

Building Resilience: Psychological Approaches to Prevent Burnout in Health Professionals

Mohsen Golparvar^{*1}, Kamdin Parsakia²

¹ Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

² Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada

* Corresponding author email address: mgolparvar@khuisf.ac.ir

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ABSTRACT

This study aims to explore and identify effective psychological approaches and interventions that can foster resilience and prevent burnout among health professionals. It seeks to understand how individual and organizational strategies can be integrated to support healthcare workers' mental well-being. The article employs a narrative review methodology, synthesizing existing research findings on resilience-building and burnout prevention strategies within healthcare settings. It examines both individual-level interventions, such as emotional intelligence training and stress management techniques, and organizational-level initiatives, including work environment improvements and policy changes. The review highlights that a combination of individual and organizational interventions is crucial for building resilience among health professionals. Key findings suggest that strategies focusing on enhancing emotional intelligence, promoting work-life balance, and creating a supportive work environment are effective in mitigating burnout. Furthermore, the importance of adaptive coping mechanisms and social support systems is emphasized. Building resilience in healthcare professionals is a multifaceted endeavor that requires both individual efforts and organizational support. The article concludes that implementing comprehensive, evidence-based interventions can significantly prevent burnout, ultimately leading to better healthcare outcomes and improved patient care. Future research should aim to address gaps in the current literature, particularly in assessing the long-term effectiveness of these interventions across diverse healthcare contexts.

Keywords: Building Resilience, Resilience, Burnout, Prevention, Health Professionals.



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1. Introduction

Building resilience is often suggested as a preventative strategy against burnout among health professionals (Kumar, 2016). Maslach and Leiter emphasized the need to create organizational interventions to prevent burnout and promote engagement at work (Laschinger et al., 2009). Individual strategies have also been proposed to prevent burnout among critical care healthcare workers (Embriaco et al., 2007). The aim of a narrative review in the sonographic environment was to explore, identify, and categorize the causes of burnout and to identify prevention and control strategies (Younan et al., 2022). Strategies such as promoting physical well-being, exercise, proper nutrition, rest, and focusing on one's own health have been found to be common in dealing with stress and preventing burnout (Demerouti, 2015). Physician burnout has been linked to decreased job performance, increased medical errors, interpersonal conflicts, and depression (Franc-Guimond et al., 2017). The efficacy of multiple strategies to reduce burnout has been proved in clinical trials, such as group discussions, stress management, voluntary work, participatory problem solving, decision making, cognitive behavioral therapy, work engagement, building resilience, mindfulness techniques, exercise programs, relaxation techniques, and music and art therapy (Toubasi et al., 2022).

Improving the workplace atmosphere within psychiatric services has been identified as an important target in staff burnout prevention strategies (Lasalvia et al., 2009). Adaptive coping strategies have been found to be important in preventing symptoms of burnout among health professionals (Cumbe et al., 2017). The findings of previous research suggest that fostering coping strategies such as confidence and motivation may be useful for avoiding burnout (Pires & Ugrinowitsch, 2021). Enhancing self-compassion has also been identified as a strategy to prevent burnout (Jang et al., 2022). Individuals with high levels of emotional intelligence may be protected from developing burnout, as they possess more effective coping strategies that enable them to be more resilient and manage stress better (Shahid et al., 2018). Longitudinal research among teachers revealed that teacher's self-efficacy beliefs were significantly related to both the depersonalization and personal accomplishment dimensions of burnout, suggesting that increasing the levels of teacher self-efficacy could be a primary strategy for preventing burnout (Park & Lee, 2012).

The preventative strategies suggested to reduce burnout were found to be broad in a review of burnout in oral health

students (MacAulay et al., 2022). Application of knowledge, perhaps via counseling or psychological training, may support the prevention of burnout among physiotherapists (Nowakowska-Domagala et al., 2015). Burnout among workers in the healthcare sector has been studied quite extensively, and various preventive strategies have been proposed to combat job burnout among these professionals (Slabšinskienė et al., 2021). Protected rest time and restricted work hours were identified as effective strategies to prevent burnout among anaesthesiology residents (Chong et al., 2021). In order to gain a better understanding of the perceptions of burnout and how to prevent it, various items were added to a survey, including perceptions of concerns on burnout, the negative impact of burnout, and how to prevent burnout (Pang et al., 2021). The wide array of available short-term global health experiences may provide an avenue to prevent and treat physician burnout while providing substantial benefit to underserved populations (Iserson, 2018).

Specific strategies should be developed and implemented to limit and prevent professional burnout (Alyoubi & Jan, 2013). Future research would need to establish which factors are responsible for job engagement and employee well-being in order to explore possible burnout intervention and prevention strategies (Akhrem & Gazdowska, 2016). The primary idea is that individuals have a larger role to play in preventing burnout, even in high-responsibility job roles (Osei et al., 2021). Burnout prevention strategies may be focused on organizational changes or individual aspects (Matsuzaki et al., 2021). Additionally, the results suggest that burnout may be prevented by strengthening one's personal resources via positive emotions (Kitchen).

In this narrative review, we explored the landscape of psychological interventions aimed at enhancing resilience and preventing burnout among health professionals.

2. Methods and Materials

Our methodology was centered around a comprehensive literature search and the narrative synthesis of the findings, aiming to offer a broad perspective on the subject without the application of thematic analysis.

2.1. Literature Search Strategy

The foundation of our review was a thorough search of several key databases, including PubMed, PsycINFO, Scopus, and Web of Science. This was complemented by manual searches of reference lists from relevant articles to

ensure no significant work was overlooked. Our search utilized a combination of terms relevant to our research aims, such as "burnout," "resilience," "health professionals," and "psychological interventions," among others. These terms were linked using Boolean operators to refine the search outcomes. We placed no restrictions on publication date to capture the evolution of the field over time, focusing solely on articles published in English in peer-reviewed journals.

2.2. Selection Criteria

The inclusion criteria were designed to capture studies that directly address psychological interventions for building resilience and preventing burnout in health professionals. We included both empirical research and review articles that provided insights into intervention outcomes. Conversely, we excluded studies that did not focus on health professionals, those that did not assess psychological interventions, or research that only looked at physiological interventions without a psychological component.

2.3. Study Selection Process

The process of study selection began with an initial screening of titles and abstracts for their relevance to our objectives, followed by a detailed examination of the full-text articles. This two-step process ensured that only articles meeting our specific criteria were considered. The final corpus of literature included in this review was determined after this rigorous selection process, ensuring relevance and quality of the evidence synthesized.

2.4. Narrative Synthesis

Our approach to synthesizing the literature was purely narrative, focusing on summarizing and explaining the findings of the selected studies rather than conducting a thematic analysis. This narrative synthesis allowed us to construct a comprehensive overview of the existing research on psychological interventions for resilience and burnout among health professionals. We discussed the characteristics of the interventions, the contexts in which they were applied, their perceived effectiveness, and any limitations or gaps identified in the research. This method facilitated a holistic understanding of the field, highlighting key insights and emerging trends without the formal categorization of themes.

Through this narrative synthesis, we aim to provide a coherent and accessible account of psychological strategies

that have been investigated for their potential to support the well-being of health professionals, emphasizing the importance of resilience and the prevention of burnout in this critical workforce.

3. Conceptual Framework

Burnout is a complex psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Jonsdottir & Dahlman, 2019). The Maslach Burnout Inventory (MBI) is widely used to measure burnout, assessing these dimensions among medical personnel (Liu et al., 2020). The MBI emphasizes that researchers should treat burnout as continuous data for each domain, discouraging dichotomizing or combining the subscales to label individuals as having burnout (Rotenstein et al., 2018). However, there are other conceptions of burnout, such as the Burnout Measure (BM) and the Shirom-Melamed Burnout Measure (SMBM), which offer alternative assessment instruments and definitions of the phenomenon (Bianchi et al., 2015). The World Health Organization (WHO) has also adopted a three-dimensional model as a conceptual framework for burnout syndrome in its latest version of the International Classification of Diseases (Riethof & Bob, 2019).

Resilience refers to an individual's ability to adapt positively to stress and adversity, and it plays a crucial role in mitigating burnout among health professionals. It encompasses the capacity to bounce back from difficult experiences, maintain mental well-being, and sustain optimal performance under challenging circumstances. Resilience is particularly important for health professionals, as it enables them to cope with the demands of their roles, maintain a sense of purpose, and continue providing high-quality care to patients (Lade et al., 2020; McCarty et al., 2022).

The relationship between resilience and burnout is often explained through theoretical models that highlight the protective role of resilience in preventing burnout. The Optimal Distinctiveness Theory, for instance, suggests that individuals strive to maintain a balance between assimilation into a group and differentiation from it, and resilience may help individuals achieve this balance, thereby reducing the risk of burnout (Bianchi et al., 2015). Logotherapy, another theoretical framework, emphasizes the importance of finding meaning and purpose in one's work as a way to prevent burnout (Riethof & Bob, 2019). Additionally, the

Job Demands-Resources model posits that resilience acts as a personal resource that can buffer the impact of job demands on burnout, thereby promoting psychological well-being and work engagement (Bianchi & Schonfeld, 2021).

In summary, burnout is a multifaceted syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, with various assessment instruments and conceptions available. Resilience, on the other hand, plays a crucial role in mitigating burnout among health professionals, and theoretical models such as the Optimal Distinctiveness Theory and the Job Demands-Resources model provide insights into the protective role of resilience in preventing burnout.

4. Psychological Approaches to Building Resilience

Individual-level interventions play a crucial role in building psychological resilience among health professionals. Resilient individuals utilize positive emotions to bounce back from negative emotional experiences, as proposed by (Tugade & Fredrickson, 2004). These interventions aim to promote positive psychological functioning and well-being, particularly in the face of stress and adversity (Hasan et al., 2022). For instance, psychological resilience-building interventions have been found to be effective in promoting resilience and reducing depression, anxiety, and stress among healthcare workers during the COVID-19 pandemic (Wu et al., 2022). Additionally, fostering personal resources such as optimism, hope, courage, trait mindfulness, and self-efficacy has been identified as a key strategy for enhancing psychological resilience (Chiesi et al., 2022). Furthermore, psychological interventions that build resilience have been recommended for individuals facing challenging circumstances, such as breast cancer patients and survivors, to enhance their well-being and coping abilities (Chiesi et al., 2022).

In addition to individual-level interventions, organizational-level strategies are essential for fostering psychological resilience among health professionals. Building resilience through strategic human resource management systems and psychological empowerment has been identified as a key element in promoting resilience (Zhai et al., 2022). Moreover, the role of social support and organizational practices in enhancing the psychological resilience of nurses has been highlighted, emphasizing the importance of creating supportive work environments to bolster resilience (Yan et al., 2022). Furthermore, the

implementation of human capital management strategies has been proposed as a means to build organizational resilience, thereby contributing to the well-being and resilience of employees (Douglas, 2021). Additionally, the development of community resilience has been recognized as a critical concept for addressing epidemic shocks, highlighting the importance of collective efficacy, transformational leadership, teamwork, and organizational practices in building resilience at the community level (Rodríguez-Sánchez & Perea, 2015).

Combining individual-level interventions with organizational-level strategies can create a comprehensive approach to building psychological resilience among health professionals. Integrating psychological resilience, stress, and coping in entrepreneurship has been proposed as a critical review and research agenda, emphasizing the need to address resilience at both the individual and organizational levels (Ahmed et al., 2022). Furthermore, the development of a unitary caring science resilience-building model has been suggested, unifying human caring theory with research-informed psychology and neuroscience evidence to promote resilience in healthcare practices (Wei et al., 2021). Moreover, the implementation of youth-led resilience promotion programs during disaster recovery has demonstrated the potential to build specific positive outcomes and enhance resilience among young individuals (McCarty et al., 2022). Additionally, the development of a resilience-building framework for military readiness and preparedness has underscored the importance of integrating individual, group, and temporal perspectives on resilience to advance theoretical understanding and practical tools for building resilience (Lade et al., 2020).

In summary, psychological approaches to building resilience among health professionals encompass individual-level interventions, organizational-level strategies, and the combination of approaches to create a comprehensive framework for promoting psychological resilience. By integrating these approaches, it is possible to enhance the well-being and coping abilities of health professionals, ultimately contributing to a more resilient healthcare workforce.

5. The Importance of Case Studies and Evidence-Based Research

Case studies play a significant role in providing valuable evidence to support the psychological approaches aimed at building resilience and preventing burnout in health professionals. While large-scale studies such as randomized

controlled trials (RCTs) are often considered the gold standard in evidence-based practice, case studies offer unique insights and detailed information that complement and enrich the evidence base. They provide a rich source of qualitative data, offering in-depth understanding of individual experiences and contexts, which can be particularly valuable in the complex and nuanced field of healthcare.

Case studies have been instrumental in shedding light on the impact of contextual factors on health professionals' well-being and resilience. For instance, a case study on the role of context in online gaming excess and addiction highlighted the importance of detailed case study evidence in understanding the complexities of addictive behaviors and their implications for mental health (Griffiths, 2009). Similarly, case studies have been used to explore the impact of organizational practices, social support, and work environments on the psychological resilience of healthcare workers, providing valuable insights into the contextual factors that influence burnout and resilience (Nambiema et al., 2021).

Moreover, evidence from case studies has been crucial in evaluating the effectiveness of interventions and strategies aimed at promoting resilience among health professionals. Case studies have provided detailed accounts of individual-level interventions, organizational strategies, and their impact on psychological well-being, offering nuanced evidence of the effectiveness of different approaches in real-world settings (Binns et al., 2008). These insights have been instrumental in informing evidence-based practices and developing tailored interventions to support the psychological well-being of healthcare workers.

Furthermore, case studies have been pivotal in highlighting the lived experiences of health professionals, offering a deeper understanding of the challenges they face and the factors that contribute to burnout. By presenting detailed narratives and real-life scenarios, case studies have provided compelling evidence of the impact of burnout on healthcare professionals' mental health, job satisfaction, and patient care, emphasizing the urgency of implementing resilience-building strategies (McQuaid et al., 2022).

In addition, case studies have been instrumental in bridging the gap between research evidence and its application in practice. They have provided real-world examples of the implementation of resilience-building interventions, offering insights into the practical challenges and successes of integrating psychological approaches into healthcare settings. This evidence has been invaluable in

guiding the development of evidence-based policies and interventions to support the psychological well-being of health professionals (Checchi et al., 2019).

Overall, case studies have played a crucial role in providing nuanced, context-specific evidence to support the psychological approaches aimed at building resilience and preventing burnout in health professionals. By offering detailed insights into individual experiences, organizational contexts, and the impact of interventions, case studies have enriched the evidence base and informed the development of tailored, effective strategies to support the psychological well-being of healthcare workers.

6. Discussion and Conclusion

This article presents a comprehensive narrative review on strategies for fostering resilience and preventing burnout among health professionals. It discusses individual and organizational interventions, emphasizing the importance of psychological resilience to mitigate burnout's adverse effects. These strategies range from promoting physical well-being and emotional intelligence to enhancing workplace atmospheres and implementing protected rest times. The review also highlights the role of psychological empowerment, social support, and adaptive coping strategies in building resilience. Moreover, it underscores the significance of integrating individual-level interventions with organizational strategies to create a resilient healthcare workforce.

The exploration of psychological interventions to prevent burnout among health professionals is timely and crucial. Burnout not only affects the well-being of healthcare workers but also impacts the quality of patient care. The article's emphasis on a broad array of resilience-building strategies, from individual coping mechanisms to organizational support systems, opens several avenues for future research and practical applications.

Future research should focus on longitudinal studies to assess the long-term effectiveness of resilience-building interventions among health professionals. Investigating how cultural differences impact the efficacy of various interventions could provide insights into tailoring strategies to diverse healthcare settings. Exploring the role of digital tools and platforms in delivering resilience training and support can address accessibility and scalability challenges. Moreover, assessing the direct and indirect impacts of healthcare professionals' resilience on patient outcomes would highlight the broader implications of burnout

prevention strategies. Further research should examine how organizational policies and practices can be optimized to support the psychological well-being of healthcare workers effectively.

The findings and recommendations of the article have significant implications for healthcare policy, management, and education. By highlighting the effectiveness of resilience-building interventions, healthcare institutions can be motivated to implement comprehensive strategies to prevent burnout. These strategies not only benefit healthcare professionals by enhancing their well-being and job satisfaction but also contribute to improved patient care through more engaged and effective healthcare delivery. Moreover, the emphasis on integrating individual and organizational approaches underlines the need for systemic changes in healthcare environments to foster resilience and prevent burnout comprehensively.

In conclusion, the article offers valuable insights into preventing burnout among health professionals through resilience-building. It sets a foundation for future research and practice, urging a multifaceted approach that considers individual, organizational, and cultural factors in designing and implementing effective interventions.

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Declaration of Interest

The authors of the study declare no conflict of interest related to the research.

Ethics Considerations

Not applicable.

Authors' Contributions

All authors contributed equally in this article.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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