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DO CANADIAN AND JAPANESE PALLIATIVE CARE PHYSICIANS PERCEIVE THE CONCEPT OF RESILIENCE DIFFERENTLY?

Shizuma Tsuchiya¹, Yusuke Takamiya², Alenoush Saroyan³, Linda Snell⁴

1 Corresponding author: Educational Psychology, Faculty of Education, McGill University & Department of Internal Medicine, Showa University Northern Yokohama Hospital, Japan
shizu18@hotmail.com

2 Department of Medical Education, Showa University, Tokyo, Japan

3 Educational and Counselling Psychology, Faculty of Education, McGill University, Montreal, Quebec, Canada

4 Centre for Medical Education, Faculty of Medicine, McGill University, Montreal, Quebec, Canada

Teaching about resilience is one of the biggest challenges in medical education. One of the problems of currently accepted definitions is that they attribute individualistic notions mainly originating in North American society, such as “endure ongoing hardship,” “thrive on challenges,” “be healthy,” and “be stronger.” In response to this situation, Tsuchiya et al (2017) proposed a description of a broader model of a resilient physician in healthcare that incorporates concepts of self-definition as described in both North American and the East Asian societies; that is, “a person’s capacity to be aware of the aspects of the self differently identified in each context, and to consciously value oneself and others in the context”. However, the concept is still theoretical, and more empirical understanding is needed.

This presentation will examine the findings from our exploratory study on physician resilience using semi-structured interviews with 20 palliative care physicians (10 each in Canada and Japan) to answer the following questions:

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- (1) Are there any differences in the way Canadian and Japanese palliative care physician perceive resilience?
- (2) What factors might affect the similarities or differences of their perceptions of resilience?
- (3) Are these findings consistent with Tsuchiya's description?

Following qualitative analysis using a grounded theory approach, a schematic representation of resilience in physicians will be offered, to inform a coherent educational program for resilient healthcare professionals.■