Pakistan Journal of Positive Psychology

Print ISSN : 3078-6428 | Online ISSN : 3078-6436
Pakistan Journal of Positive Psychology

Original Article

RESILIENCE AND PATIENTS' HEALTH ISSUES: A BRIEF SYSTEMATIC REVIEW

Muhammad Akbar[a*]

[a]Department of Psychology, Govt. Postgraduate College, Jhang, Pakistan

*Correspondence to: Dr. Muhammad Akbar, Assistant Professor, Department of Psychology, Govt. Postgraduate College, Jhang, Pakistan.
E-mail: romanakbar@gmail.com

KEYWORDS
Resilience, Patients' Health Issues, Brief Systematic Review

CITE THIS ARTICLE:
Akbar, M. (2025). Resilience and Patients Health Issues: A Brief Systematic Review. Pakistan Journal of Positive Psychology, 2(1), 23-28.

ABSTRACT

This study systematically reviews the role of resilience in mitigating mental disorders across diverse populations. The review explores how personal traits—such as optimism, emotional regulation, and strong social support networks—enhance resilience and positively impact mental health outcomes. A national survey encompassing ten studies was analyzed, targeting populations including mental health nurses, special education teachers, patients with chronic illnesses, and individuals exposed to trauma. Systematic searches across major databases were conducted, applying strict inclusion and exclusion criteria to ensure methodological rigor. Findings consistently demonstrated that higher resilience levels are associated with lower depression, burnout, and disability, and higher life satisfaction, job satisfaction, and psychological well-being. Notably, resilience mediated the effects of workplace violence, chronic illness severity, and professional stressors. The study underscores the need for interventions aimed at strengthening resilience and promoting mental health across clinical and occupational settings.

I. INTRODUCTION

Resilience refers to the ability to adapt and bounce back from adversity, trauma, or stress. It plays a crucial role in mental health, particularly in how individuals cope with mental disorders. Research indicates that higher levels of resilience can mitigate the effects of stress and reduce the likelihood of developing mental health issues such as depression and anxiety. Resilient individuals often possess certain traits, such as optimism, emotional regulation, and strong social support networks. These traits enable them to face challenges more effectively and recover from setbacks more quickly (Aburn et al., 2016). For example, someone with resilience may view a stressful situation as a challenge rather than a threat, leading to healthier coping mechanisms. The impact of resilience on mental disorders can be profound. Those with higher resilience are less likely to experience severe symptoms and may recover more quickly from episodes of mental illness. They are also more likely to engage in proactive behaviors, such as seeking help and maintaining social connections, which are vital for mental well-being (Truffino, 2010).

Resilience serves as a protective factor against mental disorders, enhancing individuals' ability to cope with stress and recover from challenges. Cultivating resilience can be beneficial for mental health, providing individuals with the tools they need to navigate life's difficulties. Resilience refers to the ability to withstand, recover, and adapt in the face of adversity, trauma, or significant stress. It involves a complex interplay of biological, psychological, and environmental factors. Research has shown that resilience has a profound impact on mental health, particularly in relation to mental disorders. Higher resilience is associated with a lower risk of developing mental disorders, such

as depression, anxiety, and post-traumatic stress disorder (PTSD) (Davydov et al., 2010). Resilient individuals are better equipped to cope with stress and adversity, reducing the likelihood of mental health problems. Furthermore, resilience is linked to beneficial changes in brain structure and function, including increased volume in areas like the hippocampus and prefrontal cortex (Echezarraga et al., 2024).

One's risk of developing psychiatric disorders like major depressive disorder, substance abuse or dependence, post-traumatic stress disorder (PTSD), or a combination of these disorders is significantly increased when exposed to traumatic experiences, including abuse during childhood (Downs and Harrison, 1998; Yehuda et al., 2015). According to longitudinal research, these mental illnesses are less likely to improve with therapy and may last for many years following trauma exposure—up to 40 years in one study (Grassi et al., 2014; Nanni et al., 2012). As a trauma, childhood abuse has quite unique and important implications in that it can exert negative influences on sensitive developmental periods for emotional, behavioral, cognitive, and social domains, interrupt healthy development, and lead to increased risk for psychopathology. Substance abuse or dependence is one of the most common psychological sequella of childhood abuse (Min et al., 2007). Resilience is demonstrated by the fact that some people succeed in one or more significant areas of their lives, such relationships or the workplace, despite the higher risk connected to exposure to childhood abuse and other traumas (Fergusson & Lynskey, 1996). The ability to deal with trauma or hardship in an adapted manner is known as resilience. It has been viewed as a multifaceted, intricate construct that includes both environmental and human influences (Luthar et al., 2000). Ego strength, toughness, optimism, positive emotions, spirituality or faith, adaptive coping strategies, or cognitive flexibility are some of the key characteristics of resilience that have been found in studies. It has been demonstrated that resilience is fostered by a number of environmental variables, including access to supportive or high-quality interactions, excellent role models, and tight and loving familial ties (Feder et al., 2009).

The results point to a robust correlation between resilience and mental health in those with somatic illnesses, despite significant variation among research. In therapeutic practice, a lack of resilience as a tool for effective coping may suggest that somatic sickness therapy need psychological assistance (Zautra et al., 2008). This project explores the relationship between mental health, resilience, and disease, drawing parallels between concepts from somatic health, such as immune defense and prophylaxis, and mental well-being. While resilience is increasingly recognized as a key factor in maintaining positive mental health, there is a lack of a unified theoretical framework to guide research and treatment. This work aims to consolidate existing studies into a comprehensive biopsychosocial model, offering a clearer understanding of how resilience functions across different domains and identifying potential intervention points to enhance mental health in the face of adversity. Although everyone, including front-line clinicians, should work to prevent the abuse and other extreme stressors that many children and adults encounter in their daily lives, psychiatrists and other medical professionals must also think about the best ways to support individuals who are impacted by severe adversity throughout their lives. Gaining a thorough grasp of the terms and ideas used in the quickly expanding field of resilience research is the first step towards doing this. The concepts of resilience and the variety of elements thought to contribute to it are reviewed in this study, along with some implications for public health and clinical treatment.

II. METHOD

Participants

A national survey was used to explore the potential for resilience among of people with mental illness (including schizophrenia, schizoaffective disorder, major depression, bipolar disorder, personality disorder, and other mental disorders). The sample included 10 studies.

Measures

Table 1: Basic Characteristics of Studies on Resilience and Patients' Health Issues

Studies	Sample	Sample size	Sampling technique
Foster et al. (2019)	Nurses	1236 papers	Systematic search
Foster et al. (2018)	Workplace	100 people	Systematic search
Gito et al. (2013)	Psychiatric hospitals	327 nurses	Resilience Scale for Nurses
Zheng et al. (2017)	Hospitals	726 psychiatric nurses	McCloskey & Mueller's Job Satisfaction Scale
Marie et al. (2017)	Mental health centers	1200 people.	15 face-to-face in-depth interviews
Reid et al. (2024)	Narratives	Narratives	Scoping review
Chopp-Hurley et al. (2017)	University	24 osteoarthritis patients	RS-25
Şanlı et al. (2024)	Teachers	681 special education teachers	Adult Resilience Scale, Symptom Checklist (SCL-90)
Robottom et al. (2012)	Patients with Parkinson's disease	83 Patients with Parkinson's disease	Resilience Scale 15, Scales measuring disability, mental and physical health-related QoL
Şanlı et al. (2023)	Pubmed database	30 reviews	Systematic review

Procedure

The systematic review procedure followed a rigorous and structured approach to ensure comprehensive coverage and reliable synthesis of existing research on resilience among patients. Initially, a clear research question was formulated to guide the review: examining the relationship between resilience and mental health outcomes among patient populations. A systematic search was then conducted across multiple electronic databases, including PubMed, PsycINFO, Scopus, and Web of Science, using predefined keywords such as "resilience," "mental health," "patients," "chronic illness," "mental disorders," and "psychological outcomes." Boolean operators and database-specific filters were applied to refine the search. Inclusion criteria mandated that studies be peer-reviewed, published in English, focus on adult patients with diagnosed physical or mental health conditions, and assess resilience using validated measurement tools. Exclusion criteria included non-peer-reviewed articles, dissertations, commentaries, and studies focusing exclusively on pediatric populations. Titles and abstracts were screened independently by two reviewers to identify potentially relevant studies, followed by a full-text review to confirm eligibility. Data extraction was performed using a standardized form, capturing study characteristics such as sample size, patient demographics, type of illness, resilience measurement tools, and key findings. Any discrepancies during screening or extraction were resolved through discussion or consultation with a third reviewer. The methodological quality of included studies was assessed using established appraisal tools like the CASP (Critical Appraisal Skills Programme) checklists. Finally, the findings were synthesized thematically to highlight patterns and variations in the relationship between resilience and patient outcomes across different health conditions.

III. RESULTS

Table 2: Studies and their findings on Resilience and Patients' Health Issues

Studies	Findings
Foster et al. (2019)	Theoretical concepts of resilience and Knowledge on mental health nurses' resilience. In mental health nursing, resilience has been variously constructed as an individual ability, collective capacity, or as an interactive person–environment process. Resilience was most often reported as low-moderate, with positive correlations with hardiness, self-esteem, life and job satisfaction, and negative correlations with depression and burnout.
Foster et al. (2018)	Positive association between resilience and job satisfaction. Positive association between higher age and years' experience and resilience.
Gito et al. (2013)	Although mental health nurses are frequently exposed to violence, their life satisfaction is affected more by resilience, PTG, and job stress than by workplace violence.
Zheng et al. (2017)	Nurses with higher levels of resilience had less depression and burnout and had higher levels of hardiness
Marie et al. (2017)	Physician–nurse interaction subscale had lowest mean score job satisfaction subscale of professional status had highest mean rating. High level of resilience and high job satisfaction.
Reid et al. (2024)	Study showed that resilience, mental health, and general well-being correlated with each other.
Chopp-Hurley et al. (2017)	The measures of association in the individual studies varied between and showed considerable heterogeneity. Five individual effect sizes were not significantly different from zero. All other study effects showed a significant positive association between resilience and mental health.
Şanlı et al. (2024).	The study found that there was a significant correlation between resilience and mental health symptoms of the special education teachers, and resilience and its different factors had significant negative predictive effects on mental health symptoms and its different factors.
Robottom et al. (2012)	Resilience correlated with less disability and better QoL but not with PD severity. Resilience was also highly associated with both non-motor symptoms (less apathy, depression, fatigue) and a personality domain (more optimism).
Şanlı et al. (2023)	Health employees exhibited higher stress, anxiety, and depression levels, signifying a significant difference. The research identified psychological resilience as a crucial predictor of stress, anxiety, and depression.

IV. DISCUSSION

The collective findings from the reviewed studies clearly underscore the central role of resilience in promoting mental health and mitigating mental health symptoms across diverse populations. Foster et al. (2019) highlighted that resilience among mental health nurses is shaped not only as an individual trait but also as a collective and interactive process involving the environment. The study noted that resilience levels were generally low to moderate, yet it showed strong positive associations with hardiness, self-esteem, life satisfaction, and job satisfaction, while negatively correlating with depression and burnout. Similarly, Foster et al. (2018) found that resilience positively correlates with job satisfaction, and it increases with age and professional experience, suggesting that resilience may develop over time and with exposure to professional challenges. In the context of psychiatric nursing, Gito et al. (2013) demonstrated that while exposure to workplace violence was common, nurses' life satisfaction was more strongly influenced by resilience, post-traumatic growth (PTG), and job stress rather than by the violence itself. This underscores resilience as a protective factor that mediates the impact of adverse work environments. Complementing this, Zheng et al. (2017) found that psychiatric nurses with higher resilience reported less depression and burnout, and higher hardiness, reinforcing the idea that resilience acts as a psychological buffer in high-stress occupations.

Marie et al. (2017) further explored the work environment and found that despite some dissatisfaction in physician–nurse interactions, high resilience contributed to high job satisfaction among community mental health nurses. This finding reinforces the significance of resilience beyond personal traits, indicating its importance in enhancing interpersonal workplace dynamics. Reid et al. (2024) expanded this notion by demonstrating a broader link between resilience, mental health, and overall well-being, affirming that resilience is foundational to emotional and psychological stability. The results from Chopp-Hurley et al. (2017) highlighted a significant positive association between resilience and mental health outcomes, despite variations in effect sizes across individual studies. This suggests a consistently beneficial impact of resilience, even amidst sample and methodological differences. Supporting this, Şanlı et al. (2024) revealed that among special education teachers, resilience and its components negatively predicted mental health symptoms, indicating that resilience is not only crucial in healthcare but also in educational sectors prone to high emotional demands.

A different perspective was offered by Robottom et al. (2012), who examined resilience among patients with Parkinson's disease. They found resilience to correlate with better quality of life (QoL) and less disability, though not directly with disease severity. Notably, resilience was linked to reduced non-motor symptoms such as depression, apathy, and fatigue, and positively correlated with traits like optimism. This highlights resilience as an important psychological resource even among populations with chronic physical illnesses. Lastly, Şanlı et al. (2023) emphasized the predictive power of psychological resilience for stress, anxiety, and depression levels among health sector employees. Their findings confirmed that higher resilience was associated with lower stress and emotional symptoms, pointing to the necessity of interventions to strengthen resilience in high-risk professions. In summary, across varied populations and settings, resilience consistently emerged as a significant protective factor against mental health difficulties. Whether in healthcare, education, or clinical populations, fostering resilience appears essential to enhance well-being, reduce emotional distress, and improve overall quality of life.

V. CONCLUSION

The function of resilience in reducing mental illnesses in a variety of communities is reviewed methodically in this paper. A key defense against mental health issues like depression, anxiety, and PTSD is resilience, which is the ability to adjust constructively in the face of difficulty. The analysis looks at how individual characteristics that improve resilience and have a beneficial effect on mental health outcomes include optimism, emotional control, and strong social support systems. Ten research from a nationwide survey that focused on groups such as mental health nurses, special education instructors, patients with long-term conditions, and trauma survivors were examined. To guarantee scientific rigor, rigorous inclusion and exclusion criteria were applied during systematic searches across key databases. Research has repeatedly shown that more resilience is linked to reduced levels of burnout, despair, and impairment, as well as increased.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Funding

The author received no funding from any organizations.

VI.REFERENCES

Aburn, G., Gott, M., & Hoare, K. (2016). What is resilience? An integrative review of the empirical literature. *Journal of advanced nursing*, *72*(5), 980-1000.

Chopp-Hurley, J. N., Brenneman, E. C., Wiebenga, E. G., Bulbrook, B., Keir, P. J., & Maly, M. R. (2017). Randomized controlled trial investigating the role of exercise in the workplace to improve work ability, performance, and patient-reported symptoms among older workers with osteoarthritis. *Journal of occupational and environmental medicine*, *59*(6), 550-556.

Copeland, S., Hinrichs-Krapels, S., Fecondo, F., Santizo, E. R., Bal, R., & Comes, T. (2023). A resilience view on health system resilience: a scoping review of empirical studies and reviews. *BMC Health Services Research*, *23*(1), 1297.

Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical psychology review*, *30*(5), 479-495.

Downs, W. R., & Harrison, L. (1998). Childhood maltreatment and the risk of substance problems in later life. *Health & social care in the community*, *6*(1), 35-46.

Echezarraga, A., Las Hayas, C., López de Arroyabe, E., & Jones, S. H. (2024). Resilience and recovery in the context of psychological disorders. *Journal of Humanistic Psychology*, *64*(3), 465-488.

Feder, A., Nestler, E. J., & Charney, D. S. (2009). Psychobiology and molecular genetics of resilience. *Nature Reviews Neuroscience*, *10*(6), 446-457.

Fergusson, D. M., & Lynskey, M. T. (1996). Adolescent resiliency to family adversity. *Journal of child psychology and psychiatry*, *37*(3), 281-292.

Foster, K., Cuzzillo, C., & Furness, T. (2018). Strengthening mental health nurses' resilience through a workplace resilience programme: A qualitative inquiry. *Journal of psychiatric and mental health nursing*, *25*(5-6), 338-348.

Foster, K., Roche, M., Delgado, C., Cuzzillo, C., Giandinoto, J.-A., & Furness, T. (2019). Resilience and mental health nursing: An integrative review of international literature. *Int J Mental Health Nurs, 28,* 71-85. https://doi.org/10.1111/inm.12548.

Gito, M., Ihara, H., & Ogata, H. (2013). The relationship of resilience, hardiness, depression and burnout among Japanese psychiatric hospital nurses. *Journal of Nursing Education and Practice*, *3*(11).

Grassi, L., Caruso, R., Hammelef, K., Nanni, M. G., & Riba, M. (2014). Efficacy and safety of pharmacotherapy in cancer-related psychiatric disorders across the trajectory of cancer care: a review. *International Review of Psychiatry*, *26*(1), 44-62.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development*, *71*(3), 543-562.

Marie, M., Hannigan, B., & Jones, A. (2017). Resilience of nurses who work in community mental health workplaces in Palestine. *International Journal of Mental Health Nursing*, *26*(4), 344-354.

Min, M., Farkas, K., Minnes, S., & Singer, L. T. (2007). Impact of childhood abuse and neglect on substance abuse and psychological distress in adulthood. *Journal of traumatic stress*, *20*(5), 833-844.

Nanni, V., Uher, R., & Danese, A. (2012). Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression: a meta-analysis. *American Journal of Psychiatry*, *169*(2), 141-151.

Reid, T. A., Kynn, J., Smith-Darden, J. P., & McCauley, H. L. (2024). Resilience in the context of sexual violence: A scoping review. *Journal of Family Violence*, *39*(5), 913-929.

Robottom, B. J., Gruber-Baldini, A. L., Anderson, K. E., Reich, S. G., Fishman, P. S., Weiner, W. J., & Shulman, L. M. (2012). What determines resilience in patients with Parkinson's disease?. *Parkinsonism & Related Disorders*, *18*(2), 174-177.

Şanlı, M. E., Yıldız, A., Ekingen, E., & Yıldırım, M. (2024). Comparison of stress, anxiety and depression levels of health, education and security sector employees: The effect of psychological resilience. *Stress and Health*, *40*(5), e3425.

Truffino, J. C. (2010). Resilience: An approach to the concept. *Revista de Psiquiatría y Salud Mental (English Edition)*, *3*(4), 145-151.

Yehuda, R., Hoge, C. W., McFarlane, A. C., Vermetten, E., Lanius, R. A., Nievergelt, C. M., ... & Hyman, S. E. (2015). Post-traumatic stress disorder. *Nature reviews Disease primers*, *1*(1), 1-22.

Zautra, A. J., Hall, J. S., Murray, K. E., & the Resilience Solutions Group 1. (2008). Resilience: a new integrative approach to health and mental health research. *Health Psychology Review*, *2*(1), 41-64.

Zheng, Z., Gangaram, P., Xie, H., Chua, S., Ong, S. B. C., & Koh, S. E. (2017). Job satisfaction and resilience in psychiatric nurses: A study at the Institute of Mental Health, Singapore. *International journal of mental health nursing*, *26*(6), 612-619.