

# The Attribute of Hardiness in Night Shift Nurses

Megan Elizabeth Brunson, PhD, CCRN-CSC, CNL, FCCM

## KEYWORDS

- Hardiness • Nurses • Critical care • Attributes
- DRS-15 (dispositional resilience scale)

## KEY POINTS

- Nurses with higher hardiness view stress as growth opportunities rather than threats, leading to better mental health, greater job satisfaction, and reduced burnout.
- Hardiness in critical care nurses is defined by commitment, control, and challenge—the 3Cs—which help them manage and respond effectively to high-stress environments.
- In critical care, hardiness is linked to greater shift-work tolerance, helping nurses adapt to night shifts, circadian disruption, fatigue, and psychological demands.
- Hardiness is shaped by supportive leadership, team cohesion, and resources; healthy work environments strengthen hardiness and promote nurse retention and well-being in critical care.

## INTRODUCTION

Night shift work in nursing is demanding due to the disruption of natural circadian rhythms, which can lead to significant physical and psychological stress.<sup>1</sup> Nurses working fixed night shift, inclusive of any hours between 2300 and 0700, have been shown to have experience sleep disturbances, fatigue, and a decrease in overall quality of life. Effectively coping with such conditions is critical for maintaining personal health and professional performance. Current research has indicated nightshift nurses experience higher levels of stress and sleep-related issues compared to their day-shift counterparts, which can adversely affect their health and job satisfaction.<sup>2</sup> Given the challenges, it is crucial to explore strategies that can help nurses better manage the demands of nightshift work.

The concept of hardiness has been extensively studied within occupational health, the military, psychology, sport teams, and particularly in professions characterized by high stress and irregular working hours, such as nursing.<sup>3–6</sup> Hardiness is defined as a personality attribute that encompasses commitment, control, and challenge and is

---

University of Texas Medical Branch, School of Nursing, 1114 Mechanic Street, Galveston, TX 77550, USA

E-mail address: [mebrunso@utmb.edu](mailto:mebrunso@utmb.edu)

Crit Care Nurs Clin N Am ■ (2026) ■■  
<https://doi.org/10.1016/j.cnc.2026.02.002>

[ccnursing.theclinics.com](http://ccnursing.theclinics.com)

0899-5885/26/© 2026 Elsevier Inc. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

**Abbreviations**

EI	emotional intelligence
SWT	shift work tolerance

considered a resilience factor that assists individuals to cope with stress effectively.<sup>7</sup> The attribute of hardiness in nightshift nurses is particularly relevant given the stressful nature of their work. Hardiness may mitigate the negative effects of nightshift work by providing nurses with the psychological tools to perceive potential stressors as less threatening and more as opportunities for personal growth.<sup>8</sup> Hardiness can transform potentially harmful stress into a manageable challenge, promoting improved mental health outcomes and job performance.<sup>9</sup> Existing research has explored various aspects of hardiness in nurses, demonstrating its protective role against stress and its facilitation of happiness and well-being.<sup>9,10</sup> One study demonstrated nurses with higher levels of hardiness report better psychological well-being and lower levels of burnout.<sup>11</sup> Moreover, hardiness has been linked to better shift work tolerance (SWT), suggesting nurses with a high level of hardiness can adapt to the demanding schedules that characterize night shift work.<sup>9</sup> Understanding hardiness will provide insight into how hardiness could be leveraged to improve outcomes in the nursing workforce.

**HISTORY**

The concept of hardiness in nursing research has a rich history dating back to 1979 when Suzanne C. Kobasa introduced it as a personality attribute that helped managers and executives remain healthy under stress. Salvatore Maddi and Kobasa further developed the concept of hardiness in the 1980s at the University of Chicago. Early studies in the 1980s and 1990s examined hardiness as a protective factor against stress and burnout in nurses. Researchers, such as Lambert and Lambert (1999), found that hardiness had beneficial effects of reducing burnout and increasing nurses' resistance to stress.<sup>12</sup> The 1990s and 2000s saw the development of various hardiness measurement tools, including the widely used Dispositional Resilience Scale by Bartone (2007) and the later Occupational Hardiness Questionnaire by Moreno-Jiménez and colleagues (2014).<sup>5,13</sup>

The original theory of hardiness, and commonly referenced, is that proposed by Kobasa, which is founded on the 3 core components of commitment, control, and challenge. Commitment involves a deep sense of involvement in life's activities, where individuals actively engage with their surroundings and find meaning in their experiences. Control reflects the belief that one can influence events and outcomes through personal effort, with individuals perceiving themselves as capable of shaping their destiny rather than being passive victims of circumstance. Challenge represents the perception of change and new experiences as opportunities for growth rather than threats, leading individuals to embrace change and adapt positively. The 3 interconnected components form the basis of Kobasa's conceptualization of hardiness as a personality attribute that enables individuals to remain resilient in the face of stress and adversity. Hardiness is a unified construct that integrates cognitive, emotional, and behavioral elements aimed not only at survival but also at enriching life through personal development.<sup>12,14</sup>

Hardiness quickly gained traction in nursing literature due to its potential to enhance nurses' resilience and overall well-being. A critical analysis of hardiness in nursing highlighted its widespread appeal and the need for careful examination and application in nursing research.<sup>15</sup> From the 2000s to 2010s, research expanded to explore

hardiness in relation to various factors in nursing, such as job satisfaction and coping strategies within various nursing specialties. Recent developments, particularly during the coronavirus disease of 2019 (COVID-19) pandemic, have shown fluctuations in nurses' hardiness levels, with decreases observed among those directly caring for COVID-19 patients.<sup>16</sup> However, hardiness continues to be identified as a crucial protective factor against stress and burnout in nursing. Currently, hardiness is recognized as essential for nurses' abilities to cope with adversity, characterized by the 3 variables of commitment, control, and challenge. There is growing interest in developing interventions and training programs to enhance hardiness among nurses, reflecting the ongoing relevance of the construct of hardiness in addressing the challenges faced by health care professionals in high-stress environments.

## DISCUSSION

The research on hardiness specifically in night shift nurses is limited, particularly concerning the attribute of hardiness and its impact on their ability to cope with the unique stressors associated with night shift. However, there are highlighted key areas as it relates to hardiness in nurses: psychological factors, health considerations, SWT, and implications for nursing practice.

### *Psychological Factors*

---

Hardiness has been studied extensively in relation to stress resilience and coping, particularly among nurses and shift workers. Multiple studies found hardiness is a protective factor against stress, burnout, and negative mental health outcomes. Saksvik-Lehouillier and colleagues (2016) conducted a 2-year longitudinal study of Norwegian nurses and found hardiness, particularly the *commitment* dimension, could predict lower levels of fatigue, anxiety and depression over time among shift-working nurses. Nursing requires a unique combination of emotional intelligence and psychological hardiness.<sup>10</sup> Hassan and Alwan (2023) established having the attribute of hardiness is associated with better coping strategies, higher job satisfaction, and lower burnout rates among nurses. Also, nurses with higher levels of hardiness tend to perceive stressful situations as less threatening, which enhances their overall happiness and job satisfaction.<sup>17</sup> Abdollahi and colleagues (2014) stressed it is important to explore the interplay between personal attributes, stress level, and psychometric symptoms among nurses as they have one of the most sensitive jobs in society. Abdolkarimi and colleagues (2024) revealed psychological factors, such as hardiness and perfectionism, are influencing parameters on occupational stress and impact the efficiency and effectiveness of nurses in working environments.

Emotional intelligence (EI) has been found to correlate positively with hardiness among nurses. A study in Baghdad found nurses with higher levels of EI also had higher levels of psychological hardiness, suggesting that EI can enhance hardiness and coping abilities in stressful work environments.<sup>10</sup> Anxiety negatively affects hardiness, especially in nurses with longer service, emphasizing the need for interventions to address anxiety and maintain hardiness levels.<sup>16</sup> In a study with medical students, White and colleagues (2020)<sup>18</sup> demonstrated higher levels of hardiness and EI may protect individuals against burnout symptoms. Limited studies examined night shift nurses in the context of hardiness with most research focusing on psychological outcomes within the context of resilience and shiftwork or resilience and night shift. In an integrative review, Tahghighi and colleagues (2017)<sup>19</sup> boldly stated more studies are required to compare psychological outcomes and hardiness in nurses who are shift workers.

### **Health Considerations**

---

In the demanding field of nursing, fostering hardiness is essential for maintaining both mental and physical health amid constant stress and high-pressure situations. Bartone and Roche (2023) found hardiness is linked to better health in both terms of symptoms reported and hospitalizations. An individual's overall health is directly linked to their level of hardiness. Hosseini and colleagues (2022)<sup>20</sup> acknowledged the link between hardiness and health, concluding that increasing hardiness and its subscales can reduce symptoms of illness and burnout.

Personal well-being plays a crucial role in developing and maintaining hardiness among nurses. Taking care of one's physical health through proper nutrition, exercise, and sleep contributes to overall hardiness by improving energy levels and cognitive function.<sup>21</sup> Nurses who maintain good personal well-being tend to have a more positive outlook, which aligns with the *challenge* component of hardiness—seeing difficulties as opportunities for growth rather than threats.<sup>22</sup> Søvdal and colleagues (2021)<sup>23</sup> discussed the value in self-care strategies, evidence-based interventions, and organizational measures that will protect and support mental health and well-being of all health care workers. Nurses' well-being has impacts on nurses, patients, health care organizations, and overall society. When considering the individual nurse, well-being enhances their physical and mental health, increasing joy and meaning in their work, boosting professional satisfaction, and fostering greater engagement with their job.<sup>22</sup>

Research suggests hardiness acts as a buffer against the negative health effects commonly associated with the nursing profession's high-stress environment.<sup>24</sup> Abdolkarimi and colleagues (2024) found hardiness to positively correlate with general health and well-being, validating those nurses with higher levels of hardiness experience less work-related stress, emotional exhaustion, anxiety, depression, and somatic complaints. Research findings linking health to level of hardiness highlight the importance of fostering hardiness through supportive workplace environments, stress management training, and promoting physical and mental well-being among nurses to ensure their health and effectiveness in patient care.

### **Shift Work Tolerance**

---

Despite the limited number of studies, research comparing the relationship between hardiness and SWT highlights several key findings. SWT varies significantly across professions, genders, and work schedules. For occupational differences, police employees generally exhibit higher SWT compared to other professions. With the police, the difference is attributed to the distinct nature of their jobs and the varying levels of autonomy, competence, and relatedness experienced in their roles.<sup>6</sup> Men tend to have higher SWT than women, which could be due to biological and social factors.<sup>6</sup> Finally, day workers often report better SWT compared to those on rotating or night shifts, primarily due to the impact of shift work on sleep patterns and circadian rhythms.<sup>6</sup> In an early study, hardiness appeared to be a more significant predictor of SWT in nurses than psychosocial variables including role conflict, social support, and fair leadership.<sup>25</sup> Saksvik-Lehouillier et al. (2016) found that the subfactor of commitment could predict level of fatigue over a 1-year period and anxiety and depression over 2 years. In contrast, the challenge subfactor was linked to the individual's level of anxiety over 1 year, while control was not associated with SWT. There is a scarcity of research studies specifically focusing on SWT and hardiness among night shift nurses. However, Degenfellner and Schernhammer (2021) found that, after consolidating prior findings, higher levels of hardiness are consistently associated with SWT. Booker and

colleagues (2018) found older age, being a morning-type, having circadian flexibility, being married or having children, increased caffeine intake, higher neuroticism scores, and lower hardiness were associated with a higher risk of sleep-related impairment due to shift work.

### ***Implications for Practice and Work Environments***

---

Issues with retaining nurses are neither new nor confined to a single field, and the factors influencing retention, specifically in acute care, are complex and multifaceted including a global shortage, aging workforce, and burnout. The work environment and available support systems significantly influence hardiness levels among nurses. Hardy individuals possess a greater sense of control over their environment, which aids them in dealing with stressful events and situations.<sup>2</sup>

Hardiness as a characteristic is particularly relevant in the context of nursing, as existing literature reveals nursing work environments in different countries and specialties can vary significantly, potentially increasing nurses' vulnerability to stress and mental distress.<sup>26</sup> Supportive leadership, team cohesion, and access to professional development opportunities can enhance hardiness by fostering a sense of control and commitment.<sup>27</sup> Conversely, environments with high role conflict and inadequate support can diminish hardiness levels, leading to increased stress and burnout.<sup>27</sup> Søvold and colleagues (2021)<sup>23</sup> examined the negative effects of work-related crises on health care workers' mental health and stressed the critical need to safeguard their wellbeing during challenging work conditions.

Key elements of an healthy work environment (HWE) include skilled communication, authentic leadership, meaningful recognition, effective decision making, appropriate staffing, and true collaboration.<sup>28–30</sup> These elements of HWE significantly influence nurse outcomes such as work engagement, job satisfaction, and burnout levels.<sup>31</sup> Hardiness levels vary across nursing specialties due to unique demands, with hardy individuals demonstrating greater resilience in high-stress environments.<sup>32</sup> Although not a nursing specialty, the same considerations apply to night shift nurses, who often have limited access to resources and support compared to their day shift counterparts. Limited resources can vary within hospitals and include reduced availability of supervisory support, professional development opportunities, and fewer chances for collaboration and teamwork. The lack of supportive elements on night shift can hinder the development and maintenance of hardiness, as nurses may feel isolated and undervalued.<sup>33</sup> Recent research suggests implementing supportive leadership practices, fostering collaboration, providing professional development opportunities, and developing resilience-focused programs enhancing work environments and promoting hardiness.<sup>34</sup>

### **SUMMARY**

This comprehensive clinical review highlights 4 key areas including psychological factors, health considerations, SWT, and implications for nursing practice. Hardiness is essential for maintaining mental and physical health in the high-stress field of nursing. Hardiness is a significant predictor of SWT in nurses, more so than psychosocial variables.<sup>25</sup> Although the concept of hardiness has been explored in nursing, there is limited research specifically focused on night shift nurses, thus research is essential in closing the gap in this area. Understanding and fostering hardiness in nurses who work fixed night shift is essential for improving their ability to cope with the unique stressors of night shifts, ultimately enhancing their health, job satisfaction, and retention in the profession.

**CLINICS CARE POINTS**

- Hardiness serves as a buffer against negative health effects common in high stress nursing environments, reducing symptoms of illness, burnout, and psychosomatic complaints.
- Hardiness is associated with greater shift work tolerance; nurses with higher hardiness adapt better to the physical and psychological demands of night shift work, including circadian rhythm disruptions and fatigue.
- Failing to recognize the role of hardiness in nurse retention may contribute to ongoing workforce shortages and increased turnover in high-stress nursing specialties.
- There is a scarcity of research specifically focused on hardiness among night shift nurses, indicating a gap in targeted interventions and understanding of their unique needs.

**DISCLOSURE**

The author has nothing to disclose.

**REFERENCES**

1. Albakri UA-O, Smeets N, Kant I, et al. Strategies that nurses working irregular night shifts use to improve sleep quality: a qualitative study among good and poor sleepers. *BMC Nurs* 2024;80(5):2038–50.
2. Al-Hrinat J, Al-Ansi AM, Hendi A, et al. The impact of night shift stress and sleep disturbance on nurses quality of life: case in Palestine red crescent and Al-Ahli Hospital. *BMC Nurs* 2024;23(1):24.
3. Bartone PT, McDonald K, Hansma BJ. Hardiness and burnout in adult U.S. workers. *J Occup Environ Med* 2022;64(5):397–402.
4. Bartone PT, Roche R. Sex differences in hardiness, coping, and health in new west point cadets. *Mil Psychol* 2023;1–9. <https://doi.org/10.1080/08995605.2023.2220643>.
5. Moreno-Jiménez B, Rodríguez-Muñoz A, Garrosa Hernández E, et al. Development and validation of the occupational hardiness questionnaire. *Psicothema* 2014;26(2):207–14.
6. Saksvik-Lehouillier I, Sørengaard TA. Comparing shift work tolerance across occupations, work arrangements, and gender. *Occup Med* 2023;73(7):427–33.
7. Oral M, Karakurt N. The impact of psychological hardiness on intolerance of uncertainty in university students during the COVID-19 pandemic. *J Community Psychol* 2022;50(8):3574–89.
8. Gil-Almagro F, García-Hedraera FJ, Carmona-Monge FA-OX, et al. From anxiety to hardiness: the role of self-efficacy in Spanish CCU nurses in the COVID-19 pandemic. *Medicina (Kaunas, Lithuania)* 2024;60(2):215.
9. Abdollahi A, Abu Talib M, Fau - Yaacob SN, et al. Hardiness as a mediator between perceived stress and happiness in nurses. *J Psychiatr Ment Health Nurs* 2014;21(9):789–96.
10. Hassan NA, Alwan IH. Emotional intelligence and its relationship to psychological hardiness among nurses. *Clin Schizophrenia Relat Psychoses* 2023;17S(3):1–4.
11. DePew CL, Gordon M, Fau - Yoder LH, et al. The relationship of burnout, stress, and hardiness in nurses in a military medical center: a replicated descriptive study. *J Burn Care Rehabil* 1999;20(6):515–22.
12. Lambert CE Jr, Lambert VA. Psychological hardiness: state of the science. *Holist Nurs Pract* 1999;13(3):11–9.

13. Bartone PT. Test-retest reliability of the dispositional resilience scale-15, a brief hardiness scale. *Psychology Reports* 2007;101(3 Pt 1):943–4.
14. Kamtsios S. The interplay of academic hardiness, passion for studies and affective experiences in undergraduates' happiness and GPA scores: a person-oriented approach. *Psychol Stud* 2023;68(3):359–73.
15. Jennings BM, Staggers N. A critical analysis of hardiness. *Nurs Res* 1994;43(5):274–81.
16. Baldassini Rodriguez S, Bardacci Y, El Aoufy K, et al. Promoting and risk factors of nurses' hardiness levels during the COVID-19 pandemic: results from an Italian cohort. *Int J Environ Res Publ Health* 2022;19(3). <https://doi.org/10.3390/ijerph19031523>.
17. Booker LA, Magee M, Rajaratnam SMW, et al. Individual vulnerability to insomnia, excessive sleepiness and shift work disorder amongst healthcare shift workers. A systematic review. *Sleep Med Rev* 2018;41:220–33.
18. White A, Zapata I, Lenz A, et al. Medical students immersed in a hyper-realistic surgical training environment leads to improved measures of emotional resiliency by both hardiness and emotional intelligence evaluation. *Front Psychol* 2020;11:569035.
19. Tahghighi M, Rees CS, Brown JA, et al. What is the impact of shift work on the psychological functioning and resilience of nurses? An integrative review. *J Adv Nurs* 2017;73(9):2065–83.
20. Hosseini SM, Hesam S, Hosseini SA. Relationship of hardiness components to general health, spiritual health, and burnout: the path analysis. *Iran J Psychiatry* 2022;17(2):196–207.
21. Wickham SR, Amarasekara NA, Bartonicek A, et al. The big three health behaviors and mental health and well-being among young adults: a cross-sectional investigation of sleep, exercise, and diet. *Front Psychol* 2020;11:579205.
22. Hassmiller SB, Wakefield MK. The future of nursing 2020-2030: charting a path to achieve health equity. *Nurs Outlook* 2022;70(6 Suppl 1):S1–9.
23. Søvold LE, Naslund JA, Kousoulis AA, et al. Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. *Front Public Health* 2021;9:679397.
24. Abdolkarimi M, Sadeghi-Yarandi M, Sakari P. Investigating the relationship between personality traits of hardiness and perfectionism with stress and psychosomatic symptoms: a cross-sectional study among nurses in Iran. *BMC Psychol* 2024;12(1):323.
25. Saksvik-Lehouillier I, Bjorvatn B, Magerøy N, et al. Hardiness, psychosocial factors and shift work tolerance among nurses - a 2-year follow-up study. *J Adv Nurs* 2016;72(8):1800–12.
26. Zakeri MA, Ghaedi-Heidari F, Khaloobagheri E, et al. The relationship between nurse's professional quality of life, mindfulness, and hardiness: a cross-sectional study during the COVID-19 outbreak. *Front Psychol* 2022;13:866038.
27. Ali N, Husseian I. The predictive role of sociodemographic factors in nurses' psychological hardiness. *Iraqi National Journal of Nursing Specialties* 2023;36:44–7.
28. American Association of Critical Care Nurses. Healthy work environments. 2024. Available at: <https://www.aacn.org/nursing-excellence/healthy-work-environments>.
29. Kester K, Pena H, Shuford C, et al. Implementing AACN's healthy work environment framework in an intensive care unit. *Am J Crit Care* 2021;30(6):426–33.
30. Lake ET, Sanders J, Duan R, et al. A meta-analysis of the associations between the nurse work environment in hospitals and 4 sets of outcomes. *Med Care* 2019;57(5):353–61.

31. Kelly LA, Gee PM, Butler RJ. Impact of nurse burnout on organizational and position turnover. *Nurs Outlook* 2021;69(1):96–102.
32. Mazzella Ebstein AM, Sanzero Eller L, Tan KS, et al. The relationships between coping, occupational stress, and emotional intelligence in newly hired oncology nurses. *Psychooncology* 2019;28(2):278–83.
33. Weaver SH, de Cordova PB, Vitale TR, et al. Experiences and perceptions of nurses working night shift: a qualitative systematic review. *JBIM Evid Synth* 2022; 1(21):33–97.
34. Wei H, Sewell KA, Woody G, et al. The state of the science of nurse work environments in the United States: a systematic review. *Int J Nurs Sci* 2018;5(3):287–300.