



ABSTRACT

Background. The concept of resilience is recognized as a key component of well-being and is an important factor in medical training to help doctors learn to cope with adversities. Medical students ought to learn to be resilient to survive and thrive in rural practice. This study aimed to understand the development of rural doctors' resilience and mirror it in the clinical education setting.

Methods. This study employed a mixed-method design in three steps of the study. First, an existing resilience questionnaire was adapted to the rural Indonesian context. Then, the rural doctors' resilience level was measured using the adapted questionnaire and its association with their retention in rural areas was analyzed. Finally, representatives of rural doctors were interviewed and the interview transcripts were analyzed qualitatively through the lens of Richardson's Resilience Framework by two researchers to understand how they develop their resilience.

Results. The endurance and comfort-zone dimensions of resilience were significantly different between groups of rural doctors with > 10 years differences in rural practice duration. Although the same stressors were identified between the high and the low resilient participants, their responses were different depending on their perception of the meaningfulness and the manageability of the stressors.

Conclusion. To deal with the time constraint of clinical education, the resilience development efforts should focus on assisting students to find meaning, to develop a sense of manageability by being aware of, develop, gather, and manage their protective factors, to be aware of, and mitigate their risk factors.

Keywords: clinical education, model development, rural general practice, resilience