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ORIGINAL ARTICLE

Resilience of nurses who work in community mental health workplaces in Palestine

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ABSTRACT: People in Palestine live and work in a significantly challenging environment. As a result of these challenges they have developed resilient responses which are embedded in their cultural context. 'Sumud', in particular, is a socio-political concept which refers to ways of surviving in the context of occupation, chronic adversity, lack of resources and limited infrastructure. Nurses' work in Palestine is an under-researched subject and very little is known about how nurses adjust to such challenging environments. To address this gap in the literature this study aimed to explore the resilience of community mental health nurses (CMHNs) who work in Palestine. An interpretive qualitative design was chosen. Fifteen face-to-face interviews were completed with participants. Thirty-two hours of observations of the day-to-day working environment and workplace routines were conducted in two communities' mental health centres. Written documents relating to practical job-related policies were also collected from various workplaces. Thematic analysis was used across all data sources resulting in four main themes, which describe the sources of resilience among CMHNs. These sources are 'Sumud and Islamic cultures', 'Supportive relationships', 'Making use of the available resources', and 'Personal capacity'. The study concludes with a better understanding of resilience in nursing, which draws on wider cultural contexts and social ecological responses. The outcomes from this study will be used to develop the resilience of CMHNs in Palestine.

KEY WORDS: community mental health nurses, cultural context, Palestine, resilience, social ecology.

INTRODUCTION

Current approaches to the study of 'resilience' emphasize the importance of investigating this within a social ecological

and cultural context (Ungar 2011). According to Ungar (2008) resilience can be defined as being:

in the context of exposure to significant adversity, whether psychological, environmental, or both, [and] is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways.

Palestinians have lived under Israeli occupation for decades and have developed resilient responses during this time of adversity. In the context of resilience within a collectivist society Palestinians have created a culture of 'Sumud' Teeffelen *et al.* (2005), which is derived from Islamic culture and has been promoted by the Palestine Liberation Organization (PLO) since the 1970s (Schiochet 2011). This has led to Sumud being described as a cultural

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phenomenon, which is close to the soul of Palestinians (Teeffelen 2009).

Nguyen-Gillham *et al.* (2008) have written of the close relationship between Sumud as a Palestinian concept and resilience in the face of suffering:

The importance of positioning resilience within a context of 'social suffering'. The Palestinian concept of Sumud – a determination to exist through being steadfast and rooted to the land – is at the heart of resilience.

Wick (2008) found that health professionals in Palestine, including nurses, practise Sumud on a daily basis as a means of dealing with the challenges of their working lives. Her examples of Sumud being utilized on a daily basis include its use when coping with movement restrictions on the roads and in health workplaces, dealing with significant shortages of human and other resources, and providing services in spite of adversities such as military barriers, curfews and other practical obstacles. Wick (2008) also drew on health professionals' narratives to show how their work revolves around the daily struggle contained in the concept of Sumud. For instance, Dr Rami, the director of Almakassed hospital in East Jerusalem, Palestine, believes Sumud is "practised" in everyday life and in the health workplace. Samia, who was a midwife, freely admitted that half of her work of birthing assistance was completed on the telephone. This happened when pregnant women were unable to reach the hospital due to curfews and military barriers. She described how a quarter of the nurses left their families and stayed at the hospital during the week to prevent and cover nurse shortages.

These examples demonstrate how the Palestinian concept of Sumud relates to the social ecological idea of resilience. The relationship between resilience and Sumud is tightly interwoven; therefore, he who leaves the land may be quite resilient, but he is definitely not Samid (has no Sumud status) (Teeffelen *et al.* 2005). Therefore, resilience might be thought of as a prerequisite to Sumud (Marie 2015/2015).

The supportive relationship network, which is commonplace in Palestine, can also be explained in terms of support provided for nurses within their local culture and traditions of collective community (Kårtveit 2010). For example, Alhajjar's (2013) findings showed that hospital nurses in Gaza used social support to cope with work stressors. In addition, Abushaikha and Saca-Hazboun (2009) suggested that having good relationships with peers and superiors supported Palestinian nurses in their workplaces. More generally, Al Ajarma (2010) found that family and community support are important sources of

resilience among Palestinian adults and Makkawi (2012) suggested that family and teachers were crucial sources of resilience among female Palestinian adults. In studies of Palestinian children, Punamäki *et al.* (2001, 2011) found that family and parental support contribute to children's resilience.

Making best use of scarce resources has been discussed as an important factor within Sumud culture (Wick 2008). Making use of available scarce resources enabled Palestinian nurses and midwives to offer care in the work environment (Hassan and Wick 2007). Alhajjar (2013) found that overtime work helped nurses to cope with financial difficulties and low and inconsistent salaries. Similarly, Hobfoll *et al.* (2011) argued that resources such as job availability and better access to transportation without the threat of obstruction or violence promised to enhance Palestinian resilience. AL Ajarma (2010) and Makkawi (2012) both found that education is a source of resilience among Palestinians adults.

Individual characteristics, such as having a positive attitude, are inspired by the surrounding Sumud culture (Gren 2009). Palestinians have been described as possessing extra patience in comparison with people in other cultures or locations, and have both individual strategies and resources for resilience as well as being able to draw from a collective resilience that exists at a community or national level (Nguyen-Gillham *et al.* 2008). Personal traits of Palestinian youths and their resilient experiences need to be discussed within a cultural context (Ungar 2008). Finally, according to Teeffelen (2009), Sumud culture can be educational and associated with keeping going, maintaining hope, having endurance and being caring and humane. To summarize, the above summary of literature on the concept of Sumud and resilience means we cannot ignore the cultural and community contexts when we discuss Palestinian characteristics such as endurance or self-efficacy.

AIMS

Against this background, the aims of the study from which this article is drawn were to observe and describe the environment within community mental health workplaces, to explore the challenges facing Palestinian community mental health nurses (CMHNs) inside and outside their workplaces, and to examine their sources of resilience. This article focuses specifically on resilience, with companion papers addressing other aspects of the larger study (Marie *et al.* 2016).

METHODS

An interpretive qualitative design was chosen to explore sources of resilience among CMHNs. Thirty-two hours of observations of the day-to-day working environment and workplace routines were conducted in two communities' mental health centres. Multiple documents relating to local workplaces and other operational policies were collected (Bryman 2012). Fifteen face-to-face in depth interviews were completed with participants. Questions used in the interviews reflected the aims of the study and existing research, including that by Al Ajarma (2010). Interviews were conducted in Arabic, with the following main items used:

1. Tell me about your work challenges.
2. Tell me about the resources enabling you to keep going.
3. Tell me about the resources supporting you to cope with work adversities.
4. Tell me about your life challenges.
5. Tell me about the resources enabling you to keep going.
6. Tell me about the resources supporting you to cope with life adversities.

The study was focused on nurses who were working in community mental health centres in Palestine. The decision was made to attempt to interview the total population of CMHNs known to be working in the West Bank ($n = 17$), of whom 15 agreed to participate. The sample consisted of seven male and eight female nurses. Thirteen were married; one of the females was divorced with one daughter and one was single. The ages of the participants were between 24–60 years old. They had qualifications in general nursing from diploma to bachelor's degree level except one who had a secondary school degree in nursing. One of the nurses had a master's degree outside the health field but none of the sample had a master's degree in nursing or mental health nursing. However, the interviewees had received brief lessons in the mental health field during the undergraduate period or had undergone short training courses after their graduation. These data overall were generated from 12 mental health settings in the West Bank.

Purposive sampling was used in the selection of sites in which to generate observational data. Observations were conducted in one of the Governmental community mental health centres and in a non-governmental organization (NGO) centre. The lead author (MM) observed two different community mental health workplaces, in order to understand the day-to-day environment for CMHNs' practice. The choice to conduct fieldwork in two separate, institutionally distinct, workplaces was made to enable comparison and contrast (Burgess 1984). The NGO centre was internationally funded. It contained the first

rehabilitation programme for mentally ill patients and was managed totally separately from governmental services. All the government-funded mental health services were managed through primary health care services, according to the hierarchy of the Ministry of Health. All were in a transitional stage, with eight functioning as community mental health centres and three as community mental health clinics. The CMHNs were able to conduct home visits in two centres only. Some clinics will move to a new community mental health centre when the building process has finished. In other sites the community mental health centres had gradually lost rooms and had been converted to work as clinics due to a shortage of mental health staff. Therefore, observation was focused on CMHNs' daily routines within the workplaces, and the kind of care or services which were provided in general. People's interactions and key events or incidents that enriched the generated data were addressed during the observational periods. Alongside observations, informal discussions with staff were designed to establish knowledge of daily routines and work organisation.

Before participation in the field, staff and service users knew in advance of the project plans; individuals had a chance to discuss the purpose of fieldwork. Signed informed consent was obtained from all staff before their interview participation. Braun and Clarke's (2006) method was used to thematically analyze the data. The complete dataset included field notes from observations, collected written documents and transcribed interviews with nurses. Data were analyzed to answer the research objectives related to the strategies of resilience used by nurses.

Reliability and validity were taken into consideration to increase the quality of this research (Silverman 2001). Two audio recorders were used to record all interviews. Two native Palestinians produced transcripts in the colloquial language (local Palestinian dialect), and both made comparisons using the two recorders to confirm accuracy and reliability (Bryman 2012). As a native Arabic speaking researcher, MM conducted the interviews in the same language as the participants with local Palestinian dialect (urban and rural). Quotations were translated into English by an official translator and were reviewed by MM to ensure the accuracy of the translation.

More than one coder can carry out analysis to promote rigorous interpretation (Denzin and Lincoln 2002), and co-coding strategies have been used in similar studies of nurses' and midwives' resilience to enhance validity and trustworthiness. For example, in Hunter and Warren's (2013) midwifery study two researchers undertook independent 'blind' coding followed by a meeting to form the final themes through agreement. External experts shared their feedback to enhance the analytic process.

Koen *et al.* (2011a) carried out a study to explore resilience among hospital nurses in South Africa. They asked independent co-coders to analyze the data separately in the same way, then to agree themes with the research team. In light of these previous research studies, five independent co-coders contributed to the trustworthiness of the analysis, where emerging themes were identified before a final set of themes were agreed by each coder (Silverman 2001).

Ethical approval from the Research Ethics Committee (REC) in the School of Healthcare Sciences at Cardiff University was secured prior to the generation of data.

FINDINGS

Four main themes are presented which describe sources of resilience among CMHNs. The themes are 'Sumud and Islamic culture', 'Supportive relationships', 'Making use of available resources', and 'Personal capacity'.

Sumud and Islamic culture

Sumud culture (الصمود)

Sumud culture was discussed during interviews as a major resource which contributed to the resilience of CMHNs in their work and lives. In the following extract, one of the nurses defined Sumud in his own words when he was asked, 'what does Sumud mean to you?'

M: The Sumud of the Palestinian people.

MM: But what does it mean?

M: The Sumud of!!

MM: But what does this mean? Assume that I'm a foreigner, and I want to know the meaning of this term.

M: It means facing the external challenges whether at the personal or at the general level; and being steadfast all the time. Another thing, one should decide on and commit to a plan in order to succeed and achieve the required aims.

The above quote typifies many of the elements that combine to make up Sumud, such as being steadfast in the face of challenges and committing to a plan to achieve personal aims. Similar issues are discussed in the following quote, which also positions Sumud as a transferable source of resilience. One of the nurses describes her experience of Sumud in the workplace and life. She had two choices in the community mental health centre: either to stay or to leave. She chose to stay and face challenges in order to achieve her personal objective of 'having to prove' herself. She talked about the patriotic role of nursing within the Sumud culture. She felt her nursing care would enable other

civilians to remain steadfast in their homeland and not to flee or break down.

MM: Do you feel that "Sumud" in Palestine affects you whether in your home or in your work?

F: Of course, we hold steady despite the Israeli occupation, difficulties, homelessness, deprivation because we believe that this land is ours and we have the right to live here similarly, in work with all pressures, tiredness, concerns, and infringements of our rights and dignities, we stay and tolerate since we have to prove ourselves. Though we are talking about two different situations, they have the same content.

MM: They have the same meaning?

F: The same meaning.

MM: What are the things that helped you to tolerate all the pressures both in work and at home?

F: May be my faith that I am on the right path concerning the issue I am involved in....

MM: Oh! Ok.

F: So we are suffering a lot in the mental health centre. I am trying as much as possible to prove my competence, and to learn new things through whatever courses are available then I put my trust in Allah.

MM: You have said that working here can be considered as a patriotic role. Could you explain how you can represent your nation by working here?

F: If you work in any institution this--.

MM: Go on.

F: If one works honestly and correctly, and provides services for people, he is considered as a patriot. For example, if a teacher teaches his students morals, good values, we consider him patriotic. Similarly, if I do my work excellently, and serve poor ignored people honestly, I have served my homeland at the same time.

MM: Do you think that your presence in the centre is important and helps people?

F: yeaaaaaa, sure (laughing)

Descriptions of Sumud included participants' historical and political awareness of the chronic conflict, and their sense of collective suffering across family generations. The example of shared backgrounds and experiences increased the sense of cohesiveness among the people and created a culture of unity:

F: My father and grandfather were rich and they had big farms. The Israelis dismissed us by force and controlled all what we had owned, our life was turned upside down...Then, the story of suffering and Sumud started, we lived in one of the refugee camps

in a tent.....the life was different and very difficult, there was no electricity, no sewage system and no clean water... I remember I studied nursing by candle light and my primary school was a big tent. Refugees' survival was based on United Nations food aids; poverty, feeling of oppression and daily suffering were the shared common things. Then, we bounced back, like someone who gets back on his feet, from the destruction; my parents denied themselves food sometimes to save money and allow me to study nursing. I was the hope of my family, I finished my studies then I helped my family and we built a small house in the camp.... I am a single woman in my 60s who offered her life to my people in the camp and to support my parents and 11 brothers and sisters. I am not leaving my camp again in spite of everything; I have had many good opportunities to work outside the country but I am like a fish that would die if I lived outside water. We hope to return to our original home and big farms one day.

Sumud culture, therefore, was an important source of resilience which was embedded in the political and cultural context. Sumud is displayed in the nurses' feelings of collective suffering and how they normalized the often abnormal challenges being faced through the repetition of experiences.

Islamic culture

The Islamic culture was a major resource that contributed to interviewees' resilience in work and life:

Ab: [...] religion is the most important aspect in our lives. You, for example, why are you living in this life? Allah says that He has not created man and jinn for anything else except to worship Him. This means that the most important thing in this life is worshipping Allah. All things in life are created to serve humankind. We have to do good things. The Prophet Muhammad (PBUH) tells you that our land (Palestine) is the land of steadfastness. Therefore, you have the heavenly reward of steadfastness in this land. You have to work hard and struggle so that you would receive the heavenly rewards....

Practising Islamic faith during daily life helps nurses to face challenges, gain success in life, and achieve their goals. In the quotes below, the NGO nurse reported that all his success is due to Allah. He used the term 'password' which means the secret of his success. He believes that Allah helped him to overcome challenges whether at home or

in the workplace. He also believed that his mother's supplications for him helped to find a job.

MM: ...So what are the sources that helped you to overcome the challenges? And could you tell us the secrets behind your success?

B: Password: Allah Lord of the worlds and my mom's prayers. (Both laughed during the interview).

MM: How could Allah be a reason for your success?

B: Yes, it was my mother's prayers; when I graduated I neither expected to find job, nor to work in a mental health centre. From the beginning, I suggested they give this job to a male nurse who has a diploma or to a female nurse because both were poor, or even to any other nurse who has a BA; however, they insisted I took the job.

MM: You didn't answer my question?

M: You can say that Allah in some way helped me...

Islamic faith helped the participants to survive in their workplaces and cope within the overwhelming, challenging context. Muslim belief was a main source of resilience that was deeply embedded in their culture. For example, the nurse talked about their great rewards from Allah if they tolerate, remain steadfast and do good deeds in the Holy land (Palestine). They also mentioned aspects of religious practice, such as praying and ablutions, which helped them to feel happy and relaxed when faced with challenges. Strong faith and religious practices helped the nurses to create other sources of resilience:

Ab: Allah asks that when a person performs their job, they should do it properly. If you are pious in religion, you have consideration for others. You would not do them a disservice. Right... This work is voluntary for the sake of Allah. A person comes to you so that you would give him an injection, even though they have nothing to give you in return?

MM: Does this annoy or relieve you?

Ab: Why does it have to annoy me? It relieves me.

MM: Why?

Ab: Because, it is a good thing when you help a person. You feel pleased, not annoyed.

Ab: When a person believes in Allah, he has to be tolerant. You will not suffer from anything unless Allah destines it. Of course, a person has to be patient. If he is patient, he receives his reward from Allah [...] if a person has a strong faith in Allah. This is the most important thing. Faith in Allah is the most important thing because it relieves your pain.

Ab: Something makes you irritated. What makes you agitated?

MM: For example, any reason. What do you do when you are irritated?

Ab: From a religious perspective, if you become irritated, you must sit down if you are standing up. The Prophet Muhammad (PBUH) says this, if you are standing up, you must sit down.

MM: This means that you do this when you are agitated or irritated?

Ab: Of course, one hundred percent. For example, go and wash your hands and face, seek refuge from Satan, there is not anyone who would not ever be agitated. You see, a person is agitated a little, and then he calms down.

Love of nursing and nursing values

The love of the nursing profession within the Sumud and Islamic cultures was a resource which contributed to participants' resilience:

M: I love my profession although I knew nothing until I took my job and loved it. You feel that you are helping a person who needs this profession and needs you and your service. In this case, you feel happy. I call it happiness because it is really happiness when you feel that you have saved a person, in spite of the obstacles that face the nurse while carrying out their work with psychiatric patients.

Love of nursing helped the nurses to survive in the workplace and cope within an overwhelming and challenging context. Their philosophy of nursing care was a source of resilience which was embedded in their religion and Sumud culture.

MM: Could you tell me what makes you dedicated in your job?

Ab: First as a person ---?

MM: How can a person be dedicated?

Ab: Allah asks that when a person performs their job, they should do it properly. If you are pious in religion, you have consideration for others. You would not do them a disservice. Right.

Ab: This work is voluntary for the sake of Allah. A person comes to you so that you would give him an injection, even though they have nothing to give you in return?

MM: Does this annoy or relieve you?

Ab: Why does it have to annoy me? It relieves me.

MM: Why?

Ab: Because, it is a good thing when you help a person. You feel pleased, not annoyed. When a

person believes in Allah, he has to be tolerant. You will not suffer from anything unless Allah destines it. Of course, a person has to be patient. If he is patient, he receives his reward from Allah. If a person has a strong faith in Allah. This is the most important thing. Faith in Allah is the most important thing because it relieves your pain.

As mentioned above, the moral system within the Islamic culture motivated interviewees to be tolerant and feel satisfied in nursing. They should receive salaries but when none were available, their consciences motivated them to keep going and to manage the challenges.

Supportive relationships

Community support

Local community support contributed to resilience among the participants especially during difficult times. Members of the local community usually shared in each other's sorrows and offered support during dark times or times of adversity. For instance, one of the nurses spoke about his story when his father was in hospital and had open-heart surgery:

MM: Are there other things that helped you other than salary and work coordination?

M: My cousins, relatives and friend, they were near....

MM: What else?

M: My colleagues also helped me a lot; they took me to their accommodation to have some rest. These are the supports that made me feel the existence of people (neighbours, kin, and sisters) who are standing by us...The small society or my family helped me...

Other examples included nurses talking about the intensive support they received when faced with the loss of family members. As the following extract describes, one of the nurses mentioned family, friends, relatives, and local community as social support:

H: Look, the community and the nature of relations in the community among relatives and non-relatives always stand with you in days of misfortunes. They would not leave you alone in your days of grieving.

The support and encouragement of local society was thus considered a source of resilience. The nurses offered care to their local community and, in return, the local community supported them in facing challenges, suggesting the

existence of a close network of mutual or interdependent supportive relationships. This was an example of cohesiveness and Sumud of the local community in a collective way. The sense of collective suffering increased the unity and emotional ties in the local community and motivated people to support each other.

Family support

All participants described how the family was an important source of resilience. For example, one nurse said:

M: Primarily my mother, then my brother**** (name of his brother) and dad, those are the most important influences... When I faced a problem, I immediately went to my mother and dad.

Colleagues and local managers' support

Most of the nurses talked about their colleagues and some of their managers as a source of resilience:

MM: What helps you in adapting to stress, taking into account that you have been in your job for 38 years?

N: (Laughs).

MM: (Laughs).

N: The staff team at the department.

MM: Yes.

N: The members of the staff team are good and respectful. If any problem occurs, it is solved internally.

MM: Yes.

N: That is to say that there is cooperation among the members of the staff team. We all help each other if there is work pressure. However, that is not the case with our supervisors.

Nurses had a sense of solidarity with each other in the face of shared challenges inside and outside the workplaces, as the following field note extract demonstrates:

The team also described that they had worked together for many years and faced together hard times; they said "we are like a small family in the centre".

Some managers were supportive to nurses. In the following extract, a nurse described how the nursing director struggled or argued within the organization for her to attend a training course:

F: And what really encouraged and gave me confidence is my director in the nursing department; she supported and helped me in my difficult times.

Making use of available resources

Education. There was consensus between the participants that education and training was a resource which contributed to resilience. Education and training helped them to cope with work and life challenges:

H: It will be easier for the occupation to control illiterate people than educated people...

The nurses showed willingness to learn for professional reasons. In the extract below a participant revealed her Sumud in the workplace. She mentioned that she feels she has to prove herself by learning new skills continuously:

F: The same thing in regards to my work, I couldn't accept to be neglected, to be deprived of my rights, to have my role as a mental health nurse disrespected because I have an important role whether in the clinic or in the centre. I should, by all means, fight to prove my abilities and myself.

Education is used as a resource for empowerment, both for the nation to resist the more powerful occupier and to help nurses to resist being dominated by more powerful professions (where medicine is seen as superior). Participants used every opportunity available but these were limited due to national, political, and professional pressures. The Sumud culture motivated participants to learn and be educated to the best of their ability. The Islamic culture of the participants also contains instructions to motivate participants to learn because they will be rewarded in the afterlife if they do so – a sub-theme that will be explored further in the next section.

Rewards

The limited financial (wages) and non-financial rewards were a source of resilience among the participants. The non-financial rewards included feelings of productivity, warm gratitude from service users, and afterlife rewards:

F: ... You know how much the kids' needs are. They always try to imitate their peers; if someone buys a laptop or a computer, learns driving, or goes on a trip, they wanted to do the same. As a result, this caused pressures on us, and obliged us to deprive ourselves of certain things in order to meet their requirements. We want them to live as others, and to avoid for them the feeling of inferiority. This also has an effect on us.

The non-financial rewards such as faith of the participants helped them to keep going and manage their daily

challenges. The extract below with one of the participants illustrates the belief in rewards from nursing work in the afterlife. This nurse also mentioned the ethical point of view which motivated him to help needy people:

MM: How from a religious perspective? What does religion have to do with your work?

S: The reward that we receive from a religious perspective is everything. As well as, from an ethical point of view....

MM: How? What does a reward have to do with work?

S: You do something over and above your work. However, you help the patient more and you are rewarded.

MM: How? How are you rewarded?

S: (Laughs) how can I tell you? Helping the others is required of you. From an ethical perspective, you help the others. From a religious perspective, you receive a reward. You give extra help other than your duty. Then you are rewarded. I don't mean financially, but rather morally.

Rewards therefore helped the nurses to survive and cope within an overwhelming and challenging context. Non-financial rewards were a crucial source of resilience within their Islamic and Sumud cultural context. For example, participants talked about feeling productive and how service users' appreciation or supplications helped them to keep going. Rewards were embedded in the Islamic and Sumud cultures.

Available infrastructure and facilities

The majority of the nurses felt that even though resources were very limited, what was available in the workplace nevertheless enabled them to cope better with the challenges of work:

F: ...I got a room with a desk and cabinet. Consequently, I can now treat the patient in private. And the most important thing is that I can give the mentally ill the injection confidentially; the patient will have privacy... And feel comfortable.

Participants used the (very limited) available facilities to remain steadfast in the workplace, to provide dignified care for service users and as a way to enable nurses to cope better with work challenges.

Personal capacity

Experience

There was consensus among participants that gaining personal experience in work and life in general was a vital source of resilience:

MM: Then, what helped you to overcome this problem?

Ah: I have become convinced, after gaining experience and working with psychiatric patients, that mental illness is as normal as any other disease....

[...] After dealing with psychiatric patients, I have become convinced that the psychiatric disease is just a disease like other diseases. I deal with them and work with them without any fears. No fears.

The above interview extract highlighted how experience gained in work and life in general was a source of resilience for the participants. They talked about the importance of learning resilient strategies from their families and parents:

H: My father taught me to become independent.

It seems that resilience is built through learning from experiences in different circumstances which leads to resilience itself being transferable across different contexts. Again, the inter-relationship between Sumud and Islamic cultures and nurses' experiences inside and outside their workplaces needs to be considered. These strategies enhanced their nursing skills but also the experiences gained in the nursing workplace enhanced their domestic and personal lives.

Individual characteristics

All of the nurses talked about specific characteristics in their personality which they considered as sources of resilience. It was notable from the collected data that there were individual characteristics which enabled the participants to handle life and occupational challenges:

MM: What are the things that helped you to recover from the difficult things that happened to you?

L: I have tenacity.

MM: Tenacity?

L: I have a strong will. Even when I feel (Ah) [meaning ill], I work whether here or at home. I do not like anyone to say that I am weak in front of others at all.

MM: What makes you have a "will"?

L: First, self-confidence. Second, the will of Allah. The first thing is the will of Allah before self-confidence. The will of Allah is above everything. I want to be powerful. I do not want anybody to say that I am weak. I do not want anybody to feel that I am weak. I do not want anybody to look at me with pity. I like to be powerful even when I am weak....
[...].

From the personal challenges perspective, I am suffering from diabetes and hypertension. Nevertheless, I tolerate my situation so that I can be stronger than my ailments because when a person is weak even

the ordinary person, he will suffer from tension or depression. He keeps on thinking about life. Why am I like this? You have to be confident first in yourself before having confidence in your manager or other people...

Some participants talked about the importance of learning individual traits from Sumud and Islamic cultures. Usually the Sumud culture and faith are learned by the local community, families and schools, but personality characteristics were also important to consider within a cultural, social ecological, context. The abovementioned personality characteristics can only be understood and discussed within the surrounding religious and political cultural context. Sumud as a social ecological idea helped to develop and strengthen the personality of the interviewees. The local community and families helped participants to access the

available teaching resources in order to build up these individual characteristics. It is therefore difficult to ignore the social ecological sources which might affect personality traits.

Coping skills

The participants used coping skills as a resilience resource to deal with work and life challenges. In the following quote, one of the nurses reported that he dealt with economic hardship by encouraging his wife to work, buying the cheapest options and prioritizing his family's needs:

Ah: I got married to a working woman. We are living below average. You know, we have to build a house, save for the children. You see the sufferings of the Palestinian people. We need to sort things out. For example, if we go out, we have to eat free herbs such as lentil and thyme

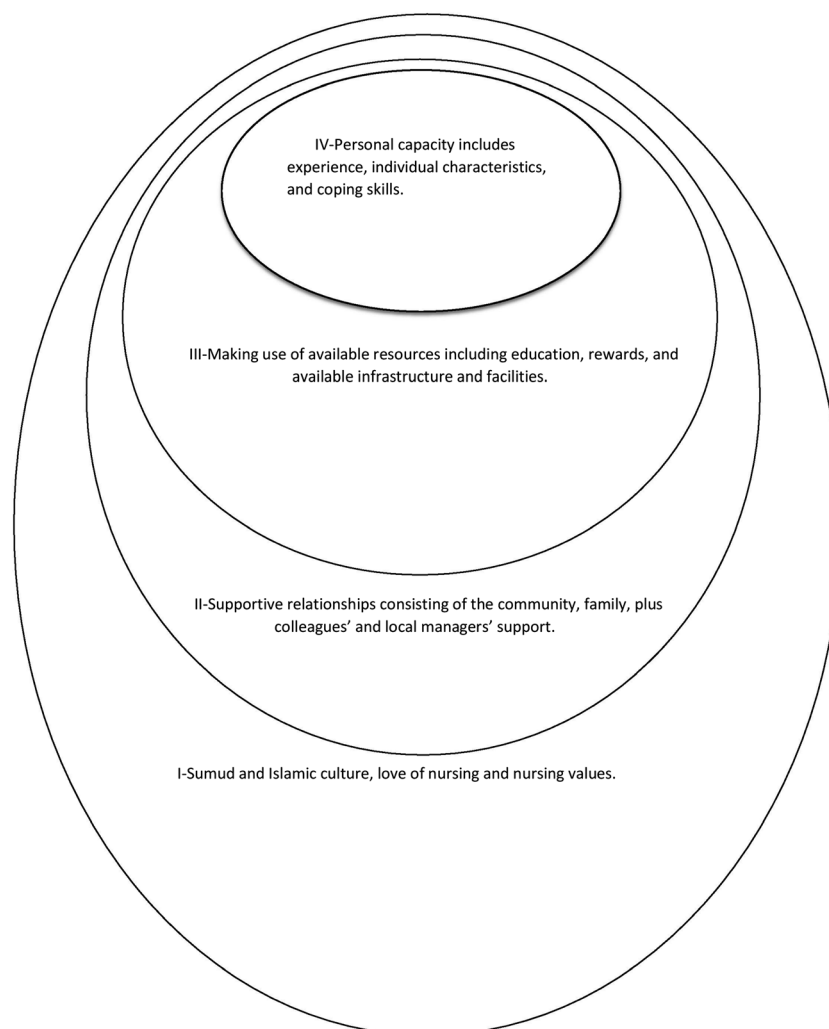


FIG. 1: Resilience of community mental health nurses in Palestine.

because they are economical foods, but prices of meat are high, so we only used to eat it once a week.

These skills need to be considered within the Sumud and Islamic cultures. Nearly all Palestinians experienced challenges related to the context of political conflict. People faced these common challenges in a collective way and learned skills from each other. These coping skills were a source of resilience for the participants, learned from their surrounding Sumud and Islamic cultures.

DISCUSSION AND CONCLUSION

High levels of mental health need are experienced by the people of Palestine, and services are in need of development (Marie *et al.*, 2016). Nurses have important roles to play, and Figure 1 below illustrates the inter-relationships between the different sources of resilience for those working in the community.

The findings, as summarized in Figure 1, clearly show that Sumud and Islamic cultures are sources of resilience in work and in life in general among CMHNs. This study produced findings that can be linked with the findings of several similar studies undertaken within migrant and native communities in different countries. For example, in a study of resilience amongst immigrant Muslim women in the USA, Abu Zahra (2004) found their faith within the Islamic culture and supportive relationships played a role in participants' resilience. In another study to explore resilience among immigrant Arab American couples in the USA, Beitin (2003) and Beitin and Allen (2005) found Islamic religion, supportive relationships and the available supportive resources from the government was associated with resilience. According to Milliano (2010) the Islamic faith and supportive relationships played an important role in resilience among youths in Burkina Faso. Among people in Afghanistan, Panter-Brick and Eggerman (2012) found that sources of resilience, such as a sense of hope and family support, were embedded within their Islamic cultural context. Kirmayer *et al.* (2012) also found that resilience among the aboriginal community in Canada was related to their connectedness to the land, cultural continuity, community solidarity, collective identity and political activities.

Parallels can also be drawn with studies undertaken with nurses who demonstrated resilience in their workplaces when confronted with adversity. For example, Birchenall (1997) found British nurses who stayed in the Channel Islands during German occupation in the 1940s carried on their lives in spite of living in a war zone. The nurses tried to nurture themselves, showing commitment towards their patients and their profession. In a South African study Koen *et al.* (2011a) found that strong belief and foundations

(which included spiritual strength), along with personal resources sustained by values and professional assets, were sources of resilience for nurses. Supportive relationships and personal resources within a religious cultural context played a significant role (Koen *et al.* 2011b).

The findings from this study suggest the following recommendations and implications for nursing practice. Firstly, nurses in Palestine need to focus on and acknowledge the strengths of their current resilience resources and practices. Without Sumud and resilience that is rooted in adversity, nursing in Palestine would fail to exist, or exist as a much reduced and lesser profession than is currently the case. Where possible nurses should be encouraged by healthcare managers and policy makers to develop and create new resources for resilience and Sumud that capitalize on the strengths of Islamic and Sumud culture resources, love of nursing and enriched nursing values.

In addition, nurses need to retain or further develop professional nursing supportive networks around them which replicate the close collective and supportive networks found within broader Palestinian local communities. Furthermore, as well as steps to increase collective strength of nurses individual nurses must further develop their personal capacity for resilience and Sumud. For example, this includes participating in and undertaking learning experiences about how resilience and Sumud can contribute to a stronger future for nurses in Palestine. With this in mind one practical recommendation is that findings from this study will be used to build a specific resilience module for nurses to study at University.

The study has a number of limitations. It was limited by time, funds and the inclusion of Palestinians who lived in the West Bank only. Further research needs to be carried out to investigate nurses' resilience using social ecological ideas in other areas such as Gaza and Jerusalem. A longitudinal study also can be conducted to explore how resilience builds up or fluctuates over a period of time.

In summary, emerging from this study and the above discussion is the idea that social ecological or cultural factors contribute to resilience. This article suggests that themes such as Sumud and Islamic cultures, supportive relationships, making use of the available resources, and personal capacity are key and that individual resilience needs to be understood within its wider context.

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REFERENCES

- Abushaikha, L. & Saca-Hazboun, H. (2009). Job satisfaction and burnout among Palestinian nurses. *Eastern Mediterranean Health Journal*, 15, 190–7.
- Abu Zahra, K. 2004. Understanding resilience in Muslims-American immigrant women's: An examination of protective process. PhD Dissertation, Alliant International University- San Diego.
- Al Ajarma, Y. (2010). The role of the arts toward healing trauma and building resilience in the palestinian community. PhD thesis, Lesley University.
- Alhajjar, B. 2013. Occupational stress among hospital nurses in Gaza- Palestine. PhD thesis, Manchester University.
- Beitin, B. 2003. Resilience in Arab -American couples in the wake of terrorist attacks on New York City. PhD thesis, Virginia Polytechnic & State University.
- Beitin, B. & Allen, K. (2005). Resilience of Arab American couples after September 11, 2001: System Perspective. *Journal of Marital and Family Therapy*, 31, 251–67.
- Birchenall, P. (1997). Nursing in War-Time Guernsey a preliminary review. *The British Journal of Nursing*, 6(22), 1315–22.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Bryman, A. (2012). *Social Research Methods*. Oxford: Oxford University Press.
- Burgess, R.G. (1984). *In the Field: An Introduction to Field Research*, London: Routledge.
- Denzin, N. & Lincoln, Y. (2002). *The Qualitative Inquiry Reader*. London: SAGE.
- Gren, N. 2009. Politics Each day another disaster Politics and Everyday Life in a Palestinian Refugee Camp in the West Bank. PhD thesis, University of Gothenburg.
- Hassan, S. J. & Wick, L. (2007). Evoking the Guardian Angel: Childbirth Care in a Palestinian Hospital. *Reproductive Health Matters*, 15, 103–13.
- Hobfoll, S. E., Mancini, A. D., Hall, B. J., Canetti, D. & Bonanno, G. A. (2011). The limits of resilience: Distress following chronic political violence among Palestinians. *Social Science & Medicine*, 72, 1400–8.
- Hunter, B. & Warren, L. (2013). *Investigating resilience in Midwifery. Final report* Cardiff-UK: Cardiff University.
- Kårtveit, B. 2010. "In Fifteen years there'll be none of us left!" Dilemmas of attachment, resilience and migration among Bethlehem Christians. PhD thesis, University of Bergen.
- Kirmayer, L., Dandeneau, S., Marshall, E., Phillips, M. & Williamson, K. (2012). Toward an Ecology of Stories: Indigenous Perspectives on Resilience. In: Ungar, M (Ed). *The Social Ecology of resilience: A Handbook of Theory and Practice* New York: Springer.
- Koen, M. P., van Eeden, C., Wissing, M. P. & du Plessis, E. (2011a). Resilience through the Eyes of Professional Nurses in South Africa. *The Australian Community Psychologist*, 23(2), 103–20.
- Koen, M. P., Van Eeden, C. & Wissing, M. P. (2011b). The prevalence of resilience in a group of professional nurse. *Health SA Gesondheid*, 16, 1.
- Makkawi, I. (2012). The Psychology of Resilience among Palestinian Female Students. *Global Journal of Community Psychology Practice*, 3(4), 375–8.
- Marie, M. (2015). Resilience of nurses who work in community mental health workplaces in West Bank- Palestine. PhD thesis. Cardiff University. Available at <http://orca.cf.ac.uk/73210/> [Accessed: 2 January 2016].
- Marie, M., Hannigan, B. & Jones, A. (2016). Mental health needs and services in the West Bank, Palestine. *International Journal of Mental Health System*, 10(23), 1–8.
- Milliano, C. (2010). Exploring resources for youth resilience. In: Hart, A, et al. (Eds). *Resilience - Why bother?* UK – England: Brighton University. Conference held in 6–7 April 2011
- Nguyen-Gillham, V., Giacaman, R., Naser, G. & Boyce, W. (2008). Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health & Social Care in the Community*, 16, 291–8.
- Panter-Brick, C. & Eggerman, M. (2012). Understanding Culture, Resilience, and Mental Health of Hope. In: Ungar, M (Ed). *the Social Ecology of Resilience: A Hand Book of Theory and Practice* New York: Springer.
- Punamäki, R.-L., Qouta, S. & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioural Development*, 25, 256–67.
- Punamäki, R.-L., Qouta, S., Miller, T. & El-Sarraj, E. (2011). Who Are the Resilient Children in Conditions of Military Violence? Family- and Child-Related Factors in a Palestinian Community Sample. *Peace and Conflict: Journal of Peace Psychology*, 17, 389–416.
- Schiocchet, L. 2011. Palestinian Sumud: Steadfastness, Ritual and Time among Palestinian Refugees. Birzeit University Working Paper 2011/51 (ENG) [Online]. Available at: SSRN: <http://ssrn.com/abstract=2130405> [Accessed: 10 October 2014].
- Silverman, D. (2001). *Interpreting qualitative data: Methods for analysing talk, text and interaction* London: SAGE.
- Teeffelen, T. (2009). Sumud: Soul of the Palestinian People. *This Week In Palestine.*, 130, 51.
- Teeffelen, T., Bitar, H. & Al-Habash, S. (2005). Resilience in the Palestinian Occupied Territories. In: Ungar, M (Ed). *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* Thousand Oaks, CA: SAGE Publications.
- Ungar, M. (2008). Resilience across Cultures. *British Journal of Social Work*, 38, 218–35.
- Ungar, M. (2011). The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81, 1–17.
- Wick, L. (2008). Building the infrastructure, modelling the nation: the case of birth in Palestine. *Culture, Medicine and Psychiatry*, 32, 328–57.