Resilience in UK medical educators: a mixed methods study.

Executive summary

Background and purpose
Resilience has emerged as a prominent concept in the arena of physician and learner well-being (Howe, Smajdor, & Stockl, 2012). This reflects the alarming rates of suicide (Horsfall, 2014), suicidal ideation (Billingsley, 2015), psychological distress (Hope & Henderson, 2014), and the associated negative impact on patient care (West et al., 2006), as well as professionalism (Dyrbye et al., 2010) reported for both communities. In the UK, recent calls to nurture resilience throughout the medical education continuum (Passi, 2014) have been strengthened by a General Medical Council independent review, recommending the integration of resiliency training into the curriculum (Horsfall, 2014). A multi-stakeholder national survey in Scotland also identified promoting resilience and well-being as one of six top medical education research priorities (Dennis et al., 2014). However, no studies were found investigating this construct in the medical educator community. This would be invaluable as along with cultivating their own resilience, faculty have a role in fostering it in their learners. Consequently, this study aims to address this gap by examining resilience in UK educators.

Methodology
Pragmatism was chosen as the research paradigm. Its ontology is both singular, as well as multiple, and its epistemology is practicality (Creswell & Plano Clark, 2011; Morgan, 2007). Hobfoll’s (1989) conservation of resources was selected as the micro-theory to guide the study’s design, and interpretation of its findings (Reeves, Albert, Kuper, & Hodges, 2008). A concurrent, embedded, mixed methods design will be used. Here, a qualitative strand gathering educators’ perspectives through open-ended questions is embedded within a larger, quantitative online questionnaire (Creswell & Plano Clark, 2011).

Prior to study commencement, ethical approval will be obtained from the University of Dundee’s research ethics committee (World Medical Association, 2013). All UK-based medical educators in the University of Dundee’s Centre for Medical Education and School of Medicine, as well as national medical education academies, associations, and consortiums would be eligible to participate. Recruitment will take place via invitations in the form of: (1) e-mails; (2) posts on social networks e.g. Facebook, Twitter; as well as (3) e-notices and printed notices. They would all contain a hyperlink to the web-based questionnaire (Sue & Ritter, 2007).

Following a four to five month data collection period, appropriate descriptive and inferential statistics would be used to analyse the quantitative data (Cohen et al., 2011). Textual data will be analysed using Ritchie and Spencer’s (1994) thematic framework analysis. Strategies to ensure quality and rigour for both research strands will be incorporated throughout the study (Cohen et al., 2011).
Implications

The desired impact of this research would be to help UK medical educators better understand issues related to resilience within their community. Further, the findings could prompt educators, institutional leadership, professional bodies, as well as policy makers to develop practices, educational initiatives, and guidelines aimed at promoting faculty resilience. These strategies, as part of a multi-faceted approach, could help mitigate and prevent distress with its negative consequences in this population. The insights gained could also assist educators with fostering resilience in their learners. Hopefully, this study would stimulate future research into factors promoting and undermining resilience, as well as evidence-based, holistic programmes to nurture resilience throughout the medical education continuum (Gruppen, 2009).

References


