Recognising resilience

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Life is constantly throwing curve balls or unexpected events. It is how we deal with these events that defines who we are as individuals, as a profession, as an organisation or a local or global community.

Resilience has many facets and first emerged as a concept in relation to the investigation and management of vulnerable populations, primarily high-risk children or children with disabilities. Derived from the Latin word 'resilire' resilience has been defined as "the skill to overcome/become adapted to highly difficult circumstances"^{1,2}. Grafton et al further state resilience is "an innate energy or motivating life force present to varying degrees in every individual, exemplified by the presence of particular traits or characteristics that, through application of dynamic processes, enable an individual to cope with, recover from and grow as a result of stress or adversity"³.

COVID-19 and its ramifications on individuals, families, communities, health service providers and professional organisations and the global community over the past twelve months and more has been one of those curve balls and does not require further elaboration in terms of the devastation caused. What does require reiteration and further recognition is the self-sacrifice health professionals, including nurses and stomal therapy nurses worldwide, have made over time to manage and comfort those afflicted with COVID-19. In addition to enduring long hours of physical work frontline health professionals and care workers are having to contend with the restrictions of wearing protective personnel equipment (PPE) to protect themselves and those around them, which often results in impaired skin integrity from wearing PPE or frequent handwashing as reported in the Special COVID-19 edition of the WCET® Journal Volume 40 Number 2 June 2020.

Kuhnke JL et al provide additional insights on COVID-19, specifically that in Canada 40 health professionals have succumbed to COVID-19 in the line of duty. The importance of, and strategies for, maintaining optimal wellbeing and self-care to adapt to the stressors of COVID-19 are described.

Resilience is a recurrent theme in this issue under several guises. The resilience of burn victims in enduring often complex painful therapies and burn nurses and the care they provide to people disfigured by burns is highlighted in Xu's case study of a woman with facial burns from a gas explosion. Likewise, McGrogan reminds us of the difficulties in assisting people with cognitive impairment to self-manage their stoma care especially in the presence of disruptive behaviours resulting in pouch removal.

The inherent challenges and tenacity required to manage non healing wounds are discussed by Boersema et al in their systematic review of nonhealable and maintenance wounds.

Another facet of resilience is highlighted by the WCET®, which as an organisation over its 43-year life span has demonstrated its ability to adapt to meet the needs of its membership worldwide, culminating with the 2020 World Union of Wound Healing Societies Gold Medal for Most Progressive Society. This has occurred because volunteers who helped develop and sustain the work of the WCET® demonstrated many attributes, including vision, optimism, competent leadership, coping strategies and problem solving skills, dedication, reflection and a sense of humour, which are characteristics of resilience and resilient people¹.

The editorial board, editor and publisher congratulate the WCET® on their award. We also recognise the achievements of all other award recipients who within their respective fields most likely faced and overcame some adversity in establishing their roles or service goals.

The WCET®, editor and publisher wish to thank retiring editorial board members Barbara Delmore, USA; Kevin Woo, Canada; Sharon Baranoski, USA; Carmel Boylan, Australia; Pankaj Choudvary, India; Lori Henderson, USA and Diane Maydick, USA for their years of service contribution to the journal.

A very warm welcome is extended to our new editorial board members Denise Hibbert, Saudi Arabia; Dr Emily Haesler, Australia and Professor Karen Ousey, United Kingdom. A more formal introduction to Denise, Emily and Karen will appear in the next issue of the journal.

Egeland et al referred to resilience as the "capacity for positive outcomes despite challenging or threatening circumstances"². Many positive outcomes have emerged through the crisis of COVID-19, that have restored our faith in humanity. Few would be unaware of the extraordinary efforts of Captain Sir Thomas Moore, affectionately referred to as Captain Tom, who at 100 years and with impaired mobility showed courage and

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resilience in achieving his goal of walking 100 laps of his back yard at home in the United Kingdom, raising over £33M for British National Health Service charities to battle COVID-19; a feat that gave hope to and lifted the spirits of all⁴.

In recognising the inherent resilience within each of us in times of hardship, I wish you all good health, good spirits and opportunities to shine.

With kind regards

Jenny

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