A BRIEF REPORT: INCORPORATING SALUTOGENIC PRACTICES IN EFFECTIVE MENTORSHIP FOR STUDENT WELLNESS

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Generations of medical students have been told of the celebrated quote of Sir William Osler, "As is our pathology, so is our practice". [1] Those who are aware of salutogenic principles and have adopted them in their own life may paraphrase that quote to say, "As is our salutogenesis, so is our well-being." Even though the WHO has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", with so much of stress on learning pathogenesis and pathology during their studies, most medical professionals are not aware of salutogenic principles, which focus on promoting wellness.

Since the eighties there is growing awareness among healthcare professionals of *salutogenesis*, a term coined by Aaron Antonovsky, a medical sociologist. According to him, salutogenesis focused on i) factors that promote wellness; ii) how to achieve one's full potential for wellness and 'joy of Life' despite human existence that is vulnerable to illness and disease; iii) how to be proactive to promote wellness for personal gain and growth; and iv) how to find the means to live one's life fully, despite disability and disease.[2]

Components of Salutogenesis

Antonovsky proposed that people feel a *sense of coherence* if they perceived their lives to be meaningful, manageable, and comprehensible. According to him, the sense of coherence (SoC) was the basis of wellness; a strong SoC helped the person to cope better with stressors and disease.

He further enunciated that SoC had these components:

i) Comprehensibility, "do you understand your situation and what is causing any stressor?"
ii) meaningfulness, "do you feel it is worthwhile to manage it?" and
iii) manageability, "do you have the resources to cope with it?"[2]

He further proposed that general resistance resources (GRRs), which could be material or non-material in nature, helped in coping with the stressors and challenges of life.

He classified three large groups of GRRs:

(i) adaptability at various levels, viz., social, cultural, psychological, physical and biochemical level;
(ii) profound and meaningful links to others, such as family members and friends; and
(iii) committed and institutionalised supportive links between the person and his/her community. [3]

Antonovsky also pointed out the usefulness of specific resistance resources (SRRs). He cited numerous examples, which are effective in specific circumstances causing stress and tension, viz., a specific medication, a hotline for suicide prevention, specific study habits that improve retention of subject matter etc. [2] Therefore Salutogenesis leads us to focus on active adaptation through the use of GRRs and SRRs to remain well even in a stressor-rich environment.[4]

Salutogenic Mentorship in Academic Institutions [5]

Medical educators, who are often required to be mentors for their students, could adopt the salutogenic principles in assessing their mentees, regarding the stressors faced by them, if the mentees have comprehended the situation, if they have GRRs and SRRs to cope with the stressors and if they find such coping with the stress meaningful. If all the factors are salutogenic, then mentorship is likely to be effective. Otherwise, the mentor would have to devise individualised strategies to help the mentee achieve the path to well-being.

Some Real Life Examples

Slow Achievers; Not a "Failures"

Even in top medical schools, where getting admission is highly competitive, there are a few students in each cohort – estimated to be around 2% to 5% – who lag behind and often pejoratively labelled as low achievers or problem-students. As teachers, we need empathy to understand their specific difficulties in coping with studies; we need to mentor them using salutogenic principles based on building their GRRs and if available, SRRs to guide them successfully cope with the stressors.

Example – 1: Mr T had been a high achiever in schools but after joining the MBBS course, he had poor attendance and dismal academic performance. He had failed in the first year examinations and joined the junior cohort to repeat the year. He was considered a ruffian, a bully and a problem student.
I had a long mentoring session with him, just talking about his life as he perceived it and why others seemed to be afraid of him. After 45 minutes of non-judgemental conversation, he suddenly broke down and confessed that he was a 'good student' during his school days but after he joined MBBS, he had thought that he would cope with the course demands easily. He had spent his time strutting around on his new high-power bike trying to impress the girls of his batch. His study methods of school-days did not yield good results and getting the negative image in the college made him hate the course and subject-load it carried.
In the second part of the mentoring session, he confirmed that he was keen on becoming a medical doctor but did not know how to cope with 5-years of studies. That indicated that he found the path to medical practice meaningful but he lacked the GRRs and SRRs to cope with the stressors and challenges. He was made to understand the difference between study demands in a school and a professional college (comprehensibility); he was taught suitable study methods to suit his kinaesthetic learning style and methods to retain the learnt material better (manageability); he accepted that trying to impress his erstwhile juniors by being a 'show-off' and a bully were meaningless options for a medical student.
In the third part of mentoring session, he seemed surer of himself as a medical student. Subsequently, he completed the course without losing any further time and is at present a busy general physician.

Cost of Medical Education – a Major Stressor

Globally, financial burden is rising in the pursuit higher education, especially in Medicine. According to the Association of American Medical Colleges, young doctors who graduated from medical school in 2010 had an average debt of $158,000 [5]. The situation is somewhat similar in higher education, especially in private colleges.

Example – 2: A Fee Defaulter

Mr U was a hard working student, who had underestimated the financial demands of a medical programme. He was labelled as a 'chronic fee defaulter' and sent to me for mentoring him and advising him to pay up. During the session, he confided that his parents were unskilled workers and he had great difficulty in paying the fees, other than the portion paid by the study-loan, which he was getting in instalments. His life-plan was to be a great physician but lacked the

financial resources to complete his studies without fee default. He was doing weekend coaching for school students to earn for his survival needs. The family had no well-wishers who could stand as guarantors for an additional loan. Clearly this was a coping problem only of financial nature.

During mentoring session, it was clear that the only way to cope with his financial stressor was to let him study and keep the fee default 'under the radar' until the final exams in year-5. In his case, the "specific resistance resource" was provided by the deanery by letting him study for 3 years more carrying the load of increasing fee default. However, he would have to seek some agency to help him out to clear all the dues to enable him appear in the final MBBS exams. Since he had a good academic record, and needed only a short term loan for 3 months before he could start paying back, a donor agency granted him a huge short term loan. That was the second SRR, which helped him cope with the fee demands and paved the way for him to pass out with flying colours. Within the next two years, he had paid back the loan and he is now a very successful and prosperous general physician.

Salutogenic Mentoring of Student-Group

Example – 3: Mentoring student groups with similar needs

In 2012, we had admitted 40 medical graduates who had qualified abroad but could not pass the 'Malaysian Qualifying Exam'. On interacting with them, they understood their plight and they were keen to pass the exams to become fully registrable doctors but did not have the resources to do so. Using empathic approach, we could motivate a team of senior medical educators, with cumulative experience of over 300 years of teaching Medical subjects, to take all-week classes for them for 25 weeks.

With this valuable *specific resistance resource* (SRR) available, the graduate hopefuls were taken up for group mentoring. All we asked from them was to put in at least 10 hours of focussed studies every day for the subsequent 25 weeks, ignoring all other stressors and diversions during that period. If all of them did so, they could expect a 50 to 60% success in their next appearance in the exams. They found these demands reasonable and the predicted success rate quite meaningful and motivational. Over the subsequent 25 weeks of intensive coaching, the teachers noted a steady improvement in the group. In this example, both the teachers and the taught found the sense of coherence in what they were attempting to do, which was based on 'realistic optimism'. Against the back drop of 5 to 10% success rate among such foreign qualified graduates, 27 of 38 were successful in this cohort.

The last example also highlights 'assets based approach to wellbeing'.[7] We identified the components of the sense of coherence, which were strong in the cohort (comprehension and meaningfulness as their assets) and not so strong (lack of resources to overcome the challenge of examination as weakness). We planned specific strategies to empower the cohort to acquire the resources in a progressive manner over a 25-week period of intensive studies and thereby achieve noteworthy success in life.

In conclusion, this brief report, we have shared our attempts to adopt the salutogenic principles in successful mentoring of individual and a group of students.

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