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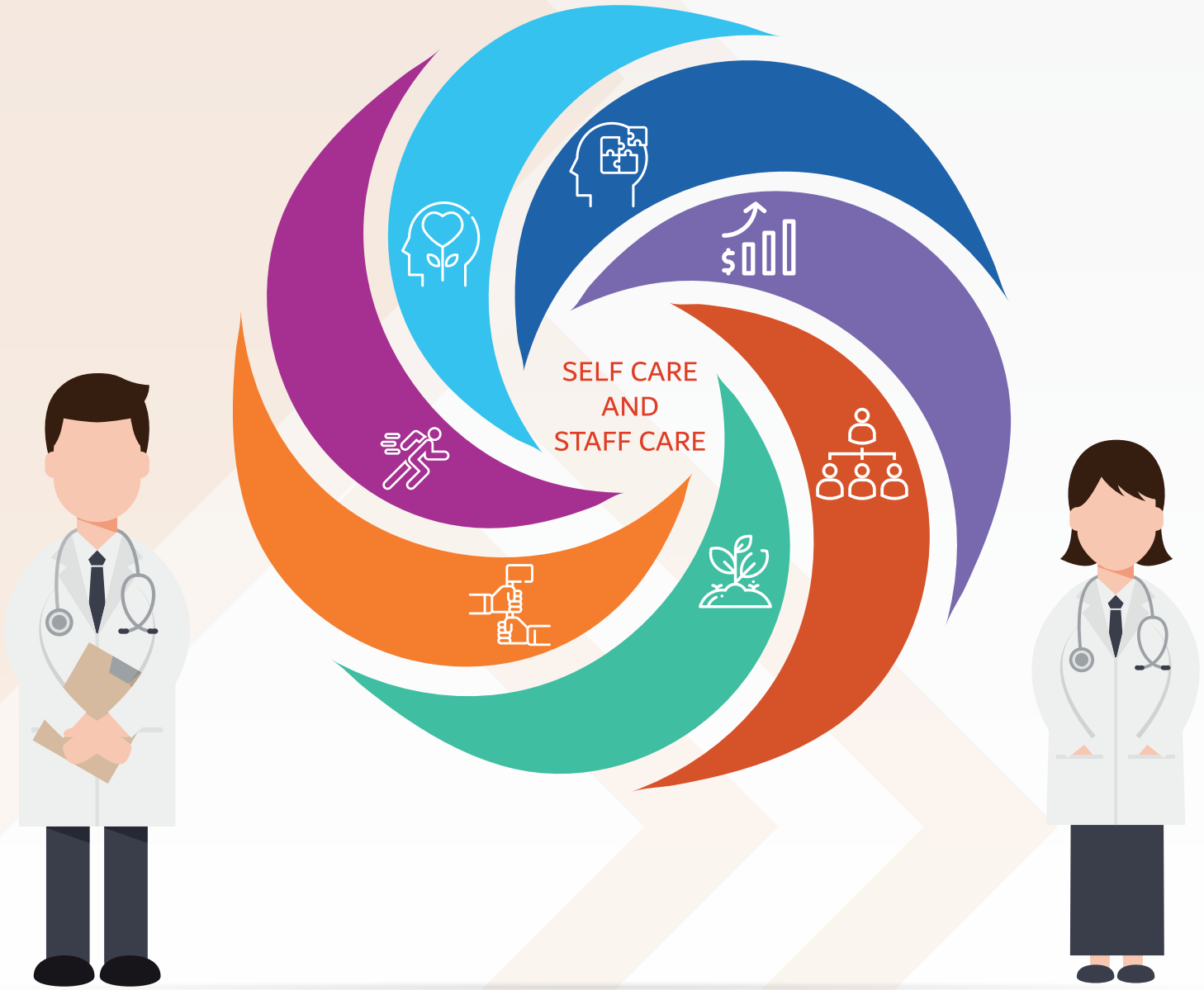
Handbook on Staff Care and Self-Care for the Ministry of Health

In the Context of the Health Care System



Handbook on Staff Care and Self-Care for the Ministry of Health

In the Context of the Health Care System

Jordan, 2020

Version 02

Impressum

Published by:
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Address:
Psychosocial Support and Trauma Work in Jor
Marouf Al Rasafi 19, Amman, Jordan
Dr. Christine Mueller
Email: Christine.mueller@giz.de
Website: www.giz.de
Project Email: MHPSSjordan@giz.de

Design & Graphics:
Isra Noufal, Amman

Authors:
Dr. Ashraf F. Alqudah, PhD
Clinical Psychology Associate Professor
University of Jordan

Kate Sheese
Doctoral Candidate, Critical Social Psychology, Graduate Center, CUNY
Research Associate, Sigmund Freud University, Berlin

Contributions:
Alaa Alnasser
Maryana Al-Haddad

Acknowledgment:
We are grateful to the Director of Research of the Center for Victims of Torture Dr Craig Higson-Smith, for his important input and feedback.

Responsible for This Publication:
The GIZ Project "Psychosocial Support and Trauma Work in Jordan"
GIZ is responsible for the content of this publication.
Amman, 2020

Updated in 2023

List of Abbreviations and Acronyms

MoH	Ministry of Health
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
MHPSS	Mental Health and Psychosocial Support
PSS	Psychosocial Support
UNHCR	The United Nations High Commissioner for Refugees
IASC	Inter-Agency Standing Committee
HPA	Hypothalamus, Pituitary, and Adrenal
WHO	World Health Organization
PTSD	Posttraumatic Stress Disorder
SCAT	Self-Care Assessment Tool
ProQoL	Professional Quality of Life Scale
MBI	Maslach Burnout Inventory
EE	Emotional Exhaustion
DP	Depersonalization
PA	Personal Accomplishment
CF	Compassion Fatigue
STS	Secondary Traumatic Stress
PMR	Progressive Muscle Relaxation
SWOT	Strengths, Weaknesses, Opportunities, and Threats
ToR	Terms of Reference

Project Background

The project "Psychosocial Support and Trauma Work in Jordan" was commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ). It is a joint project between the Ministry of Health (MoH) and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), which begun in 2017 in the context of the Syrian crises. The project's aim is to improve the psychosocial support services provided by state and civil society actors to community members in selected communities with Syrian refugees. The selected communities are Mafraq, Zarqa, and Sahab.

Work-related stress has been a long-standing concern within the health sector. It is a potential cause of physical, psychological, and social distress. Self-care and staff care are individual and institutional approaches that aim to address and prevent work-related stress as well as promote a healthy working environment and work–life balance.

The Institutional Development and Quality Control Directorate of the Jordanian MoH system is responsible for implementing staff care and self-care measures in the context of its health system. By 2019, the following had already been established:

- A self-care and staff care center at the Jordanian MoH
- A policy for staff care that regulates the functions of the self-care and staff care center, including (a) conducting regular assessments of the needs for staff care and self-care,(b) providing training to selected participants on staff care and self-care, and (c) awareness raising about staff care and self-care

The trainings should give carefully selected participants the opportunity to act as focal points for staff care and self-care in their working environment (e.g., a health center or a hospital). As such, the joint project has an impact on the organizational level as well as on the individual level. Because it is expected that health professionals stay healthy and able to cope with difficult situations, this issue must be tackled on the organizational level to integrate measures for their long-term well-being. This will promote a sustainable and strong health sector.

Aim of Handbook

This handbook has five aims:

1. To give a rationale for the integration of staff- and self-care measures into the work of health professionals;
2. To explain the consequences of stress for individuals;
3. To provide ideas of measures for different stress levels and types of stress;
4. To give examples for self-care measures;
5. To explain the organizational context of staff care supporting self-care.

The handbook is by no way exhaustive, nor does it cover all knowledge existing on the topic of staff care and self-care. It is a reference document for initiating and supporting new developments in the health-care system.

Who Can Use This Handbook?

- All MoH health professionals can use it. It can be an opportunity to develop your knowledge, build on your current practice, and to learn new skills for self-care and staff care.
- Focal points for staff care and self-care: These employees can use this handbook, in addition to their trainings, as a reference document for sharing with colleagues in the health sector, as well as with interested persons from other organizations.

Contents

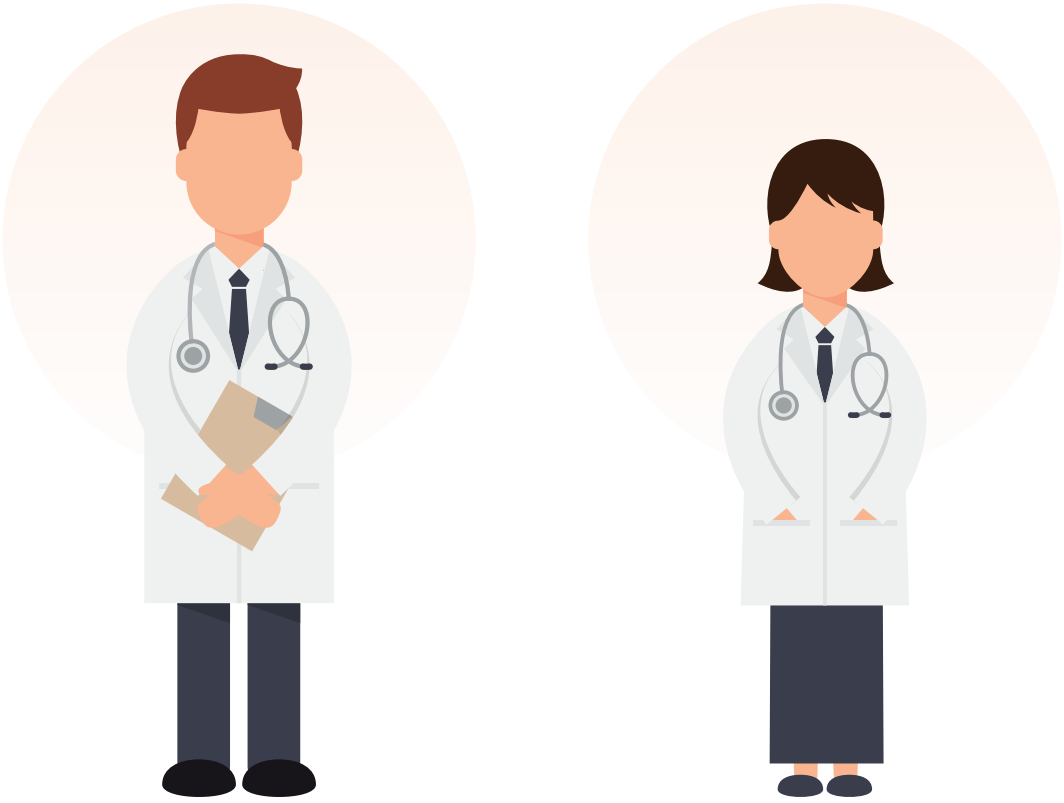
Section 1

Rationale for Staff Care and Self-Care in the Health System

Providing health care is often rewarding, but it can also be challenging, especially given the range of unavoidable circumstances that health care providers face that place them at risk.

They frequently work long hours in under-resourced and high-pressure settings and are confronted by suffering and grief daily while working with their beneficiaries. In addition, these beneficiaries' experiences, especially in the refugee context, add another dimension of possible stress. Many refugees in a situation of protracted migration have faced violence, torture, loss, and grief. They also face an insecure future, which leads to high stress levels and a further negative impact on their health (Maswadi et al., 2019, & Doocy et al., 2016). For health professional, this adds a dimension to their work for which they are often unprepared. Many health issues migrants face are stress related but might be expressed in different terms, with symptoms that are unclear and difficult to identify or understand. Thus, a purely medical approach is often the wrong answer to this complex situation.

Research shows that 43% of Jordanian doctors and nurses suffer from high levels of burnout, about 55% suffer from high levels of emotional exhaustion, 34% suffer from depersonalization, and 39% suffer from a sense of low personal accomplishment (Elbarazi et al., 2017). 33% of general practitioners suffer from high levels of stress (Boran et al., 2011).



1.1 Stress

Definition

Stress is a state of tension created when a person responds to demands and pressures from work, family, external sources, and internal self-imposed demands, obligations, and self-criticism *(Lazarus, 1966).*

When Does Stress Turn Negative? When Can Stress Be Positive?

Stress can be looked at in two dimensions: the eustress and the distress. Eustress is the positive stress in our lives, and distress is the negative stress in our lives. Usually, when we talk about stress, we mean distress. Stress is a burst of energy that essentially advises you on what to do. Mild and moderate levels of stress can have many advantages. For instance, stress can help you meet daily challenges, motivate you to reach your goals, help you accomplish tasks more efficiently, and enhance your memory. In addition, there are various health benefits associated with a mild-to-moderate level of stress, such as enhancing the immune system, improving heart function, and protecting your body from infection. Stress is key for survival, but high levels of and/or chronic stress can be detrimental. Stress that stays around for weeks or months can weaken the immune system and cause high blood pressure, fatigue, depression, anxiety, and even heart disease. In particular, too much epinephrine can be harmful to your heart, negatively affecting the arteries and how their cells' ability to regenerate (Kun, 2013). In this handbook, when we talk about stress, we mean the distress that negatively affects one's psychological and physical health and well-being and reduces work productivity.

There are two dimensions to be kept in mind when talking about stress:

1. **Demands:**
   - A. Internal
   - B. External

2. **Recourses:**
   - A. Internal
   - B. External

Stress happens when the demands are higher than the available resources.

Stressors for Health Care Providers

As a health care provider, you might face a variety of stressors related to the following:

1. Work overload
2. Overload of administrative work
3. On-call duty shifts
4. Daily unforeseen and unplanned situations
5. Lack of adequate continuous education
6. Inadequate working space
7. Intense emotional stressors
8. The inability to separate private and professional life
9. Inaccurate media information about the health care profession
10. Unrealistic expectations of patients and their families
11. Fear of a physical attack by a patient
12. Little possibility of promotion at work

(Trifunovic et al., 2017)

Stress Levels and Stress Types

Stress Level	Stress Type		
Low	Acute	Chronic	
Medium	Acute	Chronic	
High	Acute	Chronic	Burn Out

The above shape shows (a) two categories of stress plus burnout and (b) the three levels of stress each is associated with. Stress can be both acute (short term), and low, medium, or high intensity. It can also be chronic (lasting 3 months or more) as well as low, medium, or high intensity. Being acute or chronic refers to the longevity of stress, and being low, medium, or high refers to its intensity. This intensity is the extent to which stress negatively interferes with a person's ability to conduct his/her daily activities. We have to keep in mind that stress is a very individualistic experience; what might be acute stress for one person could be chronic for another, and what might be low-intensity stress for one person could be medium or high intensity for someone else. Burnout is an advanced, more complicated continuation of stress, and its intensity is always high.

Signs and Symptoms of Stress

Working with patients can be depleting, exhausting, and frustrating. This happens mainly when the number and demand of patients is high, and it makes health service providers less productive and less able to maintain good work quality, in addition to creating a tense atmosphere with patients and their families and an overburdened health service system

(Wylie et al., 2018).
The following signs and symptoms are correlated with more chronic and high-intensity stress:

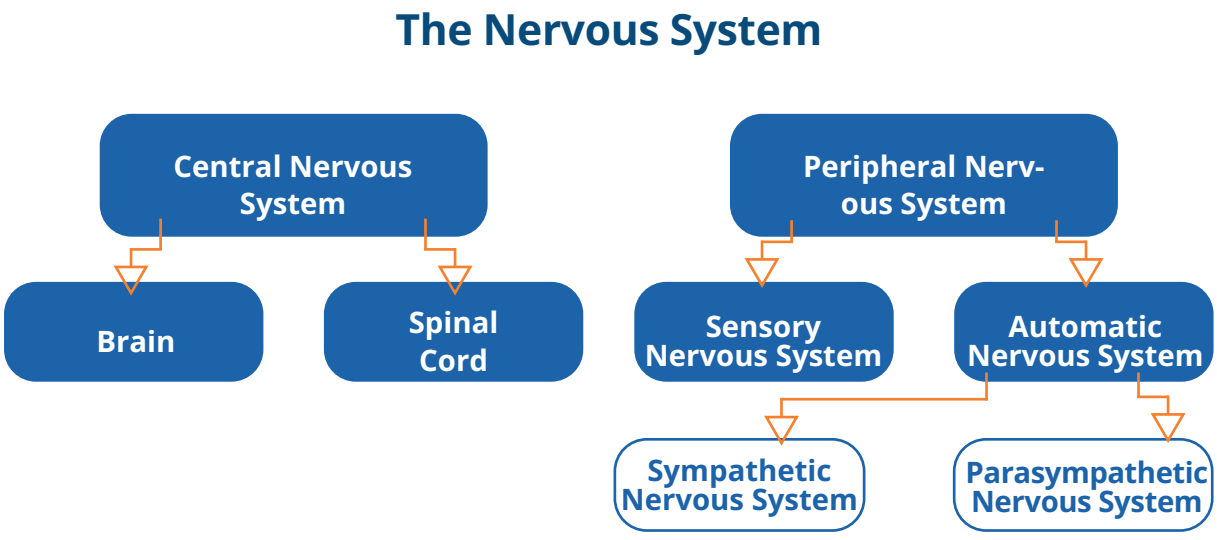
- **Bodily or physical:** Increased heart rate, headaches, muscle tension and pain, stomachaches, sleep problems, and shortness of breath
- **Mental:** Difficulty concentrating, forgetfulness, feeling overwhelmed, thinking of the same thing continuously, difficulty making decisions
- **Emotional:** Sudden outbursts and mood swings, feeling sad or depressed, losing one's sense of humor, feeling distressed/angry for no clear reason
- **Behavioral:** Recklessness, increased intake of alcohol/tobacco/drugs, poor hygiene, using prescribed medications for reasons they are not prescribed for, dangerous actions
- **Social:** Overreacting to others' mistakes, using others as scapegoats, withdrawal from activities with others, increased arguments with others, aggressiveness

(American Psychological Association [APA], 2007)

The Brain's Reaction to Stress

Stress is a very individualistic experience; what stresses someone out entirely depends on that person. The following brain reaction to stress correlates with any type or level of stress an individual perceives as demanding, threatening, or likely to negatively impact his/her day-to-day life.

First, we need to lay out the structure of our nervous system. It contains two subsystems: the **central nervous system** (the brain and spinal cord) and the **peripheral nervous system.** The peripheral nervous system contains two subsystems: the sensory nervous system and the autonomic or automatic nervous system. The automatic nervous system contains two further systems: the sympathetic nervous system and parasympathetic nervous system:

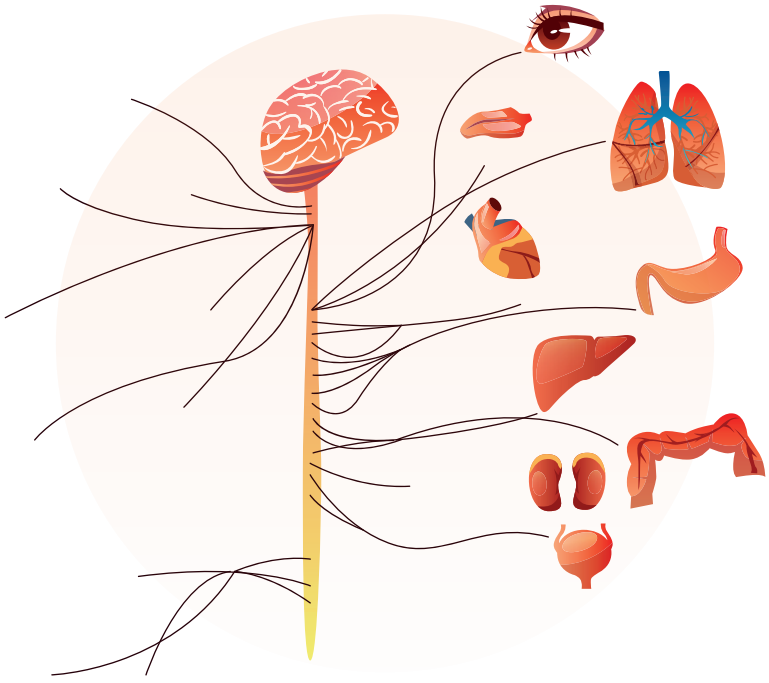


When we experience stress, our **sympathetic nervous system** is activated. As a result, our muscular system tenses, and these tensed muscles need more oxygen and more nutrients to perform at their optimal level. Oxygen and nutrients are delivered to these muscles through the blood stream, which—under stress—requires the heart to beat harder and faster, resulting in tachycardia. Muscle tensing narrows blood vessels and veins, resulting in more pressure from the blood stream on the inner layers of these veins and blood vessels, elevating the blood pressure.

Continuous stress results in continuous muscle tension that contributes to different types of headaches, back pain, and shoulder pain. Increased activation of the sympathetic nervous system in stressful situations also increases secretion of digestive acid in the stomach, but those who are under stress tend to experience appetite loss and eat less; smaller amounts of food in the stomach, when combined with the excess acid, result in ulcers and stomach pain.

The human endocrine system works very closely with our nervous system. The pituitary gland in our brains organizes hormone secretion for the other endocrine system glands in our bodies. This gland lies directly under the hypothalamus. The hypothalamus along with the pituitary gland coordinate the work with the nervous system and the rest of the endocrine glands, including the thyroid gland and the adrenal gland. The hypothalamus, pituitary gland, and adrenal gland form an axis called the HPA axis that also operates when we are under stress. More adrenaline gets sent out to the muscles, and the brain's hormonal balance is affected, making us less able to think clearly, make good decisions, solve problems, and remember things.

Sympathetic Nervous System



1.2 High Level of Stress: Burnout

Definition of Burnout

Burnout is a psychological syndrome of exhaustion, cynicism, and inefficacy in the workplace. It is considered an individual stress experience embedded in a context of complex social relationships, and it involves a person's conception of both self and others on the job *(Maslach & Leiter, 2017).*

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- Feelings of energy depletion or exhaustion;
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- Reduced professional efficacy.

(World Health Organization [WHO], 2018)

What Causes Burnout?

Burnout is correlated with the following underpinnings:

1. **Workload:** Both qualitative and quantitative work overload contribute to burnout by depleting workers' capacity to meet the demands of the job. When this kind of overload is a chronic job condition, there is little opportunity to rest, recover, and restore balance. A balanced workload, in contrast, provides opportunities to use and refine existing skills as well as to become effective in new areas of activity.

2. **Control:** Research has identified a clear link between a lack of control and high levels of stress and burnout. However, when employees have the perceived capacity to influence decisions that affect their work, to exercise professional autonomy, and to gain access to the resources necessary to do an effective job, they are more likely to experience job engagement.

3. **Reward:** Insufficient recognition and reward (whether financial, institutional, or social) increases people's vulnerability to burnout, because it devalues both the work and the workers and is closely associated with feelings of inefficacy. In contrast, consistency in the reward dimension between the person and the job means that there are both material rewards and opportunities for intrinsic satisfaction.

4. **Community:** Community has to do with the ongoing relationships that employees have with other people on the job. When these relationships are characterized by a lack of support and trust and by unresolved conflict, then there is a greater risk of burnout. However, when these job-related relationships are working well, there is a great deal of social support; employees have effective means of working out disagreements, and they are more likely to experience job engagement.

5. **Fairness:** Fairness is the extent to which decisions at work are perceived as being fair and equitable. People use the quality of the procedures and their own treatment during the decision-making process as an indication of their place in the community. Cynicism, anger, and hostility are likely to arise when people feel they are not being treated with the respect that comes from being treated fairly.

6. **Values:** Values are the ideals and motivations that originally attracted people to their job, and thus they are the motivating connection between the worker and the workplace that goes beyond the utilitarian exchange of time for money or advancement. When there is a value conflict on the job and thus a gap between individual and organizational values, employees will find themselves making a trade-off between work they want to do and work they have to do, and this can lead to greater burnout.

7. **Personal Characteristics:** Although job variables and organizational context are the prime predictors of burnout and engagement, a few personality variables have shown some consistent correlation patterns. In general, burnout scores are higher for people who have a less hardy personality, who have a more external locus of control, and who score as neurotic on the five-factor model of personality[1]. There is also some evidence that people who exhibit type A behavior[2] (which tends to predict coronary heart disease [CHD]) are more prone to the exhaustion dimension of burnout. There are few consistent relationships of burnout with demographic characteristics. Although higher age seems to be associated with lower burnout, it is confounded with both years of experience and with survival bias (i.e., those who survive early job stressors and do not quit). Thus, it is difficult to derive a clear explanation for this age pattern. The only consistent gender difference is a tendency for men to score slightly higher on cynicism. These weak demographic relationships are congruent with the view that the work environment is of greater significance than personal characteristics in the development of burnout

[1] *The five-factor model of personality (FFM) is a set of five broad trait dimensions or domains, often referred to as the "Big Five": extroversion, agreeableness, conscientiousness, and neuroticism. Neurotic individuals are prone to experiencing negative emotions, such as anxiety, depression, and irritation, rather than being emotionally resilient (Soto et al., 2015).*

[2] *Type A behavior is characterized by competitiveness, time urgency, and hostility (McLeod, 2017).*

Burnout results from mismatch or inconsistency between the personal values of the health service provider and between one or more of the following *(Kumar, 2016):*

1. Workload
2. The extent of perceived control over work
3. Work reinforcements
4. Sense of community
5. Perceived justice and equality at workplace
6. The personal morals and ethics of the health service providerWorkload

Burnout as a Sickness

Burnout is defined by the WHO (2018) as a syndrome resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

1. Feelings of energy depletion or exhaustion;
2. Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
3. Reduced professional efficacy.

How Does Burnout Affect You?

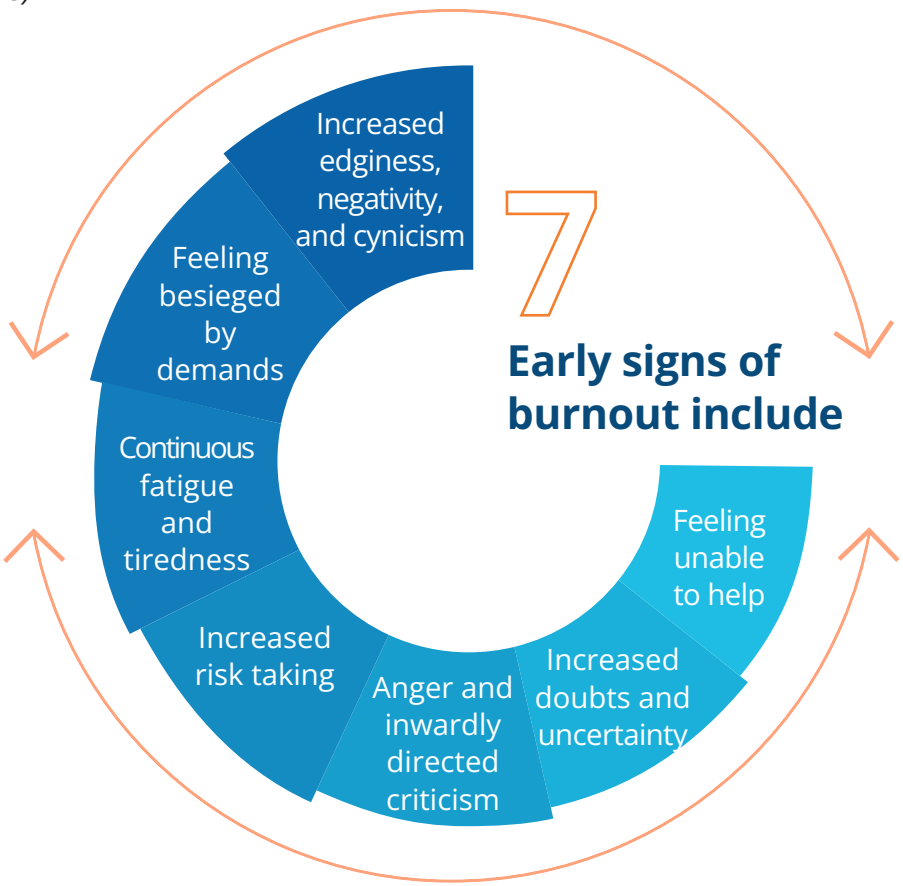
Health service providers exhibit the following signs and symptoms of burnout:

1. High levels of depersonalization: For example, the health service provider begins to look at service beneficiaries (humans) as diagnoses, diseases, or cases, instead of humans.
2. High levels of emotional exhaustion (the feeling of having given all that one can, all of one's energy and focus, and having finally run out of resources. This is often characterized by feeling extremely overextended and drained of energy and usually results from the heavy physical and psychological load on the health service provider.
3. Low levels of accomplishment: These lead the health service provider to doubt his/her judgment and wisdom.

Early signs of burnout include:

1. Continuous fatigue and tiredness
2. Increased risk taking
3. Anger and inwardly directed criticism
4. Increased doubts and uncertainty
5. Feeling unable to help
6. Increased edginess, negativity, and cynicism
7. Feeling besieged by demands

(WHO, 2018)



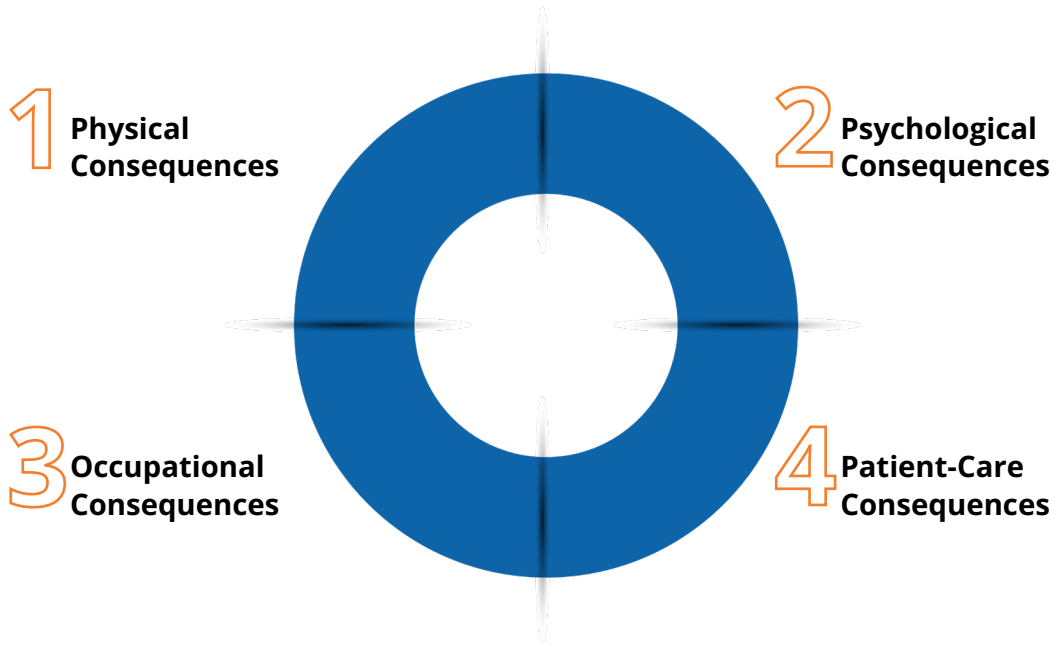
Other Signs of Burnout

What does it mean if someone has a burnout?

Burnout results in many physical, psychological, occupational, and patient-care consequences.

The following illustrates these consequences:

1. **Physical Consequences:** Cardiovascular diseases (CHD and hospitalization for cardiovascular diseases) and risk factors for these diseases (obesity, hyperlipidemia, type 2 diabetes, large waist circumference, high body mass index, metabolic syndrome, hypertension, high triglycerides, low HDL cholesterol, high LDL cholesterol, and impaired fasting glucose.
2. **Psychological Consequences:** Insomnia and depressive symptoms, hospital admissions due to mental disorders, psychological ill-health symptoms
3. **Occupational Consequences:** Job satisfaction, absenteeism, new disability pension, job demands, job resources, and presenteeism. *(Salvagioni et al., 2017)*
4. **Patient-Care Consequences:** Many studies have demonstrated that health care providers' burnout is detrimental to patient care. For example, the number of major medical errors committed by a surgeon and his/her likelihood of being involved in malpractice suit is correlated with the surgeon's degree of burnout. Among nurses, higher levels of burnout are associated with higher rates of both patient mortality and the dissemination of hospital-transmitted infections. In medical students, burnout has been linked to dishonest clinical behaviors, a decreased sense of altruism, and alcohol abuse. High rates of physician burnout also correlate with lower patient satisfaction ratings. At an institutional level, burnout results in greater job turnover and increased thoughts of quitting among physicians and nurses. It also results in decreased workforce efficiency: a recent Mayo Clinic study estimated the loss of productivity due to physician burnout as the equivalent of eliminating seven entire medical school graduating classes. Consequently, burnout may contribute to an already impending physician and nurse shortage *(Reith, 2018).*



1.3 Trauma in the Context of Health Care

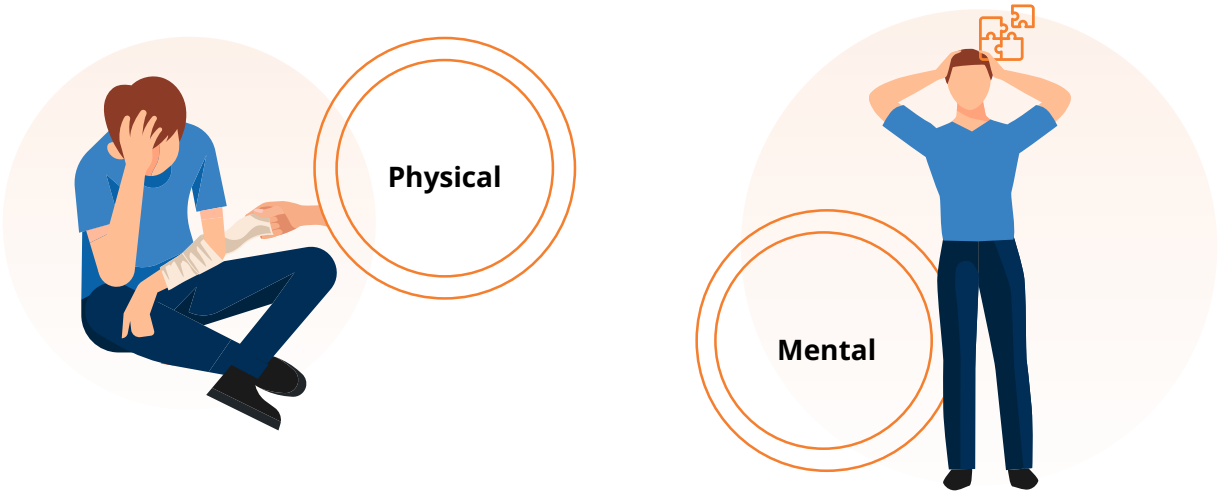
Definition of Trauma

Trauma is defined as direct personal experience of an event that involves (a) actual or threatened death, serious injury, or another threat to one's physical integrity; (b) witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or (c) learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. A person's response to a traumatic event must involve intense fear, helplessness, or horror *(APA, 2013).*

Health care providers are exposed to numerous types of trauma, localizable in the disciplines of emergency, interventional, and surgical medicine. Although the view of injured and traumatized patients may appear to be an obvious expectation of the health care providers' occupational scenery, in excess such situations may disrupt medical routine and affect their personal lives. Certain health care professions, such as emergency health providers, have a prevalence rate of trauma several times greater than that of the general health care provider. Commonly reported symptoms include traumatic flashbacks, avoidance behavior, and increased arousal and agitation. Health care professionals who routinely deal with suffering and death or practice a highly stressful specialty are at higher risk for trauma. Research suggests that trauma is more prevalent in health care providers than in the general population, and it is detrimental to their physical, psychological, and occupational health, as well as to their ability to serve their patients *(Sendler et al., 2016).*

According to Lazarus (2014), health care providers who are more prone to develop issues related to experiencing trauma, or posttraumatic stress disorder (PTSD), fall into six categories:

1. Emergency health care providers
2. Health care providers practicing in underserved and remote areas
3. Health care providers under training (i.e., medical residents)
4. Health care providers involved in malpractice litigation
5. Health care providers who are "second victims" in the sense that they are indirectly exposed to trauma
6. Health care providers who have cumulative stress of practice



The prevalence of PTSD in health care providers is disconcerting. For example, studies involving nurses employed at the University of Colorado Hospital, a tertiary care level II trauma facility, and emergency physicians and emergency resident physicians found that approximately 18% of all nurses, 15 to 17% of emergency physicians, and 11.9 to 21.5% of emergency medicine residents met diagnostic criteria for PTSD *(Mealer et al., 2009; Lowry, 2018; & Vanyo et al., 2017).*

Symptoms of PTSD as described by the APA's Diagnostic and Statistical Manual of Mental Disorders (2013) as follows:

Criterion A: Stressor (one required[3]): The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence in the following way(s):

1. Direct exposure
2. Witnessing the trauma
3. Learning that a relative or close friend was exposed to a trauma
4. Indirect exposure to aversive details of the trauma, usually in the course of professional duties *(e.g., first responders, paramedics)*

"When we look at the 6 categories of the healthcare providers more prone to PTSD, mentioned above, and look at Criterion A for PTSD, we can find that healthcare providers can be directly exposed to traumatic stressors, can witness the trauma in their patients, or have indirect exposure to traumatic stressors as part of their profession as medics and healthcare providers." *(Spencer et al., 2019)*

Criterion B: Intrusion symptoms (one required). The traumatic event is persistently re-experienced in the following way(s):

1. Unwanted upsetting memories
2. Nightmares
3. Flashbacks
4. Emotional distress after exposure to traumatic reminders
5. Physical reactivity after exposure to traumatic reminders

Criterion C: Avoidance (one required): The individual affected avoids trauma-related stimuli after the trauma in the following way(s):

1. Trauma-related thoughts or feelings
2. Trauma-related external reminders

Criterion D: Negative alterations in cognitions and mood (two required): The person suffering experiences negative thoughts or feelings that began or worsened after the trauma in the following way(s):

[3] *At least on of the following symptoms/experiences are required to meet the criteria*

1. Inability to recall key features of the trauma
2. Overly negative thoughts and assumptions about oneself or the world
3. Exaggerated blame of self or others for causing the trauma
4. Negative affect
5. Decreased interest in activities
6. Feeling isolated
7. Difficulty experiencing positive affect

Criterion E: Alterations in arousal and reactivity: The person experiences trauma-related arousal and reactivity that began or worsened after the trauma in the following way(s):

1. Irritability or aggression
2. Risky or destructive behavior
3. Hypervigilance
4. Heightened startle reaction
5. Difficulty concentrating
6. Difficulty sleeping

Criterion F: Duration (required): Symptoms last for more than 1 month.

Criterion G: Functional significance (required): Symptoms create distress or functional impairment *(e.g., social, occupational).*

Criterion H: Exclusion (required): Symptoms are not due to medication, substance use, or other illness.

1.4 Secondary Trauma in the Context of Health Care

Health care providing requires hearing about or even witnessing the horrible and disturbing things that happen to other people on a daily basis. When we talk about secondary trauma, we mean that health care providers might experience trauma indirectly (through stories told by their patients and/or witnessing patients' traumatic injuries). Research has shown that the symptoms of secondary trauma can be just as real and personal as those of PTSD, despite health care providers' lack of direct experience with those traumatic stressors. Health care providing is among the professions that put their professionals at risk for secondary trauma. The following are three key concepts in secondary trauma *(Knight, 2018):*

1. Secondary trauma is an occupational hazard. It is a natural consequence of working to help those who have been traumatized.
2. Secondary trauma is a byproduct of empathetic engagement with patients who have experienced firsthand trauma. Empathy is trying to help the patients by putting ourselves in their shoes. While health care providers' ability to empathize may make them good at their jobs, they must also understand that empathically engaging in patient's suffering can take a profound toll over time.
3. Secondary trauma can have serious consequences for health care providers' health, both mental and physical. Secondary trauma may cause health care providers to experience symptoms of trauma—tension headaches, exhaustion, and irritability, just to name a few—that did not originate from their own experiences.

Secondary Trauma: What It Is Not

Secondary trauma is not a personal failing or a lack of resiliency. It does not signal an absence of willpower or commitment. It is distinctly different from our personal histories of trauma and the ongoing adversities we face in other areas of our lives. Although these things may complicate the issues surrounding secondary trauma, they are not the same thing. It is especially crucial for health care providers to understand the difference between secondary trauma and regular work-related stress (e.g., feeling tense before a big presentation or tired after a particularly busy week). The difficulty of recognizing this distinction may cause us to initially dismiss the symptoms of secondary trauma, assuming they will dissipate over time, perhaps after gaining more experience on the job or once a particular benchmark has been reached. We may think, "Once I finish up with this case, I'll feel better," or "Once I get some downtime with my family this weekend, I'll be able to start fresh next week." The symptoms of secondary trauma will not disappear over time, however. Its effects are cumulative and will typically only worsen if not recognized and addressed *(Knight, 2018).*

What Causes Secondary Trauma?

Health care providers deal at times with traumatized patients and hear about their stories as they try to help them with their trauma by providing health care. Secondary trauma can appear when:

1. The health care provider is exposed to patients who have been traumatized;
2. The health care provider hears disturbing descriptions of traumatic events by a patient; or
3. The health care provider engages inappropriately or unprofessionally with the patients' trauma (e.g., the health care providers' lack of ability to distinguish between the trauma owner [the patient] and him-/herself as a health care provider.

Secondary trauma signs and symptoms show mainly in the shape of physical signs and symptoms and include the following *(Missouridou, 2017) :*

1. General fatigue
2. Overalertness
3. Avoidance
4. Feeling numbness
5. And the regular PTSD symptoms (mentioned in Section 1.3, "Trauma in the Context of Health Care")

1.5 Vicarious Trauma in the Context of Health Care

Definition

Vicarious trauma is the profound shift in worldview that occurs in health care providers when they work with patients who have experienced trauma. Health care providers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material. For example, a family protection nurse might lose confidence that any family relations will be healthy after repeated exposure to patients' traumatic family dynamics.

Vicarious trauma is a negative change in the health service provider that specifically produces distorted thoughts and values for him/her concerning the following:

1. Herself/himself
2. The others
3. His/her view of the world

What Causes Vicarious Trauma?

1. Vicarious trauma happens after dealing with traumatized patients.
2. Vicarious trauma develops in the health service provider when he/she starts to lose confidence in fundamental values of self, occupation, the organization, or the general surrounding world.
3. Vicarious trauma happens also if the health service provider has had trauma in her/his life.
4. The longer the health service provider is exposed to traumatized patients, the more at risk he/she will for developing vicarious trauma.
5. The more traumatized patients the health service provider deals with, the more he/she will be at risk for vicarious trauma.

Vicarious trauma produces the following negative and distorted beliefs in the health service provider:

1. Distorted beliefs regarding safety: Provider starts to believe that safety is not a real and practical goal of the service he/she provides.
2. Distorted beliefs regarding control: Provider loses the sense of control over what he/she does at work to help and treat patients.
3. Distorted beliefs regarding respect and appreciation: Provider loses respect and appreciation for the health services.
4. Distorted beliefs regrading trust: Provider loses trust in health service systems and her/his ability to help and support patients.
5. Distorted beliefs regarding affection and empathy: Provider loses ability to empathize with patients, and empathy becomes a personally influencing experience.
6. Observed reduction in (a) motivation to work, (b) work productivity, and (c) empathy.

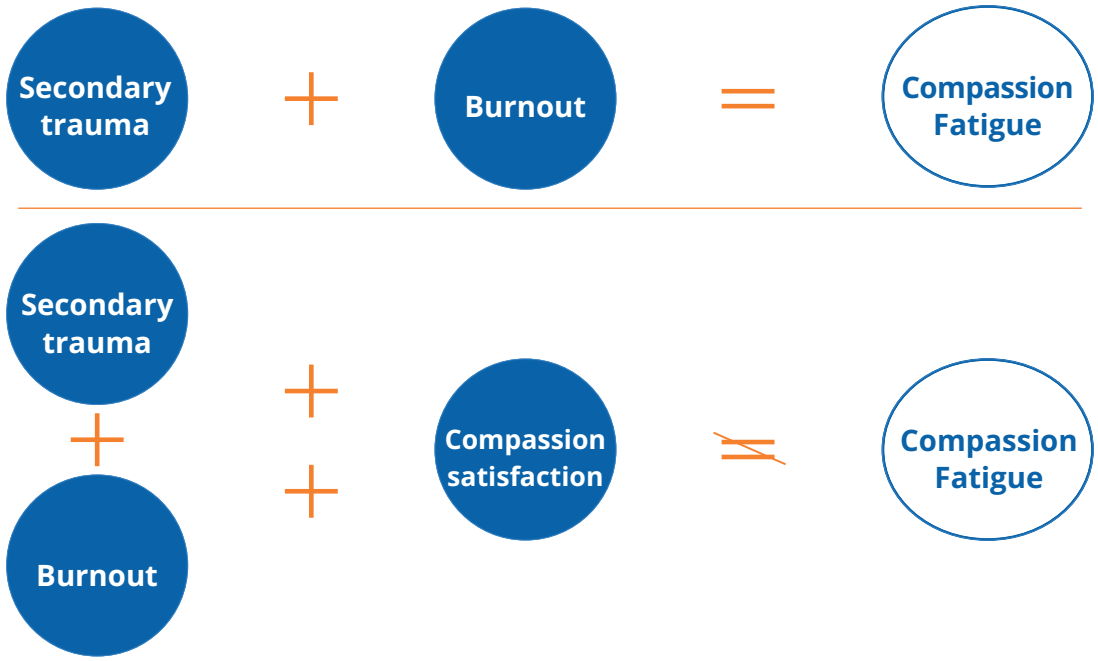
A Comparison Between Secondary Trauma and Vicarious Trauma		
	Secondary	**Vicarious**
Reasons	Being exposed to traumatized patients or exposing PTSD symptoms	Being exposed to traumatized patients or exposing PTSD symptoms
Risk Factors	May happen after a single exposure to a traumatized patient	1. Continuous exposure to patients with traumatic symptoms 2. Dealing with numerous traumatized patients 3. Personal history of trauma
Signs and Symptoms	Physical signs and symptoms: 1. Fatigue 2. Overalertness 3. Avoidance 4. Numbness 5. PTSD-like symptom	Mental and cognitive signs and symptoms producing negative beliefs in the health service provider regarding: 1. The self 2. Others 3. The surrounding world
Results	Reduction in: 1. Motivation to work 2. Work productivity 3. Empathy 4. Increase in work avoidance	Reduction in: 1. Motivation to work 2. Work productivity 3. Empathy 4. Increase in work avoidance

(Cocker & Joss, 2016)

1.6 Compassion Fatigue

Compassion fatigue (CF) is a concept that describes a state of distress resulting from interaction with patients experiencing trauma and not from direct exposure of the health services provider to trauma. It is usually a state best described as significant stress and preoccupation with the emotional and/or physical pain the patient is suffering from. This also puts the health service provider at risk for secondary trauma, and when this secondary trauma is accompanied by burnout, the provider develops a state characterized by physical and mental tiredness and fatigue resulting from depletion of his/her ability to cope with and adjust to daily work demands. This state is CF.

CF is also described as a state of biological, psychological, and social inability and fatigue due to continuous exposure to empathic distress and discomfort with all it contains.



According to Khan et al. (2015), signs and effects of CF include:

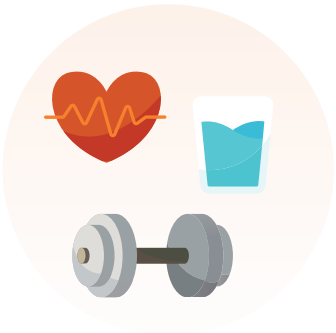
1. Tiredness and fatigue
2. Anger
3. Alcohol and drug intake and taking medications for other reasons than they are prescribed for
4. Reduced empathy and sympathy
5. Loss of joy and satisfaction at work
6. Increased absenteeism at work
7. Impaired judgement and decreased ability to care for patients
8. Overalertness
9. Anxiety
10. Depression

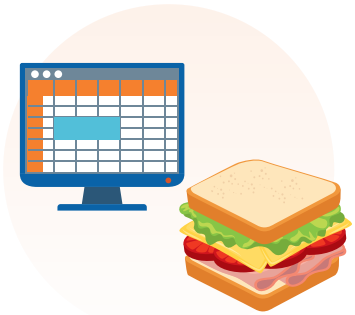
Section 2

Self-Care and Staff Care Assessment Tools

2.1. Self-Care Assessment Tool (SCAT)
2.2. Professional Quality of Life Scale (ProQoL)
2.3. Maslach Burnout Inventory (MBI)
2.4. Stress Assessment Tool

The following are a selection of tools created to measure stress and can easily be used by individuals for their own self-care.





2.1 GIZ-Jordan Self-Care Assessment Sheet (GIZ-JSCAS)-2023

Description

This (GIZ-JSCAS)-2023 is a self-care assessment tool that is intended to be sensitive to the Jordanian culture. This assessment sheet is inspired by the self-care assessment literature. This sheet assesses activities in six domains of life that help us enhance our well-being and maintain good mental health. These domains are: Psychological, emotional, physical, spiritual, social, professional/occupational domains of life.

Becoming aware of how often, or how well, we practice self-care activities helps us identify self-care activities we neglect and try to improve in them to enhance our mental and physical health and well-being.

Please rate how often do you do the following activities:
0 = I don't do this at all
1 = I rarely do this
2 = I do this often
3 = I do this always

The (GIZ-JSCAS)-2023				
Practice	**0**	**1**	**2**	**3**
Psychological Self-Care				
I make time to relax (deep breath, guided imagery, progressive muscle relaxation, meditation...etc)				
I make time to write down my thoughts and feeling (what I feel and how that makes me think, and what I think and how that makes feel)				
When I go online, I monitor how much time I spend online, so that I do not spend too much time online				
I limit my use of online games, unnecessary websites, and social applications				
I do not personalize negative experiences (for example, blaming myself for mistakes other people are involved in, or attribute all mistakes to myself)				
I give problems the meaning they worth, and I do not exaggerate them				
I give problems the meaning they worth, and I do not minimize them				
I focus on the positive side of things, I do not tend to focus only on the negative side of things				
I use positive self-talk when faced with difficult situations I must manage (for example: I can do this), and I try to monitor and control my negative self-talk (for example: I cannot do this)				
I adopt a positive attitude towards family, work, interpersonal relations, and life in general				
I use assertive communication whenever it is appropriate				
I monitor my anger and whenever I feel I am getting angry I ask myself: What is it that I am angry about and is it really worth it?				
I monitor my irrational thoughts and try to substitute them with rational and logical thoughts				
I set boundaries and try to manage them with respect to others				
When I feel I need it, I seek psychotherapy				
I engage my mind in challenging games (chess, cards..etc)				
I say no to extra responsibilities when I do not want them and they are not expected from me				
I acknowledge what and what is not in my control, and I try to create simple things I can control (have a plant at my office or home and take care of it)				
I thank people around me for whatever they do me or others, including the community or work				
Emotional Self-Care				
I do hobbies I enjoy				
I do not let social media (likes, shares, reflections, emojis) determine my worth (they do not really reflect who I am or what my worth it)				
I communicate my emotions to others (at work, at home, or with friends) when I am feeling a certain way. Specifically hard feelings, stress, happiness, and love				
I pay attention to my own talents, accomplishments, and strengths and I appreciate them				
I take long baths, gentle walks...etc for nurturing myself				
I make sure I am involved in things I can laugh about				
I stay in contact with important people in my life				
I affirm and praise myself				
I do things that make me love myself (for example, I do not compare myself to others, I forgive myself when I make a mistake, I forgive others when they make mistakes, I thank others, I trust myself...etc)				
I have favorite books I read; I have favorite movies I watch...etc				
I allow myself to cry when I feel I need to				
I allow myself to feel happy, loving, and loved				

Physical Self-Care				
I take regular appointments for health checkups				
I rest when I am unwell				
I drink enough water				
I get sufficient sleep				
I go to gym, I go to regular walks, I exercise either at home or outside				
I eat in a regular manner, and I watch what I eat, When I eat, how much I eat, and how I eat				
I maintain good self-hygiene				
I get medical care when I need it				
For married people – I make time for intimacy/intercourse with my husband/wife				
I wear clothes I like				
I take vacations				
I take day trips				
Spiritual Self-Care				
I go outdoors and enjoy nature				
I volunteer for charity/community				
I do religious practices (pray, read Quran, Bible, my holly book,..etc)				
I practice gratitude				
I meditate to connect with my body and nature				
I make time for quietness and silence				
I practice my strengths, talents, and values				
I appreciate beauty and art (my beauty, arts, paintings, ...etc)				
I am open to inspirations				
I nurture my optimism and hopefulness				
I pay attention to nonmaterialistic aspects in my life (achievements, successes, relations...etc)				
I make room for others to join my leadership, charge, and expertise				
I am open to not knowing				
I notice the place of meaningful things in my life				
I make contributions to what I believe in				
Social Self-Care				
I make time for family				
I make time for Friends				
I engage in mentally stimulating discussions				
I ask for help and support from others when I need it				
I do fun activities with others/I do enjoyable group activities				
I spend quite private time with my husband/wife				
I make new friends/ I talk to new people				
I talk to my friends about problems and challenges I am facing and seek their support				

I make time to spend with those I enjoy their company					
I play with children					
I do not let others' opinions of me determine my value					
Professional/Occupational Self-Care					
I seek my colleagues' support when I need it					
I maintain comfortable and pleasant environment at work and contribute to it					
I socialize and bond with colleagues					
I balance work and leisure activities					
I accept new stimulating and interesting tasks					
I take regular work breaks (for lunch, to chat a bit with colleagues...etc)					
I turn down unnecessary or unreasonable new tasks					
I pursue professional development opportunities					
I ask for recognition, promotion, or reward when deserved					
I make quite time to focus and complete tasks					
I balance and regulate tasks so that I do not get overwhelmed one day					
I arrange my workspace, so it is comfortable					
I ask for supervision and consultations when I need					
I negotiate my needs at work (Benefits, raises..etc)					
I have a care and support group at work					
I take days off that are devoted to me					

1. **Calculate the average scores for each domain:**
   - A. Psychological Self-Care scoring: total of individual items scores on this domain divided by 19. This average should range between 0 and 3.
   - B. Emotional Self-Care scoring: total of individual items scores on this domain divided by This average should range between 0 and 3.
   - C. Physical Self-Care scoring: total of individual items scores on this domain divided by 12. This average should range between 0 and 3.
   - D. Spiritual Self-Care scoring: total of individual items scores on this domain divided by 15. This average should range between 0 and 3.
   - E. Social Self-Care scoring: total of individual items scores on this domain divided by 11. This average should range between 0 and 3.
   - F. Professional/Occupational Self-Care scoring: total of individual items scores on this domain divided by 16. This average should range between 0 and 3.

2. **The following classification of scores should be followed for each average of each domain:**
   - A. Average = 0.00-0.75 means very poor self-care on that domain (needs urgent extensive self-care training)
   - B. Average = 0.76-1.50 means low self-care on that domain (needs extensive self-care training)
   - C. Average = 1.51-2.25 means moderate self-care on that domain (needs self-care training)
   - D. Average = 2.25-3.00 means good self-care on that domain (no immediate need for self-care training, but might benefit from self-care training)
   - E. After scoring each domain, the training domains are prioritized based on the lower average score. Training should focus on enhancing the individual items that showed the lowest scores on that domain.

2.2 Maslach Burnout Inventory (MBI)

Description

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. The original form of the MBI was constructed by Christina Maslach and Susan E. Jackson with the goal to assess an individual's experience of burnout. To determine the risk of burnout, the MBI explores three dimensions:

1. **Exhaustion**
2. **Depersonalization**
3. **Personal achievement**

While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware of your level of possible burnout.

MBI consists of 22 items pertaining to occupational burnout. The MBI takes between 10–15 minutes to complete and can be administered to individuals or groups.
The three dimensions are measured as follows:

1. **Emotional Exhaustion**
   The 9-item emotional exhaustion (EE) scale measures feelings of being emotionally overextended and exhausted at one's work. Higher scores correspond to greater experienced burnout.

2. **Depersonalization**
   The 5-item depersonalization (DP) scale measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction. Higher scores correspond to greater degrees of experienced burnout.

3. **Personal Accomplishment**
   The 8-item personal accomplishment (PA) scale measures feelings of competence and successful achievement in one's work with people. Lower scores correspond to greater experienced burnout.

Step 1:

Usage of Tool

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.
0 = Never
1 = A few times per year
2 = Once a month
3 = A few times per month
4 = Once a week
5 = A few times per week
6 = Every day

Section A	1	2	3	4	5	6
I feel emotionally drained by my work.						
Working with people all day long requires a great deal of effort.						
I feel like my work is breaking me down.						
I feel frustrated by my work.						
I feel I work too hard at my job.						
It stresses me too much to work in direct contact with people.						
I feel like I'm at the end of my rope.						
Total Score – Section A						
Section B	**1**	**2**	**3**	**4**	**5**	**6**
I feel I look after certain patients/clients impersonally, as if they are objects.						
I feel tired when I get up in the morning and have to face another day at work.						
I have the impression that my patients/clients make me responsible for some of their problems.						
I am at the end of my patience at the end of my workday.						
I really don't care about what happens to some of my patients/clients.						
I have become more insensitive to people since I've been working.						
I'm afraid that this job is making me uncaring.						
Total Score – Section B						
Section C	**1**	**2**	**3**	**4**	**5**	**6**
I accomplish many worthwhile things in this job.						
I feel full of energy.						
I am easily able to understand what my patients/clients feel.						
I look after my patients'/clients' problems very effectively.						
In my work, I handle emotional problems very calmly.						
Through my work, I feel that I have a positive influence on people.						
I am easily able to create a relaxed atmosphere with my patients/clients.						
I feel refreshed when I have been close to my patients/clients at work.						
Total Score – Section C						

Step 2:

Scoring and Interpretation

Section A: Burnout

Burnout (or depressive anxiety syndrome) is marked by fatigue at the very idea of work, chronic fatigue, trouble sleeping, and other physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy) is rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism and negative attitudes about patients or colleagues, feelings of guilt, avoidance of social contacts, and withdrawing into oneself. The health care provider blocks the empathy he/she can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

When there is a reduction of personal achievement, and individual assesses him-/herself negatively, feeling unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his/her genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

2.3 Professional Quality of Life Scale (ProQoL)

*** The ProQoL was been developed by Dr B Hudnall Stamm and is currently managed by the Center for Victims of Torture (https://www.cvt.org/). Permission for reprint the ProQoL Scale in this manual was received on 29.07.2020.**

(B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org.)

Description

Professional quality of life is measured by an individual's feelings in relation to his/her work as a helper. Both the positive and negative aspects of doing your work influence your professional quality of life. People who work helping others may respond to individual, community, national, and even international crises. This can include health care professionals, social service workers, teachers, attorneys, police officers, firefighters, clergy, transportation staff, disaster responders, and others. Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them as well as your ability to keep your own balance.

The ProQoL is a 30-minute measure that assesses three main domains:

1. **Compassion Satisfaction:** Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

2. **Burnout:** Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of CF. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect a feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

3. **Secondary Traumatic Stress:** The second component of CF is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to others' trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful

events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called vicarious traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

Step 1:

The ProQol Measure

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number thatreflects how frequently you experienced these things in the **last 30 days**.

1 = Never
2 = Rarely
3 = Sometimes
4 = Often
5 = Very Often

Rating	#	Statement
	1	I am happy.
	2	I am preoccupied with more than one person I [help].
	3	I get satisfaction from being able to [help] people.
	4	I feel connected to others.
	5	I jump or am startled by unexpected sounds.
	6	I feel invigorated after working with those I [help].
	7	I find it difficult to separate my personal life from my life as a [helper].
	8	I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
	9	I think that I might have been affected by the traumatic stress of those I [help].
	10	I feel trapped by my job as a [helper].
	11	Because of my [helping], I have felt "on edge" about various things.
	12	I like my work as a [helper].
	13	I feel depressed because of the traumatic experiences of the people I [help].

	14	I feel as though I am experiencing the trauma of someone I have [helped].
	15	I have beliefs that sustain me.
	16	I am pleased with how I am able to keep up with [helping] techniques and protocols.
	17	I am the person I always wanted to be.
	18	My work makes me feel satisfied.
	19	I feel worn out because of my work as a [helper].
	20	I have happy thoughts and feelings about those I [help] and how I could help them.
	21	I feel overwhelmed because my case [work] load seems endless.
	22	I believe I can make a difference through my work.
	23	I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
	24	I am proud of what I can do to [help].
	25	As a result of my [helping], I have intrusive, frightening thoughts.
	26	I feel "bogged down" by the system.
	27	I have thoughts that I am a "success" as a [helper].
	28	I can't recall important parts of my work with trauma victims.
	29	I am a very caring person.
	30	I am happy that I chose to do this work.

Step 2: Scoring

Compassion Satisfaction Scale:

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

- 3. _____
- 6. _____
- 12. _____
- 16. _____
- 18. _____
- 20. _____
- 22. _____
- 24. _____
- 27. _____
- 30. _____
- **Total:** _____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout Scale:

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are not happy so you reverse the score;

You Wrote	Change To
1	5
2	4
3	3
4	2
5	1

*1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____
Total: _____

The sum of my Burnout questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Trauma Stress Scale:

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____
Total: _____

The sum of my Burnout questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

2.4 The Work Stress Questionnaire (WSQ)

Description:

The WSQ is a stress questionnaire developed by the Indian Council of Medical Research (Kushal et al., 2018). This questionnaire has been used in medical research like the systemic review study on stress among health care professionals by Kushal et al. (2018).

Step 1:

32 questions to be scored on 1/2/3/4 criteria:
1 = Never, 2 = Sometimes, 3 = Frequently, and 4 = Always

Item	Never	Some-times	Frequently	Always
I blame myself when things go wrong.				
I bottle up my problems, then feel like I want to explode.				
I concentrate on work to forget about my personal problems.				
I take out anger and frustration on those nearest to me.				
I notice negative changes in my behavioral patterns when I am under pressure.				
I focus on the negative rather than the positive aspects of my life.				
I don't feel comfortable when experiencing new situations.				
I feel that the role I play within my organization is worthless.				
I arrive late for work or important meetings.				
I respond negatively to personal criticism.				
I feel guilty if I sit down or do nothing for an hour.				
I feel rushed even if I am not under pressure.				
I have insufficient time to read as often as I would like.				
I demand attention or service immediately.				
I avoid expressing my true emotions at work.				
I undertake more tasks than I can handle at once.				

I resist taking advice from colleagues and superiors.				
I ignore my own professional or physical limitations.				
I miss out on my hobbies and interests because my work takes up all my time.				
I tackle situations before thinking them through thoroughly.				
I am too busy to have lunch with my friends and colleagues during the week.				
I put off confronting and resolving difficult situations when they arise.				
People take advantage of me when I do not act assertively.				
I am embarrassed to say when I feel overloaded with work.				
I avoid delegating tasks to others.				
I deal with tasks before prioritizing my workload.				
I find it difficult to say no to requests and demands.				
I feel I have to finish all outstanding work each day.				
I think I will not be able to cope with my workload.				
My fear of failure stops me from taking action.				
My work life tends to take priority over my family and home life.				
I become impatient if something does not happen at once.				

Scores 32 to 64: You manage your stress levels very well. Too little stress can reduce stimulation, so strive to achieve the balance between negative and positive stress.

Scores 65 to 95: You have a reasonably safe level of stress, but certain areas need improvement.

Scores 96 to 128: Your level of stress is too high. You need to develop new strategies to improve it.

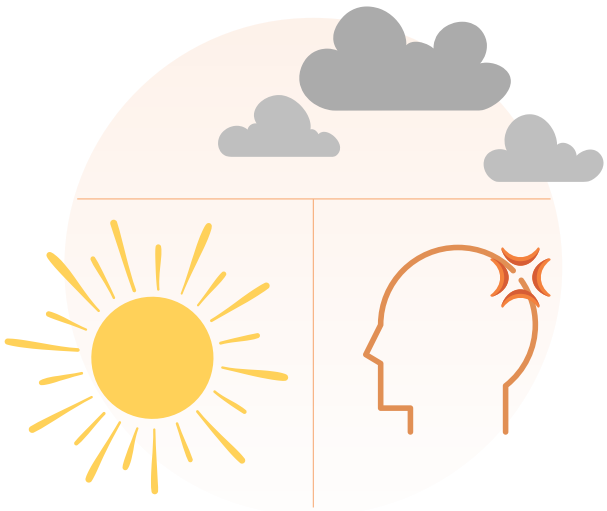
Section 3

Self-Care Practices

Self-care practices are all the procedures and practices the employee takes part in to cope with stress and fatigue. They may take several forms:

- **Physical:** Eating well, exercise, taking time off, enough sleep, etc.
- **Psychological:** Self-reflection, stress management, paying attention to one's mental state, engaging intellectually with other activities than work, interpersonal interaction, etc.
- **Emotional:** Enjoying social activities, self-praise, managing one's emotions, finding humor in situations, etc.
- **Spiritual:** Connecting with nature, cherishing hope, observing the unmaterialistic side of things, praying, meditating, etc.
- **Occupational:** Taking a break from work, setting boundaries with coworkers, balancing caseload, negotiating for own needs, etc.

The following section illustrates some self-care practices at the individual level that are not limited to stress caused by an organization or the type of job an individual has. They are tools that person might use in an effort to stay physically and psychologically well. Some practices might suit certain people more than others.



3.1 Deep Breathing (Diaphragmatic Breathing)

When people are anxious, they tend to take rapid, shallow breaths that come directly from the chest. This type of breathing is called thoracic or chest breathing. When you're feeling anxious, you may not even be aware you're breathing this way.

Chest breathing causes an upset in the oxygen and carbon dioxide levels in the body, resulting in increased heart rate, dizziness, muscle tension, and other physical sensations. Your blood is not being properly oxygenated, and this may signal a stress response that contributes to anxiety and panic attacks.

During abdominal or diaphragmatic breathing, you take even, deep breaths. The diaphragm is the most efficient muscle of breathing. It is a large, dome-shaped muscle located at the base of the lungs. Your abdominal muscles help move the diaphragm and give you more power to empty your lungs.

Effects:

Diaphragmatic breathing is intended to help you use the diaphragm correctly while breathing to accomplish the following:

1. Strengthen the diaphragm
2. Decrease the work of breathing by slowing your breathing rate
3. Decrease oxygen demand
4. Use less effort and energy to breathe

When we breathe regularly without any change of our breathing rhythm, we do shallow breathing. That is, we usually breathe from the upper part of our lungs and do not bring in much air because the body does not need more oxygen than what it consumes through shallow breathing. However, when under stress, the stress response is activated, and the signs and symptoms of stress are elevated; as a result, the muscles in the body tense up and need more oxygen. Diaphragmatic breathing brings in more oxygen to the lungs, leading to higher rate of oxygen in the blood stream, which makes the blood stream itself become warmer. This warm blood, when it reaches the tensed muscles, works on relaxing them. Warm blood helps to reduce the tension in our muscles, leading to activation of the parasympathetic nervous system. Activation of this system helps reduce the stress response and makes us more relaxed, giving us a clearer mind and more tranquil inner state. Diaphragmatic breathing can decrease stress, relax your mind and body, and even help you sleep better. Breathing correctly is important for your overall well-being.

When and Where:

You can perform this exercise as often as needed. It can be done standing up, sitting down, or lying down. People are advised to practice this exercise three times per day as following:

First time: At approximately noon
Second time: Immediately after the end of the workday, either at the work place right before leaving, or after getting to the car. In the second case, ventilate the car, sit inside it, do the exercise, and then turn it on and drive.
Third time: At bedtime, with closed eyes, lying down in bed
You can also perform this exercise right after a stressful situation to help you calm down and manage stress.

Duration:

Practice diaphragmatic breathing for 5 to 10 minutes three to four times per day
When you begin the exercise, you may feel tired, but over time the technique should become easier and should feel more natural.

Side Effects:

People who have water retention or water in their lungs are not advised to do this exercise.

Level of Expertise:

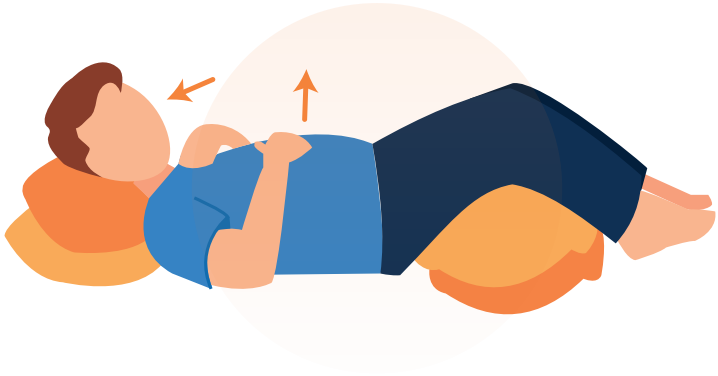
Anyone can perform this exercise, but if you find it difficult or believe it is making you anxious or panicky, stop for the time being.

How:

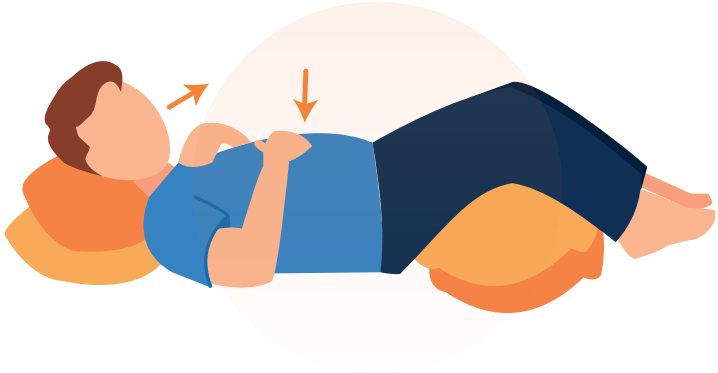
It can be done individually or in groups, as follows:

1. Lie on your back on a flat surface or in bed, with your knees bent and your head supported. You can use a pillow under your knees to support your legs. Place one hand on your upper chest and the other just below your rib cage. This will allow you to feel your diaphragm move as you breathe.

2. Breathe in slowly through your nose so that your stomach moves out against your hand. The hand on your chest should remain as still as possible.



3. Tighten your stomach muscles, letting them fall inward as you exhale through pursed lips. The hand on your upper chest must remain as still as possible.



When you first learn the diaphragmatic breathing technique, it may be easier for you to follow the instructions lying down, as shown on the first page. As you gain more practice, you can try the diaphragmatic breathing technique while sitting in a chair. Perform this exercise while sitting as follows:

1. Sit comfortably, with your knees bent and your shoulders, head, and neck relaxed.
2. Place one hand on your upper chest and the other just below your rib cage. This will allow you to feel your diaphragm move as you breathe.
3. Breathe in slowly through your nose so that your stomach moves out against your hand. The hand on your chest should remain as still as possible.
4. Tighten your stomach muscles, letting them fall inward as you exhale through pursed lips. The hand on your upper chest must remain as still as possible.

Note: You may notice an increased effort will be needed to use the diaphragm correctly. At first, you will probably get tired while doing this exercise. But keep at it, because with continued practice, diaphragmatic breathing will become easy and automatic.

(Davis et al., 2019)

3.2 Guided Imagery

Effects:

Guided imagery is a stress management technique and has remained popular for several reasons. It can quickly calm your body and simultaneously relax your mind. It is pleasant to practice, and not overly difficult or intimidating to learn. It can help you to de-stress in minutes but can also be a useful strategy for maintaining resilience toward stress during difficult times.

When and Where:

Guided imagery is best practiced individually in places that are quiet and have dim light. You are advised to practice this exercise once a day at bedtime, when you go to bed and lie down on your back. After doing the diaphragmatic breathing exercise mentioned above, keep your eyes closed and start the guided imagery immediately.

You may also use guided imagery right after a stressful situation to help you calm down and manage stress.

Duration:

Guided imagery takes about 10 to 15 minutes to complete.

Side Effects:

There are no known negative side effects to guided imagery.

Expertise:

An individual should be trained on how to do guided imagery under the direct supervision of someone with training before practicing it on his/her own.

How:

The following are general guidelines to help you understand the process of guided imagery and be able to practice it on your own.

Here is how to make a guided imagery practice work for you:

1. **Get comfortable.**
   Get into a relaxed position, like the one you would use for diaphragmatic breathing. If a lying-down position would likely put you to sleep, opt for a cross-legged position or recline in a comfortable chair. Try to position yourself in a way where your physical comfort will not be a distraction.

2. **Breathe from your belly.**
   Use diaphragmatic breathing and close your eyes, focusing on "breathing in peace and breathing out stress." This means letting your belly expand and contract with your breath.

3. **Choose a scene and vividly imagine it.**
   Once you get to a relaxed state, begin to envision yourself in the midst of the most relaxing environment you can imagine. For some, this would be floating in the cool, clear waters off a remote tropical island, where attractive people bring drinks and smooth music plays in the background. For others, this might be sitting by a fire in a secluded cabin, deep in snowy woods, sipping hot cocoa and reading the latest bestseller while wrapped in a plush blanket and fuzzy slippers.

4. **Try to choose nature.**
   If you like mountains, then imagine a mountain scene. If you like the sea, imagine the sea. If you like the desert, imagine desert scenery. And so on.

5. **Immerse yourself in sensory details.**
   As you imagine your scene, try to involve all of your senses. What does it look like? How does it feel? What special scents are involved? Do you hear the roar of a fire, the splash of a waterfall, or the sounds of chipper birds? Make your vision so real you can even taste it! Noticing these details in your daily life is a way to increase your mindfulness, which brings lasting stress management benefits as well.

6. **Relax.**
   Stay here for as long as you like. Enjoy your "surroundings" and let yourself be far from what stresses you. When you are ready to come back to reality, become more alert and aware gradually. Open your eyes first and do not make any sudden moves. Open your eyes but stay still and relaxed. Then stretch a bit and stand up slowly. Then walk and go back to work or to your daily routine.

(Davis et al., 2019)

3.3 Progressive Muscle Relaxation (PMR)

Effects:

Progressive muscle relaxation (PMR) is a deep relaxation technique that has been effectively used to manage stress, fatigue, burnout symptoms, tiredness and pain. Progressive muscle relaxation is based upon the simple practice of tensing, or tightening, one muscle group at a time followed by a relaxation phase with release of the tension.

When and Where:

PMR is best practiced individually in places that are quiet and have dim light, two to three times per week.

It may also be practiced right after a stressful situation to help you calm down and manage stress.

Duration:

PMR takes about 35 to 40 minutes to complete.

Side Effects:

There are no known negative side effects for PMR. However, there are preclusions. When applying the exercise for the neck (backward and forward) and for the back (arching the back), the moves should be slow, and an individual should not tense the neck or the back too much. This means that he/she should tense the neck and the back just until he/she starts feeling the tension in those muscles.

People who have had neck or back surgeries or have neck or back pain as a result of injury should not tense those muscles at all but simply imagine the moves.

Expertise:

New practitioners should be trained on how to do PMR under the direct supervision of a well-trained guide. They should then receive an audio recording of instructions that will help them practice PMR alone.

How:

The PMR technique was first described by Edmund Jacobson in the 1930s and is based upon his premise that mental calmness is a natural result of physical relaxation.
How to do it:

1. Sit comfortably and loosen any tight clothing you are wearing (e.g., belt, glasses, watch, shoes).
2. Close your eyes.
3. Take two diaphragmatic breaths while directing your mental attention to your body, trying to feel how heavy and warm your body feels.
4. Clench your right hand into a fist as tightly as you can for 7 seconds, then relax it and observe the difference between the states of tension and relaxation. Do this once more.
5. Repeat this action twice for the left fist.
6. Now extend the palms of both hands, spreading your fingers wide, and bend the palms backward toward the ceiling. Bend them as much as you can for 7 seconds, then relax them both at once and let the tension dissolve away. Do this one more time
7. Now extend both arms and bend them from the elbow backward toward your neck. Bend for 7 seconds and then relax both arms at once for 10 seconds. Do this one more time.
8. Now, with your eyes still closed, contract the muscles of your forehead (i.e., frown) as much as you can for 7 seconds. Then release your forehead. Do this one more time.
9. Now close your eyes more tightly, contracting the muscles of your eyelids as much as you can for 7 seconds. Then release, keeping your eyes closed. Do this for both eyes twice. Relax them for 10 seconds before moving on.
10. Now close your lips as tightly as you can for 7 seconds. Release them for 10 seconds. Do this twice.
11. Now take a very deep breath and hold it for 7 seconds before exhaling and breathing normally for 10 seconds before repeating.
12. Now arch your back so that your chest rises toward the ceiling. Again, if you have had a back injury or surgery, do not do this part; rather, keep your eyes closed and just imagine that you are doing it. Otherwise, arch your back slowly and stay there for 7 seconds before releasing. Stay relaxed for 10 seconds, then do it one more time.
13. Now tighten your stomach muscles as if someone is about to punch you on the stomach. Keep them tight for 7 seconds, then release for 10 seconds and repeat.
14. Now tighten and tense the muscles of your hips. Keep them tightened for 7 seconds, then release them for 10. Do this one more time.
15. Now extend your legs and make the heels of your feet rise a little bit from the ground, tensing your thigh muscles. Keep them tense for 7 seconds, then release your legs and relax them for 10 seconds. Then do this one more time.
16. Now flex both your feet toward the roof as much as you can for 7 seconds, then relax them for 10. Repeat.
17. Now with your eyes still closed, focus on your body's state of total relaxation and how it now feels heavy and warm. Keep this attention on your body for around 2 minutes, then open your eyes slowly. Do not move quickly; just lie with your eyes open for 10 seconds before stretching a bit and moving slowly before going back to your day.

(Davis et al., 2019)

3.4 Communication Skills

Effects:

Communication is a key element in self-care and staff care. The communication style one adopts either reinforces smooth and supportive interpersonal relations, contributing to a less stressful work context, or complicates it, making the work environment more stressful and less productive.

When and Where:

Communication skills are advised to be practiced in all interpersonal interactions everywhere. However, they are especially advised at the workplace. But there might be places and situations where certain communication skills are not expected to be practiced, as in assertive communication with a wife or parent.

Duration:

At almost all times, especially at the workplace

Side Effects:

There are no known negative side effects to communication skills.

Level of Expertise:

Communication skills should be developed with the help of a skilled trainer explaining types of communication, poor communication styles, effective communication styles and skills, limitations, and communication barriers. After an individual has mastered these communication skills, he/she may be expected to practice them consistently, especially at work.

How:

Communication must be effective. The following elements are core contributors to effective communication:

1. **Attention:** To be attentive, you need to pay attention to the following:

    A. Look directly at someone when he/she speaks to you.
    B. Put away any ideas that might distract you.
    C. Do not get mentally occupied with preparing answers to what the speaker is talking about.
    D. “Listen” to the speaker’s body language.

2. **Listening:** The speaker will not know that you are listening even if you are looking directly at him/her unless you give signs that you are doing so. Listening is not just receiving what the speaker is saying but also processing it and thinking about it. The following are signs you should use to show that you are listening to the speaker:

   A. Nod your head every now and then.
   B. Smile and use different facial expressions.
   C. Attend to your gestures and the way you sit.

3. **Giving feedback:** It is highly important during communication with others to give feedback. The following are important points to keep in mind when you give feedback:

   A. You need to know that as a listener, your role is to understand what the speaker is talking about.
   B. Respond to what the speaker is talking about through rephrasing: "What I am hearing is. . .," "It seems that you are saying. . .," etc.
   C. Summarize the main points the speaker has talked about from time to time.

4. **Refrain from judging:** Judging people's feelings, thoughts, and behaviors will dramatically and negatively affect your communication with them. They will no longer feel comfortable being open with you. The following will help you in this regard:

   A. Do not ask your questions before the speaker finishes his/her point.
   B. Do not interrupt the speaker with arguments against what he/she is saying.
   C. Do not take sides.

5. **Respond properly:** Proper responses to what the speaker is saying are crucial to good and healthy communication. To respond properly, the following will help you:

   A. You have to understand that active listening is a model of respect and understanding.
   B. Be honest, open, and genuine in your responses.
   C. Express your opinion in a respectful manner.
   D. Treat the speaker the way he/she would like to be treated.

6. **Empathize:** Empathy is a communication style that reflects your ability to see and feel things the way the speaker sees and feels them from his/her own perspective. This usually requires warmth on your side. Do not look at what the speaker is saying mechanically.

7. **Be genuine:** This means more than exaggerated honesty. Your honesty and respect have come from the heart to gain the trust of the speaker. This means that you do what you say, and you say what you do.

8. **Practice confidentiality:** This means that you have to keep what the speaker talked about confidential, even if you believe that it should be communicated to a third person or entity. This is ok only if you have the speaker's permission to share what he/she talked about.

9. **There are ethics to good and healthy communication:**

   A. You should never bring harm to the speaker.
   B. You must be trustworthy.
   C. Never exploit the speaker for what he/she said to you.
   D. Respect the speaker's right to make his/her own mind.
   E. Do not overestimate your own abilities and self-esteem.
   F. Be aware of your own biases.

Assertive Communication

There are three types of communication here:

1. **Passive communication, characterized by the following:**

   A. Accepting being communicated with in a degrading manner.
   B. Feeling that you do not have rights
   C. Having low self-esteem.
   D. Feeling you are being blamed
   E. Not describing your actual feelings when communicated with in this manner.
   F. Feeling suppressed.
   G. Feeling that you are a loser and the speaker is a winner.
   H. Feeling controlled.

If the above apply to you in a communication context, then you are a passive communicator in that context. This is not a healthy communication style.

2. **Aggressive communication, characterized by the following:**

   A. Communicating with others as if they have no rights
   B. Not respecting others while communicating with them
   C. Diminishing others' self-esteem while talking to them
   D. Blaming others while talking to them

E. Expressing your personal negative emotions about others while talking to them.
F. Oversharing all your emotions.
G. Being overly competitive, with the assumption that you deserve to win.
H. Controlling others while talking to them.

If you do the above, then you are an aggressive communicator in that context. This is not a healthy communication style.

3. **Assertive communication, which is a very healthy communication style.** However, you should be aware that this communication style is not a lifestyle, nor does it work with everyone (e.g., friends, family, your wife/husband). Nor it is effective all the time. The following are characteristics of an assertive communication style:

   A. While talking to someone else, keeping in mind that you both have rights
   B. Taking responsibility into consideration while talking to others.
   C. Expressing your feelings and respectfully receiving others' expressions of their feelings.
   D. Understanding that no one needs to be a loser but rather communicating with the other so that you are both winners in the end.
   E. Being open to others.
   F. Respecting yourself and others while talking to them.
   G. Understanding that assertive communication is based on balance.
   H. Expressing your needs, rights, and wants at the same time as being a good listener to the other's needs, rights, and wants.
   I. Being clear, just, and empathetic.
   J. Saying "I don't know" when you don't know and "no" when you need to say no—understanding that you have a choice and an opinion and expressing them, that you make your decisions and are responsible for them, that you have the right to change your mind, that you choose how you spend your free time, and that you do sometimes make mistakes.

There are obstacles to good communication. The following obstacles hinder your good communication and put you at risk of unhealthy communication in your community:

1. You jump into conclusions.
2. Your mind and/or thoughts are distracted from the speaker's talk.
3. You filter what you think is not important from the speaker's talk.
4. You develop an immature response to the speaker's talk before he/she finishes his/her point.
5. You argue.
6. You are afraid of contradicting the speaker's opinion.
7. You don't feel well if you express your feelings.
8. You do not have enough information regarding what the speaker is talking about.
9. You do not attend to your body language and facial expressions.

If you find yourself doing any of the above while listening or talking to others, do your best to stop doing it.

(Sullivan, 2016)

3.5 Eating a Healthy Diet and Living an Active Life

Effects:

Eating a healthy diet and being active increase your energy; help the body fight illnesses and heal injuries; regulate your mood; condition your heart, lungs, and muscles; help you get through your daily activities without feeling tired; control your weight; lower your risk for cancer, heart disease, diabetes, and stroke; control your blood pressure and blood sugar levels; lower your cholesterol; reduce your risk of depression and stress; and improve your sleep.

How:

Follow an organized and systematic healthy diet and do regular activities.

Where:

Everywhere, including workplace, home, and social gatherings

Duration:

Throughout the day 24/7

Side Effects:

There are no known negative side effects to a healthy diet and active life. However, it is always advised to stay connected with a physician for input and advice on physical exercises and diet.

Expertise:

A healthy diet can be achieved by periodic checkups with a nutritionist. Active living can be achieved without any expert advice except for physical exercises which should follow the advice of a general practitioner or a physician.

If you go long periods of time without eating during your waking hours (i.e., greater than 5–6 hours), the body does not function at its best. You may not be able to think clearly as

your brain is starved of glucose (aka, carbohydrates). You may also experience fatigue, low energy levels, or headaches. If you have a heavy workload, you may not have the best energy levels to get through it. Food is what gives your cells the energy they need accomplish their tasks.

A balanced diet includes foods that provide adequate energy and nutrients. It should include cereals, legumes/meat/fish, fruits and vegetables, milk and other dairy products, and healthy oils. Good nutrition has many benefits: it increases energy and helps the body to fight illnesses and heal injuries. An imbalanced diet can contribute an increased risk of anemia, obesity, hypertension, heart disease, diabetes, stroke, osteoporosis (brittle bones), and some forms of cancers. To understand the concept of diet better, foods can be divided into the following groups:

1. Cereals and potatoes (carbohydrates)
2. Fruits and vegetables (vitamins and minerals)
3. Milk and dairy foods (proteins and calcium)
4. Meat, fish, pulses/legumes (protein)
5. Oils (fats)

For a perfectly balanced diet, required proportions of each of the food groups are 10–15% proteins, 60–80% carbohydrates, and 10–30% fats. Drinking water also plays an important role in maintaining health. It is generally recommended that adults should drink eight to ten glasses of water per day. In addition, it is important to eat a wide variety of vegetables and fruits. Choosing foods from all the food groups each day and choosing a variety of foods within each food group will help the body meet its nutritional requirements. No single food can provide all the nutrients needed to maintain good health. Good health requires a balance of food, with adequate amounts of cereals, carbohydrates, proteins, fats, vitamins, and minerals, and physical activity. Overweight and obesity occur when lifestyle choices get out of balance (e.g., eating too much food, not getting enough physical activity, or having too much of one or more nutrients in the diet). On the other hand, if any of these items is not consumed in adequate quantities, a person can get undernourished or get deficiency diseases such as anemia, night blindness, and more *(WHO, 2013).*

Food provides important compounds that contribute to the hormones in your body that regulate your mood. Carbohydrates and protein affect your ability to make serotonin (AKA, the "feel good" hormone). Both macronutrients also contain important vitamins and minerals that affect your neurological system. When your cells and brain are not receiving enough fuel, you can experience irritability. On the opposite end of the spectrum, if they are given too much fuel at one time, you may experience lethargy. Tune into your signals of hunger and fullness, as well as how foods make you feel.

For health service providers, adopting a healthy diet is very important self-care. A healthy diet can start by making sure you drink enough water and carry a water bottle with you always, eating a healthy breakfast every morning with enough energy for your body and mind, eating a less fatty diet, and eating less (i.e., a proper amount) at mealtimes.

A sedentary lifestyle (i.e., sitting or not moving much during the day) increases your risk for diseases such as diabetes, high blood pressure, and heart disease. Your immune system also becomes weaker. An active lifestyle (i.e., getting up and moving during the day),

however, has many benefits, such as helping you prevent or manage poor health conditions. Physical activity includes exercise such as walking or lifting weights. It also includes playing sports. When you go from being mostly inactive to adding some activity, you will see health benefits. To become more active, do the following:

1. **Set goals.** Set some long-term goals and some short-term goals. For example, you may want to be able to walk for 30 minutes without becoming short of breath. Try not to put time requirements on your goals. For example, do not think you should reach your goal in a month. Set smaller goals, such as walking a little longer each week, or feeling less shortness of breath.

2. **Be active all day.** Activity does not have to mean structured exercise each day. You can be more active by making small changes. For example, try parking as far from the entrance of buildings as you can when you run errands. If possible, walk or ride a bike instead of driving. Take the stairs instead of the elevator.

3. **Keep a record of your activity and your progress.** You can do this by writing down your daily activity. Include the kind of activity and how long you did it. You can also use a program on your phone or other device that will track activity for you. Also record your progress. You may be doing daily activities more easily, sleeping better, or building muscles.

4. **Step counting can help you monitor activity.** A general guide is to take 10,000 steps each day. A pedometer is a device you can wear to track your steps. Some phones have programs that will count and record steps. You may need to work up to 10,000 steps. Start by finding out how many steps you usually take in a day. Then try to take more steps each day than you took the day before.

To stay active, try to follow the following:

1. **Start slowly and work up.** You do not have to do 30 minutes of activity at one time. You can break the activity up and do a few minutes at a time. Remember that some physical activity is better than none. Stand up during the day, even if you cannot walk around. Your body uses more energy when you stand. You may be able to get a desk that allows you to stand while you type or make phone calls for work. Aim for a speed or intensity that is challenging but not too difficult. You should be able to speak a few words at a time but not be able to sing.

2. **Plan activities you enjoy.** Do a variety of activities so you do not become bored and you stay challenged. Include activities that strengthen your bones. These activities are called weight-bearing exercises. Examples include tennis, jumping rope, and running. Swimming, riding a bike, and similar exercises keep weight off your bones. They will not help strengthen bones, but they will help your heart and lungs work better.

3. **Ask for support from the people in your life.** Go for a walk after dinner with your family. Meet friends at the park. Take a break with a coworker and walk around. Find someone who likes to go to the gym at the same time you do. You may be more likely to go if you know another person is counting on you. Get involved in community events, such as cleaning a community park. Ask someone to help you stay on track. For example, you can tell the person about your daily or weekly activity.

4. **Treat yourself to a reward when you reach a goal.** The rewards can be for activity done for a certain amount of time each day or days each week. Rewards can also be for progress you make. Have rewards that are not food, such as a new clothing item or book.

An active lifestyle helps you achieve the following:

1. **You may be able to do daily activities more easily.** Activity helps condition your heart, lungs, and muscles. This can help you get through your daily activities without feeling tired.

2. **You can help control your weight.** Activity helps your body use the calories you eat instead of storing them as fat. Your body continues to burn calories at a higher rate after you are active.

3. **Activity can increase your health.** Activity helps lower your risk for cancer, heart disease, diabetes, and stroke. Activity can help you control your blood pressure and blood sugar levels and lower your cholesterol. If you have arthritis, activity can help your joints move more easily and with less pain.

4. **Your bones and muscles will get stronger.** This will help prevent osteoporosis and reduce your risk for falls.

5. **Activity can help improve your mood.** Activity can reduce or prevent depression and stress. Activity can also help improve your sleep.

3.6 Emotion Management

Emotion management has two steps: first, monitor and change your negative emotions and, secondly, monitor and practice positive emotions.

For example, if you love someone (e.g., your child, your wife/husband, your mother/father, your brother/sister, your friend, your neighbors) but do not communicate that to them verbally, start doing that. Start communicating your positive emotions. Express your happiness when happy; say "I feel happy," "I feel proud," "I feel loved," "I feel lucky," and so forth.

Effect:

Emotion management improves time- and self-awareness, enhances behavioral engagement and achievement, improves cognitive engagement and self-regulation, reduces stress and negativity, and enhances positivity and optimism.

How:

1. **Track your positive emotions:** Name the positive emotions you're already familiar with, the ones you've experienced in your daily life. Make a list. Add new emotions as you notice them. Now look at your list. Think about (and write down) which activities, situations, or people are involved when you tend to feel each emotion. You also can look over your list of emotions at the end of the day and write down when you felt different positive emotions. Tracking positive emotions helps us be more aware of the positive feelings we already experience, and the situations or activities that bring them.

2. **Increase a specific positive emotion:** Identify a positive emotion you want to increase. Say you want to feel more joy. Think of situations or activities you have experienced that made you aware of your joy. Write down as many as you can. Focus on small, simple things, like a moment at work your patient, colleague, or supervisor thanked you for something you did. Any time you notice you are feeling joy, consider adding that situation or activity to your list. After you know what prompts the emotion you want to increase, decide how to fit those activities or others like them into your everyday life. Pick things that are realistic enough to do every day. Commit to one or more daily actions that will increase the feeling you want more of in your life. Make time for these experiences.

3. **Create positivity reminders:** These are reminders of positive experiences we have had. These reminders bring back the feelings associated with the good moments in our lives; our strengths, joys, and accomplishments; the fun we have had; people who are important to us; and more. Collect things that remind you of positive emotional moments in your life (e.g., photos or other souvenirs of great times, awards that remind you of an accomplishment, cards or notes from special people in your life, favorite inspirational quotes, childhood mementos, something you made or drew, a gift someone gave you, a photo of someone you look up to). Put everything

in a folder, binder, or special box where you can easily find it. Or make a collage, poster, or mobile of the items. The most important thing is to choose only items that trigger a positive emotion for you. You can add, subtract, and rearrange them any time. When you feel low or discouraged, take a few minutes to look through your positivity reminders to boost your positive emotions. Browse through it any time to give yourself a daily serving of positivity.

Duration:

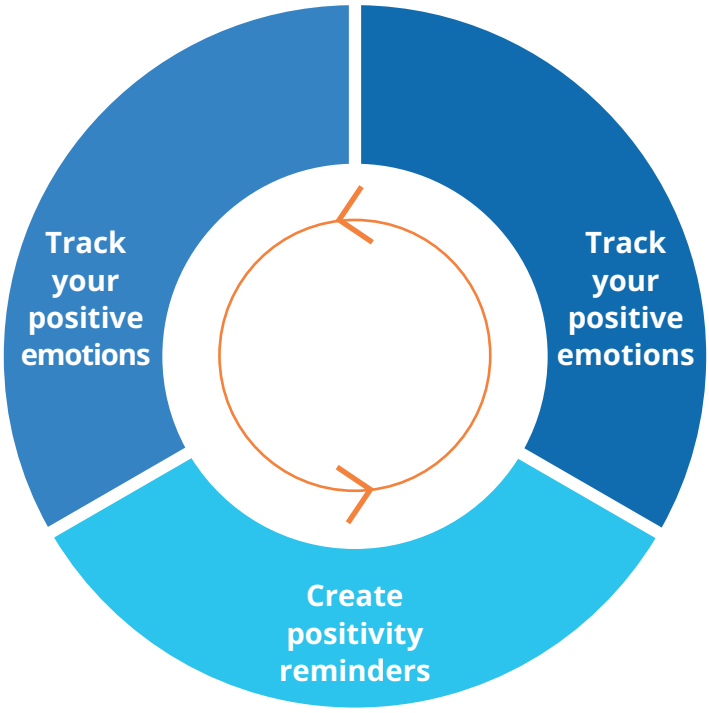
Emotion management is advised to be practiced when needed. There is no specific duration for it, but you are advised to be aware of your emotions so are ready to manage them.

Side Effects:

There are no known adverse effects to managing your emotions.

Expertise:

An expert training on emotion control, emotion management, and emotion recognition prior to practicing emotion management is key.



3.7 Environment Control

More control over your environment gives a feeling of security. It does not mean literally controlling your environment with all its goings on or your workplace or workload or work circumstances. Controlling your environment can mean, for example, bringing in a plant to your workplace and taking care of it, quitting smoking inside your workplace, or reducing the number of cigarettes you smoke every day. These small things will increase your sense of control over your daily routine and surroundings.

Effects:

Environment control reduces anxiety and stress, improves your sense of control at your work environment, and enhances overall well-being.

How:

It creates new habits (e.g., organizing your desk from time to time the way you like, bringing in a plant, banning smoking at your workspace, reorganizing your office periodically in a different way).

Duration:

Habits of environment control should be felt every day at your workplace; try to make some small change or addition that makes you feel in control of some parts of your work environment, but be sure these changes are not annoying to others.

Side Effects:

It is imperative at work that you make sure your changes to your environment are not spilling over into other peoples' environments. It also is important to make sure that the changes you make to your environment are those you can control. Side effects to not adhering to this could be interpersonal issues with colleagues at work, or rejection of your changes from your administration.

Expertise:

Read and look thorough sources might that help you have some control over your environment at work and at home.

3.8 Attitude Change

Studies have shown that how people react to other individuals and events is largely influenced by their perception and not the actual individuals or events. If you have a negative attitude, you are more likely to negatively affect everything around you. By taking active steps to cultivate positivity, you can counteract and change a negative attitude.

Studies have revealed that individuals with a positive attitude toward life tend to become sick less often than those with a negative attitude. They also tend to recover from average sicknesses faster and have lower stress levels and less chance of depression and anxiety. However, individuals with a negative attitude tend to be less enjoyable, less accepted socially, and more prone to sickness, with a higher risk of depression, anxiety, and stress (Carrosicia,1992). Thus, attitude is an important element of self-care.

Effect:

An attitude change produces less sickness, improves recovery, reduces stress, reduces depression, reduces anxiety, and improves overall well-being and productivity.

Duration:

Positive attitude is always advised to be practiced.

Side Effects:

There are no known adverse side effects to a positive attitude.

Expertise:

An individual should undergo a specialized training about attitude change before undertaking it.

How:

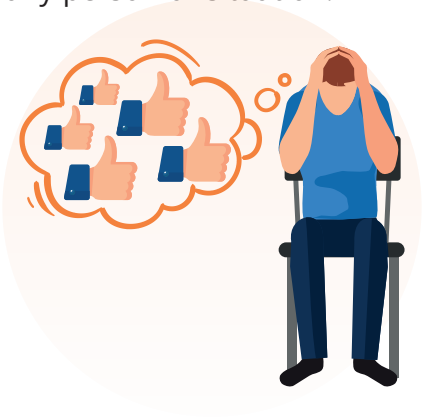
The following are techniques health service providers can use to maintain a positive attitude, which will help them maintain the necessary state of mind for self-care:

1. **Let go of negativity:** Negativity is a drive that produces or contributes to emotions that need management, such as anger, depression, and anxiety. The following practices can help the health service provider let go:

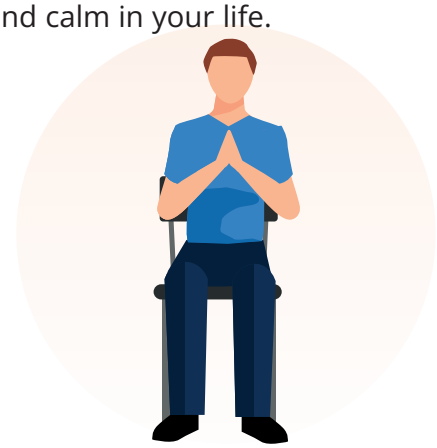
A. **Take responsibility for your thoughts and actions.** For example, if you are passed over for a promotion at work, it is not because your boss dislikes you but probably related to your work performance. Instead of blaming your boss, talk to him about how you can improve at your job; then, actively make these changes.

B. **List negative things in your life and begin to change them.** On a piece of paper, list the most negative things in your life (the top five will do), read this list, and mark the ones you can change. Come up with a plan to change what you can. Then burn the paper you wrote this list on (symbolically burning away the negativity).

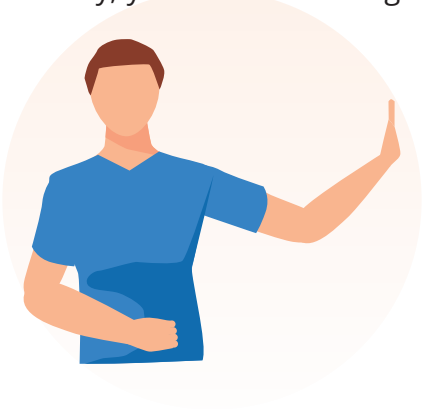
C. **Let go of expectations. Accept that nothing is perfect.** Imperfection adds character, and letting go of any expectations of perfection will help you focus on the positive in any person or situation.



D. **Forgive yourself and others.** The act of forgiveness will remove negative attitudes and create space for positive attitudes. It will also decrease stress and increase peace and calm in your life.



E. **Limit or remove negative people from your life.** If you cannot remove the negative people from your life, or you do not want to hurt them by leaving them, you can face their negativity by focusing on the positives of what they say or what they do. This way, you can avoid being dragged into their negativity.



F. **Respond positively to change.** Make the decision to respond positively in every situation, and you should be able to keep negativity away. If something bad happens, such as losing your job, thank your employer for the opportunity and say, "This is a chance to find something better that I truly love."

G. **Keep moving forward.** We all occasionally have negative thoughts, which is normal and acceptable, but learn not to dwell on them. By always moving toward the positive, you will be able to change your negative attitude.

2. **Focus on the Positive:** Focusing on the positive makes health service providers' moods more positive, more motivated, and healthier. The following are practices that help health service providers focus on the positives:

A. **See the positive in everything.** Even in the worst situations, there is always something positive. It might take some time to recognize it, but being able to see the positive aspects in anything will help you avoid negativity.

B. **Make a list of everything for which you are grateful.** Make a list of the best five or ten things in your life that you are most grateful for, and anytime you feel negative, read this list.

C. **Use positive words and phrases,** such as "I have hope for. . ." and "I will find a solution for. . ."

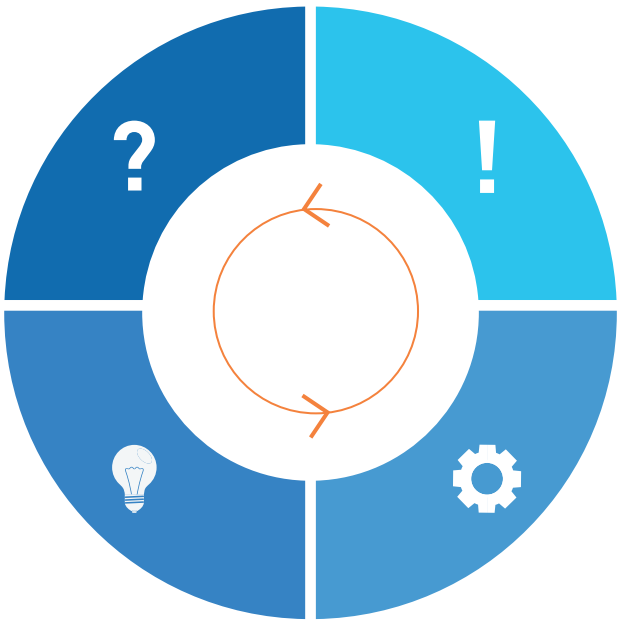
D. **Surround yourself with positive people.** Having supportive people around you who can put things into perspective is important to cultivating a positive attitude. Surrounding yourself with positive people will counteract negativity and help you change your attitude.

E. **Help others.** Simple acts of kindness and helping others can do wonders for your attitude. Not only can this put things in perspective in your life, but it can distract you from problems and generally make you feel more positive.

3.9 Controlling and Substituting Distorted Thinking Patterns

Distorted thinking patterns are styles of thinking that perceive reality incorrectly. The way we think affects the way we feel and behave. It even affects our biology. When we interpret or perceive events differently than they are in real life, emotions grow out of this perception. Because this perception is incorrect and distorted, the emotions that rise out of this perception are also inappropriate emotions, and so are the behaviors built on them.

Our biology is also affected by the way we think and feel when we are stressed because of an event we perceived incorrectly; our immune, endocrine, and neurological systems react, producing an imbalance in our hormones and neurotransmitters. These distorted thinking patterns are usually negative ones. It is imperative for our self-care that we be aware of these distorted thinking patterns and that we substitute them with more realistic ones.



Effects:

Controlling distorted thinking patterns and substituting them with more realistic ones reduces stress; makes us more realistic; keeps our hormonal and neurological state tranquil; reduces sadness, depression, and anxiety; avoids immune system weakness; enhances positivity; and increases work productivity.

Where:

You should be aware of your thinking patterns, observe your distorted ones, and try to control them and substitute healthy thinking patterns for them whenever they arise. This

can be at work, at home, or in social situations.

Duration:

Always

Side Effects:

There are no known negative side effects to controlling and changing distorted thinking styles.

Expertise:

You should undergo a specialized training on awareness, control, and substitution of distorted thinking patterns with more realistic thinking patterns.

How:

Step 1: Identify the Thinking Pattern

The following styles in thinking can be subtle yet very powerful in causing us to experience needless emotional distress. Interestingly, the more distressed we become, the more our thinking can become narrowed and focused, making it difficult to think in balanced ways. Many times, simply identifying which thinking style/s we are using can be very liberating, allowing us to break free from narrowed, unhealthy thinking patterns.

1. **All-Or-Nothing:** Events are only good or only bad. They are black or white with no gray areas between the extremes. If something falls short of perfection, then it is seen as a complete failure. "My work today was a total waste of time."

2. **Overgeneralization:** You draw general conclusions based on one event or a single piece of evidence. If something bad happens one time, you see it as an unending cycle of defeat. "People are always mean to me."

3. **Mind Reading:** Even though they have not told you so, you believe you know what people think and feel about you, as well as why they behave the way they do toward you. "He thinks I'm stupid."

4. **Catastrophizing:** You expect things to turn out badly. "If I ask my boss for a raise, he will yell at me."

5. **Chain Reaction:** You continue down the chain, link by link, with how one bad thing will lead to another bad thing, ending in a larger bad outcome with regard to an overall goal. "If I fail this test, I won't pass this class; then I will fail out of school and won't graduate; then I won't get a good job; then I will be unhappy in a dead-end job forever."

6. **What-Ifs:** You ask questions about bad or fearful things that could possibly happen in the future, while being unsatisfied with any answers. "What if something happens to her?"

7. **Personalization:** You think that things people say or do are in reaction to you, or you believe you are responsible for things people do or say. "He looked at his watch because I'm boring."

8. **Shoulds/Musts:** You have strict rules about how you and others should/must feel and behave. You feel angry if others break these rules and guilty if you break them. "I shouldn't take any time off. I must work hard all the time."

9. **Filtering:** You magnify or dwell on the negative details of a situation while ignoring all the positive ones. "Look at all the things I have done badly."

10. **Jumping to Conclusions:** You make illogical leaps in believing that A causes B without enough evidence or information to support your conclusions. "My boyfriend was late in picking me up. He doesn't really want to go out with me tonight."

11. **Comparisons:** You compare yourself to other people, trying to figure out who is better, smarter, more attractive, etc. "She is so talented. I'll never amount to anything."

12. **Discounting Positives:** You automatically discount or reject positive actions or events as if they do not matter. If you did something well, you tell yourself that it does not count or was not good enough, or anyone could have done it as well/better. You do not allow yourself to enjoy even small accomplishments. "If I had spent more time preparing for my presentation, it could have been better."

13. **Maximization/Minimization:** You maximize your problems or blow the effects of them out of proportion to the situation. Or you minimize the value of your positive qualities. "This is the worst thing that could happen. I can't manage it."

14. **Blaming:** You blame yourself for things that are not in your control, or you hold others responsible for your misfortunes. "It's my fault that my husband drinks. If I were a better wife, he wouldn't do that."

15. **Emotional Reasoning:** You automatically believe that what you feel is true for you. If you feel strange, boring, stupid, etc., then you believe you are these things. "I feel embarrassed. I am so awkward and foolish."

16. **Being Right:** You are always trying to prove that your opinions and behaviors are the right ones. You cannot accept that you might be wrong or inaccurate, and you will go to great lengths to prove that you are right, or others are wrong. "You don't know what you're talking about. We have to do it my way or it won't work."

17. **Reward Fallacy:** You expect to receive rewards or payoffs as a result of your own deeds or sacrifices, as if someone is keeping score. You feel angry or resentful if your actions do not reap rewards. "I spent all that time fixing a nice dinner, and no one

appreciated it."

18. **Change Fallacy:** You believe that if you pressure people enough, they will change to suit you. You also believe they must change because you let your happiness depend on them. "If she told me she loved me more often, then I could feel happy."

19. **Fairness Fallacy:** You believe you know what is fair, but when others disagree with you, you feel resentful or angry. "I deserve a day off from work since I worked hard over the weekend, but my boss won't allow it."

Step 2: Control and Change Your Distorted Thinking Patterns

1. **STEP ONE –** Identify the upsetting situation. Describe the event or problem that is upsetting you. Who (or what) are you feeling unhappy about?

2. **STEP TWO –** Record your negative feelings. How do you feel about the upsetting situation? Identify the feeling word precisely. Use words like the following: sad, irritated, annoyed, angry, enraged, anxious, guilty, ashamed, humiliated, regretful, bewildered, confused, flustered, swamped, frustrated, hopeless, despairing, scared, frightened, horrified, intimidated, vulnerable, uneasy, worried, unsure, etc. (See attached feelings list.) Rate each negative feeling for intensity on a scale from F-1 (for the least) to F-10 (for the most).

3. **STEP THREE –** Record your automatic thoughts. Tune in to the negative thoughts that are associated with these feelings. Pay attention to what are you saying to yourself about the problem. Write these thoughts in the third column and record how much you believe each one between B-0 (not at all) and B-10 (completely).

4. **STEP FOUR -** Analyze these thoughts. Use the Checklist of Cognitive Distortions on page 5. Record your observations from this analysis in the fourth column. The analysis should point out how your automatic thoughts are unfair, unrealistic, or irrational. Following the analysis, rate your belief in the automatic thoughts again using a different color ink. If they are less believable, proceed to step five. If not, continue the analysis using another method.

5. **STEP FIVE –** Construct realistic and balanced thoughts. Use the "10 Ways to Untwist Your Thinking" guide on page 6. Construct more realistic, objective, and balanced thoughts in the fifth column. You may wish to construct a two-part response beginning with an honest acknowledgement of a realistic negative aspect of the situation, followed by the word "BUT" and then a realistic positive consideration of the situation. The formula looks like this: Realistic Thinking = Negative (-) side; BUT = Positive (+) side.

6. **STEP SIX -** Evaluate this restructuring process. Rate the degree to which you believe the reconstructed thoughts in column five (B-0 to B-10). Is it higher than your belief in the distorted automatic thoughts? Rate again the intensity of the feelings in column 2 (F-1 to F-10). Are they less intense than originally? If you are still not satisfied, return to step four.

Situation	Feelings	Automatic Thoughts	Cognitive Analysis	Realistic Balanced Response
Describe the event or problem that is upsetting you. Who (or what) are you feeling unhappy about?	How do you feel about the upsetting situation? Rate each negative feeling for intensity on a scale from F-1 (for the least) to F-10 (for the most).	Write down the thoughts that automatically occur to you as you think about the situation. Rate how much you believe each one between B-0 (not at all) and B-10 (completely).	Analyze these thoughts using one of the ways listed in "10 Ways to Untwist Your Thinking."	Substitute more realistic thoughts. You may wish to construct a 2-part response beginning with the negative, followed by the word, "BUT" and then the positive. Estimate your belief in each one (B-0 to B-10).
Situation #1:				
Situation #2:				

3.10 Managing Boundaries

Healthy boundaries are those boundaries that are set to make sure you are mentally and emotionally well. Our boundaries might be rigid, loose, somewhere in between, or even nonexistent. A complete lack of boundaries may indicate that we do not have a strong identity or are enmeshed with someone else. While boundaries are often psychological or emotional, boundaries can also be physical. Healthy boundaries can serve to establish one's identity. More specifically, healthy boundaries can help people define their individuality and can help you indicate what you will and will not hold yourself responsible for. Healthy boundaries are a crucial component of self-care. This is because in work or in our personal relationships, poor boundaries lead to resentment, anger, and burnout. The consequences of not setting healthy boundaries often include stress, financial burdens, wasted time, and relationship issues, which can cause mental distress. Lack of healthy boundaries can negatively affect all aspects of your life. Setting healthy boundaries can have many benefits; including helping you make decisions based on what is best for you, not just the people around you. This autonomy is an important part of self-care.

Effects:

Healthy boundaries enhance your sense of identity, reduce stress and burnout, increase confidence, save time, increase work productivity, and enhance physical health.

Where:

Boundaries are best set at the workplace. Not all places are ideal for setting boundaries. Boundaries also differ depending on where and with whom they are being set. Your boundaries with your colleagues at will likely work differ in rigidity and looseness from those with your friends and family members.

Duration:

Boundaries are practiced when you feel distress regarding what is being done to or asked of you. They should be managed with assertiveness rather than no aggressiveness or passivity.

Side Effects:

Some people set their own boundaries and forget to respect boundaries others have for themselves. This side effect should always be kept in mind.

Expertise:

You should undergo specialized training on setting and managing boundaries before you attempt to set them, especially if you already have loose or no boundaries.

How:

Below is a description for how to set and manage boundaries:

What is meant by boundaries here?

1. In principle, boundaries are limits on your relationships with others.
2. Boundaries can be physical, mental, and emotional. If you have ever said to someone, "Stick to your limits," then you have set a boundary. If you have ever said to someone, "This is your chair" or "This is your office," then you have set a physical boundary. If you have ever made a fence around your house or land, then you have set a physical boundary.

Boundaries serve the following goals:

1. They protect us.
2. They clarify our responsibilities compared to the responsibilities of others.
3. They preserve our mental and physical energy.
4. They allow us to live by our own values.
5. They clarify our personal limits.

It is highly important to consider the following when you attempt to manage boundaries:

1. Setting boundaries does not mean being sharp and aggressive.

2. It is very important to know your values at work and at home to be able to identify the boundaries you need others to consider.

3. To manage your boundaries well, you need to communicate your values and wishes clearly.

4. Deal with violations to your values immediately and do not postpone it. Do not wait and point out that violation later.

5. Set and manage home boundaries (e.g., I do not answer phone calls after 10 p.m., I do not answer work-related phone calls when I am on leave, It is ok not to work at all when I am on leave).

6. Make clear explanations. Focus externally and not internally when you explain your boundaries. Do not make the explanation about why you do not want a certain value of yours to be violated focused on you; make it focused on work quality, productivity, and maybe your manager instead.

7. Prepare for violations. Imagine a certain value of yours is violated and think of how you would respond.

8. Use a win-win strategy. For example, if your colleague at work asks you for a couple of minutes, and you are really involved in work and cannot or do not want to be interrupted, then give that person a win-win response. For example, you might say, "I would love to, but at the moment I can't. I can sit with you at 10 during the break, or at 4 when work hours are over. Which do you prefer?"

9. When your boundaries are violated, try to avoid personal/emotional responses. For example, if your manager asks you to do an extra task that you do not have time for, avoid saying, "I am extremely stressed out today; I have a million things to do." Instead, say something like, "If I do this now, I won't be able to finish this other thing today. Which one do you want me to work on?"

(Paulsen & Hernes, 2003)

3.11 Self-Awareness

Self-awareness is the extent to which a person is aware of his/her thoughts, emotions, and behaviors and their effects on him/her and others mentally, emotionally, and behaviorally. It also entails being aware of one's own strengths and weaknesses. Adequate self-care has been linked to increases in self-awareness. Self-awareness is integral to the meaningful and sustainable practice of health care. Self-awareness involves being mindful of your thoughts and feelings, your coping mechanisms, your strengths and vulnerabilities, and, most importantly, the values that motivate your goals and actions. Self-awareness has long been seen by practitioners and researchers as both a primary means of alleviating psychological distress and the path of self-development for psychologically healthy individuals. The importance of self-awareness goes beyond well-being and mental health to include substantial impacts on day-to-day functioning and an important impact on performance *(Sutton, 2016).*

Effects:

Self-awareness enhances effective social interaction, increases empathic response, improves interpersonal relationships, increases self-control, helps in restraining impulses, increases creative achievements, improves self-esteem, enhances satisfaction, improves habit change efforts and success, reduces stress, and improves physical well-being.

Duration:

Self-awareness is always advised to be practiced.

Side Effects:

There are no known adverse side effects to self-awareness.

Expertise:

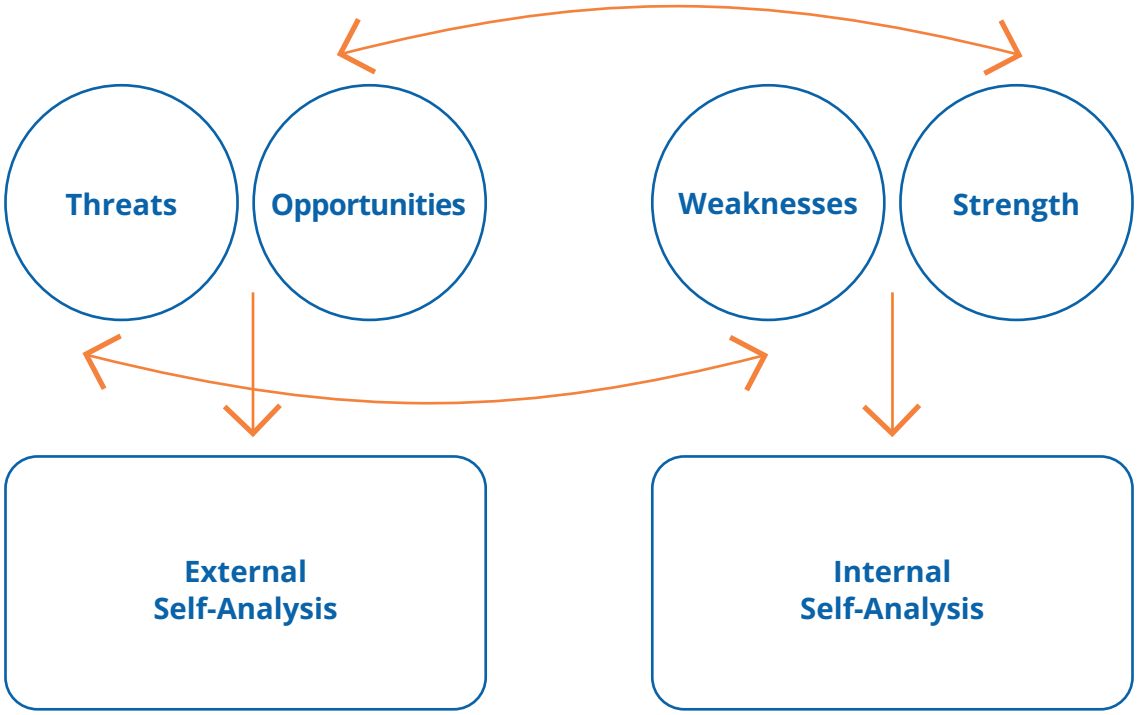
You should undertake a special training on self-awareness to be able to practice it effectively.

How:

1. **Self SWOT Analysis**
    - S: Strengths
    - W: Weaknesses
    - O: Opportunities
    - T: Threats

It is important to make a list of the things in you that you consider to be strengths and make a clear connection between them and what opportunities they may provide for you.

It is also important to make a list of the things in you that you consider weaknesses and a make a connection between them and the threats they pose to you.



1. **What are the opportunities your strengths provide you with?**
2. **What are the threats your weaknesses make you face?**
3. **Discover the connection between the list of strength you have, and the opportunities they provide you with?**
4. **Discover the connection between the weaknesses you have and threats they pose at you?**

2. Johari Window

The Johari Window model is a simple and useful tool for illustrating and improving self-awareness. This model is also referred to as a "disclosure/feedback model of self-awareness." The Johari Window represents information (e.g., feelings, experience, views, attitudes, skills, intentions, motivations) within a person. The four regions (areas, quadrants, or perspectives) are as follows, showing the quadrant numbers and commonly used names:

Four Regions

1. What is known by the person about him-/herself and is also known by others: open area, open self, free area, free self, or “the arena”

2. What is unknown by the person about him-/herself, but that others know: blind area, blind self, or “blind spot”

3. What the person knows about him-/herself that others do not know: hidden area, hidden self, avoided area, avoided self or “façade”

4. What is unknown by the person about him-/herself and is also unknown by others: unknown area or unknown self

	Known to self	Unknown to self
Known to others	Open	Blind
Unknown to others	Hidden	Unknown

In summary:

1. Open self/area, free area, public area, or arena

Region 1 is also known as the "area of free activity." This is the information about the person (e.g., behavior, attitude, feelings, emotion, knowledge, experience, skills, views) known by the person ("the self"). The aim in any group should always be to develop this "open area" for every person, because when we work in this area with others, we are at our most effective and productive. The open free area, or arena, can be seen as the space where good communications and cooperation occur, free from distractions, mistrust, confusion, conflict, and misunderstanding.

2. Blind self, blind area, or blind spot

Region 2 is what is known about a person by others but is unknown by the person him-/herself. By seeking or soliciting feedback from others, the aim should be to reduce this area and thereby to increase the open area (i.e., to increase self-awareness). This blind area is not an effective or productive space for individuals. The extent to which an individual seeks feedback, and the issues on which feedback is sought, must always be at the individual's own discretion.

3. Hidden self, hidden area, avoided self/area, or facade

Region 3 is what is known to us but kept hidden from, and therefore unknown, to others. This hidden or avoided self represents information, feelings, and anything else a person knows about him-/herself but does not reveal or keeps hidden from others. The hidden area could also include sensitivities, fears, hidden agendas, manipulative intentions, and secrets: anything that a person knows but does not reveal, for whatever reason. It is natural for very personal and private information and feelings to remain hidden; indeed, certain information, feelings, and experiences have no bearing on work and so can and should remain hidden. However, typically, a lot of hidden information is not very personal but work- or performance-related, and so it is better positioned in the open area. The extent to which an individual discloses personal feelings and information, and the issues which are disclosed, and to whom, must always be at the individual's own discretion. Some people are more keen and able than others to disclose. People should disclose at a pace and depth that they find personally comfortable.

4. Unknown self, area of unknown activity, or unknown area

Region 4 contains information, feelings, latent abilities and aptitudes, and experiences that are unknown to the person him-/herself and unknown to others. These unknown issues take a variety of forms; they can be feelings, behaviors, attitudes, capabilities, and aptitudes that are quite close to the surface and could be positive and useful, or they can be deeper aspects of a person's personality, influencing his/her behavior to various degrees. Large unknown areas would typically be expected in younger people, and people who lack experience or self-belief.

Section 4

Staff Care in the Health System

Staff care refers to an integrated system of different tools, practices, and structures that are developed to support the relative well-being of staff within an organizational context. These diverse strategies are meant to support staff personally and professionally, not only as individuals, but also as teams, and as an overall organization. Staff care is an organizational responsibility. A well-established staff care system should not only be a direct response to unforeseen circumstances, but an integrated long-term strategy aiming at keeping its employees at all levels healthy and productive.

Staff care is not the same in every organization. A good staff care system must be developed according to the work content and its context and to the unique challenges and difficulties that arise. This means that staff care is always a complex task that deals not only with personal and individual realities, but also responds to specific sociopolitical, structural, and organizational realities.

The purpose of staff care is to create a healthy and productive workforce and to create well-being among staff and improve the quality of their work by promoting emotional, cognitive, spiritual, and physical health *(InterHealth & People in Aid, 2009)*

4.1 Relative Well-Being

It is important to ask what kind of well-being can be achieved when working with extreme suffering and continually witnessing the consequences of ongoing violence and injustice.

We must expect that this kind of work will produce extremely difficult emotions, ranging from sadness to hopelessness to anger, as well as vicarious or secondary trauma. These are not emotions we should expect to make disappear; rather, they are emotions that make us human and that need to be worked with as productively as possible. Relative well-being is not something you either have or do not have, but something that you have to establish and re-establish continuously in relation to the difficulties you face in life and at work.

Relative well-being can be a realistic goal of staff care when staff care structures are in place to defend staff's capacities to connect with the full range of human emotions; to communicate empathetically and effectively; to build and maintain relationships; to not do harm to oneself or to others; to protect against isolation, loneliness, and competition; and to cultivate joy, humor, curiosity, and pleasure.

4.2 Objectives of Staff Care

Some of the objectives and benefits of staff care were previously mentioned in the section about staff care in the context of community health care, and they are further elaborated in this list of key objectives.

Staff care structures should be developed to...
Help staff confront the realities of threat, trauma, and loss as best as possible and as least self-destructively as possible.
Help staff stay connected to themselves and to their team with respect to the whole range of feelings, including pain, rage, and despair.
Help enhance communication within an organization and the capacity to maintain relationships and deal constructively with conflicts.
Help establish a culture that promotes trust, solidarity, and empowerment of all staff and that reduces isolation and competition.
Help staff maintain/re-establish a sense of meaningfulness and competence in their work as well as the capacity to reflect and act.
Help staff to acknowledge inadequate resources and, at the same time, make the best possible use of what is available.

If we take the idea of relative well-being (outlined above) seriously, knowing whether staff care is working or not is not a matter of measuring how happy or how stressed staff feels before, during, or after a staff care plan has been implemented. We should expect that even with effective staff care in place, staff will feel distressed because of the nature of the work they are doing. We should not expect staff to feel happy or content witnessing suffering. Instead, we should ask a different set of questions that correspond with what we hope and believe staff care can achieve in severely difficult settings.

Some of these questions and issues might include the following:

1.	Confronting the realities of threat, trauma, and loss as well and as least self-destructively as possible
	How able is staff to share with each other about difficult situations they encounter at work and the feelings these produce? When and where do staff feel most safe to share with each other?
2.	Remaining connected to themselves and to their team with respect to the whole range of feelings, including pain, rage, and despair
	How connected do staff feel to themselves and to their colleagues? To what extent do staff feel they can express vulnerability without fear of being judged?
3.	Helping enhance communication within an organization, as well as the capacity to maintain relationships and deal constructively with conflicts
	When staff encounter challenges at work, to what extent are they able to talk about them openly and without fear of judgment or blame? Do staff feel safe to address and work on conflicts within the team or institution? Does the organization discuss and work openly on problems and difficulties?
4.	Establishing a culture that promotes trust, solidarity, and empowerment of all staff and that reduces isolation and competition
	Do staff feel sufficiently recognized in their work? Do staff feel they can ask for help without being judged? Do staff feel listened to by others? To what degree do they feel they are part of a cohesive and effective team?
5.	Maintaining a sense of meaningfulness and competence in their work as well as the capacity to reflect and act
	Do staff feel they can discuss problems or not knowing what to do in their work without being blamed? What reflection and/or sharing spaces exist, and is staff able to participate meaningfully in these spaces? Do staff feel their opinions and ideas are taken seriously? To what extent do staff feel they can enact their values in their work? Do staff feel their work matters?
6.	Acknowledging inadequate resources and, at the same time, making the best possible use of what is available
	Do staff have spaces to problem-solve collectively? Do they feel encouraged to think creatively about solutions to challenges?

4.3 Differences Between Staff Care and Self-Care

Usually, people take great care to emphasize the difference between staff care and self-care. There are key differences, but there are some important overlaps, too. Staff care and self-care are both sets of tools and practices that facilitate reflection in order to develop awareness as a way of empowering meaningful action.

People often have misperceptions about staff care and self-care and believe that these refer to pleasurable activities or simple techniques to reduce stress and increase feelings of happiness. Stress reduction and experiencing pleasure are important, but these are not the only ingredients, or even the most important ones, of either staff care or self-care. This process of **reflection** → **awareness** → **action** is at the center of both forms of care, and it is not always an easy process. It takes time and practice, and it often involves confronting and wrestling with very difficult issues, emotions, and habits. Although this can be uncomfortable or even painful, the process of **reflection** → **awareness** → **action** at the heart of staff care and self-care usually pays off. It helps to promote things like these:

- Growth and development
- Restoration and release
- Connection to self and others
- Healthy limits and boundaries

So, what's the difference?

The main difference between self-care and staff care has to do with who/what is targeted and who is responsible. Self-care practices target one's own relative well-being—one's own feelings, thoughts, and behaviors. A person is typically thought to be responsible for his/her own self-care, though there are always things an organization, friends, and family can do to make it easier (e.g., respecting someone's boundaries, offering to take care of the kids so that person can have some me-time, respecting reasonable requests for time off with no questions asked). Staff care, on the other hand, is the ethical responsibility of an organization and does not just target the individual but also deals with relational, organizational, and structural issues. In other words, staff care focuses on much more than just personal feelings, thoughts, and behaviors and aims to support the relative well-being of staff as individuals and as teams, the healthy and just functioning of the organization as a whole, and the quality and integrity of the work.

4.4 Principles of Providing Staff Care

The following form the main principles of staff care:

1. Organizational commitment to staff care and implementation of pertinent policies and procedures.

2. Regular assessment to identify staff care needs and put forth support plans.

3. Ensuring that staff has access to confidential staff care resources throughout the duration of their employment.

4. Recognition that certain sub-sets of the company's staff face stress and burnout more than others and ensuring that these receive special attention and allocated support.

5. Ensuring safe spaces for staff care practices where practices are ensured, secured, open, and confidential.

4.5 Staff Care in the Context of Health Care

Staff care initiated within an organization acknowledges that employees often face challenges (e.g., fear, sadness, distress, and anger) while working in the midst of violence, suffering, and injustice. Offering psychosocial support in a community health care context means relying on your emotions, knowledge, and skills to give you important information about the situations you encounter in your work to build trusting and empowering relationships with the people you support. Systems of staff care should help staff stay connected to their emotions and their work, but also establish appropriate limits and be aware of them.

Working with suffering in under-resourced settings can make it difficult to feel like what you are doing makes a real difference. Many of the sources of problems you encounter are not ones you are able to change or resolve. Staff care structures should help you reflect and act on the dilemmas and limits inherent to your work and the values you, your colleagues, and your institutional mandate bring to the work. This kind of reflection is critical to maintain a sense of meaning as well as a sense of personal and institutional integrity. When people lose a sense of meaning or integrity, their relative well-being suffers, and so does the quality of support they can offer to the community.

4.6 How to Initiate and Integrate Staff Care into the Health System

Although staff care is often thought of as an additional luxury that requires a lot of extra funds, staff care practices are a basic necessity and do not need to be expensive. Institutions interested in establishing staff care structures must be ready to invest time to properly identify and understand the particular needs of their staff in respect to their specific work challenges and organizational structures. They must also be prepared to dedicate time and space for staff to come together to share and reflect on a regular basis, during work hours, and to evaluate and modify structures on an ongoing basis.

Institutions have two key responsibilities in developing staff care structures: (a) developing mechanisms for ongoing awareness building and (b) integrating regular capacity-building related to key staff care issues:

(a) Developing interventions and mechanisms for ongoing awareness building at individual, team, and organizational levels

Building staff and institutional awareness of the need for staff care:

- In many cases, people see staff care as a luxury or an add-on that simply helps individual staff members take better care of themselves. The first step in creating supportive structures that are systemic and sustainable is helping organizations and staff to recognize the need for staff care that goes beyond promoting self-care.

Identifying and understanding specific individual and team needs and challenges related to their daily work and context:

- In many cases, organizations try to implement staff care structures without taking the time to first understand the needs and challenges these structures are intended to address. These structures are usually not sustainable or found to be useful by staff. Meaningful and effective staff care must be built on a solid understand of the needs it is meant to address.

- This is not something that just happens once in the initial planning phase. Staff must be given the chance to describe and discuss their needs and challenges on a regular basis, and staff care interventions must be adapted according to shifting needs and contextual realities.

Identifying individual, team, and organizational strengths, resources, and good practices:

- Effective staff care must acknowledge and leverage existing strengths, resources, and good practices (both formal and informal).

(b) Integrating regular capacity building related to key staff care issues at all levels, including stress management, effective communication, dealing with difficult emotions, developing safe sharing spaces, dealing with conflict, establishing meaningful feedback loops, and other topics which staff identify as relevant to their well-being in their workplace.

Taking steps to mitigate these risks and promote and implement staff care requires the following:

1. The organization must acknowledge staff care and its importance for its staff.
2. The organization must develop an operational framework of staff care within its systems.
3. The staff care operational framework the organization develops must be culture-, context-, and gender-sensitive.
4. The organization must develop a written staff care policy.
5. The organization must promote a culture of staff care practices and an understanding that it will respond supportively to staff care needs.
6. The organization must regularly evaluate its staff care needs.
7. The organization must facilitate self-care practices among its staff.
8. The organization must integrate staff care into planning and budgeting procedures.

4.7 Staff Care Approach in the Jordanian Ministry of Health

It is well established that staff safety and security always come first. Human resources involvement in staff care is core for the organization and its staff. In the Jordanian MoH, the Institutional Development and Quality Assurance Directorate will oversee staff care procedures and practices and will manage the self-care and staff care center (created as part of this self-care and staff care project) at the MoH.

The directorate's role in this includes the following:

1. Designing and conducting regular staff care activities such as staff care awareness activities, interactive staff care activities.
2. Designing and planning staff care training sessions to enhance staff care practices at the organization.
3. Choosing staff care focal points at all of the MoH's centers, clinics, and hospitals around the country and training them on staff care procedures and practices to mobilize staff care in all MoH facilities.
4. Designing and conducting regular staff care training.
5. Monitoring staff care needs and improvements with time.
6. Conducting regular assessment of staff care needs.

Evaluation, reassessment of needs, and modification/reshaping are critical elements of good staff care. At least once a year, staff should collectively evaluate the ongoing practices and reassess needs to see if new challenges have arisen. Corresponding modifications to the staff care plan must then be made.

4.7.1 Mandate for Self-Care and Staff Care Focal Points

Staff care providers are trained focal points. Those focal points are staff from different health centers, including at the ministry level. They are trained and will pass their staff care knowledge and skills on to their peers at all ministry facilities across the country.

Those focal points have terms of reference to guide and serve as boundaries to their staff care responsibilities. These include the following:

1. Participation in regular assessments of burnout among staff.
2. Active participation and attendance of self-care/staff care trainings.
3. Creation/enhancement of a supportive work environment, providing positive coping and stress management models and strategies and keeping regular communication channels with other colleagues.
4. Ensuring that the work environment adheres to the MoH's directions in regard to staff care.
5. Conducting self-care/staff care awareness session for MoH employees.
6. Providing needed support for "Support and Care" groups to be formed at MoH facilities.
7. Conducting regular self-care/staff care training sessions at workplace.
8. Providing the MoH with regular reports on self-care and staff care status.
9. Identifying possible self-care and staff care resources and creating channels for referral, as needed.
10. Working in coordination with the Self-Care and Staff Care Center at the MoH.

4.7.2 Self-Care and Staff Care Focal Points Trainings

Self-care and staff care focal points are equipped with multilevel training. The trainings were conducted in the MoH's self-care and staff care center in coordination with the MoH's Quality Assurance and Organizational Development Directorate. These trainings include the following:

1.	Self-care/staff care concepts and theoretical background
2.	Stress awareness
3.	Burnout awareness
4.	Stress and burnout management techniques
5.	Traumatization in health care settings
6.	Secondary trauma, vicarious traumatization, compassion fatigue
7.	Resilience and coping
8.	Resilience and postratumatic growth
9.	Differences and similarities between self-care and staff care
10.	Staff care: What is it and why is it needed?
11.	Common challenges in staff care
12.	Identifying and understanding challenges in our work
13.	Defining staff care
14.	Practicing basic moderation skills
15.	Negative thinking styles
16.	Skills of changing negative thinking styles into positive thinking styles
17.	Attitude change
18.	Empathy and compassion
19.	Empathic peer support skills
20.	Highlighting the following concepts, differences and similarities: • Intervision • Supervision • Reflection, self-reflection, and self-awareness • Counseling and mutual counseling • Therapy
21.	Intervision and collegial consultations
22.	Managing boundaries
23.	Communication skills
24.	Self-Awareness

4.7.3 Online Tools

For an efficient assessment mechanism of staff needs, level of satisfaction, and psychosocial risks, including stress and burnout, the MoH developed an online survey that enables all employees to confidentially report on their satisfaction level, needs, and risks. This survey can be accessed from the MoH's official website through the employee portal. Based on the results from this survey, the MoH will develop an annual plan of action regarding staff care. Focal points will promote the survey and encourage the staff to express their concerns and give feedback.

Link to the survey:

http://mohapp.moh.gov.jo/mohsurvey/?v=5.20.3.1.1

4.7.4 Staff Care Policy in the MoH

For staff care measures to be implemented effectively and sustainably, there must be a policy that explains organizations' responsibilities. The following is an excerpt of the MoH's policy for staff care that was adopted in 2019:

1. Staff care: The principles, procedures, and practices adopted by the MoH to manage and reduce stress and fatigue to maintain the employee's psychological balance, efficiency, and quality of work
2. Self-Care: The procedures and practices the employee him-/herself does to manage stress and fatigue in all domains (e.g., physical, psychological, emotional, spiritual, and occupational)
3. Self-Care and Staff Care Center: A center established at the MoH in January 2019. It was established in cooperation with the Quality Control and Institutional Development Directorate to increase awareness and supervise the self-care and staff care program at the MoH.
4. Self-Care and Staff Care Center Management Team: The focal points from the Institutional Development and Quality Control Directorate and People with Disability and Mental Health Directorate. They have received self-care and staff care trainings.
5. Self-Care and Staff Care Focal Points: The persons who received specialized training on self-care and staff care in accordance with their terms of reference (ToR)
6. The handbook: The written handbook containing dimensions of self-care and staff care that the focal points have been trained on, used by the focal points to guide the tasks they do in the field of self-care and staff care at their workplace.

Tools:

1. Periodic screening and assessment tools:
- Maslach Burnout Scale (MBS)
- Self-Care Assessment Tool (SCAT)
- Stress Assessment Tool
- Professional Quality of Life Scale (ProQoL)
2. Self-Care and Staff Care Handbook
3. Self-care and staff care focal points ToR
4. Focal points selection criteria

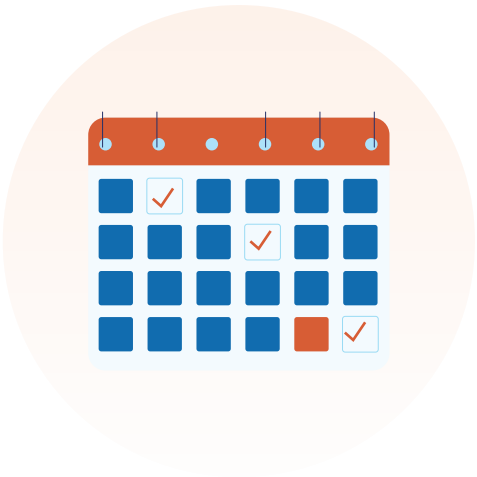
Procedures:

1. The Self-Care and Staff Care Center Management Team will, under supervision of the Institutional Improvement and Quality Control Directorate, apply the self-care and staff care program.

2. The People with Disability and Mental Health Directorate will provide technical advice to the Institutional Development and Quality Control Directorate in regard to the self-care and staff care program.
3. The Self-Care and Staff Care Center Management Team will put forth the focal points' training plans.
5. The Self-Care and Staff Care Center Management Team will conduct regular trainings on self-care and staff care issues (e.g., stress management, effective communications, complex emotions and cognitions management, conflict management, and other topics related to self-care and staff care).
6. The Self-Care and Staff Care Center Management Team will train focal points from all departments, centers, and hospitals, aiming at creating at least one focal point at each place of the aforementioned sites.
7. The trainings will be based on the Self-Care and Staff Care Handbook.
8. The Self-Care and Staff Care Center Management Team will keep a permanent copy of the Self-Care and Staff Care Handbook and provide the focal points with copies as needed.
9. The Self-Care and Staff Care Center Management Team will follow up on development and skills of staff pre- and post-trainings.
10. Upon completion of trainings, the focal points will transfer their knowledge and skills to their peers at the workplace.
11. The Self-Care and Staff Care Center Management Team will apply the focal points' selection criteria to choose new focal points.
12. The focal points, at their workplaces, will orient those who need further support and care to the appropriate resources at the MoH, applying privacy and confidentiality rules.
13. The Directorate of Electronic Transformation and Information Technology will create a window for self-care and staff care on the ministry's electronic site. This window will contain self-care and staff care general information and self-care and staff care periodic screening and assessment tools the employee can fill out to obtain results.
14. The Self-Care and Staff Care Center Management Team will apply a periodic screening and assessment system using the periodic screening and assessment tools through the MoH's electronic site.
15. Periodic screening assessment results are analyzed electronically.
16. Periodic screening and assessment results are used as the base for staff-needs identification to participate in the Self-Care and Staff Care Center trainings.
17. The Self-Care and Staff Care Center Management Team will conduct regular self-care and staff care activities (e.g., awareness activities, cultural activities, and interactive activities).
18. The MoH guarantees staff's self-care and staff care information privacy and confidentiality.

4.7.5 Awareness and Promotion of Staff Care at the MoH

The MoH is promoting the idea of staff care and self-care, increasing the awareness of staff care through psychoeducation; reflective, trauma-informed supervision/intervision; ongoing skills training; informal/formal staff-report screening; workplace staff care groups (e.g., yoga or meditation); creation of a balanced caseload; flextime scheduling; and a staff care accountability buddy system. This promotion also encourages staff to take time for lunch and chatting with coworkers; identify projects or tasks that are exciting, growth-promoting, and rewarding for them; set boundaries with clients and colleagues; balance their workload as much as possible; arrange their workspace to make it comfortable and comforting; get regular intervision or consultation; negotiate for their needs; delegate (and learn to ask for help); join peer support groups; and have a transition from work to home.



External Resources/Extra Reading

Arabic:

1. https://www.abahe.uk/human-development-enc/80244-how-to-provide-excellent-care-for-yourself.html
2. https://www.abaadmena.org/documents/ebook.1478610015.pdf
3. https://www.youtube.com/watch?v=lc2BP6no95Q
4. https://www.youtube.com/watch?v=ck9KtXZZAzo
5. https://www.youtube.com/watch?v=zU1sUUb-gtk

English:

1. https://www.ipu-berlin.de/fileadmin/downloads/forschung/what-helps-the-helpers-introductory-guide.pdf
2. https://proqol.org/Compassion_Fatigue.html
3. www.self-compassion.org
4. https://www.youtube.com/watch?v=xHIMZicG_uQ
5. https://www.youtube.com/watch?v=NQMao3MWfOU
6. https://www.youtube.com/watch?v=q7jZVmrBkso
7. http://www.konterragroup.net/admin/wp-content/uploads/2017/03/Essential-Principles-of-Staff-Care-FINAL.pdf
8. https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf
9. https://www.newyorker.com/science/maria-konnikova/the-secret-formula-for-resilience
10. https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/burnout-response
11. https://www.youtube.com/watch?v=w0iVTQS8ftg

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