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## **Navigating the Path Toward Professional Wellbeing: Decoding the Relationship Between Positive Mental Health and Resilience in Physicians at a High-Complexity Hospital in Bogotá.**

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### **Abstract**

**Introduction:** Addressing mental health, a dynamic and culturally variable concept, requires comprehensive analysis in the medical field. This study highlights the importance of researching positive mental health and resilience in doctors starting their careers, going beyond the mere absence of mental disorders. It emphasizes the need to understand resilience as an essential component in this context, especially in the face of challenges such as "Burnout" syndrome.

**Methodology:** The "Positive Mental Health (PMH) Scale" and the "Wagnild and Young Resilience Scale" were administered to doctors beginning their career paths. A descriptive and correlational analysis was conducted between the results of both scales. Results: A total of 93 young medical professionals participated, with most women. The results reveal a positive correlation between positive mental health and resilience. Although, in general, an increase in positive mental health was associated with greater resilience, atypical cases showed inverse correlations, thus underscoring the complexity of this relationship.

**Discussion:** The evident correlation between positive mental health and resilience highlights the importance of adaptability in challenging work environments. The low scores in criteria assessing physical and emotional aspects suggest potential deficiencies in the comprehensive understanding of what positive mental health entails in the studied population. There is a highlighted need to strengthen strategies to manage work-related stress, especially in improving equanimity.

**Conclusions:** There is a correlation between positive mental health and resilience in this group of professionals. Understanding this relationship enriches knowledge and suggests practical strategies to improve the quality of life of healthcare professionals, specifically doctors, prioritizing a balance between work and personal life.

### **Keywords**

Mental health, psychological resilience, physicians, health personnel, personal exhaustion, professional burnout, caregiver burden, positive mental health (MeSH).



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## **Introduction:**

Mental health, a dynamic construct whose nuances vary based on context, culture, and socioeconomic influences, is increasingly significant in contemporary medical discourse (1). Currently, the breadth of the concept demands exploration beyond traditional parameters, addressing conventional aspects of mental health and focusing on its positive facets. This study ventures into understanding positive mental health and resilience among doctors beginning their professional practice, transcending the mere absence of mental disorders. The relevance of considering resilience as a crucial component in this context is proposed, particularly in the face of inherent challenges, such as "Burnout" syndrome.

In this context, we will delve into the analysis of positive mental health, conceptualized as a subjective state of well-being that encompasses a favorable perception of one's life and the ability to cope with everyday demands (2). This approach is distinguished by structuring around six specific dimensions: personal satisfaction, prosocial attitude and interpersonal relationship skills, self-control, problem-solving, self-actualization, and autonomy (3). Moreover, there is an urgent need to incorporate resilience as an essential element, understood as an individual's adaptive capacity which, from an optimistic perspective, enables individuals to face adverse situations and overcome their negative effects. This concept plays a cardinal role in the dynamics of positive mental health (1).

In the challenging environment faced by healthcare professionals, significant obstacles arise that transcend health care. Among these, distress, constant pressure, and work overload emerge as factors leading to "Burnout" syndrome, characterized by lack of energy, emotional fatigue, job dissatisfaction, slowness, and isolation (4). This exhaustion is perceived as a psychosocial risk in the workplace, especially in professions that require a high degree of motivation, such as medical care. Faced with this occupational hazard, there is a need to explore protective factors such as positive mental health and resilience.

A study conducted at the third-level University Hospital in Santa Marta, Colombia, using the Maslach Burnout Inventory (MBI) questionnaire on 56 doctors, revealed 94.6% emotional exhaustion and 53.6% depersonalization (5). A descriptive cross-sectional study in Bucaramanga, analyzing the prevalence of Burnout syndrome among 40 medical residency students, showed 42.5% emotional tiredness, 55% low depersonalization, and only half reported a high level of personal accomplishment (6). These figures reinforce the need to thoroughly investigate positive mental health and resilience as protective factors in the medical community.

A study at the School of Biological Sciences, University of Northern Colorado, evaluating the differences in tenacity (Grit) and resilience scores among 289 thesis and first-year medical students, revealed no significant differences between the two groups. This finding, although subject to limitations such as low effect and statistical power and potential response bias, raises crucial questions about the retention or dropout of doctoral students. Despite its limitations, this study contributes to understanding the retention or dropout decisions in this student group, suggesting that, in the examined context, tenacity and resilience may not be significant predictors, thus opening new lines of research and theoretical reflections that motivate this current study (7).



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This research aims to explore the correlation between positive mental health and resilience in doctors beginning their professional practice, through the analysis of the results of their positive mental health assessments and resilience levels

### **Methodology:**

To contextualize this research, a systematic search was conducted in databases such as PubMed, aiming to gather information on previous studies that have utilized the "Positive Mental Health (PMH) Scale" (8) and the "Wagnild and Young Resilience Scale" (9).

Within the framework of this study, the validated Spanish versions of the positive mental health and resilience scales were applied to the target population. Subsequently, a descriptive analysis of the results was carried out, focusing on the dimensions of positive mental health assessed by the PMH Scale (see Table 1) and the interpretation of the statements evaluated in the Resilience Scale (see Table 2). As a next step, a correlational analysis was conducted using visual tools such as scatter plots and comparison tables.

### **Results**

In relation to the review of the literature for prior studies like the present one, a notable lack of information was highlighted that linked the concepts of positive mental health and resilience in the context of physicians. Specifically, no evidence was found of the simultaneous application of questionnaires assessing both aspects in this population. On PubMed, the search did not yield results related to the implementation of the positive mental health scale in physicians, although some studies linked to the concept of resilience were identified, such as "A clinometric analysis of the euthymia, resilience, and positive mental health scales" (11) and "Assessing the Mental Health, Physical Activity Levels, and Resilience of Today's Junior College Students in Self-Financing Institutions" (12). Embase and Scielo also lacked relevant information for the study population, though results associated with resilience were identified. On the other hand, the Reference database showed limited results, without mentioning the application of the scales in physicians or their relationship with resilience.

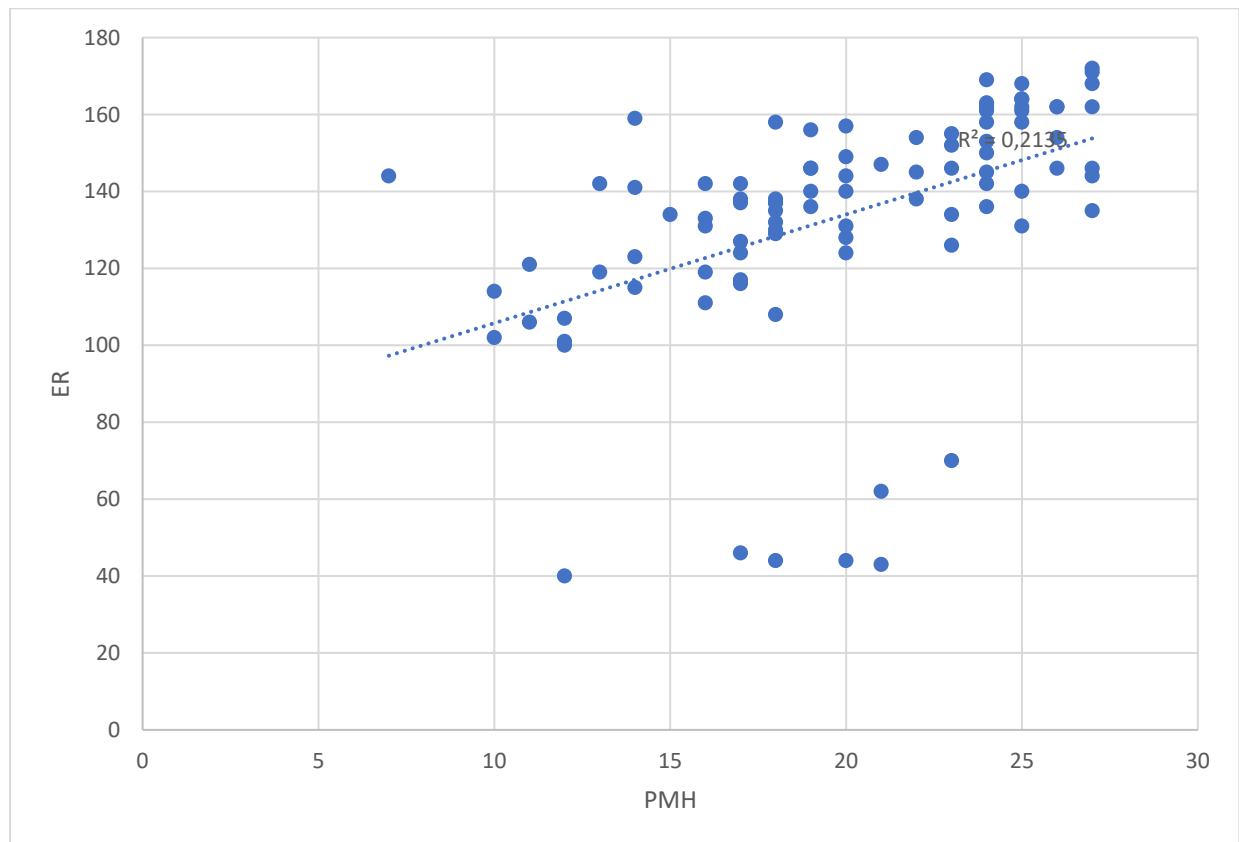
The specific search for the Wagnild and Young resilience scale also did not provide relevant results regarding its application in physicians nor its simultaneous implementation with the positive mental health scale in the consulted databases.

In this cross-sectional study, 93 medical professionals participated, of which 65% were women and 33% were men, with an average age of 22 years. Regarding living arrangements, the majority of participants (58%) reported living with their family, followed by 22% residing independently, and 13% sharing housing with a roommate. In terms of sociodemographic factors, 58% of the participants practice a religion, while the remaining 35% do not follow religious practices. Moreover, most of the participants reside in socioeconomic strata 4, 5, and 6.

The results derived from the application of both surveys in our study have revealed a correlation between positive mental health and resilience. This link can be visually appreciated in a scatter plot (See Graph 1), suggesting that as positive mental health increases, an increase in resilience capacity is also observed. However, outlier cases were identified that show an inverse correlation, where higher levels of positive

mental health were associated with lower scores on the resilience scale, highlighting the complexity of this relationship.

**Graph 1. Scatter Plot of ER vs. PMH Results.**

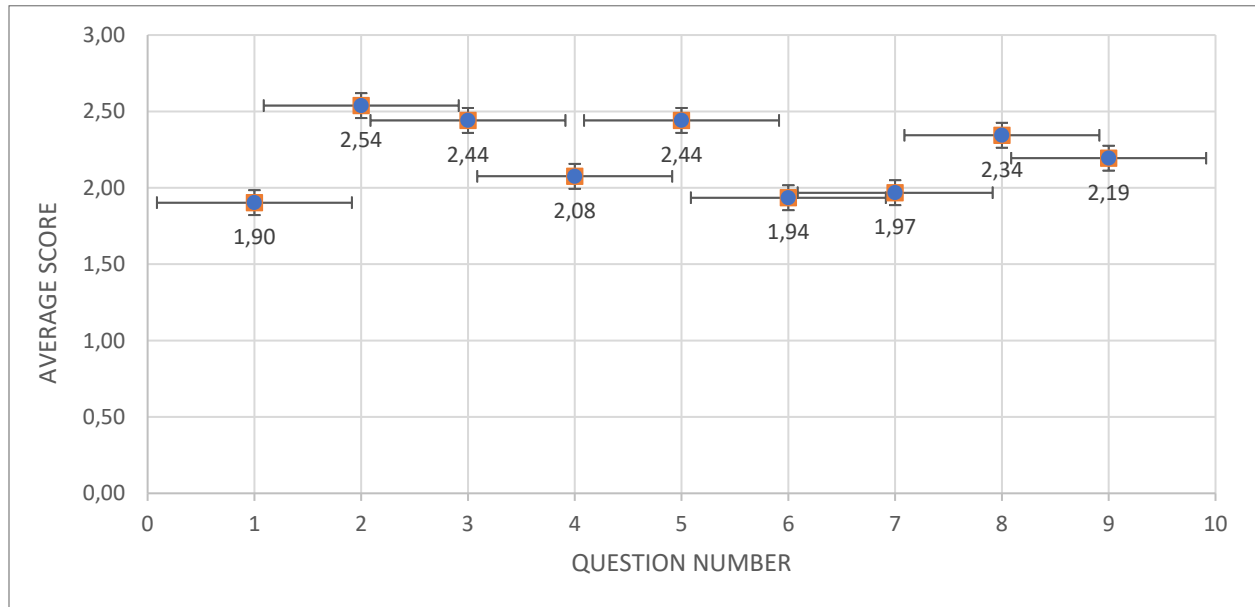


Source authors

Graphs 2 and 3 provide a breakdown of the items for each scale. In Graph 2, it is highlighted that the statement with the highest score is "I enjoy my life," while the one with the lowest score, at a total of 1.9 out of 3 possible, is "I tend to be carefree and in a good mood." It is also relevant to point out that statements 6 and 7, "I am in good physical and emotional condition" and "I feel that I am really well equipped to face life and its difficulties," received globally low scores, both below 2.

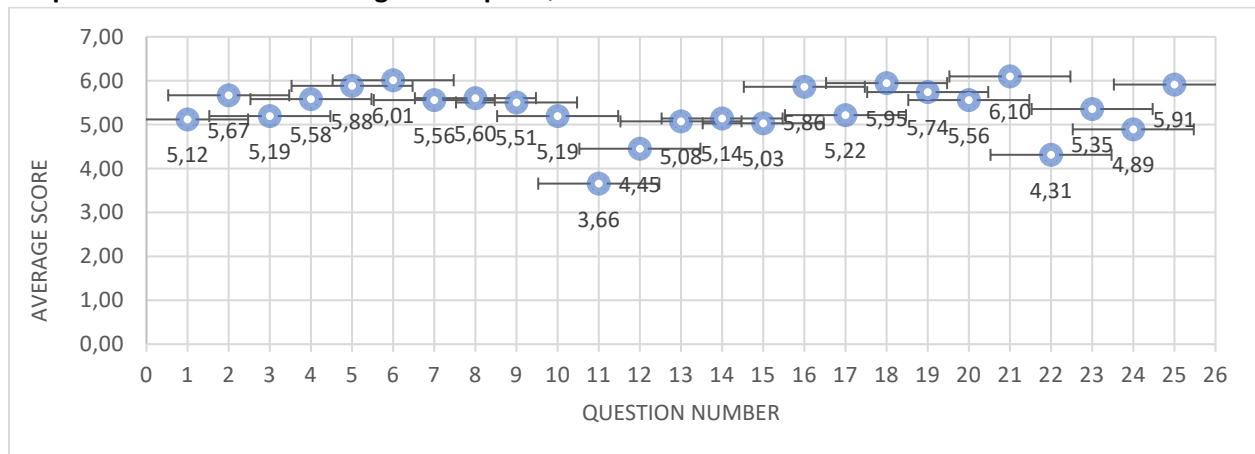
On the other hand, Graph 3 highlights that the criterion with the lowest score on the resilience scale is statement 11, "I rarely wonder what the purpose of everything is," scoring 3.66 out of 7 possible, followed by statement 22, "I do not regret things over which I have no control," which scored 4.31. In contrast, the statement with the highest score, totaling 6.1, is number 21, "my life has meaning," followed by number 6, "I feel proud to have achieved things in my life," with a score of 6.01. This detailed analysis provides a more complete view of the participants' perceptions regarding the various aspects assessed on both scales.

**Graph 2. Distribution of Average Score per Question on the PMH Scale**



Source authors

**Graph 3. Distribution of Average Score per Question on the ER Scale**



Source authors

For a more detailed presentation of the criteria evaluated on the resilience scale, Table 3 breaks down the areas that make up the scale, the total possible items for each area, the average total, and the difference coefficient between the two. The results highlight that the criterion with the greatest disparity is equanimity, assessed in statements 7, 8, 11, and 12, with a possible total of 28 points, while the average response reaches only 19.27. In contrast, the area that scored the highest was personal satisfaction, with a difference of 1.26, derived from a possible total of 28 points and an average total of 22.18. This detailed analysis provides a more precise view of the specific areas where participants show greater or lesser resilience, thus contributing to a detailed understanding of the assessment results.

**Table 3. Comparison between Possible Total and Average Total for Each Area Evaluated on the ER Scale**

Areas Evaluated in the ER	Total possible (TP)	Total average (AT)	Coefficient (TP/AT)
Personal satisfaction	28	22.18	1.26
Equanimity	28	19.27	1.45
To feel lonely	21	16.58	1.27
Self confidence	49	37.84	1.29
Perseverance	49	37.45	1.31

Source authors.

### Discussion

In response to the scarcity of research in the field of positive mental health and resilience among physicians starting their professional practice, this study underscores the importance of exploring these aspects to provide resources that contribute to facing the inherent challenges in their career path.

The research has delved into the correlation between positive mental health and resilience among physicians, a group that faces considerable challenges in their work environment. The findings yield sharp conclusions and raise crucial questions for understanding mental health in the medical field. The correlation identified between positive mental health and resilience, evidenced in the scatter plot, stands as the central foundation of our conclusions. Positive mental health, understood as a state of subjective well-being, along with resilience, underscores the importance of individual adaptability in adverse situations.

Analyzing the responses from the Positive Mental Health Scale (PMH), the low score on statement 6, related to physical and emotional state, suggests that the holistic understanding of positive mental health, beyond the absence of mental disorders, might not be well-rooted in the medical population. Additionally, the low score on statement 7, which evaluates the feeling of being equipped to face difficulties, reveals a significant correlation with resilience, indicating the need to strengthen strategies to cope with workplace stress.

The results from the Resilience Scale, focused on the five areas proposed by Wagnild and Young, point out that equanimity is the least developed dimension among health professionals. This finding could be attributed to the pressures and demands of the medical work environment. Physicians, especially in the early stages of their careers, face stressful situations, critical decision-making, and a significant emotional burden. These constant demands can hinder the ability to maintain equanimity, especially when dealing with pressures, rapid changes, and unpredictable situations. The ability to maintain calm and mental clarity in stressful situations, a valuable component of resilience, emerges as a key area for improvement, given its role in promoting long-term positive mental health and psychological well-being.

Conversely, personal satisfaction stands out as the best-scored area, underscoring the importance of finding fulfillment in both work and personal life. This dimension, linked with resilience, is revealed as a crucial indicator of the capacity to adapt and recover from work-related stress, thus contributing to positive mental health and facing the challenges of the medical profession.

This study proposes the need to design and implement effective strategies to preserve and enhance mental health in physicians at the onset of their professional practice. Positive mental health and resilience emerge as protective factors, allowing professionals not only to endure but also to experience a deeper sense of achievement and personal fulfillment throughout their careers.

## **Conclusions**

The predominance of young participants in this study, which includes 93 medical professionals with an average age of 22, suggests an early interest in understanding mental health and resilience at the initial stages of the profession. Within the demographics, it's notable the higher representation of women compared to men, a trend in the medical field, as well as the percentage of professionals who practice a religion and live with their family. Although this study does not arrive at definitive conclusions, it raises intriguing questions for future research that could further explore the relationship between these factors and the findings presented.

Examining the survey responses confirms a directly proportional relationship between positive mental health and resilience. The presence of one is linked to the presence of the other, highlighting how these dimensions mutually enhance each other. Positive mental health drives resilience, and vice versa, evidencing a symbiotic relationship between the two concepts.

In summary, understanding the complex interconnection between positive mental health and resilience not only enriches theoretical knowledge but also suggests practical strategies to improve the quality of life and emotional well-being of healthcare professionals. These findings are not only relevant from an academic perspective but also point to tangible interventions that address the essential challenge of balancing work demands with personal care, crucial elements for building a healthy and sustainable environment in medical practice.

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