WORKPLACE STRESS AND RESILIENCE TRAINING IN HEALTH CARE

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EDUCATIONAL OBJECTIVES

- ❖ Define work-related stress, burnout, and resilience
- Discuss the utilization of resilience building with individual patients
- ❖ Discuss the utilization of resilience training in the workplace
- Highlight The Resiliency Project: Addressing Work-Related Stress in Long-Term Care
- A brief walk through the training: strategies and tools to combat stress and build resilience

DISCLOSURES

• No Commercial or Conflict of Interest to Declare

CHRONIC

EUSTRESS

Long, lasting and recurrent

(Good stress)

E.g. An individual who loves their work & finds it challenging and fulfilling. Cognitive stress is placed on the mind, but it further develops and grows in a more creative manner.

Short term, generally not remembered or retained

(Good stress)

ACUTE

EUSTRESS

E.g. Taking part in physical challenge. The stress experience within the body is sometimes referred to as an 'adrenalin rush'; this stress aids awareness and muscular strength in order to complete.

CHRONIC

STRESS

Consistent & unavoidable

(Bad stress)

E.g. Experienced by a person in a highly stressful job or a particularly difficult relationship. It is chronic stress that is the most common cause of burnout.

STRESS

(Bad stress)

Short term—treatable and ,manageable

ACUTE

STRESS

Acute stress is the most common form of stress. Occurs within one month after exposure to an extreme traumatic stressor (e.g., death of a loved one or serious accident).

WORK-RELATED STRESS?

Workload and Demands Control or Say About Your Job

Support/ Social Relations

Respect

Heavy
workload,
excessive
overtime, fast
pace, staffing
issues, lack of
breaks

Lack of input, inflexible rules, responsibility without authority, repetitive tasks, lack of promotions

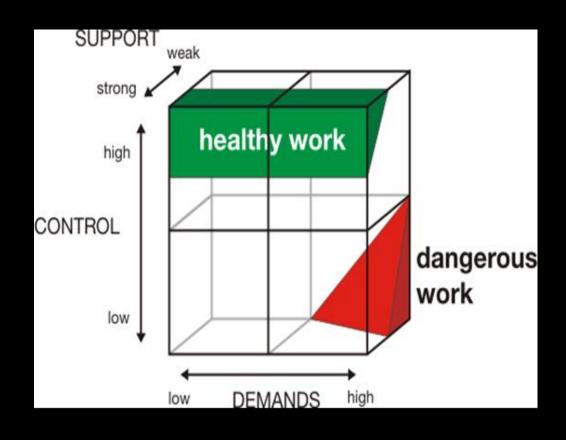
Poor supervision, poor relations with co-workers

Poor Physical Workplace
Conditions = Poor air quality,
hazardous work environment,
inadequate space, constant
sitting/lack of mobility

WORK CONTENTS MAY INFORM WORK-RELATED STRESS

- **❖**Job content
- Work load and work pace
- Working hours
- Participation and control

Retrieved from: https://www.who.int/occupational-health/topics/stressatwp/en/



WORK RELATED STRESS: JOB DEMANDS

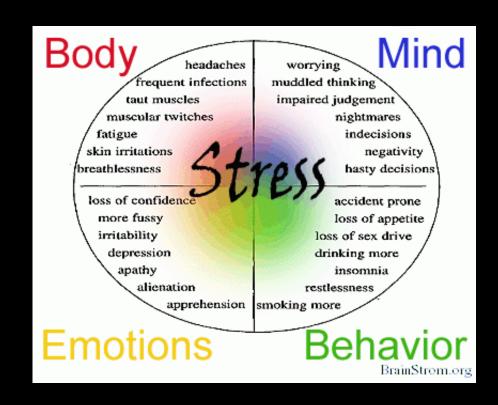
- Change management
- Cognitive demands
- Emotional demands
- Job dissatisfaction
- Job expectations
- Job insecurity
- Remuneration
- Work overload
- Work-life balance





WORK-RELATED STRESS: THE IMPACT

- High levels of stress are reported among U.S. workers
- In 2015, for example, 65% of U.S. employees reported work as their top stressor
- In 2016, an AHA Nielsen Employee Health Survey found that 28% of employees report that they always, almost always or very often experience stress at work
- Stressful work environments have been found to increase the likelihood of developing depression or anxiety for the first time and can lead to negative physical and mental health outcomes for individuals and organizations



(American Heart Association, 2017)

The Holmes-Rahe Life Stress Inventory The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

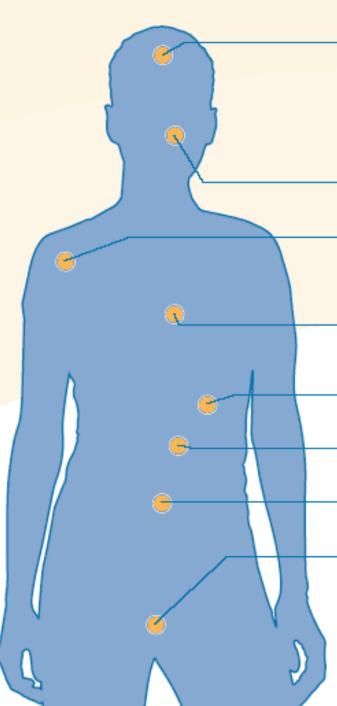
Life Event	Mean Value
	21121 C 201
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e birth, adoption, older adult moving in, etc)	39
15. Major business readjustment	39
16. Major change in financial state (i.e a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments w/spouse (i.e., either a lot more or a lot less than	35
usual regarding child rearing, personal habits, etc.) 20. Taking on a mortgage (for home, business, etc)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joined mil.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or	25
home etc.)	
29. Revision of personal habits (dress manners, associations, quitting smoking)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e a lot more or less than usual)	19
36. Major change in social activities (clubs, movies, visiting, etc.)	18
37. Taking on a loan (car, tv,freezer,etc)	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers ("")	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or	15
surroundings)	
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc)	11

Now, add up all the points you have to find your score.

150pts or less means a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.

150 to 300 pts implies about a 50% chance of a major health breakdown in the next 2 years.

300pts or more raises the odds to about 80%, according to the Holmes-Rahe statistical prediction model.



BRAIN AND NERVES

Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, increased or decreased eating, trouble concentrating, memory problems, trouble sleeping, mental health problems (such as panic attacks, anxiety disorders and depression)

SKIN

Acne and other skin problems

MUSCLES AND JOINTS

Muscle aches and tension (especially in the neck, shoulders and back), increased risk of reduced bone density

HEART

Faster heartbeat, rise in blood pressure, increased risk of high cholesterol and heart attack

STOMACH

Nausea, stomach pain, heartburn, weight gain

PANCREAS

Increased risk of diabetes

INTESTINES

Diarrhea, constipation and other digestive problem

REPRODUCTIVE SYSTEM

For women-irregular or more painful periods, reduced sexual desire. For men-impotence, lower sperm production, reduced sexual desire

IMMUNE SYSTEM

Lowered ability to fight or recover from illness

https://www.mhanational.org/how-stress-hurts

Employees who experience high levels of stress are more likely to engage in unhealthy lifestyle behaviors such as alcohol and substance abuse (American Heart Association, 2017)



STRESS OR BURNOUT?

STRESS vs BURNOUT

Overengagement •

Reactive or over reactive emotions •

Sense of urgency and hyperactivity •

Lost or diminished energy •

Leads to anxiety .

Physically tolling •





- Disengagement
- Blunted or distant emotions
- Sense of helplessness
- Motivation is lost or diminished
- Leads to feeling depressed
- Emotionally tolling

BURNOUT

- Burnout is a psychological syndrome emerging as a prolonged response to CHRONIC stressors on the job
- Burnout includes <u>three key dimensions</u> of this response which are:
 - an overwhelming exhaustion
 - * feelings of cynicism and detachment from the job
 - *a sense of ineffectiveness and lack of accomplishment



BURNOUT: AN OCCUPATIONAL PHENOMENON

• The World Health Organization (WHO) for the first time classified <u>burnout as an</u> <u>"occupational phenomenon"</u> in the eleventh revision of the International Classification of Disease



(W.H.O., 2019)

OF EMPLOYEE BURNOUT

burnt-out employees COST AN ESTIMATED

\$125— \$190B a year in health care

spending in the U.S.

23% more likely to visit the emergency room

13%
LOWER
CONFIDENCE
IN PERFORMANCE

63% MORE LIKELY to take a sick day 50% less likely to discuss performance goals with their manager 200T OF 3 FULL-TIME WORKERS experience burnout on the job



BUILD RESILIENCE

MANAGE STRESS

RESILIENCE

- being able to bounce back from setbacks
- and to keep going in the face of tough demands and difficult circumstances
- including the enduring strength that builds from coping well with challenging or stressful events

Hey, you. Don't give up, okay?

A set of learnable skills that mitigate the experience of stress and speed productive responses when setbacks occur



(Pulla et al., 2012)

What is **resilience**?



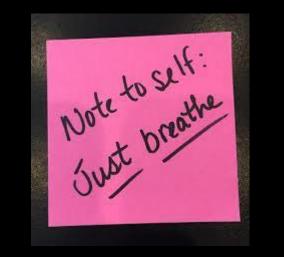


Bouncing back after stressful situtations is a helpful skill for a thriving workforce

 Building resilience among individuals and groups may equip them with the capacity to cope with these stressors, including developing protective factors against the negative effects of stress

• In the context of workplace health, they may improve ability to cope with, and recover from negative workplace stressors





(American Heart Association, 2017)

Leveraging resilience to promote Occupational Health

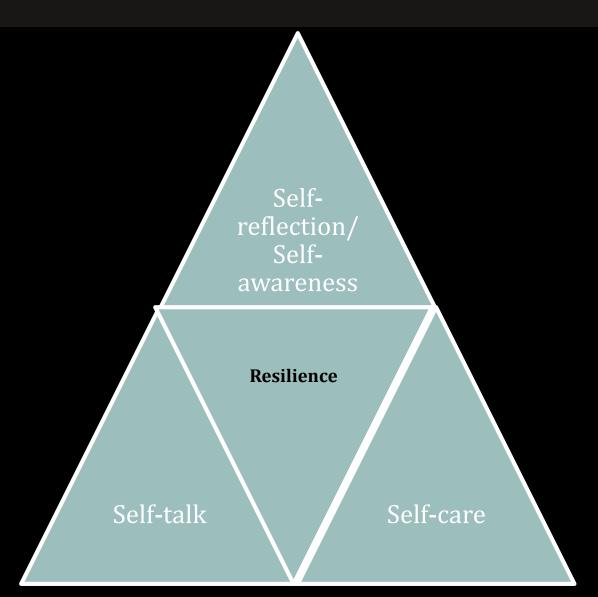


MICRO SOCIAL WORK: RESILIENCE WORK WITH INDIVIDUAL PATIENTS

- Work-related illness/injury is in itself can be extremely stressful/challenging:
- Complexity
- Stigma
- Financial distress
- Legal system
- Pain/illness
- Functional limitations
- Comorbid mental health diagnoses (PTSD, depression, anxiety, etc.)



RESILIENCE WORK WITH INDIVIDUAL PATIENTS



BUILDING RESILIENCE: WITH INDIVIDUAL PATIENTS

• Building resilience is a *personal journey*

 There is NOT a "one size fits all" resilience model

 Culture informs which resilience approach/activities work best

(Comas-Diaz et al., 2016)

even the smallest actions are

https://inspiration.allwomenstalk.com/quotes-about-small-steps-that-will-inspire-your-personal journey/3/

MEZZO/MACRO SOCIAL WORK: TEACHING RESILIENCE

- Among US employers, resilience training is one of fastest growing interventions offered to employees
- Specifically, resilient employees have the ability to apply these positive mental skills—which include emotion control, optimism, self-efficacy, and problem-solving—to remain psychologically robust when faced with challenges or adversity, diminishing the negative effects of stress



RESILIENCE LITERATURE

• The resilience literature suggests that resilience training programs in the workplace have low to moderate, but statistically significant, effects on a broad range of physical, mental health, wellbeing, psychosocial and work performance outcomes

**More research is needed to better understand how effective resilience training programs are in specific workplace settings.



(American Heart Association, 2017)

EMPLOYEE RESILIENCE AND IMPORTANT WORK-RELATED OUTCOMES

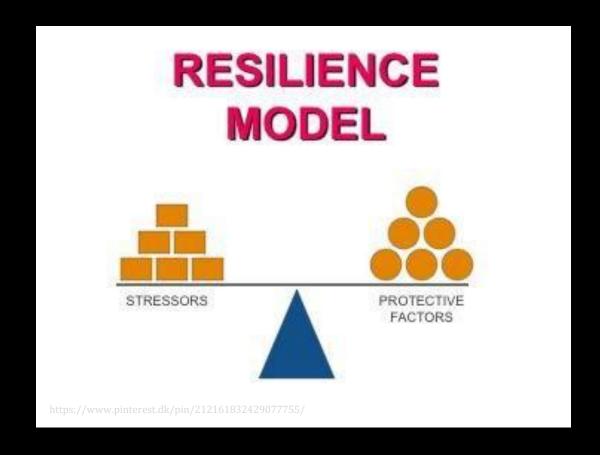
- A growing body of evidence connects employee resilience with important work-related outcomes
 - Resilience is associated with
 - lower levels of perceived stress
 - higher job satisfaction
 - fewer stress-related symptoms (such as chronic pain, headaches, and poor sleep quality)



(Smith et al., 2018)

EMPLOYEE RESILIENCE AND IMPORTANT WORK-RELATED OUTCOMES

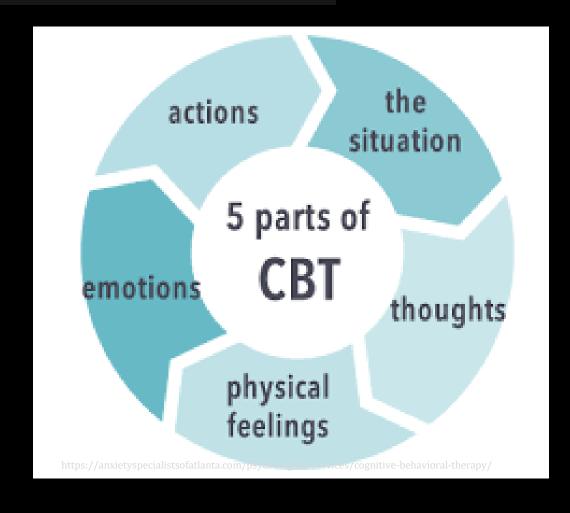
- Higher resilience also corresponds to
 - higher levels of productivity
 - fewer absences
 - a lower likelihood of quitting
- Resilience is protective against highstrain jobs
 - where workers face greater stress from high demands and lower job discretion



INTERVENTIONS TO ENHANCE RESILIENCE IN THE WORKPLACE

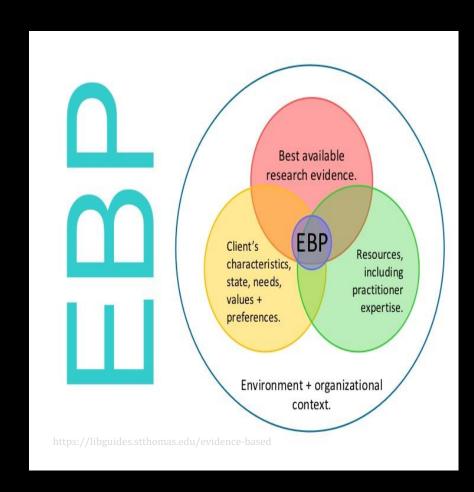
- Resilience training has been found to have a positive impact on various mental health and subjective wellbeing outcomes (e.g., lower stress, depression, negative affect) in employees (Robertson et al., 2014)
- Within supportive healthcare organizations, CBT has potential to provide staff with the skills to recognize signs of stress in themselves and the skills to act early to prevent stress from escalating, and thereby empowering staff to make choices about how they respond in stressful healthcare workplace settings

(Strauss et al., 2018)



INTERVENTIONS TO ENHANCE RESILIENCE IN THE WORKPLACE

- Several studies have examined the benefits of resilience training among various specific work groups
- An important limitation in the resilience literature is that no single accepted theoretical framework or consensus statement exists to guide the development or application of these programs
- A number of recent reviews have highlighted the growing body of research supporting the benefits of resilience training in the workplace for mental health and well-being
- Resilience interventions based on a combination of CBT and mindfulness techniques appear to have a positive impact on individual resilience



RESILIENCE TRAINING

• Resilience based interventions emphasize the strengths within individuals to persevere and recover through environmental, physical or emotional stress (Zautra et al., 2010)

• Researchers and employers have been using resilience based programs to improve health and performance outcomes in the workplace



THE RESILIENCY PROJECT: ADDRESSING WORK-RELATED STRESS IN LONG-TERM CARE

• The Resiliency Project is a collaboration between the Finger Lakes Occupational Health Services (FLOHS) and the Occupational Health Clinical Center (OHCC). We serve the occupational health needs of 31 counties of New York State and are funded by a grant administered through the New York State Department of Health





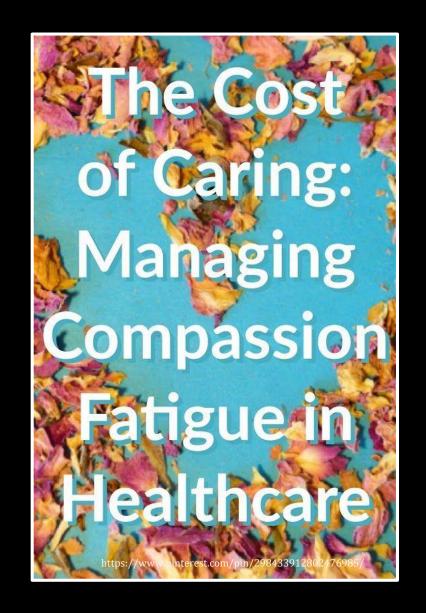
THE RESILIENCY PROJECT: ADDRESSING WORK-RELATED STRESS IN LONG-TERM CARE

Why focus on healthcare workers in long-term care?

WORK-RELATED STRESS IN HEALTHCARE

Healthcare can:

- Be physically demanding
- **❖**Be emotionally demanding
- Expose workers to trauma
 - *Compassion Fatigue is the emotional remains or strain of exposure to working with those that are suffering



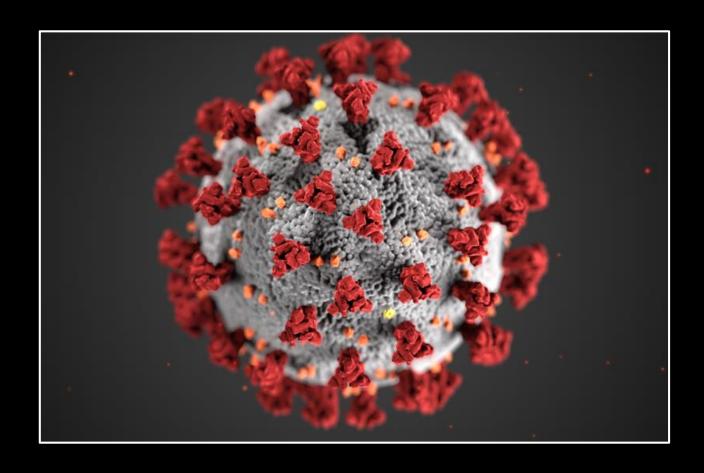
HEALTH CARE WORKER BURNOUT

- Healthcare worker (HCW) burn-out has reached a critical level
- High rates of healthcare worker (HCW) burn-out have led many to label it an 'epidemic' urgently requiring interventions



(Sexton & Adair, 2019)

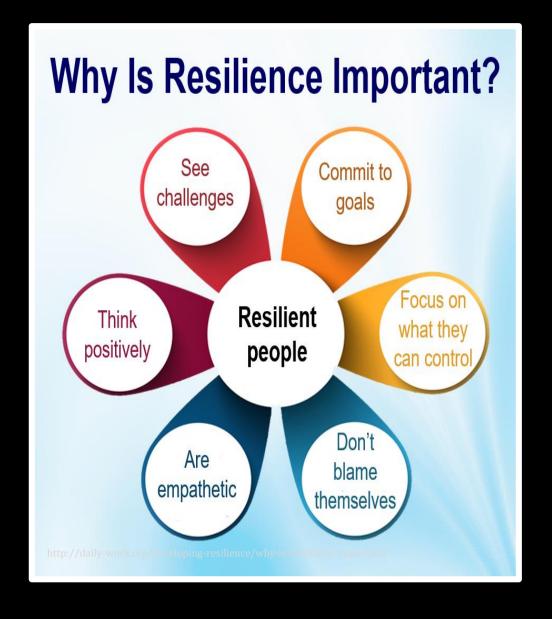
COVID-19 HAS BEEN A SOURCE OF UNEXPECTED STRESS AND ADVERSITY



COVID-19 AND THE LONG-TERM CARE WORKER

- The physical, emotional and psychosocial strains on the long-term care worker are abundant
 - workers have faced unprecedented demands during the Coronavirus pandemic.





Promoting resilience among health care workers can be considered an approach to address the higher than average levels of workplace stress

(Cleary & Kornhaber, 2015)

THE RESILIENCY PROJECT: ADDRESSING WORK-RELATED STRESS IN LONG-TERM CARE

The Resiliency Project seeks to work with long-term care facilities in our communities to:

- 1) stimulate individual coping skills
- 2) workplace level culture shifts
- 3) improvements in leadership

to improve the conditions at work and reduce risks to occupational health for "essential" care workers in Central New York and the Finger Lakes Region during the coronavirus pandemic and beyond.

THE RESILIENCY PROJECT: GOALS

• To prevent occupational illness and injury for "at risk" care workers in skilled nursing facilities

• To increase health care access for excluded workers, including occupational health services

• To promote better work statuses, arrangements, and conditions in our region



WORKSHOPS: VIA ZOOM

LATE FALL 2020

- St. Ann's Community:
 - workshop #1: 32 workers reached

- SEIU:
 - workshop #1: 4 workers reached
 - workshop #2: 7 workers reached





- St. John's:
 - Had 2 workshops scheduled but needed to cancel due to staffing issues **(they would like to hopefully reschedule in 2021)

A brief walk through the training.....



THE FOUNDATIONS OF RESILIENCE

Self-reflection/awareness



Self-talk



Self-care





SELF-REFLECTION

Is the process of examining and understanding what you think



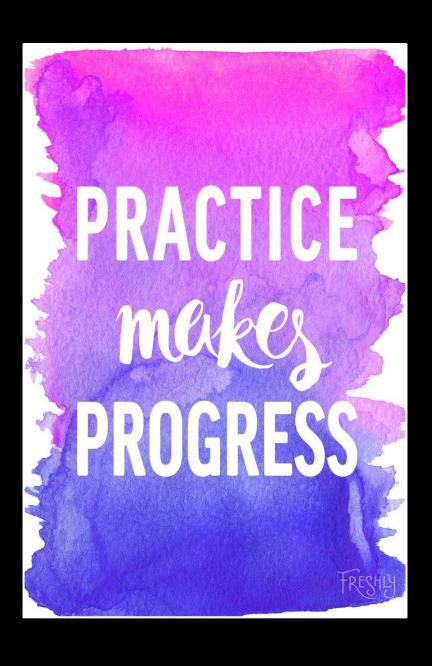
- Makes us more aware of our own thinking and emotions
- Gives us space to process these thoughts and emotions
- Can help us focus on what is important in life
- Can inform action as opposed to running on "auto pilot"
- Can provide protection from stress and burnout

Self-awareness is the ability to see yourself <u>clearly and</u> <u>objectively</u> through reflection and introspection.



Research suggests that when we see ourselves CLEARLY we are

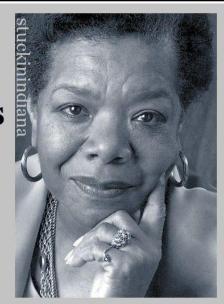
- more confident
- more creative
- Aware of our values and our strengths & weaknesses
- make sounder decisions
- build stronger relationships; Strengthen work and personal relationships by managing emotions
- communicate more effectively
- are more receptive to constructive feedback



Learning to be selfreflective and selfaware takes practice

I can be changed by what happens to me. But I refuse to be reduced by it.

~ Maya Angelou



SELF-TALK

- Talk or thoughts directed at oneself
- Self-talk can be both *negative and positive*
- It can be encouraging
 - and it can be distressing



'YOU CANNOT ALWAYS CONTROL
WHAT GOES ON OUTSIDE,
BUTYOU CAN ALWAYS CONTROL
WHAT GOES ON INSIDE...'



NEGATIVE SELF-TALK

Negative thoughts can create the emotional states of fear, anger, anxiety, guilt, shame, or regret

Thoughts

Create Feelings

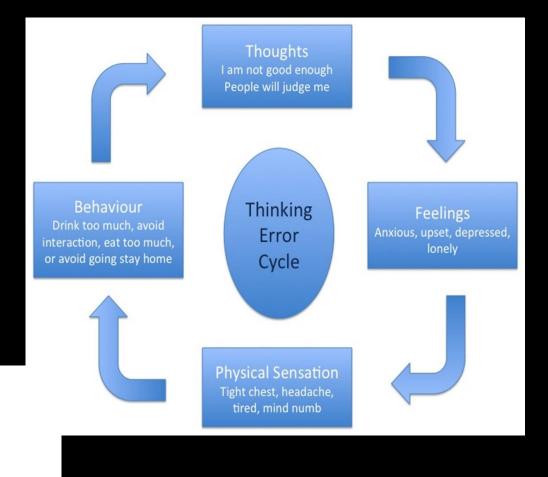
Feelings

Create Behavior

Behavior

Reinforces

Thoughts



STOPPING NEGATIVE SELF-TALK

1. Awareness

Catch yourself thinking a negative thought

2. Act

Take the thought captive- stop it in its tracks

3. Replace

 Replace the thought with an alternative healthier thought (be intentional)



RESILIENT SELF-TALK....

- Avoids seeing crises as an insurmountable problems
- Accepts that change is part of living
- Nurtures a positive view of self
- Keeps things in perspective
- Maintains a hopeful outlook





Monitoring and, when needed, changing your self-talk takes practice



SELF-CARE

The practice of taking action to preserve or improve one's own health



- ❖ No one size fits all self-care model
- Includes body, mind, & spirit

SELF-CARE

- Nutrition
- Sleep
- Exercise
- Breathing techniques
- Mindfulness
- Spirituality

- Purpose
- Connection
 - Social support
 - Volunteering
- Healthy Boundaries
- Gratitude
- Outside help
- Self-care toolkit



SELF-CARE

Nutrition

HEALTHY EATING PLATE Use healthy oils (like Drink water, tea, or coffee olive and canola oil) (with little or no sugar). for cooking, on salad, Limit milk/dairy and at the table. Limit (1-2 servings/day) and butter. Avoid trans fat. juice (1 small glass/day). WHOLE Avoid sugary drinks. **GRAINS** The more veggies -**VEGETABLES** and the greater the Eat a variety of whole grains variety - the better. (like whole-wheat bread, Potatoes and French fries whole-grain pasta, and don't count. brown rice). Limit refined grains (like white rice and white bread). Eat plenty of fruits of all **FRUITS** Choose fish, poultry, beans, and nuts; limit red meat and cheese; avoid bacon, cold cuts, and STAY ACTIVE! other processed meats. Harvard Medical School Harvard Health Publications Harvard T.H. Chan School of Public Health The Nutrition Source www.hsph.harvard.edu/nutritionsource www.health.harvard.edu

Sleep



Healthy adults need between 7 to 9 hours of sleep

Exercise



- 01. Lifts your mood
- 02. Improves learning abilities
- 03. Builds self-esteem
- 04. Keeps your brain fit
- 05. Keeps your body fit & able
- 06. Boosts mental health
- Ub. Boosts mental nealth
- 07. Boosts your immune system
- 08. Reduces stress
- 09. Makes you feel happier
- 10. Has anti-ageing effects
- 11. Improves skin tone and colour
- 12. Improves sleeping patterns
- 13. Helps prevent strokes
- 13. Helps prevent strokes
- 14. Improves joint function
- 15. Improves muscle strength
- 16. Alleviates anxiety
- 17. Sharpens memory
- 18. Helps to control addictions
- 19. Boosts productivity
- 20. Boosts creative thinking
- 21. Improves body image
- 22. Gives you confidence
- 23. Helps you keep focused in life
- 24. Improves eating habits
- 25. Increases longevity
- 26. Strengthens your bones
- 27. Strengthens your heart

- 28. Improves posture
- 29. Prevents colds
- 30. Improves appetite
- 31. Improves cholesterol levels
- Lowers risk of (certain) cancers
 Lowers high blood pressure
- 3. Lowers high blood pressure
- 34. Lowers risk of diabetes
- 35. Fights dementia
- 36. Eases back pain
- 37. Decreases osteoporosis risk
- 38. Reduces feelings of depression
- 39. Prevents muscle loss
- 40. Increases energy and endurance
- 41. Increases sports performance
- 42. Increases pain resistance
- 43. Improves balance and coordination
- 44. Improves oxygen supply to cells
- 45. Improves concentration
- 46. Helps with self-control
- 47. Lessens fatigue
- 48. Increases sex drive & satisfaction
- 49. Makes life more exciting
- 50. Improves Quality of Life



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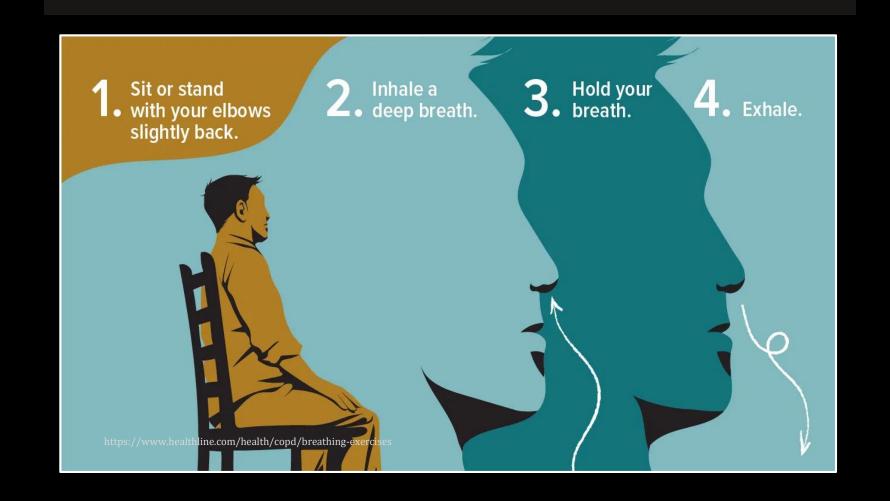
DEVELOP A SELF-CARE TOOLKIT

Sensory components

- For touch- a soft blanket or take a warm bath
- For taste- a favorite snack or drink
- For sight- a picture of loved ones or from a fun vacation, go for a walk and take in the sights
- For hearing- make a playlist of your favorite songs
- For smell- a scented candle or essential oil diffuser; flowers



SELF-CARE: BREATHING TECHNIQUES



MINDFULNESS

Getting out of your head and being constantly aware of your surroundings, can help you experience less stress



SPIRITUALITY

- The personal quest for understanding answers
 - to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and formation of community (Koenig et al., 2001)

Spiritual Wellness

The <u>spiritual</u> component of wellness provides meaning and direction in life and enables you to grow, learn, and meet new challenges.







Pur pose

(Noun): the reason for which something is done or created or for which something exists.

CONNECTION

*Social Support:
Close, healthy
relationships with
good family & friends
are important

Numerous studies point to social support as essential for maintaining physical and psychological health

CONNECTION

In the form of giving and receiving; assisting others can also benefit the "helper"

Involvement in faithbased or civic organizations



HEALTHY BOUNDARIES

• Guidelines, rules or limits that a person creates to identify for themselves what are reasonable, safe and permissible ways for other people to behave around them and how they will respond when someone steps outside those limits

(outofthefog.net)

Signs of Wealthy Boundaries

- Able to say, "No." without apologies or feeling guilty.
- Saying "Yes" only when you totally agree.
- Not allowing someone to manipulate your decisions.
- Knowing who you are, what you like, and what you believe.
- Standing up for your values and standards.
- Being treated as an equal decision maker with equal value.
- Feeling safe to express your differing opinion.
- Asking for what you want or what you need.
- Being in tune with your own feelings and emotions.
- Being responsible for your own feelings, and happiness.
- Not taking responsibility for someone else's feelings or unhappiness.
- Giving yourself permission to rest and take care of yourself before you do for others.
- Feeling safe to set limits on your own time, money, and energy, because it's what is best for you and your goals.
- Having activities and time to yourself to do what you like.

https://in.pinterest.com/pin/222857881541519603/

GRATITUDE

- Gratitude has one of the strongest associations with better mental health and well-being of any personality trait
 - even more than hope, optimism, or compassion





SEEKING OUTSIDE HELP

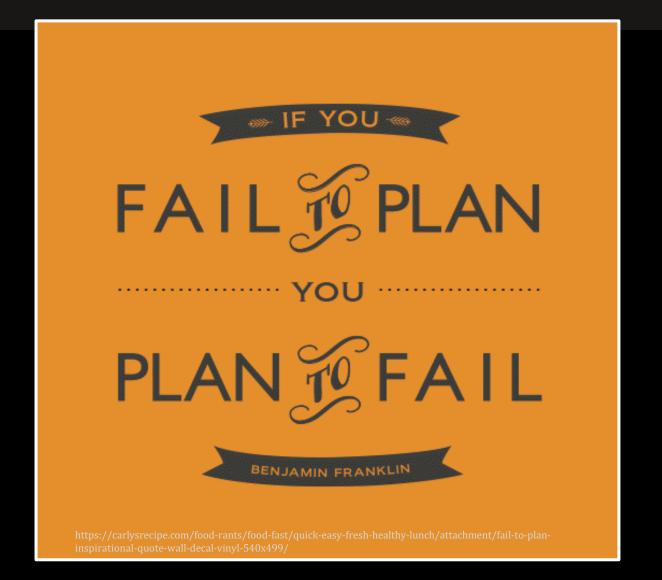
Sometimes seeking outside help can be part of a stress resilience plan

- Counseling (EAPs, counselors, etc.)
- Spiritual mentors
- Support groups





PLANNING FOR RESILIENCE AND MEASURING YOUR PROGRESS





American Heart Association (2017). Resilience in the workplace. https://healthmetrics.heart.org/wp-content/uploads/2017/10/RESILIENCE-IN-THE-WORKPLACE_Full_Final_11-Oct-2017.pdf

Carmody, J., & Baer, R. A. (2008). Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program. Journal of behavioral medicine, 31(1), 23-33.

Cleary, M., Kornhaber, R., Kaji Thapa, D., West, S., & Visentin, D. (2018): The effectiveness of interventions to improve resilience among health professionals: A systematic review. *Nurse Education Today, (71), 247–263.*

Comas-Diaz, L., Luhtar, S.S., Maddi, S.R. (2016) The Road to Resilience. http://www.apa.org/helpcenter/road-resilience.aspx2016

de Beer, L., Pienaar, J., & Rothman, S. (2014) Job burnout's relationship with sleep difficulties in the presence of control variables: a self-report study. South African Journal of Psychology, Vol. 44(4) 454–466. DOI: 10.1177/0081246314538249

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. https://doi.org/10.1037/0021-9010.86.3.499

Emmons R.A, & Stern R. (2013) Gratitude as a psychotherapeutic intervention. *J Clin Psychololgy; 69(8)*:846-855. [doi: 10.1002/jclp.22020]

Eshel, Y., Kimhi, S., Lahad, M., Leykin, D., & Goroshit, M. (2018). Factors as major determinants of resilience: a replication study. *Community Mental Health Journal*, (54), 1228–1238. https://doi.org/10.1007/s10597-018-0263-7

Finley, R.S., (2018) Reflection, resilience, relationships, and gratitude. **AmJ Health-Syst emPharm.** 75:1185-90

Gauche, C., De beer, L., & Brink, L. (2017). Exploring demands from the perspective of employees identified as being at risk of burnout. *The International Journal of Qualitative Studies on Health and Well-Being, Vol (12)*, 1-13. https://doi.org/10.1080/17482631.2017.1361783

Hodge, D. H. (2013) Implicit Spiritual Assessment: An Alternative Approach for Assessing Client Spirituality. *Social Work, 58* (3), 223-230. DOI: 10.1093/sw/swt019 BMJ Open. . doi:10.1136/bmjopen-2017-017858

Joyce, S., Shand, F., Tighe, J., Laurent, S. J., Bryant, R., A., Harvey, S. B. (2018). Road to resilience: a systematic review and meta-analysis of resilience training programmes and interventions

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health.* Oxford University Press

Maslach, C., & Leiter M.P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, (15),103-11.

Maxwell, J. C. (2012). The 15 Invaluable Laws of Growth: Live Them and Reach Your Potential. Center Street.

Mistretta, E. G., Davis, M. C., Temkit, M., Lorenz, C, , Darby, B., & Stonnington, C.M. (2018). Resilience Training for Work-Related Stress Among Health Care Workers. American college of occupational and environmental medicine (60), 559-568.

Nelson, D. (2016, December 8). *Self-Care 101: Setting Healthy Boundaries*. Retrieved from http://www.dananelsoncounseling.com/blog/self-care-setting-healthy-boundaries/

Norcross, J. C., & Guy, J. D. (2007). Leaving it at the office: A guide to psychotherapist self-care. New York: GuilfordPress.

Pulla, V., Shatte', A., & Warren S. (2012) Resilience in work and in life: perspectives on coping and resilience. Authors Press Books.

Robertson, I. T., Cooper. C.L., Sarkar, M., & Curran. T. (2015). Resilience training in the workplace from 2003 to 2014: A systematic review. Journal of Occupational and Organizational Psychology (88): 533–562

Sexton, J. B., & Adair, K. C. (2019). Forty-five good things: a prospective pilot—study of—the three good things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work-life balance and happiness.

BMJ Open. 9:e022695. doi:10.1136/bmjopen-2018-022695

Smith, B., Shatte, A., Perlman, A., Siers, M., & Lynch, W. (2018). Improvements in Resilience, Stress, and Somatic Symptoms Following Online Resilience Training: A Dose-Response Effect. *Journal of Occupational and Environmental Medicine, 60 (1): 1-5*

Strauss, C., Gu, J., Pitman, N. *et al.* Evaluation of mindfulness-based cognitive therapy for life and a cognitive behavioural therapy stress-management workshop to improve healthcare staff stress: study protocol for two randomised controlled trials. *Trials* **19**, 209 (2018). https://doi.org/10.1186/s13063-018-2547-1

WHO Burn-Out an "Occupational Phenomenon": International Classification of Diseases. [(accessed on 29 May 2019)];2019 Available online: http://www.who.int/mental_health/evidence/burn-out/en/

• Zautra AJ, Arewasikporn A, Davis MC. Resilience: promoting wellbeing through recovery, sustainability, and growth. Res Hum Dev. 2010; 7:221–238.