

# Leadership Strategies to Support Mental Health Resilience in Healthcare– A Literature Review

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## Abstract

Effective and collaborative leadership strategies are essential for improving and maintaining healthcare worker mental health resilience. However, very few organizations provide such programming. Leadership Strategies to Support Mental Health Resilience in Healthcare Workers aims to examine existing literature on mental health resilience in healthcare workers, the impact of leadership, and effective leadership strategies to improve and maintain resilience. It will also assess common themes and limitations, as well as areas for future examination. This integrative literature review was conducted according to the adapted stages of Whittmore and Knalfs (2005) through a systematic search of electronic databases including Google Scholar and Proquest, which yielded a selection of 34 papers that were examined. The literature revealed themes of mental health resilience impairments, causes and impacts, impacts of leadership, and strategies of shared governance, resource allocation, and programming including employee assistance programs, peer support and debriefing. Recommendations are made for leaders and organizations to implement effective, collaborate strategies to improve resilience within healthcare.

**Keywords:** health care, health care worker, mental health, resilience, leadership, strategies, well-being, shared governance, resource allocation, peer support, employee assistance programming, debriefing, programming, support, wellness, organizations

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## Introduction

The healthcare system faces unique challenges every day in the provision of care. Due to the nature of the industry and the current healthcare landscape, healthcare workers (HCW) are at a higher risk of occupational stress, including burnout, post-traumatic stress disorder, depression, anxiety, and impaired mental health resilience than the general public (Korman et al., 2022). For example, a study conducted in China by Liang et al. (2020) found that healthcare workers experience depression 4.88% ( $n=761$ ) and anxiety 3.92% ( $n=761$ ) more than the general populace. This is often due to the high stress working environments, impacts of shift work, excessive work demands, and unsupportive organizations (Gray et al., 2019; Paine & Prochnow, 2022). Incidents of mental health impairment have increased since the COVID-19 pandemic among healthcare workers, as highlighted by Hill et al. (2022). Individuals experiencing strain on their mental health resilience impact healthcare organizations through decreased job satisfaction, poor retention, high turnover, and increased absenteeism, which not only causes financial implications for institutions but also challenges in patient care through decreased patient safety and quality of care (Gray et al., 2019; Paine & Prochnow, 2022). Mental health resilience is essential for sustaining this dynamic industry and is defined as the ability to face adverse events and remain focused, optimistic, and dedicated (Kester & Wei, 2018).

Strategies to address impaired mental health resilience are essential to sustaining effective workforces and maintaining quality patient care. In order to be impactful, strategies must consider autonomy of practice, individual empowerment, supportive social networks, available resources, and organizational cultures which promote healthy work environments (Paine & Prochnow, 2022). As leadership has been noted by HCWs to have a direct impact on well-being, as well as job satisfaction and turnover rates, nursing leaders are in a unique position to not only advocate for staff, but also organizations and patients through the implementation and promotion of such programming within

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healthcare institutions. Despite this need, currently only 12% (n=420) of such initiatives are workplace-based (World Health Organization, 2020).

Collaborative leadership strategies, such as shared governance through inclusion of staff in decision-making processes, resource allocation of both personnel and financial investment, and comprehensive programming, are essential to address mental health resilience in healthcare workers in order to safeguard the healthcare workforce (Gray et al., 2019). This literature review will examine mental health resilience in healthcare, as well as outline the impact of leadership and effective strategies such as shared governance, resource allocation, and resilience programming.

### **Background and Significance**

The unique requirements that come with the provision of healthcare have been noted to have negative impacts on mental health and resilience of those within the industry. Healthcare work environments consistently expose workers to stressors such as emotional strain in caring for patients, increased workloads and responsibility, poor staffing levels, fast-paced environments, long and alternating shifts, inadequate support from organizations, and unsafe environments (Foster et al., 2024; Hill et al., 2022; Sovold et al., 2021). Because of these factors, the healthcare industry and provision of patient care has been shown to result in high levels of post-traumatic stress disorder, anxiety, depression, job dissatisfaction, and burnout (Foster et al., 2024). Frequent and long-term exposure to these factors has been shown to impair overall mental health resilience within healthcare workers, which impacts their ability to remain focused, optimistic, and dedicated within their roles (Paine & Prochnow, 2022).

These factors do not only impact healthcare workers, but organizations and patients as well. Impaired resilience and burnout have been linked to suboptimal patient care, including increased risk of medication errors, being named in malpractice litigation, and medical errors (Sovold et al., 2021). Resilience challenges have also been linked to job turnover, retention issues, absenteeism, and exit from healthcare professions, which causes both operational and financial implications to organizations (Gray et

al., 2019; Paine & Prochnow, 2022). Kutney-Lee et al. (2016) noted that the cost of nurse turnover for the average hospital was as much as \$8.1 million in the United States. This was echoed by Wetmore (2018), who indicated an average nurse turnover rate of 22.3%.

In order to sustain healthcare workforces and safeguard organizational operations and patient care, attention must be paid to mental health resilience in healthcare workers. This can be done through learning more about mental health resilience factors among healthcare workers, providing clarity with regard to effective, collaborative leadership strategies, as well as identifying limitations that should be addressed.

### **Method**

A literature review was conducted utilizing Whittemore and Knafel's (2005) stages of problem identification, literature search data evaluation, data analysis and presentation. The quality of studies was evaluated based on accuracy, objectivity, and relevance. Through this comprehensive review, no noted biases were evident within the studies.

### **Search Process**

Google Scholar and ProQuest were utilized to seek out literature on the subject of mental health resilience in healthcare and effective leadership strategies.

### **Keywords**

Keywords in the search criteria included mental health, resilience, healthcare worker, leadership strategies, shared governance, peer support, employee assistance programming, and resource allocation.

### **Inclusion and Exclusion Criteria**

Inclusion criteria included English peer-reviewed papers with related aspects to mental health resilience, healthcare, and leadership strategies. Excluded papers included those which did not focus within the context of mental health resilience or leadership strategies, and foreign language papers.

## Results

A total of 34 journal articles were located, which focused on healthcare worker mental health and resilience ( $n=8$ ), leadership ( $n=5$ ), programming ( $n=17$ ), and implications ( $n=4$ ). Geographical data included the United States ( $n=15$ ), Europe ( $n=7$ ), Canada ( $n=2$ ), other ( $n=6$ ) and unspecified ( $n=4$ ). The literature review comprises questionnaires ( $n=6$ ), literature reviews ( $n=12$ ), qualitative studies ( $n=1$ ), and quantitative studies ( $n=15$ ).

**Table 1**

*Literature Summary*

Literature $n=34$		
Topic focus		No. (%)
	Mental health & resilience	8 (23.5)
	Leadership	5 (14.7)
	Programming	17 (51.5)
	Implications	4 (12)
Geographical location		
	United States	15 (44)
	Europe	7 (21)
	Canada	2 (6)
	Other	6 (17)
	Unspecified	4 (12)
Data collection		
	Questionnaire	6 (17.6)
	Literature review	12 (35)
	Qualitative	1 (3)
	Quantitative	15 (44)

### Healthcare Worker Mental Health Resilience

Healthcare workers can include nurses, physicians, allied health practitioners, and more. Key impairments in healthcare worker mental health include depression with rates of 46.2% ( $n=2662$ ), stress

with rates of 25.5% ( $n=582$ ), anxiety rates of 45.9% ( $n=6003$ ), post-traumatic stress disorder rates of 43.4% ( $n=2729$ ), and burnout with rates of 43.4% in the United States ( $n=676,122$ ) (Hill et al., 2022; Shah et al., 2021). Contributing factors include high-stress environments of 41.6% ( $n=3,957,611$ ), unrealistic workloads and poor staffing with 42.6% ( $n=3,957,611$ ), and unsupportive organizations with 39.6% ( $n=3,957,611$ ) (Paine & Prochnow, 2022; Shah et al., 2021). This has been shown to result in increased job turnover of 18% ( $n=852,317$ ), poor retention rates (<3years) of 34% ( $n=12,246$ ), increased absenteeism of 60% ( $n=1,825$ ), and early exit from healthcare professions of 34% ( $n=12,246$ ) (Lee et al., 2023; Wu et al., 2024).

**Table 2**

*Mental Health Summary*

Key Impairments	Sample size ( $n$ )	%
Depression	2662	46.2
Stress	582	25.5
Anxiety	6003	45.9
Post-traumatic stress disorder	2729	43.4
Burnout	676,122	43.4
Contributing factors		
High stress environment	3,957,611	41.6
Unrealistic workloads and poor staffing	3,957,611	42.6
Unsupportive organizations	3,957,611	39.6
Implications		
Job turnover	852,317	18
Poor retention	12,246	34
Increased absenteeism	1,825	60
Early exit from profession	12,246	34

**Impact of Supportive Leadership**

Environmental factors, such as leadership, are critical components of both resilience and the success of strategies within organizations. Contrarily, active involvement from leadership in supportive

initiatives have been shown to improve outcomes and success rates through advocacy, teamwork, and health promotion (Paganin et al., 2023; Wei et al., 2019). Transformational leadership, for example, has shown to result in a 17% ( $n=297$ ) improvement in nurse retention (AbdELhay et al., 2025).

Transformational leadership, which focuses on partnerships and collaboration between leaders and employees, has a marked positive impact on overall organizational success and employee wellness (AbdELhay et al., 2025). This success is due to transformational leaderships focus on empowerment and inspiration of individuals, which promotes the achievement of shared visions along with personal and organizational growth (AbdELhay et al., 2025). These factors create positive environments, foster trust, and develop partnerships which are conducive to improved resilience and overall wellness.

### Supportive Strategies and Programming

Multiple strategies to improve resilience in HCWs were noted within the literature.

Organizational cultures that advocate for healthy working environments through employer-based programming show 68.7% ( $n=575$ ) improvement in resilience in the United States (Bondar et al., 2022).

Shared governance, the process of including staff in decisions which directly impact their practice, has been shown to result in a 4.8% ( $n=4,178$ ) decrease in nurse turnover over 1 year (Wetmore, 2018).

Resource allocation shows a \$2.73 return on investment for each dollar spent on programming (Baicker et al., 2010; Lee et al., 2010).

**Table 3**

*Strategy Impact*

Strategy	Sample size ( $n$ )	Improvement (%)
Employer-based programming	575	68.7
Shared governance	4,178	4.8
		ROI / \$
Resource Allocation		2.73

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## Resilience, Leadership and Collaborative Strategies

Several areas of focus guided the literature review in order to provide a clear understanding of the issue of resilience, and factors which can impact and improve wellness. These areas included mental health resilience factors, the impact of leadership on mental health resilience, and noted strategies utilized to address challenges.

### Mental Health Challenges, Causes, and Impacts

While mental health challenges and impaired resilience have been long-studied issues within healthcare, this has increased since the COVID-19 pandemic. High prevalence of moderate depression of 21.7% ( $n=97,333$ ), anxiety of 22.1% ( $n=97,333$ ), and post-traumatic stress disorder of 21.5% ( $n=97,333$ ) have been noted through an extensive review by Li et al. (2021) which examined 65 studies across 21 countries.

Causes of such impairments within healthcare vary from working conditions which include high-stress environments, shift work, emotional strain, and excessive workloads (Paine & Prochnow, 2022). Unsupportive or toxic work environments also impact resilience, with 18% ( $n=3767$ ) of healthcare workers feeling unsupported by their organizations, and 31% ( $n=3767$ ) reporting worsening relationships with employers following the COVID-19 pandemic (Havaei et al., 2021).

These factors have shown to result in challenges to organizations and patients, as well as healthcare workers. High turnover rates among nurses are noted, with 20% ( $n=105$ ) leaving their position within the first year (Kelly & Todd, 2017). Retaining experienced staff is a challenge, but impaired mental health resilience is a noted contributor to decreased retention, as well as increased absenteeism, and early exit from healthcare professions (Lee et al., 2023; Wu et al., 2024).

### Cultural Alterations in Mental Health Impacting Resilience

There is room for variance with regard to social ecology, culture, and mental health resilience. This can be a challenge for healthcare, which works across cultures and social systems. The

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understanding and interpretation of mental health and resilience may vary culture to culture, some positive, some negative, which can also direct their willingness to seek help (Choudhry et al., 2016). For example, many within the Jewish community consider mental health divine messaging, whereas in Switzerland, demons are considered the main cause of mental health issues (Choudhry et al., 2016). These variances may also impact resource allocation and strategy availability, increasing the challenge of organizations to provide appropriate resources for healthcare staff in unique settings.

### **Leadership Impacts**

Nurse leaders and organizations have a direct role in the sustainability of resilience within healthcare workers. Leadership is vital in shaping organizational culture, direction, and performance (Paganin et al., 2023). Nurse leaders are advocates for their teams, which must include advocating for initiatives which address and maintain resilience, as leadership has been shown to have a direct correlation to wellness, job satisfaction and retention (Gray et al., 2019; Wei et al., 2019; Wu et al., 2021).

The concept of health-oriented leadership through transformational leadership was noted by Paganin et al. (2023), which highlighted the importance of communication, leadership style, and role modeling, with a direct impact on resilience. This was echoed by Abdul Salam et al. (2023), who noted a direct correlation between transformational leadership and nurse resiliency. Nurse leaders who employ transformational practices of reciprocal motivation, empowerment, and shared goal setting positively impact not only healthcare worker resilience and wellness, but organizational sustainability as well (Korejan & Shahbazi, 2016).

Implications for nursing leaders, specifically, are varied, requiring leaders who understand resilience, and are focused on solutions. Displaying visible, strong leadership styles, through both formal and informal leadership roles, can impact resilience by understanding the impacts of the healthcare system on healthcare workers, most often through reciprocal practices such as adequate staffing,

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communication, decision-making and collaboration, creating a supportive work environment (Sihvola et al., 2022).

Some identified strategies employed by nurse leaders, as noted by Wei et al., (2019), can include facilitating social connections through structured social initiatives, promoting positivity by role modelling, nurturing growth and individual strengths through mentorship, and encouraging self-care, mindfulness and altruism by promoting healthy practices. Such initiatives can have positive impacts on not only organizational cultures, but also staff resilience and overall wellness, and be directly employed by nurse leaders.

### **Resilience Strategies**

Several strategies to improve and maintain resilience were noted within the literature review. However, the most effective tended to be collaborative in nature. Initiative collaboration which includes employees is referred to as shared governance, in which employees are given input and participation in strategy development, implementation and evaluation (Gray et al., 2019; Korman et al., 2022; Paine & Prochnow, 2022). Collaboration within programming is also noted, such as peer support programs that provide unit-based peers with opportunities for discussion and support, and debriefing, which provides the opportunity to reflect on and discuss workplace challenges among teams guided by dedicated personnel (Paine & Prochnow, 2022).

The inclusion of employee assistance programs (EAP) also provides early, free access to supports (Attridge et al., 2024). EAP is noted as one of the most utilized employer-based wellness initiatives, providing not only mental health supports, but financial, marital and other supports as well, in a confidential, employee-focused manner (Attridge et al., 2024).

One of the most important strategies in enhancing and maintaining resilience, however, is resource allocation. This is not only financial, but also through the provision of dedicated, trained personnel to ensure appropriate application of programming. This is also important for ensuring adequate

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staffing within organizations, which has been noted as a contributor to impaired resilience in the literature. In order to implement any programming, financial and human costs are required, as implementing employee wellness without backing is ineffective (Lee et al., 2010). Therefore, programming requires an initial investment in order to provide long-term benefits. As noted by Baicker et al. (2010), organizations which implemented wellness and resilience programming saw an absenteeism cost reduction of \$2.73 per dollar spent on programming. Additional cost savings with a focus on absenteeism showed a savings of 1.9 days, translating to \$309 per employee, per year (Baicker et al., 2010). Furthermore, a program cost analysis found a savings of \$319 per employee versus \$132 spent (Baicker et al., 2010).

### **Recommendations**

Through the literature review, several themes emerged as essential collaborative strategies for building and maintaining resilience among healthcare workers. These include shared governance, resource allocation, and programming such as employee assistance programs, peer support programs, and regular debriefing sessions. Each theme will be discussed in terms of its relationship to resilience.

#### **Shared Governance**

As mentioned, shared governance is the process in which care providers are actively involved participants in organizational decision making (Kutney-Lee et al., 2016; Paine & Prochnow, 2022). This is considered a collaborative method of operation, allowing for connection between staff and leadership, as well as the organization as a whole. Such practices have been shown to promote both internal and external forms of resilience (Gray et al., 2019; Paine & Prochnow, 2022). Internal resilience benefits include increased empowerment, sense of value, and of being heard, which in turn provide a sense of increased satisfaction within their positions (Gray et al., 2019; Paine & Prochnow, 2022). External impacts include an increased sense of commitment to the profession, loyalty, dedication, improved patient outcomes, and decreased turnover (Gray et al., 2019; Paine & Prochnow, 2022).

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Employee engagement is vital in shared governance, creating collaboration between staff and organizations in decision-making that directly impacts employees' work, wellness and practice (Gray et al., 2019; Paine & Prochnow, 2022). This requires enabling staff ownership and input in ideas, transparent communication, and a culture of trust within organizations (Gray et al., 2019; Paine & Prochnow, 2022). Nurse leaders have the ability to not only support such cultures, but also promote greater collaboration among staff, leadership and organizations in the creation of healthy practices.

It is important to recognize that healthcare workers possess invaluable knowledge with regard to their practice, patients, and personal needs within organizations. Such insights are vital for the development, implementation and evaluation of initiatives that are targeted to them, and their participation should be encouraged at every stage. Nurse leaders can support such collaboration through the recruitment of healthcare staff in the development of resilience programming, allowing for continual input in the evaluation and effectiveness of strategies.

### **Resource Allocation**

In order for any initiative to be successful, resource allocation is a vital consideration. This doesn't simply mean financial investment, but also the allocation of appropriate personnel to ensure benchmarks are achieved and practices are correct. One opportunity to provide human resource allocation is to employ dedicated, specialty-trained personnel in resilience programming, such as debriefing leaders and peer support volunteers. Such positions develop a sense of trust between staff and the clinician, which has been shown to be strongly associated with positive resilience outcomes (Paine & Prochnow, 2022).

Financial backing is an essential component of any strategy and must be considered in decision-making. Despite an upfront cost, wellness programming has been connected to a 25-30% reduction in illness-related absenteeism within 3.6 years (Lee et al., 2010). Furthermore, the average return on investment for wellness programming is noted as \$3.37 for every dollar spent, with an absenteeism savings of \$2.73 over two years (Baicker et al., 2010).

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Despite upfront costs, there is a clear correlation between resource allocation and positive return on investment in wellness and resilience programming. As resilience programming has been shown to improve outcomes for healthcare workers, organizations and patients, investing in the wellness of staff saves more than just money.

### **Resilience Programming**

Employer-based resilience programming allows for on-site, readily available support for healthcare workers. The implementation of such programming also demonstrates a positive organizational culture that seeks to empower and support staff. Several options are available for resilience programming and can be considered individually or collaboratively.

#### ***Employee Assistance Programs***

Employee assistance programming is an external provider of employee support, paid for by the employer (Long, et al., 2025; Wu et al., 2021). These services provide a wide variety of supports such as mental health counselling, life coaching, marital and financial coaching, and more (Long et al., 2025; Wu et al., 2021). EAP programming is confidential, allowing employees to connect with support in their way, on their timeline (Attridge et al., 2024). With regard to benefits of such programs, EAP programs have been connected to a reduction of absenteeism up to 85% (Attridge et al., 2024). There are multiple companies available to employers which offer such programming, and it is up to employers to determine which providers are best suited for their organizations. Nurse leaders can take on a role of advocacy through the recommendation of supports, and guiding staff to EAP services as indicated.

#### ***Peer Support Programs***

Resilience in Stressful Events (RISE) is a peer support program designed to provide timely peer support to workers who face negative resilience instances (Connors et al., 2019). Support from a trained colleague, one who understands the nature of work, challenges and stressors of an environment, promotes the opportunity to address resilience impairments promptly (Connors et al., 2019). Such social support

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promotes resilience by increasing self-efficacy, belonging, empowerment and trust (Connors et al., 2019; Paine & Prochnow, 2022).

Developed through John Hopkins Medicine, the RISE program provides training for peer volunteers to be available to support colleagues in distress (Connors et al., 2019). Once trained, these peer support volunteers are readily available to provide an outlet for staff in distress. Such programming is recommended organization wide, with nurse leaders encouraging unit-based recruitment to ensure familiarity with all areas of practice.

### ***Debriefing***

Debriefing is a practice utilized across many industries and is not unique to healthcare. As a process to reflect and develop insight through dialogue, typically in group settings, debriefing is information-sharing among peers to process feelings following events (Evans et al., 2023; Paine & Prochnow, 2022). It is considered a low-cost, accessible and flexible intervention for healthcare workers in need of support (Evans et al., 2023). It has been shown to allow staff to facilitate learning, cope with traumatic incidents, and improve patient outcomes (Evans et al., 2023).

However, debriefing does not have to be applied only following critical incidents. Debriefing has been linked to positive resilience outcomes when offered through frequent, regular sessions by promoting morale, developing emotional intelligence, and allowing for emotional outlets (Paine & Prochnow, 2022). Debriefings allow staff to have a voice and improve outcomes both individually with staff and with patient care practices (Evans et al., 2023). It is recommended that regular debriefing sessions be available for staff to discuss all challenges of working in healthcare, which can build over time to impact resilience through consistency and a culture of ongoing support.

### **Discussion**

Through an examination of the literature on mental health resilience in healthcare workers and effective leadership strategies, common themes of conditions, causes and impacts of impaired resilience

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were noted. Impact of leadership, strategies of shared governance, resource allocation and resilience programming were also examined. The literature review ranged from qualitative studies on resilience to literature summaries of resilience strategies and the needs of healthcare workers with regard to their wellness.

Mental health challenges and impaired resilience have been a long-standing issue within healthcare, requiring consistent, collaborative methods to address. This trend has only increased since the COVID-19 pandemic. As the healthcare system directly impacts the resilience of its workforce through the provision of care, workload, shift work, and emotionally, mentally, and physically draining encounters, organizations must adapt and invest in their workforces to ensure stability (Gray et al., 2019; Paine & Prochnow, 2022). Such investment does not impact only staff but also patient care, organizational operations, and sustainability. This requires direct participation from nursing leaders, who, through their familiarity with the healthcare industry and their connections with staff, can foster cultures of support and health, as well as advocate for organizational initiatives that do the same.

The literature supports a clear connection between shared governance practices, appropriate resource allocation, and resilience-focused programming on the improvement and maintenance of resilience within healthcare workers. Organizations that create a culture of collaboration between staff and leadership have markedly reduced incidents of turnover, job dissatisfaction, and retention issues (Paine & Prochnow, 2022). Just as organizations which invest in programming, such as employee assistance programs, debriefing and peer support, show a clear return on investment (Baicker et al., 2010; Paine & Prochnow, 2022). Nurse leaders and organizations have a responsibility and the ability to place the same level of attention on employee wellness as on patient care, as one directly impacts the other.

This review not only provides supportive peer-reviewed data to enhance nurse leaders' and organizational understanding of mental health resilience in healthcare workers but also highlights areas of focus for strategy and program implementation. By bringing such information forward, the resilience of

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healthcare workers, quality of patient care, and sustainability of organizations can see positive improvement.

### **Strengths and Limitations**

The literature review demonstrates several strengths. First, the reviewer is an occupational health nurse with direct practice experience in mental health resilience and programming within healthcare. This allowed for an experienced lens when evaluating literature within the review. Second, the geographical breadth of sources was vast, including North America, Europe and Asia, which allows for a wide consideration of resilience characteristics and strategies. Third, the utilization of Whittmore and Knalf's methodology allowed for a clear, procedural review of literature to be included. Finally, the variety of studies reviewed includes qualitative, quantitative, literature reviews and more, resulting in a comprehensive overview of the subject.

Consideration must be given to the limitations of this review. For example, the exclusion criteria removed any non-English studies from the review, which may have provided opposing data. The review also excluded a large number of resources which were inaccessible to the researcher, which was due to pay-for-access content. Additionally, organization-based assessment, through such areas as occupational health, was not included, which may show a variance in the prevalence of impaired resilience and recommendation of alternative strategies.

Another noted limitation is the lack of Canadian based studies regarding resilience, supportive strategies and programming. While some studies exist, the majority are based in the United States, which differs from Canadian healthcare practices and standards, and may result in a variance in results.

With regard to recommendations, the review was limited to organizational-based strategies, with the exception of employee assistance programming, which is outsourced. This excludes strategies such as cognitive-behavioral therapies, relaxation techniques, or alternative therapies. However, these initiatives may be offered through EAP but are not directly studied in this review.

Finally, as the review was conducted by only one reviewer, search, analysis and synthesis may have been biased based on personal experience within healthcare and occupational health, as well as selection and recommendation. Future studies may benefit from a collaborative research team approach to address this limitation.

### **Recommendations for Future Study**

The literature review shows several areas for future study in the area of mental health resilience and leadership strategies. First, with regard to impaired resilience, there was little consideration of variance within the specialty. For example, variance in resilience between intensive care units and emergency departments, as often both are combined into critical care. It is recommended that a more comprehensive study be conducted to account for differences in practice area and relationship with resilience.

Second, while there is some mention of leadership having positive and negative impacts on job satisfaction, there is limited focused research on resilience and leadership. How resilience is directly impacted by leadership practices and theories may result in variation that should be considered.

Third, cultural differences with regard to resilience may demonstrate a change in data, and in turn, recommended outcomes. As wellness is not a one-size-fits-all concept, further examination of cultural variances with regard to effective resilience strategies should be an area of further study.

Finally, a comparative study between organizations which implement indirect resilience practices, such as shared governance and those which provide direct programming, such as peer support and debriefing, may show a variance in the impact of resilience that is worth further examination.

### **Conclusion**

Improving the mental health resilience of healthcare workers through effective leadership strategies, such as shared governance, resource allocation, and resilience programming, has a direct impact on organizations and patient care. Organizations which actively provide upstream strategies to address

resilience can not only improve the experience of staff, but also patients and the quality of care. Nurse leaders are on the front line of this challenge and must use their positions, influence, and advocacy to support staff in pursuing resilience. In the end, organizations which invest in employees through resilience-focused initiatives have more sustainable workforces, improved patient care, and see greater overall outcomes.

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