



Nursing Practice Environment and Resilience of Nurses in General Hospitals,
Naypyitaw, the Republic of the Union of Myanmar*
สภาพแวดล้อมในการปฏิบัติการพยาบาลและความแข็งแกร่งในชีวิตของพยาบาล
ในโรงพยาบาลทั่วไป กรุงเนปีดอว์ สาธารณรัฐแห่งสหภาพเมียนมา*

Thein	Nandar Soe**	เต็ง	นันทาร์ โซ**
Or-Anong	Wichaikhum***	อรอนงค์	วิชัยคำ***
Kulwadee	Abhicharttibutra****	กุลวดี	อภิชาติบุตร****

Abstract

Nurses are confronted with increasing levels of adversity in their workplace and experience many stressors. Resilience can help nurses avoid or lower the adverse effects caused by these stressors, leading to retention of nurses. This descriptive-correlational research aimed to describe the nursing practice environment and resilience, and to examine their relationship among nurses in general hospitals in Naypyitaw, Myanmar. A stratified random sampling method was used to select 155 nurses from general hospitals in Naypyitaw. The research tools utilized were the Practice Environment Scale of Nursing Work Index (PES-NWI) and the Connor-Davidson Resilience Scale (CD-RISC-25). The Cronbach alpha coefficients of the tools were .82 and .91, respectively. Descriptive statistics and Pearson's correlation coefficient were employed to analyze the data.

The findings were as follows:

1. The nursing practice environment as perceived by nurses was favorable (M = 2.61, SD = 0.24).
2. The mean score for resilience in nurses was 71.71 (SD = 12.46), with the first, second, third, and fourth quartiles being 0-65 (25.80%), 66-73 (25.16%), 74-81 (24.52%), and 82-100 (24.52%), respectively.
3. The nursing practice environment had a significantly positively moderate relationship with the resilience of nurses (r = 0.33, p < 0.001).

This study's findings can provide vital evidence for nurse administrators, hospital administrators, and policymakers to strengthen and maintain a favorable nursing practice environment; design in-service training programs for professional competence; organize adequate facilities, flexible working schedules, and regular staff meetings to tackle the foundations of stress; and seek collaborative outcomes for enhancing nurses' resilience.

Keywords: Resilience; Nurses; Nursing practice environment; General hospitals

* Master's thesis, Master of Nursing Science Program (International Program), Faculty of Nursing, Chiang Mai University

** Graduate student of Nursing Science Program (International Program), Faculty of Nursing, Chiang Mai University

*** Corresponding author, Assistant Professor, Faculty of Nursing, Chiang Mai University; e-mail: ornwichai@gmail.com

**** Associate Professor, Faculty of Nursing, Chiang Mai University

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บทคัดย่อ

พยาบาลต้องเผชิญกับความยากลำบากในสถานที่ทำงานเพิ่มขึ้น และประสบกับความกดดันต่าง ๆ ความแข็งแกร่งในชีวิตสามารถช่วยให้พยาบาลหลีกเลี่ยงหรือลดผลข้างเคียงต่าง ๆ ที่เกิดจากความเครียดเหล่านั้นได้ และนำไปสู่การคงอยู่ของพยาบาล การศึกษาเชิงพรรณนาหาความสัมพันธ์ครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาสภาพแวดล้อมในการปฏิบัติการพยาบาลและความแข็งแกร่งในชีวิต และหาความสัมพันธ์ของทั้งสองตัวแปรของพยาบาลในโรงพยาบาลทั่วไป กรุงเนปิดอร์ สาธารณรัฐแห่งสหภาพเมียนมา เลือกลุ่มตัวอย่างจำนวน 155 คน โดยใช้การสุ่มแบบชั้นภูมิจากโรงพยาบาลทั่วไป กรุงเนปิดอร์ เครื่องมือวิจัย ได้แก่ แบบวัดสิ่งแวดล้อมในการปฏิบัติของดัชนีการพยาบาล และแบบประเมินความแข็งแกร่งในชีวิตของคอนเนอร์ และเดวิดสัน ค่า Cronbach's alpha coefficients ของเครื่องมือ เท่ากับ .82 และ .91 ตามลำดับ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา และสถิติ Pearson's correlation coefficient

ผลการวิจัยพบว่า

1. สภาพแวดล้อมในการปฏิบัติการพยาบาลตามการรับรู้ของพยาบาลอยู่ในเกณฑ์ที่น่าพอใจ ($M = 2.61$, $SD = 0.24$)
2. คะแนนเฉลี่ยของความแข็งแกร่งในชีวิตของพยาบาลเท่ากับ 71.71 ($SD = 12.46$) โดยที่ คออร์โทลที่ 1 คออร์โทลที่ 2 คออร์โทลที่ 3 และคออร์โทลที่ 4 มีค่า 0-65 (25.80%), 66-73 (25.16%), 74-81 (24.52%), และ 82-100 (24.52%) ตามลำดับ
3. สภาพแวดล้อมในการปฏิบัติการพยาบาลมีความสัมพันธ์ทางบวกในระดับปานกลางกับความแข็งแกร่งในชีวิตในพยาบาลอย่างมีนัยสำคัญทางสถิติ ($r = 0.33$, $p < 0.001$)

ผลการวิจัยนี้ สามารถให้หลักฐานที่สำคัญสำหรับผู้บริหารพยาบาล ผู้บริหารโรงพยาบาล และผู้กำหนดนโยบายในการเสริมสร้างและรักษาสภาพแวดล้อมการปฏิบัติงานพยาบาลให้อยู่ในเกณฑ์ที่น่าพอใจ ออกแบบโปรแกรมการฝึกอบรมสำหรับสมรรถนะด้านวิชาชีพ จัดสรรสิ่งอำนวยความสะดวกให้เพียงพอ มีตารางเวรที่ยืดหยุ่น มีการประชุมร่วมกับบุคลากรเป็นประจำเพื่อจัดการกับอาการที่เป็นผลมาจากความเครียด และแสวงหาความร่วมมือในการเพิ่มความแข็งแกร่งในชีวิตให้กับพยาบาล

คำสำคัญ: ความแข็งแกร่งในชีวิต พยาบาล สภาพแวดล้อมในการปฏิบัติการพยาบาล โรงพยาบาลทั่วไป

* วิทยานิพนธ์หลักสูตรพยาบาลศาสตรมหาบัณฑิต (หลักสูตรนานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่
** นักศึกษา หลักสูตรพยาบาลศาสตรมหาบัณฑิต (หลักสูตรนานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่
*** ผู้เขียนหลัก ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ email: ornwichai@gmail.com
**** รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

วันที่รับบทความ 29 กุมภาพันธ์ 2567 วันที่แก้ไขบทความ 24 เมษายน 2567 วันที่ตอบรับบทความ 24 พฤษภาคม 2567



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Background and significance

Nurses are the pillar of the healthcare system, the first contact point for patients, and vital in achieving Sustainable Development Goals and Universal Health Coverage. However, they face many stressful situations (Stewart et al., 2023). In Myanmar, nursing personnel density is less than 10 per 10,000 people, which is under the World Health Organization (WHO) criteria of 49:10,000 (World Health Organization, 2020). The nurse-to-patient ratio was up to 1:25-44 at general hospitals, more excessive than the universal nursing staff norms by Sharma and Rani (2020).

Moreover, nurses confront verbal and physical violence at the workplace and receive low protection and management (Win, 2021). In addition, Myanmar healthcare workers' regular weekly work hours are longer than the universal labor norm of 40 hours a week (Luther, 2023). Saw et al. (2019) stated that the Myanmar health workforce, including nurses, has heightened pressures and job dissatisfaction with excessive workloads, limited resources, and stress, pushing more staff to quit. Studies have found that nurses' resilience directly impacts stress and burnout (Di Giuseppe et al., 2021) and retaining them (Cooper et al., 2020). For these reasons, nurse retention is urgently needed for the healthcare system's recovery and rebuilding, and one of the approaches is to enhance nurses' resilience in Myanmar's healthcare contexts.

Resilience refers to the personal qualities that enable one to thrive in the face of adversity, also viewed as a measure of successful stress-coping ability (Connor & Davidson, 2003). A higher level of resilience increases overall job satisfaction, job performance, professional commitment, and quality of care and prevents adverse psychological outcomes (Cooper et al., 2020). Additionally, nursing scarcity will grow unless actions support nurses' resilience, leading to lower-quality healthcare for patients (Cooper et al., 2020).

Multiple studies have examined resilience among nurses using different methods (Afshari et al., 2021; Alameddine et al., 2021; Wai, 2021). Although these studies have applied the same instrument, results have been inconsistent. Moreover, the study by Wai (2021) in Myanmar interpreted the resilience mean score differently through item averaging. Therefore, a study on resilience among Myanmar nurses at other general hospitals is still needed to generalize for the wider nursing population.

During the ongoing crisis of the COVID-19 pandemic in Myanmar, nurses confronted several issues regarding the practice environment, which affected their resilience. Tabakakis et al. (2019) found that the nursing practice environment (NPE) can influence nurses' resilience. In addition, Cusack et al. (2016) have described how supporting and developing workplace environments leads to nurses' competence, professionalism, and well-being, which in turn promotes their resilience. NPE means the organizational characteristics of a work setting that facilitate or constrain professional nursing practice (Lake, 2002). NPE had a low to high positive correlation with nurses' resilience (Montgomery & Patrician, 2022; Park & Jang, 2022; Tabakakis et al., 2019; Ying et al., 2021); however, these studies were conducted among a diverse nurse population and utilized different tools while results were also inconsistent.



In Myanmar, especially in Naypyitaw, nurses in general hospitals are likely to have high stress and erratic workloads, as the average number of outpatients per day is 2451, while the average of inpatients per day is 1275 (Ministry of Health, 2020). Besides this, the nursing shortage in Naypyitaw was 61.81%, the highest compared to other states and regions. Moreover, only 4.42% of nurses have attended specialty training courses (Phyo, 2019). Many nurses do not take pride in being in the profession and perceive that their jobs are meaningless (Wai, 2020). These situations will impact nurses' resilience at general hospitals in Naypyitaw. Additionally, research on the association between NPE and the resilience of nurses has not yet been conducted in Myanmar. Investigating NPE, resilience, and their association could result in an effective approach to creating strategies for healthcare system salvage and rebuilding.

Objectives

1. To describe the nursing practice environment and resilience of nurses in general hospitals in Naypyitaw, Myanmar.
2. To examine the relationship between the nursing practice environment and the resilience of nurses in general hospitals in Naypyitaw, Myanmar.

Conceptual framework

According to the Health Service Workplace Environmental Resilience Model (HSWERM), workplace environmental factors impact nurses' resilience and workplace outcomes. Supporting and developing workplace environmental factors promotes nurses' competence, professionalism, and well-being, increasing their resilience (Cusack et al., 2016). This study's conceptual framework comes from the HSWERM model, and NPE reflects the workplace environment factors, in addition to resilience, reflecting personal resilience. NPE refers to the organizational characteristics of a work setting that facilitates or constrains professional nursing practice, which consists of nurse participation in hospital affairs, nursing foundations for quality of care, nurse manager ability, leadership and support of nurses, staffing and resource adequacy, and collegial nurse-physician relations (Lake, 2002). Resilience refers to the personal qualities that enable one to thrive in the face of adversity and is also viewed as a measure of successful stress-coping ability. Resilience factors include 1) personal competence, high standards, and tenacity; 2) trust in one's instincts; tolerance of negative affect and strengthening effects of stress; 3) positive acceptance of change and secure relationships; 4) control, and 5) spiritual influences (Connor & Davidson, 2003). Thus, this study aimed to describe the NPE and resilience, and examine the relationship between the two among nurses at general hospitals in Naypyitaw, Myanmar.

Methodology

This study employed a descriptive correlational research design.



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Population and sample

The study population was 211 trained nurses and staff nurses who had served for at least six months at three general hospitals (the 1000-bed Naypyitaw General Hospital, 300-bed Pobbathiri General Hospital, and 200-bed Pyinmana General Hospital) in Naypyitaw. A trained nurse refers to a newly appointed nurse after graduation while a staff nurse is a senior nurse who is promoted after serving as a trained nurse for at least 2-3 years.

The sample size was determined utilizing Yamane (1967), setting the p-value at 0.05, and the final sample size was 166 after adding 20% for possible loss. The inclusion criteria were trained nurses and staff nurses working for at least six months at the target hospitals, while nurse managers and nurses on holiday or leave for more than one month were omitted from this study.

This study utilized stratified random sampling to gather the nurses. There are three general hospitals in Naypyitaw. First, the required number of nurses from each hospital was calculated proportionally setting the hospitals as the first strata. Then, the researcher picked the units of each hospital as the second strata, and the required number of nurses from each unit of every hospital was determined and selected using a lottery method based on the inclusion criteria.

Research instruments

This study's questionnaires comprised three parts. Each questionnaire's copyright holder offered their permission to use it.

1. A demographic information sheet was created by the researcher to acquire participants' age, marital status, gender, job position, years of experience, education level, monthly average night shift, working unit, and attendance in the in-service training program, and data was collected using open- and close-ended questions.

2. The Practice Environment Scale of the Nursing Work Index (PES-NWI) (Lake, 2002) was translated into a Burmese version by Zar (2017). It included 31 items with five dimensions: nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support for nurses; staffing and resource adequacy; and collegial nurse-physician relations, and was assessed on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). A value of 2.5 and above indicated the goodness of features of that subscale, and less than 2.5 reflected an unfavorable subscale (Lake, 2002). The NPE was classified as unfavorable (0 or 1 subscale mean score exceeds 2.5), mixed (2 or 3 subscales mean score exceeds 2.5), and favorable (4 or 5 subscales mean score exceeds 2.5) (Lake & Friese, 2006).

3. The Connor Davidson Resilience Scale (CD-RISC-25) (Connor & Davidson, 2003) was translated into a Burmese version by Wai (2021). This scale involves 25 items and utilizes 5-point Likert responses of (0) not true at all to (4) true nearly all the time. Total scores vary from 0 to 100, with higher scores representing superior resilience. The developers recommend categorizing the participants according to their scores: low (scores in the 1st quartile), moderate (scores within the 2nd and 3rd quartiles), and high (scores in the 4th quartile), to strengthen the interpretation of the results.



The PES-NWI's scale content validity was .85 (Zar, 2017). The CD-RISC-25 was assured using convergent and divergent validity and proved a satisfactory correlation between the resilience measure and other variables (Connor & Davidson, 2003). This study applied both instruments without modifications and did not examine the validity again. The internal consistency Cronbach's alpha coefficients of the PES-NWI, each subscale of the PES-NWI (nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support for nurses; staffing and resource adequacy; and collegial nurse-physician relations), and the CD-RISC-25 were .82, .80, .80, .83, .87, .81, and .91, respectively.

Ethical considerations

The Research Ethics Review Committees of the Faculty of Nursing, Chiang Mai University (Approval No. 077/2023), and the University of Public Health, Myanmar (UPH-IRB: 2023/ Research/ 4) approved this study. The hospitals' executives gave their approval to collect data. All participants signed the informed consent sheet after receiving data on the research aims, processes, instruments, confidentiality and anonymity, and their right to deny participation in this research.

Data collection

The researcher and research coordinators from each hospital delivered the questionnaire packages to the participants in open envelopes. Participants took around 20 minutes to complete the questionnaires and returned them in separate sealed envelopes to the designated mailboxes at the units within two weeks. The research coordinators collected the returned questionnaire packages and returned them to the researcher. The questionnaires completed for data analysis included 155 out of the total of 166 (93.37%).

Data analysis

The data were distributed normally and analyzed employing descriptive statistics and Pearson's product-moment correlation test. A correlation coefficient (r) less than 0.3 was regarded as a weak relationship, $0.30 \leq r \leq 0.50$ as a moderate relationship, and (r) value greater than 0.50 as a strong relationship (Gray et al., 2017).

Results

Most participants (95.48%) were female, around half of them were single (56.13%), and most of them (62.58%) had diploma degrees, with an average age of 32.13 ± 6.79 . 69.68% of the nurses had more than or equal to 5 years' experience in nursing; 34.19% were trained nurses while the rest (65.81%) were staff nurses. The average monthly night shift was 7.17 ± 2.58 , and 72.90% of nurses did not attend the in-service training program.

Regarding the NPE, the mean score of nurse participation in hospital affairs was 2.76 ± 0.30 ; nursing foundation for quality of care was 2.78 ± 0.30 ; nurse manager ability, leadership, and support of nurses was 2.73 ± 0.47 ; staffing and resource adequacy was 2.02 ± 0.40 ; and collegial nurse-physician relations was 2.83 ± 0.37 . The overall NPE mean score was 2.6 ± 0.24 . Four dimensions of NPE were above the mean score of 2.5, and the NPE was favorable for nurses in



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the current study.

The overall resilience mean score was 71.71 ± 12.46 . Nurses' resilience scores within the first quartile (0-65) (25.80%) were low while in the second quartile (66-73) (25.16%), and the third quartile (74-81) (24.52%), they were moderate; scores in the fourth quartile (82-100) (24.520%) were at a high level (Table 1).

Table 1 Mean, Standard Deviation, Quartile, Frequency, Percentage, and Level of Resilience of Nurses (n = 155)

Resilience	Quartile	Frequency	Percentage	Level
Mean = 71.71	First quartile (0-65)	40	25.80	Low
SD = 12.46	Second quartile (66-73)	39	25.16	Moderate
	Third quartile (74-81)	38	24.52	Moderate
	Fourth quartile (82-100)	38	24.52	High

This study's findings proved a significantly moderate and positive relationship between the NPE and resilience ($r = 0.33$, $p < 0.001$) among nurses in general hospitals in Naypyitaw, Myanmar. All dimensions of NPE were positively associated with resilience at a weak level: nurse participation in hospital affairs ($r = 0.21$, $p < 0.01$); nursing foundation for quality of care ($r = 0.21$, $p < 0.01$); nurse manager ability, leadership, and support of nurses ($r = 0.19$, $p < 0.05$); staffing and resources adequacy ($r = 0.25$, $p < 0.01$); and collegial nurse-physician relation ($r = 0.29$, $p < 0.001$) (Table 2).

Table 2 Pearson's Correlation Coefficient between overall and each dimension of the NPE and resilience of nurses (n = 155)

NPE	Resilience (r)	p-value
Overall	0.33	0.000
Nurse Participation in Hospital Affairs	0.21	0.009
Nursing Foundation for Quality of Care	0.21	0.008
Nurse Manager Ability, Leadership, and Support of Nurses	0.19	0.021
Staffing and Resources Adequacy	0.25	0.002
Collegial Nurse-Physician Relations	0.29	0.000

Discussion

The findings revealed that the NPE of nurses in general hospitals in Naypyitaw, Myanmar, was favorable, similar to previous studies by Zar (2017). The favorable NPE of this study could be due to the Myanmar MOH's ongoing efforts to strengthen the country's healthcare system through enhancing service delivery, human resources, infrastructure, and health financing systems following the national health plan (Ministry of Health, 2019). Another reason could be the job position,



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where 65.81% are staff nurses. Higher-ranking nurses have superior managerial skills, more significant opportunities to pursue further nursing education, and can contribute to hospitals' internal affairs and show higher satisfaction with their practice environment (Lai et al., 2023).

Regarding the dimensions of the NPE, nurse participation in hospital affairs; nursing foundation for quality of care; nurse management ability, leadership, and support of nurses; and collegial nurse-physician relations had favorable features. Possible reasons could be that the Myanmar MOH considered the extent of decentralization and upgraded leadership and management responsibilities of staff to be more effective and efficient during the healthcare system reform (Ministry of Health, 2019). They prioritized nursing professionals' development, listened to the voices of nurses, and created additional administrative positions for their career development. In addition, a 1-year Bachelor of Nursing (B.N.Sc) Bridge course (On-campus) and a 2-year B.N.Sc Bridge course (Off-campus) were established to provide professional opportunities for diploma nurses (Ministry of Health, 2019).

Additionally, inter-professional education (IPE) was introduced into the curriculum of doctors, nurses, and allied professionals, resulting in a team of health workforce members who are ready for collaborative practice (Ministry of Health, 2019); thus, health professionals understand each other and improve communication and collaboration among themselves. However, the mean score for staffing and resource adequacy was 2.02 ± 0.40 and was unfavorable across the five dimensions. Possible reasons could be that nursing scarcity peaked in Naypyitaw (Phyo, 2019), and the current global nursing shortfall is 30 million, especially in low- and middle-income countries (Stewart et al., 2023). Additionally, Myanmar is dealing with the migration of medical personnel to other nations that offer better pay and working conditions (Saw et al., 2019), and this study found that staffing and resources were inadequate.

The mean score for resilience in nurses was 71.71 (SD = 12.26) (Table 1). Comparing this study's resilience score with that of nurses in other contexts, such as China and Korea (Davidson, 2022), it revealed a higher resilience level. The mean score for resilience in nurses in China was 63.77 ± 12.80 (Guo et al., 2017). Korean nurses who are working at long-term care hospitals had a resilience mean score of 62.2 ± 12.2 (Park & Jung, 2021). Nurses in general hospitals in Naypyitaw, Myanmar, had a higher successful coping ability to thrive in the face of adversity than nurses in several Eastern countries.

A possible reason could be the spiritual influence, as most Burmese people are Buddhist, and according to Buddhist teaching, they maintain a stable mindset and practice mindfulness, self-awareness, self-compassion, and self-love to become mentally strong and can return quickly back to typical situations or remain unshaken when facing adversity (Vimala, 2019). These activities enhance nurses' positive emotions, reduce stress, increase well-being, and improve resilience.

Another reason may be support. The MOH, Myanmar, have offered special financial allowances and appreciation for nurses' enthusiastic work through social media and official television news. Individuals who receive practical support feel cared for and have a sense of belong-



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ing, strengthening their resilience (Han et al., 2023). Myanmar has had civil unrest since 2021, which has contributed to enhancing the adaptability of the individual and refined internal resources to build patience and perseverance. When people face difficulties, they typically develop robust, previously unknown, undiscovered, and unacknowledged qualities that allow them to endure adversity (Cooper et al., 2020). Thus, Myanmar nurses have shown higher resilience levels than nurses in several Eastern countries despite multiple crises in their workplace.

However, this study's resilience score revealed a lower level compared to nurses in the Western context, in which Australian nurses had a resilience mean score of 75.9 and US critical care nurses' had high resilience scores of 92 and above (Davidson, 2022). A possible reason could be the sample population's distinct life experiences and cultural features. The locus of control has been identified as a critical disparity between the Eastern and Western cultures; Western people had more internal locus of control at work than Eastern people, and individuals with an internal locus of control are more confident in their ability to shape their future and more resilient in the face of hardship (Spector et al., 2004).

Furthermore, 25.80% of nurses had low resilience, 49.68% had moderate resilience, and 24.52% had high resilience in this study. Following these findings, special attention is crucial for vulnerable nurses who display a low level of resilience and should be offered opportunities to practice mindfulness-based stress-reducing exercises and meditation, annual leave for self-care, and opportunities for work-life balance. In addition, enhancing nurses' professional knowledge, operational expertise, and soft skills such as collaboration and communication, will help in building clinical experiences, which ensures resilience development (Han et al., 2023).

This study found a significantly positive and moderate correlation between the NPE and resilience among nurses in general hospitals ($r = 0.33$, $p < 0.001$) (Table 2), which is consistent with a previous study by Park and Jang (2022) among new nurses in Korea ($r = 0.35$, $p < 0.001$). A favorable NPE leads to a higher nurse resilience level in general hospitals. Supporting and developing workplace environment factors promotes nurses' competence, professionalism, and well-being, which in turn increases their resilience (Cusack et al., 2016).

In addition, the current study proved that there was a weak positive correlation between nurse participation in hospital affairs and resilience (Table 2). Organizations that support decision-making authority at the workforce level enable nurses to be more responsible and to have ownership of their professions, which increases trust within the organization and boosts nurses' organizational loyalty, job satisfaction, and empowerment, promoting their resilience (Cooper et al., 2022). A positive weak relationship was found between the nursing foundation for quality of care and the resilience of nurses (Table 2). Professional competence through continuing education, studying, and making advancements at work plays a vital role in the growth of nurses' resilience. Improvement in professional knowledge, skills, and decision-making in daily practice is related to the development of resilience (Han et al., 2023).



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Nurse managers' ability, leadership, and support of nurses also had a weak positive relation with resilience (Table 2). Nurse managers who provide excellent leadership and demonstrate an interest in nurses during their hardships help reduce stress and sustain nurses' resilience (Cooper et al., 2022). Staffing and resource adequacy were statistically linked to resilience at a weak level in this study (Table 2), which is consistent with Tabakakis et al. (2019). Having enough staff and resources will lead to a lower workload, lower stress levels, and higher nurse resilience (Cooper et al., 2022). There was also a positive association between the collegial nurse-physician relation and the resilience of nurses (Table 2). Collaboration among coworkers during challenging times was critical in enhancing resilience as they offered practical help, guidance, and emotional support that could reduce stress and psychological issues (Han et al., 2023).

Implications of research findings

Nursing and hospital administrators can emphasize strengthening interprofessional collaboration among health professionals in units and at hospitals to enhance nurses' resilience. They should support and encourage nurses to pursue advanced education as well as conduct in-service training programs for the professional competence of nurses, which, in turn, can lead to higher resilience. In addition, nurse managers should help nurses to feel protected and well taken care of by creating adequate facilities, flexible working schedules, regular staff meetings to tackle the foundations of stress and seek collaborative outcomes, while offering time-out occasions following challenging experiences, for the improvement of nurses' resilience.

In addition, administrators should enhance nurses' capability to operate within their full scope of practice to promote the ownership of their jobs and increase trust within the organization, which in turn boosts their resilience. Nursing shortages are a severe issue in Myanmar, and the nursing workforce should be strengthened. Sufficient numbers of nurses on nursing care teams would result in an acceptable nurse-to-patient ratio, further improving nurses' resilience.

Recommendations for further research

Additional studies should be done at specialty, township, and station hospitals and with other nursing populations in Myanmar. In addition, further studies should investigate other influencing factors of nurses' resilience.

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