

Resilience in neurosurgery

- History of tumor, spine, and trauma neurosurgery in Ukraine: growth and resilience
- Caregiver burden of cancer patients undergoing palliative PTBD: an investigation of patient and caregiver factors
- Granulomatous angiitis of the central nervous system (GANS) associated with Hodgkin lymphoma
- Parkinson's disease is characterized by vitamin B6-dependent inflammatory kynurenine pathway dysfunction
- Distinct Neural Activities in Hippocampal Subregions Revealed Using a High-Performance Wireless Microsystem with PtNPs/PEDOT:PSS-Enhanced Microelectrode Arrays
- Cognitive Outcomes Following Second-Sided Focused Ultrasound Thalamotomy for Tremor
- Hospital experiences and medical traumatic stress in adults with spina bifida
- A Cross Sectional and Longitudinal Assessment of Neuropsychiatric Symptoms and Brain Functional Connectivity in Patients With Mild Cognitive Impairment, Cerebrovascular Disease and Parkinson Disease

The capacity to recover quickly from difficulties; toughness.

Clinical experience suggests that curbing physician [burnout](#) requires a combination of workplace redesigns, positive [leadership](#) behaviors, and [resilience](#) training that teaches practical applications from the fields of resilience, [emotional intelligence](#), positive psychology, and relationship systems ¹⁾.

Al Samman et al. report the relationship among MRI-based skull and cervical spine morphometric measures as well as symptom severity (disability-as measured by Oswestry Head and Neck Pain Scale and social isolation-as measured by the UCLA Loneliness scale) on biomarkers of allostatic load using estrogen, interleukin-6, C-reactive protein, and cortisol in a sample of 46 CMI patients. Correlational analyses showed that McRae line length was negatively associated with interleukin-6 and C-reactive protein levels, and Analysis of Variance (ANOVA) showed joint effects of morphometric measures (McRae line length, anterior CSF space) and symptom severity (disability and loneliness) on estrogen and interleukin-6 levels. These results are consistent with allostatic load. That is, when the combination of CSF crowding and self-report symptom (disability and loneliness) severity exceed the capacity of biological resilience factors, then biomarkers such as neuroprotective estrogen levels drop, rather than rise, with increasing symptom severity ²⁾.

¹⁾

Sotile WM, Fallon RS, Simonds GR. Moving From Physician Burnout to Resilience. Clin Obstet Gynecol. 2019 Sep;62(3):480-490. doi: 10.1097/GRF.0000000000000444. PubMed PMID: 31344003.

²⁾

Al Samman MM, Garcia MA, García M, Houston JR, Loth D, Labuda R, Vorster S, Klinge PM, Loth F, Delahanty DL, Allen PA. Relationship of Morphometrics and Symptom Severity in Female Type I Chiari Malformation Patients with Biological Resilience. Cerebellum. 2023 Nov 7. doi: 10.1007/s12311-023-01627-0. Epub ahead of print. PMID: 37935987.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=resilience_in_neurosurgery

Last update: **2025/04/29 20:26**

