

BUILDING RESILIENCE IN HEALTHCARE WORKERS

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INTRODUCTION

The COVID 19 pandemic has been described as a public health issue causing international concerns. Several factors can pose an adverse effect on physical and mental well beings of physicians and contribute to burn out. There are different interventions aimed at building resilience in healthcare workers that can help decrease burnout and in turn, improve wellbeing.

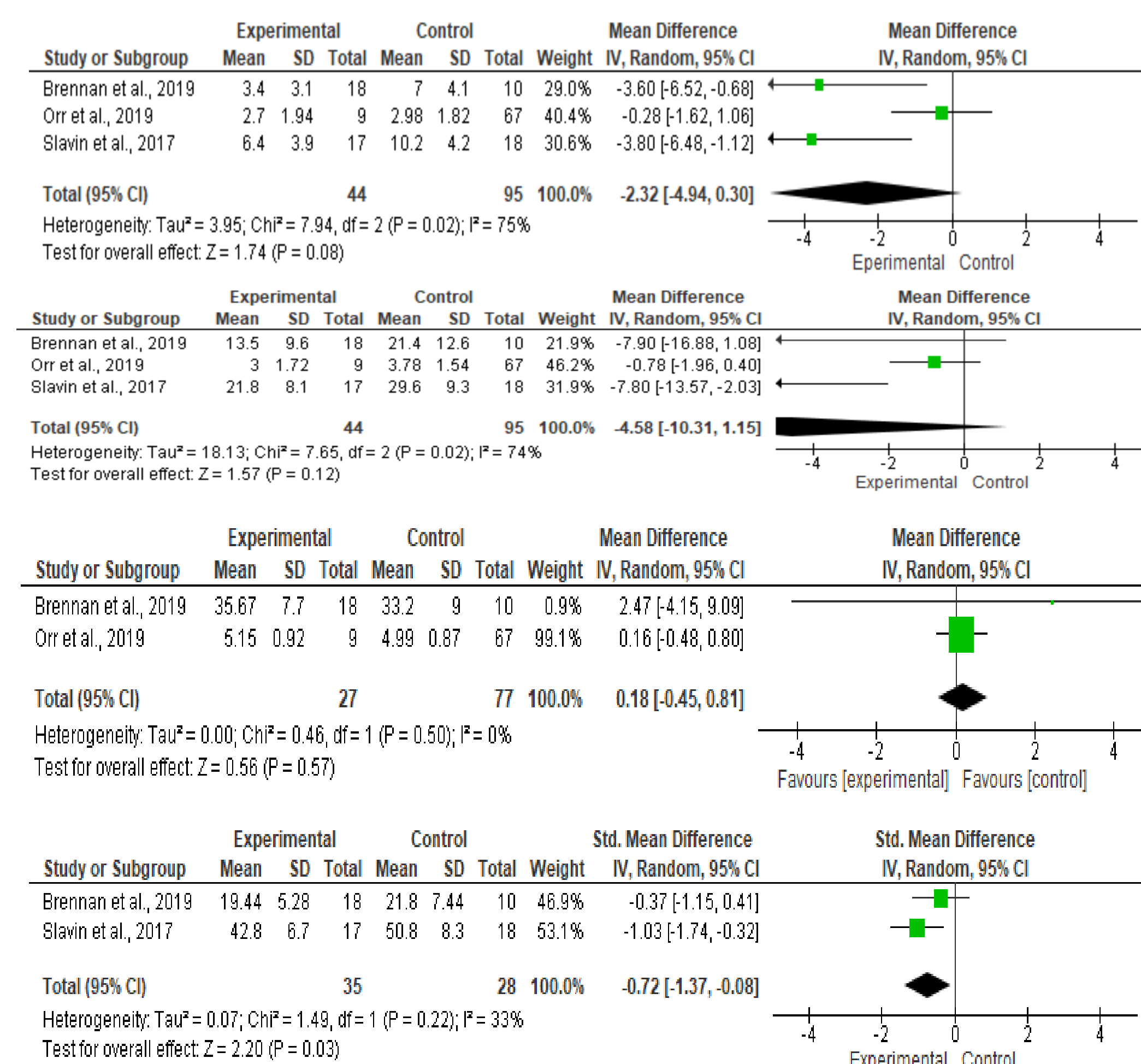
METHODS

This review used a systematic search of literature in PubMed, MEDLINE, and Embase using PRISMA model and Cochrane Handbook for systematic review of interventions. There were three studies included that met the stated inclusion criteria.

OBJECTIVES

This study aimed to determine if there are specific programs or training curriculum to enhance resilience and if these resilience interventions can reduce burnout in healthcare workers and improve wellbeing.

RESULTS



Considerable heterogeneity existed in the duration and frequency of resilience curriculums and ranged from a 1-h single session to 1.5-h weekly sessions for 16 consecutive weeks. The studies showed significant differences pre-intervention and post intervention in terms of depersonalization, emotional exhaustion, personal accomplishment, and burnout.

CONCLUSIONS

The findings show that there is a lot of variation in the content, delivery, and outcomes of the resilience curriculum that has been adopted in medical professional training. More research is needed to see if a standardized approach to resilience is practical and useful. Resilience curriculum may lead to long-term resilience building by providing solutions that trainees can choose to adopt throughout their training and practice. Long-term, sustained resilience may be possible with the right instruments.

KEYWORDS

Resilience, interventions, physicians, burnout