



UNDERSTANDING NURSING RESILIENCE DURING THE COVID-19 PANDEMIC THROUGH NARRATIVE AND ART: A FEMINIST EXPLORATION IN EDUCATIONAL RESEARCH

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Abstract: The resilience and retention of nurses is a complex and urgently compelling phenomenon in the global context, made even more critical given the challenges of the COVID-19 pandemic. This study explored the stories of nursing resilience told from the perspective of four public health nurses who worked during the COVID-19 pandemic, utilizing narrative inquiry and arts-based research underpinned by the feminist theoretical framework. The stories of nursing resilience were shared in group discussions, one-on-one conversations, and artistic collages with artist statements; these articulated the nurses' thoughts and feelings about resilience while working during the pandemic. Elucidated are the impacts of the institutional power structure in nursing, thoughts on using artistic expression, and images of a black cloud to express nursing resilience. Further research is implicated on the use of art in nursing education, the power structure in health care, and nurses feeling valued by the healthcare institution.

Keywords: arts-based research; narrative inquiry; feminism; education; nursing resilience

There is a problem with resilience in nursing and there needs to be more understanding of the factors that promote or develop it, particularly in nursing education. Nursing resilience research is vital because of the alarming rates at which nurses are leaving the profession (Draper-Lowe, 2016). Attrition in the nursing workforce, combined with the fact that the population is living longer with many co-morbidities, has contributed to even more stress in healthcare (Cope et al., 2015).

Nursing during the COVID-19 pandemic caused great stress and fatigue for nurses, who had to work long hours amidst the threat of contracting the virus at work. Clancy et al. (2020) predicted that many post-pandemic mental health conditions would become evident in nurses, manifesting in disorders like post-traumatic stress disorder (PTSD) and chronic and acute stress. These authors recommended sharing feelings with colleagues which has been shown to reduce stress and promote a team atmosphere. They also pointed out that management support for bonds among team members matters in supporting ongoing resilience.

Methodology and Theoretical Underpinnings

The methodology utilized in this article is narrative inquiry in the spirit of Connelly and Clandinin (1990, 2006), set within the broader base of the arts-based research paradigm. With this research, it was essential that the lens through which I viewed this exploration should include an understanding of, and pay keen attention to, power and control within the healthcare institution. This research, therefore, is underpinned by a feminist theoretical framework which has been shown to be effective when examining nursing and the patriarchy (McGibbon et al., 2014; Sundean & Polifroni, 2016). A feminist lens guided the way that I approached the research participants, the questions that I asked them, and the view from which I considered what they shared.

As I conducted this research, I was aware that I experienced these nurse's stories through the perspective of my own lived experience as a nurse who has worked in a healthcare institution, and as a human impacted by my own experiences. Ultimately, I have sought to limit this by sharing the narrative stories I wrote with the participants as I came alongside them as they told their stories.

The Stories of Resilience

Following ethics approval, I recruited four research participants via snowball sampling, who consented to share their stories of nursing resilience with a broader audience. The following article represents the research participants' stories, gathered through group-meetings, individual collage creation, artist statements, and individual one-on-one conversations, the results of which were analyzed thematically.

The research participants created artistic collages in response to the following question: How would you visually express your nursing resilience story during the COVID-19 pandemic? Block quotes from their narrative stories are italicized below, written as the research participants shared them. The research participants reviewed the interim texts and were allowed to make changes. Four resonant threads representing the areas where the nurses' stories overlapped follow the individual nurse's stories: the prevalence of power and control over nurses by the healthcare institution; a black cloud image which was common in three of the four nurses' collages; their thoughts on the use of artistic expression; and the contributions to theory that this research has achieved.

Christine's Story

Christine graduated from a Bachelor of Nursing program in the late 1980s. Her first job was in a complex chronic medical unit but, within a year of graduation, she attained a position in public health and has remained in that nursing field in various positions.

Resilience

Christine noted that resilience was not discussed in nursing education when she was a nursing student in the 1980s. Christine defined resilience in the following way:

The ability to adapt and change to maintain yourself, your autonomy, and your self-care. It does not mean you have all good days, but I see resilience as a positive thing It's the way you think about something, navigate yourself into it, and choose to pull out the positives but still be self-protective regarding your boundaries. You must maintain that self-care I've learned to set more boundaries to last long term. I love nursing, and I do not have any plans of quitting tomorrow, but there are still days in the last two years when the idea of quitting creeps into my mind. I think this is because I have not navigated better boundaries for myself as a nurse. And you know what? When one nurse stands up, we all stand up.

Figure 1
Christine's Collage



Note: Christine, (2022). *Thoughts on Resilience during the COVID-19 Pandemic*, Mixed Media, January 15, 2022

Christine's Artist Statement:

It feels like a tree bent with one root holding it up, but the root is strong and the soil around it (your personal support system) keeps it in the ground. It sways and sways but stays grounded from client gratitude and small acts of kindness. Black cloud and support written in black represent the lack of systemic [health region] support or appreciation of all the stress components faced by nurses' learning curves, modified surge service, unfamiliar sites, unfamiliar people and processes, changes in personal work schedules, and not working with work buddies to navigate all the changes.

Central to Christine's collage is the image of a bent tree, which she has labelled with the words "Bent Tree 1 root." Christine stated that, when she created this image in January 2022, she felt that, although she had a strong root, she was pushed to the point of touching the ground, bent but not broken. Later, in the first one-on-one conversation in May 2022, Christine shared the following when we re-visited the image that she had created, stating that, in January, she did not feel that she was coming out of the feelings of being overwhelmed:

I feel like we're coming out of it, but I also feel that this tree needs to come up slowly and mindfully. I need to think differently to maintain my resilience . . . I think some people will not come back up. I know people that have quit.

Christine's images show how she maintains her resilience through input from family and loved ones, mindfulness, and gratitude. In our one-on-one conversations, Christine stated that her choice of the term "history" was significant because she hopes that, as a profession, we learn from what we went through during the pandemic; that, in the future, this period in time will teach us and the institution ways to better navigate the burden it had placed on our resilience. Christine noted this in the following:

We cannot move forward unless we look at our history, we need to learn from history, or history repeats itself.

Christine stated that her sincerest hope coming out of the pandemic is that we as a society and the institution learn from the impacts the pandemic has had on nurses and doctors, and that, moving forward, the same mistakes will not be repeated.

I Made a Difference

Christine felt that, during COVID-19, her managers could have impacted her resilience by saying, "Thank you, you are doing a great job." She found solace in knowing she was making a difference to her clients, and was proud to be a nurse during that time. She shared these thoughts eloquently in this comment:

Just saying, 'Oh my God, Christine. You did a great job.' I got left with the whole caseload at work [while the rest of the team was redeployed]. I never got a single compliment. It is like, 'Could you go faster?' [from her management] So, it was that mentality. Seriously, it is the mentality that they are not at all grateful for anything we have done. I have gone within myself. I have gratitude and ground myself with family . . . I am proud to be a nurse at this time. And I get my strength from saying I am making a difference to COVID, making a difference to the clients, but I really hope someday we learn from this and that my daughter as a nurse never has to go through what I have gone through. It has been a very disrespectful time. I am proud of us. I am proud to be a nurse, and I am proud of us . . . There has not been a single kudos.

These were the highlights of Christine's story; I appreciated her candour, and I am optimistic that her voice and story will add to current knowledge in nursing about resilience. Christine is deeply concerned about maintaining resilience for the generation of new nurses, including her daughter. Her story is passionate and compelling and outlines her nursing resilience; she feels more hopeful for the future.

Emily's Story

Emily has worked in nursing for 12 years but began her career in an acute care site. Emily graduated with her nursing degree in the 2000s and recalled there being some mention of resilience during her nursing education. Emily's mother is a nurse, and she has had a long career working in nursing management. Emily also has a second bachelor's degree.

I Felt Valued

During the early stages of the pandemic, Emily was redeployed to the COVID-19 testing sites. She worked at many different places and was expected to sign up for shifts. She described the environment at the testing sites as difficult when situations arose in which other nurses tried to show that they were more powerful than she was.

There were colleagues who are doing the same job as me that felt like they needed to tell everybody else how to do their jobs, even though they were not getting paid to do it. There were times when I thought, 'I have been doing this as long as you; if it is just so that you can feel all-powerful, then it is not necessary.'

In the COVID-19 supportive position that Emily later held at a provincial level, there were many days that she worked overtime, sometimes as many as 15 hours a day, several days in a row. Her work site was understaffed, and the work she did could not be left to finish the next day. Emily appreciated the management style of the managers there because, as

stated here, she felt valued for her knowledge and skills. If she needed help, she asked her management team, and they supported her.

What has been so refreshing is that we just do our job and, if we ask questions, we get support. It has been so different just to come to work and do my job and not be told every little thing you know.

In this role, Emily stated that she felt very well supported by her nursing management but still found that the pandemic tested her resilience on many days. She summed up her experience in working with leadership in the COVID-19 supportive role in this way:

I have to say the management team, at least for my little area, is amazing. I actually got a note from my one outbreak manager on the day after I had returned to my regular job. She said, 'Thank you for being such a good part of our team and being such a valuable part of the team.' There are good managers out there.

Emily defined resilience in the following way: *"I think it is finding pieces of your environment and yourself that sustain you when things are perceived as difficult."*

Emily stated that something that helped her emotionally during the pandemic was when the public showed random acts of kindness toward the nursing staff. She said that these small things helped her during the dark times:

People, neighbours [the testing centre] would come and, you know, tape pictures to the windows for us and people would bring food and coffee. Those things they're small things, but they were really important absolutely that helped me keep going. It has been nice. It has been really, really nice to have that.

Emily shared that she had supportive communication from her management in her virtual position during COVID-19, and that the team frequently received emails from their nursing management thanking them for the work that they were doing during the pandemic:

Honestly, we do get kudos emails [from our management] not necessarily individually, but always that they recognized we were working really hard and trying really hard.

During the second group conversation, Emily also shared her thoughts about how disappointed she was that the nurses who were redeployed to do immunizations did not feel the same level of appreciation from their managers:

It is really disappointing from your end because, honestly, [nurses] have had a huge impact. I cannot even say to you what a huge difference that made. Vaccinating, what a huge difference you made to our community.

Emily shared how positive her experience was working with the management team during the pandemic and how rewarding that experience was: *"I have to say that the management team, at least for my little area, was amazing. It's been nice, really nice to have that."*

In the context of this second group discussion, Emily had returned to her permanent position, and reported that, after the first day, feelings of being devalued had returned. She decided she would begin looking for a new nursing job after the first week as she felt unsupported and that she was returning to a toxic work environment: *“I promised my husband that, on Fridays, I will start looking for new jobs.”*

Self-Awareness and Resiliency

Emily thought that her conscious reflections about how she was handling difficult situations, and choosing not to take her stress out on others, helped her to deal with the stress she felt while working during the pandemic. She described her shift into a self-awareness strategy, to boost her resilience, in the following way:

I know when we went into testing centres in March 2020 that what helped me was being self-aware that I was really anxious. I accepted that I do not want to be here but I am choosing to conduct myself in a certain way. I am choosing not to take that out on other people—especially those in the same boat as you.

Emily fostered her self-awareness when she was working from home during the pandemic:

I was just taking some time for self-reflection on how the day went and what went well, and what I could have done differently and then creating a "to do" list for the next day. I asked myself what made me feel upset. Just being honest with my feelings about what was going on.

Figure 2
Emily's Collage



Notes: Emily (2022). *Thoughts on Resilience during the COVID-19 Pandemic*, Mixed Media, January 15, 2022.

Emily's Artist Statement:

Five days of training in facility [support], an area I have always wanted to work in. A month after the five days of training, I was responsible for 24 facilities. One of these, in the end, had 49 COVID deaths in two months. This is not what I signed up for but, more importantly, this is not what healthcare workers or residents of these sites signed up for. The house in my artwork represents what a facility, someone's home, and workplace should look like. I felt a black cloud hanging over everything as I sat alone in my little room on a computer. The things that removed that cloud included caring for myself with physical activity and spending time with friends and family, which are represented by the sparkling heart. The heart also represents colleagues from all over the province and country. The energy emanating from this heart has helped to make me feel resilient.

The images Emily shared tell her story of resilience during the pandemic, overshadowed by a black cloud and the isolation of working from home, a lonely figure working on her laptop. Also included are textual representations of the 49 people who lost their lives to COVID-19 in the facilities Emily supported. This was the harsh reality of working during the pandemic; people died, and, somehow, nurses like Emily continued to do this important work.

During the group discussion, Emily further described her thoughts and feelings about trauma, working as a nurse during the pandemic, and further interrogated her artistic collage creation. She used a compelling metaphor for how out of control she felt:

I am by myself in my little room, working on a keyboard, talking to people all day. You're just by yourself, right? You are physically by yourself, and you are not moving. I heard somebody talk about post-traumatic stress disorder. I remember thinking, I cannot move. Something really traumatic is happening, and I cannot move. I definitely felt that in this situation, with the 49 people passing away, I was just seeing this trainwreck and trying to hold on. I could not find a picture of sand, but it was like I was trying to hold sand in my hands, and it was pouring out, and I could not keep it from spilling out. What made me resilient was just being active. Very active.

Emily utilized physical activity to cope with the stress of her daily work, face the next day, and foster her resilience.

The hearts in Emily's collage expressed the support from her colleagues and the impending brightness in that relationship. She described those feelings in the following description about the meaning behind her art: *"I think it was support from colleagues and that there was a brightness in that."*

Ella's Story

Ella graduated with a nursing degree in the early 1990s and has an arts degree. Ella stated that, in her experience, there was no discussion about resilience in nursing school. Ella defined resilience in the following way:

I think resilience is being able to cope with multiple stressors and still being able to maintain your ability to make good decisions and to keep your emotions in check.

Ella has an astute sense of humour, but her tone changed notably when she began talking about her thoughts and feelings while working during the pandemic. In its place was a drained, drawn, and tense demeanour as she recounted her experiences.

I Am Insignificant and Disposable

Ella commented on the importance of teams in nursing, and talked about how lost and dehumanized she felt when she was redeployed during the pandemic. She was often in a

different clinic every day, and was frequently outside the city, in rural areas. She contrasted how she felt as a team member in acute care and how these differences affected her resilience. She shared these thoughts:

When we worked in women's health, you felt like part of a team and part of a family. And so, for me to come into that [clinic and testing centre] environment and not have those people I can turn to and who are my allies, it felt like I was just a cog in the wheel. Just sit down here. Does not matter. You do not sit there; go sit over there. You're still doing the same thing. You are all the same. It was very dehumanizing.

Ella felt that the nursing management during the pandemic made her feel like she—and nurses in general—was not deemed as an essential part of the health care system. This lack of feeling valued impacted Ella's ability to feel a part of a team and her ability to bounce back from the pandemic experience. She described how she felt like she was disposable:

Nobody cared. I felt disposable as a person. Again, nobody cared about us like we were just disposable, really. You cannot do it? Well, we will get another one. She will get in there. She will do it. I mean, I found that very degrading as well.

Ella shared that one thing that harmed her nursing resilience was that her manager did not care enough to find anything out about her during the pandemic. She described these feelings and the huge impact this had on her:

The biggest thing I'm feeling is that she is focused so much on her upward path. It is like she does not even care about the people working in her programs. It is like she does not know anything about me. She has worked there now for two years plus, and she really does not know anything about me or anyone else on the team. I just feel very unsupported and insignificant, really.

In addition to not feeling valued in general as nursing staff, Ella shared another deeply affecting thing: not being prioritized for vaccination until the public qualified, based on age. She wondered why nurses working in the vaccination clinics in public and long-term care sites had to wait their turn with the general public. She described her feelings:

*It made me so mad that, you know, we are expected to go and give these vaccines and not have it ourselves. We are still vulnerable. But, you know, give the vaccine to all these people. I'm like, wow, okay, so you really do not give a **** about me at all.*

I Am Not in a Good Place

The cumulative impact of the dehumanizing events Ella experienced throughout the pandemic and her return to her permanent job in 2022 shows the pandemic's ripple effect on resilience. She described this in the following comment:

I feel like that whole atmosphere chipped away at my resilience. Each day became harder and harder and harder. I think, even now, I am not in a good place. For the first while, it was really difficult to do work. I was totally alone at home working on my

computer. It was difficult to try and motivate myself to talk to people. I was shell-shocked. I would sit here; it took me several weeks before I could try and get back at it. I've spoken to our manager because I think it is true for a lot of us. I swear to God, I have never seen it like this, like, where nobody has any capacity, anything that is out of the ordinary is too much. It is too much stress. I cannot do this. Staff are on edge. There will be a mass sick leave, you know.

Ella described having a conversation with her management about her concerns about herself and other staff members' resilience in the spring of 2022, post-pandemic:

We tried to talk to the manager. I have said to her several times that people are not good, and she responded, 'Well, tell them they can come and talk to me. I am a people person. I like talking to people.' I am thinking to myself, 'Nobody wants to talk to you about how they are doing. You are not a supportive person.' You are not safe, you know, she does not have a soul

Figure 3

Ella's Collage



Notes: Ella (2022). *Thoughts on Resilience during the COVID-19 Pandemic*, Mixed Media, January 15, 2022.

Ella's Artist Statement:

I learned to stand up for myself. The little black cloud shows how I was feeling, which was not good. The sad little nurse in the corner was me. I learned to stand up for myself when I decided that I mattered more. The things that helped me were taking time for myself, enjoying the flowers and garden, nature and keeping physically active—spending time with loved ones—having the people around me who made me feel safe. This really made a difference.

I Have Nothing Left to Give

Ella began having nightmares shortly after she was redeployed during the pandemic. In the context of the post-pandemic reality and our first one-on-one conversation, she felt the need to find a new psychologist to try and help her deal with the emotions she thought were connected to nursing work and the spillover of negative feelings about the institution.

Ella sought counselling after a conversation with her manager, who told her to take a vacation. She took a medical leave to try to sort out her feelings. Ella also shared that she was in the same place emotionally again, post-pandemic, as the complexity of her work had increased and she found the stress building again.

I saw somebody for several months, and it was really helpful just to talk the experience through. Now that I'm here again, I need to start seeing someone again. I can feel it. I'm not in a good place. I have been thinking about it.

At Ella's second one-on-one conversation, she had found a new psychologist and had met with her once. She stated that she thought that she needed to go on medical leave again as she felt so unsupported at work, and that another leave was her only option to sort out her feelings:

I have nothing left to give. . . ; I think we are in trouble because many of us are saying 'I'm getting the hell out as soon as possible.'

Ella hopes to retire as soon as possible; if she cannot, she will find a position outside her current one. She shared these feelings during one of the group conversations:

No, I am ready to get out. If I were not retiring, I would definitely be finding a different job. Like you, Emily. It is not worth the life energy, right? If I was not ready to retire, I would be saying goodbye.

Anne's Story

Anne and I met as colleagues during her early years in nursing, and we were re-acquainted during our redeployment to the vaccination program during COVID-19. Anne identified as a feminist and stated that this is because she comes from a country where women do not have equal rights. She expressed her feelings about feminism:

I am a feminist and fight for women's rights every single day.

You Cannot See and Touch Resilience

Anne discussed her thoughts about why she thought that resilience was not something which is openly discussed in nursing school. She shared a fascinating insight about resilience being a difficult concept to learn because you cannot see or touch it, you have to experience it in a way that life teaches you:

Because some people do not know it, sometimes they do not talk about resiliency because they do not know it. It is not something that you touch. It is something you live and feel. It is not something you can prepare for.

Anne shared her thoughts about why resilience for nurses is so important and why they should prioritize their resilience:

. . . because nurses are so important, they care for us, and we need them the most, so they should have that resilience, and they should be supported just like everyone else.

Figure 4
Anne's Collage



Notes: Anne (2022). Thoughts on Resilience during the COVID-19 Pandemic, Mixed Media, January 15, 2022

Anne's Artist Statement:

When COVID-19 savaged/attacked the world! My world became attacked as well! I was redeployed, and my life became chaotic! When everything fell apart! I turned to my colleagues and my family! I appreciated the people who brought us little things; at least there was someone out there in our city, our province, that still thought we are human beings! They brought us food from time to time! I was so grateful for their gestures.

Anne went on to say that, during the pandemic, she felt feelings of isolation because she was not in her home unit with her work family. She stated how isolating these experiences were and how difficult it was to be redeployed:

It was hard, and extremely hard when we were redeployed; without the support of our own family, our colleagues, I do not know if I could have been able to be there. At the same time, because we were not in our home units, you do not have anyone you know, like above you, to support you. So, we were on our own. Yes, you had managers and clinical leads, but these were people you did not know. People who do not know you. They did not know us.

Resonant Threads

According to Clandinin (2013), a second level of analysis occurs after the individual narrative accounts, as the researcher looks to discern patterns and resonances where the stories overlap. The following represent the areas where the research participants' stories overlapped.

Black Cloud

The artistic collages that the research participants created during the first group meeting held online were markedly similar in some respects. None of the participants were in the same room because COVID-19 restrictions prevented meeting in person.

Similarities created in the collages were shocking to some. Christine exclaimed, "*I just clued in on that I have a black cloud too!*"

The black cloud that Emily depicted expressed the darkness that hovered over each day during the pandemic because no one knew when the end of the pandemic would come. She stated, during the one-on-one conversation in May 2022: "*It was not knowing when on the darkest, hardest days. I guess it was hard to see where the end was.*" Emily said that she did not feel the black cloud every day, there were times when the waves of the pandemic ebbed and flowed. The image of the black cloud was prominent when she thought back to her resilience during that time.

Ella commented on how the black cloud in her collage expressed how she felt emotionally while working during the pandemic; her feelings of anger, fear, loneliness, a lack of support, confusion, and sadness. She explained her thoughts related to the black cloud and how shocked she was at the similarities among the collages in the following:

It is funny. I have all the things that you did, Christine. . . Oh my god, I did the same thing where I had a black cloud. And I know in the black cloud I wrote like how I was feeling, which was like anger, fear, feeling alone, lack of support, and confusion, and a little sad-faced nurse.

Ella also wondered about the underlying meaning of the black cloud encapsulated in the collage creations and how shocked she was about the similarities among the collages. “*I want to know what [the black cloud] represents for us. Did we all feel that same foreboding?*”

I recall thinking that it was not surprising that the research participants had similar feelings about working during the pandemic. What surprised me was that they expressed them so similarly using the image of a black cloud.

Institutional Power Structure in Nursing

The research participants all expressed that they felt a power structure in nursing by which they felt frustrated and dominated, and this left them feeling voiceless, impacting their resilience. Christine described how uncomfortable she felt with the power structure in health care and related it to the fact that most of the nursing workforce are women.

. . . but it is like there is a power structure because we are primarily women, even though we are really smart, we could have been doctors, a lot of us, we have taken a lot of extra courses. I have a high level of expertise.

Christine verbalized that working during the pandemic was a traumatic experience, and that the disrespect she felt from nursing management added to this. She noted,:

This has been, I do not know what the correct wording is, traumatic, depending on what area you are in or what you already bring to the table in terms of resiliency. Especially when [our premier] came out trying to cut us and all that stuff. It was not about money. Oh my God, health is so important. We are keeping you alive, and especially the emergency nurses were actually having people on ventilators.

Christine became a nurse in the 1980s and said she noted a shift in the power structure formerly dominated by the medical profession. She does not believe doctors dominate the power structure in health now as they did in the past. In the current context, she thinks there has been a shift in the power structure, and that now nursing management is responsible for domination and control over nursing. She finds this power structure very devaluing because, often, the nurse managers she works under are not nurses and do not have a medical background:

The culture is changing; doctors today know they need nurses. When working side by side, the power structure is not so much with doctors. And, when I phone doctors, they let me decide if the patient needs to be admitted. And they always agree with me. Our [nursing] managers, not so much. It is a struggle if they do not have any nursing background because we are not talking the same language; it is very devaluing.

Ella wondered why nursing management did not attempt to keep nursing teams together as they were redeployed to testing centres and then to vaccination clinics. Ella openly wondered if this was a conscious effort by management to keep the teams apart as a part of an expression of power over the nursing staff. She thought that working with a team she knew, and felt a part of, would have been helpful in terms of supporting her resilience.

Well, I mean, would you not think if you have full-time staff that you would make sure that they are going to go to the same place, have the same site, so that they can all come [together], so we can have our team. We could have formed that team and had that sort of camaraderie. But no, they almost purposely wanted us scattered all over the place. It was such a stressful time; no matter what, you are in a pandemic and out there, dealing with people face-to-face. Would you not want to make it the least stressful? Would you think they would try and keep people together? No. It was like none of that was taken into consideration at all.

Emily wondered whether the power and control of women over other women in the institution has resulted in a system where those in authority are unaware of how they are using their power. She wondered why, from a feminist perspective, they do not understand that women should support other women. She shared these thoughts here:

I mean, we are the system I also think because it is still not always common for women to have power, maybe people, women who have power, they want to hold on to it, like my precious. It is hard to open the doors and look at how to build other women up and have them join you at the table.

Christine felt she had no identity because her nursing management treated her like she was a faceless employee. She noted this tested her nursing resilience during the pandemic.

Thoughts on Artistic Expression

All research participants described the benefit they felt from being involved in sharing their thoughts about their experiences of resilience visually.

Ella shared that she enjoyed the collage creation; not only did she find it cathartic but it was emotionally relieving to her. She said that seeing other nurses share similar images in

their collages about nursing resilience helped her feel that she was not the only one feeling that way:

I really enjoyed that because I do not think I had ever really sat down and thought about what it was that helped me get through that. Doing that collage was cathartic, putting it on paper, speaking it, and writing it down. That was good. It was shocking that so many of us had the same images. That shocked me. Really cool because I felt like I am not crazy. Everybody is feeling this way. That made me feel like, "Okay, I'm not crazy. We are just all, like, burnt out."

Anne enjoyed creating the collage because of the process of expressing her feelings about resilience, as well as the carryover impact for the viewer being able to see what she had described, and that the fact that the art will live on in history to inform the future about what nurses went through at this place in time. She explained:

Looking at what was in my mind was a good expression of what happened to me or what I saw around me. Without thinking about it, the impact, I was able to get out of me without actually saying anything. Also, someone can see it and have their interpretation, and see what I went through, and see how I was feeling, and then they can maybe draw from that when we are talking about the pandemic, and they will see, "Ohh, this is how nurses felt like back in that time, inside them. This is what they felt. This is how they felt." I think the art was good. It also made me say things out of my brain using art.

Anne stated that the collage creation gave her a new perspective, energized her, and encouraged her to keep going.

Discussion

Nursing Education

One of the critical aspects of this research was understanding the extent to which the research participants learned about nursing resilience in their experiences as student nurses. Emily recalled some discussion in her nursing education about nursing resilience; however, none of the other nurses in this research shared the same experience. Resilience needs to be a topic that is discussed, and there must be more emphasis on it in nursing education.

Traynor (2019) noted that the idea that resilience in nursing is a deficit in the individual is concerning, because staffing levels continue to drop even though the acuity levels are increasing. He said that if a nurse is not resilient, it is typically seen as the fault of the nurse, not the system. Nursing resilience must be addressed collectively, not solely on an individual basis. During the research, the nurses also shared other stories about stressful times: Emily shared a story about the first death she experienced, and Ella spoke about

worrying that her patient might die. Any individual in a caring profession will have emotional stressors to contend with; therefore, we must educate nursing students to specifically prepare them for emotional stressors. This is an essential consideration for future research on nursing resilience.

Thoughts about including resilience in nursing education has been a topic that I have returned to as this study has unfolded. Indeed, this study and my shift into academia have caused me to pause and think about how we could approach this differently.

The application and use of the arts in nursing education is a concept that must be considered more seriously. The research participants shared that, after the arts-based collage creation, they understood they were not alone in how they felt about nursing resilience. Using the arts to support learning and understanding has been a contribution that this research has added to the literature. This research shows the therapeutic and cathartic ways that art helped the research participants find peace, thereby illustrating the need for arts use in nursing education to become more prevalent.

The benefits of using art to be attentive to the subjective experience of others could be applied to a wide variety of nursing education curricula. Rieger et al. (2020) researched arts-based pedagogy in nursing education in Canada, finding that art was an effective catalyst for learning about empathy, self-awareness, and reflection, and fostered a more profound understanding in nursing students. These authors noted that the arts allowed for connection to and expression of feelings that were difficult to uncover. Obara et al. (2022) suggested that an arts-based pedagogy in nursing education enhanced critical thinking, learner engagement, and group connections. Eisner (2008) stated that art can be used to improve the understanding of the human condition, making more expressive realities that may otherwise remain unknown. Cole and Knowles (2008) shared Eisner's view that knowledge could be advanced through the arts in research. All of this suggests that using art in nursing education would be compelling for learning in both the cognitive and affective realms. More research is needed on using the arts in nursing to promote learning and process complex thoughts and feelings, and to assess the impact on nursing resilience.

Artistic Expression

The research participants shared how, by creating and viewing their art, they understood that they had similar thoughts and feelings about nursing resilience, bringing them healing and peace. Ella shared that she enjoyed the collage creation and that not only did she find it cathartic but also that it was emotionally relieving to her. The art caused her to think and reflect on her feelings that she had not deeply considered. Butler-Kisber (2018) noted that collage creations could encourage unconscious thoughts to surface, facilitating thinking, talking, and writing.

Anne enjoyed creating the collage because, in expressing her feelings about resilience, there was a carryover impact for the viewer, who could see what she had expressed in her art. The collages made the invisible visible from multiple subjective realities. As Anne described it, the art will live on to inform the future about what nurses went through at this time. This is a significant and powerful visual contribution for generations of nurses in the future who might wonder what it was like to work during the pandemic.

Conclusion

This research has demonstrated the healing nature of using arts-based approaches with nurses processing their nursing resilience experiences during the pandemic. The use of art as a source of healing and reflection is well documented in the literature and was reinforced in this research and the stories shared by the research participants. The use of art as a form of debriefing from nursing stressors is clearly warranted; the nurses stated that being a part of a group with similar experiences made them feel that they were not alone.

This research gave voice to the research participants' stories of nursing resilience. It speaks to improvements that should be made in nursing education using art, the importance of support for nurses within the healthcare institution, and the negative influence that the power structure in healthcare has on their resilience. Nursing is a vital resource in health care and faces extinction due to attrition and burnout; therefore, the profession's resilience is a paramount concern that needs to be supported. May there never again be a black cloud hanging over health care.

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