

Finding Solutions in Aromatherapy Practises While Maintaining Resilience as Nursing Leaders

Mackenzie Stella*

Department of Nursing, University of Adelaide, Adelaide SA, Australia

Abstract

A typical definition of personal resilience is the capacity to function well in the face of adversity. Personal resilience has been conceptualised in a wide variety of ways. Historically, the term "resilience" has been used to refer to both physiological and psychological characteristics, the latter of which varies from person to person and is influenced by one's own particular aromatherapy coping mechanisms. People, situations, and cultures all have different understandings of resilience, which is sometimes seen as an innate personality feature and other times as a dynamic process that exists on a continuum between resilience and fragility. The former implies that certain people are less resilient or lack the necessary skills to overcome hardship, while the latter implies that levels of personal resilience can fluctuate depending. Aromatherapy practises are influenced by a person's environment and contextual conditions. The way in which we think about resilience in the nursing workforce is affected by this latter idea of resilience as a continuous process.

Keywords: Practises • Aromatherapy • Nursing

Introduction

The COVID-19 pandemic and the current, extremely high demand for nurses have brought to light the importance of having a strong and adaptable staff. The problem of responding, to better support employees in meeting rising healthcare practise demand, has been made more difficult by aromatherapy. Even in the face of significant obstacles, nurses are under pressure to deliver high-quality, sophisticated patient care with less staffing, infrastructure, or financial resources. Such as those that a pandemic presents [1]. Additionally, nurses frequently encounter instances of workplace adversity that can test and affect their levels of resilience. Workplace adversity has been connected to excessive workloads, greater use of temporary workers, diminished autonomy, bullying, violence, and practically constant organisational change. As a result, nurses may perceive their workplaces as hostile, unfulfilling, or even abusive. Registered nurses may experience stress and burnout due to the requirement to fulfil service demands under intense pressure, in sometimes subpar and even dangerous settings, and a lack of career practise structure or advancement. As a result, many nurses have left the workforce at a time when their knowledge, professionalism, and training are most needed [2].

Discussion

In reaction to Building personal resilience has been identified as being essential in coping with work-related stress and adversity, maintaining job satisfaction, engaging in self-care, and helping to address issues with workforce retention and staff well-being. This is due to the increasing pressures faced by nurses working within overworked and underresourced

healthcare systems. Numerous resilience-enhancing interventions have been created and put into practise internationally in a variety of circumstances [3]. However, while these interventions have received favourable evaluations and have been demonstrated to support individual resilience in the short term, caution must be exercised to prevent them from being seen as a magic solution to all of the issues facing healthcare services and the challenges that follow for those who work in them. Instead, treatments that increase resilience should be seen as a way to strengthen already-existing support systems. practises as a means of assisting in the promotion and maintenance of resilience levels in the nursing workforce [4]. By offering appropriate system level treatments and support, health services must follow the example set by nurses who are investing in their own personal resilience strategies. This will not only improve individuals' personal resilience but also, over time, improve systems resilience [5].

In order to avoid nurses being discouraged from participating in these interventions because they fear being judged or criticised by co-workers, peers, or managers, or because they are perceived as fragile, incapable of coping, or lacking in resilience, it is critical that the concept of resilience is presented within resilience-enhancing interventions. The goal of therapies that increase resilience, as tools for reflection In order to prevent nurses from believing that enrolling in these courses or practises is a sign of failure, incompetence, or unworthiness, it is important to explicitly express the importance of building and maintaining resilience. This may be particularly true for nurses who have recently encountered tough or stressful situations at work, which could give them the impression that they are the only ones being targeted or chosen for enrolment in order to better their coping skills [6].

An excerpt from a recent study detailing practises for enhancing workplace resilience summarises this. Aromatherapy as a kind of intervention prior to the intervention, a nurse participant summarised their thoughts on being chosen to take part in the study. My manager didn't think I was sufficiently resilient, therefore I believed that was why I was placed on the resilience course was a gap in my preparation for performances. The participant afterwards described the intervention as quite useful due to its emphasis on caring for staff, attempting to help you do your work better, and forging relationships with the other people there after being completely engaged in the programme.

The vast majority of people who enter the nursing profession exhibit qualities that are consistent with the concept of resilience from the onset, such as compassion, vocation, empathy, and caring for others aromatherapy,

*Address for Correspondence: Mackenzie Stella, Department of Nursing, University of Adelaide, Adelaide SA, Australia; E-mail: mackenziestella@gmail.com

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whether resilience is conceptualised as an inherent feature or a dynamic process. Nursing students are exposed to a variety of clinical settings early on in their education that involve patients and clients that require complicated and varied health and social care needs [7]. Due to the rapid exposure to a variety of new experiences that may challenge their pre-existing conceptions and beliefs, this causes nurses' baseline levels of resilience to be buffeted, reshaped, and reinforced. This can lead to almost constant self-reflection and self-critique, which can allow for the development of qualities like resilience, empathy, and compassion; such practises continue to be continuously tested and reinforced throughout a nursing career [8].

The satisfaction brought on by the intimacy of the connection helps ease the pressures and strains brought on by dealing with unpleasant and demanding situations. However, the balance between difficulty and reward is become harder to maintain in aromatherapy due to the growing environmental, financial, cultural, and social workplace demands affecting the provision of healthcare services [9]. More and more, there are the nursing workforce is under pressure to provide patients with lower-quality treatment because to staffing shortages, open positions, and rising time demands. Nurses are essential to the patient care pathway and are always needed to offer patient practises and their family's emotional, physical, psychological, and social assistance. However, there is little thought given to how providing this support may affect nurses' emotional health or their capacity to maintain a satisfying work-life balance. Additionally, there are only a few safeguards in place to give nurses mutual emotional, physical, psychological, and social support. These supports are frequently neglected or abandoned in situations where they are present, such as peer supervision, reflective practise, or mentorship. compared to more pressing clinical needs [10].

Conclusion

Nursing resilience must be understood as a dynamic, fluid process that calls for ongoing nurturing and commitment practises, as well as adaptation and flexibility in the face of shifting professional and personal demands. Aromatherapy System level change is needed at the organisational, cultural, team and managerial levels if resilience improvement initiatives are to be successful. As part of a bigger, more comprehensive staff support strategy, resilience-enhancement programmes should be incorporated into healthcare organisations' overall well-being initiatives. These programmes should be assessed to determine their short and long-term impact and outcomes. It may be possible to reduce some of the retention issues by proactively addressing the need for nurses to sustain practises, preserve, and develop their resilience. Taking better care of the nursing staff has significant implications for improving the quality and safety of patient care as well as the efficiency of healthcare systems.

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Conflict of Interest

None.

References

1. Kristiniak, Susan. "Sustaining resilience as nursing leaders: Finding solutions in aromatherapy practises." *J Interprofessional Educ Pract* 30 (2023): 100584.
2. Mintz Binder, Ronda, Susan Andersen, Laura Sweatt and Huaxin Song. "Exploring strategies to build resiliency in nurses during work hours." *JONA J Nurs Adm* 51 (2021): 185-191.
3. Blackburn, Lisa M, Kathryn Thompson, Ruth Frankenfield, Anne Harding and Amy Lindsey. "The THRIVE© Program: Building Oncology Nurse Resilience Through Self-Care Strategies." *Oncol Nurs Forum* (2020).
4. Delgado, Cynthia, Dominic Upton, Kristen Ranse and Trentham Furness. "Nurses' resilience and the emotional labour of nursing work: An integrative review of empirical literature." *Int J Nurs Stud* 70 (2017): 71-88.
5. Drury, Vicki, Mark Craigie, Karen Francis, Samar Aoun, and Desley G. Hegney. "Compassion satisfaction, compassion fatigue, anxiety, depression and stress in registered nurses in Australia: Phase 2 results." *J Nurs Manag* 22 (2014): 519-531.
6. Schuster, Michelle A. "Creating the Hematology/Oncology/Stem Cell Transplant Advancing Resiliency Team: A Nurse-Led Support Program for Hematology/Oncology/Stem Cell Transplant Staff." *J Pediatr Oncol Nurs* 38 (2021): 331-341.
7. Perkins, Amanda. "Nurse health: Resilience." *Nurs. Made Incred. Easy* 19 (2021): 6-10.
8. Andersen, Susan, Ronda Mintz Binder, Laura Sweatt and Huaxin Song. "Building nurse resilience in the workplace." *Appl Nurs Res* 59 (2021): 151433.
9. Prestia, Angela S. "Next Level Self-Care for Nurse Leaders." *Nurse Lead* 19 (2021): 305-307.
10. Haugland, Whitney A, Jeannette T. Crenshaw and Richard E. Gilder. "Implementing a Resilience Bundle for Emergency Nurses: An Evidence-Based Practice Project." *J Emerg Nurs* 49 (2023): 40-49.

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