Introduction

• Transplantation is a transition. Transitions, even when ultimately beneficial, can result in significant stressors which may further affect the transition.

• Various factors (age, gender, race, educational attainment, socioeconomic status, etc.) can influence responses to transition.

Purpose

To describe the concept of resilience as it applies to the transition from end-stage organ disease to life after solid organ transplantation. To develop a model of resilience in solid organ transplantation.

Methods

• A plethora of research across multiple disciplines complicated the process of literature review for the concept of transplant resilience.

• Using PubMed & the search term "resilience" and limited to the past 5 years & only review articles resulted in 1000 articles.

• Using a 2016 integrative review of empirical resilience research, we highlighted the 6 most commonly cited researchers. Early and recent articles from each of those researchers were obtained to identify definitions, antecedents, attributes, and consequences of resilience.

• An additional search of PubMed using the search terms "resilience" AND transplant* recipient* uncovered 10 articles, 6 of which were English language and involved adult solid organ transplant recipients.

• Information obtained from both sets of articles led to a definition of the concept of transplant resilience & a model of resilience in the transplant transition.

Results

• Utilizing the identified properties of resilience and the expected trajectory of the transplant transition, transplant resilience was defined as:

• A dynamic, physical, psychological, and emotional process, either learned or inherent, which manifests in the transplant recipient in response to the vulnerability, stress, adversity, and transition inherent in transplantation, through which the recipient arrives at actualization of altered health, self-care/self-efficacy, accomplishment, equilibrium, and adaptation to circumstances, thereby deriving meaning and purpose in existence.

• The presence or absence of resilience is expected to respectively facilitate or inhibit the transition to life after lung transplantation and serve as a mediator for transition processes and outcomes.

Conclusions and Recommendations

• When applied to the transplant transition, resilience is a patient level factor that could impact the ability to negotiate adherence to a complicated treatment regimen, self-efficacy, recognition and response to co-morbidities, role adjustment, HRQOL, re-integration into society, patient and allograft survival, and protection of a scarce societal resource.

• Transplant clinicians should be educated to use available tools to look for evidence of resilience in assessing potential candidates for transplantation. The contribution of resilience in navigating the transplant transition should be studied for its impact on outcomes. Interventions to augment resilience to improve patient response to the transplant transition present possibilities for future research.

References


