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At the “Heart” of healthCare: fostering resilience and healing burnout

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With the heart of healthcare beating in the provider, the nation faces an impending crisis. There is an epidemic of burnout in the health care profession which has been linked to increased medical errors and patient dissatisfaction. All healthcare professionals face numerous stressors within their working environment, including time pressures, workload, multiple roles and ethical dilemmas.

Burnout is broadly defined as exhaustion and diminished interest in work resulting from long-term exposure to stressful working environments. According to World Health Organization’s ICD-10 (International Classification of Diseases), burnout is defined as a “state of vital exhaustion.” This phenomenon cuts across all ages, stages, and career paths — from trainees to senior practitioners in healthcare. Seeds of burnout may begin during medical training or even before. It may be the inevitable consequence of the way that medical education is organized and the subsequent maladaptive behaviors that are reinforced in healthcare organizations via the hidden curriculum. There is an urgent need to prepare health professional trainees in such a way that they are able not only to survive, but also to thrive and adapt in the face of adversity and remain committed, persistent, and confident in their abilities while remaining compassionate with patients.

The concept of resilience is recognized as a key component of well-being and is a major factor in medical training to help healthcare professionals learn to cope with the challenge, stress, and adversity. Resilience is defined by most as the ability to bounce back from any personal or professional setback without feeling overwhelmed and to adapt to all potential situations. Resilience consists of cognitive processes that encompass self-awareness, reflective ability, empathy, and social competency. Resilience is contextual; it is a complex and dynamic interplay between an individual, the individual’s environment, and sociocultural factors. The evidence is emerging that policy and programs are needed to foster resilience. Cultivating resilience-promoting environments within the health professions is an essential step in reducing the negative and increasing the positive outcomes.

The concept of resilience needs to be introduced in all training curricula to build positive identity and to increase social support, coping skills and spiritual connections. Trainees and practitioners need to be given occasions to reflect and learn from their experiences and experiences of other practitioners. Role models in healthcare play a critical role through sharing lessons and experiences, demonstrating altruism, setting good examples, mentoring, leading, inspiring and motivating others, so that a resilient health professional culture is developed.

Building on a human connection of experience and reflection, I am pleased to share that MJM has added a new manuscript category titled ‘At the “Heart” of healthCare’. This section will host personal anecdotes of the encounters of healthcare through the experiences of patients, health professionals, educators, students, and caregivers. Such narrative writing has particular potential to facilitate reflection and enhance self-awareness, empathic reflection, and reflective communication in order to help professionals. Submissions of up to 500 words are welcomed. We look forward to celebrating the meaningful experiences that illustrate the role of resiliency in compassionate healthcare providers.