EDITORIALS: IMPROVING RESILIENCE
AND NURSE CARING BEHAVIOR

Nurses encounter many risk factors in their work life and have to provide professional care for and relieve the patients under unpleasant conditions in any case in the same time. A number of adverse events or antecedents can pose a significant threat to the wellbeing of nursing staff, such as workplace violence, fatigue, lack of resources, intimidation at work, and lack of capacity that can affect service to patients (Cusack et al., 2016). These situation leads to abroad arrays of occupational stress which is happened in daily life. When stressors exceed nurse's coping skills, their functional capacity becomes impaired. A study in a teaching hospital in Surabaya in July 2017 found that nurses showed symptoms of stress characterized by frequent sleep disturbances (40%), loss of concentration and thinking small things were too detailed (40%), irritable and tension when interacting with other health workers (70%) (Dewi, Hargono, & Rusdi, 2019). Several methods were implemented to improve coping of nurses but not their resilience (ICN, 2016). Arguably, resilience skills are needed by nurses to provide a better care to patients and their family. Resilience is a term that we are hearing a lot lately. There is no single definition of resilience approved by experts. However, a common theme in various definition of resilience is strength, ability to overcoming challenging obstacles and bounce back from adversities (Çam, 2017). In this editorial, we discuss ways of engaging the nurses to resilience skill in order to improve their caring behaviour.

Resilience is the result of the accumulation of various factors and characteristics possessed by individuals, namely personality traits, protective factors, and experiences collected through life in the process and / or developing as a result. These internal and external factors can predispose to "protect" or put individuals "at risk" that cause resilience or maladaptation (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O'Flaherty, 2013).

Subsequently, there are 2 concepts in the organization that can emerge simultaneously in building nurse resilience, namely support and development. Support is defined as an intervention in the workplace that directs and provides opportunities for nurses to withstand the pressures at work. Development is defined as an intervention in the workplace that empowers nurses to enhance their professional, practice and personal potential. Furthermore, in each organizational concept there are three domains i.e personal, practice and professional. The personal domain covers the welfare of individual nurses. The practice domain consists of skills, abilities, and special competencies from the profession. The professional domain is about the service ideal which includes lifelong learning and adherence to ethical behavior patients (Cusack et al., 2016; Hsieh, Hung, Wang, Ma, & Chang, 2016).

In addition, three conditions that affect caring namely matters relating to patients, nurses themselves and the organization (hospital) (Tonges & Ray, 2011). The organizational factors highlighted are leadership, compensation and reward and professional relations. This component will build a healthy work environment that supports the ability and commitment of nurses displaying caring behavior.

As widely known that patients in the hospital need a care where nurse have to provide comprehensively in terms of bio-psycho-social-spiritual care. Furthermore, caring is not only a set of attitudes that can be identified such as sympathy or support, nor does it consist of all activities undertaken by nurses (Warelow & Edward, 2007). Professional nursing care is determined by the way a nurse can use knowledge and skills to value client uniqueness and be physically and emotionally and require resilience within the nurse (Warelow & Edward, 2007). Resilient nurses are able to display professional nursing care, in this case is caring behavior. Nurse resilience is a

nurse's ability to positively adapt to adversity, and can be applied to build personal strengths of nurses through several strategies namely building positive professional relationships, maintaining positivity, developing emotional insight, achieving life balance and spirituality, and becoming more reflective (Jackson, Firtko, & Edenborough, 2007). It can be concluded that resilient nurse will be able to help patients in any situation with nurse's professional manner.

Several studies have been carried out to develop nurse resilience potential, namely through Stress Control Workshops and Resilience Development Interventions (Pipe et al., 2012), A Work-Based Educational Intervention (Mcdonald, Jackson, Wilkes, & Vickers, 2012), Mindfulness-Based Stress Reduction Intervention (MBSRI) (Foureur, Besley, Burton, Yu, & Crisp, 2013), Multimodal Resilience Training Program (Mealer, Conrad, Evans, Jooste, Solyntjes, Rothbaum, et al., 2014), Mindful Self-Care and Resilience Intervention (MSCR) (Craigie et al., 2016), and Stress Management and Resiliency Training (SMART) (Chesak et al., 2015), A Pilot Integrative Coping and Resiliency Program (Tarantino, Earley, Audia, D'Adamo, & Berman, 2013), Aware Compassionate Communication: An Experiential Provider Training Series (ACCEPTS) (Gerhart et al., 2016). The latest model was developed by author using a Model of Resilience for Caring Enhancement (MORE CARE) and focused for ICU Nurses (Dewi, Nursalam, & Hargono, 2019). However the result is still inconsistent and influenced by various factors.

In general, strategies for building or developing resilience include a) building good relationships in teams; b) provide education and training to develop behaviors that help control or limit the intensity of stress, or help recovery; and c) help in processing emotions and learning from experience. Although individuals must be responsible for developing personal strategies to help coping and resilience, organizational support is an integral part of equipping individuals to face work related challenges (Adams, 2015). Resilient nurses have greater potential to be able to provide professional (caring) nursing services. In accordance with the resilience process (Lietz, Julien-Chinn, Geiger, & Hayes Piel, 2016) individuals reach the stage of resilience fully when able to provide assistance to others (helping others).

From the various explanations above, it can be highlighted that nurse resilience influences caring behavior in general. The concept of resilience is very important in the field of care because resilience plays an important role in nursing longevity and retention. Nursing leaders should be knowing how resilience can be applied to nurses and how to improve and maintain this concept in other fields (Turner, 2014). Therefore, it is very important to build and strengthen resilience of nurses in a stressful work environment in daily basis.

This editorial has touched briefly on the method of resilience capacity improvement and how this may mitigate the impact of work place stress on nurses by involving nurse as individual and organisation as where nurse have support.

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