Protective Factors to Foster Resiliency in Healthcare Professional Trainees
Carrie Boden, Wendy L. Ward, and Lindsey Wilson

Abstract

High stress levels and burnout are common in the healthcare field today. Healthcare professionals (HCP) can protect themselves by remaining cognizant of preventive and intervention strategies to utilize when stress levels are threatening burnout. Within one's professional identity, developing resiliency skills and actively practicing self-care are some strategies that are helpful in maintaining effective work performance and patient care. To develop and recognize these skills, HCPs undergoing transformational learning (TL) can develop new ways of thinking, acting, and feeling in their work and everyday life to help prevent burnout (Transformative Learning Centre, 2004).

Keywords: Transformative Learning, Healthcare Professional, Community of Practice, Adult, Resilience

Burnout Among Healthcare Professionals

Within the healthcare field, managing patients and having medical knowledge are not the only conditions that a healthcare professional (HCP) deals with. The administration, paperwork, changing technologies, long and strenuous work hours, frantic medical environments, and personal lives all contribute to the HCP's workload. The requirement for healthcare professionals to cope with the environmental stressors of the clinical field as well as prioritize patients' health has led to increased amounts of worker burnout. This burnout is seen among nurses (Branch & Klinkenberg, 2015), physician assistants (Benson et al., 2016), pharmacists (Mott et al., 2004), audiologists (Severn, Searchfield, & Huaggard, 2012), respiratory care practitioners (Shelledy et al., 1992), and many more healthcare specialties (Shanafelt et al., 2012).

Leaders in medical education in recent years identified this burnout in health professions as a public health crisis (Rappley et al., 2016). Once this burnout happens, an HCP's ability to work with patients thoroughly, manage the workload, and practice self-care diminishes. During the academic and instruction periods, HCP trainees must push through, promoting resilient professional identities since developing coping strategies to combat burnout is essential to promote healthy work environments and positive experiences for professionals and patients. To foster a healthcare workforce with professional identities that value and incorporate resilience skills into everyday worklife is needed. We propose that trainees in the healthcare field must go through a process of transformational learning (TL) that will foster resiliency in their professional identity formation (PIF) (Irby & Hamstra, 2016).

Background of Transformative Learning Theory and Process

In one's work, times of severe stress or overwhelming circumstances may occur. For some, these stressful events may be intense and uncomfortable—what Mezirow (1991, 2012) called a "disorienting dilemma." After studying women's experiences returning to work and school during the feminist movements of that time, Mezirow (1978) saw how disrupting events caused

the women to alter their knowledge within their experience to finding meaning and create positive change. He called this process transformational learning (TL), or the act of revising underlying assumptions, altering dysfunctional belief systems, and becoming more reflective and open to different perspectives on thinking and acting in the world (Cranton, 2016; Taylor, 2008). Events or circumstances that create this "disorienting dilemma" either force the individual to adjust professional identity or to stay in the current state and become burned out. If the individual decides to alter the current state and transformative learning occurs, three changes can be produced: changes in one's belief system, changes in understanding oneself, and changes in behavior (Cranton, 2002).

Transformative learning theory emphasizes that knowledge is socially constructed and can be changed by altering one's experience and the meaning of it. Mezirow (1991, 2012) expanded on this and explained that knowledge can be developed under instrumental or communicative domains. Instrumental knowledge encompasses cause-effect or task-oriented learning, whereas communicative knowledge is one's ability to express feelings, emotions, and intentions of his or her actions. The assumption is that an individual has preconceived ideas and notions when entering an environment. These ideas have been learned through social interactions and can be transformed into different forms of knowledge more congruent with the individual's environment over time (Baumgartner, 2012). The TL process is dependent on the individual, and each person will have a different experience.

For TL to transpire in an individual, Mezirow (1997) emphasized utilizing the communicative domain. He concluded that being able to reflect on one's values and beliefs will lead an individual to be able to revise these assumptions. An individual's reflection upon the situation is key to this theory. Along with this, expressing these thoughts with others or through various outlets, or reflective discourse, is dynamic and central to TL theory. Expressing these thoughts leads to what MacKeracher (2012) referred to as "naming the change," the point when an individual can identify new behaviors to implement that will promote a healthy lifestyle (Cranton, 2002).

Transformative Learning Theory and Communities of Practice

People entering their professional fields bring personal identities that will inevitably affect their experience in the workplace. In the work environment, or the community of practice (CoP), socially constructed, unwritten ideas and values have often been established. These values dictate the dynamics and structures within the workplace. New professionals must adapt to these work culture narratives and adjust to develop a professional identity more aligned with the CoP (Cruess et al., 2015; Goldie, 2012; Trede et al., 2012; Wald, 2015). A professional will be able to be more aware, comfortable, and effective in the job if his or her professional identity is more aligned with the CoP. This leads to resilience to stress in the workplace. Occasionally, an HCP will enter a CoP where managing the self is neither important nor acknowledged. It is important that HCPs enter knowing how to practice resiliency skills and encourage the work environment to emphasize self-care.

Going further, it is important to recognize how PIF develops within the CoP, but before that, the TL process must take place within the professional's current identity (Cruess et al., 2015;

Mezirow, 1990, 1991, 2012). If TL does not occur, then the professional identity also may not be altered within the CoP. Therefore, when the individual is confronted with "disorienting dilemmas" or cognitive dissonances, resilient mindsets and behaviors may not carry through the situation, leading to burnout or dissatisfaction in the job.

Sending people into professional careers without TL experiences can set individuals up for failure. In educational programs, taking time to teach TL theory and having trainees identify spaces and events in their program where utilizing this process is critical can help them implement it into their professional practice. Many scholars do not see resiliency as a trait that some people possess and others do not; it is viewed, rather, as a skill that can be intentionally developed over time (Epstein & Krasner, 2013; McAllister & Lowe, 2011; Stephens, 2013). Practicing stress management, self-reflection, and self-care are all actions trainees and working professional can participate in to develop resiliency skills (Fares et al., 2016).

Creating Healthy Change in the Individual

It is important to consider how TL could practically have an effect on an HCP trainee's educational experience. To explore this phenomenon, we assembled case examples from our experiences of trainees experiencing cognitive dissonance due to the stressors they were facing during their professional training. These cases spanned several healthcare subfields, and a recent book chapter (Ward, Castleberry, & Boden, in press) were written as a compilation of experiences that have been altered slightly to eliminate details that might identify an individual. The vignettes included a diverse range of stressors the HCP trainees were dealing with, such as increasing clinical and school work, struggles with finances, long work hours, and emotional fatigue. Due to these stressors, we saw how the individuals would reach a point when they had to decide between discontinuing their training due to burnout or find a way to change. At the point of burnout, four central emotions are most commonly seen: fear, anger, sadness, and shock or surprise (Roberts & Roberts, 2006). Between the emotional reactions and the cognitive dissonance in the trainees' work, HCPs are forced to evaluate their desires and goals in the field and must make sense of what is happening (Taylor, 1998).

The students' experiences consisted of several components that matched the TL process. Once the students recognized that burnout was occurring in their training, they went through the basic steps of reflection, expressing their thoughts and feelings, then identifying and implementing a change in behavior that would be beneficial for them. Each of the students interacted with an advisor, instructor, or administrator to discuss what stressors they were experiencing. Together they then developed a plan together to get the student back on track. Having another person's input allowed the students to explore the meaning of their situation on deeper levels and have another individual to understand and support the student's new behaviors and goals. These changes often included shifts in frames of reference and points of view (Mezirow, 1991). This is the process of reflective discourse. The more mentors are aware and involved with supporting the students through their stressors, the more they are able to incorporate instruction and activities that facilitate TL and a resilient PIF (Boyd & Myers, 1998).

Transformative learning is not a process that happens after an individual makes one effort toward change. Once reflection upon a situation and identifying a new behavior are completed,

following through with the new behaviors and seeing the repercussions of this change takes time. If a student finds that spending more time on self-care—by running, for example—would be helpful for resiliency skill development, it would not be wise for the student to spend several hours every day immediately practicing this. Rather, taking small steps toward the new behaviors (e.g., running one hour a day) makes change and reduced stress more readily recognizable for the student. As he or she recognizes progress due to the newly incorporated change, the student will have more motivation to continue this behavior.

Future Research and Education Goals

Moving forward, it is imperative that educators make efforts to facilitate TL processes and have open and professional relationships with students that are supportive and foster growth. In classroom settings, there is a unique opportunity for educators to create scenarios in which the students must endure stressful, but not harmful, situations where they may experience a disorienting dilemma. Educators can then encourage students to self-reflect and undergo reflective discourse to find meaning in the situation as well as recognize how they feel in it. Through this process, class discussion can revolve around how recognizing high stress levels and taking time to process through it will help the students in their profession, as this fosters TL and the development of resilient professional identities. Different kinds of learning styles and problem-based learning should be implemented to reach all kinds of students (Apte, 2009).

The more healthcare training programs can implement this kind of training, the more HCPs will enter the field better prepared to handle emotional stress, manage caseloads, and maintain self-care. All of this will ultimately lead to better patient care and more efficient and effective healthcare facilities. Future research assessing HCPs entering the workforce who have undergone TL training versus those who have not will be helpful in determining further how effective this process is. As impacts from TL process trainings are seen in the healthcare field, more discussions about appropriate education methods and models can be developed and used over time.

Conclusion

Resiliency skills are a critical part of professional identity within the healthcare field; they protect HCPs from experiencing burnout and emotional fatigue. Developing professionals who practice self-care and who are aware of the physical, emotional, and mental toll produced by the high stress levels of the field is important to emphasize in healthcare training. This will promote healthier and more effective healthcare facilities and practices. As HCPs acknowledge the high stress and are encouraged to develop resilient mindsets and behaviors, a TL process can occur that will help produce resilient professional identities and combat burnout. Training programs for HCPs have the opportunity to educate and promote TL theory and resiliency skills to send the most prepared professionals out into the workforce.

References

Apte, J. (2009). Facilitating transformative learning: A framework for practice. *Australian Journal of Adult Learning*, *49*(1), 168-189. Retrieved from http://files.eric.ed.gov/fulltext/EJ864437.pdf

Baumgartner, L. M. (2012). Mezirow's theory of transformative learning from 1975 to present. In E. W. Taylor, P. Cranton, & Associates (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 99-115). San Francisco, CA: Jossey-Bass.

Benson, M. A., Peterson, T., Salazar, L., Morris, W., Hall, R., Howletter, B., & Phelps, P. (2016). Burnout in rural physician assistants: An initial study. *The Journal of Physician Assistant Education*, *27*(2), 81-83.

Boyd, R., & Myers, J. (1988). Transformative education. *International Journal of Lifelong Education, 7*(4), 261–284.

Branch, C., & Klinkenberg, D. (2015). Compassion fatigue among pediatric health care providers. *American Journal of Maternal Child Nursing*, *40*(3), 160-166. doi:10.1097/NMC.0000000000000133

Cranton, P. (2002). Teaching for transformation. *New Directions for Adult and Continuing Education, 93*, 63-71.

Cranton, P. (2016). *Understanding and promoting transformative learning: A guide to theory and practice* (3rd ed.). San Francisco, CA: Jossey-Bass.

Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L., & Steinert, Y. (2015). A schematic representation of the professional identity formation and socialization of medical students and residents: a guide for medical educators. *Academic Medicine*, *90*(6), 718-725.

Epstein, R. M., & Krasner, M. S. (2013). Physician resilience: What it means, why it matters, and how to promote it. *Academic Medicine*, *88*(3), 301-303.

Fares, J., Tabosh, H. A., Saadeddin, Z., Mouhayyar, C. E., Aridi, H. (2016). Stress, burnout and coping strategies in preclinical medical students. *North American Journal of Medical Sciences*, *8*(2), 75-81.

Foshee, C., Mehdi, A., Bierer, S., Traboulsi, E., Isaacson, J., Spencer, S., … Burkey, B. (2017). A professionalism curricular model to promote transformative learning among residents. *Journal of Graduate Medical Education, 9*(3), 351-356.

Gilman, L., Adams, J. Kovac, R., Kilcullen, A., House, A., & Doyle, C. (2015). Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: A comprehensive systematic review. *JBI Database of Systematic Reviews and Implementation Reports, 13*(5), 131-204. doi:10.11124/jbisrir-2015-1898.

Goldie, J. (2012). The formation of professional identity in medical students: Considerations for educators. *Medical Teacher, 34*, e641-e648.

Irby, D. M., & Hamstra, S. J. (2016). Parting the clouds: Three professionalism frameworks in medical education. *Academic Medicine, 91*(12), 1606-1611. doi:10.1097/ACM.0000000000001190

MacKeracher, D. (2012). The role of experience in transformative learning. In E. W. Taylor & P. Cranton, & Associates (Eds.), *The Handbook of Transformative Learning. Theory, Research, and Practice* (pp. 342-354). San Francisco, CA: Jossey-Bass.

Mezirow, J. (1978). Perspective transformation. *Adult Education*, *28*(2), 100-110.

Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education, 74*, 5–12.

Mezirow, J. (2012). Learning to think like an adult: Core concepts of transformation theory. In E. Taylor, P. Cranton, & Associates (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 73-95). San Francisco, CA: Jossey-Bass.

McAllister, M., & Lowe, J. B. (2011). *The resilient nurse: Empowering your practice*. New York, NY: Springer.

Mott, D. A., Doucette, W. R., Gaither, C. A., Pedersen, C. A., & Schommer, J. C. (2004). Pharmacists' attitudes toward worklife: Results from a national survey of pharmacists. *Journal of the American Pharmacists Association*, *44*(3), 326 – 336.

Rappley, M., Moutier, C., West, C. P., Suchman, A., Haramati, A. & Kirch, D. G. (2016). *Creating a culture of wellbeing and resilience in Academic Medicine.* Association of American Medical Colleges (AAMC) Leadership Forum, Washington, D.C.

Roberts, N., & Roberts, N. (2006). Disorienting dilemmas: Their effects on learners, impact on performance, and implications for adult educators. In *Proceedings of the Fifth Annual College of Education Research Conference: Urban and International Education Section* (pp. 100-105). Miami, FL: Florida International University. Retrieved from http://coeweb.fiu.edu/research_conference/.

Shanafelt, T. D., Boone, S., Tan, L., Lotte, N. D., Sotile, W., Satele, D., … Oreskovich, M. R. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of Internal Medicine, 172*(18), 1377-1385.

Severn, M. S., Searchfield, G. D., & Huggard, P. (2012). Occupational stress amongst audiologists: Compassion satisfaction, compassion fatigue, and burnout. *International Journal of Audiology*, *51*(1), 3-9.

Shelledy, D. C., Mikles, S. P., May, D. F., & Youtsey, J. W. (1992). Analysis of job satisfaction, burnout, and intent of respiratory care practitioners to leave the field or the job. *Respiratory Care*, *37*(1), 46-60.

Stephens, T. M. (2013, April). Nursing student resilience: a concept clarification. *Nursing Forum*, *48*(2), 25-133.

Taylor, E. (1998). *The theory and practice of Transformative Learning: A critical review*. Washington, DC: Office of Educational Research and Improvement. (ERIC Document Reproduction Service, No. ED 423422).

Taylor, E. W. (2008). Transformative learning theory. In *New Directions for Adult and Continuing Education*, *119*, 5-15.

Transformative Learning Centre. (2004). The Transformative Learning Centre. Retrieved August 16, 2017 from http://tlc.oise.utoronto.ca/index.htm

Trede, F., Macklin, R., & Bridges, D. (2012). Professional identity development: A review of the higher education literature. *Studies in Higher Education, 37*(3), 365-384.

Wald, H. S. (2015). Professional identity (trans)formation in medical education: Reflection, relationship, resilience. *Academic Medicine, 90*(6): 701-705. doi:10.1097/ ACM.0000000000000731

Ward, W. L, Castleberry, A., & Boden, C. J. (2019, in press). Building resilience in health professional trainees. In T. Carter, C. J. Boden., & K. Peno (Eds.), *Transformative learning in professional learning contexts: Building resilient professional identities for work-based practice.* Charlotte, NC: Information Age Publishing.

Dr. Carrie Boden is Professor of Occupational, Workforce, and Leadership Studies at Texas State University, where she also served as Department Chair. Dr. Boden's research on teaching and learning has yielded more than 10 edited books, 30 articles and book chapters, and 100 presentations in 30 states and foreign countries. Dr. Boden is an avid yogini and enjoys outdoor activities, live music, traveling, and spending time with family, friends, and pets.

Dr. Wendy Ward is a tenured Professor in the College of Medicine at the University of Arkansas for Medical Sciences, where she serves as Associate Director of Professional Wellness and the Director of Interpersonal Faculty Development. She is a clinical psychologist with a long history of providing professional wellness programming for students, clinical staff, and faculty. Dr. Ward enjoys swimming, bicycling, running, sailing, yoga, traveling, and eating gourmet food (especially chocolate).

Dr. Lindsey Wilson is a graduate student at Texas State University pursuing a master's degree in Professional Counseling, emphasizing in Family, Couple and Marital Therapy. She is originally from Floresville, Texas, a town outside of San Antonio. After graduating high school, she attended the University of Missouri-Columbia and received her Bachelor of Arts in Psychology in December 2016. Lindsey hopes to be a licensed Marriage and Family Therapist upon graduation.