



Organizational Resilience

A GUIDE FOR LONG-TERM CARE HOMES
TO SUPPORT RECRUITMENT AND RETENTION
OF REGISTERED PRACTICAL NURSES

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A Note from the Authors

The purpose of *WeRPNs Organizational Resilience: A Guide for Long-Term Care Homes (LTCHs) to Support Recruitment and Retention of Registered Practical Nurses* is to provide formal leaders (e.g., administrators, nurse managers, supervisors) with an easy-to-use reference guide that can encourage actionable change. Our goal is that this document is useful as the Coronavirus Disease 2019 (COVID-19) pandemic continues and during other potential outbreaks and crises in the future. This guide translates evidence-based information and provides recommendations for practice to help you and your team build and sustain a system of resilience within your organization that is supportive of residents, families and the LTC workforce.

This guide was inspired by findings from a recent series of research studies that explored how Registered Practical Nurses (RPNs) working in LTC adapt in times of personal, professional, and institutional crisis. Connelly and colleagues (2022a; 2022b), identified findings rooted in personal and professional resilience; however, little was brought to light regarding the elements of organizational resilience (e.g., policy, process and systems), and how they contributed to resilience in this workforce. *WeRPNs Organizational Resilience Guide* is a 'living document' that will grow and develop with our research and lived nursing experiences.

Organizational resilience is an aspect of responsibility that is currently missing in our implementation of recruitment and retention strategies, staff engagement, job satisfaction and service outcomes within LTCHs. As you read through this guide, we encourage you to consider how you may use this information to engage RPNs, and other members of your team, to address resilience within your workplace.

Organizational Resilience

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First, we would like to thank the many Registered Practical Nurses who shared their insights and experiences about resilience during the COVID-19 pandemic. Your experiences will help to build and strengthen support for nurses, and all health care workers in LTC settings. We thank you first because without your contributions, this guide would not have been possible.

A sincere thank you to all LTC stakeholders who attended the Virtual Stakeholder Forum entitled *Promoting Organizational Resilience in Long-Term Care: Building Forward* hosted by the WeRPN and The University of Western Ontario (Western University). Your input and expertise were invaluable to help inform this Organizational Resilience guide for LTCHs.

We acknowledge and are grateful for support provided by a Social Sciences and Humanities Research Council of Canada (SSHRC) Partnership Engagement Grant Special COVID-19 Initiative (PEG; 1008-2020-1064). We can say very sincerely that everyone on the research team at Western University, Royal Roads University, Lambton College, The University of Toronto, RPN participants, RPN educators, and WeRPN have made significant contributions to the area of nursing research and organizational resilience.

A special thanks to Dr. Michael Ungar and Kathryn McEwen for paving the way to building personal, professional and institutional resilience, and whose work was instrumental to informing this research and resulting guide.

To each of you, our sincere appreciation.

Message from Dianne WeRPN, CEO



In the Spring 2021 WeRPN Journal, I shared a message about the exemplary resilience of nurses when performing in a high-stress environment. Since the pandemic was declared in March 2020, I have had the privilege of hearing stories from our members of their tremendous success at keeping residents and the workforce safe during COVID-19. Unfortunately, I have also heard about devastating situations where residents, RPNs and their colleagues have experienced extreme duress, suffering, trauma and even death. Nurses have paid an enormous physical and emotional price for choosing a profession that demands peak performance even when their capacity to be resilient is near to empty. This demands a special kind of grit that nurses possess.

COVID-19 has taught us many resilience lessons, especially in the long-term care (LTC) sector. We learned that it takes a combination of personal, professional, and organizational supports and resources to enable the collective workforce to survive, recover, and be renewed. Reliance on sustaining and building individual resilience as a response to a crisis is insufficient, misaligned, and detrimental. It takes mutual respect, understanding and accountability, voices being heard and valued, meaningful common team behaviours, and shared leadership with formal leaders and front-line clinical staff working together. With that in mind, WeRPN's Professional Practice Department and our research team partners at Western University have co-designed resources that are intended to enhance, improve, and support all levels of resilience.

As the professional association for Ontario's 50,000+ RPNs, WeRPN is here to support front-line nurses and nurse leaders every step of the way to building systems of resilience. We do this by developing the capacity and capability to adapt to work stressors and unexpected events, while maintaining a culture of care within your organization. In the WeRPN Organizational Resilience Guide to follow, the authors have captured the voices of nurse leaders and those working on the frontlines in LTC. We believe this guide will contribute to the physical and psychological health of the LTC workforce by providing resources for developing more habitable workplaces and ultimately supporting the transformation of organizational culture. We further believe this resource will support high-quality care for LTC residents and family care partners and contribute to the retention and recruitment of a sustainable nurse workforce for this current crisis and beyond. I offer this resilience guide with the hope that you will find the material valuable. We look forward to hearing about your successes building organizational resilience and transforming LTC culture.

Introduction

“It is important to reinforce that resilience is not ‘fad’, nor is it fashionable. It is integral to all that we are and all that we do at work” (McEwen, K., 2018).

Currently LTCHs are dealing with the devastating impacts of the deadly Coronavirus Disease 2019 (COVID-19) pandemic. From the first Ontario LTCH outbreak declared on March 16 2020 (Marrocco et al, 2021), to the ongoing efforts to prevent and contain outbreaks, the LTC workforce has been a pillar of strength in their communities.

Approximately 40% of the LTC workforce is comprised of regulated nurses (Ministry of Long-Term Care [MOLTC], 2020). Registered Practical Nurses (RPNs), are the largest group of nurses working in LTC (MOLTC, 2020), and have struggled with unprecedented stress and anxiety as they face unpredictable situations throughout this pandemic (Odon-Forren, 2020).

As a result, WeRPN partnered with Dr. Denise Connelly's research team (Western University) on a Social Sciences and Humanities (SSHRC) Partnership Engagement Grant (PEG) Special COVID-19 Initiative to learn how RPNs adapted to work pressures during COVID-19. RPNs were invited to participate in an online survey and in-depth interviews to share their voices and experiences working in LTCHs throughout the pandemic. During the research process, the research team observed that RPNs spoke largely about areas of personal and professional resilience, and little about the elements of organizational resilience. To help guide the research deliverables, WeRPN and Western University invited stakeholders, with expertise in LTC, to participate in a virtual stakeholder Forum entitled *Promoting Organizational Resilience in Long-Term Care: Building Forward* (Connelly et al., 2022c).

During the Forum, LTC stakeholders (i.e., RPNs, family caregivers, administrators, educators, and policymakers) shared their individual expertise about: workforce preparation through enhanced practical nursing clinical leadership and curriculum, the role of organizational resilience in promoting joy in work, and LTC system transformation (e.g., policy, regulation, legislation, and accreditation). The results have informed the development of this guide to help bring conversations about building systems of resilience into LTC settings.

From the Voices of RPNs

Direct quotes from RPNs about their experiences adapting in times of personal, professional and institutional crisis are embedded throughout WeRPNs Organizational Resilience Guide. The headings assigned to each quote provides context for the link between RPNs described experiences and the contents of this guide. All quotes included within this guide, were carefully selected by the authors from the SSHRC study led by Dr. Denise Connelly at Western University in partnership with WeRPN, to help inform leaders of areas of resilience in LTC.

Health Services in LTC

"We [RPNs working in LTCHs] don't have enough staff to manage responsive behaviours [of residents], so I was attacked [by a resident] and had to use my body to prevent a sick resident from reaching the dining room, because she had dementia and was trying to reach people, and she had a fever and was coughing and isolated for the possible COVID [sic] ... everyone's lives are potentially at risk every single day."

Choosing Work in LTC

"[During COVID-19] you haven't had enough time to really, I guess invest in somebody and I mean, in a caring role, like when you get into a caring profession, like a lot of people come in and they, they really genuinely want to help people and I feel like the system, kind of as it is, sort of beats that out of you."

Motivating Work Factors

"...during COVID [working in LTC] made you realize you don't have to sacrifice your well-being for these organizations that do not even... give any, like, don't even value you, in any degree [sic]. And you know, we showed up for our patients. We didn't show up because we think this senior leadership's going to lose their minds for not having staff."

Professional Development at Work

"[We are] asking for support from management, team members, co-workers, colleagues, getting training, I believe taking the opportunity for all training courses is really important ... I didn't really understand her disease, so the more I knew about the disease the more I was less personally affected and so as time went on when other residents would treat me that way. My armor was stronger right because I was more knowledgeable. I was trying to train myself in as much things as possible, so I had that resilience, the tool for that."

2022



WeRPN Organizational Resilience Guide

for LTCHs is a helpful companion for you and your organization on the journey to recovering and building a system of organizational resilience.

In this guide you will find:

- What is Organizational Resilience, and Why Does it Matter?
- The Case for Organizational Resilience in LTCHs
- Concepts to Building Organizational Resilience
- Applying Concepts of Organizational Resilience in LTCHs
- Assessing Organizational Resilience
- Tools and Resources

Staffing shortages, increased workloads, and the perceived inability to take breaks or earned time off were factors identified by Connelly et al., (2022b) that stress and exhaust the RPN workforce. Systems of resilience in healthcare settings play an important role to prevent burnout and negative outcomes of workplace stress (Arrogant, 2017), such as a sense of perceived powerlessness, workplace violence, and feelings of oppression (Peter et al., 2004).

Organizational resources to build resilience in the workplace help to address workplace stress, yet more attention is needed to focus on interventions that achieve sustainable improvements for a healthy nursing workforce (Badu, 2020). Individual and professional resilience of RPNs is important and have received a great deal of attention during the pandemic; moreover, building a system of resilience in the workplace is crucial for organizational recovery during and after COVID-19.

Emerging evidence (Badu et al., 2020; Hillmann & Guenther, 2020; Gensimore et al., 2020; Kašpárková et al., 2018) suggests organizational resilience is important to:

- Reduce negative outcomes for individuals (e.g., stress, depression, burnout, decreased sense of belonging)
- Improve individual commitment and job satisfaction
- Ensure longevity and retention of RPNs and the LTC home workforce
- Sustain high quality health care outcomes for residents and families



What is Organizational Resilience, and Why Does it Matter?

“Organizational resilience is the capacity to adapt to challenges and changes at different system levels, to maintain high quality care” (Wigg et al, 2020).

Resilience is often defined as the recovery, maintenance, and adaptation, after exposure to significant stress or trauma (Kalish et al. 2017; Winwood et al. 2013). It is important that formal leaders consider resilience beyond the capacity of individual workers and include an understanding of the organization’s current ability to foresee and act upon changes or disruptions anticipated or otherwise (McEwen, 2018).

Organizational resilience is interconnected with intrapersonal capacities and resources needed to perform different functions at multiple levels of the organization (Crane, 2009).

RPNs and the LTC workforce constantly face challenges and adversity, as demonstrated and exacerbated by COVID-19 (MOLTC, 2020). The increasing care needs for residents and shifting public health guidelines have been felt as stressors by RPNs and worsened by the chronic staffing shortage in long-term care (Connelly et al., 2022b). The shortage of nurses in the LTC workforce was already critical prior to COVID-19, and the pandemic has further intensified this issue (Morocco et al., 2021). Formal leaders are well positioned to support and help prepare the LTC workforce to face challenges and workplace stressors. Through policies, procedures, and informed processes, leaders in LTC play a key role to prepare and support the RPN workforce with the ability to anticipate risks, problem-solve complex issues and respond to unexpected events while maintaining a culture of care. Hillmann and Guenther (2020) suggest that behaviours, resources, and capabilities equate to resilient responses that lead to growth within organizations. Systems of resilience

can develop a workforce prepared for practice realities, embrace adversity in growth and learning and maintain functions following stressful or unexpected events (Hillmann & Guenther, 2020; McEwen, 2018). Further, previous research suggests that organizational resilience can be a protective factor against negative outcomes, such as burnout and fatigue (Baskin & Bartlett, 2021), related to stressful and challenging work for nurses and other healthcare workers. Addressing organizational resilience can effectively contribute to the building of a sustainable workforce (Yu et al., 2019), and retain skilled RPN’s prepared to lead high-quality resident care.

Adapting a holistic approach to resilience within organizations blends personal, professional and organizational elements, such as workplace functions, resources, and interactions between RPNs and the environment, that contribute to their work lives (McEwen, 2018; Ungar, 2011), and strengthens resident outcomes. When formal leaders understand and approach resilience as a system within their organization, they can better prepare RPNs and the LTC workforce to face the uncertainties that lay ahead as LTCHs move forward.

What does this mean for Long-Term Care Homes?

The research for building systems of resilience within organizations is emerging (McEwen, 2018). WeRPN's Organizational Resilience Guide helps to bring these discussions to the forefront of LTCHs as RPNs and the workforce adapt and recover during and after COVID-19. As new evidence emerges to inform resource utilization for sustainable resilience in LTC, WeRPN's Organizational Resilience Guide will continue to evolve and develop overtime.

Personal and professional resilience was described by RPNs in the research conducted by Connelly et al. (2022a; 2022b). However, very little was shared by the RPN participants about the use of system level policies, procedures or processes to adapt to workplace challenges and pressures (Connelly et al., 2022b). Taking a systematic approach to resilience could support sustainable processes to strengthen work performance and approach interventions to better manage workplace stressors and challenges (McEwen, 2018).

The impact of high work demands can be mitigated by resilience training at work (Kašpárková et al., 2018) to align with the overarching goals of the organization and to help RPNs and the LTC workforce achieve high performance and increased engagements. A systematic review of personal and work-related factors conducted by Yu and colleagues (2019), found that resilience within organizations can assist nurses to establish strategies to effectively and efficiently manage workplace adversity and job demands while achieving personal and professional growth.

These findings are supported by Gensimore et al. (2020), who reported that the actions and visibility of leaders impact the retention of a robust and engaged nursing workforce. *WeRPN's Organizational Resilience Guide for LTCHs to support recruitment and retention of RPNs in LTC*, can help leaders transform their workplace to ready RPNs for the challenges that lay ahead as LTCHs prepare for strategies to address recovery during and after COVID-19.

From the voices of RPNs (Connelly et al., 2022b)

Supported, but Not Supported

“... You're supported, but you're not supported. You're not supported with the fact that the workload's higher, and all these duties are on you, and if you don't do them, being told “you gotta do this right now, this is your responsibility” it trickles down. Other ways they're very supportive, they've increased hours for BSO [Behaviour Support Ontario], activities staff. They're not registered or licensed to handle the acute stuff, we have more acute residents in long term care now than ever before, because we have nurse practitioners. Because of COVID-19 we're not transferring them out as frequently, so the government increased our funding, but our workload has increased. And we don't have extra support to manage that.”

Working to Ensure Residents Are Not Neglected

“[RPNs are] taking on the extra work when supervisors are busy with their extra duties due to COVID-19. So, they're not available for their regular job that they were doing before, so it's, on the RPN, falling on RPN shoulders, the care team feels that they've had an increase in their workload, because just simple things, like putting on support stockings in the morning. You have to do it, you have a half an hour time frame to do report, do that. Start your meds, do appropriate treatment. Like, it's just a lot of work to ensure that residents aren't being neglected.”

Not Feeling Listened To

“You're [management and government] not listening to us; you just say what sounds good and it's not really what you're doing. If you were to listen to us from the get-go like, continue to the pandemic pay from the start. This hasn't even ended; to me, it didn't make sense to me and then on top of that, too, it's just like, there's not as much resources available to us for people to check in”

The Case for Organizational Resilience in LTCHs

Resilience in the workplace is identified as a holistic model that combines cognitive, emotional, physical, and environmental principles that contribute to work experience (McEwen, 2018; Ungar, 2011). There is a paucity of research on resilience within health organizations in the literature. The case presented in this guide provides an overview of organizational resilience that may appear within your organization and is based on our current understanding of this topic. The graphics included below showcase potential risks and benefits associated with 'low' and 'high' levels of organizational resilience within the LTC sector.

Low Organizational Resilience

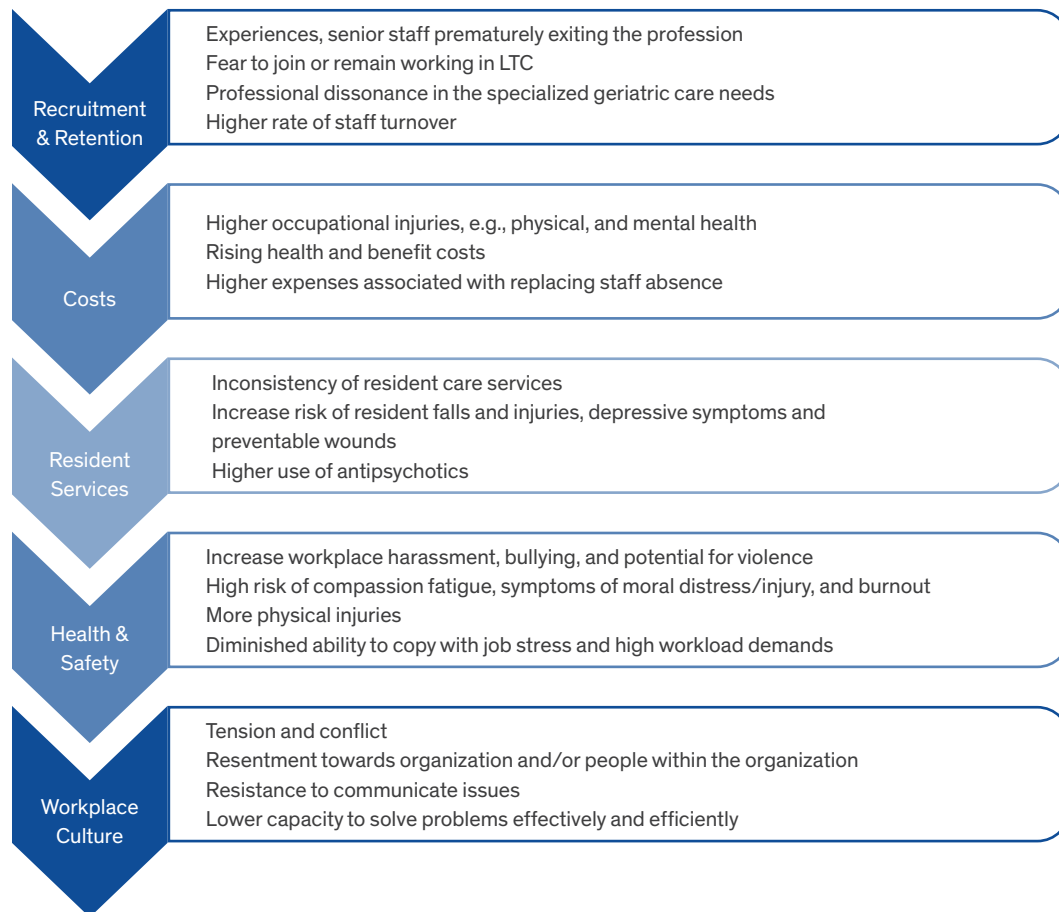


Figure 1: Low Organizational Resilience

Suggested Indicators of Low Organizational Resilience

Research by Connelly et al., (2022b), found RPNs talked about perceived conflicts between their commitment to their profession and their capacity to fulfill the duties and responsibilities of their work (i.e., conflict in their role and function as a nurse). Some of these RPNs shared that they loved working in LTCHs but questioned their capacity to keep moving forward. This is where the concepts to building organizational resilience in this guide could be helpful in overcoming crises and aligning resources to maintain a healthy workforce during times of change.

Workplace violence, unpredictable workloads, resource constraints and compassion fatigue pose a significant threat to RPNs and the LTC home workforce (Cusack et

al., 2016). The long-term care sector has one of the highest rates of physical injury within the healthcare system (MOLTC, 2020). As LTCHs continue to adapt to additional challenges and pressures of COVID-19 to provide safe and competent care for residents, it will be important to consider what processes and systems of resilience your organization has in place to support the capacity to anticipate and adapt to high workload demands and unexpected events. Low resilience within an organization can test the ability of RPNs, and LTC workforce, to recover after stressful or traumatic events. This can impede the overall wellbeing of staff, lead to higher rates of staff turnover, and reduce quality of resident care (Cusack et al., 2016).

Processes to build system-level resilience in the organization are suggested to ensure RPNs and the LTC home workforce have the capacity to “*absorb and adapt in a challenging environment*” (McEwen & Boyd, 2018). An RPN in the healthcare workforce who is distressed has a higher likelihood of providing poor health services

to residents (Badu, 2020). Through efficient policies, procedures and processes, organizations can improve negative outcomes during stressful and challenging times by building resilience-based interventions to support the recruitment and retention of RPNs and the LTC home workforce (Badu, 2020).

High Organizational Resilience

Evidence shows a positive correlation between organizational resilience and the ability of the workforce to manage stressful and emotionally charged situations. In Gensimore et al., (2020), the authors found that environmental and workplace factors influence nurses’ decisions to remain at their current job. Arrogant (2017), reported that resilience at work is critical to protect the psychological health of the nursing workforce and minimize negative effects of burnout and improve patient satisfaction with received health services. Leaders in LTCHs play a key role to create systems and structures that enable nurses to deliver competent and high-quality resident care. Managers can influence resilience in organizations through policies, education, guidance and resources (Cusack et al., 2016). As shown below in Figure 2, a LTC home with high organizational resilience impacts three key areas: Employees, Residents, and LTCHs.

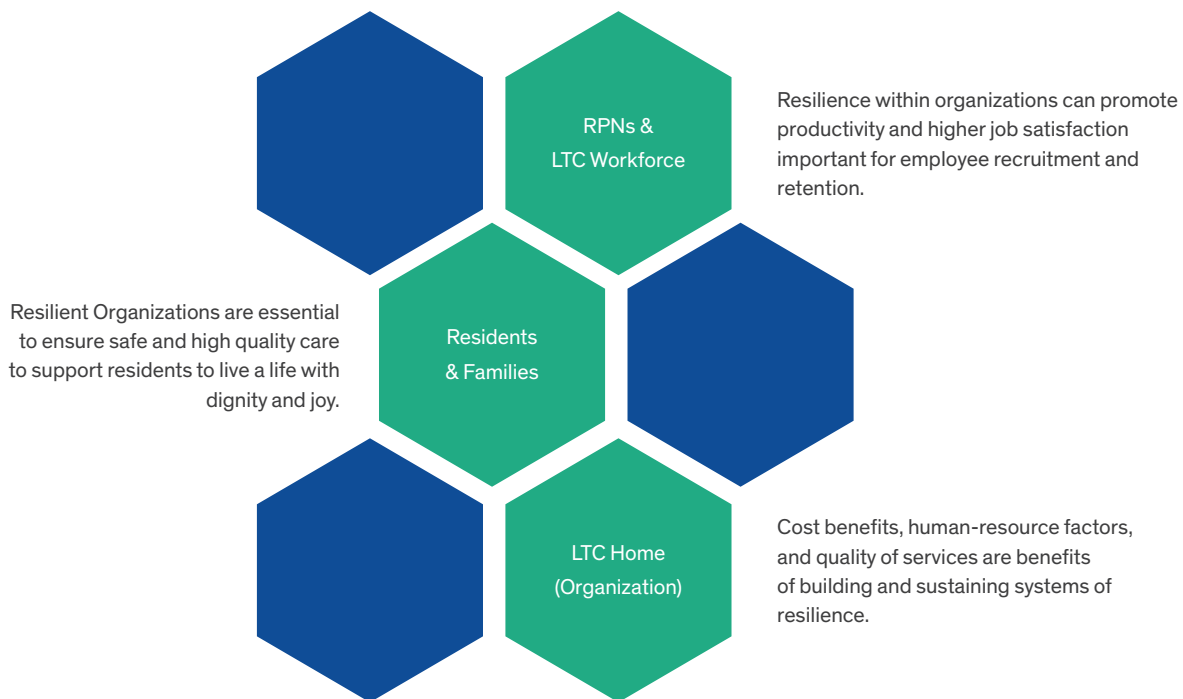


Figure 2: High Organizational Resilience

Suggested Indicators of Higher Organizational Resilience

RPNs informed Connelly et al., (2022b), that banding together as a team influenced factors of resilience to overcome challenges and unexpected events at work in LTC. Cusack et al., (2016) claims that building nurses' resilience in practice environments, such as LTCHs is essential for workforce retention and ensuring safe and high-quality care. These authors identify personal, professional, and clinical practice environments to be the foundation of resilience within organizations.

Resilience in the workplace is suggested by Kašpárková et al., (2018) to be a crucial element to attain higher levels of job satisfaction and employee engagement. Arrogante (2017), attributes resilience to sustaining a healthy nursing workforce and their ability to practice effectively. Thus, contributing to higher levels of satisfaction and engagement from residents and their families.

The case for organizational resilience presented in WeRPNs Organizational Resilience Guide considers the unique services offered to residents and families of LTCHs, and illustrates common measures of quality outcomes for residents.

Cost-containment, human resource factors, workplace culture, and quality of services provided are spotlighted as benefits of organizational resilience for LTCHs. The capacity of the workforce to adapt quickly to changes and respond effectively can foster collective responses for the safe, effective and efficient use of resources (Badu, 2020).

Gensimore (2020), found that higher levels of resilience are suggested to lower staffing turnover rates, thus reducing organizational expenditures on recruitment, orientation and training of new or temporary employee solutions. Resilience within organizations can prepare the collective action and behaviour of the workforce when responding to work demands and their approach to resource utilization, reduction of costly medical errors and infection rates and other consequences associated with fractured care services.

The visual representation of 'low' and 'high' resilience presented in WeRPN's Organization Resilience Guide, helps leaders to view everyday priorities and tasks through the lens of resilience within their LTCHs.

From the voices of RPNs (Connelly et al., 2022b)

Employee Support at Work

I know that EAP [Employee Assistance Program] is available. I think we need more, support in the moment. I find with EAP, you have to wait for the appointment, it's days later when maybe you'll get a connection with somebody. So, it would be nice to be able to have that support in the moment. Someone hearing me right now, in the moment.

Broken Links to Access Help

"hi I was given this number through my employer if I needed to vent a little bit" and she said "okay, give me your name and number, someone will call you next week" and I said, "I don't have till next week" and I hung up, and I went into work and she wasn't there for a few days and I said to her, "hey, I phoned that EAP number" and she said "what answer did you get?" And she goes, "I wonder if you received the same answer as I did" and I said "yes, leave your name and number and we'll call next week." And we both joked around and said "well what would if the world ended next week?"

Personal and Professional Resilience in LTC

I think all nurses, or all healthcare professionals are resilient, and it showed throughout the pandemic. Because, I mean, it could... I hate to say it, but it could have been worse. there could have been more people who have died in long term care, right? If there wasn't nurses or other health professionals who stayed and wanted to help, it could have been worse. I mean, it was, it was bad, but there could, [sic] it could have been worse.

Concepts to building Organizational Resilience

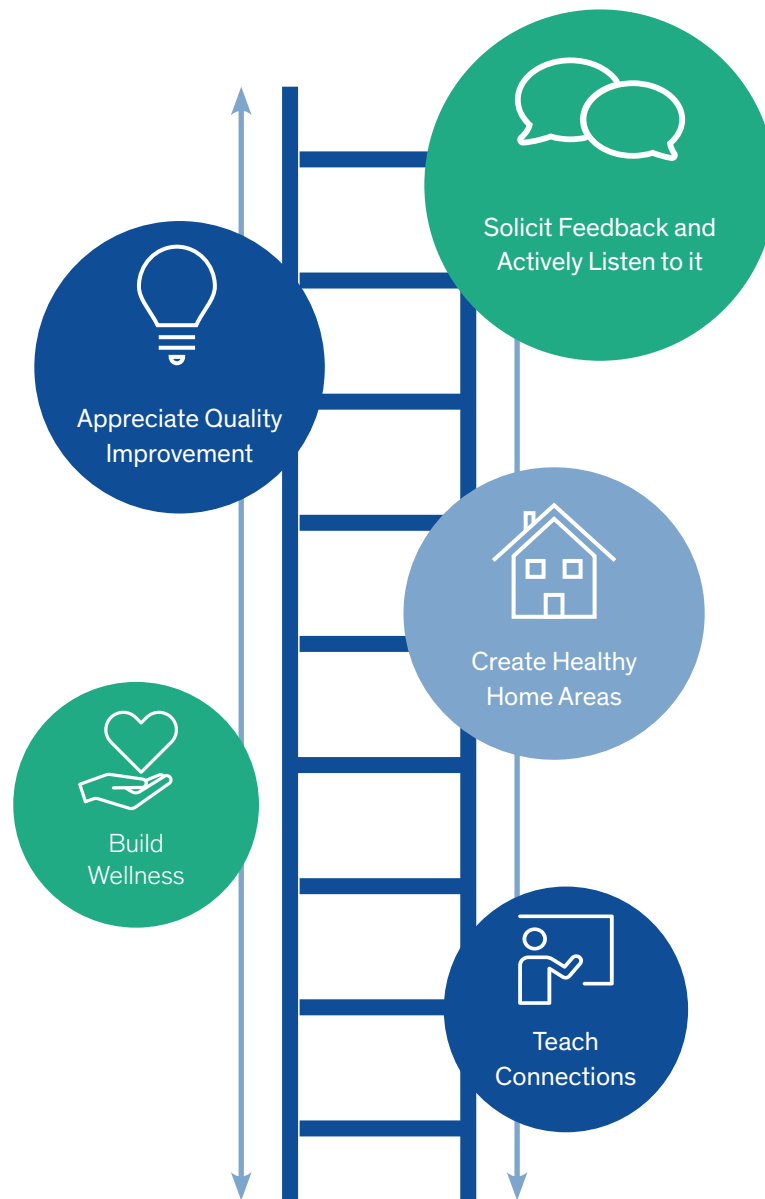


Figure 3: Concepts to Building Organizational Resilience

Here, concepts are highlighted to aid in your path to building organizational resilience in the care environment. See Figure 3. These concepts were generated from the WeRPN and Western University's Virtual Stakeholder Forum *Promoting Organizational Resilience in Long-Term Care: Building Forward* (Connelly et al., 2022c), and are supported by emergent literature (Cameron & Brown, 2010; Cusack et al., 2016; Yu et. al., 2020). The concepts in Figure 3 do not indicate a linear process. As you work through the process, you may find that you will go back a step, or possibly work through some steps more quickly than other steps.

From the voices of RPNs (Connelly et al., 2022b)

Connections and Sense of Belonging

“For this staff, I think they need to feel valued and appreciated, and I’m not sure that’s being conveyed right now. It’s kinda [sic] like you just keep going, just keep doing it. And so... just... it’s all the staff, it’s certainly every discipline, because it doesn’t matter who you talk to, they’re all feeling the same things.”

Informing Quality Improvement

“It might be a good idea and it might not but just taking feedback from people, and listening to, listening to, to their concerns and listening. Like as a staff, as a worker we are advocates for our patients, and they. I think the long-term care facilities need to look at that because we’re not the bad guys. We are their advocates. We are their voice. We spend quality time with them. We do direct patient care. We are handing out medications, you know, and so we are the best advocate for them.”

Training and Education

“Also has been very good, because even since the COVID had started, they started to give us education, even by zoom. they were asking, um, um, some... [sic] I don’t know, specialties to give us education and we were doing it by zoom. So, I think it was a very good education that they were giving us. not only for the registered staff, also for the PSW’s, and even for the housekeeper’s and the kitchen people. They were having also [sic] education in COVID via zoom.”

Resident Home Areas

“How am I supposed to prioritize this lady’s O2 versus someone else’s though, do I let her keep desatting?... management had told us you are not allowed to move the oxygen between patients, like it was on our home screen they made it very serious you’re not allowed to share the oxygen. And I was like you know what, screw it, I’m doing what I have to do. So, I called the oxygen people and told them what I did, they’re like, “oh, that sounds good. That’s what we do.” I’m like, “are you... serious right now?” They made such a big deal about it and then the oxygen people are telling me they literally to the same thing. Like, really? That was frustrating.”

Applying Concepts of Organizational Resilience in LTCHs

Teach Connections

Teach Connections - means that training and resources are made available to RPNs and the LTC workforce to strengthen relationships and help navigate change, manage difficult conversations, increase empathy, and develop peer-to-peer relationships.

McEwen (2018), suggests that resilience in the workplace is about strengthening work performance rather than building individual coping strategies. When prioritizing relationships, this involves making an effort to know and understand RPNs in their day-to-day work life.

Connelly et al., (2022b) found that RPNs acknowledged team dynamics and relationships as important when overcoming adversities in the workplace. RPNs who perceived a strong sense of community experienced greater resilience. This was demonstrated through their capacity to adapt to stressors, and engage in a collaborative team. Respectful, empathetic interactions and conversations are needed to support building and prioritizing relationships to promote resilience (Cameron & Brown, 2010; Sanders, 2015). The visible presence of leaders was one element identified by Connelly et al. (2022b) that influenced whether RPNs felt supported in the workplace. This is consistent with previous findings (Badu, 2020) where role modeling and mentorship were identified as useful resilience motivators.

In LTCHs, RPNs communicate with a variety of individuals, and groups on the care team, such as physicians, and other health professionals. Effective conversation starters may be useful here, to promote crucial conversations and create a sense of belonging (Badu, 2020) where there is reciprocal conversation, and active listening taking place. For instance, RPNs anticipate and actively identify needs for supplies, and new products, or realign resources to promote high work performance and quality resident care.

McEwen (2020) recommends that formal leaders consider personality as a resource that can assist in understanding how their team's attributes can build or reduce organizational resilience when prompted with different challenges.

The dynamic, evolving and interconnected systems in LTC suggest that to create systems of organizational resilience it is important to invest in RPNs and the teams they work in. Formal leaders should support their teams to better understand the structures and processes which ultimately lead to the desired behaviours of the organization.

Furthermore, growing and developing strategic peer-to-peer mentorships in LTCHs is a strategy which allows RPNs, and others, to receive support and help mitigate adversity (Badu, 2020; Cameron & Brown, 2010). Working with a mentor is one way to brainstorm and discuss thoughts and ideas, gather helpful information, and receive support in guiding RPNs and their teams through a specific process.

There may also be formal or informal leaders within the organization, who may appreciate participating as a mentor for others within the organization. Research from Badu (2020) suggests that informal support, such as family, friends and care partners are also beneficial support services for resilience. These supports are able to provide RPNs with different perspectives, concerns, or recommendations.

Build Wellness

Build Wellness - should be considered beyond the boundaries of employee wellbeing programs to extend to longer-term initiatives.

Organizations that concentrate on building healthy team cultures that are persistent and adaptable to the ever-changing work environment can promote employees to thrive when managing job pressures (McEwen, 2018). Encouraging and celebrating routine health breaks (Winwood et al., 2013), in a safe and comfortable space for RPNs and the LTC workforce to rest and refresh before returning to their work areas would be an example. Internal and external support networks and resources should be offered to RPNs and the LTC workforce to build wellness (Badu, 2020), thus extending RPNs' and their teams' capacity to access knowledge, build skills, and solicit advice. Results from the LTC Virtual Stakeholder Forum identified that recommendations from formal leaders should be verified for accessibility, feasibility and appropriateness for supporting RPNs and the LTC workforce and their unique and specialized area of care.

The work of RPNs and other staff in LTC is often impacted by chronically high workloads, constant change, and potentially traumatic or stressful events (Marrocco, 2021;

MOLTC, 2020). Resilience within LTCHs can support RPNs' capacity to adapt to workload pressures by ensuring resources, supplies and skilled personnel are more readily available and used appropriately to address workplace stressors that emerge (Crane, 2021).

Eroding any work culture which celebrates long-work stretches, foregoing breaks, and neglecting vacation and earned time off from work is essential to establishing flexible coping and emotion regulation strategies. Planning and ensuring staff health breaks are effective to help staff cope with high workloads and competing pressures is recommended (Cusack et. al, 2016).

Securing a designated area for staff when space is needed away from their work environment after a stressful or traumatic event can provide a timely and convenient opportunity for staff who wish to debrief, reflect, and/or cope with the event that has occurred. In this space, tools and resources to help provide stability and a positive mindset during critical events or change would aid individuals in the debriefing process (Cusack, 2016; Hillmann & Guenther, 2020).

Create Healthy Home Areas

Healthy Home Areas - this refers to living areas that promote and protect the dignity, safety, security and wellbeing of each resident.

Residents are at the heart of LTCHs. Programs, resources and networks are all dedicated to creating an environment where residents can live with dignity, safety and security (Community Legal Education Ontario [CLEO], 2008). During the pandemic RPNs have shared that their workloads have substantially increased to require them to perform work outside their normal job description (Connelly et al, 2022b). These preliminary findings align with Falzarano et al., (2020), who suggest that the combination of heavy workloads, scarce resources and insufficient staffing can be a barrier to forming positive and collaborative relationships with residents' and their family members. Additionally, RPNs and LTCH staff can

view residents' families as adversarial and challenging which can lead to a perceived need to control the family (Bauer, 2005). Various strategies can further assist LTCH leaders in supporting healthy home areas.

This section of the guide recommends three actions LTCHs should consider to create healthy home areas. The first action is to prepare RPNs and staff to engage in crucial conversations with residents, family care partners and other stakeholders. The second action is about building key policies, procedures and processes to drive systems for workplace resilience in each home area. Lastly ensuring the staff and skill mix match resident care needs.

It is important for formal leaders to provide structure, support and guidance to RPNs and the workforce to prepare them with flexible and adaptive work responses

to engage in crucial conversations and manage competing priorities in the home areas in which they work. Additionally, leaders should assess awareness and knowledge of available resources and how to use them (McEwen, 2018).

The perception RPNs have about how residents' families treat them can have an impact on RPNs within the LTCH. In the case of an emotionally charged family member of a resident, anger can be directed toward staff within the organization. This perceived treatment by the resident's family has been associated with feelings of staff burnout in previous research (Falzarano, 2020). When this occurs, RPNs and staff should be supported by LTCH administrators and leaders with communication strategies RPNs can use in these contexts. This can involve physical support, such as the presence of management in resident home areas, or other staff members, to help support the RPN in having crucial conversations with residents' family members. It can also include educational support, to help prepare RPNs to respond to unexpected events, or concerns that are brought forth to them by residents and their families during the workday. This may include an educational course or reading material on topics, such as Person-Centred Language (<https://clri-ltc.ca/resource/pcl/>) that would support facilitating difficult discussions or interactions. It can also involve mentorship from management and other leaders who champion the desired behaviour and culture of the LTCH.

Evidence suggests that when nurse managers build key policies, procedures, and processes to form the foundation of workplace resilience, a more positive culture is created (Cusack, 2016). McEwen (2018) suggests that identifying a clear purpose and sense of belonging as part of the foundation that establishes trust and harmony is

essential. Feeling supported by a network of connections can encourage RPNs to engage in crucial conversations and role model behaviour that is conducive to creating healthy home areas.

Establishing healthy home areas also involves ensuring residents are paired with the right staff member to best support the complexities of care. To do so, managers need to understand the skill mix of RPNs and other staff members in the home to match the correct staff member and workload with residents and their care needs. Competence, professionalism, wellbeing and feasible workloads are key attributes that can influence resilience in the workplace (Cusack, 2016).

To identify the unique qualifications and areas of specialty of the RPN workforce, managers can first evaluate the skill mix that is present in the care home. By knowing the staffing skill mix, an appropriate care assignment can be created to ensure the staff member is confident and prepared to provide the type of resident care specific to their needs. Managers can also evaluate the level of skill and expertise of staff within the home. This could be beneficial to appropriately assign duties based on the level of skill and expertise of the staff member.

How often managers observe and evaluate the differences in performance outcomes could be critical to informing team resilience (McEwen, 2020). In LTCHs, managers can evaluate which home areas are sustaining high quality and optimal outcomes and investigate as to why. This information can help establish emerging factors that promote organizational resilience, including ensuring adequate staffing numbers, the division of labour, and work assignments (e.g., filing, conducting follow-ups for non-medical and non-nursing items, and filling staffing shortages).

Appreciate Quality Improvement

Appreciate Quality Improvement - is the process that occurs within a care home to support the ongoing commitment to improving and supporting an optimal care environment for both staff and residents.

Each LTCH is guided by their home's Quality Improvement Plan (QIP). The plan holds organizational leaders accountable to achieve commitments aligned with sector and provincial priorities with a focus to improve

quality for staff, residents and their families (Ministry of Health and Long-Term Care [MOHLTC], 2014).

Organizational resilience builds RPNs' and the workforces' capacity to adapt to unexpected events and generate effective and efficient solutions to overcome workplace stressors and challenges (Hillmann & Guenther, 2020; McEwen, 2018). In Connelly et al.'s (2022b) research, some RPNs reported that their struggles with the

traumas they have experienced since the onset of COVID-19 are ongoing. A systematic approach to resilience can support the alignment of RPNs, their teams and leaders while considering the environmental context in which they work (McEwen, 2018). Quality improvement efforts can help RPNs and the workforce to appreciate the transparency of sharing operational growth and successes.

Going through the stages of improvement, using the appropriate assessment and implementation tools and resources can allow for an environment which continuously supports both the resident and the care team. Leaders can assess whether their home constructs processes which support a system of continuous quality improvement, or if their home waits until a change occurs, and then has difficulty adjusting to the new change (McEwen, 2018).

When teams have a shared sense of purpose, they are more likely to be resilient and adapt to unexpected events and be proactive in their response to those events (McEwen, 2020). In their leadership of quality improvement initiatives, managers should consider the impact (e.g., engagement, efficiency, and effectiveness) of a shared purpose, the communication processes, and how the initiatives are received by RPNs and their teams (Yu et. al., 2020).

The capacity for resilience can be shaped and molded overtime (Crane, 2019). Appreciation of quality improvement initiatives within the home can assist leaders to ensure current processes and interventions are effective to attain organizational goals; and prepare for adapting to changes in the future. Quality improvement activities ensure collective action that promotes safety, dignity and respect for residents, while maintaining optimal levels of job satisfaction for RPNs and the workforce.

Leaders may observe resilience within their LTCH when evaluating resident care programs and work processes. An environmental scan of your LTCH can allow you to further understand and make sense of areas that are doing well, and are exceeding expectations, as well as areas that may need greater improvements (Hillmann & Guenther, 2020; McEwen, 2018). Areas that are exceeding expectations can allow you to establish benchmark goals.

Conversely, leaders may identify areas that may not be performing as well. In appreciating quality improvement strategies, leaders can assess and improve the current environment based on interventions that can improve the current state while also promoting a blame-free culture.

You may also choose to evaluate individual and team performance within home areas through staff and resident engagement surveys, and/or satisfaction measurements using an organizational resilience lens. Information you may need to promote organizational resilience and appreciate quality improvement may be readily accessible through these means.

For example, a new detailed and comprehensive orientation and training on-boarding program may be required in your home to better prepare new staff with items such as problem solving, managing job stress, leading infection control practices and understanding a resident care team and team culture. It may be critical to solicit feedback from your staff on what works well with the current orientation, and which aspects of your training do not resonate with staff.

Understanding what is needed by RPNs and the workforce is a good place to begin when considering resilience within your organization (McEwen, 2018). By having a clear sense of organizational identity, RPNs and the LTCH workforce will be better prepared to adapt to situations, thus greater opportunity for restored confidence when faced with difficult situations (Hillmann & Guenther, 2020).

It is predicted that the impact of COVID-19, and the chronic staffing shortages will require leaders in LTCH to be ready and prepared to support RPNs and the LTC workforce through much change and system restructuring. Resilient organizations are well positioned to create systems of sustainability, and also ready the workforce to adapt to change in interpersonal processes, and work routines, and see opportunities when overcoming challenging events (Hillmann & Guenther, 2020).

As leaders in LTCHs welcome new RPNs and other employees to their teams while simultaneously supporting the existing workforce, it will remain important for leaders to conceptualize resilience as an interplay between personal, professional, and organizational elements (Ungar, 2011). To build and maintain resilience within in LTCHs, it is critical to ensure all RPNs and the workforce are adequately orientated, trained and prepared to work. This includes ensuring everyone is appropriately

Solicit Feedback and Actively Listen to it

Solicit Feedback and Actively Listen - ensures that leaders are effective communicators, prominently visible and ready to engage with RPNs and the LTC workforce to promote and facilitate the comfort of individual workers and to provide feedback about the context of their work. Soliciting feedback from employee's unique perspective about their work can inform systems and processes and build a competent and confident workforce who are prepared to offer problem-solving solutions and innovative ideas to uphold the goals of the organization.

It is important that leaders consider the comfort and readiness of RPNs and the LTC workforce to share their unique insight, ideas and suggestions about their work practices.

Administrators and managers can build and improve organizational resilience by focusing on creating a positive workplace culture (Hart, 2014). Leaders can help employees to accept uncertainty and realities in the workplace while fostering an ability of the workforce to see opportunities stemming from challenging situations (Hillmann & Guenther, 2020; McEwen, 2018). This includes restoring confidence even during stressful or emotionally charged situations.

RPNs shared with Dr. Connelly and colleagues (2022b) that they experienced higher resilience when leadership demonstrated respect by actively listening to their concerns and offering additional support. On the other hand, RPNs noted that they did not feel resilient when they perceived that their leaders did not listen and continued to increase pressures to complete their work (Connelly et al., 2022b).

In previous literature, supportive and visible leadership with good communication skills are associated with higher resilience and overall wellbeing of RPNs and other healthcare workers (Odeom-Forren, 2020).

Seeking feedback from your staff can involve ensuring that RPNs and other members of the interdisciplinary team are invited to, and participate in, meetings, committees, and planning events. However, inviting individuals to provide feedback is not enough, whether it is in a formal meeting environment, or an impromptu conference between an individual and their manager, or as a group. To promote their capacity to share knowledge, resilience in team members can be facilitated through coaching, mentoring and peer review strategies and to access support and resources needed to anticipate and adapt to challenges (McEwen, 2018).

A resilient team is ready and prepared to regroup after an event that resulted in a setback in order to generate solutions (McEwen, 2018). Here, individuals are not dependent on the manager to solve problems, and rather are providing their own thoughts and opinions about solutions to the issue presented (Cusack et al., 2016). Soliciting feedback and actively listening to the discussion can promote staff participation in discussions, which can also contribute to developing problem-solving strategies (Cusack et al., 2016).

When seeking feedback, a psychologically safe space is needed to promote open and honest discussions. In the absence of systems of resilience within an organization and the ability of RPNs and the LTC workforce to bring forward their concerns may lead to a 'blame' culture that leads to stress and burnout (Cusack et al., 2016). Creating safe discussion spaces where one feels they can share their personal perceptions (without repercussion) provides the opportunity to gather meaningful information.

During the *virtual stakeholder Forum*, some leaders found that creating a safe space for staff to speak allows staff members to bring forward opportunities for quality improvement initiatives within the care environment. These types of opportunities for open communication with teams and leaders support nurses to feel valued by the organization.

When a process within the care environment is not working, requires enhancements, or change, staff should feel safe to bring forward any concerns about the process, and provide any thoughts on strategies to improve. For example, in Connelly et al.'s (2022b) research, some RPNs shared that to help offset feelings of being overworked and 'stretched too thin', they have established boundaries by making sure they take their designated health breaks. Leaders who established strategies to ensure staff's ability to take time for breaks aligned with their capacity to cope with demanding workloads (Cusack, 2016).

Although the change in process will require further steps, listening to the thoughts and perceptions of staff identifying an area requiring improvement is one of many great strategies for creating a resilient workforce.

From the voices of RPNs (Connelly et al., 2022b)

Attention Needed For Building Wellness

“We were never, we were never asked, we were never engaged, we were never, um, part of any decisions, not that we should have been. But just in that, um, that somebody might have asked “how is it impacting” - like you're asking, “how is it impacting your role and your... and your personal self?” like, it just has never been a consideration. And so, it really, it really does, even though it's not like a direct, you know like, it's not like when you get hit in the head, or you know, somebody screaming or spitting at you. It's not something that immediate to deal with. It's just that long standing imposition... of everything that COVID brought to us.”

Call For Collaboration in Quality Improvement

“My position was more unique in the way, where it was just, nobody could really help me because I was just doing, I was the one doing that and then on the other days I was the one doing the dressings and the wound care. Occasionally, I would beg somebody, like hold this foot so I could take a picture of their heel or I will literally lie on the floor underneath somebody's wheelchair and take a picture of their heel because I had to.”

Support Needed Following Stressful Work Events

“I think it would have been nice if we could have had huddles, like debriefing huddles when things have really been bad. The unit I work on, since January we've had probably 20 people die out of 64, and we've had 20 new people come in. So it's constantly... people are leaving, people are coming, and some of the people that have passed away, have been very sudden and quick, because they had moved people from the hospital into long term care to get them out of the hospital, because they needed the beds for potential COVID patients, and three people that we received from the hospital were medically fragile when we received them, so they died within a few days of coming to our home. And in those days, nurses were crying, they felt like it was horrible to treat humans like that. And our manager, it would have been nice on those days when she knew that things had happened, if she could have... somebody could come to the unit and just say, let's go around the room and share our thoughts and give a chance for you to let out what's inside of you, that's bothering you, about what was going on professionally so you can move on with your day and take care of the other people that need help, but they never did. and they still haven't,”

Tools/Resources

Evaluation of Organizational Resilience in LTC

DID YOU KNOW?

Your organization has been collecting data to help inform baseline assessments of resilience for years! There is a high likelihood that staff, residents, and families have already provided information to your organization that will help to uncover details about the system of organizational resilience within your workplace.

Evaluating Existing Information from A New Lens

- Staff Engagement Surveys
- Resident & Family Satisfaction Surveys
- Compliance Reports
- Critical Incident Reports
- Medication Errors
- WSIB Claims
- Written/Verbal Complaints and Concerns (Residents, families, staff & networks)
- Staffing Schedules & Conflicts
- Student Placement Comments & Feedback

.....and so much more

What Does This Mean?

Your workplace has an excellent opportunity to build a system of high organizational resilience to support retention and recruitment of RPNs, all health professionals and staff. As you and other formal leaders comb through the readily available data, add the lens of organizational resilience to your evaluation and assessment of the material.

- What do you notice about team dynamics?
- What was the root cause of the issue, incident, or complaint?
- What opportunities for improvement have staff, residents and families brought forward?
- What strengths within the organization have staff, residents and families brought forward?

- How did the organization respond to issues, incidents and complaints?
 - + What were the strengths? What improvements were identified?
- How are formal leaders and all staff responding to workload pressures?
 - + Are there common themes?

Organizational Resilience Model

Personal, professional and environmental contexts are important considerations when establishing support systems, readiness of the workforce and capacity to adapt to change as we move forward during and after the pandemic. Table 1 provides an adapted model of organizational resilience.

Domain	Support	Development
Personal	<ul style="list-style-type: none"> • Safe communication between nurses, their teams and leaders that promote safety in the workplace • A culture of support for health and wellness breaks, and recovery • Support for self-care and wellbeing with access to internal and external resources that have been reviewed and approved to be useful for staff 	<ul style="list-style-type: none"> • Resources and mentorship that allow opportunity for development of skills and effective coping • Designated and inviting lunch and break areas in and outside of the workplace • Process for recovery and development of individual self-awareness regarding overall health and wellbeing
Professional	<ul style="list-style-type: none"> • Transparent and clear expectations of work roles that match individual skill level and experience • Time and access to necessary education and training activities. • Allocation of resources that enable the capacity to adapt to changing workloads 	<ul style="list-style-type: none"> • Structures and supports for the development of role-specific duties and assignments suitable to the skill mix of staff • Opportunity for reflective practice in an environment which supports open discussion, and to be able to learn from mistakes
Environmental	<ul style="list-style-type: none"> • Supportive and responsive supervision with visible leadership • Access to safe debriefing rooms and decision-making support 	<ul style="list-style-type: none"> • Process for trained leaders to assist RPNs and all staff to develop tolerance for uncertainty • Assistance to help RPNs balance meeting professional standards within the context of the long-term care system

How Resilient is your workplace?

Personal, professional and environmental factors all need to be considered when assessing and measuring resilience within your long-term care home (Cusack, 2016; McEwen, 2018; Ungar 2011). The visual depiction below provides a brief overview of what resilience may look like for RPNs and the LTCH workforce within your organization.



Figure 4: Evaluating factors of resilience in long-term care

(Definition of organizational resilience adapted from Wiig et al., 2020 is used to describe high resilience. Concepts of low resilience are informed by Badu, 2020; Cusack, 2016; Crane, 2021; Hillmann & Guenther, 2020; McEwen, 2018).

Checklist for Assessing Organizational Resilience

Checklist for Assessing Organizational Resilience

Provided is a checklist for assessing organizational resilience in your environment. Please rate each statement using the scale provided below. You may also choose to provide an action item if you would like to improve an item.

Statement

Statement Rating and action item

Behaviors in the environment reflect the organization's Mission, Vision and Values.	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neutral (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	Action:
The organization follows up to ensure wellness resources are utilized and are helpful.	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neutral (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	Action:
Feedback is often sought from staff members and acted upon.	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neutral (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	Action:
We consider staff skill mix when assigning residents to staff.	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neutral (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	Action:
There is safe and effective debrief engagement after a stressful or traumatic event occurs.	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neutral (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	Action:
We are able to attract and retain highly qualified and skilled staff.	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neutral (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	Action:

Strategic Management Tool: SWOT Analysis



SWOT Analysis: There are a number of tools available to support you and your team to gather a baseline understanding and current state analysis of the system of organizational resilience in your workplace, such as SWOT analysis. Conducting a SWOT analysis can support you and your team to identify the areas where your LTC home consistently demonstrates resilience and opportunities for improvement to better support continuity of care, retention and recruitment of RPNs and the LTC workforce, and improve resident outcomes.

Facilitators' Communication Guide:

Addressing topics of organizational resilience

The facilitators' communication guide provides helpful tips for engaging with RPNs and other members of the LTCH workforce. The three stages presented here are summarized from the information provided in *WeRPNs Organizational Resilience: A Guide for Long-Term Care Homes (LTCHs) to Support Recruitment and Retention of Registered Practical Nurses*. These stages aid the readiness, engagement, and evaluation of the facilitator to inform systems of resilience at work.

Readiness:

Before Initiating the Conversation with RPNs and other members of LTCH workforce

- Evaluate Existing Information Available from Within Your Organization
 - + Results of Staff Satisfaction/Engagement Surveys
 - + Incidence of injuries, and potential injuries (Physical, Psychological)
 - + Written and Verbal complaints or concerns from staff, residents and families
 - + Quarterly Reviews and Quality Improvement Plan and Indicators

- Know your audience:
 - + What is the workplace role of the person (or group)?
 - + How much exposure does this person (or group) have to strategic and organizational planning activities?
 - + How comfortable is this person (group) to share their perspectives, insights and ideas with me or the wider organization?
 - + What channels of communication has this person (or group) been more comfortable accessing when problem solving issues within their home area?
 - + Has this person (or group) expressed interest in work that directly relates to them, or do they have a broader interest in organizational goals and objectives?

Engagement:

The Conversation

- Know your Purpose and Remain Focused
 - + Who has been most influential or helpful to you or your team when overcoming adversity and challenges at work? What other support might be helpful?

Teach Connections

- + What opportunities do you think the organization can provide to support the overall health and wellbeing of you and your teams at work? (internal/external resources, environmental considerations)

Build Wellness

- + When engaging with emotionally charged residents, families or members of your team, what resources or supports have been helpful?

Create Healthy Home Areas

- + How do you and your team debrief after a stressful event? What organizational resources have been helpful? (Personal, professional, environmental)

Create Healthy Home Areas

- + How do you and your teams adapt and manage resident care needs?

Appreciate Quality Improvement

- + What additional education, training or resources might be helpful in quality improvement efforts to support the dignity and wellbeing of residents?

Appreciate Quality Improvement

Evaluation:

Post Conversation

- Evaluate emergent themes which inform building/improving organizational resilience
 - + What areas of conversation were the most comfortable for the individual or group?
 - + What areas were most difficult to discuss? (Observe any pauses, hesitations, uncertainties)
 - + What resources and supports were mentioned during the conversation? What other organizational resources and supports exist that were not mentioned?
 - + How comfortable are RPNs and their teams with bringing information or concerns forward to their mentors, supervisors, managers or other systems of support?
 - + How are RPNs and their teams adapting and managing challenges and other stressful work situations and events? What supports and resources are they accessing?

Solicit Feedback and Actively Listen

Conclusion

Resilient organizations extend beyond the resilience of individuals and their professional identities to include environmental workplace factors and responsibilities. The concepts provided in this guide may be helpful for leaders working in long-term care homes to improve and build systems of organizational resilience to support the recruitment and retention of RPNs. This guide was inspired by RPNs working in LTC during COVID-19 who provided valuable insight into how they adapt in times of crisis. Furthermore, we heard from LTC stakeholders during a virtual Forum to help guide the research deliverables.

Organizational resilience is defined in this guide as “the capacity to adapt to challenges and changes at different system levels, to maintain high quality care” (Wiig et al, 2020). RPNs shared their resilience to manage and cope with personal fear, complex workloads, staffing shortages, and ever-changing guidelines presented as a result of COVID-19. It was noted that very few RPNs referred to policies, processes or procedures when adapting to workplace stressors and challenges. The potential impact of low organizational resilience may have negative implications for resident outcomes, staffing levels and skills, costs, physical and psychological health and safety, and the workplace culture. Whereas higher levels of resilience in organizations are more likely to recruit and retain RPNs and other employees who have the capacity to adapt and positively respond to changes and shifting priorities. This leads to better quality of care for residents, and thus a higher quality of living. With increased nurse job satisfaction and engagement, organizations are better positioned to meet organizational goals and objectives. An approach to resilience that is systematic can aid in supporting sustainable processes and outcomes to manage challenges and strengthen performance in the work environment (McEwen, 2018).

Five concepts for building organizational resilience were identified through RPN engagement and a Virtual LTCH stakeholder Forum (Connelly et al., 2022abc), and supported by emerging literature. These concepts included Teach Connections, Build Wellness, Create Healthy Home Areas, Appreciate Quality Improvement, and Solicit Feedback and Actively listen. Each concept may be helpful in supporting LTCH administrators and managers in developing, building, and/or fostering organizational resilience in the workplace. Leaders of LTCHs can utilize the tools and resources presented in this guide to also support resilience within their organization.

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