Oosthuizen & Ehlers, 2007:14) and entails that the needed resources including amongst others hearing aids, glasses, false teeth and equipment for example wheelchairs and a hoist for lifting heavy older persons, need to be available in facilities caring for older persons to enable the older persons to retain their human dignity.

2.3.2.4 Conclusions regarding the use of spiritual strengths to handle adverse working conditions

Spiritual strengths including the use of religion, treating others as they would like to be treated and the provision of bereavement counselling are used by nurses caring for older persons in order to handle the adverse working conditions they experience while caring for them.

Religion is valued by the participating nurses caring for older persons, (see Section 2: Qualitative findings, discussion and literature control, Theme 5), because their faith in God the Father, Jesus Christ and the Holy Spirit enables them to be resilient. They pray every day that God must guide them and give them strength, patience and resilience while caring for the older persons. These nurses acknowledge their dependence on God and God answers by giving them the strength and helping them to be resilient. They tell the older persons about the Lord. These nurses also experience that the Holy Spirit is with them every day. Religion seems to stabilise emotions and a religious belief system can enhance resilience (Reich *et al*., 2010:199). The advice given by the apostle Paul in (Philippians 4:4, 6) that people must not worry about anything but always be full of joy in the Lord (Bible, 2010), is just as applicable today as it was when written and following this advice might contribute to the enhancement of resilience. Although nurses often need to provide spiritual care to their patients, it seems as if they are not well prepared during their professional training and they mostly rely on their own

religious backgrounds to provide this care (Monareng, 2013:1, 8). The basic and continuing education and training of nurses should include aspects of spirituality and ageing (MacKinlay, 2008:157). Nurses caring for older persons treat others in the same way that they would like to be treated themselves when they are old. By treating others the way that they would like to be treated, these nurses are able to be resilient. Nurses often encounter death and dying while caring for older persons (Kalula *et al*., 2011:247) and it seems that the provision of bereavement counselling to older persons and their families makes it worthwhile for the nurses to care for them.

2.4 OVERALL CONCLUSION

It is clear from the conclusions that there is a need to strengthen the resilience of nurses caring for older persons. The research gap, namely a need for recommendations to strengthen the resilience of nurses caring for older persons, could also be confirmed. It can further be concluded that nurses caring for older persons need resilience because they experience adverse working conditions while caring for older persons. It is seen further that these nurses use their personal, professional, contextual and spiritual strengths to handle these adverse working conditions. Recommendations to strengthen the resilience of nurses caring for older persons should take the adverse working conditions into consideration as opportunities and challenges to strengthen their resilience. These recommendations should further encourage nurses to use each one of their strengths to cope with the adverse working conditions they experience while caring for older persons. By using these strengths to cope with these adverse workplace conditions, these nurses enhance their personal, professional, contextual and spiritual strengths, leading to the positive outcome that their resilience is strengthened, and ultimately better care is provided to older persons.

3. RECOMMENDATIONS

During the formulation of the recommendations, the conclusions; the quantitative results, including the results from the demographic information forms and Resilience Scales; the qualitative findings, including the themes identified from the narratives and focus group interviews; as well as relevant literature were brought into relation with one another, integrated and used to formulate the recommendations. Recommendations are formulated for community nursing practice, nursing education and further research.

3.1 RECOMMENDATIONS FOR COMMUNITY NURSING PRACTICE

The positive outcome and unique contribution of this research are to formulate recommendations to strengthen resilience in nurses caring for older persons. As mentioned earlier, the recommendations for community nursing practice include an integrated discussion of the recommendations to the nurses caring for older persons and the recommendations to management. The third objective "to formulate recommendations from the findings to strengthen resilience in nurses caring for older persons" was reached by the formulation of these recommendations.

During the formulation of the recommendations to strengthen resilience in nurses caring for older persons, the model provided by Carr (2004) as explained in (Section 3: 2.1.3 and 2.3), was used as framework. While formulating the recommendations to strengthen resilience in nurses caring for older persons the adverse working conditions nurses experience as opportunities and challenges, as well as the strengths they use to cope with these adverse conditions, were considered.

Furthermore, although the contributions of all the nurses were taken into account because they had on average a moderately high level of resilience, the recommendations to use strengths to handle the adverse working conditions nurses experience is mainly based on the strengths identified by nurses with a high level of resilience (see Section 2: Table 9). However, some of the strengths were given as advice during the focus group interviews to other nurses on how to strengthen resilience and the nurses that participated in the focus group interviews had mixed levels of resilience. The strengths that can only be supported by focus group interviews where the nurses had mixed levels of resilience include the different types of health although good health was identified by resilient nurses in the narratives; professional distance; wholeness of person; volunteers; homely environment; and resources and equipment (see Section 2: Qualitative findings, discussion and literature control, Table 9). The provision of bereavement counselling and prioritizing were identified by nurses with a moderately high level of resilience and delegation by a nurse with a moderate level of resilience, but the researcher decided that it is important to be included and indicated as such (see Section 2: Qualitative findings, discussion and literature control, Table 9).

3.1.1 Recommendations to strengthen resilience in nurses caring for older persons

Informed by the Carr model, the results and the conclusions, Table 1 thus provides recommendations to strengthen resilience in nurses caring for older persons.

Table 1: Recommendations to strengthen resilience in nurses caring for older persons.

Based on the results, Carr model and conclusions:	Recommendations
1.1 **The need for resilience** (see Section 3: 2.1.1)	• Nurses caring for older persons should acknowledge their need for resilience and they can strengthen their resilience by following these recommendations and by attending in-service training or workshops to strengthen their resilience in order to handle the adverse working conditions they experience while caring for older persons, because resilience may empower them to cope, survive and flourish in these adverse working conditions. • Management should acknowledge the need for resilience and they can strengthen the resilience of nurses caring for older persons by providing opportunities to all categories of nurses to strengthen their resilience by providing opportunities for in-service training sessions or attending workshops.
1.2 **Adverse working conditions** (see Section 2: Tables 9 and 10, Theme 1; Section 3: Figure 2; Section 3: 2.3.1)	• The resilience of nurses caring for older persons should be strengthened by empowering them to use their strengths to handle the following adverse working conditions they experience while caring for older persons: the need for balance, the emotional nature of the work, work ethics, staff shortages, the physical nature of the work and the dependency of the older persons.
1.2.1 **Nurses need resilience due to:** **1.2.1.1** **The need for balance** Balance in life Batteries charged	• Nurses can strengthen their resilience by keeping a balance on their feelings while caring for older persons. • Nurses caring for older persons can strengthen their resilience and prevent emotional burnout by keeping a work-life balance, by "recharging their batteries", by relaxing, resting, sleeping, exercising and by pursuing personal interests. • Management can strengthen resilience in nurses caring for older persons by enabling them to maintain a work-life balance, by keeping to their working hours and by not expecting from them to work too much overtime. • Resilience in nurses can be strengthened by encouraging nurses to use their personal, professional, contextual and spiritual strengths to keep a balance.

Based on the results, Carr model and conclusions:	Recommendations
1.2.1.2 **The emotional nature of the work** Sometimes discouraged Emotional	• Nurses caring for older persons can strengthen their resilience while handling the emotional demands of their work by using their personal strengths by displaying a positive attitude, being motivated and by persevering; use their professional strengths by communicating their feelings; use their contextual strengths by using the support from the multi-disciplinary team and use their spiritual strengths by praying and asking God to help them to handle the emotional demands of their work.
1.2.1.3 **Work ethics** Responsibility and sense of duty	• Nurses can strengthen their resilience by being responsible; by working hard and by having a sense of duty and work ethics. • Resilience in nurses can be strengthened by encouraging nurses to use their personal, professional, contextual and spiritual strengths to have work ethics.
1.2.2 **The work environment requires resilience due to:** **1.2.2.1** **Staff shortages** Few staff Accompaniment of students	• The resilience of nurses can be strengthened by being resourceful in managing staff shortages by motivating nurses to make use of the times when they have enough staff and do all the work that was left behind; make use of volunteers and students to assist them; and by ensuring that management employ enough staff to provide in the needs of the older persons. • Management can strengthen the resilience of nurses by ensuring that not too many students are allocated to the facility; that the nurses have enough time to give the students the necessary support and guidance and that the nurses train the students well and use them to relieve the workload caused by staff shortages. • Resilience in nurses can be strengthened by encouraging nurses to use their personal, professional, contextual and spiritual strengths to handle the staff shortages.
1.2.2.2 **Physical nature of the work** Energy loaded working circumstances Hard work	• Management can strengthen the resilience in nurses by providing the nurses with all the needed equipment and enough staff to ease their physical workload in view of the energy depleting nature of the physical hard work caring for older persons, and that older persons may become frail and increasingly dependent. • Management can strengthen the resilience in nurses by employing more nurses or use students or volunteers, to help care for the older persons that need a lot of help and attention including the bedridden and mobile older persons. • Resilience in nurses can be strengthened by encouraging them to use their personal, professional, contextual and spiritual strengths to handle the physical demands of the work.

Based on the results, Carr model and conclusions:	Recommendations
1.2.2.3 **Dependency of the older persons** Patients require a lot of help and attention Aggressiveness	• Management can strengthen the resilience of nurses by informing them on how to handle the following different forms of challenging behaviour they can expect from the older persons they care for: apathy, depression, agitation, verbally upsetting behaviour, wandering around and aggression. • Management can strengthen the resilience of nurses by ensuring the physical safety of the nurses and by providing them with the necessary support and counselling on how to handle the aggressive behaviour displayed by the older persons they care for. • Resilience in nurses can be strengthened by ensuring safe and secure surroundings to accommodate older persons with Alzheimer"s disease, who often wander around. • Resilience in nurses can be strengthened by preparing them to continuously adjust themselves emotionally from working with an older person with dementia to an older person without dementia. • Resilience in nurses can be strengthened by encouraging nurses to use their personal, professional, contextual and spiritual strengths to handle the dependency of the older persons.
1.3 **Use of personal, professional, contextual and spiritual strengths to handle adverse working conditions and strengthen resilience** (see Section 2: Tables 9 and 10, Themes 2,3,4,5; Section 3: Figure 2; Section 3: 2.3.2 including 2.3.2.1-2.3.2.4)	• Nurses can strengthen their resilience by using their personal, professional, contextual, and spiritual strengths to handle the adverse working conditions they experience while caring for older persons, in the following way:

Based on the results, Carr model and conclusions:	Recommendations
1.3.1 **Use of personal strengths to handle adverse working conditions and strengthen resilience** (see Section 2: Tables 9 and 10, Theme 2; Section 3: Figure 2; Section 3: 2.3.2.1)	• Nurses can strengthen their resilience by using their personal strengths, including a caring attitude, a positive attitude and good health to enable them to handle the adverse working conditions they experience while caring for older persons.
1.3.1.1 **Caring attitude** Being caring	• Nurses can strengthen their resilience by displaying a caring attitude towards older persons by being caring, patient, loving, friendly, respectful and by showing empathy and sympathy in order to enhance the quality of care to the older persons.
Being patient	• Nurses can strengthen their resilience by being very patient with the older persons they care for even if they display strange and unusual behaviour; the nurses must not get angry quickly, if needed they can, for example, use strategies such as counting to ten before reacting.
Being loving	• Nurses can strengthen their resilience by showing professional love towards the older persons and their colleagues and serve as role models to the students and caregivers.
Being friendly	• Nurses can strengthen their resilience by being friendly towards the older persons and their families.
Being respectful	• Nurses can strengthen their resilience by treating older persons with respect by respecting their privacy, their human dignity, and their decisions.
Showing empathy and sympathy	• Nurses can strengthen their resilience by showing empathy and sympathy to the older persons by putting themselves in the shoes of the older persons; by trying to feel and understand what they feel and go through and by showing compassion for their circumstances.
1.3.1.2 **Positive attitude** Being positive	• Nurses can strengthen their resilience by having a positive attitude towards caring for older persons by being positive, humorous, motivated and by persevering. • Nurses can strengthen their resilience by getting up with a positive attitude and by looking forward to come to work; by always looking positive and staying positive; by concentrating on and taking the positive forward and leaving the negative behind and helping the older persons to concentrate on the positive as well.

Based on the results, Carr model and conclusions:	Recommendations
Being humorous	• Nurses can strengthen their resilience by having a good sense of humour while caring for older persons, by trying to see the humour in every situation; by laughing with the older persons and never at them; by laughing at themselves and by bringing happiness to the older persons by their smiling and laughing.
Being motivated	• Nurses can strengthen their resilience by being motivated to care for older persons and by enjoying caring for them.
Persevering	• Nurses can strengthen their resilience by persevering, by hanging on and holding on; by bouncing back when knocked down; by keeping going on until finished, despite difficult workplace conditions experienced.
1.3.1.3 **Good health** Physical health	• Nurses can strengthen their resilience by enhancing their physical, spiritual, emotional and social health. • Nurses can strengthen their resilience by enhancing their physical health by following a healthy diet; by exercising; by getting enough rest and sleep; by caring for themselves; by maintaining a balance; by having fun, and by giving attention to their own health problems.
Spiritual health	• Nurses can strengthen their resilience by enhancing their spiritual health by believing, trusting and depending on God; by praying and by engaging in religious practices at home and at work.
Emotional health	• Nurses can strengthen their resilience and enhance their emotional health by giving themselves credit if they completed tasks successfully even if no one else does it. • Nurses can strengthen their resilience and enhance their emotional health by learning how to leave their stress at work and by only remembering the positive experiences at work. • Nurses can strengthen their resilience and enhance their emotional health by making time for themselves and for their loved ones to enable them to recover from their work. • Management can strengthen resilience and enhance emotional health in nurses by giving them acknowledgement for a job done well.
Social health	• Nurses can strengthen their resilience and enhance their social health by creating a comfortable work environment, by taking a short nap during their lunch hour, ensuring enough leisure time at home by relaxing, reading a book, watching television or practising hobbies. • Management can strengthen resilience in nurses by making provision for the social health of the nurses by allowing them to relax during their tea breaks and by allowing them to take a short nap during their off-duty lunchtime.

Based on the results, Carr model and conclusions:	Recommendations
Medication	• Nurses can strengthen their resilience by ensuring they use a good multivitamin supplement to give them the necessary strength to do their work and when stronger medication is needed to cope with the stress at work they need to obtain a professional opinion or consider counselling.
1.3.2 Use of professional strengths to handle adverse working conditions and strengthen resilience (see Section 2: Tables 9 and 10, Theme 3; Section 3: Figure 2; Section 3: 2.3.2.2)	• Nurses can strengthen their resilience by using communication, education and being a role model as professional strengths while caring for older persons in order to handle the adverse working conditions they experience while caring for these older persons.
1.3.2.1 Communication Listening and providing feedback	• Nurses can strengthen their resilience by communicating effectively with the older persons, the families of the older persons as well as other staff members by using verbal and non-verbal communication techniques; by listening and hearing what they say; by speaking in the right tone of voice; by speaking nicely, clearly and with great love; by explaining to the older persons what and how they are going to do something; by staying calm and talking calmly and by touching softly and talking softly while they work with the older persons. • Management can strengthen resilience in nurses by promoting effective communication by the provision of in-service training regarding effective communication techniques to the nurses.
Keeping a professional distance	• Nurses can strengthen their resilience to enable them to handle the emotional demands of the work by keeping a professional distance between themselves and the older persons as well as between themselves and the families of the older persons. • Nurses can strengthen their resilience by not taking everything the older persons say to them personally.
1.3.2.2 Education Previous experience	• Nurses can strengthen their resilience by using their education, including their previous experience; their basic knowledge; continuous education; specialized geriatric training and by learning from the older persons. • Nurses can strengthen their resilience by using their own previous experience, education and training as well as other peoples‟ experience and wisdom to guide them while caring for older persons.

Based on the results, Carr model and conclusions:	Recommendations
Basic knowledge	• Nurses can strengthen their resilience by ensuring they know the needs of the older persons, by realizing that their needs may differ and by ensuring they know and accommodate the likes and dislikes of the older persons. • Nurses can strengthen their resilience by receiving a good basic education and by becoming life-long learners in order to find solutions for the problems they encounter while caring for older persons.
To stay updated Specialized geriatric training	• Nurses can strengthen their resilience while caring for older persons by staying updated regarding all aspects of geriatric care by attending education and training opportunities regarding new developments, legislation, medications and diseases to improve their knowledge and skills. • Management can strengthen resilience in nurses by investing in the nurses by providing opportunities for further education and training and specialisation in geriatric care and by providing study grants and promotion opportunities to encourage nurses to attend these geriatric courses.
Learning from older persons	• Nurses can strengthen their resilience by learning valuable lessons of life from the knowledge, experience, wisdom, skills, optimism, calmness and patience of the older persons they care for.
1.3.2.3 **Role models**	• Nurses can strengthen their resilience by serving as role models to students by always being friendly, by making a difference in the lives of the older persons, by showing them how to care for older persons, including those suffering from Alzheimer"s disease; by being passionate, trustworthy and responsible, by acknowledging the uniqueness and wholeness of older persons and by being organized. • Management can strengthen resilience in nurses by using resilient nurses to serve as role-models to other nurses and students on how to care for older persons.
Being passionate	• Nurses can strengthen their own resilience by being passionate about caring for older persons and by acknowledging that it is a privilege to care for them.
Being trustworthy and responsible	• Nurses can strengthen their own resilience by being responsible and trustworthy, as well as by ensuring that they are always available for the older persons.
Acknowledging uniqueness and wholeness of older persons	• Nurses can strengthen their resilience by viewing older persons as unique, holistic human beings; by not having favourites but by treating them all with the same love and respect, in a holistic way taking their biological, psychological, social and spiritual dimensions into account.

Based on the results, Carr model and conclusions:	Recommendations
Being organised	• Nurses can strengthen their own resilience by good organisation including advance planning, good time management, working systematically and routine. • Nurses can strengthen their resilience by prioritizing, by doing the most important things first followed by the less important things, while still showing kindness and empathy to the older persons and their families. • Nurses can strengthen their resilience by learning to delegate work to other competent staff while caring for older persons. • Management can strengthen resilience, health and well-being of the nurses in their facilities by good organisation and leadership in order to reduce staff turnover.
1.3.3 Use of contextual strengths to handle adverse working conditions and strengthen resilience (see Section 2: Tables 9 and 10, Theme 4; Section 3: Figure 2; Section 3: 2.3.2.3)	• Nurses can use their contextual strengths including awareness of the uniqueness of caring for older persons, support and the work environment to enable them to handle the adverse workplace conditions they experience while caring for older persons and to strengthen their resilience. • Nurses can strengthen their own resilience by being aware that the uniqueness of caring for older persons, including the dependency, improvement and appreciation of the older persons, make it worthwhile for nurses to care for them.
1.3.3.1 Uniqueness of caring for older persons Dependency of older persons	• Nurses can strengthen their resilience by showing deep compassion for the older persons that become increasingly more dependent on the nurses because this dependency of the older persons makes it worthwhile for the nurses to care for them.
Improvement of older persons	• Nurses can strengthen their own resilience by being aware that the improvement of the older persons after a sickbed and a well-cared for happy older person make it worthwhile for nurses to care for them.

Based on the results, Carr model and conclusions:	Recommendations
Appreciation from older persons and families	• Nurses can strengthen their own resilience by cherishing the appreciation they receive from the older persons, the families of the older persons, their colleagues and management because the appreciation they receive makes it worthwhile caring for the older persons. • Management can strengthen the resilience of the nurses by showing their appreciation to the nurses when they care well for the older persons and by communicating the appreciation received from the older persons and their families to the nurses because the appreciation the nurses receive makes it worthwhile for them to care for older persons.
1.3.3.2 **Support** Family and colleagues in the multi-professional team	• Nurses can strengthen their resilience by using the support they receive from their friends, families, colleagues in the multi-professional team, management and volunteers that enable them to cope with the stress at work. • Nurses can strengthen their resilience by utilizing the support of the multi-professional team and by sharing the workload between the team members. • Management can strengthen the resilience of the nurses caring for older persons by providing as much support as possible.
Volunteers in the community	• Nurses, with the support of management, can strengthen their own resilience by encouraging volunteers from the community to visit the older persons daily to do therapeutic activities with them in order to relieve the workload on the nurses.
1.3.3.3 **Work environment** A safe, homely environment	• Nurses can strengthen their resilience and handle the workplace difficulties they experience by providing a safe and homely environment and by using the necessary resources and equipment in the work environment. • Nurses can strengthen their resilience by ensuring the safety of the older persons and the nurses by creating a safe physical environment by removing loose carpets, wires and so forth that may pose a safety risk. • Management can strengthen the resilience of the nurses and encourage them to stay in nursing by creating an attractive work environment that is safe and protected and by treating the nurses fairly. • The resilience of nurses can be strengthened by the creation of a homely environment with a homely atmosphere that is healthy, positive, cheerful and holistic and by encouraging the older persons to be independent and sharing in decision-making in order for the older persons to reach their full potential.

Based on the results, Carr model and conclusions:	Recommendations
Resources and equipment	• Management and nurses can strengthen the resilience of nurses by providing the necessary resources, for example hearing aids, glasses, false teeth, wheelchairs and to forth to provide in the needs of the older persons and to protect their human dignity. • Management can strengthen resilience in nurses by easing the workload by providing the necessary equipment, for example a hoist to lift heavy older persons.
1.3.4 Use of spiritual strengths to handle adverse working conditions and strengthen resilience (see Section 2: Tables 9 and 10, Theme 5; Section 3: Figure 2; Section 3: 2.3.2.4)	• Nurses can strengthen their resilience and handle the adverse working conditions they experience while caring for older persons by using their spiritual strengths including the use of religion, treating others the way they would like to be treated and by providing bereavement counselling.
1.3.4.1 Religion	• Nurses may strengthen their resilience by believing in God the Father, Jesus Christ and the Holy Spirit and by depending on God for everything. • Nurses may strengthen their resilience by praying daily and by asking God for the necessary strength, patience and resilience to care for older persons. • Nurses may strengthen their resilience by following the advice of the apostle Paul by not worrying about anything but always to be full of joy in the Lord. • Management may strengthen the resilience of the nurses by providing a prayer room or chapel in order for the nurses to pray in private and spend some time with the Lord and by allowing them to attend workshops on the spiritual care of older persons.
1.3.4.2 Treat others as you would like to be treated yourselves	• Nurses may strengthen their own resilience by treating older persons in the same way they would like to be treated when they are old.
1.3.4.3 Providing bereavement counselling	• Nurses may strengthen their resilience by providing bereavement counselling to older persons and their families.

3.2 RECOMMENDATIONS FOR NURSING EDUCATION

Although the word nurses will be used, all recommendations include student nurses as well as qualified nurses.

- Nursing education institutions should give attention to the fact that the population is ageing globally as well as in South Africa. The basic education of nurses should contain a sufficient amount of theoretical and practical education and training regarding geriatric care to prepare nurses adequately to care for older persons in the community as well as in hospital. Continuing education and training should also be available to nurses that would like to specialize in geriatric care and improve their theoretical knowledge and practical skills while caring for older persons.
- Nursing education institutions should consider including resilience training in undergraduate as well as in post-graduate nursing curricula to empower nurses to learn and internalize all aspects of resilience to equip them to handle the adverse working conditions they experience in the nursing profession as well as when caring for older persons. Evidence-based literature regarding resilience and the strengthening of resilience in nurses could be included in these nursing curriculums.
- Nursing education should include explanations of the importance of resilience and nurses should be encouraged to use the recommendations to strengthen their resilience when working with older persons.
- Nurses should be educated on their potential to use their personal, professional, contextual and spiritual strengths to handle the adverse working conditions they face while caring for older persons.

3.3 RECOMMENDATIONS FOR NURSING RESEARCH

- Research could be conducted to formulate a definition of resilience as applicable to nurses caring for older persons.
- Research could be conducted to develop a new model and / or theory on how nurses caring for older persons could strengthen their resilience.
- Nursing research could be conducted to establish what course content needs to be included in an undergraduate curriculum, continuing education courses as well as in specialization geriatric courses.

- Research could be conducted to further explore the factors that make it worthwhile for nurses to care for older persons.
- Further research could be conducted regarding the adverse working conditions nurses experience while caring for older persons using a bigger sample of nurses.
- It should be investigated whether there is an association between the resilience of nurses caring for older persons and the quality of care they provide by investigating whether strengthening of their level of resilience will improve the quality of care they provide to the older persons. Evidence-based guidelines can be used to strengthen their resilience.

4. LIMITATIONS OF THE STUDY

- Although an all-inclusive sample was used, the sample size was relatively small (n=43) for phase one and (n=17) for phase two. Taking this into account the results of the research could only be generalised with caution to similar contexts.
- The Resilience Scale questionnaire was only available in English although the participants were mostly Afrikaans. Although most of the participants could read English well, the researcher had to explain the questionnaire in Afrikaans to some of them. The limitation was handled successfully in this way but it is recommended that the questionnaires should be translated into the official languages used by the participants for future research.

5. CHALLENGES EXPERIENCED AND PRACTICAL RECOMMENDATIONS

5.1 CHALLENGES EXPERIENCED BY THE RESEARCHER

- The explorative, descriptive design with multiple phases using both quantitative and qualitative approaches was very time consuming because different sets of data were collected, transcribed and / or translated, analysed, interpreted and reported. The literature review and literature control was also very time consuming. Although these processes were time consuming, valuable and rich results were obtained, leading to meaningful recommendations.
- Analysing, interpreting and reporting on the qualitative data obtained from the narratives was quite overwhelming because each of the 43 nurses wrote four

narratives amounting to almost 172 narratives that had to be analysed. Only a few nurses did not complete all four narratives in full. The researcher managed this by analysing the data in a systematic way (see Section 2: Qualitative data analysis) and by involving an experienced co-coder.

- The fact that the researcher had to analyse the narratives of all the nurses and not only the ones with a high level of resilience, increased the workload and cost of the study. The Research Ethics Committee of the North-West University (NWU) advised that all the nurses need to participate in the research irrespective of their level of resilience because it would have been unethical to ask them to write narratives and not analyse them if their level of resilience was too low. It would also have been unethical not to invite them all to the focus group interviews because if the researcher only invited the ones with a high level of resilience, the other nurses would have known that their level of resilience was low and that could have harmed them if no support or guidance was provided. In retrospect the researcher realised that this was the most ethical way to conduct the study and that another research strategy needs to be used if the research requires only the participation of nurses with a high level of resilience. The researcher also realised that it had value to analyse all the narratives and include all the nurses in the focus group interviews because a lot could be learned from all the nurses irrespective of their level of resilience.
- The research study was expensive in terms of time, stationery, transport, transcribing focus group interviews, co-coding of narratives and focus group interviews, statistical analysis of quantitative data, language editing, technical editing and printing. The researcher addressed this challenge by sound financial planning and by applying for study bursaries. The researcher also qualified for personnel discount on her study fees as junior lecturer at the NWU.
- The fact that three sets of data were collected, analysed and interpreted was quite a challenge for a student on master"s level but with the support, encouragement and expert supervision of the supervisors, rich data was obtained and practical recommendations could be formulated.
- The fact that both quantitative and qualitative research approaches were used to answer the research questions and reach the research objectives was quite challenging to a student on master"s level. The expert guidance of the supervisors and the statistical support service of the NWU enabled the researcher to handle this challenge successfully and the researcher obtained valuable practical experience on data collection and data analysis.

- The researcher spend a lot of time to translate the narratives and focus group interviews from Afrikaans into English because the participants wrote and spoke mostly in Afrikaans. It is recommended that this challenge be addressed in future by employing someone to do the translation.
- Initially a challenge was the fact that the researcher, who is currently a junior lecturer at the School of Nursing Science at the NWU Potchefstroom Campus, had to pay personally for the third year of study because the personnel discount was only applicable for two study years for a master"s degree. Fortunately while the researcher was busy with the final stages of the research, the management of the institutional office of the NWU approved personnel discount for a third year for a study on master level. This benefit is highly appreciated by the researcher and provided additional encouragement to complete the study.

5.2 PRACTICAL RECOMMENDATIONS FROM LESSONS LEARNED FROM THIS RESEARCH

- Ensure that enough time is available to conduct the proposed research study taking into account that an explorative, descriptive design with multiple phases requires more time.
- All research documents and measuring instruments need to be translated into the official languages spoken by the participants.
- Apply for research grants well in advance because research is very expensive. Make provision for translating the narratives and focus group interviews from Afrikaans into English. Budget generously for language editing, technical editing, stationery, printing, transport and so forth.
- When participants are asked to write narratives, it is recommended that they write only one narrative each.
- When a demographic information form is used, ensure that the instructions are very clear in order to prevent mistakes by the participants.

6. PERSONAL REFLECTION BY THE RESEARCHER

It was a privilege for the researcher to conduct this research study under the expert supervision of Dr Emmerentia du Plessis and the co-supervision of Prof Daleen Koen. Their expert guidance and support enabled the researcher to reach the research objectives and formulate

recommendations to strengthen resilience in nurses caring for older persons. Their patience, support and encouragement gave the researcher the strength to do her best and complete her study. Dr Emmerentia du Plessis set an excellent example to the researcher as supervisor by supporting the researcher all the way and by providing the needed guidance and feedback in order for the novice researcher to learn how to use the research process. Prof Daleen Koen added value to the study with her specialist knowledge regarding resilience.

Searching and studying the literature made the researcher aware of the valuable research that was already conducted on the concept of resilience by different members of the multi-professional health care team. The researcher felt small in comparison to the renowned researchers in the field of resilience.

The researcher really did enjoy the data-collection and the personal contact with the nurses in their work environment. Although it made the study a bit more complicated, it had value to include all the nurses in the research because by writing the narratives and by participating in the focus group interviews, they were all given a voice. The contributions of all the nurses caring for older persons were valued and respected.

Although the focus group interviews took more time and money, it was valuable because it allowed the researcher to build a relationship with the nurses and the group interaction and dynamics brought important aspects to the attention of the researcher. The researcher was able to obtain valuable information from the nurses during the focus group interviews because she could probe a bit. The findings obtained from the narratives were also verified.

An explorative, descriptive design with multiple phases definitely required more time, money and patience. Dr Emmerentia du Plessis wisely said that a study needs time to mature. For this study these words were definitely true. As the researcher engaged with the data and the literature, new insights were obtained and the researcher could experience how the study matured. Although it was time consuming and expensive, it was worth using an explorative, descriptive design with multiple phases to conduct the study because the data obtained was rich and abundant.

The researcher realised from the literature as well as form the results of the study that all nurses caring for older persons are somewhere on this continuum between a very low level of resilience and a high level of resilience and that by following the recommendations formulated from the results of this study, all nurses can strengthen their resilience and move closer to achieving a high level of resilience.

On a personal note the researcher added a set of handwritten recommendations as Annexure U. These recommendations were written by the real nurse Dawn, the mother of the researcher that cared for her own mother that was a hemiplegic after she had suffered a stroke. Because nurse Dawn cared for her own mother for approximately 20 years, including the years before and after she had the stroke, the researcher asked her to write these recommendations before the researcher started with data collection. Nurse Dawn is now 74 years old herself. It is interesting to note the similarities that exist between these recommendations and the results of the research, confirming that a lot can be learned from nurses caring for older persons that have a lot of practical experience!

Throughout the study the researcher prayed for guidance and wisdom and asked God to open her mind and help her to use and interpret the valuable contributions of the nurses caring for older persons that participated in the study and the literature in a responsible and useful way. God answered by being with the researcher all the way through the study and by providing the needed wisdom and insight. All the glory to God!

The researcher prays that the implementation of these recommendations will bear the fruit of strengthening the resilience of nurses caring for older persons.

7. EVALUATION AND FINAL CONCLUSION

In Section 1 an overview of the research study was provided by sketching the background to the study, by formulating the research problem, the research questions and the purpose and objectives of the study. The paradigmatic perspective of the researcher was discussed, including the meta-theoretical assumptions, the theoretical assumptions and the methodological assumptions. The research design and the research method followed. The research method included the population, sample, setting, trial run, data collection and data analysis. The measures to ensure rigour were discussed followed by the ethical considerations, the literature review, the significance of the study and the report outline.

Section 2 included the manuscript “Exploring resilience in nurses caring for older persons” that will be submitted to *Health SA Gesondheid* according to the instructions for authors. The quantitative results and qualitative findings were explained in full in this section.

In Section 3 the conclusions, limitations and recommendations of the research were discussed and the researcher gave a personal reflection on the study.

In conclusion it can be declared that the purpose and objectives of the study were reached because the level of resilience in nurses caring for older persons was investigated, their strengths and coping abilities were explored and described and recommendations were formulated to strengthen resilience in nurses caring for older persons.

The dissemination of the research results will follow after successful examination of the dissertation. The researcher will personally give feedback to all the facilities that participated in the research regarding the recommendations to strengthen resilience in nurses caring for older persons. The expectation is that implementation of these recommendations will produce the positive outcome of strengthening the resilience of nurses caring for older persons.

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