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JUDUL : Indonesian medical students' strategies to strengthen resilience: Among self, others, and faith

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- ✓ **Astrid Pratidina Susilo**
- ✓ **Ervin Dyah Ayu Masita Dewi**
- ✓ **Satrio Utomo**
- ✓ **Jasmine Aulia Sabrina**

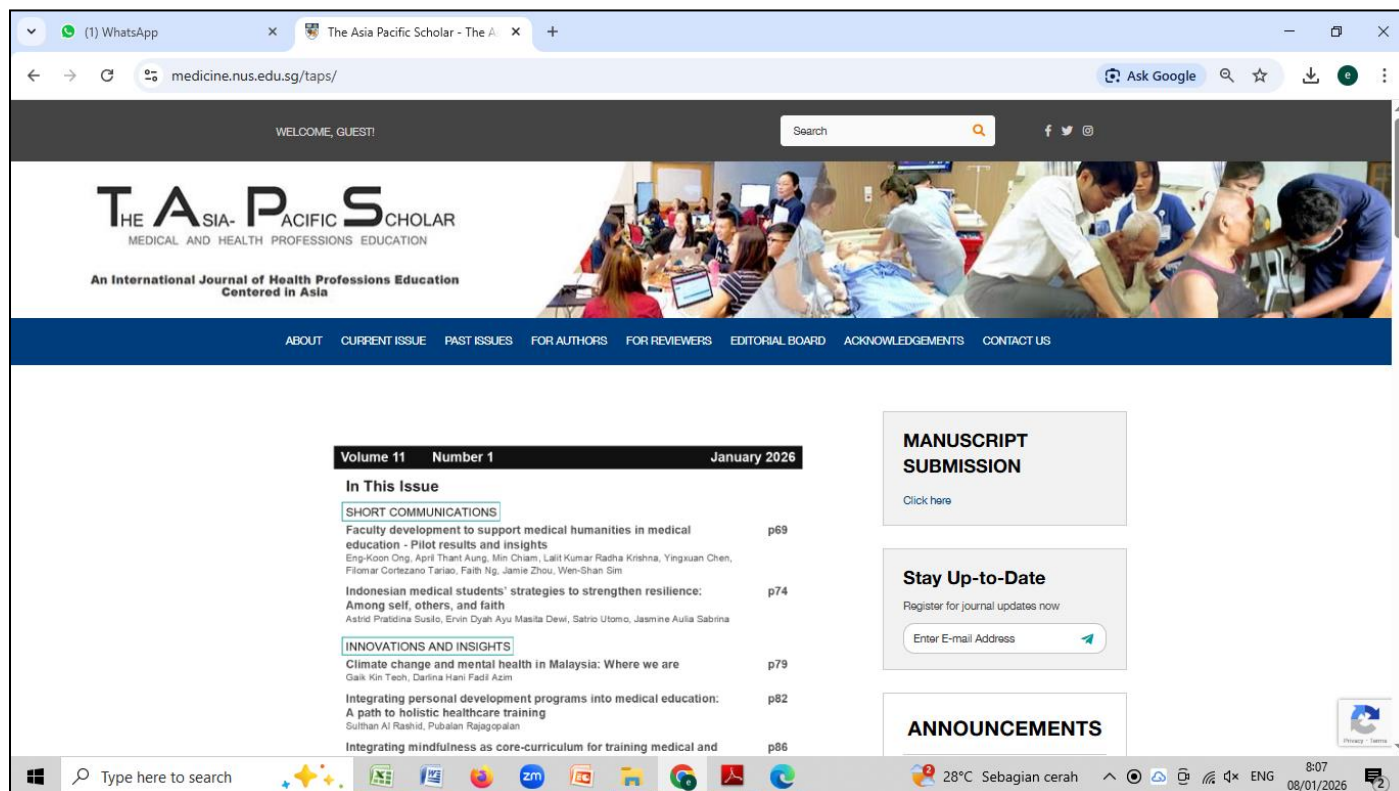
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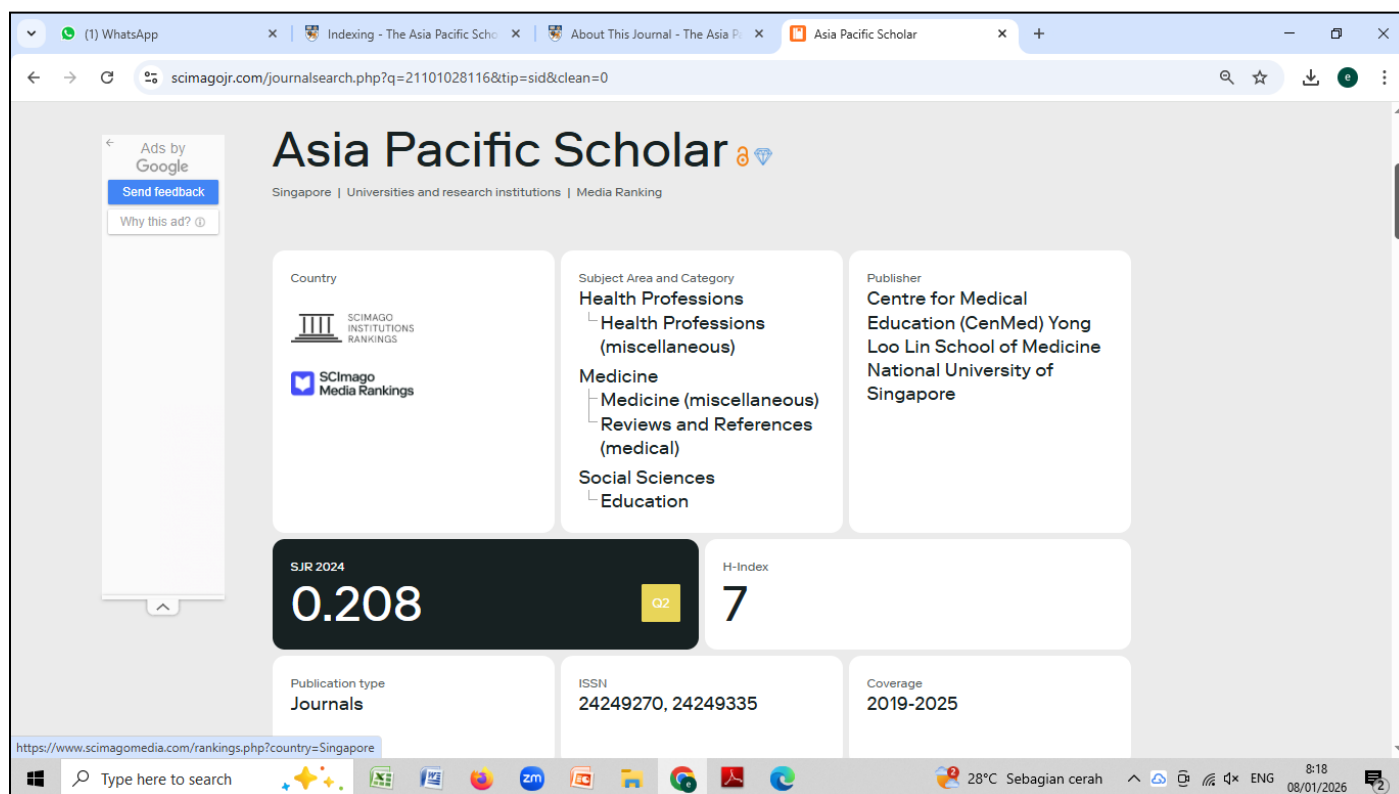
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¹School of Medicine, Faculty of Health & Medical Sciences, Taylor's University, Malaysia; ²Faculty of Medicine, MAHSA University, Malaysia

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Dayo Rotimi Omotoso¹ & Joy Oyiza Peter²

¹Department of Human Anatomy, Faculty of Basic Medical Sciences, Redeemer's University, Ede, Nigeria; ²Department of Educational Technology, Faculty of Education, University of Ilorin, Ilorin, Nigeria

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¹Rural Clinical School, Griffith University, Toowoomba, Australia; ²Rural Medical Education Australia, Toowoomba, Australia

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¹Chief Pharmacist's Office, Ministry of Health, Singapore; ²Division of Pharmacy, Singapore General Hospital, Singapore; ³Department of Pharmacy, Ng Teng Fong General Hospital, Singapore; ⁴Centre for Medical Education, Yong Loo Lin School of Medicine, National University of Singapore, Singapore; ⁵Department of Pharmacy and Pharmaceutical Sciences, National University of Singapore, Singapore; ⁶Division of Allied Health & Pharmacy, Singkang Health, Singapore

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¹Department of Rheumatology and Immunology, Singapore General Hospital, Singapore; ²Program in Health Services and Systems Research, Duke-NUS Medical School, Singapore; ³Office of Education, Duke-NUS Medical School, Singapore; ⁴Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

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Taniao², Faith Ng¹¹, Jamie Zhou^{1,4} & Wan-Shan Sim⁴⁻⁶

¹Division of Supportive and Palliative Care, National Cancer Centre Singapore, Singapore; ²Office of Medical Humanities, SingHealth Medicine Academic Clinical Programme, Singapore; ³Division of Cancer Education, National Cancer Centre Singapore, Singapore; ⁴Duke-NUS Graduate Medical School, Singapore; ⁵Maternal Fetal Medicine, KK Women's and Children's Hospital, Singapore; ⁶PGY1 Programme, SingHealth, Singapore; ⁷Assisi Hospice, Singapore; ⁸School of Humanities, Nanyang Technological University, Singapore; ⁹School of Dance, Nanyang Academy of Fine Arts, Singapore; ¹⁰Shaw Heritage Arts and Wellbeing Studios, Singapore; ¹¹Checkpoint Theatre, Singapore

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Indonesian medical students' strategies to strengthen resilience: Among self, others, and faith

Astrid Pratidina Susilo¹, Ervin Dyah Ayu Masita Dewi¹, Satrio Utomo² & Jasmine Aulia Sabrina²

¹Department of Medical Education and Bioethics, Faculty of Medicine, Universitas Surabaya, Indonesia; ²Bachelor Program of Medical Education, Faculty of Medicine, Universitas Surabaya, Indonesia

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¹Department of Psychology and Counselling, School of Psychology and Social Science, IMU University, Malaysia; ²Department of Psychology and Counselling, School of Psychology and Social Science, IMU University, Malaysia

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Sulthan Al Rashid¹ & Pubalan Rajagopalan²

¹Department of Pharmacology, Saveetha Medical College and Hospital, Saveetha Institute of Medical and Technical Sciences (SIMATS), India; ²Medical Surgical Department, Farrer Park Hospital, Singapore

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Indonesian medical students' strategies to strengthen resilience: Among self, others, and faith

Astrid Pratidina Susilo¹, Ervin Dyah Ayu Masita Dewi¹, Satrio Utomo² & Jasmine Aulia Sabrina²

¹Department of Medical Education and Bioethics, Faculty of Medicine, Universitas Surabaya, Indonesia; ²Bachelor Program of Medical Education, Faculty of Medicine, Universitas Surabaya, Indonesia

Abstract

Introduction: Limited resources have caused many challenges in health care. Health workers faced dilemmas that potentially cause burnout. Medical students must be strengthened with resilience when facing dilemmas. This study aimed to investigate Indonesian students' strategies for strengthening resilience after participating in a bioethics workshop based on reflective and collaborative principles.

Methods: A bioethics workshop based on reflective and collaborative principles without didactic elements was conducted with 30 medical students. We collected quantitative data from the Adapted Version of the Adult Personal Resilience Questionnaire and qualitative data from the students' reflections on strategies to strengthen resilience. Descriptive statistics and thematic analysis were used to analyse the quantitative and qualitative data, respectively.

Results: Thirty students participated in the study. The total score of the resilience questionnaire was 4.28 (SD 0.39), indicating that the students perceived themselves as having a moderate-to-high level of resilience for all items. The following four themes from the qualitative analysis were identified: faith, adaptation, self-management, and relationships.

Conclusion: Indonesian students' strategies for strengthening resilience are related to faith, adaptation, self-management, and relationships. Although without a didactic approach, the reflective and collaborative learning in this workshop can raise medical students' awareness of strategies for building resilience and provided an opportunity for students to reflect on their resilience level.

Keywords: *Resilience, Reflective Learning, Collaborative Learning, Self-Management, Relationships, Faith, Mixed-Method Approach*

I. INTRODUCTION

During the corona virus disease 2019 (COVID-19) pandemic, many healthcare professionals worldwide experienced burnout for several reasons, such as a high workload, fear of getting infected, and passing on the infection to family members. They also faced ethical dilemmas, were compelled to make challenging decisions about which patients to focus on during resource scarcity, and experienced hopelessness about not being able to help all the patients. They had to "play God without God's power," determine who could be admitted for care, and who had to be left behind.

Previous studies have shown that the situation was overwhelming, and healthcare professionals were unprepared to face it (Ningrum & Missel, 2023).

Beyond the COVID-19 pandemic, healthcare resource scarcity is a reality that healthcare professionals frequently encounter. Therefore, it is essential to prepare future healthcare professionals to be able to decide on resource allocation during resource scarcity and build their resilience to face unpredictable situations (Dewi et al., 2023). Resilience refers to one's ability to "spring back into shape," that is, recover quickly from challenges

by using a positive coping mechanism. Resilience is multidimensional and can be learned. Nurturing resilience is more than a mere one-point process. It is a longitudinal process that requires practice and perseverance (Calo et al., 2024).

Most resilience education includes didactic content that introduces theories and strategies related to resilience, such as mindfulness or meditation practices (Calo et al., 2024). As students naturally have coping mechanisms and can learn from each other, we developed a workshop to raise awareness of resilience based on reflective (Calo et al., 2024) and collaborative learning principles (Yang, 2023). We asked the students to complete a questionnaire to reflect on their resilience levels and subsequently engage in discussions with peers. To investigate whether this educational approach can raise students' awareness of resilience, we explored the students' key takeaways from this workshop using the following research question: what are the students' strategies to strengthen resilience after attending a workshop based on reflective and collaborative principles?

II. METHODS

This study was conducted in a private medical school in East Java, Indonesia. We developed a one-day bioethics workshop tailored to address the gaps highlighted by previous study (Dewi et al., 2023) with three objectives. First, we aimed to improve students' decision-making skills in ethical decisions. Second, we introduced the communication skills necessary to discuss with patients and their families. Third, we attempted to raise students' awareness of developing resilience. This study focuses on the third objective. The participants were third- and fourth-year pre-clinical phase medical students who were selected using a random sampling approach. Although they have not yet experienced significant real-patient encounters, they had a basic understanding of bioethics and doctor-patient communication skills, while modules on resilience were not yet included in the curriculum. All participants were informed about the study goals and procedures and signed written consent forms.

During the session on resilience, which lasted one hour, the students engaged in several activities. They reflected on their resilience levels by completing a questionnaire. This activity was based on the principle of reflective learning. Subsequently, considering the ethical dilemma of resource scarcity, the students discussed in pairs how to mitigate burnout due to such a dilemmatic situation and how to strengthen their resilience. The method was based on the collaborative learning principle. Finally, the students shared their strategies to strengthen their resilience as medical students.

We collected the quantitative and qualitative data from the questionnaire and students' reflections, respectively. This study used the Adapted Version of Adult Personal Resilience Questionnaire, translated to Indonesian, and used in a study to explore physicians' resilience in remote areas (Handoyo et al., 2021). The questionnaire had a 5-point Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree). We modified the Indonesian version and validated the content with three experts (two medical educationalists and one psychiatrist). The experts scored the relevance of each item to measure resilience (1=highly irrelevant, 2=irrelevant, 3=relevant, and 4=highly relevant). Only those items for which all experts scored 4 were included. The final questionnaire consisted of 19 items, with a Cronbach's alpha of 0.848. Data from the questionnaire were descriptively analysed using SPSS 26 while the qualitative data were analysed using a thematic analysis approach. Two researchers independently coded and developed themes and discussed them until a consensus was achieved.

III. RESULTS

Thirty students (11 male and 19 female) participated in the study. The total score of the resilience questionnaire was 4.28 (SD 0.39), indicating that the students perceived themselves as having a moderate-to-high level of resilience for all items.

No.	Item	Mean	Standard Deviation (SD)
Determination			
1	Once I set a goal, I am determined to achieve it.	4.10	0.89
2	I persevere at the things I decide, despite difficulties.	4.27	0.69
3	Being determined is an important part of my character.	4.23	0.86
4	I keep trying for the things I want until I reach them.	4.37	0.62
	Subtotal	4.24	0.54
Endurance			
5	I am able to live through difficult times	4.23	0.77
6	I can withstand difficult situations.	4.30	0.84
7	I can endure the problems that life brings.	4.23	0.86
8	I can endure even when I am attacked	4.00	0.87
	Subtotal	4.19	0.69
Adaptability			
9	I have the ability to adapt to difficult situations.	3.73	1.02
10	I can change to fit into many kinds of circumstances	3.90	0.80
11	I can find ways to adapt to unexpected conditions.	3.97	0.62
	Subtotal	3.87	0.67
Recuperability			
12	I recover from any misfortune that happens to me.	3.93	0.74
13	I am able to bounce back from any kind of adversity.	3.93	0.74
14	I can recover from any type of problem.	3.97	1.00
	Subtotal	3.94	0.66
Life Calling			
15	I believe that God has a purpose in placing me here.	4.80	0.48
16	God has always guided me through my life.	4.73	0.58
17	God would never allow me to walk through life alone.	4.77	0.68
18	Even in difficult situations, God has been there to guide me.	4.83	0.46
19	I believe that God is ever-present, in everything I do	4.93	0.25
	Subtotal	4.81	0.36
	Total	4.28	0.39

Table 1. Participants' Resilience as Measured in the Adapted Version of the Adult Personal Resilience Questionnaire

Four themes emerged from the qualitative analysis: faith, adaptation, self-management, and relationships. Each theme was described and relevant examples of quotes to illustrate them are provided below.

A. Faith

The participants implied that resilience was related to their faith in God. They believed that God would not give them a “test” that was more difficult than their ability to handle it. The importance of believing that God will give the strength to deal with every problem was strongly emphasised. Additionally, the participants mentioned striving to be “*Ikhlas*” (sincere) and repeatedly accepting their reality as strategies to improve resilience. For

example, Student 3 wrote, *“I will accept the reality and handle every situation with sincerity.”*

B. Adaptation

Participants believed that they could increase their resilience through ongoing practice. Thus, self-motivation and self-confidence were essential factors. They mentioned strategies, such as stepping out of their comfort zones, trying new things, and improving their perseverance and recoverability. For instance, Student 25 mentioned *“Practice to challenge oneself toward change”* as a strategy for resilience.

C. Self-Management

Participants reported that self-management is important in achieving resilience. They need to understand their limits as well as learn how to manage stress, emotions, and time. Students also mentioned meditation, journal writing, and rest as self-management strategies that improved resilience. They argued that a balance between logic and feelings increases one’s resilience.

D. Relationship

Students were aware of the fact that they need friends and colleagues to share, collaborate with, and make decisions. They need to have friends with a positive attitude, surround themselves with individuals with a positive outlook, and participate in volunteering activities. Student 8 shared, *“Do not push yourself; try to share your problems with your friends.”*

IV. DISCUSSION

The study findings revealed that the workshop based on reflective and collaborative learning principles can raise students’ awareness of effective strategies to strengthen their resilience. Two themes were in line with the constructs in the questionnaire: “faith” and “adaptation”. “Faith” is a fairly similar concept to “life calling” while “adaption” reflected other subscales in the questionnaire, such as “determination” and “recoverability” (Handoyo et al., 2021). This resemblance suggested that students were inspired when they reflected on the questionnaire in which they scored themselves on a relatively high scale of 3 or above for all items. The reflection process exposed them to the concept of resilience.

However, “self-management” and “relationships” were not reflected in the questionnaire responses, but found in pair discussions and personal reflections. Beyond what they learned while completing the questionnaire, the students gained new ideas through discussions with their peers. Collaborative learning raised the students’

awareness, as they learned from each other’s perspectives during the discussion (Yang, 2023).

Overall, the students’ ideas were in line with the findings of previous research on strengthening resilience (Calo et al., 2024) and covered diverse aspects. In their writing, they could indicate the dynamics of the strengthening resilience through internal adaptation, relationships with others, and views from a faith perspective. “Adaptation” and “self-management” reflected the strategies for improving resilience which comes from within. The “relationship” aspect suggested the students’ need for other people in their lives as a critical support system in strengthening resilience. Finally, “faith” showed that the students viewed God’s influence as essential for nurturing resilience.

This study has certain limitations. First, the workshop focusing on resilience was short (only one hour) as it was embedded in a larger workshop aimed at enhancing the students’ decision-making skills in ethical dilemmas. A longitudinal workshop may yield different results. Second, the qualitative data were based on the students’ writing, which was influenced by their ability to express themselves. Interviews may have yielded different results.

Despite this constraint, the findings showed that a workshop based on reflective and collaborative learning, without a didactic approach, could raise medical students’ awareness of strategies to build resilience. This finding is important in providing alternative strategies to strengthen resilience in medical education, particularly when time is constrained. Future studies need to explore the transfer of learning, that is, to what extent students apply what they are aware of in actual practice and how it can improve their resilience levels. Additionally, it is essential to examine whether improved awareness of resilience will enhance medical students’ abilities to face ethical dilemmas in future clinical practice.

V. CONCLUSION

Although without a lecture, a workshop based on reflective and collaborative learning could raise medical students’ awareness of strategies to build resilience. Students’ have ideas of strategies which fall into four categories: faith, adaptation, self-management, and relationship.

Notes on Contributors

Astrid Pratidina Susilo conceptualised the study, organised the workshop, collected and analysed the data, and drafted the manuscript.

Ervin Dyah Ayu Masita Dewi conceptualised the study, organised the workshop, analysed the data, and drafted the manuscript.

Satrio Utomo organised the workshop, collected the data, and reviewed the manuscript.

Jasmine Aulia Sabrina organised the workshop, collected the data, and reviewed the manuscript.

Ethical Approval

Ethical approval was obtained from the University Surabaya Ethical Committee (approval no.297/KE/I/2024).

Data Availability

Data were in Indonesian and can be made available upon personal request.

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Declaration of Interest

The authors declare no conflicts of interest.

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*Ervin Dyah Ayu Masita Dewi
Faculty of Medicine, Universitas Surabaya
Jalan Raya Kalirungkut, Surabaya,
60293, Indonesia
+62-85865256147
Email: ervin_dyah@staff.ubaya.ac.id