The Role of Saudi Nurses in Resilience Building for Chronic Illness

Wedyan Yousef Alharbi ¹, Amnah Khalil Khalifa Alhabanji ², Muath Abdulaziz Abdullah Alenezi ³, Noufa Faddel Raja'A Alrwili ⁴, Mansour Faza Alhazmi ⁵, Naimah Alasmer Rashed Alanazi ⁶, Waseem Faleh Ali Alsehli ⁷, Hana Ibrahim O Alanazi ⁸, Nawal Fayadh G Alanazi ⁹, Shaman Matar Alhazmi ¹⁰

- 1- Nursing specialist, King Salman bin Abdulaziz Medical City in Madinah, Saudi Arabia
- 2- Nursing specialist, King Salman bin Abdulaziz Medical City in Madinah, Saudi Arabia
 3- Nursing specialist, North Medical Tower, Arar, Saudi Arabia
- 4- Nursing technician, Al Shalhoub Primary Health Care Center, Sakkaka, Saudi Arabia
 - 5- Nursing technician, Ministry of Health Branch- Northern Border Region, Saudi Arabia 6- Nursing technician, Maternity and Children's Hospital, Arar, *Saudi Arabia*
- 7- Nursing technician, Medical Center of The Islamic University, Al Madinah, Saudi Arabia
 - 8- Nursing technician, Al-Salehiah Primary Healthcare Center Arar, Saudi Arabia
 - 9- Nursing technician, Medical rehabilitation and Care Hospital Arar, Saudi Arabia
 - 10- Nursing technician, Turaif Al-Awsat Primary Health Care Center, Turaif, Saudi Arabia

Abstract:

In Saudi Arabia, nurses play a pivotal role in resilience building for individuals living with chronic illnesses, addressing both physical and psychological aspects of care. They are often the first point of contact in healthcare settings, providing essential education, support, and continuity of care. By developing personalized care plans, nurses empower patients with knowledge about their conditions, treatment options, and self-management strategies, fostering a sense of control and engagement in their health journey. This educational aspect not only enhances adherence to treatment plans but also equips patients to navigate the complexities of chronic illness more effectively. Moreover, Saudi nurses contribute significantly to emotional support and mental health resilience for patients with chronic conditions. They are trained to recognize signs of distress and provide empathetic listening, which are crucial for building trust and rapport with patients. Through community-based programs and support groups, nurses encourage social connections among patients, reducing feelings of isolation and enhancing motivation. By integrating culturally sensitive practices and acknowledging the unique challenges faced by patients in Saudi society, nurses play an essential role in fostering resilience, enabling individuals to cope better with the demands of chronic disease management, and promoting a holistic approach to health.

Keywords: Saudi nurses, chronic illness, resilience building, patient education, self-management, emotional support, mental health, community programs, culturally sensitive care, holistic health.

Introduction:

Chronic illnesses are increasingly recognized as a significant global health challenge, affecting millions of individuals worldwide. In Saudi Arabia, the rise in chronic conditions such as diabetes, hypertension, and cardiovascular diseases poses a growing concern for the healthcare system and public health. According to the World Health Organization (WHO), chronic diseases account for a substantial percentage of morbidity and mortality globally, necessitating an effective healthcare response. In this context, the role of nurses becomes paramount, particularly in fostering resilience

among patients managing long-term health conditions. This research aims to explore the vital function that Saudi nurses play in building resilience for patients with chronic illnesses, focusing on their strategies, skills, and the broader implications for patient care and health outcomes [1].

Nursing, as a profession, has evolved from a predominantly task-oriented role to one that encompasses holistic patient management. In Saudi Arabia, nurses are increasingly recognized not only for their clinical competencies but also for their ability to support patients psychologically and socially. The World Health Organization defines

resilience in the context of chronic illness as the capacity of individuals to cope with adverse health outcomes, adapt positively to challenges, and maintain a functional quality of life. Building resilience can empower patients to take an active role in their health management, adhere to treatment regimens, and navigate the complexities of their conditions. Here, nurses serve as critical agents of change, providing education, emotional support, and motivational counseling [2].

The demands on healthcare professionals, especially nurses, have intensified in light of the increasing burden of chronic diseases. To address these challenges, the Saudi healthcare system has recognized the need for a well-trained nursing workforce equipped with the necessary tools and frameworks to facilitate resilience among patients. This is particularly relevant given the cultural factors and unique challenges faced by Saudi patients, such as stigma, familial expectations, and varying levels of health literacy. As frontline healthcare providers, nurses are positioned to bridge the gap between clinical care and psychosocial support, thus playing a vital role in fostering resilience [3].

Furthermore, the integration of resilience-building strategies into nursing practice is not merely an individual endeavor; it requires systemic support from healthcare institutions. The establishment of policies that emphasize holistic care, the development of educational programs that include resilience training, and the promotion of interdisciplinary collaboration are crucial elements that can enhance the capacity of nurses to cultivate resilience in their patients. The Saudi Vision 2030 initiative emphasizes improving healthcare quality as part of broader economic and social reforms, highlighting the significance of nurturing a resilient healthcare workforce as a means to improve health outcomes at both individual and community levels [4].

In exploring the role of Saudi nurses in resilience building for chronic illness, this research seeks to understand the specific strategies used by nurses to support their patients. This will include an examination of both clinical interventions and supportive care practices that promote psychological and emotional resilience. Additionally, we will assess the attitudes and perceptions of nurses toward resilience-building practices, as well as the barriers they face in implementing these strategies in their daily practice [5].

Overall, the investigation into the role of nurses in resilience building is crucial for several reasons. First, it underscores the importance of a holistic approach to chronic illness management that encompasses not just physical health but also emotional and mental well-being. Second, it contributes to the existing body of knowledge in nursing practice, particularly within the context of Saudi Arabia, thereby providing valuable insights for policy makers, healthcare managers, and educators. Lastly, by enhancing understanding of the resilience-building process, this research has the potential to inform the development and refinement of nursing curricula, continuing education programs, and nursing leadership initiatives in the Kingdom [6].

The Evolving Role of Nurses in Chronic Illness Management:

Chronic illnesses have emerged as one of the foremost challenges facing healthcare systems around the world. Conditions such as diabetes, heart disease, chronic obstructive pulmonary disease (COPD), and mental health disorders can significantly impact individuals' lives and place substantial burdens on families and healthcare systems alike. As the prevalence of these conditions continues to rise, so too does the necessity for innovative strategies in their management. One of the most essential shifts in this paradigm has been the evolving role of nurses in chronic illness management [6].

Traditionally, nurses have played a supportive role in the healthcare system, primarily focusing on tasks such as medication administration, wound care, and basic patient monitoring. However, with the increase in chronic illnesses and the recognition that these conditions require ongoing management rather than episodic care, the role of nurses has undergone a significant transformation. In the early 20th century, most healthcare delivery was centered around acute care, with minimal emphasis on prevention and chronic disease management. That paradigm has shifted dramatically; the U.S. Centers for Disease Control and Prevention (CDC) suggests that chronic diseases account for seven out of ten deaths each year and are responsible for a significant percentage of healthcare spending. This evolving landscape has necessitated broader responsibilities and skill sets for nursing professionals [7].

ISSN: 2632-2714

Expanded Roles and Responsibilities

The expanded role of nurses in chronic illness management encompasses various functions that go beyond traditional boundaries. Nurses are increasingly taking on responsibilities as care coordinators, patient educators, and advocates [8].

- Care Coordination: One of the critical evolutions in nursing has been the emphasis on care coordination. managing chronic illnesses, a holistic approach is paramount. Nurses facilitate communication between various healthcare providers, ensuring a seamless exchange of information among primary care doctors, specialists, therapists, and social workers. This coordination is particularly vital for patients dealing with multiple chronic conditions, often referred to as "polypharmacy." Nurses help tailor treatment plans that consider all aspects of a patient's health, reducing the risk of complications and improving overall outcomes [9].
- **Patient Education**: Given the complexity of managing chronic illnesses, education becomes a cornerstone of nursing practice in this domain. Nurses play a pivotal role in teaching patients about their conditions, guiding them through self-management techniques, and helping them make informed decisions about their care. This education often includes lifestyle modifications, such as dietary changes, exercise recommendations, and medication adherence strategies. Studies have shown that patient education can lead to enhanced self-efficacy and better health outcomes, ultimately reducing hospital readmissions and emergency care visits [9].
- 3. Advocacy: Nurses are also increasingly recognized as advocates for their patients. They are uniquely positioned to identify the social determinants of health impacting their patients, which may include factors such as economic stability, education access, and community support. By advocating for necessary resources and services, nurses can help patients obtain the support they need to manage their chronic conditions effectively [9].

Patient-Centered Care

The shift towards patient-centered care is at the forefront of chronic illness management, with nurses acting as crucial facilitators of this approach. Patient-centered care emphasizes the importance of involving patients in their care plans, ensuring that their preferences, goals, and values are at the core of decision-making. Nurses are trained to develop strong therapeutic relationships with patients, which fosters open communication and trust [10].

This approach not only empowers patients but also enhances adherence to treatment regimens. When patients feel heard and taken into account, they are more likely to engage with their care, leading to improved health outcomes. Moreover, the emphasis on emotional and mental well-being is becoming increasingly important in chronic disease management. Nurses are often the first point of contact, enabling them to recognize signs of distress or mental health issues that may accompany chronic conditions. By addressing these concerns, nurses can provide or facilitate access to appropriate support systems [11].

The integration of technology into chronic illness management has further transformed the role of nurses. Telehealth, mobile health applications, and electronic health records (EHRs) have enabled nurses to monitor patients more effectively and maintain ongoing communication. Telehealth has been especially beneficial for patients with mobility issues or those who live in remote areas, allowing them to consult with healthcare providers from the comfort of their homes [12].

Nurses can utilize data from wearable devices to track patients' vital signs, monitor medication adherence, and assess lifestyle choices in real-time. This real-time data collection allows for timely interventions when a patient's health status changes, reducing the likelihood of hospitalizations. Additionally, the ability to access and analyze patient data through EHRs enables nurses to identify trends and improve care quality. This integration of technology enhances their roles not only as caregivers but as data analysts who contribute to more effective chronic illness management strategies [13].

While the evolving role of nurses in chronic illness management reflects significant progress, various challenges remain. Issues such as staffing shortages, high patient-to-nurse ratios, and limited time for patient interaction can hinder the ability of nurses to fulfill their expanded roles effectively. Furthermore, the need for ongoing education and training to keep pace with advancements in both nursing practice and technology is essential [14].

Looking ahead, the future of nursing in chronic illness management will likely revolve around continued advocacy for the profession, policy changes that support nurse-led initiatives, and interdisciplinary collaboration. As the population ages and the prevalence of chronic conditions continues to grow, the demand for skilled, knowledgeable nursing professionals will only increase [14].

Emphasizing nursing leadership in chronic care models, enhancing educational programs to focus on chronic disease management, and leveraging technology will be pivotal strategies moving forward. Ultimately, the evolution of nurses' roles offers immense potential to improve the quality of care for patients living with chronic illnesses, thereby positively impacting individual and community health outcomes [14].

Empowering Patients: Education and Self-Management Strategies:

Chronic diseases, including diabetes, hypertension, and heart disease, represent a significant health challenge globally. As the prevalence of such conditions continues to rise, largely due to aging populations, lifestyle choices, and socio-economic factors, there is a pressing need to equip patients with the knowledge, skills, and resilience necessary to manage their health effectively. Empowering patients through education, self-management, and resilience strategies transforms how individuals engage with their health and navigate the complexities of chronic disease [15].

Education plays a crucial role in the empowerment of patients. It is essential for fostering an understanding of their health conditions, the implications of those conditions, and the available treatment options. Comprehensive health education addresses various aspects, including the nature of the disease, the physiological mechanisms at play, and the lifestyle modifications necessary for effective management [15].

Educational programs can take different forms, ranging from one-on-one consultations with healthcare providers to structured group sessions or online platforms. These sessions often involve not just the dissemination of information, but interactive

discussions that allow patients to ask questions, voice concerns, and clarify misunderstandings. Such engagement is vital, as it helps build a therapeutic alliance between patients and healthcare professionals, fostering trust and enhancing adherence to treatment plans [16].

According to research conducted by the World Health Organization (WHO), health literacy—defined as the ability to obtain, process, and understand basic health information—directly impacts health outcomes. Patients with a high degree of health literacy tend to have better disease management skills, leading to improved medication adherence, lower hospitalization rates, and overall enhanced quality of life. Educational interventions that promote health literacy can significantly decrease the clinical and economic burden associated with chronic diseases [17].

Self-management refers to the active participation of patients in their care, including health monitoring, recognition of symptoms, and adherence to prescribed treatments. It is an essential component of chronic disease management because individuals with chronic conditions often spend more time managing their health independently than interacting with healthcare professionals. Thus, providing patients with tools and strategies for effective self-management is paramount [18].

Developing self-management skills involves several key components. These include setting realistic and achievable health goals, monitoring health indicators such as blood glucose or blood pressure readings, and understanding the role of medications and lifestyle choices in disease management. For example, patients with diabetes benefit from understanding how diet influences their blood sugar levels, navigating the complexities of carbohydrate counting, and recognizing how physical activity impacts their condition [18].

Moreover, technology plays a significant role in enhancing self-management capabilities. Mobile applications and wearable devices allow patients to track their health metrics in real time, receive reminders for medication and appointments, and even connect with healthcare teams for support. Telehealth services have emerged as a critical tool in promoting self-management, especially for patients living in remote areas or those with mobility challenges. Studies have shown that patients who actively engage with self-management tools demonstrate improved health outcomes and a greater sense of control over their health [19].

While education and self-management are vital, cultivating resilience is equally crucial in empowering patients living with chronic diseases. Resilience involves the capacity to bounce back from adversity, adapt to challenges, and maintain a positive outlook despite facing difficulties. Chronic diseases often necessitate lifestyle changes, ongoing treatment regimens, and at times, confronting the psychological toll associated with living with a persistent condition. Therefore, resilience strategies can play an essential role in fostering mental and emotional well-being [20].

One effective strategy for building resilience is fostering a strong support network. This may include family members, friends, healthcare providers, support groups, or online communities. Sharing experiences with others in similar situations can help patients feel less isolated and provide valuable emotional support. Support groups offer a safe space for individuals to express their feelings, share coping strategies, and derive strength from collective experiences [21].

Mindfulness and stress reduction techniques are additional strategies that can enhance resilience. Practices such as meditation, yoga, and deepbreathing exercises help individuals manage stress levels, improve their emotional outlook, and promote physical health. Studies indicate that patients who practice mindfulness report lower levels of anxiety and depression, allowing for better management of their chronic conditions [21].

Cognitive-behavioral approaches can also enhance resilience. Encouraging patients to identify negative thought patterns and replace them with more constructive and positive perspectives can empower them to face challenges with renewed strength. For instance, reframing setbacks as learning experiences rather than failures can help patients develop a more adaptive mindset in their journey toward managing chronic illness [22].

The integration of education, self-management, and resilience strategies calls for a holistic approach to chronic disease management. Healthcare systems must prioritize patient empowerment by providing resources, health education programs, and access to technological tools that support self-management. This shift requires not only a transformation in clinical practice but also a change in the culture of healthcare delivery [22].

An essential component of this integration is the training of healthcare professionals. Physicians,

nurses, and allied health staff must be equipped with communication and counseling skills that foster patient engagement. Collaborative care models, where patients are viewed as partners in their health journey, should be emphasized to enhance continuity of care and optimize treatment outcomes [23].

Furthermore, policies that support patient empowerment initiatives, such as funding for educational programs or development of mobile health technologies, can create an environment that promotes active patient participation. By prioritizing empowerment across all levels of healthcare delivery, we cultivate a system that not only treats chronic diseases but also nurtures resilience, independence, and holistic well-being [24].

Emotional and Psychological Support: Building Resilience Through Nursing Care:

In the intricate tapestry of healthcare, where the physical well-being of patients often takes center stage, the emotional and psychological dimensions of health are equally critical yet sometimes overlooked. Nurses play a pivotal role in bridging this gap, offering not just medical care but also essential emotional and psychological support that fosters resilience in patients facing myriad challenges [25].

Nurses are often the first point of contact for patients within the healthcare system, positioning them uniquely to address not only physical health needs but also the emotional and psychological aspects of patient care. The World Health Organization (WHO) recognizes health as a state of complete physical, mental, and social well-being—not merely the absence of disease. Thus, the incorporation of emotional and psychological support into nursing practice is essential to holistic care [25].

Emotional and psychological support encompasses a range of interactions and interventions. Active listening, empathy, and compassion are essential skills that nurses utilize to build rapport with patients. This is particularly vital in high-stress environments such as hospitals, where patients may experience anxiety, fear, or depression related to their health conditions, treatments, or hospital stays. By creating a safe and trusting environment, nurses can help alleviate these feelings and empower patients, encouraging them to articulate their concerns and fears [26].

Resilience, defined as the ability to bounce back from adversity, is an essential trait that enables individuals to cope with and adapt to challenges. In a healthcare context, resilience can significantly affect patient outcomes. Research indicates that patients with higher resilience levels tend to experience better psychological well-being, adherence to treatment regimens, and overall satisfaction with their healthcare experiences [26].

Nursing care that emphasizes emotional and psychological support can be instrumental in enhancing resilience. By addressing the emotional burdens patients carry, nurses can help them develop coping strategies that foster a stronger sense of agency and control over their health situations. This not only improves individual well-being but can also lead to more positive health outcomes such as reduced recovery times and improved quality of life [27].

Building Resilience through Emotional Support Strategies

- 1. Active Listening and Open Communication: One of the most effective ways for nurses to provide emotional support is through active listening. This entails not only hearing what patients say but also understanding the emotions and concerns behind their words. Encouraging open communication allows patients to express their feelings, fears, and vulnerabilities, which can be therapeutic in itself [28].
- 2. Creating a Supportive Environment: A nurturing and encouraging environment is crucial for patients dealing with emotional turmoil. Nurses can contribute to this atmosphere by demonstrating commitment to patient care, validating feelings. patients' and offering reassurance. Additionally, fostering a sense of belonging and community among patients can further enhance this supportive setting [28].
- 3. Educational Support: Providing patients with education about their conditions, treatment options, and coping strategies can empower them and reduce anxiety. Knowledge can demystify the healthcare experience, helping patients feel more in control of their situation. Nurses can facilitate educational sessions, distribute

- informative materials, or engage in one-onone discussions to enhance patients' understanding [28].
- 4. Encouraging Family Involvement: Family support is critical to a patient's emotional well-being. Nurses can facilitate family involvement in care plans and encourage open dialogue among family members. This not only provides patients with a support system but also helps the family understand the patient's needs, enhancing the overall care experience [28].
- 5. Mindfulness and Stress-Reduction Techniques: Introducing patients to mindfulness practices and stress-reduction techniques can significantly benefit their emotional health. Techniques such as deep breathing exercises, guided imagery, and progressive muscle relaxation can help patients manage stress and anxiety. Nurses can guide patients through these practices or provide them with resources to continue these techniques independently [28].
- 6. Referral to Mental Health Services:
 Recognizing the limits of their expertise,
 nurses should feel empowered to refer
 patients to mental health professionals as
 needed. Collaborating with psychologists,
 social workers, or counselors ensures that
 patients receive comprehensive care that
 addresses both their physical and emotional
 health [28].

Challenges and Barriers to Providing Emotional Support

Despite the clear benefits of emotional and psychological support in nursing, several barriers exist. Time constraints in busy healthcare settings can inhibit nurses from spending adequate time with patients. Inadequate training in providing mental health support may also contribute to nurses feeling ill-equipped to address psychological needs effectively. Furthermore, institutional cultures that prioritize physical health over mental well-being can undermine the importance of emotional support in nursing practice [29].

Cultural Competence in Nursing: Addressing Unique Patient Needs in Saudi Society:

Cultural competence is increasingly recognized as a critical aspect of nursing practice in an era of diverse patient populations. In Saudi Arabia, a country where healthcare is undergoing significant reforms and facing unique cultural dynamics, cultural competence in nursing becomes imperative to effectively address the multifaceted needs of patients [30].

Cultural competence in nursing is defined as the ability of healthcare providers to recognize, understand, and respect patients' diverse cultural backgrounds. This competence encompasses the knowledge, skills, and attitudes necessary to provide effective care in culturally diverse settings. According to the American Nurses Association (ANA), culturally competent care involves understanding and addressing the distinct health beliefs, practices, language requirements, and values of individuals from various backgrounds [30].

In recent years, the concept has gained prominence as healthcare systems strive to improve patient outcomes, reduce health disparities, and foster patient satisfaction among diverse populations. Cultural competence can mitigate misunderstandings and improve communication between healthcare providers and patients, ultimately leading to better health outcomes [31].

Saudi Arabia is a nation characterized by a rich tapestry of cultural and societal influences. The interplay of traditional beliefs, religious practices, and modern healthcare practices presents both challenges and opportunities for nursing professionals. The healthcare system, which is primarily publicly funded, emphasizes preventive care and offers a range of services free of charge to Saudi citizens. However, the influx of expatriates and residents from various cultural backgrounds has necessitated a broader understanding of cultural competence among healthcare providers [31].

Islam plays a pivotal role in the lives of many Saudis and significantly influences health-related beliefs and practices. For instance, dietary restrictions based on religious principles, such as halal foods, can affect patients' nutritional needs and preferences. Additionally, there are cultural norms regarding gender roles, family dynamics, and medical decision-making, which healthcare providers must consider when offering care to patients in this context [32].

Cultural Considerations in Nursing Practice

To effectively address the unique patient needs in Saudi society, nurses must be aware of several cultural dimensions. The concepts of collectivism, respect for authority, and gender relations are instrumental in shaping healthcare experiences for patients in the Kingdom.

- 1. Collectivism: Saudi society is predominantly collectivist, valuing family and community ties over individualism. Nurses should engage with patients' families during assessments and care planning, recognizing that decisions may not lie solely with the patient. Including relatives in discussions can foster trust and cooperation in the healthcare process [33].
- 2. **Respect for Authority**: In Saudi culture, medical professionals are often seen as authority figures. It is vital for nurses to establish rapport and demonstrate respect, as this can facilitate open communication about health concerns. Therefore, nurses should approach patient interactions with cultural sensitivity and take the time to gain patient trust [33].
- 3. Gender Relations: Gender dynamics play a significant role in healthcare interactions. In some cases, female patients may prefer female healthcare providers for personal and religious reasons. Understanding these preferences is crucial in delivering patient-centered care. Additionally, respecting modesty norms during examinations and consultations is imperative to ensure patients feel comfortable and respected [33].
- 4. Language and Communication: In multilingual Saudi society, language barriers can obstruct effective healthcare communication. While many Saudis are proficient in English, many patients may prefer being treated in Arabic or other native languages. Nurse practitioners should be adept at using interpreters or employing simple language to ensure understanding, ultimately improving patient satisfaction and adherence to treatment plans [33].

Strategies for Enhancing Cultural Competence

Recognizing the importance of cultural competence is the first step; however, implementing strategies to foster this competence is crucial for effective nursing care. Here are several strategies that can enhance cultural competence within nursing practice:

- 1. Education and Training: Continuous education and training are essential for nurses to broaden their understanding of the cultural dynamics affecting their patients. This training should include information about the Saudi healthcare system, prevalent cultural beliefs, and practices that shape health behavior [34].
- 2. Cultural Assessments: Nurses should incorporate cultural assessments into their patient evaluations. Understanding patients' cultural backgrounds, beliefs, and values can inform care plans tailored to meet their unique needs effectively [34].
- 3. Community Engagement: Engaging with community resources and stakeholders provides nurses with insight into local cultural challenges. Collaborating with local organizations can foster better healthcare delivery within the community and facilitate access to additional support for patients [34].
- 4. **Reflective Practices**: Nurses can benefit from reflective practices that encourage them to explore their biases and preconceptions. By reflecting on their cultural values and how these may impact interactions with patients, nurses can cultivate a more inclusive and respectful approach [34].
- 5. Patient-Centered Care: Emphasizing patient-centered care allows nurses to collaborate closely with patients and their families, taking into account their cultural preferences and beliefs. Making accommodations to care plans based on cultural feedback can empower patients and enhance treatment adherence [34].

Community Engagement: Nurses as Facilitators of Support Networks:

In today's complex healthcare landscape, the role of nurses has evolved significantly beyond traditional clinical practices. Nurses are no longer just caregivers in clinical settings; they have emerged as vital facilitators of support networks within communities. This transformation is critical, as healthcare increasingly relies on a holistic approach that recognizes the importance of social

determinants of health, patient-centered care, and community involvement [35].

Community engagement refers to the process by which individuals and groups work collaboratively to address issues that affect their shared environment, with the ultimate goal of improving health outcomes and fostering a greater sense of community. Nurses, equipped with clinical expertise and a strong understanding of community dynamics, occupy a unique position to lead these efforts. They serve as liaisons between healthcare systems and the communities they serve, bridging gaps and facilitating pathways for communication, education, and support [35].

The Role of Nurses in Community Engagement

Nurses have a multifaceted role in community engagement, acting as educators, advocates, and providers of care. Their involvement can take many forms, including:

- 1. Health Education and Promotion:

 Nurses are often the first point of contact for patients seeking health information. They have the skills to educate individuals about chronic diseases, preventive care, and healthy lifestyle choices. Through community health fairs, workshops, and school programs, nurses can disseminate vital health information, empowering community members to make informed decisions about their well-being [36].
- 2. Building Partnerships: Effective community engagement often requires collaboration with other organizations, such as schools, local businesses, non-profits, and governmental agencies. Nurses are adept at building these partnerships, leveraging their networks to create comprehensive support systems. By working together, these organizations can tackle social determinants of health—such as education, housing, and transportation—that directly impact community health [36].
- 3. Advocacy for Vulnerable Populations:
 Nurses are natural advocates, particularly
 for marginalized or underserved
 populations. They understand the unique
 challenges these groups face, from limited
 access to healthcare services to
 socioeconomic barriers. By advocating for
 policy changes, resource allocation, and

equitable care, nurses play a crucial role in fostering inclusivity and addressing systemic inequities [36].

- 4. Case Management and Coordination: In many instances, patients require more than just clinical care; they need assistance navigating the healthcare system. Nurses often take on the role of case managers, coordinating care among different providers, and ensuring that patients receive the necessary services. This coordination is particularly vital for patients with complex health needs, such as those with chronic illnesses or mental health disorders [36].
- 5. Fostering Peer Support: Nurses can facilitate peer support groups where individuals with similar health challenges come together to share experiences, resources, and encouragement. These groups not only provide emotional support but also foster a sense of community and reduce feelings of isolation that many patients experience. Research has shown that peer support can enhance treatment adherence, promote mental well-being, and lead to better health outcomes [37].

Challenges in Community Engagement

Despite the critical role of nurses in facilitating community engagement, several challenges impede their effectiveness. One significant barrier is the limited time and resources available for community-oriented initiatives. With demanding workloads and high patient-to-nurse ratios, many nurses find it challenging to dedicate sufficient time to community engagement activities. Additionally, inadequate financial support for community programs can deter nurses from pursuing initiatives that would require investment [38].

Another challenge is the need for enhanced training and skills development. While nurses are trained in clinical skills, engagement in community work may require a different set of competencies, including cultural competence, community organizing, and public relations. Continuing education programs that focus on these areas can better equip nurses to lead community engagement efforts effectively [38].

The benefits of community engagement are profound and multifaceted. Research indicates that

communities with strong support networks tend to experience reduced health disparities, improved health outcomes, and increased patient satisfaction. Furthermore, community engagement fosters resilience, empowering individuals to take control of their health and well-being [39].

By positioning themselves as facilitators of support networks, nurses can profoundly impact community health. They can help to create environments where individuals feel supported, informed, and connected—elements that are essential for maintaining both physical and mental health. Moreover, community engagement can lead to sustainable health improvements, as individuals and communities adopt healthier behaviors and advocate for their needs [39].

Collaborative Approaches: Interdisciplinary Teams in Chronic Care Management:

Chronic diseases are multifaceted and pervasive, significantly impacting public health and healthcare systems across the globe. Conditions such as diabetes, hypertension, cardiovascular diseases, and chronic respiratory diseases not only constitute serious health risks but also contribute to increased healthcare costs, lower quality of life, and a significant burden on both patients and caregivers. Managing these complex conditions requires a nuanced approach that acknowledges multifactorial nature. In this interdisciplinary teams have emerged as a pivotal strategy for chronic care management, highlighting the significance of collaborative work among healthcare professionals from diverse fields [40].

Interdisciplinary teams consist of healthcare providers who come from various disciplines and specialties, united by a common goal: to improve patient outcomes through collaborative care. These teams typically include physicians, nurses, social workers, dietitians, pharmacists, and physical therapists, among others. Each member brings unique expertise, perspectives, and skills, allowing for a more comprehensive approach to patient care. This collaborative model stands in stark contrast to traditional, siloed healthcare practices where a single provider often drives decisions without the input of other specialists [40].

The foundation of interdisciplinary collaboration lies in effective communication, mutual respect, and shared decision-making. By leveraging the diverse skills of each team member, interdisciplinary teams can formulate individualized treatment plans,

address the full spectrum of patient needs, and ultimately enhance both health outcomes and patient satisfaction [41].

The Rationale for Interdisciplinary Approaches in Chronic Care Management

The rationale for employing interdisciplinary teams in chronic care management is underpinned by several key factors:

- 1. Complexity of Patient Needs: Chronic diseases often manifest with a myriad of symptoms that can affect various aspects of a patient's life. Patients frequently present with comorbid conditions, requiring a comprehensive approach to treatment that a single provider may not accommodate. By employing interdisciplinary team, healthcare providers can address the physical, emotional, and social determinants of health that impact chronic disease management [42].
- 2. Holistic Care: Interdisciplinary teams promote holistic care, recognizing that health extends beyond mere physical ailments. For instance, a diabetic patient may struggle with dietary choices, psychological stress, and medication management. In such cases, dietary interventions from nutritionists, counseling from psychologists, and medication synchronization by pharmacists can play critical roles in achieving better health outcomes [43].
- 3. Improved Coordination of Care: Chronic conditions require sustained management and regular monitoring, often necessitating visits to multiple healthcare providers. Interdisciplinary teams facilitate better coordination through shared electronic health records, regular team meetings, and collective treatment plans. This coordination helps to minimize errors, streamline follow-ups, and reduce hospital readmissions [44].
- 4. Patient Empowerment and Education:
 Chronic disease management inherently involves patient engagement and self-management. Team members can collaboratively develop educational resources and empower patients to take an

active role in their care. By incorporating the expertise of nurses and social workers, teams can ensure that patients understand the importance of adherence to treatment regimes, lifestyle modifications, and regular health check-ups [45].

Implementing Interdisciplinary Teams in Practice

While the benefits of interdisciplinary collaboration in chronic care management are evident, implementing such approaches requires strategic planning and a supportive organizational culture. Here are key steps organizations can take to establish effective interdisciplinary teams:

- 1. Leadership Support: Successful implementation starts with strong leadership that fosters a culture of collaboration. Leaders must advocate for interdisciplinary practices, providing necessary resources, including training and development opportunities, to enhance team functioning [46].
- 2. **Team Composition**: Carefully selecting team members based on patient needs is crucial. Organizations should consider the demographics of the patient population, the types of chronic diseases being managed, and specific expertise required to create well-rounded teams [46].
- 3. Interprofessional Education: To ensure that team members understand each other's roles, backgrounds, and areas of expertise, interdisciplinary education and training are vital. Workshops, case studies, and joint training sessions can build mutual respect and improve communication within the team.
- 4. Regular Communication and Meetings: Effective collaboration hinges on regular communication. Scheduled meetings enable teams to review patient progress, discuss challenges, and refine treatment strategies collaboratively. Utilizing digital tools, such as teleconference and shared electronic platforms, can enhance accessibility for all team members [46].
- Outcome Measurement and Feedback:
 Organizations should focus on tracking
 outcomes associated with interdisciplinary
 care. These may include patient

satisfaction scores, health outcomes (e.g., HbA1c levels in diabetes care), hospitalization rates, and overall healthcare costs. Collecting feedback allows teams to identify areas for improvement and adapt their approaches accordingly [46].

Case Studies and Evidence Supporting Interdisciplinary Approaches

Numerous studies have shown that interdisciplinary teamwork can lead to significant improvements in chronic disease management. For example, a study published in the *Journal of Clinical Outcomes Management* found that interdisciplinary diabetes care teams significantly improved patients' glycemic control and reduced diabetes-related complications. The integration of dietitians and diabetes educators allowed for tailored dietary plans and behavioral interventions that enhanced patient adherence [47].

Similarly, a meta-analysis conducted in Health Affairs demonstrated that coordinated care teams for patients with heart failure led to reduced rates of readmission and emergency department visits, underscoring the importance of regular follow-up and comprehensive management strategies that involve nurse practitioners and pharmacists alongside physicians [48].

Challenges and Opportunities in Nursing Practice for Chronic Illness Resilience:

Chronic illnesses, defined as conditions that persist over an extended period, typically three months or more, profoundly impact patients' lives and the healthcare systems that serve them. With escalating rates of chronic conditions, such as diabetes, hypertension, heart disease, and mental health disorders, the nursing profession faces a dual challenge: addressing the complex needs of this population while simultaneously seizing the opportunity to foster resilience among patients. Resilience in the context of chronic illness refers to the ability of individuals to navigate the challenges posed by their conditions effectively, maintain a sense of well-being, and adapt to the demands of their chronic situations [49].

Challenges in Nursing Practice for Chronic Illness

1. Complexity of Chronic Conditions:
Chronic illnesses often present with
multifaceted symptoms and comorbidities, requiring a high level of

expertise and critical thinking from nursing professionals. Different patients might experience varying manifestations of the same condition, complicating diagnosis and treatment plans. The need for personalized care plans can overwhelm nursing staff who are often stretched thin due to staffing shortages and high patient-to-nurse ratios [50].

- 2. **Psychosocial Factors**: Chronic illness extends beyond the physical realm; it intertwines with psychological and social dimensions. Many patients experience anxiety, depression, and social isolation as a result of their conditions. Nurses must possess the skills to recognize and address these psychological factors, which may not be their primary area of training. Balancing chronic disease management with mental health support adds another layer of complexity to their practice [51].
- 3. Patient Education and Engagement: Effective management of chronic illnesses necessitates that patients are engaged and educated about their conditions. However, patients may have varying levels of health literacy, which can hinder their understanding of treatment protocols. Furthermore, motivational barriers, such as mood disorders and financial constraints, can impede patient compliance with prescribed treatments and lifestyle modifications [52].
- 4. Fragmentation of Care: The healthcare system can be fragmented, making it difficult for nurses to coordinate care across multiple specialties and settings. Patients with chronic illnesses often require input from various healthcare providers, and the lack of integrated care models can lead to inconsistent treatment plans, medication errors, and increased hospital admissions [52].
- 5. **Burnout and Job Stress**: Nurses themselves are at risk of experiencing burnout due to the high-pressure nature of their roles, particularly in chronic illness management. The emotional labor involved in caring for patients with chronic conditions—often marked by cycles of hospitalizations and deteriorating health—

can lead to compassion fatigue, reducing the quality of care provided [53].

Opportunities in Nursing Practice for Chronic Illness Resilience

- 1. Holistic Care Approaches: The challenges presented by chronic illness can be addressed through holistic nursing practices that consider not just the physical, but also the emotional, spiritual, and social dimensions of patient care. Integrating holistic approaches, such as mindfulness, patient support groups, and dietary counseling, can help nurses foster resilience in their patients by equipping them with coping strategies and improving their overall well-being [54].
- 2. Advancement of Nursing Education: As the complexities of chronic illness care evolve, there is a pressing need to advance nursing education and training. Programs encompass chronic disease management, evidence-based practice, and integrative health approaches can empower nurses with the skills necessary for effective practice. Continuing education opportunities in mental health care, patient engagement strategies, and cultural competency can further enhance their ability to meet diverse patient needs. [54]
- 3. Collaboration and Interdisciplinary Care: Creating collaborations among various healthcare professionals can lead to more cohesive care strategies for patients with chronic illnesses. Nurses can serve as effective liaisons between patients and different specialties, ensuring that care is individualized and comprehensive. They can advocate for integrated care models that emphasize teamwork and communication among providers [55].
- 4. Utilization of Technology: Technology plays a pivotal role in modern healthcare, offering tools such as telehealth, remote patient monitoring, and mobile health applications that can enhance patient engagement. Nurses can leverage these technologies to facilitate communication, education, and self-management among patients. This can empower patients to take an active role in their health, building

- resilience through informed decision-making and self-care [56].
- 5. Community-Based Initiatives: Nurses have a unique ability to connect with patients in various community contexts, which opens avenues for promoting resilience on a broader scale. Community health initiatives focusing on preventive care, chronic disease education, and support networks can help individuals build resilience and foster collective wellbeing. Nurses can play a leading role in designing and implementing these programs to address the social determinants of health [57].

Conclusion:

In conclusion, the role of Saudi nurses in resilience building for individuals with chronic illness is both multifaceted and essential for promoting holistic health outcomes. Through their comprehensive patient education, emotional support, and culturally sensitive care practices, nurses empower patients to take an active role in managing their health conditions. This proactive approach not only enhances patients' understanding and adherence to treatment regimens but also fosters a sense of agency and resilience in facing the challenges of chronic illness.

Moreover, the collaborative efforts of nurses in community engagement and interdisciplinary healthcare teams further strengthen the support systems available to patients. By addressing the unique cultural and societal factors that influence health behaviors and attitudes in Saudi Arabia, nurses can tailor their care to meet the specific needs of diverse patient populations. As the healthcare landscape continues to evolve, investing in nursing education, resources, and support is imperative to enhance their capacity as pivotal players in building resilience among individuals living with chronic illnesses. Ultimately, the commitment of Saudi nurses to this critical aspect of care will lead to improved health outcomes and a better quality of life for patients, thereby advancing the overall health of communities.

References:

1. Delgado C., Upton D., Ranse K., Furness T., Foster K. Nurses' Resilience and the Emotional Labour of Nursing Work: An Integrative Review of Empirical Literature.

- Int. J. Nurs. Stud. 2017;70:71–88. doi: 10.1016/j.ijnurstu.2017.02.008.
- Codier E., Muneno L., Freitas E. Emotional Intelligence Abilities in Oncology and Palliative Care. J. Hosp. Palliat. Nurs. 2011;13:183–188. doi: 10.1097/NJH.0b013e31820ce14b.
- 3. Waugh C.E., Sali A.W. Resilience as the Ability to Maintain Well-Being: An Allostatic Active Inference Model. J. Intell. 2023;11:158. doi: 10.3390/jintelligence11080158.
- Molina-Mula J., Gallo-Estrada J. Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. Int. J. Environ. Res. Public Health. 2020;17:835. doi: 10.3390/ijerph17030835.
- Kim J.-Y., Choi E.-H. Predictors of Endof-Life Care Stress, Calling, and Resilience on End-of-Life Care Performance: A Descriptive Correlational Study. BMC Palliat. Care. 2022;21:77. doi: 10.1186/s12904-022-00961-0.
- Hartwig A., Clarke S., Johnson S., Willis S. Workplace Team Resilience: A Systematic Review and Conceptual Development. Organ. Psychol. Rev. 2020;10:169–200. doi: 10.1177/2041386620919476.
- 7. Yılmaz E.B. Resilience as a Strategy for Struggling against Challenges Related to the Nursing Profession. Chin. Nurs. Res. 2017;4:9–13. doi: 10.1016/j.cnre.2017.03.004.
- 8. Shastri P. Resilience: Building Immunity in Psychiatry. Indian J. Psychiatry. 2013;55:224–234. doi: 10.4103/0019-5545.117134.
- May S., Gabb F., Ignatyev Y., Ehrlich-Repp J., Stahlhut K., Heinze M., Allsop M., Stanze H., Muehlensiepen F. Mental and Physical Well-Being and Burden in Palliative Care Nursing: A Cross-Setting Mixed-Methods Study. Int. J. Environ. Res. Public Health. 2022;19:6240. doi: 10.3390/ijerph19106240.

- Kostka A.M., Borodzicz A., Krzemińska S.A. Feelings and Emotions of Nurses Related to Dying and Death of Patients—A Pilot Study. Psychol. Res. Behav. Manag. 2021;14:705–717. doi: 10.2147/PRBM.S311996.
- 11. Sekse R.J.T., Hunskår I., Ellingsen S. The Nurse's Role in Palliative Care: A Qualitative Meta-synthesis. J. Clin. Nurs. 2018;27:e21–e38. doi: 10.1111/jocn.13912.
- Han P., Duan X., Jiang J., Zeng L., Zhang P., Zhao S. Experience in the Development of Nurses' Personal Resilience: A Metasynthesis. Nurs. Open. 2023;10:2780– 2792. doi: 10.1002/nop2.1556.
- 13. Hagan T.L., Xu J., Lopez R.P., Bressler T. Nursing's Role in Leading Palliative Care: A Call to Action. Nurse Educ. Today. 2018;61:216–219. doi: 10.1016/j.nedt.2017.11.037.
- Leys C., Arnal C., Wollast R., Rolin H., Kotsou I., Fossion P. Perspectives on Resilience: Personality Trait or Skill? Eur. J. Trauma Dissociation. 2020;4:100074. doi: 10.1016/j.ejtd.2018.07.002.
- Sisto A., Vicinanza F., Campanozzi L.L., Ricci G., Tartaglini D., Tambone V. Towards a Transversal Definition of Psychological Resilience: A Literature Review. Medicina. 2019;55:745. doi: 10.3390/medicina55110745.
- Delgado C., Upton D., Ranse K., Furness T., Foster K. Nurses' Resilience and the Emotional Labour of Nursing Work: An Integrative Review of Empirical Literature. Int. J. Nurs. Stud. 2017;70:71–88. doi: 10.1016/j.ijnurstu.2017.02.008.
- 17. Chu L.-C. Effect of Compassion Fatigue on Emotional Labor in Female Nurses: Moderating Effect of Self-Compassion. PLoS ONE. 2024;19:e0301101. doi: 10.1371/journal.pone.0301101.
- 18. Aghaei M., Vanaki Z., Mohammadi E. Emotional Bond: The Nature of Relationship in Palliative Care for Cancer Patients. Indian J. Palliat. Care. 2020;26:86. doi: 10.4103/IJPC.IJPC_181_19.

- Powell M.J., Froggatt K., Giga S. Resilience in Inpatient Palliative Care Nursing: A Qualitative Systematic Review. BMJ Support. Palliat. Care. 2020;10:79– 90. doi: 10.1136/bmjspcare-201.
- 20. Aloweni F, Ayre TC, Teo I, et al. A year after COVID-19: Its impact on nurses' psychological well-being. J Nurs Manag. 2022;30:2585–96. doi: 10.1111/jonm.13814.
- 21. Grabbe L, Higgins MK, Baird M, et al. The Community Resiliency Model® to promote nurse well-being. Nurs Outlook. 2020;68:324–36. doi: 10.1016/j.outlook.2019.11.002.
- 22. Melnyk BM, Hsieh AP, Tan A, et al. Associations Among Nurses' Mental/Physical Health, Lifestyle Behaviors, Shift Length, and Workplace Wellness Support During COVID-19: Important Implications for Health Care Systems. Nurs Adm Q. 2022;46:5–18. doi: 10.1097/NAQ.00000000000000499.
- Chen S-Y, Yan S-R, Zhao W-W, et al. The mediating and moderating role of psychological resilience between occupational stress and mental health of psychiatric nurses: a multicenter cross-sectional study. BMC Psychiatry. 2022;22:823. doi: 10.1186/s12888-022-04485-y.
- 24. Melnyk BM. Shifting from burnout cultures to wellness cultures to improve nurse/clinician well-being and healthcare safety: Evidence to guide change. Worldviews Evid Based Nurs. 2022;19:84–5. doi: 10.1111/wvn.12575.
- 25. Maslach C, Leiter M. Maslach burnout inventory: manual, 4th edn. Menlo Park: Mind Garden Inc; 2018.
- 26. Ren Z, Zhang X, Sun Y, et al. Relationships of professional identity and psychological reward satisfaction with subjective wellbeing among Chinese nurses. J Nurs Manag. 2021;29:1508–16. doi: 10.1111/jonm.13276.
- 27. Elliott R, Fry M. Psychological capital, well-being, and patient safety attitudes of nurses and midwives: A cross-sectional

- survey. Nurs Health Sci. 2021;23:237–44. doi: 10.1111/nhs.12808.
- 28. Bakker AB, Demerouti DE. Job demandsresources theory: Taking stock and looking forward. J Occup Health Psychol. 2017;22:273–85. doi: 10.1037/ocp0000056.
- Kirchner J, Tully J, Choi S, et al. Using the Theory of Planned Behavior to Predict Nursing Students' Intentions to Use New Technology in Patient Care. Teach Learn Nurs. 2023;18:32–40. doi: 10.1016/j.teln.2022.07.005.
- 30. Fleisher LA, Schreiber M, Cardo D, et al. Health Care Safety during the Pandemic and Beyond Building a System That Ensures Resilience. N Engl J Med. 2022;386:609–11. doi: 10.1056/NEJMp2118285.
- 31. Kim G, Yu H, Ryu E. Social group membership, burnout, and subjective wellbeing in new nurses in the life transition period: A cross-sectional study. Nurs Open. 2023;10:3295–304. doi: 10.1002/nop2.1581.
- 32. Molero Jurado MDM, Martos Martínez Á, Pérez-Fuentes MDC, et al. Job strain and burnout in Spanish nurses during the COVID-19: resilience as a protective factor in a cross-sectional study. Hum Resour Health. 2022;20:79. doi: 10.1186/s12960-022-00776-3.
- 33. Galanis P, Vraka I, Fragkou D, et al. Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. J Adv Nurs. 2021;77:3286–302. doi: 10.1111/jan.14839.
- 34. Kunzler AM, Chmitorz A, Röthke N, et al. Interventions to foster resilience in nursing staff: A systematic review and meta-analyses of pre-pandemic evidence. Int J Nurs Stud. 2022;134:S0020-7489(22)00141-9. doi: 10.1016/j.ijnurstu.2022.104312.
- 35. Mahmoud NN, Rothenberger D. From Burnout to Well-Being: A Focus on Resilience. Clin Colon Rectal Surg. 2019;32:415–23. doi: 10.1055/s-0039-1692710.

- Hartmann S, Weiss M, Newman A, et al. Resilience in the Workplace: A Multilevel Review and Synthesis. Appl Psychol. 2020;69:913–59. doi: 10.1111/apps.12191.
- 37. Falatah R, Alhalal E. A structural equation model analysis of the association between work-related stress, burnout and jobrelated affective well-being among nurses in Saudi Arabia during the COVID-19 pandemic. J Nurs Manag. 2022;30:892–900. doi: 10.1111/jonm.13587.
- 38. Li Y, Fan R, Lu Y, et al. Prevalence of psychological symptoms and associated risk factors among nurses in 30 provinces during the COVID-19 pandemic in China. Lancet Reg Health West Pac. 2023;30:100618. doi: 10.1016/j.lanwpc.2022.100618.
- 39. Melnyk BM, Orsolini L, Tan A, et al. A National Study Links Nurses' Physical and Mental Health to Medical Errors and Perceived Worksite Wellness. J Occup Environ Med. 2018;60:126–31. doi: 10.1097/JOM.0000000000001198.
- 40. Babapour A.R., Gahassab-Mozaffari N., Fathnezhad-Kazemi A. Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. BMC Nurs. 2022;21:75. doi: 10.1186/s12912-022-00852-y.
- 41. Albohayri S.M., Almarhoun R.A., Alsubaeaa A.A., et al. Stress and its impact on mental and physical health in Saudi Arabia (analytical study of the opinions of nursing care working in a Saudi hospital in the eastern province). J. Cardiovasc. Dis. Res. 2023;14:224–241.
- 42. Windle G. The contribution of resilience to healthy ageing. Perspect. Public Health. 2012;132:159–160. doi: 10.1177/1757913912449572.
- 43. Hsieh S., Chang Y.H., Yao Z.F., et al. The effect of age and resilience on the doseresponse function between the number of adversity factors and subjective well-being. Front. Psychol. 2024;15:1332124. doi: 10.3389/fpsyg.2024.1332124.
- 44. Alsharari A.F. Psychosocial impact of night shift work among nurses in Saudi

- Arabia. Am. J. Nurs. Res. 2019;7:238–247. doi: 10.12691/ajnr-7-3-2.
- 45. Masten A.S., Lucke C.M., Nelson K.M., Stallworthy I.C. Resilience in development and psychopathology: Multisystem perspectives. Annu. Rev. Clin. Psychol. 2021;17:521–549. doi: 10.1146/annurevclinpsy-081219-120307.
- Sinclair V.G., Wallston K.A. The development and psychometric evaluation of the Brief Resilient Coping Scale.
 Assessment. 2004;11:94–101. doi: 10.1177/1073191103258144.
- 47. Tsegaw S., Getachew Y., Tegegne B. Determinants of work-related stress among nurses working in private and public hospitals in Dessie city, 2021: Comparative cross-sectional study. Psychol. Res. Behav. Manag. 2022;15:1823–1835. doi: 10.2147/PRBM.S372882.
- 48. Hassard J., Teoh K.R., Visockaite G., Dewe P., Cox T. The cost of work-related stress to society: A systematic review. J. Occup. Health Psychol. 2018;23:1–17. doi: 10.1037/ocp0000069.
- Jordan T.R., Khubchandani J., Wiblishauser M. The impact of perceived stress and coping adequacy on the health of nurses: A pilot investigation. Nurs. Res. Pract. 2016;2016:5843256. doi: 10.1155/2016/5843256.
- 50. Fang Y., Yang J., Zhang M., et al. A longitudinal study of stress in new nurses in their first year of employment. Int. J. Clin. Pract. 2022;2022:6932850. doi: 10.1155/2022/6932850.
- 51. Shatté A., Perlman A., Smith B., Lynch W. The positive effect of resilience on stress and business outcomes in difficult work environments. J. Occup. Environ. Med. 2017;59:135–140. doi: 10.1097/JOM.00000000000000914.
- 52. Babić R., Babić M., Rastović P., et al. Resilience in health and illness. Psychiatr. Danub. 2020;32:226–232.
- 53. Abdoh D.S., Shahin M.A., Ali A.K., et al. Prevalence and associated factors of stress among primary health care nurses in Saudi Arabia, a multi-center study. J. Fam. Med.

- Prim. Care. 2021;10:2692–2696. doi: 10.4103/jfmpc.jfmpc_222_21.
- 54. Alsharari A.F., Almarhoun R.A., et al. Stress and its impact on mental and physical health in Saudi Arabia (analytical study of the opinions of nursing care working in a Saudi hospital in the eastern province). J. Cardiovasc. Dis. Res. 2023;14:224–241. [Google Scholar]
- 55. Chow K.M., Tang W.K.F., Chan W.H.C., et al. Resilience and well-being of university nursing students in Hong Kong: A cross-sectional study. BMC Med. Educ. 2018;18:13. doi: 10.1186/s12909-018-1119-0.
- 56. Shi X., Wang S., Wang Z., Fan F. The resilience scale: Factorial structure, reliability, validity, and parenting-related factors among disaster-exposed adolescents. BMC Psychiatry. 2021;21:145. doi: 10.1186/s12888-021-03153-x.
- 57. Friedly L. Mental Health, Resilience, and Inequalities. World Health Organization; Geneva, Switzerland: 2009.