ABSTRACT
Objective: to analyze the scientific production about resilience in Nursing. Method: this is a bibliographic, descriptive, integrative review type study. The research was carried out in national journals, published between the years 2009 and 2018, with a search on the CAPES Periodicals Portal, the LILACS database, the VHL and the SciELO Virtual Library. It is reported that the inclusion criteria were: scientific articles of empirical research, in Portuguese language. Data was analyzed in a manner described after presentation in figures. Results: a total of 308 articles were found and six were included for the final sample of the study. It is understood that the absence of resilience in Nursing is a risk factor that exerts a negative influence on the physical and mental health of the professional nurse. It was observed that the search for individual support (religious and psychological), collective (interpersonal relations) and identification of the key factor of the problem, contribute to the increase of resilience. Conclusion: the shortage in the production on the subject in the last ten years was noticed as well as the absence of quantitative studies that presented predictors of resilience in Nursing. Studies are needed that relate the construct resilience as a dependent variable of other dimensions such as vocation.

RESUMEN
Objetivo: analizar la producción científica acerca de la resiliencia en Enfermería. Método: se trata de un estudio bibliográfico, descriptivo, tipo revisión integrativa. Se realizó la investigación en periódicos nacionales, publicados entre los años 2009 a 2018, con búsqueda en el Portal de Periódicos CAPES, en la base de datos LILACS, en la BVS y en la Biblioteca Virtual SciELO. Informa que los criterios de inclusión fueron: artículos científicos de pesquisa empírica, en lingüa portuguesa. Analisaram-se os dados de forma descrita após apresentação em figuras. Resultados: encontrou-se um total de 308 artigos e seis foram incluídos para a amostra final do estudo. Entende-se que a ausência de resiliência na Enfermagem é um fator de risco que exerce influência negativa na saúde psíquica e física do profissional enfermeiro. Observou-se que, a busca por apoio individual (religioso e psicológico), coletivo (relaciones interpersonales) e a identificação do factor chave do problema, contribuem para o aumento de resiliência. Conclusión: se percibió a escasez na producción sobre el tema en los últimos diez años como a ausência de estudios quantitativos que presentasen preditores de resiliência en la Enfermedad. Fazem-se necesarios estudios que relacionem el constructo resiliência como variável dependente de otras dimensiones como a vocación.

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INTRODUCTION

It is known that the health area differs from others because of its particularities and specificities, as situations of stress and anxiety, and nurses deal directly with the suffering of the other, which increases the risk of occupational diseases. In addition to the particularities and specificities of the Nursing area, it is possible to mention the presence of violence at work, occupational burnout and illness in Nursing, which leads to a high level of medical licenses.

It should be emphasized that in the Nursing profession, the nurse performs functions aimed at the recovery of patients with the objective of improving the physical, mental and emotional health possible, as well as the preservation of their spiritual and social well-being, guiding with self-care, concomitantly with their support network to prevent disease and damage. It also aims to "recover the person assisted in the shortest possible time, providing support and, both in life and in the process of dying, respecting their beliefs, values and religion." Thus, the importance of nurses' resilience to daily care is infused, such that nurses with increased resilience develop an effective competence in the ability to communicate, analyze and obtain knowledge related to the health practices of each individual, for example.

It is observed, on the other hand, that the lack or the weakening of the resilience cause the illness, the expenditure of energy by the worker, since he can not exteriorize the emotions in the work environment, justifying the high stress index.

It is known that the word resilience comes from physics, which means the ability of a material to absorb energy without suffering "plastic or permanent" deformation, that is, it is the "property by which the energy stored in a deformed body is returned when it ceases the stress causing an elastic deformation". Thus, by applying the concept of resilience, health care possibilities that actually reach the subjects involved and, in other words, resilience is the ability to return to an earlier state, that is, elasticity and capacity to recovery.

It is believed, therefore, that the interest in the study on resilience in Nursing is of great importance, although there are few studies on the subject. A significant work in the form of a bibliometrical review on resilience in the Brazilian context was corroborated by the importance of this research and, according to the eligibility and exclusion criteria, with a cut between the years 2001 and 2016, only 14 articles were found, of which only three belonged to the Nursing area. It is emphasized that the first three articles (Nursing) were published in Psychology journals.

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Library SciELO in the period of March of 2019. It was chosen this timeline with the intention of investigating the most recent studies on the subject resilience in Nursing.

The controlled descriptors found in the DeCS were used (Science and Health Descriptors) resilience, Nursing and Nursing, crossing them with the Boolean logical operator “AND” to obtain the largest number of articles related to the research question. It is noteworthy that the search was performed independently by two pairs (two researchers) and, after a comparison of the divergent results obtained, the results analysis was carried out to obtain consensus and / or exclusion by dissent.

It should be emphasized that, in this work, the strategies regarding the analysis of articles, reading and interpretation, in an exhaustive way, as well as in the final synthesis of the content of the studies and in the completion of the instruments of integrative review. In order to clarify the understanding, figures were elaborated on the results found in order to answer the guiding question and the purpose of the study. The ethical aspects were respected, referencing the authors in this integrative review.

A total of 308 articles were identified, according to the flowchart of the method of searching and selecting the studies adapted from PRISMA, being: n = 211 (CAPES periodicals) and n = 97 (LILACS / BVS), during the search of the scientific bases. Of these, 302 were excluded because they did not meet the inclusion criteria during screening: n = 208 (CAPES periodicals) and n = 94 (LILACS / BVS). Exclusions, in eligibility, were given as follows: n = 196 (because they did not fit the scope of the study); n = 3 (because they are not of Brazilian population); n = 1 (because it is a theoretical article) and n = 2 (article in duplicate), ending with n = 302 excluded articles. In the discussion presented, we selected six articles included in the study, according to figure 1 adapted from the PRISMA model.

The data was collected in a specific instrument containing the following variables: location (database); authors; magazine; year of publication; Qualis of journals (Classification of journals in the quadrennium 2013-2016); level of evidence, theme of the article; goals; methods; sample; results and conclusions, in order to strengthen the analysis process. The discussion of the results is then presented in a descriptive and comparative manner, based on the literature relevant to the subject addressed, in order to meet the objective of this study as well as the analysis process.
It is reported that for the definition of the level of evidence, the recommendations of the validated criteria were followed, being: I - systematic reviews or Meta-analysis; II - randomized, controlled study; III - controlled clinical trial without randomization; IV - case-control or cohort; V - systematic review of qualitative or descriptive studies; VI - qualitative or descriptive study; VII - expert opinion or consensus.
RESUMO

We present a literature review of the scientific production on resilience, with a focus on professionals in the field of Nursing. Our study covered the period from January 2000 to November 2019, using the following databases: CAPES, LILACS, and BVS. A total of 16 articles were analyzed, which were published in 10 journals, with 6 of them being indexed in the Psicodir database. The most common themes in the analysis of resilience were: (i) resilience and death: the nursing professional facing the care of children and adolescents in the process of finitude of life; (ii) ability of resilience in adolescents: the look of Nursing; (iii) occupational stress and resilience among health professionals. These findings indicate the need for further research on resilience in Nursing, considering the current context of health care.
The scientific production on resilience... It is observed, as far as the characteristics of the study participants, that the reports in the articles collected data with the objective of: investigating the level of resilience; to know weaknesses and strengths in the face of adversity; to analyze resilience in the care of children and adolescents with chronic disease before the finitude of life; narrative of life coming from adolescents in adverse situations and their mechanisms of resilience with the objective of contributing to the practice of Nursing; stress and resilience among health professionals; analysis of the organizational culture and...
The resilience of workers and, finally, to map the resilience of nurses who work in medical and surgical clinics at Federal Hospital of Lago, as well as to discuss the conditions of resilience.

There were two distinct categories, the first being, the researchers analyzed the resilience present in Nursing professionals; in the second category, the researchers carried out the data collection of 12 adolescents hospitalized in maternity (RJ), using the narrative method of life, and the subjects were exposed to fights of the parents, sexual violence, physical aggressions and are members of unstructured families. It can be observed that the dialogic experiences were incorporated into nursing knowledge in order to contribute to the practice of resilience in Nursing, as well as care for the clientele in the context in which it is inserted.

It can also be observed that, in the six studies, the Free and Informed Consent Term (FICT) was used, and the six were submitted to Research Ethics Committees involving human beings (REC), according to Resolution 196/96 , effective at the time, and 466/2012, thus guaranteeing to participants, the withdrawal of their participation at any time.

It follows, therefore, from the considerations made in the field of results, for the discussion with the objective of answering the guiding question of the study (What has been published about Nursing resilience in national production?), As well as to synthesize the results obtained in this research in order to construct a body of knowledge with regard to what is intended.

**DISCUSSION**

The resilience of nursing workers is explained in the article, who investigated the weaknesses and strengths of these professionals in the face of the adversity to which they are subjected, using sociodemographic instruments and the Resilience Coefficient Questionnaire- Test, that the respondents in the sample are in a worrying situation: 13.5% work more than 70 hours a week; 25.8% have a double bond (with two or more jobs) and nurses’ salaries are 20% lower than male nurses.

Seven constructs were analyzed regarding the levels of resilience, being: regulation of the emotions; impulse control; optimism; causal analysis; empathy; self-efficacy and exposure, in their positive and negative aspects. As a result, the control of below-average emotions was observed in 56.8% of the participants, denoting that the resilience capacity in this construct is weakened; already, in the other constructs, the majority is in the average, and the only construct above the average was the impulse control.

It is pointed out that the regulation of emotions can be related to the three categories: individual conditions, family conditions and conditions related to help/ support of the environment. It is observed that, in the case of Nursing workers, although the characteristics of the subject have not been ruled out, the work environment seems to be the main category related to the stress of the profession.

In addition, relevant study carried out on the Nursing context, with a contingent of 1.8 million (50% of the population), among auxiliaries, technicians and nurses, is presented, which brings light to the daily reality of these professionals. The health area, this being full of specifics, particularities and contingencies that differentiate Nursing from other contexts, as shown in figure 3.
The research also sought to know the habits of the Nursing team. They are based on the search for personal growth, orientation, education, and career, which amounts to almost 30% of the total contingent that operates there. It is important to say that women on maternity leave are excluded from the calculation. It should be noted that private data already show lower indexes, with 17.2%. (p.69)

It is determined that the research also sought to know the habits of the Nursing team regarding the practice of sports.

Figure 2. Figure adapted from the synthesis of the working conditions in which the nursing is inserted. São Bernardo do Campo (SP), 2019. Brazil.

It is pointed out that, in the scenario studied, that subjects who are strong in the control factor of the impulses tend to have high regulation of the emotions. It is emphasized, therefore, that these two factors are based on similar belief systems; thus, if the control of impulses is below average, the subject accepts their first impulse belief as true and acts according to it, often producing negative consequences that block their resilience. 4

Thus, in view of the stressful conditions that nursing workers are subjected to, coupled with the difficulty in regulating emotions and excessive control of impulses, the result is a reduction of resilient capacity. 4

In the second article (ID2), entitled Resilience and death: the nursing professional regarding the care of children and adolescents in the finite-life process, 3 that the authors stated that health professionals use the following strategies of resilience: in the contact with the process of living and dying with chronic health, bet on their formulations as people, associating technique and affection; they are based on the search for religious reasons; they avoid suffering for patients in the process of dying; make team changes. 5

It is pointed out that, in the scenario studied, 3 there is no work directed towards these caregivers at the finitude of life, and many surveyed reported this institutional deficiency, affirming that it is necessary to care for those cared for, corroborating other studies. 1 Accordingly, according to the authors, 5 the promotion of resilience for professionals in this field should seek collective construction, with support dialogues, technical training bases, qualified support networks and personal trajectory in career building and work choices. 3

In terms of career development and work choices, the relevance of the vocation / sense of work to the full consolidation of the profession, regarding career development, professional satisfaction, well-being and personal growth, among other dimensions of the psychic order of nursing, 23, being that the vocation can impact the person-work compatibility, generating greater engagement. It is known that the idea that work can be approached as a vocation has a long history, 24, 5 however, this vocational feeling needs to be better studied to understand the elements that make up the dimensions of professional choice, and vocation can be a predictor of resilience. 23

It is understood that many are the difficulties experienced by Nursing professionals, ranging from the general aspects of Nursing training, 56 characteristics of the profession, 27 until the labor market is increasingly unbalanced between supply and demand 28 and, in this area, historicity has bases of religious vocation, 24 while contemporaneity brings the exercise of care as a profession and its facets, for example, the opportunity to belong to interesting groups and the socioeconomic rise. 29
The third article (ID3), the Capacity of resilience in adolescents: the look of Nursing, being that these adolescents were daughters of parents married, separated, lived and did not live with the stepfather, were unaware of their biological father or were raised by grandparents. It is added that they are part of this scenario: fights of the parents; sexual violence; physical aggressions and unstructured family that produced sequels, such as low self-esteem. Through this study (ID3), qualitative research was adopted with the adoption of data collection through the life narrative, to know the life history of the researched ones from their own narratives.6

In this study (ID3), unlike the other articles in this integrative review (ID1, ID2, ID4, ID5 and ID6), the authors emphasized the importance of the dialogical relationship between the adolescents and the nurses and had "the active questions of these health professionals with passive customer responses." It is described, therefore, that they had as purpose and objective "the construction of a field of exchanges with view to be incorporated to the knowledge of the nurses and the experiences of the adolescents."4 It can also be observed that the purpose and the objective contributed to the practice of resilience in Nursing and care.

The individuality of the researched ones and their feelings were valorized, through attentive and sensitive listening, repealing a paradigm of the area: the mechanic attendance. It was concluded, in view of the attentive and sensitive listening, by the authors, that there is a contribution to the appreciation of these clients' self-esteem, and these professionals (nurses) should adopt a posture that contributes to their self-esteem and resilience of these teenagers,6 in this way, "making them autonomous and protagonists of their own lives".4

It can be observed that, to be a nurse, one has to have as a perception that the priority skills of this professional are humanism,4 based on simplicity, charity and humility, strongly supporting the foundations of the profession (1633) and later, as scientifically erected by Florence Nightingale (1854), by consolidating the teachings of love and brotherhood to the next.24 In this way, there is a relationship between servile activity (the desire to serve and to give oneself in care for others)30 and resilience, that is, a servile image and resilience.

In the fourth article (ID4), the theme was Occupational stress and resilience among health professionals, with the objective of describing, analyzing and understanding the perceptions and experiences of stress and resilience, the identification of risk and protection factors. Therefore, the authors used the Job Stress scales and the Resilience Inventory. It turns out that the risk factors faced by these professionals (nurses) are: to work on a shift and to have more than one employment relationship with Job Stress Scale. Outstanding among the indicators of resilience were: job satisfaction, emotional competence, empathy and tenacity and innovation.7

It is important to comment that, according to the authors, in general, the sample had indicators of resilience above 60% in all evaluated factors, as in findings of seminal studies that corroborate the results of this research, even in populations exposed to enduring factors.31 It can also be observed that a high level of schooling is a protection factor in order to permeate resilience processes among nursing workers. Other significant differences were found in the emotional sensitivity factor among married women (31-50 years of age and who have religion); the male participants presented below-average scores on the factor in question, indicating differences between genders in the exercise of professional activity in health.

According to the authors, due to their work, they interfere with the life of workers, especially with regard to the emergence of occupational diseases,7 and, among the populations of workers studied, health professionals have frequently been identified as a risk group for illness physical and mental.4 It is believed that this statement is in line with the study entitled Conditions of work in Nursing,20 which portrays professional burnout, medical leave and illness in Nursing. These data were presented in Figure 2 analytically.

In addition, many health professionals are expected to be healthy and adequately perform their duties, providing quality services to the population, even when exposed to adverse situations,7 however, there are workers suffering from occupational diseases of a physical and psychic nature, who are unable to continue their work and deserve attention from their institutions and governmental bodies,18 although recent studies report that only 40.6% are assisted when they become ill by the institution in which they work.7

In the fifth article (ID5), denominated Organizational culture of a psychiatric hospital and Nursing workers' resilience, which aims to analyze the organizational culture of the institution and identify the resilience of Nursing workers, the IBACO scales for culture organizational and RS for the resilience scale, and these scales were applied to 56 workers.8 It can be noticed, as far as the organizational culture is concerned, that there is the centralization of power and the devaluation of workers, while they report that there is collaboration at work and practices aimed at improving the interpersonal relationship.8
In terms of resilience capacity, 50% of the workers presented a high degree, 42.9% of whom were in an average degree of resilience. Negative values between IBACO and RS domains were revealed by the study's correlation tests, indicating that the lower the valuation of individuals in the institution, the greater their resilience. It is clear from these indices that management model adopted by the institution can cause suffering and sickness of workers. According to the authors, due to the negative correlation values between the domains, workers are required to develop their resilience to face the adversities of the work environment and stress-generating situations.

It is pointed out that studies reveal that organizations that opt to minimize occupational risk factors, by implementing strategies capable of boosting the resilience mechanisms, end up providing better working conditions, as well as greater well-being to workers, directly impacting the reduction of absenteeism, turnover and productivity increase, providing benefits to the organization itself.

It is worth noting that the sixth article (ID6), which deals with the resilience of the medical and surgical clinic nurses in their day-to-day care, aimed to map the resilience condition of the nurses in that organization and to discuss the nurses’ resilience conditions. It is stated by the authors, in the Nursing context, that it is indispensable the discussion that proposes to study and analyze the resilience, as well as the daily care. For this purpose, the Quest_Resilience questionnaire was used, which determines the resilience condition of eight determinant belief models (DBMs) in the behavioral patterns, which are the following: context analysis; self confidence; self control; conquer and retain people; empathy; body reading; optimism with life and meaning of life. It was concluded, by the study, that optimism with life and sense of life presented weak resilience to stress, with behavior pattern for intolerance. It is assumed that Nursing professionals have a balanced intensity in their beliefs and need to develop and identify the causes of the adverse situation and to remain in a protective position.

It is possible, as is no less important, as pointed out by the authors, when identifying the level of resilience of the nurse, to act in a way to work and to strengthen this resilience with the aim of providing Nursing care with greater consistency and amplitude. It is also the focus on resilience of paramount importance and it must go beyond the nurse/patient relationship, seeking to involve care in families, groups, communities and institutions, in a cultural and holistic perspective.

It should be emphasized that studies carried out with the theme of stress in the life of the nursing student: (lack of) knowledge and prevention brings light to the issue of weak resilience in the face of stress. Personal stress is related to situations of imbalance and difficulties in working life, excessive work and lack of vocation, which has, as a consequence, physical and mental manifestations. The above conclusions, a tenuous relationship with other studies, which lecture about the environment in which this professional is inserted, and the researched participants propose, as strategies of stress relief, rest, optimistic attitudes and self-control, without excluding optimism with life and the meaning of life, in a paraphrased way, with the dimension vocation as a predictor of resilience.

### CONCLUSION

This study allowed us to analyze the national production on resilience in Nursing, in a temporal cut of the last ten years, demonstrating the importance, as well as the scarcity, of studies on the subject, by gathering only six papers. It is emphasized that in order to understand resilience in Nursing, it is necessary to know the bases of the training of these professionals (1633) and later the works of Florence Nightingale (1854), reconciling with the contemporary organizational world.

It is also possible to observe, with this integrative review, the relevance of resilience to these professionals, surrounded by specifics and particularities, as well as the psychic dimensions of the individual, the environment and the situation. It is necessary, therefore, that more research be developed in order to disseminate information and expand knowledge in an area where the spirit of donation and the self-denial of these professionals.

It demonstrates, by way of conclusion, the results of the national production presented here, the contemporary character, revealing great opportunities of studies that contribute in the construction of new knowledge for the Nursing area. It is suggested, as future research, the search for an understanding of the impact of the vocation on resilience. The possibility of revealing something important for the present and future context is believed, as some researchers have pointed out.

It is hoped, therefore, that this work may contribute to new research focused on Nursing resilience in order to guide researchers interested in the topic of resilience in an area of people who take care of people, in a scenario permeated by contingencies.

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