

Understanding the importance of meaning and motivation in medicine: Preliminary findings from a mixed-method study of resilient healthcare workers

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INTRO

- Healthcare workers (HW) experience chronically intense workload and pressure, and limited rest/recovery. However, not all HW develop burnout; some even thrive.
- In this portion of a larger person-centered study, we examined:
RQ1: Is resilience evident/explained by various theoretically and empirically supported indicators of resilience-related individual differences?
RQ2: To what extent do resilience-related individual differences explain variance in positive well-being?
RQ3: Can we improve our ability to understand and potentially predict outcomes indicative of resilience with knowledge of individual differences other than generalized trait resilience?

METHOD

- Data were gathered at baseline via internet survey from sample of 54 notably resilient HW across multiple levels and position types within metropolitan area in SE USA

RESULTS

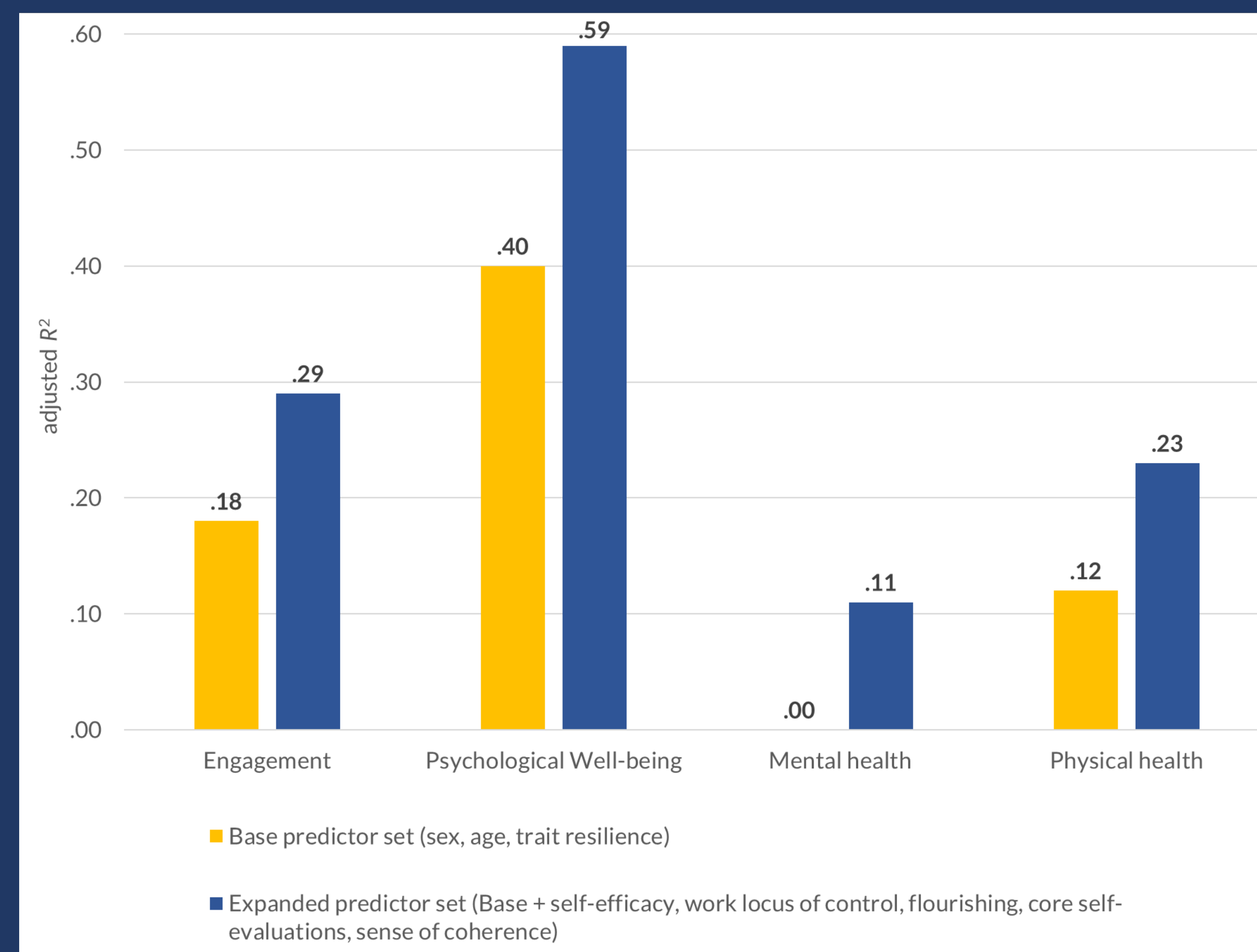
- Respondents reported high levels of resilience-related individual differences – see table, far right [RQ1]
- Variance in multiple positive health and well-being outcomes explained by this complex set of individual differences ranged from .20 (physical health) to .67 (psychological well-being). [RQ2 and 3]
- Predictive models were improved by considering additional resilience-related traits beyond trait resilience by itself.

DISCUSSION

- These data validate the purposive sampling for this larger scale study and highlight a complex set of individual differences in affect, cognition, and perspective that likely plays a role in explaining personal resilience.
- These data also underscore the importance of not reducing our understanding and study of resilience to a singular trait.

There is more to healthcare worker resilience than what is captured by any single personality trait. Considering a broader profile of individual differences in perspective, affect, cognition, etc. can improve future research and interventions.

Comparison of variance accounted for (adjusted R^2)



Variable	Measure details	M	SD	Q1	Q3	possible range	
						min	max
Age	1 item	42.67	12.46	32.00	53.00	n/a	
Female	1 item	1.52	0.51	1.00	2.00	1=Male, 2=Female	
Negative affectivity	10 items, Watson & Clark (1994)	16.00	4.99	12.00	18.50	10.00	50.00
Positive affectivity	10 items, Watson & Clark (1994)	37.85	6.52	33.00	43.50	10.00	50.00
Work Locus of Control	8 items, Spector (1988)	19.51	5.39	16.00	23.00	8.00	56.00
Core Self-Evaluations	12 items, Judge et al. (2003)	5.34	0.71	4.73	5.92	1.00	7.00
Sense of Coherence	13 items, Bauer & Jenny (2007)	70.66	9.71	63.50	79.50	13.00	91.00
Resilience	10 items, Davidson (2020)	32.75	3.84	30.00	36.00	0.00	40.00
Self-Efficacy	10 items, Riggs et al. (1994)	58.36	7.09	54.00	64.50	10.00	70.00
Flourishing	8 items, Diener et al. (2009)	50.19	4.65	47.00	54.00	8.00	56.00
Burnout - Disengagement	8 items, Demerouti et al. (2003)	23.11	6.19	20.00	26.50	8.00	56.00
Burnout - Exhaustion	8 items, Demerouti et al. (2003)	24.70	7.33	20.00	29.00	8.00	56.00
Overall Engagement	9 items, Schaufeli et al. (2009)	4.63	0.78	4.17	5.22	0.00	6.00
Psychological Well-Being	6 items, Grossi et al. (2006)	28.30	3.71	26.00	31.00	6.00	36.00
Mental Health	1 item (relative to others of similar age and occupation)	3.89	0.74	3.00	4.00	n/a	
Physical Health	1 item (relative to others of similar age and occupation)	3.52	0.82	3.00	4.00	n/a	

Note. Some scale scores calculated by summing and others by averaging responses across multiple items, consistent with the original guidelines for use of each scale. Response scales for several items were adapted for the present purposes; details are available upon request from the authors. For Work Locus of Control, lower scores indicate stronger internal locus of control about one's work; higher scores on the flourishing scale indicate perception of many psychological resources and strengths

Please note that the data presented here are part of a larger study of resilient HW, involving baseline + monthly data (for 6 months) + in-depth interview. Data collection was completed in September 2021 and findings will be shared as the analyses are completed.

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