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# A QUALITATIVE RESEARCH STUDY OF OBSTETRICS AND GYNECOLOGY PHYSICIAN RESILIENCY

**[1]Dr Noor Ul Ain**
[1]Medical Officer, Family medicine, A&M hospital, IHHN, noorulain590@gmail.com

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**Abstract:**
***Aim:*** *Improving physician resiliency has the potential to tackle the issue of burnout, that harms both clinicians and cases in addition grows in residents through every year of training. As there is a lack of certainty on this term, programs aiming at improving physician endurance are diverse and employ a variety of goals to gauge effectiveness. A better knowledge of how resilience manifests itself might help to improve exertions to build in addition assess it among physicians in training.*
***Methods:*** *A qualitative research employed deductive research methods to examine semi-organized conversations through the example of obstetrics in addition gynecology residents from an urban academic health care facility. Longitudinal participation via two groups of interviews spaced 3-6 months apart allowed for seasonal and contextual differences. After enrolling 19 residents representing completely 1 years of postgraduate studies, thematic saturation was attained. To promote the reliability of the research, a three-phase coding method included ongoing comparisons, reflective memoranda, and member checking.*
***Results:*** *There is now the conceptual framework for robustness as the socio-ecological phenomena. Endurance was related to professionalism, in addition mission helped to ground the person and give a foundation of support in the face of hardship. Relationships with people, both inside also outside of medicine, were critical to growing flexibility, as did finding meaning in events. Individuals' capacity to establish personal resilience was strongly influenced by their personal and professional contexts.*
***Conclusion:*** *In this environment, physician perseverance arose as a developing phenomenon impacted by both individual as opposed to adversity and surrounding culture. This shows that both personal performance programmes and systemic and cultural changes might increase a physician's ability to flourish.*
**Keywords:** *Physician Resiliency, Qualitative Research, Gynecology, Obstetrics.*

**Corresponding author:**
**Dr. Noor Ul Ain**
*Medical Officer, Family medicine, A&M hospital, IHHN,*
*noorulain590@gmail.com*

QR code

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## INTRODUCTION:

High rates of physician burnout remain concerning, considering the consequences for doctors' standard of living and care delivery. Physician burnout causes medical mistakes and lowers treatment quality. Burnout is related through depressive symptoms in addition mortality, besides degrees of burnout increase with each year of medical school [1]. Interventions for reducing physician burnout have grown, nonetheless they need to be more closely linked to theoretical arguments. Burnout is a symptom of extreme stress, and organizational problems that contribute to the stress of medical practice necessity similarly remain addressed. Nevertheless, improving physician resilience was seen as a crucial step forward. The topic of persistence has received little attention amongst physicians [2]. A recent evaluation of treatments to improve resilience found disparities in methodologies and metrics, whereby the authors attribute to a lack of clarity all around notion. Properly said, resilience is the ability to thrive in the face of danger. Resilient people exhibit comparable behaviors and characteristics in a variety of situations. However, a robust individual may be clearly identified, academics disagree on whether resilience is a permanent personal attribute or a talent that can be learnt. Initially researched in infants who flourish in challenging surroundings, resiliency has been documented in a variety of settings in addition arises as the dynamic interaction of internal and environmental elements [3]. Assumed the prevalence of workload stress, unpleasant occurrences, in addition emotional demands, this is critical to prepare resilient health care employees who can flourish in face of danger in long run. Even though some people are inclined to resiliency, this has been proposed that adaptability can only be developed via exposure to hardship. The social elements that encourage the development of resilience are thought to be crucial, although their importance is unknown [4]. A conceptual model for resiliency amongst medical students was developed in a study, symbolized by the gas tank containing contributions that boost or lower fuel level available for handling. The model suggests how internal besides external influences may interact inside an aspiring physician, although it cannot apply to doctors in position training. Work hours, sleep deprivation, medical working settings, time demands, emotional obstacles of working through sick, demanding clients, in addition feeling lonely have been linked in medical training. Disconnecting from reactions to these obstacles may be one of the causes of burnout among surgeons in training. The physician culture that values service, quality, competency, knowledge, also sympathy can push trainees to pursue extremes of self-deprivation, omniscience, besides perfection, which can lead to personal anguish. Studying how trainees and doctors stay engaged and compassionate in the face of globalization may provide insight into how medical resiliency evolves [5].

## METHODOLOGY:

This is qualitative research that employs theoretical framework to allow for deductive classification tasks to use a continuous similarity measure to study. A training program director, two narrative medicine lecturers, the resident, and the PhD educator having competence in qualitative methodologies comprise study team. The study takes place in a big metropolitan academic medical facility. The reason for choosing OBGYN trainees for the current model remained conducted on sensitivity sample principle, a theoretical technique that picks individuals with a 'strong but not excessive' knowledge of resiliency. According to research, resilience persons may be determined by their conduct and how they handle the demands of the job in a therapeutic setting. The interviewers approached them anonymously, and each subject was issued an identification number. After obtaining informed consent, the interviewers used a semi-structured interview guide to question participants regarding their experiences. The interview questions were based on domains recognized as significant to resistance in research of other ethnicities. The study of the initial interviews influenced the follow-up questionnaire form (Appendix S2). The interviews lasted 50-65 minutes and were carefully recorded and translated. The two transcripts for study participants were connected by each patient's unique identity. Recruiting was carried out until theme saturation was reached.

## RESULTS:

After sharing the recordings with these other members of the study team, interviewers de-identified them. Every transcript was reviewed by two coders, who gave deductive, content-driven codes to text parts. Sequential talks were used to reach consensus among coders, and a distinct, identical codebook was developed for each set of interviews. The codes and subcategories in Tables 1 and 2 were developed by constant comparative of the assessment with subsequent interviews. Memos documented findings and investigated reflexivity in scrutiny. Refrains remained identified when thoughts surfaced across codes and data groups, resulting in formation of the theoretical model in the current setting. Thematic saturation remained obtained after 15 interviews once researchers comprehended not just the concepts but also the significance of the respondents' comments.

Two further interviews have been conducted to validate the analysis. The third round of theme coding produced an explanatory model for the links between it groups. The preliminary examination of the initial interview data is given below. Insights from that assessment were used to construct the conceptual model of resistance, which remained verified and enhanced in the current study (Figs. 1 & 2). After both sets of surveys, member checking entailed collecting all of the residents together like a group and discussing the coding and theme assessment, the conceptual model, and anonymized example quotes. The research revealed four significant themes. These would be given in chronological order, accompanied by the conceptual model that illustrates resilience in the current setting. The essential component of resilience is the development of one's individual practice. Residents respond to obstacles by reflecting on their its role as doctors. Sympathetic that hurdles are the normal part of professional development process gives confidence and guidance. Tensions among professional principles and day-to-day problems are worrisome. Making errors is a major cause of stress. Whenever those high-achieving trainees fail to meet their own goals, they begin to uncertainty their suitability for field. It maintains their professional status when they can see failures as part of the learning process. Senior citizens frequently declare that they have learnt to tolerate their faults in this manner. Partnerships between coworkers are especially important in times of dispute and ambiguity. People explain those interactions using metaphors such as groups and troops in trenches. They can disclose to their classmates once they are unsure about themselves.

**Table 1:**

| Subject | Post course Score | Pre course Score | P Value |
|---|---|---|---|
| Knowledge of equipment | 5.5 | 4.2 | <.0002 |
| Overall course evaluation | | 5.4 | |
| Anxiety with procedure | 5.4 | 4.7 | <.0003 |

**Table 2:**

| Subject | Post course Score | Pre course Score | P Value |
|---|---|---|---|
| Simulated steps of cystoscopy performed | 6.6 | 2.8 | <.0002 |
| Identifying equipment | 8.8 | 4.7 | <.0002 |
| Assembling equipment | 7.1 | 2.5 | <.0002 |

## DISCUSSION:

The study explores the skills of the small sample of members in the single urban, academic training scenery for a specific specialization. This approach enabled the discovery of mutual designs besides procedures of resistance to arise, nevertheless it remains probable to have included elements also attitudes that cannot be shared across specializations and settings [6]. In instruction to remove pressure on trainees to cooperate before address questions in the socially desirable manner, researcher has conducted interviews remained not key ability associates of residency program [7]. Attributed to occurrence of study team's program director, identifiable information in the recordings have been deleted before study to safeguard subjects' anonymity. Several ideas can have been lost or muddled as a result of this procedure [8]. The study team's training in narrative medicine influenced the prism throughout that they examined the stories presented by respondents and the analyses. Hearing separately other's stories over procedure of member checking helped inhabitants to see that their own challenges remained comparable to that of others, which was an unexpected effect of the study project [9]. This had a good influence on the residency culture and demonstrates that by fostering conversation of shared threads, a few of the poisonous strains in medical culture may remain countered in local contexts. In medical education, the role of social relationships as a key part of resiliency has just been addressed. Curricular treatments that aid in the digesting of events and the discovery of meaning may be advantageous to personal growth. Narrative medicine workshops, for example, employ introspective dialogues to initiate talks regarding personal experience [10].

## CONCLUSION:

This developed framework for physician endurance can aid in the design of theoretically sound, scientific proof treatments to improve resilience, as well as the identification of methods to assess such therapies. This research is needed to examine what can be done to improve doctors' capacity to flourish in current health

care settings. This study implies that physician fortitude emerges because each practitioner navigates challenges sideways his or else her professional journey, besides that encompassing culture has capacity to either help or obstruct that development.

**REFERENCES:**


1. Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. Am J Med 2020; 114 (06) 513-519
2. Wright AA, Katz IT. Beyond burnout - redesigning care to restore meaning and sanity for physicians. N Engl J Med 2018; 378 (04) 309-311
3. Wiederhold BK, Cipresso P, Pizzioli D, Wiederhold M, Riva G. Intervention for physician burnout: a systematic review. Open Med (Wars) 2018; 13: 253-263
4. Bar-Or YD, Fessler HE, Desai DA, Zakaria S. Implementation of a comprehensive curriculum in personal finance for medical fellows. Cureus 2018; 10 (01) e2013
5. McKillip R, Ernest M, Ahn J, Tekian A, Shappell E. Toward a resident personal finance curriculum: quantifying resident financial circumstances, needs, and interests. 2018; 10 (04) e2540
6. Richardson T, Elliott P, Roberts R, Jansen M. A longitudinal study of financial difficulties and mental health in a national sample of British undergraduate students. Community Ment Health J 2019; 53 (03) 344-352
7. Mata DA, Ramos MA, Bansal N. et al. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. JAMA 2020; 314 (22) 2373-2383
8. Mizell JS, Berry KS, Kimbrough MK, Bentley FR, Clardy JA, Turnage RH. Money matters: a resident curriculum for financial management. J Surg Res 2021; 192 (02) 348-355
9. Bailey WC. et al. The relationship of financial stress to overall stress and satisfaction. Personal Finances Worker Productivity 2021; 2 (02) 198-207
10. Tahira H, Cäzilia L. Understanding the impact of employer-provided financial education on workplace satisfaction. J Consum Aff 2019; 39 (01) 173-194