Resilience, the adaptive capacity to rebound from adversity and overcome hardship and challenging circumstances, is a vital element for all healthcare practitioners. Its dimensions include self-control, self-efficacy, learning from difficulties, persistence despite blocks to progress, and ability to engage support and help. Building and maintaining resilience is a dynamic lifelong learning competency. Related issues for resilience for healthcare practitioners include recognition of risk factors that reduce resilience; awareness of aspects of self-care; harnessing inner strength and adaptability to allow hardship to be an opportunity for personal growth; and the interface with family, co-worker, organization, and community resilience.

Resilience is particularly important for rural practitioners due to the context and demands of rural practice. A rural perspective is a key factor to developing resources, programs and initiatives that are relevant for the rural setting and rural practitioner.

Understanding and appreciating this, we call on:

- Medical schools and training programs to include training on resilience for their undergraduate/medical students, postgraduate residents/vocational trainees, and local physicians – developed and viewed through a relevant rural perspective. This includes development of resilience leadership skills among learners to take forward to their careers and rural communities.

- Medical schools and training programs to be responsible for creating a supportive environment for their teachers, staff and learners to encourage resilience, a healthy lifestyle and to prevent burnout.

- Medical schools and training programs to develop and provide networks and/or programs for mentorship for rural learners at all levels, as well as for development of leadership among learners to take this

- Medical organizations to support resilience training with resources that are locally driven or rurally relevant including workshops, support networks, and mentorship programs by and for their rural members and their families. These need to be not only for recovery, but also proactively to foster resilience and to prevent burnout.

- Rural medical organizations to promote the image of rural GPs as resilient, highly skilled and innovative clinicians who are experts in rural medicine.

- Government, health delivery systems, and other funding agencies to recognize the importance of, and to commit the necessary resources for, a supportive sustainable working environment for rural health practitioners and their families.

- Government, health delivery systems, and other funding agencies to recognize the importance of resilience in their rural health practitioners, their families, and their rural communities; and to commit resources for rurally relevant locally driven programs. Examples include proactive mentorship programs by local GPs who are aware of the local practice context; rural family
support networks; and relevant programs to assist rural communities in increasing their community resilience.

- Regulatory bodies to examine and reassess their processes for dealing with struggling practitioners and their healthcare providers in order to facilitate openness, recovery and resilience.

- Regulatory bodies to provide confidential supportive assistance to physicians and their families, both for preventing and recovering from burnout.

- Rural communities to recognize that the local healthcare providers and their families need a supportive working environment to maintain their resilience. Likewise, the vulnerabilities of rural communities affect the health outcomes of their members, and thus community resilience needs to be fostered and supported.

- Medical doctors to be attuned to and supportive of their colleagues’ situations and challenges.