

Chapter 5

WORK-RELATED ADVERSITIES AND RESILIENCE DURING THE LATE CAREER PHASE IN FINLAND: A DESCRIPTIVE QUALITATIVE STUDY

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ABSTRACT

Resilience, the ability to cope and survive with adverse situations is gaining increasing interest in different disciplines and fields, particularly because of its importance to personal and occupational effectiveness. This chapter contributes to the literature by illustrating work-related adversities and resilience among older Finnish nursing professionals and presents the results of a qualitative study. Using thematic content analysis we found that the participants had encountered some work-related adversities during the late-career phase. This includes job exhaustion, the threat of patient violence, and workplace bullying. Several individual resources, including self-efficacy beliefs, self-awareness, working with the whole personality and work motivation were identified. Understanding how to maintain and enhance employee resilience in the current increasingly turbulent working life are part of the highlighted areas for future research.

Keywords: adversity, resilience, human resource management, aging, the nursing profession, healthcare field, work-related, descriptive qualitative study, Finland, older, nursing professionals, late-career face, turbulent working life

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INTRODUCTION

Resilience is required from employees, organizations, and communities under adverse situations (e.g., Lim et al., 2020). Due to the current COVID-19 pandemic, public healthcare organizations and healthcare professionals are under great pressure globally. However, there are also other challenges in the healthcare sector, such as labor shortages and increasing healthcare needs due to the larger number of aging citizens (Cope et al., 2016; Merkel et al., 2019). Demographic changes are influencing not only the healthcare field but other sectors and occupations as well (De Rose et al., 2019; Vuori et al., 2019). To respond to the challenges of the changing demographics, retirement reforms have been made in many countries in recent years to delay the exit of older employees from the labor force (Blossfeld et al., 2011). For instance, in Finland, as a consequence of the latest retirement reform, the retirement age of employees is gradually increasing (Finnish Centre for Pensions, 2020), which means that the late-career phase of employees is extending (De Vos & Van der Heijden, 2017; Veth et al., 2018; Vuori et al., 2019).

Because of the increasingly turbulent nature of working life, recent career studies have paid increasing attention to the changing landscape of individual careers (Baruch et al., 2015; Mishra & McDonald, 2017; Salminen & von Bonsdorff, 2017). However, the extending late-career phase of older employees has been less examined (Salminen et al., 2019). This is surprising, given that during the extending late-career phase, employees may confront different kinds of hardships and adversities such as health-related problems, ageism or difficulties in finding a balance between work and family life (Brandan et al., 2013/2014; Salminen et al., 2019). Under these situations, resilience can be seen as a facilitator, which enables an individual to cope with and recover from adverse circumstances (Smith & Hayslip, 2012).

Currently, there is a growing interest in resilience in different fields, and it has been studied not only among employees but also at organizational, community and national levels (Lim et al., 2020; Williams et al., 2017). In the context of working life, there has been an increasing focus on human resource management (HRM) and development (HRD) practices to support and strengthen employee resilience (cf. Bardoel et al., 2014; Cooke et al., 2019; Lim et al., 2020). In studies regarding employee resilience, several positive individual-level outcomes have been found (see, e.g., Ezeamama et al., 2016). For example, resilience has been positively associated with self-rated health (Ezeamama et al., 2016; Hardy, 2004) and performance (Luthans et al., 2005) as well as older employees' intentions to continue working until and even beyond the official retirement age (Salminen et al., 2019). In addition, resilience has been seen to improve employees' ability to handle stress at work (Kapoulisas & Corcoran, 2014; Rushton et al., 2015; Gillespie et al., 2007). However, only a few studies have paid attention to factors supporting resilience during the extending late career phase (Salminen et al., 2019). Furthermore, most of the previous studies on employee resilience have been quantitative by nature (Hildon et al., 2008). In this study, we combine recent resilience and HRM research and take an individual-level perspective in order to examine how resilience is manifested during the late career phase. Specifically, by relying on qualitative interview data, we investigate what kind of individual and organizational resources contribute to the demonstration of resilience during the extending late career phase among older (50+) nursing professionals.

LITERATURE REVIEW

Resilience studies originate from the fields of psychology and mental health (Lim et al., 2020). Currently, the research on employee resilience is multidisciplinary by nature, and it is studied, for example, in the fields of organizational and industrial psychology (Britt et al., 2016), management studies (Linnenlücke, 2017), and HRM (Cooke et al., 2019). Consequently, the theoretical background of employee resilience research is diverse (King et al., 2016; Linnenlücke, 2017). However, many of the studies on employee resilience rely on a psychological capital (PsyCap) perspective (King et al., 2016; Linnenlücke, 2017). PsyCap has its roots in positive psychology and as a concept, it refers to the psychological capacity of individuals (Nolzen, 2008). PsyCap has four components, namely, resilience, self-efficacy, hope, and optimism, which all have been studied comprehensively in recent years (Lim et al., 2020; Linnenlücke, 2017; Nolzen, 2008). According to a meta-analysis by Avey et al. (2011), several positive employee-level outcomes, such as job satisfaction, organizational commitment, and performance, have been associated with PsyCap. In addition, PsyCap has been seen to buffer against stress and thereby promote employees' well-being and performance (Brunetto et al., 2020). In this study, we focus on one component of PsyCap, namely resilience, and investigate how it is manifested in the late-career phase among older nursing professionals.

In previous studies, resilience has been defined, conceptualized, and measured in various ways, and so far, there is no single agreed definition for it (Britt et al., 2019). To put it plainly, resilience mirrors a person's ability to overcome adversities in work and other domains (Britt et al., 2019). Nonetheless, resilience can also refer to the capacity to handle positive changes in one's working career or other domains of life (Avey et al., 2011). For example, Luthans (2002, p. 702) has defined resilience as: "the capacity to rebound or bounce back from adversity, conflict, failure, or even positive events, progress, and increased responsibility" (cited in Avey et al., 2011, p. 130). In resilience literature, different views exist whether employee resilience is a fixed, trait-like capacity or more like a dynamic process (Britt et al., 2016; Hildon et al., 2008; King et al., 2016; Lim et al., 2020). The former view sees resilience as a static individual attribute, whereas the latter view stresses that resilience can be strengthened through interventions (King et al., 2016). Although certain employees may be more equipped with resilience trait-wise, recent studies stress that resilience can be developed (Hlubocky et al., 2017). Thus, in recent resilience studies, attention has been paid not only to biological and psychological factors but also to social and cultural factors behind individual resilience (Hlubocky et al., 2017).

In resilience studies, adverse views are prevalent in terms of whether resilience means only coping in the face of adversity or whether it also includes a chance for learning and growth (Britt et al., 2016). Individuals' recovery trajectories after an adverse event vary, which means that recovery can be permanent, temporary or it is not achieved at all (Zerubavel & Wright, 2012). In an ideal situation, the outcome of a recovery process would be growth or positive transformation (Hlubocky et al., 2017; Zerubavel & Wright, 2012). For example, Lee and Wang (2017, p. 4) have defined resilience as "the ability to cope with traumatic events and bounce back from adversity, and/or successfully address the challenges and achieve positive outcomes despite hardships." (as cited in Lim et al., 2020, p. 80). Similarly, Luthar et al. (2000, p. 543) underline the positive adoption and define resilience as "a dynamic process encompassing positive adaptation within the context of significant adversity." A common characteristic in

many definitions of resilience is that they stress active adaption throughout the recovery process (see, e.g., Lim et al., 2020). For instance, Williams et al. (2017, p. 742) define resilience as “the process by which an actor (i.e., individual, organization, or community) builds and uses its capacity endowments to interact with the environment in a way that positively adjusts and maintains functioning prior to, during, and following adversity.”

In resilience literature, a lack of conceptual clarity exists in terms of how adversity is defined and understood (Hildon et al., 2008). For example, in a work context, it has been argued that ordinary organizational changes may not meet the criteria (Hildon et al., 2008). Examples of severe adversity in a work context might be, for example, workplace harassment and bullying, health and safety issues at work (e.g., lack of safety procedures concerning COVID-19, fear of getting or transmitting the SARS-CoV-2 virus, etc.), and frequent restructuring (Jackson et al., 2007). In the literature, a distinction is also made between ‘crisis as an event’ and ‘crisis as a process’ (Williams et al., 2017, p. 735). The former perspective stresses adversity as a disruptive event (for example, accident, conflict or disaster), whereas the latter focuses on the processual nature of the adversity (Williams et al., 2017). Consequently, the event-dominated perspective pays attention to the aftermath of adversity, while the process perspective focuses on the phases and process of the crisis itself (Williams et al., 2017). In the healthcare context, resilience has often been studied concerning stress and burnout (see, e.g., Rushton et al., 2015; McCann et al., 2013; Hlubocky et al., 2017; Kapulitsas & Corcoran, 2015; Tartas et al., 2014) and examples of work-related stressors among nursing professionals include, for instance, resource shortages and role ambiguity (McDonald et al., 2013).

Interestingly, resilience has been seen as a domain-specific characteristic, indicating that the demonstration of resilience at work may not predict resilience in the face of family-related adversities, for example (Lim et al., 2020; Tonkin et al., 2018). For instance, an older nursing professional may demonstrate a high level of resilience in the face of work-related adversities, but this resilience may not necessarily transfer to other domains of life—or vice versa (see, e.g., Hlubocky et al., 2017). Examples of non-work-related adversities are divorce, health problems and illness or death of a family member (Hildon et al., 2008). During the extending late career phase, older employees may face diverse adversities, such as ageism, career plateau and difficulties in finding a new job (Brandan et al., 2013/2014; Salminen & von Bonsdorff, 2017). Furthermore, work-related adversities can be intertwined with personal or family-related hardships, such as illness or death of a loved one (Hildon et al., 2008; Salminen et al., 2019). For example, it can be assumed that health-related problems increase with the stress and burnout caused by workplace adversity (Jackson et al., 2007).

In the literature on individual resilience, concepts of occupational and career resilience have also been used. For example, occupational resilience refers to an individual’s cognitive, emotional and physical hardiness needed in certain careers, such as firefighters or healthcare professionals (Kossek & Perrigino 2016, 764, see Williams et al., 2017, 741), whereas career resilience has been used to illustrate an individual’s ability to recover from career-related adversities (Mishra & McDonald, 2017). For example, Mishra and McDonald (2017, p. 216) describe career resilience as “a developmental process of persisting, adapting, and/or flourishing in one’s career despite challenges, changing events, and disruptions over time.” Thus, career resilience requires that an individual employee can adapt to work- or career-related changes (Seibert et al., 2016). Sudden changes in one’s career can be both negative and positive (Seibert et al., 2016). Examples of negative career shocks are, for example, an occupational

accident or unemployment (Seibert et al., 2016), whereas positive career shocks can be, for instance, promotion or receiving an unanticipated job offer (Seibert et al., 2016).

In adverse work situations, individual resources, such as resilience and self-efficacy, are seen to enable employees to actively manage their own careers (De Vos & Van der Heijden, 2017; Lyons et al., 2015; Salminen et al., 2019). For example, in healthcare professions, where high emotional labor is needed, individual resources help employees to cope with adverse work situations (Brunetto et al., 2020). In other words, in the face of adversity, the active use of resources such as self-efficacy and positive coping strategies enable to enhance resilience (Hlubocky et al., 2017). Self-efficacy, as a concept, refers to an individual's perception of his/her own ability to perform (Mishra & McDonald, 2017), and it has been seen to strengthen the demonstration of resilience (Gilliespie et al., 2007). For example, a study among Australian nursing professionals showed that self-efficacy, hope, coping, control and competence—as individual-level resources—were positively associated with resilience among Australian operating room nurses (Gilliespie et al., 2007).

Along with individual attributes, the demonstration of resilience may vary due to environmental and societal factors (Hlubocky et al., 2017). From a PsyCap perspective, it has been argued that resilience can be developed through different organizational practices and interventions (Avey et al., 2011; Linnenlucke, 2017). Several resilience-enhancing activities and programs have been introduced in the literature. For example, a distinction can be made between formal and informal organizational processes and practices that aim to develop and strengthen employee resilience (Papatraianou & Le Cornu, 2014). Resilience training as well as burnout-prevention and mindfulness programs are examples of formal HR practices aiming to strengthen employees' resilience (Hlubocky et al., 2017; Joyce et al., 2018; Reivich et al., 2011). Similarly, mentoring and professional development are examples of formal organizational processes (Papatraianou & Le Cornu, 2014). In addition to formal HR practices, attention has been also paid to informal processes (Papatraianou & Le Cornu, 2014). In these studies, professional relationships and, for example, the importance of staff collegiality and leader support for employee resilience have been stressed (Hildon et al., 2008; Papatraianou & Le Cornu, 2014;).

In the resilience literature, a distinction is also made between preventive and reactive measures (Bardoel et al., 2014). For example, HR practices that facilitate mentoring relationships, finding a life balance, spirituality, positive emotions and personal development can be considered protective HR measures that can help individuals to enhance their resilience and strive amid adversity (Jackson et al., 2007). In addition, career counseling can be used to support resilience throughout the career (Mishra & McDonald, 2017) and especially in the context of the extending late career phase. Whereas, debriefing is an example of a reactive measure, which can be used after a severe adversity (Hart et al., 2014). For example, in healthcare organizations, debriefing is used to relieve stress and anxiety among healthcare professionals after a traumatic or stressful situation (Hart et al., 2014). In psychology, a term 'wounded healer' is used to describe a situation where "healing power emerges from the healer's own woundedness" (Zerubal & Wright, 2012, pp. 482). Thus, having a mentor who has encountered an adversity in their own career can provide comfort and support for those experiencing a similar adversity in their current situation (Zerubal & Wright, 2012). So far, organizational practices aiming at enhancing and strengthening employee resilience, such as resilience training, have been mainly studied in certain professions, such as with military personnel (Reivich et al., 2011). However, the importance of investigating other professions—

namely high-risk industries, such as the medical workforce and first responders—has been acknowledged (Joyce et al., 2018).

Due to different organizational contexts, the level of organizational support for resilience may vary throughout an individual's career (Hlubocky et al., 2017). For example, although several HR practices supporting the late-career phase of older employees have been introduced in the literature (see. e.g., Aaltio et al., 2004; Ilmarinen, 2006; Walker, 2005;), there is evidence that organizations differ greatly in terms of how actively they reinforce longer working careers through managerial practices (Wallin, 2014). Thus, supportive organizational practices and policies are needed to enhance resilience during the late-career phase (Salminen et al., 2019).

In summary, employee resilience is a multidisciplinary research topic referring to a person's ability to overcome adversities (Britt et al., 2019). In resilience literature, the view on employee resilience as a static personal trait has been replaced by a more dynamic view of resilience as a process, which develops in the interaction between different actors (Kapulitsas & Corcoran, 2015; Williams et al., 2017). Several benefits of maintaining and enhancing employee resilience have been presented, such as lowering vulnerability to adversity and improved individual well-being and positive work-related outcomes (Jackson et al. 2007). In this study, we understand resilience as an individual resource that can be trained, enhanced, and enabled in subjects (Joyce et al., 2018). This can be achieved through elements that can be prompted by individuals—such as seeking mentoring relationships and life balance—as well as elements that can be facilitated by organizations—such as HR practices and social support.

METHOD

Data Collection

The empirical data was collected in a Finnish university hospital by conducting semi-structured interviews. All 50+ nursing professionals who worked at the university hospital were informed about the study by an e-mail sent by the hospital's HR professional. Older nursing professionals who showed interest in discussing their late career phase and retirement intentions were invited to join the study. The first author carried out all the interviews face-to-face except for one, which was made via phone. The individual interviews took from 20 to 60 minutes. The study was approved by the hospital's ethics committee. Permission was obtained from each interviewed nursing professional. Furthermore, the participants were given both written and oral information regarding the research project, the name of the responsible researcher and research organization, the meaning of the study, the protection of privacy and confidentiality, and their right to withdraw from the study at any stage.

A total of 22 older (50+) nursing professionals were interviewed. The majority of the interviewed informants were female ($n = 17$); only five were male. The mean age of the informants was 56 years, varying from 50 to 64. Only one of the informants worked in a supervisory position. All the informants had extensive experience in the nursing profession, and all of them had worked for several years at the same hospital. The informants represented different medical units, including psychiatrics. A randomized code (letter) was given for each interview to ease the analysis without compromising the anonymity of the informants (Table 1).

Table 1. The empirical interview data

Code	Age	Gender	Length of the interview (<i>minutes</i>)	Number of transcribed pages
A	55	Female	16	5
B	53	Female	39	11
C	59	Male	45	12
D	54	Female	42	7
E	54	Female	25	8
F	56	Female	58	11
G	61	Male	31	8
H	56	Female	55	12
I	57	Female	61	9
J	59	Male	40	11
K	57	Female	35	9
L	57	Female	37	9
M	54	Female	52	12
N	64	Female	42	8
O	61	Female	45	12
P	55	Female	69	16
Q	56	Female	60	11
R	50	Male	46	12
S	53	Female	53	14
T	52	Male	39	9
U	56	female	39	10
V	57	female	32	8

ANALYSIS PROCESS

A qualitative content analysis was applied to analyzing the interview data. Content analysis can be considered a suitable approach for this study because it aims to provide a systematic description of the studied phenomenon (Elo & Kyngäs, 2008; Schreier, 2014). In this study, content analysis has been applied to explain the demonstration of resilience and contributing factors. An inductive approach was chosen because there is only fragmented theoretical knowledge about the demonstration of resilience during the extending late-career phase. The first step in the analysis process was that all interview data was carefully read several times by the first and third authors. This was followed by coding of the data. In content analysis, the unit of analysis can vary from one word to larger units (Schreier, 2014; Tuomi & Sarajarvi, 2009).

Table 2. An example of the abstraction process

Original expression	Reduced expression	Subcategory	Main category
<i>...you need to accept that you cannot master everything well...</i>	Accepting own limits	Self-awareness	Individual factors contributing to the demonstration of resilience
<i>I have always felt that I am respected as an employee and I have respected my supervisor. When I went to the occupational healthcare due to my job exhaustion, I asked my supervisor to join me there. I said there that I need a real break from work...</i>	Respect from one's own supervisor under an adverse work situation	Supervisory support	Organizational factors contributing to the demonstration of resilience

In this study, one or more sentences were used as the unit of analysis. During the analysis process, original expressions were reduced, and they were categorized under suitable sub-categories. Finally, three main categories of factors contributing to the demonstration of resilience were constructed as a result of the analysis process: 1) work-related adversities during the late-career phase, 2) individual factors and 3) organizational factors. An example of the abstraction process is provided in Table 2.

FINDINGS

Work-Related Adversities Experienced during the Late Career Phase

Many of the interviewed older nursing professionals had experienced various kinds of adversities and hardships during their late-career phase but also earlier in their career. The adversities experienced were not always tied to a specific event—rather there were also interrelated and accumulated hardships in both work and non-work domains. In terms of work-related adversities, strenuous work, violent patients or the threat of patient violence, workplace bullying, changing work situations such as the closure of their ward, and job insecurity due to temporary work contracts were mentioned among the interviewed older nursing professionals. In addition, one of the informants had perceived ageism, which had resulted in feelings of their career plateauing. The threat of patient violence was particularly evident among psychiatric nursing professionals, as illustrated in the following quotation:

It can be that when I leave the workplace and go home, there has just been a situation—a serious threat of violence...I am not a robot,...of course, I am able to relax in my free time, but some situations get under my skin. S, Female nurse

Job exhaustion was one example of adversity experienced by some of the interviewed nursing professionals. Job exhaustion was not only related to the late-career phase. Instead, it was confronted at different career phases among some of the interviewed nursing professionals. In general, job exhaustion was described as a result of an ongoing heavy workload and time pressures at work, but other issues related to personal life also contributed to it. Despite severe job exhaustion, the studied nurses had recovered from this and returned to work, as shown in the following quotation:

So, I hit the bottom so to say. It was a total job exhaustion... it was caused by my work and my personal life. It was a sum of all those things... I was over six months on sick leave and then I returned to work...Now, I feel fully recovered... P, Female

Although the older nursing professionals studied described how they had overcome the experienced adversities, such as job exhaustion and workplace bullying, they felt that it takes time to recover from those hardships, as shown in the following quotation:

So much damage is caused by that kind of behavior (work-place bullying), and sick leaves and deterioration of workability result for a long time... Thus, I always think that when these

situations occur, the supervisor needs to be so competent that he/she puts an end to it (immediately). L, Female nurse

There were also other adversities that were unrelated to work but still influenced older nursing professionals' late career phase and their retirement intentions. These kinds of hardships were, for example, health problems and deteriorating workability, sickness of a family member, divorce and caring responsibilities. The search for a balance between work and non-work domains was more evident among the female informants. Furthermore, some of the older female nursing professionals had actively found ways to recover from the adverse situations—for example, by taking sabbatical leave, as illustrated in the following quotation:

... and then everything fell into place. I had applied for sabbatical leave... I was one year out of work... It was good for me. M, Female

Individual Factors Contributing to the Demonstration of Resilience

Several factors were identified that were positively related to the demonstration of resilience and the ability to continue working during the late career stage. Some of these factors were classified as individual factors including self-efficacy beliefs, self-awareness, working with the whole personality and work motivation. In terms of organizational factors, supervisory support, co-worker support and organizational practices were identified as relevant.

In terms of individual factors, the older nursing professionals studied discussed their confidence in their own professional skills and competencies during their late career phase. These career-related self-efficacy beliefs were felt to help them survive in their daily duties, but also under hardships. For example, some of the nursing professionals studied mentioned that during the late career phase, they were more forgiving toward themselves than earlier in their career. They also acknowledged that they did not need to master everything. These self-efficacy beliefs are illustrated in the following quotations:

It is easier than before to get along with patients, when you can say that you don't know everything...at a younger age, you thought that you needed to know everything. V, Female nurse

...tolerance to handle oppressive situations (at work), for example, in situations where the patient is extremely panicky... G, Male nurse

...(you) are more merciful toward your own mistakes (than earlier in your career)... E, Female nurse

Self-efficacy beliefs were closely related to self-awareness among the older nursing professionals studied. For example, self-awareness was discussed in the context of workload. Some of the older nursing professionals stressed the importance of saying no. In other words, knowing one's own resources and putting boundaries on work demands were highlighted. It was also felt that confidence in one's own professional competences and skills made it easier to organize and plan one's work despite challenges related to deteriorating workability. Self-awareness was also manifested in the effort to find a balance between work and family life. A

number of non-work-related issues, such as support from family members and friends as well as hobbies, such as regular physical exercise, music, art, traveling and religious activities, were mentioned as contributing factors in terms of balancing between work and non-work domains.

...when you have so much experience, you know how to organize your workday so that you know how to handle (the workload)... O, Female nurse

...I feel that I have returned to work (from a sick leave caused by job exhaustion) stronger...Now I draw strict boundaries (regarding overwork)... P, Female nurse

One of the individual factors contributing to the older nursing professionals' resilience was their ability to do their own work with their whole personality. The ability to be oneself and use one's own personality traits freely at work was seen to ease the work with patients, as illustrated in the following quotation:

One thing that has been stressed (in our workplace) is that staff should be able to be who they truly are. Of course, we have certain rules, and you need to have the theory and practice in your head...But, you are also allowed to utilize your own personality, and thereby be yourself at work.... Because, this (healthcare) is a field where you do your work with your whole persona. Q, Female.

Along with the abovementioned individual factors, meaningful work was identified as a significant factor for the resilience of the older nursing professionals interviewed. Although challenging situations with patients and patient violence were mentioned as examples of difficult work situations, patients also had a positive impact on older nursing professionals' work motivation and their abilities to carry on. For instance, positive feedback from patients and the ability to influence and support the patients were considered rewarding, maintaining work motivation and giving strength under strenuous work situations.

Well, it is...the patients, when the nursing process, the therapy process, reaches its end successfully and the patient returns back to working life,...so you have been able to help; of course, the patient does the work...but you have been able to walk side by side, providing support... G, Male nurse

It is those one-to-one meetings with patients that motivate me most.... I, Female nurse

The nature of the work was also considered to provide opportunities for learning and development during the late career phase. As illustrated in the following citation, the possibility of learning new things at work maintained some of the nursing professionals' work motivation.

For me, it is the fascination towards the work. It is so interesting—the human anatomy and physiology... One thing, why I have always enjoyed at work, is that I want to (learn why). It is not good enough for me, if I don't know why something is done the way it is done. F, Female nurse

Based on the empirical findings, it can be concluded that individual resources, such self-efficacy beliefs and self-awareness as well as the nature of the work, which allowed the nurses

to do their work with whole personality and maintain high motivation, contributed their abilities to confront work-related adversities.

Organizational Factors Contributing to the Demonstration of Resilience

In terms of organizational factors, the importance of supervisory and co-worker support as well as supportive organizational practices were identified as significant for the demonstration of resilience among the older nursing professionals studied. A trustworthy relationship with one's own supervisor was highlighted, especially under adverse work situations, such as job exhaustion. Furthermore, problems with the supervisor were seen to influence one's own well-being at work. The importance of supervisory support for the demonstration of resilience is demonstrated in the following quotations:

I have always felt that I am respected as an employee and I have respected my supervisor. When I went into the healthcare services due to my job exhaustion, I asked my supervisor to join me there. I said then that I needed a real break from work... N, Female

If you do not get along with your supervisor...so, then you do not have the strength to do your work... it will lead to many stressful factors... R, Male.

Also, the importance of supportive co-workers and the climate of the work community were stressed among the nursing professionals studied. Mutual trust and respect between co-workers were seen to promote well-being and resilience. The following quotations illustrate the importance of co-worker support for the demonstration of resilience:

Well, we have a very good work community... it is that kind of seamless cooperation... and everyone are experienced nurses (in our ward). So, they have skills to manage (adverse) situations. A, Female nurse

...Well, it is probably the work community: it is good, we have always had a very nice group of nurses here...U, Female nurse

Some of the interviewed older nursing professionals worked most of their time in multi-professional teams. In the field of psychiatry, multi-professional cooperation included, for example, psychiatric nurses, doctors, and social workers. Interestingly, both pros and cons were associated with multi-professional cooperation. On the one hand, multi-professional cooperation was considered a supporting factor that provided a broader perspective to one's own work. But, on the other hand, if the division of work was perceived to be unclear, it was seen to complicate one's own work.

When it comes to organizational practices, debriefing was most often mentioned as a specific method applied in the organization to ease recovery from adverse work events. Events in which debriefing was used were, for example, the death of an infant patient, the suicide of a patient, or a severe traffic accident. As illustrated in the following quotation, debriefing as a specific HR measure was highly valued among the nursing professionals:

If we have a tough situation at work...some kind of crisis situation, then we have a debriefing. A crisis worker comes, and we have a debriefing. Those people who were involved with the situation go through it and discuss it. That is good. P, Female nurse.

In addition to debriefing, occupational healthcare services, professional guidance, one-to-one development discussions with one's own supervisor and flexible work arrangements, such as the use of a time bank, were mentioned as examples of specific organizational practices that were considered useful in easing the burden at work and in helping one to adjust to and recover from work-related adversities.

DISCUSSION

This qualitative study provided insight into the demonstration of resilience during the late-career phase. In particular, we examined the individual and organizational factors contributing to the display of resilience in a healthcare context. During the prolonging late-career phase, older employees may face different kinds of hardships and adversities in both work and other domains of life (Salminen et al., 2019). In these situations, resilience can be an important personal capacity, which makes it possible for an employee to cope with hardships (Delgado et al. 2017; Hart et al., 2014).

Our study demonstrated that there can be various work-related hardships that can influence older nursing professionals' late-career phase. For example, many of the older nursing professionals interviewed had experienced some form of adversity during their late-career phase. In terms of work-related adversities, stress, emotional exhaustion, and burnout were evident among some of the older nursing professionals. Also, workplace bullying was mentioned by some of the interviewed nurses. Similarly, previous studies on nursing professionals' resilience have demonstrated that nursing professionals are likely to encounter various stressors in the profession, such as time pressures, workload, and emotionally stressful events (McCann et al., 2013). Furthermore, some areas, such as critical care, oncology, and pediatrics, can be particularly stressful for nursing professionals (Rushton et al., 2015). In our study, psychiatric nurses highlighted the threat of violence as an example of a work-related stressor. Also, the study of Mikkola et al. (2016) demonstrated that 20 percent of the studied older (50+) Finnish nursing professionals had experienced the fear of patient violence or the violence of patients' families. In Finland, violence or the threat of violence, as well as workplace bullying and harassment, are most common in the female-dominated social and healthcare sectors (Sutela et al., 2019). Our study also showed that work-related adversities can be intertwined with non-work-related adversities such as health-related problems. Together, these cumulated adversities can have an impact on older employees' late career phase and, for example, their abilities or willingness to continue working until retirement age.

In our study, we identified several individual and organizational factors contributing to the demonstration of resilience during the late career phase. In terms of individual factors, self-efficacy beliefs, self-awareness, the ability to do one's own work with one's whole personality and work motivation were seen to buffer nursing staff from work-related adversities. It also seems that long professional and organizational tenure can facilitate feelings of self-efficacy and self-awareness, enabling older nursing professionals to have a realistic understanding of their own skills, resources and limits. Knowing one's own limits is a fundamental skill for all

professionals but in particular in healthcare, where burnout is markedly prevalent (Jackson et al., 2007). Also, Mishra and McDonald (2017), in their integrated review on career resilience, demonstrated that employees' self-efficacy beliefs were positively related to career resilience. Similarly, Gillespie et al. (2007) found a positive association between self-efficacy and resilience. In their study, hope, proactive coping strategies, control and competence explained resilience among operating room nurses in Australia (Gillespie et al., 2007). Furthermore, the intervention study of McDonald et al. (2013) showed that self-confidence, self-awareness and assertive communication formed a significant repertoire for resilience among the studied nurses and midwives. Furthermore, self-awareness has been seen as a significant building block for resilience in previous studies (Reivich et al., 2011; Brunetto et al., 2020).

In terms of organizational factors, social support from one's own supervisor and co-workers, as well as certain formal HR practices such as debriefing, were considered significant in the context of work-related adversities. Similarly, previous studies have stressed the importance of collegial support and the informal relationship with one's own supervisor (e.g., Cope et al., 2016; Kapoulitsas & Corcoran, 2015; Mishra & McDonald, 2017). For example, the study of Cope et al. (2016) showed that trust in colleagues and a supervisor enhanced nursing professionals' resilience. Thus, it can be concluded that both informal and formal organizational practices and networks can support the demonstration of resilience during the late career phase (see, e.g., Mishra & McDonald, 2017).

IMPLICATIONS FOR POLICY AND PRACTICE

Our findings show that adverse work situations were rather common among the older nursing professionals studied. Hence, organizations aiming to support the extending late careers of their employees need to pay attention to adversities that older employees may face during their late career phase. In addition, organizations should actively find ways to strengthen older employees' resilience and help them cope with hardships. Specifically, in the nursing profession, resilience can be considered an important personal capacity that enables nurses to confront workplace adversities (Delgado et al., 2017; Hart et al., 2014). Among the nursing professionals studied, self-efficacy beliefs, self-awareness, ability to do one's work with one's whole personality and work motivation were seen to contribute positively to the demonstration of resilience. Along with these individual-level resources, nursing professionals' resilience can be cultivated by a supportive working environment (Gillespie et al., 2007). Our findings indicate that supportive organizational factors, including, for example, supervisory support, collegiality, and HR practices such as flexible work arrangements and debriefing can maintain older employees' resilience and thereby strengthen their abilities to cope with stressful circumstances.

In the middle of the current COVID-19 pandemic, the importance of resilience is evident. In this situation, both personal and work-related adversity is abundant: personally, nurses face an augmented risk of being sick and having sick relatives with a potentially life-threatening disease from contagion in everyday situations, but especially at work from patients and colleagues. Furthermore, the current circumstances, including the added protective personal equipment nurses must use, social distancing and overall fear and pessimism regarding the future may result in added discomfort and may reduce the protective effects of social support,

mentoring relationships and life balance, for example. Thus, organizational practices are needed to maintain and strengthen the resilience of healthcare professionals. Furthermore, sudden adversities, such as the current COVID-19 pandemic, extreme weather events or terrorist attacks, are likely to force organizations in different sectors and fields to find ways to retain and develop employee resilience.

LIMITATIONS AND FUTURE DIRECTIONS

This study is not without limitations. First, the qualitative interview data was collected among older Finnish nursing professionals working in a single university hospital, which limits the ability to generalize from the findings. Although the invitation to participate in this study was sent to all 50+ nursing professionals working at the hospital, it is possible that those who participated in the interview had encountered more adversities during their career than non-participating nursing professionals. Replicating this study in other healthcare organizations could provide more evidence as to whether the findings of individual and organizational factors are also significant in a different organizational context. In addition, combining qualitative and quantitative data from multiple healthcare organizations could provide a more comprehensive understanding of the adversities and resilience experienced among older nursing professionals.

Second, this study focused on the demonstration of resilience among older nursing professionals in a work context. Given that the level of individual resilience may vary in different domains (Tonkin et al., 2018) and that resilience is manifested in interaction with the environment (Kapoulitsas & Corcoran, 2015), in future studies, there is a need to investigate whether there is a tradeoff between the demonstration of resilience in different domains (e.g., Britt et al., 2016). In addition, a longitudinal study setting would allow the study individual recovery trajectories of employees (see, e.g., Zerubavel & Wright, 2012). It would also be fruitful to investigate possible age-related or generational differences in the demonstration of resilience among individual employees. The empirical data for this study was collected before the COVID-19 pandemic. Investigating nursing professionals' resilience during and after the pandemic offers an interesting path for future studies. Finally, although resilience as a research topic has received increasing attention in different fields, there are still areas that remain almost untapped. For example, the dark side of resilience has received marginal attention (Britt et al., 2016; Williams et al., 2017). In conclusion, more research is needed to understand how to maintain and enhance employee resilience in the current increasingly turbulent working life.

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