

Recognizing 125 Years



AMERICAN NURSES ASSOCIATION



■ Global health outreach ■ Post-traumatic growth

Progress and potential

ANA's 125 years reflect the push for excellence in practice, nurses' professional success, and influence on key issues.

By Genna Rollins

As the American Nurses Association (ANA) marks its 125th anniversary this year, many issues that animated its founders in 1896 still ring true for the profession. When delegates from 10 nurses' alumnae associations met in 1896 at the Manhattan Beach Hotel near New York City to form what became ANA, they were interested in elevating nursing education standards, setting principles of conduct, and promoting the professional status and general welfare of nurses.

Professional strides over the ensuing century not only have advanced nursing practice significantly but also transformed systems of care and boosted health outcomes for generations. ANA has persevered on this journey, in dialogue with nurses nationwide, constituent/state nurses associations, healthcare stakeholders, and the public. Yet the fundamentals remain: The ANA Enterprise seeks to drive excellence in practice, equip nurses with the tools they need to succeed professionally, and ensure nurses' voices and vision are recognized by policy leaders, healthcare influencers, and employers.

"The ANA Enterprise story is the evolution of nursing in this country and the history of the profession," said ANA Chief Nursing Officer Debbie Hatmaker, PhD, RN, FAAN.

Setting standards

One of the first challenges ANA took on was the need to standardize early training programs. A modest 15 hospital-based schools in 1880 had mushroomed to at least 430 by 1900. Each was structured to meet the needs of an individual hospital, so nurses were trained to practice according to a very narrow scope of care. Nursing correspondence courses also surfaced, graduating so-called trained nurses after as little as 10 weeks of bookwork and no clinical experience.

A trained nurse at that time meant "anything, everything, or next to nothing," according to ANA's first president, Isabel Hampton Robb.

Over the subsequent decades, ANA went all in on advancing professional standards for nurses, collaborating closely with state nurses' associations, which initially had been organized to work toward state laws controlling nursing practice. The march to more rigorous standards has continued right up to the present day.

By 1923 ANA had appointed its first special committee on ethical standards, with a tentative code of



In 1977, a nurse at a well baby clinic in Dekalb County, Georgia, administers a polio vaccine to an infant held by his mother.

ethics for nurses adopted in 1926. In 1940, ANA and the National League for Nursing Education (today's National League for Nursing) published a *Digest of Nurse Practice Acts and Board Rules* to facilitate state registration of nurses by reciprocity. Within 10 years ANA adopted a code of ethics for professional nursing, and in 1968 the House of Delegates adopted a new code for nurses that delineated ethical principles of practice.

The year 1974 marked the beginning of a particularly fertile period with standards developed for five practice areas. That same year ANA certified 99 RNs for excellence in clinical nursing practice.

The ANA Enterprise has maintained a proud tradition of promoting clinical excellence, with the American Nurses Credentialing Center now celebrating its 30th anniversary. ANA similarly has kept a drumbeat of new and continually revised standards, most recently publishing the 4th edition of *Nursing: Scope and Standards of Practice*.

Advocating for nurses

Coupled with its push to advance the highest standards of practice, ANA has pressed the case for nurses' interests on many fronts. The association organized a legislative section in 1921 to study employment, salaries, and working conditions for nurses, and to advocate for public policies on these and other issues, such as health insurance.

ANA also engaged in a long-running struggle to have nursing officially recognized as a profession. In the 1930s, a personnel classification board established by Congress classified nurses as nonprofessional; not until 1946 was nursing designated as a profession by the U.S. Civil Service Commission.

“We’ve earned our right to be highly regarded, full members of the healthcare team,” said ANA President Ernest J. Grant, PhD, RN, FAAN, of these efforts to set standards and define the profession. “The demands that nurses placed on themselves so that their work would be considered a true profession rather than a trade greatly advanced who we are as nurses. Having our own body of work and holding ourselves to a higher standard have helped us achieve the position that we have today.”

As the profession matured so did ANA. In 1955, it organized the American Nurses Foundation (the Foundation) as the association’s research, education, and charitable affiliate.



In 2020, ANA President Ernest J. Grant participated in a COVID-19 vaccine clinical trial.

The quest for better working conditions

While nurses provided extraordinary service during the Great Depression and World War II, they also endured difficult working conditions. Nurses left the profession in frustration with inadequate salaries and unsatisfactory surroundings. Consequently, in 1946 the ANA House of Delegates voted to inaugurate a long-range comprehensive program to stabilize nursing services, improve working conditions, and provide economic security for nurses in all fields. State nurses’ associations were urged to conduct active programs, including collective bargaining. That same year, the House of Delegates also endorsed an 8-hour day, 40-hour week for all nurses.

Supporting key legislation

In addition to continuing its strong advocacy for nurses’ health, safety, and working conditions, ANA

has taken a stand on key social and health legislation. As early as 1958 the House of Delegates endorsed healthcare as a right of all people and urged the extension of social security to include health insurance for beneficiaries of old age, survivors, and disability insurance. Decades later, after passage of the Affordable Care Act (ACA) in 2010, ANA in 2012 joined five other healthcare groups in filing an amicus brief with the U.S. Supreme Court in support of the ACA “minimum coverage provision.”

During the COVID-19 pandemic ANA pushed hard for passage of the Coronavirus Aid, Relief, and Economic Security Act, which included more than \$2 trillion in spending and tax breaks to help the economy and support healthcare providers responding to the pandemic. The association has been vocal not only about the necessity of boosting domestic production of personal protective equipment and promoting a more sustainable supply chain but also expanding the use of telehealth services to deliver efficient, cost-effective care. ANA also advocated for the Dr. Lorna Breen Health Care Provider Protection Act (S. 610/H.R. 1667), which passed the Senate on August 6. This legislation aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions among healthcare professionals.

Preparedness and action

Today’s public health crisis is not the only one the nation’s nurses and ANA have confronted. The organization was barely off the ground when nurse Clara Louise Maass lost her life in the quest to determine the cause of yellow fever. Honored decades later in ANA’s Hall of Fame, Maass exemplified the dedication of nurses throughout time. As Hatmaker observed, “Again and again, nurses have been faced with extraordinary circumstances... and then demonstrated their skill and fortitude.”

During the 1918 influenza epidemic, which killed about 675,000 individuals in the United States, the nation’s 66,000 plus RNs and over 17,000 unregistered nurses fought valiantly against the then-undetectable virus.

In 1947, rapid scientific advances yielded a remarkably different result in New York City. Another member of ANA’s Hall of Fame, Nettie Birnbach, EdD, RN, FAAN, recalled in 1996 her tenure at Willard Parker Hospital, a communicable disease hospital. After a gravely ill patient was admitted with what turned out to be smallpox, the city successfully vaccinated 6.35 million people in less than 1 month, with just 12 people contracting the disease and only two dying from it.

Recognizing the importance of readiness to confront future outbreaks, ANA has collaborated with expert organizations like the Association for Professionals in Infection Control and Epidemiology and the Centers for Disease Control and Prevention (CDC) to develop training programs for nurses. In 2015, ANA joined with CDC to educate and train nurses on avoiding

infection when caring for patients with highly contagious diseases such as the Ebola and Zika viruses.

As the COVID-19 pandemic hit U.S. shores in 2020, ANA quickly created a COVID-19 Resource Center to provide nurses with the latest evidence-based information. The Foundation also acted rapidly to understand the pandemic's stressors on nurses and to support their mental health and well-being, which was sorely tested during this public health emergency that has cost more than 668,000 lives as of September 17.

Also in 2020, ANA joined forces with CDC on Project Firstline to provide foundational and practical infection prevention and control knowledge for frontline healthcare professionals. As the COVID-19 pandemic continued well into 2021, on September 1 the association called on the Biden administration to declare a national nurse staffing crisis and take immediate steps to develop and implement short- and long-term solutions.



AMERICAN NURSES ASSOCIATION

The path toward justice and inclusion

Just as American society and culture have evolved over the past 125 years, so has ANA. Unable to join the association at its founding, 52 Black nurses met in New York City in 1908, founding the National Association of Colored Graduate Nurses (NACGN). Their aims were to promote higher professional nursing standards, eliminate discrimination, and develop leadership among “Negro” nurses.

In 1920, ANA appointed a committee on the status of Black graduate nurses to establish lines of communication with the NACGN, but not until 1948 did the association's House of Delegates formally call for eliminating discrimination against minorities. Two years later, ANA delegates adopted bylaw revisions to provide direct individual membership for Black nurses restricted from membership in their state nurses associations. In 1950, ANA delegates adopted an intergroup relations program to work for full integration of nurses from all racial groups in all aspects of nursing. Between 1950 and 1951, ANA absorbed the functions and responsibilities of NACGN, which was officially dissolved in 1951.

These changes marked the beginning of a dialogue that continues today about full diversity, equity, and inclusion in nursing, healthcare, and society. The National Black Nurses Association formed in 1971 due in part to Black nurses' limited presence and influence in ANA's leadership.

In 2020, the ANA Membership Assembly adopted a resolution on racial justice for communities of color, and ANA joined with the American Academy of Nursing to call for social justice to address racism and health equity. In January, ANA and a coalition of

leading nursing organizations launched the National Commission to Address Racism in Nursing to examine the issue of racism within nursing nationwide and describe the impact on nurses, patients, communities, and healthcare systems to motivate all nurses to confront systemic racism.

This effort and others to speak out about and develop solutions for major healthcare and societal issues reflects ANA's ability to adapt to the times, according to Grant. “We have to face the fact that we have a past we're not very proud of, but we also were one of the first major organizations to admit minorities into our membership and the leadership chain,” he said. “Even now as we address racism, we are not afraid to speak out and take action on social justice issues. We have always looked out for the public's health. And we've advocated along the way and also ensured that nurses have the resources they need to do their jobs.”

If today's stresses and strains are unique to our times, ANA's vision—a healthy world through the power of nursing—is not, said ANA Enterprise CEO Loressa Cole, DNP, MBA, RN, FACHE, NEA-BC. “It is a theme that would have even resonated with our ANA founders 125 years ago. They would be thrilled to see how nurses are being heralded around the world today as the heroes and heroines of the pandemic.”

Access a timeline of ANA's history at myamericannurse.com/?p=301559.

— Genna Rollins is a writer-editor at ANA.

Resources

ANA Hall of Fame

nursingworld.org/ana/about-ana/history/hall-of-fame

Code of Ethics for Nurses with Interpretive Statements

nursingworld.org/coe-view-only

National Commission to Address Racism in Nursing

nursingworld.org/commission-to-address-racism-in-nursing

Nursing: Scope and Standards of Practice, 4th Edition

nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-edit/

Project Firstline

nursingworld.org/practice-policy/project-firstline

The History of the American Nurses Association

nursingworld.org/ana/about-ana/history

New survey data: Nurses recommend COVID-19 vaccines and support mandates and boosters if recommended

Data from a new survey of more than 4,500 nurses nationwide conducted by the American Nurses Association (ANA) in conjunction with the COVID Vaccine Facts for Nurses campaign highlight that most nurses stand behind the science of the COVID-19 vaccines and support mandatory vaccinations for all employees.



“Nursing practice is both an art and a science. Nurses are highly skilled and knowledgeable healthcare providers, scientists, and researchers, so they understand the rigor and effort behind developing the COVID-19 vaccines,” said ANA President Ernest J. Grant, PhD, RN, FAAN.

Nurses support COVID-19 vaccine mandates

Many nurses who responded (58%) support mandatory COVID-19 vaccinations. This aligns with nursing’s professional standards, which ethically obligate nurses to model the prevention measures recommended to their patients. According to findings of the survey, most nurses (90%) are vaccinated against COVID-19 or plan to get vaccinated and say they’re comfortable recommending COVID-19 vaccines (91%).

Nurses say an FDA approval doesn’t influence their support of the science

Nearly two-thirds of nurse respondents (64%) say the Food and Drug Administration’s (FDA) approval of COVID-19 vaccines doesn’t influence their current position. Nurses trust the science behind COVID-19

vaccines. Ongoing clinical trials, research, and evidence have demonstrated the safety profile of the COVID-19 vaccines—that they’re stable and effective in preventing the spread of the virus as well as mitigating the impact of the highly transmissible and contagious Delta variant.

Nurses will get a COVID-19 vaccine booster shot if recommended

Overwhelmingly, the nurses surveyed reported that they’re willing to get a booster shot of the COVID-19 vaccine if recommended (85%).

Nurses encourage the public to follow the guidance of health officials

Most nurses surveyed (86%) say they have access to the most current and reliable information on COVID-19 vaccines. In addition, a majority (87%) say they understand the urgent need to stay up to date on the latest developments and are referring their patients to trusted and credible authorities such as the Centers for Disease Control and Prevention and the National Institutes of Health.

COVID Vaccine Facts for Nurses, composed of ANA and 22 other leading nursing and healthcare organizations, is an education campaign that provides critical, current, and culturally sensitive COVID-19 vaccine information for the nation’s nurses. Learn more at covidvaccinefacts4nurses.org.

ANA board appoints Jeff Doucette as secretary

The American Nurses Association (ANA) announced in August that Jeff Doucette, DNP, RN, NEA-BC, FACHE, FAAN, has been appointed secretary effective immediately. The ANA Board of Directors made the appointment, as outlined in the association’s bylaws, to fill a vacancy created by the resignation of Stephanie Pierce, PhD, MN, RN, CNE, of the Louisiana State Nurses Association. Doucette was a candidate for secretary in the 2020 election and will serve out the term that ends December 31, 2022.

Doucette, a member of the Virginia Nurses Association, is currently the chief nursing officer at Press Ganey, where he oversees improving the patient



Jeff Doucette

and caregiver experience, and developing nursing leadership at healthcare organizations nationwide. In addition, he plays an integral role in Press Ganey’s workforce initiatives, including its Workforce Well-Being Collaborative, which helps healthcare systems support caregivers as they deal with the ongoing challenges of the pandemic. Before joining Press Ganey, Doucette was senior vice president and chief nursing officer at Thomas Jefferson University Hospitals in Philadelphia, Pennsylvania. Previously, he was vice president of the Magnet Recognition® and Pathway to Excellence® programs at the American Nurses Credentialing Center.

Dr. Lorna Breen Health Care Provider Protection Act passes in Senate

The American Nurses Association (ANA) applauded the unanimous passage of the Dr. Lorna Breen Health Care Provider Protection Act (S. 610/H.R. 1667) by the United States Senate in August. This timely and critical legislation will help reduce and prevent mental and behavioral health conditions, suicide, and burnout among healthcare professionals, especially those who continue to be overwhelmed by the COVID-19 response and recovery efforts.

“Nurse advocates sent over 6,300 emails to Congress in support of this bill. Nurses know that the damaging aftereffects of the pandemic will linger long after they have intubated their final COVID-19 patients and grieved the loss of colleagues and loved ones,” said ANA President Ernest J. Grant, PhD, RN, FAAN.

The bill is named for Lorna Breen, MD, who supervised the emergency department at New York-Presbyterian Allen Hospital in Upper Manhattan. In April of 2020, she died by suicide after being consumed by feelings of helplessness and despair while treating COVID-19 patients, even contracting the disease herself.



This bipartisan legislation would direct \$140 million in American Rescue Plan Act (H.R. 1319) funds to train current and future health professionals on how to prevent suicide, burnout, and substance use disorders. Key provisions in the bill would establish a national evidence-based education and awareness initiative to encourage healthcare professionals to seek support and care for their mental health and substance use concerns.

The ANA Enterprise Nurse Suicide and Prevention website (nursingworld.org/practice-policy/nurse-suicide-prevention) offers resources to help implement best practices to mitigate the risk of nurse suicide. The American Nurses Foundation, in partnership with several nursing organizations, has launched the Well-being Initiative (nursingworld.org/thewellbeinginitiative), a collection of resources designed to help nurses build resilience and take necessary steps to manage the stress and overcome the trauma caused by COVID-19. Please visit and share these sites with a colleague or friend in need.

September OJIN topic focuses on healthcare technologies

The September topic for *OJIN: The Online Journal of Issues in Nursing* is “Advancing technology in healthcare: Are you on board?” Six new articles explore current technologies that are growing rapidly in healthcare settings.

The Health Internet of Things refers to devices that collect health data from individuals. Author Nancy J. Robert, PhD, MBA/DSS, BSN, a Maryland Nurses Association member, provides an overview of the Health Internet of Things, factors fueling wearable market growth, technology and usability challenges, and implications for nurses.

Big data will have a growing role in nursing scholarship requiring parallel growth in data competencies and literacies to benefit nursing practice, education, and policy. Heather Carter-Templeton, PhD, RN-BC, FAAN, and colleagues offer background information about big data and bibliometric analysis and describe a study that analyzed published research focused on big data in nursing.

A brief history of nurse-led hackathons, incubators, and accelerators and their evolution within nursing is

considered by Olga Kagan, PhD, RN, an ANA-New York member, and colleagues.

Authors Victoria L. Tiase, PhD, RN-BC, FAAN, FAMILIA, and Kenrick D. Cato, PhD, RN, CPHIMS, FAAN, members of ANA-New York, offer introductory level discussion about data management and components of artificial intelligence that include real-world cases in use by nurses.

ANA member Patricia Quigley, PhD, MPH, APRN, CRRN, FAAN, FAANP, FARN, and Rebecca J. Tarbert, PT, DPT, GCS, CLT, describe the biomechanics of fall and hip protector clothing and the smart technology Tango Belt.

Nursing informatics and nursing leadership are discussed by Uba Backonja, PhD, MS, RN, and colleagues, who provide specific recommendations for emerging leaders in this field.

Read the current members-only content at ojin.nursingworld.org. When each new topic is posted, the previous topic becomes available to all viewers. The May topic, “The COVID-19 pandemic and nurses: Caring for others and ourselves” is now open access.



Nurse responsibility in advancing global health

To: Ethics Advisory Board

From: Volunteer RN

Subject: Global health outreach

With the recent earthquake in Haiti and the devastation that country has experienced, I feel compelled to take my nursing skills abroad to volunteer with global health outreach programs. How can I be sure to provide culturally sensitive care that positively impacts the communities I will serve, while not unknowingly causing further harm?



From: ANA Center for Ethics and Human Rights

Your desire to offer your nursing skills to vulnerable countries is one that many nurses share. Throughout history, nurses have extended their skills and expertise in disaster relief efforts, supporting health education, prevention, and treatment of infectious diseases, and maternal-child health. As Provision 8.2 of the American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/coe-view-only) (the *Code*) states, “Nurses understand that the lived experiences of inequality, poverty, and social marginalization contribute to the deterioration of health globally.”

While we work to mitigate health disparities in this country, nurses recognize that natural disasters, oppressive governments, and limited-to-no access to healthcare plague other parts of the world, creating significant global disparities that the World Health Organization acknowledges as “a collective failure of the international community to meet the most basic needs of most of the world’s population.”

Your personal call to duty aligns with both the *Code* and *The ICN* [International Council of Nurses] *Code of Ethics for Nurses*, which states that “The nurse shares

with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations.” Your nursing presence in vulnerable regions can supplement care and aid to populations that otherwise would struggle to receive these services.

Ethical considerations when volunteering

ANA recently published a position statement, “Ethical considerations for local and global volunteerism,” recommending that volunteer efforts demonstrate social responsibility, be conducted with cultural humility, and involve careful planning in collaboration and partnership with host communities so that efforts are sustainable to these communities and mutually empowering (bit.ly/2Wm2UWH).

As you volunteer, be aware of and learn about the cultural values and practices of the population you’re working with. The *Code* directs nurses to recognize that healthcare is provided to culturally diverse populations in the United States and across the globe. Nurses should collaborate to create a moral milieu sensitive to diverse cultural values and practices.

How do populations view ethical dilemmas such as patient autonomy, informed consent, or justice? Depending on the region and the needs at the time of your

deployment, you might find that certain ethical principles widely accepted in the United States and other western countries aren’t universal. Compassionate care should drive your efforts, and you should work in tandem with local clinicians and public health leaders to provide ethical, culturally adaptable, and appropriate care while striving to uphold the common good. This collaborative effort will enable you to offer your skills while also learning from the local community.

— Response by Kara Curry, BSN, RN, member of the ANA Ethics and Human Rights Advisory Board.

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Do you have a question for the Ethics Inbox? Submit at ethics@ana.org.

Post-traumatic growth and compassion: Tools to navigate the pandemic

By Kate M. Pfeiffer, MS, APRN, PMHCNS-BC, PMHNP-BC, and Tim Cunningham, DrPH, RN, FAAN

Having navigated COVID-19's shattering of predictable day-to-day operations, resilient nurses are adapting to the seismic shift in pandemic-driven clinical care. Opportunities exist for nursing leaders to shape the future landscape and create a new and better "normal." Together, we can compassionately evaluate the well-being of our staff and systems by fostering post-traumatic growth (PTG), instilling a perspective of healing and organizational connectedness, and building stronger systems.

Defined as "positive psychological change experienced as a result of a struggle with highly challenging life circumstances," PTG is a framework for leaders considering changes and improvements in individual and organizational well-being during and after trauma through five key domains: personal strength, closer relationships, greater appreciation for life, new possibilities, and spiritual/existential development. A PTG perspective can help nurses engage with new possibilities, such as team nursing, innovative scheduling, and professional flexibility.

Researchers have noted increases in PTG among nurses since the onset of the pandemic, and opportunities to continue growing exist. Clinical nurse-driven changes in our profession and the way we care for others are examples of PTG we should acknowledge and celebrate. One proposed method of acknowledging and fostering PTG can be found in Compassion and Growth Workshops.

The workshops, sponsored by the American Nurses Foundation (in partnership with Emory Healthcare, Emory University, and the University of Virginia) were a series of three, 2-hour virtual micro-retreats rooted in evidence-based resilience, wellness, and contemplative programs with the intention of supporting PTG. In all, 227 nurses and other healthcare providers from 25 states participated in these retreats. Of the nurses who shared post-event feedback, 91% said they continue practicing the skills they learned in the workshops. More than 90% of these respondents reported using these skills at least 1 day per week, and more than two-thirds (67%) said they shared the skills with their colleagues, friends, and families.

Preliminary anecdotal data revealed that participants valued the networking experience and felt the connections with nurses from other settings was meaningful and affirming. Terms used to describe the workshops, such as "relaxing," "safe," and "important," resonate with the evidence-based notion that key to psychosocial support and growth through trauma is the ability to connect with others going



through similar stressors. The ability to talk, reflect, share, experience, and learn contemplative practices may facilitate resilience, coping, compassion, and, ultimately, PTG.

We continue to collect longitudinal data measuring changes in PTG as related to these workshops, all the while remaining hopeful—with the evidence on our side—that programs like the Compassion and Growth workshops will continue to validate, normalize, and most importantly, build camaraderie among professional nurses as we cultivate a new normal together. Nursing leaders can rebuild more meaningful, connected, and thriving healthcare systems. By facilitating PTG factors, chronic adversity in the COVID-19-era can be a catalyst for positive change among professional nurses.

— Kate M. Pfeiffer is an instructor in the Nell Hodgson Woodruff School of Nursing at Emory University. Tim Cunningham is vice president of practice and innovation at Emory Healthcare.

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