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How to Promote RESILIENCE?

Visiting Medical Education Scholar Webinar | Faculty of Medicine, Mahidol University

TODAY'S FOCUS





Brittle describes something that is fragile and prone to breaking

Anxious reflects a state of worry or unease

Non-linear refers to processes that do not follow a straightforward path

Incomprehensible indicates something that is difficult to understand

Embracing these forces, medical education can prepare future healthcare professionals for a transformative future

BRITTLE ← RESILIENCE

ANXIOUS

WELL-BEING

NON-LINEAR ← → FORESIGHT

INCOMPREHENSIBLE
ACCESSIBLE

The Evolution of Resilience Concepts

1st Wave

Resilience is seen as a stable trait

A consistent characteristic, demonstrated through repeated observations of positive accomplishments in individuals identified as "survivors," "stress-resistant," or "resilient.



2nd Wave

Resilience is seen as a dynamic process

Resilience development through the process of coping with adversities that results in a better outcome.



3rd Wave

Resilience is seen as multiple dynamic processes that shape resilience development

Identification of the forces that drive individuals to resilience reintegration.



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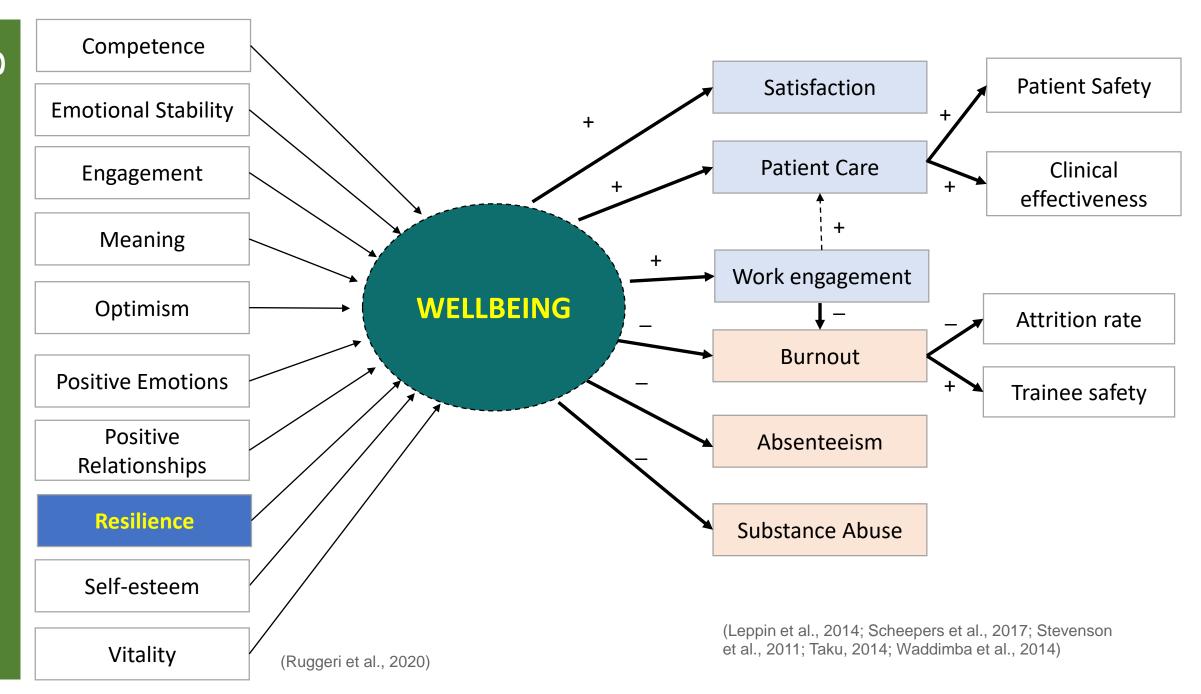
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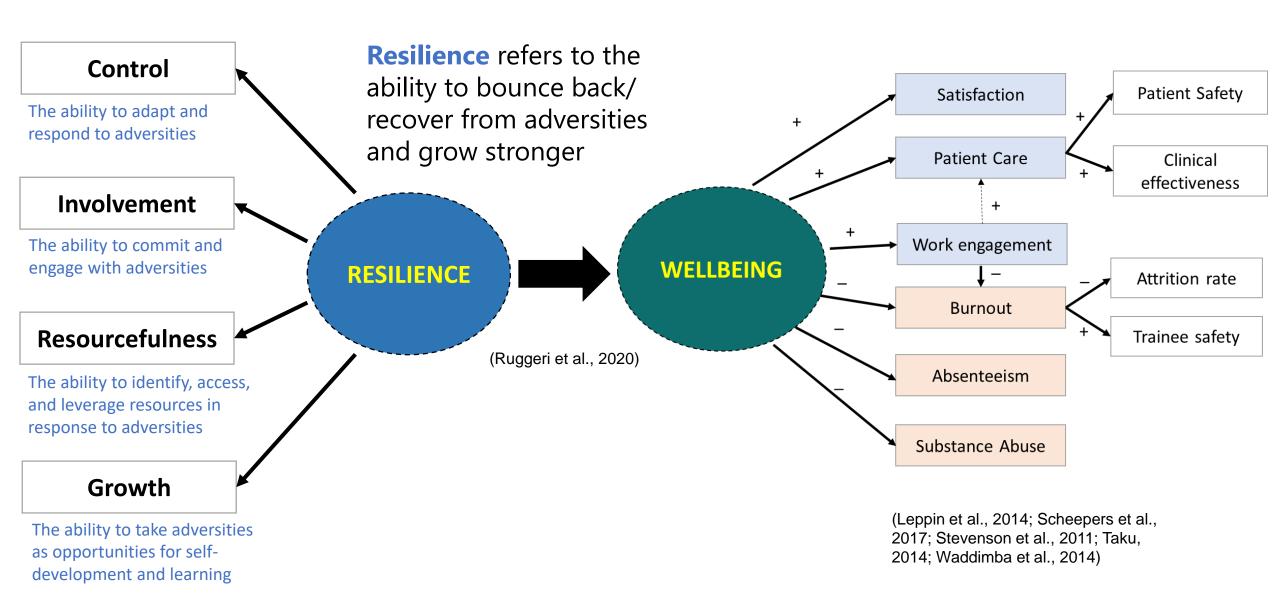
Received: 12-07-2021 Accepted: 15-11-2021 Online: 30-03-2022 Evolution of Resilience Construct, Its Distinction with Hardiness, Mental Toughness, Work Engagement and Grit, and Implications to Future Healthcare Research

Nurhanis Syazni Roslan¹, Muhamad Saiful Bahri Yusoff¹, Karen Morgan^{2,3}, Asrenee Ab Razak^{4,5}, Nor Izzah Ahmad Shauki⁶

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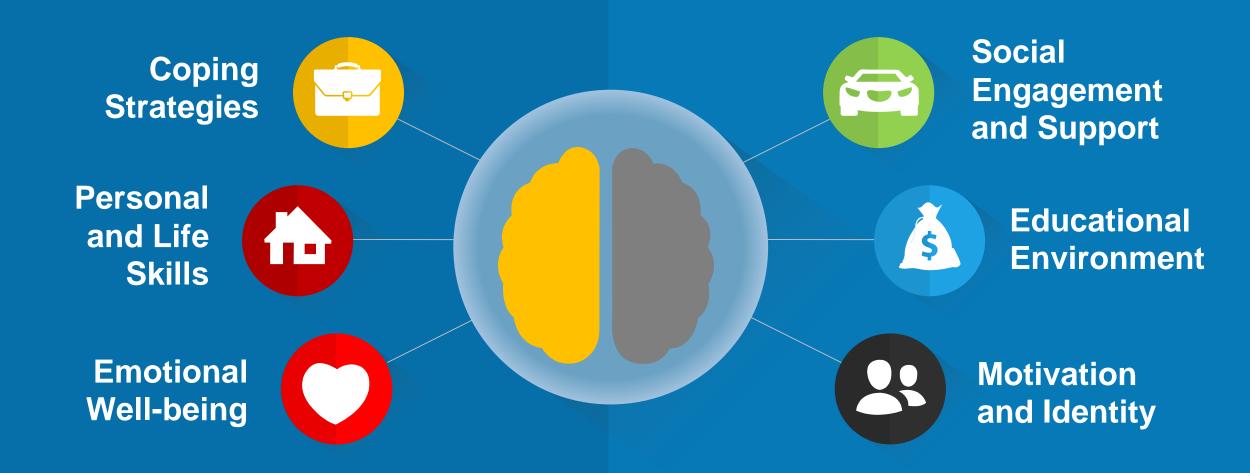
Figure 1: Relationship between resilience and related concepts.





(Wadi et al, 2020, Rahman et al, 2021)

Six Contributing Factors to Resilience





Coping Strategies

Increased Resilience

Flexibility & involvement (Neumann et al., 1990)

Positive attitude & feeling toward challenges (Cazan, 2015)

Task-oriented coping (Watson et al., 2008)



Reduced Resilience

Emotion-oriented coping (Watson et al., 2008)

Avoidance coping (Gibbons, 2010)



Personal and Life Skills

Increased Resilience

Self-efficacy (Neumann, 1990; Yang, 2004; Gibbons, 2004; Yang et al., 2005, Cazan, 2015)

Commitment & compassion (Neumann, 1990; Kyeong, 2013)

Positive life events (Dyrbye et al., 2009, 2010; Capri et al., 2012)

Dispositional control, self-esteem • & self-oriented perfectionism (Gibbons, 2010; Skodova, 2013; Chang et al, 2015)

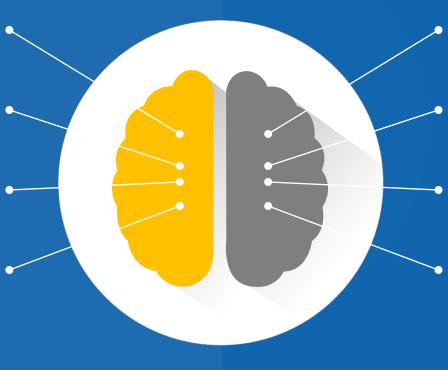
Reduced Resilience

Negative life events (Dyrbye et al., 2006; Dyrbye et al, 2009)

Intention to leave the course or profession (Dyrbye et al., 2009; Moneta, 2011)

Lack of confidence in skills (Chang et al., 2015)

Negative self-judgment – being harsh to self in time of suffering (Beaumont, 2016)





Emotional Well-being

Increased Resilience

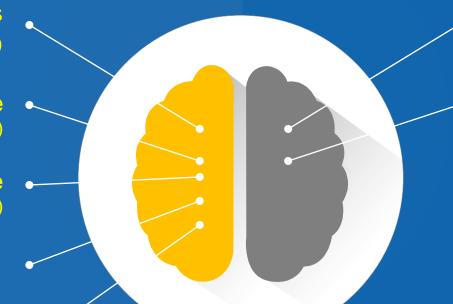
Psychological wellbeing - less stress (Dyrbye et al., 2010; Kyeong, 2013)

Less fatigue (Dyrbye et al., 2010)

Emotional intelligence (Cazan, 2015)

Vacation days (Howard-Hamilton et al., 1998)

High sleep quality (Rella et al., 2008)



Reduced Resilience

Low motivation to learning (Tukaev et al., 2013)

Unfavorable stress (Watson et al., 2008)



Social Engagement and Support

Increased Resilience

Support uplifts (Gibbon, 2010)

Social support (Dyrbye et al., 2010; Yeang, 2004; Yang & Farn, 2005)

Engage with social activities (Fares et al., 2016)

Music-related activities (Fares et al., 2016)

Femininity – sex-role socialization (Atalayin et al., 2015)

Reduced Resilience

Lack of social integration & competence (Pohlmann et al., 2005)

In an unhealthy relationship (Fares et al., 2016)

Living with relative (Fares et al., 2016)

Socially prescribed perfectionism (Chang et al., 2015)

Living away from family (Atalayin et al., 2015)



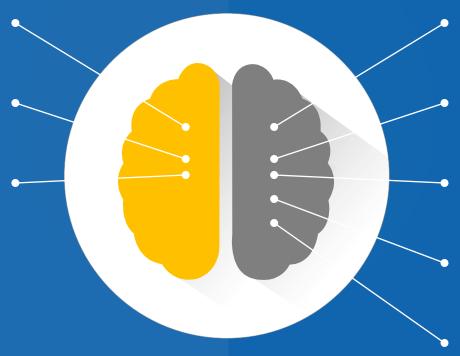
Educational Environment

Increased Resilience

Psychological need satisfaction – autonomy, competence & relatedness (Sulea et al., 2015)

Academic satisfaction (Atalayin et al., 2015)

Positive learning climate (Dyrbye et al., 2009)



Reduced Resilience

High course load (Yang, 2004; Pohlmann, 2005)

Hospital ward rotation, overnight call & placement hassles (Dyrbye et al., 2009; Gibbons, 2010)

Excessive workload (Atalayin et al., 2015; Pohlmann, 2005)

Dissatisfaction with learning support (Dyrbye et al., 2009; Chang et al., 2015)

Course organization, teaching & learning hassles (Gibbons, 2010)



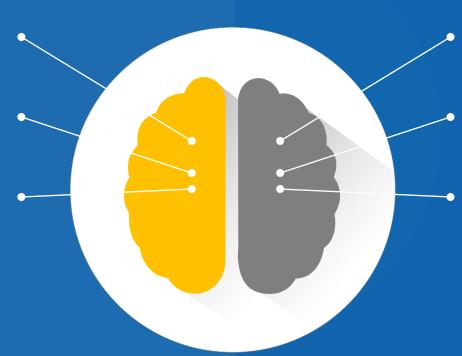
Motivation and Identity

Increased Resilience

Intrinsic motivation (Pisarik, 2009)

Need for achievement (Moneta, 2011)

Learning motivation (Cazan, 2015)



Reduced Resilience

Amotivation & external regulation (Pisarik, 2009)

Extrinsic motivation (Chang et al., 2015)

The choice of a specialty with a high income (Enoch et al., 2013)

Academic stress directly contribute .20 Neuroticism Academic Stress to psychological distress & burnout .38 Anxiety Personal Burnout .34 Burnout Psychological Work_Burnout Overall **Distress** -.39 Depression Client_Burnout (e3) .30 **Emotional** El is a protective **El positively** Intelligence factor for burnout contributed to (reduce burnout) 1.07 resilience (Trigueros **(**e10) et al, 2020) 1.14 Personal Competence Social Competence

Fig. 2 Structural equation modelling (standardised estimates) for the mediating effects of academic stress, neuroticism, and emotional intelligence on the psychological distress-burnout relationship. (e = error; the decimal value estimates contribution of an item to the construct's variance)

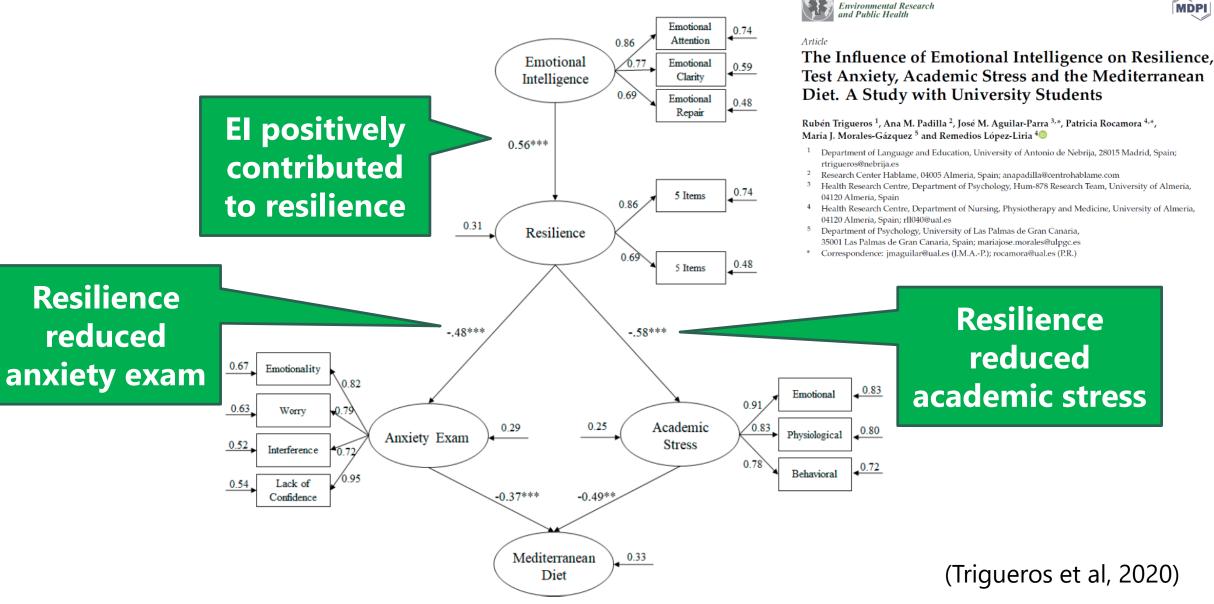
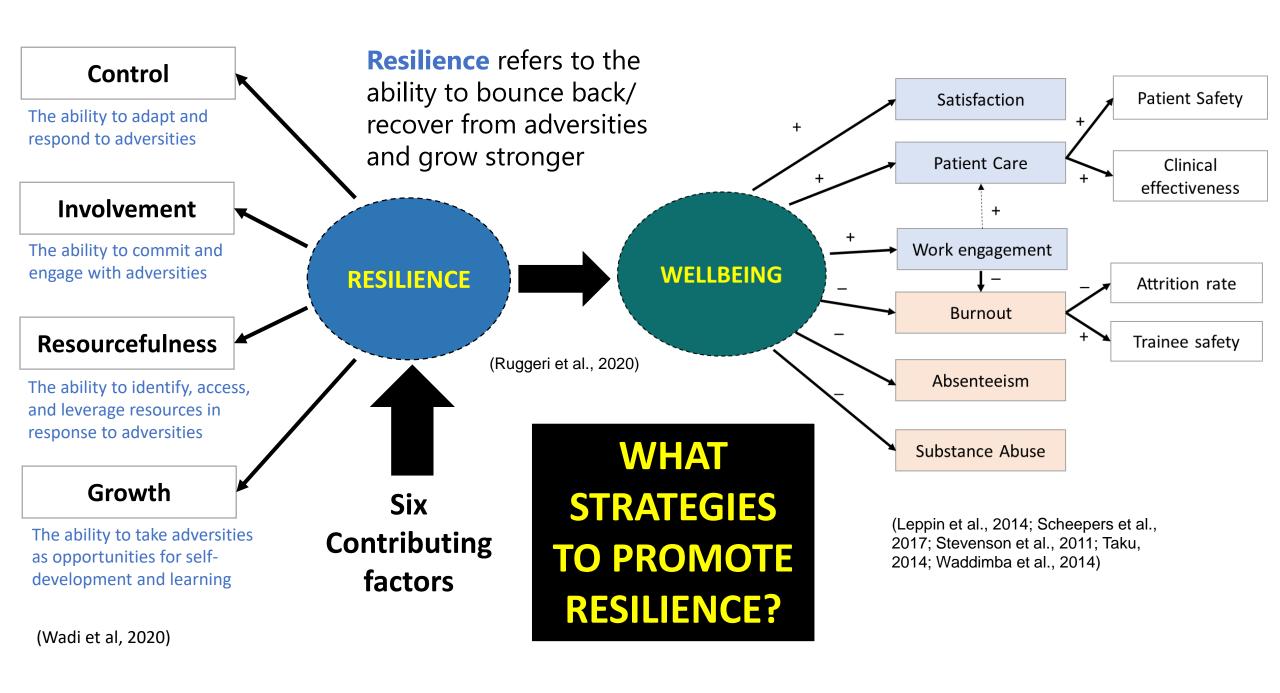


Figure 3. Relationship between variables through a structural equation model (SEM). All the relationships are significant, showing the variance on the small arrows. Note: *** p < 0.001; ** p < 0.01.

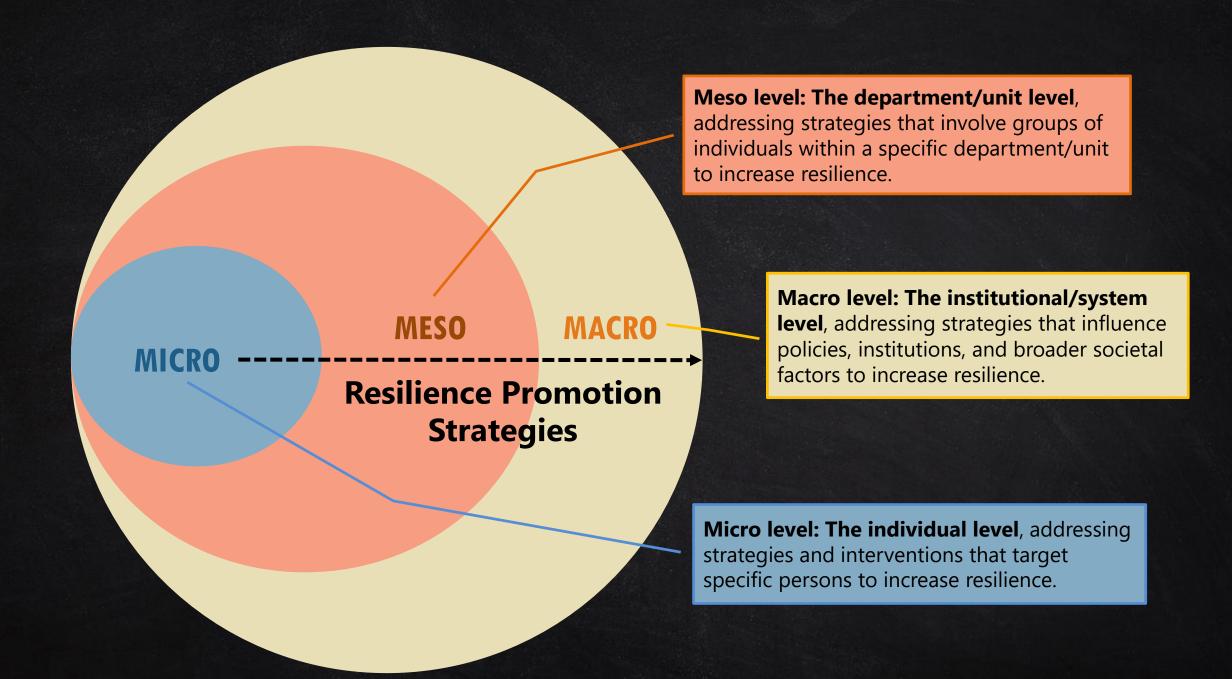
MDPI

Test Anxiety, Academic Stress and the Mediterranean

International Journal of







A Resilience Promotion Strategy Framework

Resilience
promotion is
interconnected at all
levels; efforts at one
level can positively
impact others.

Macro level (Institutional/System):

- Social safety nets
- Counseling services
- Accessible wellbeing centers
- Cultivate supportive relationships
- Wellbeing policies and campaigns

Meso level (Departmental):

- Incorporate feedback loops
- Promote social connectedness
- Flexible work/study arrangement
- Establish peer support network/group
- Professional development opportunities

'Clients as Partners'

Clients act as contributor, supporter or advocator for policies and campaigns that promote resilience at the institutional or wider level.

Engage clients in the development of resilience promotion strategies. Get feedback from them on the effectiveness of the efforts.

Micro level (Individual):

- Coping skills
- Resilience skills
- Emotional intelligence
- Stress management skills

Collaboratively develop resilience plans with individual client. Involve them in decision-making processes regarding their well-being.

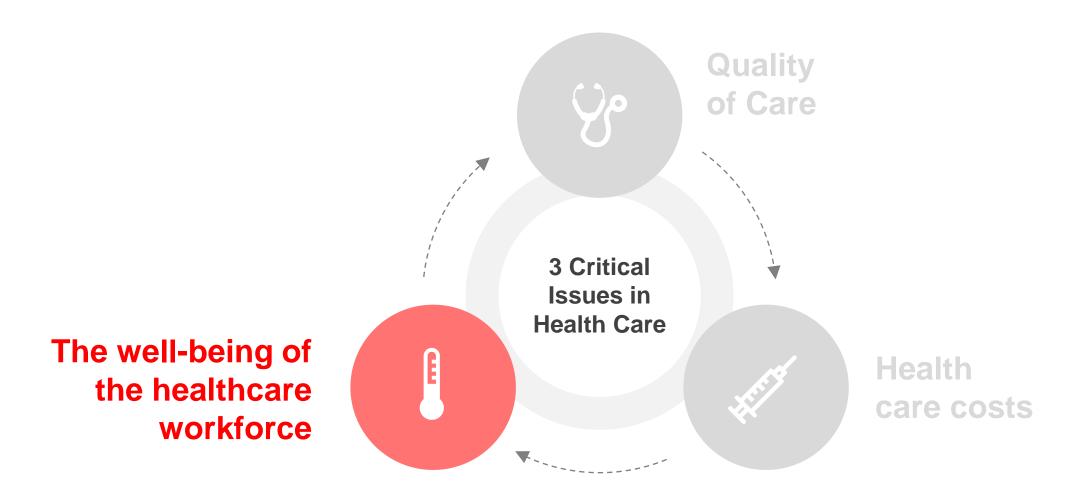
Implications on Medical Education Facets



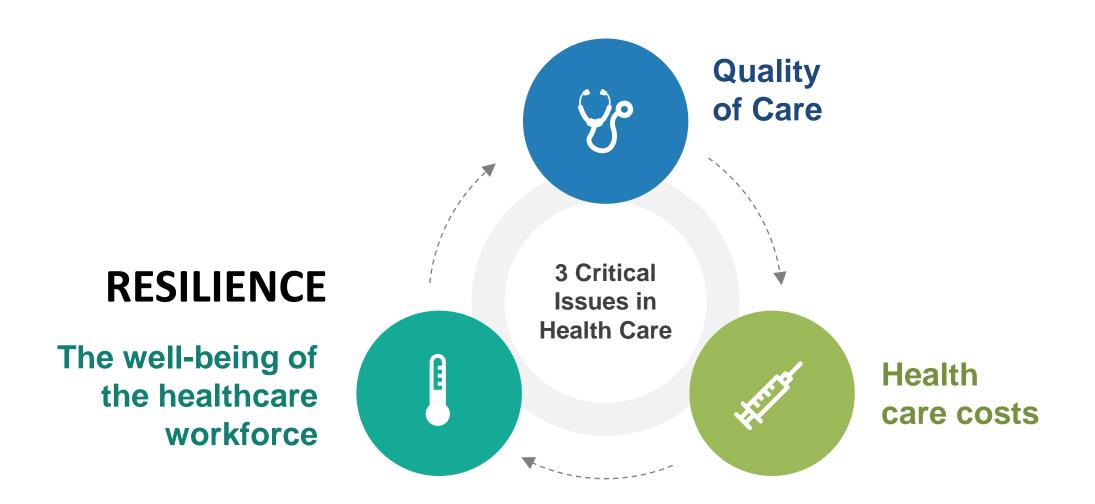
Implications on Medical Education Facets



Changes in these facets can affect the others



Changes in these facets can affect the others



Effectiveness of universal programmes for the prevention of suicidal ideation, behaviour and mental ill health in medical students: a systematic review and meta-analysis

Katrina Witt, 1,2 Alexandra Boland, Michelle Lamblin, Patrick D McGorry, 2,3 Benjamin Veness, ⁴ Andrea Cipriani, ⁶ Keith Hawton, ⁵ Samuel Harvey, ⁶ Helen Christensen. 6 Jo Robinson 2

 Additional material is published online only. To view please visit the journal online

Clinical School Monash

for Excellence in Youth Mental lealth, University of Melbourne, Melbourne, Victoria, Australia Victoria, Australia University of Oxford, Oxford, UK Black Dog Institute, Sydney,

Correspondence to

Question A growing body of work suggests that medical students may be particularly at risk of mental ill health, suicidal ideation and behaviour, resulting in recent calls to develop interventions to prevent these outcomes. However, few reviews have synthesised the current evidence base regarding the effectiveness of these interventions and provided guidance to improve future intervention efforts.

Study selection and analysis The authors conducted a systematic review to identify studies of any design reporting the effectiveness of any universal intervention to address these outcomes in medical students. Embase, MEDLINE and PsycINFO databases were searched from their respective start dates until 1 December 2017.

Findings Data from 39 studies were included. Most investigated the effectiveness of relatively brief interventions designed to reduce stress; most commonly using mindfulness-based or guided meditation approaches. Only one implemented an intervention

What is already known about this subject?

- Higher rates of suicidal ideation and attempted suicide have been reported in medical students as compared with age-matched members of the general population.
- Medical students face a unique range of personal and professional stressors.
- ▶ However, medical students are less likely to access services despite better knowledge of appropriate treatment options for mental illness

What are the new findings?

- Relatively brief mindfulness-based stress management interventions may be effective in reducing anxiety, depression and stress in medical students in the short term.
- Despite recent concerns around suicide rates



Journal of Affective Disorders

Volume 257, 1 October 2019, Pages 568-584



stress.

A systematic review of prevention programs targeting depression, anxiety, and stress in university students

Leslie R. Rith-Najarian a R Maya M. Boustani b, Bruce F. Chorpita a

Show more

https://doi.org/10.1016/j.jad.2019.06.035

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The DEAL Program

Single four-hour workshop Psychoeducational and Problemoriented Stress Management **Program**

Session one - psychoeducation on stress, stressors, and coping mechanisms Session two - learning problem-solving techniques and coping strategies to manage

Session three - group-based exercises to practice these strategies

Session four - sharing experiences

(Rith-Najarian et al, J Affective Disorder, 2019; 257, 568-584; Witt K, et al. Evid Based Mental Health, BMJ, 2019;22:84–90)



TEACHING DELIVERY AWARD

Past Winner Teaching Delivery Award: Universiti Sains Malaysia, Malaysia





Project: Promoting Resilience and Preventing Burnout in Medical Students through the DEAL-Based Practice

Participants in the DEAL-based practice program acquire greater insight about personal ability to handle problems via self-awareness, experience, and conscious effort that allows problems to be handled in effective ways. Eventually, students achieve autonomy by developing the skills necessary efficiently deal with common problems faced in a tertiary education environment. www.usm.my









The award goes to

Professional Resilience Skill Training (Pro-ReST): An evidence-based and feasible educational module.

Nurhanis Syazni Roslan











GMT 110: Medical Professionalism

2 credit unit

Coordinator:

Dr Nurhanis Syazni Roslan

(Dept of Medical Education)

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Describe the principles of medical

Incorporate the **DEAL-based** RESILIENCE TRAINING into this course.



professionalism perspective.

Book Title:

The DEAL Practice – Cultivating Resilience in University Students

MUHAMAD SAIFUL BAHRI YUSOFF

Accepted for publication on 29 September 2021 by Penerbit USM, Pulau Pinang, Malaysia



Teach students to detect problems early and have positive perception/attitude/believe toward it.

#01
DETECTION
of stressor

#02

EVALUATION of stressor

Teach students to appraise problems positively and appropriately



Teach students to learn from the problems through reflection for self-improvement



#04

EARNING through selfreflection #03

ACTION

toward stressor

Teach students to cope with problems positively







According to this principle, to manage stress effectively individuals should have:

- 1) knowledge and awareness about the signs and symptoms of psychological distress;
- 2) knowledge and awareness about the potential stressors in their context;
- 3) knowledge about the effective coping strategies to handle the stressors.





According to this principle, to manage stress effectively individuals should:

- 1) learn to filter and prioritise stressors into priority based on its impact and urgency, hence appropriate solutions can be generated to handle the main and real stressors;
- 2) have healthy and positive perception towards the stressors because only a few will be the main and real stressors.





According to this principle, to manage stress effectively individuals should

- 1) use the best coping strategies to handle specific stressors;
- 2) practice coping strategies that best work in specific context;
- 3) develop personal positive coping strategies, hence similar stressors can be effectively handled in future.





According to this principle, to manage stress effectively individuals should:

- 1) learn from various stressors that provide different learning experience;
- 2) reflect on the insight gained as a result of previous stressor encounter;
- ask what else could be done to deal with a particular stressor in better ways;
- 4) use it as a self-evaluation mechanism to enhance own ability to manage stress that is well-suited with personal need, believe and context.

Quantitative Data



Reduced distress

Reduced depression

Reduced denial

Reduced self-blame

Reduced perceived academic stress

Perceived as a very useful, relevant, applicable and feasible educational strategy

Improved coping ability

To apply DEAL approach in dealing with adversities

(Yusoff et al., 2013; Yusoff & Esa, 2015; Yusoff et al., 2015)

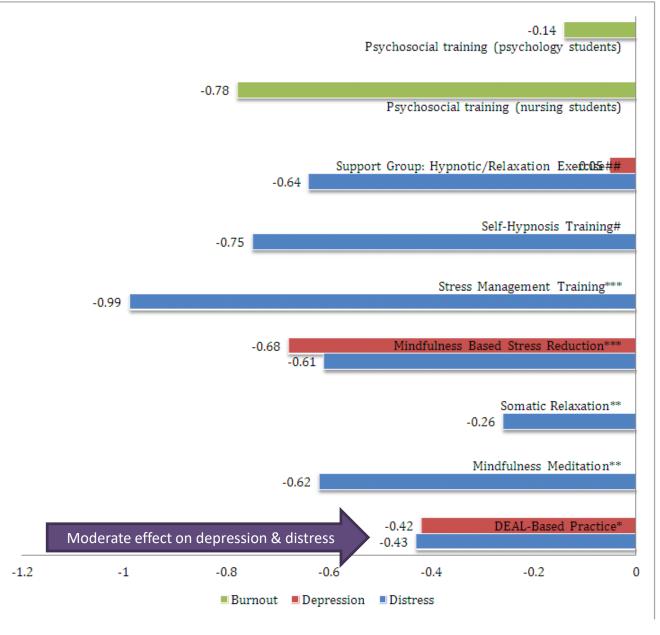
"Excellent and unexpected!! I think it will be bored like only motivation class, but it was totally wrong at all. And now, I know the level of my stress and how to cope with it." Student A

"Gained a lot of knowledge what exactly stress and how to cope with it. Basically, this workshop had helped the student how to identify good & bad stress which is good so that the students can choose how to deal with it in right way" Student B

"I learn how to cope with stressor and the DEAL which is very useful for my future, I can detect my stress level and which aspect that I'm stressing about." Student C

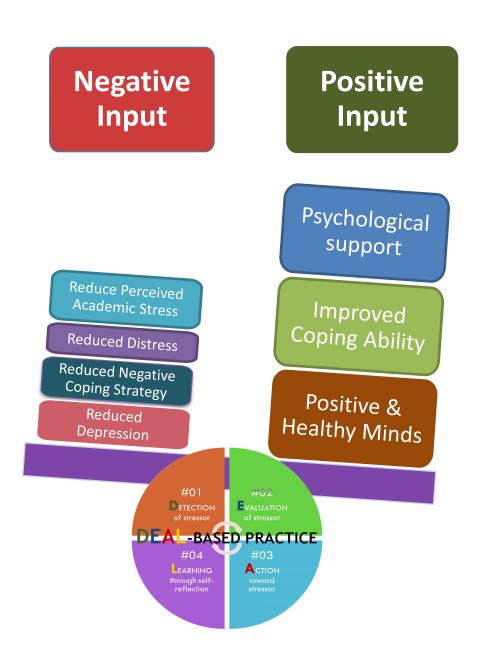
"I try to cope with my stress more positively, don't stress too much, take the stress as a challenges to make me better." Student D

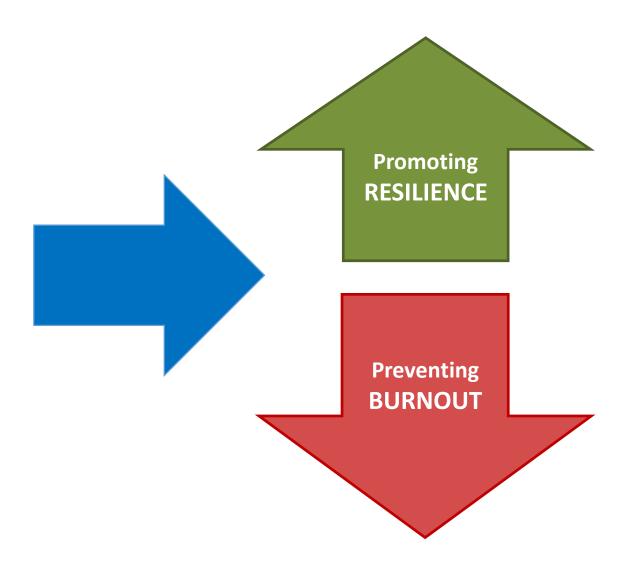
"The DEAL method, I'll try my way of thinking, detection of problems and peoples around me, I'll try to make a difference for myself in the scope of personality as a medical student that surely need to cope with a bundle of stress." Student E



*brief (less than 2 days), **short-duration (2 days to 4 weeks), ***medium-duration (more than 4 weeks and up to 8 weeks), #long-duration (more than 8 weeks) and ##other (duration was not mentioned in the articles)

Effect size comparison between different strategies to promote resilience and prevent burnout.







'Extending educational experiences and innovations to new settings through sharing of practices and policies will be crucial.'

(UNESCO, 2021, pg 129)



REIMAGINING A new social OUR FUTURES contract for TOGETHER education

REPORT FROM THE INTERNATIONAL COMMISSION ON THE FUTURES OF EDUCATIO

Final Thoughts

Resilience Concepts

Resilience has been seen in numerous lenses; a trait, a quality, a process, a cycle, a system and a trajectory

The resilience factors must be taken into consideration to promote resilience at different levels.

Resilience Factors



The resilience promotion strategies offer a framework to infuse resilience at different levels - micro, meso & macro.

> It has potential implications on important facets of

ME Implications

medical education



Thank You

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