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Supporting Well-being Through the Implementation of Education and a Relaxing Retreat Space

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OBJECTIVE: The objective of this study was to determine whether an innovative program including psychoeducation grounded in positive psychology and awareness of cognitive biases, along with access to a dedicated relaxation environment, would lower burnout for nurses.

BACKGROUND: Promoting well-being of nurses is an essential goal of healthcare leaders because of the negative effects of burnout out on nurses' health and patient outcomes.

METHODS: A prospective cohort analysis was conducted to examine whether exposure to the OASIS (Opportunity to Achieve Staff Inspiration and Strength) education content and using the OASIS rooms were associated with improvements in quality of life or turnover intention among nurses.

RESULTS: Nurses who reported receiving 3 to 6 education sessions and who used the OASIS room reported lower levels of burnout, on average, than nurses who did not receive any education sessions.

CONCLUSION: The OASIS program has the potential to be an effective, easy-to-deliver education program that can integrate well-being into the workday of nursing professionals. The problem of burnout in the healthcare profession has been widely documented: A report from the National Academy of Medicine cites that 35% to 54% of physicians and nurses experience burnout.¹ In addition, in a study of more 9000 nurses enrolled in the Healthy Nurse, Healthy Nation project, 60% of respondents reported experiencing work-related stress, the most frequently endorsed of the safety risks.² Burnout can have serious consequences for healthcare professionals and their patients, and the presence of burnout can be an indicator that a clinician is experiencing a deterioration in the quality of the relationship with patients.³

Job stress has a negative relationship with performance,⁴ and dissatisfaction with a job is a predictor of nurses' intention to leave.⁵ Turnover of RNs has been identified as a serious problem for hospitals and has been shown to be associated with negative patient outcomes.⁶ RN turnover can result in significant costs for healthcare organizations, and the turnover rate for RNs in the United States is estimated to be as high as 26.8%.⁷

It is imperative for healthcare organizations to transform work environments into positive ones where nurses feel supported and capable of providing high-quality care.^{1,3} Positive work environments are those that enable nurses to practice ethically and are also supportive of well-being through the presence of social support and effective leadership.⁸

There has been an increasing interest in developing programs that promote the health and well-being of nurses, including the Healthy Nurse, Healthy Nation project.² A variety of strategies have been shown to be effective at improving well-being for nurses. For example, mindfulness can have benefits for nurses,⁹

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and an intervention grounded in cognitive behavioral therapy was effective at improving job satisfaction and lifestyle behaviors for RNs.¹⁰

This report is the summary of an analysis of a novel intervention termed OASIS (Opportunity to Achieve Staff Inspiration and Strength). OASIS is an educational program grounded in positive psychology and awareness of cognitive biases, and it also includes access to a dedicated relaxation environment (an OASIS room) in which clinicians can relax, reflect, and recharge. The educational interventions consisted of 10-minute presentations that were delivered by a champion during the protected time of staff meetings. Champions are clinicians who received training on how to deliver the content and were also tasked with helping their colleagues to remember to attend to their own personal wellness. The dedicated relaxation environment was a transformed room on the unit that was designed to promote a sense of calm.

The purpose of the current study was to determine: 1) whether participants used the OASIS room; and 2) whether usage of the OASIS room or receiving the OASIS training was associated with improvements in measures of quality of life or turnover intention.

Theoretical Framework

This novel, integrative psychoeducational campaign was grounded in a theoretical framework drawing upon cognitive psychology, with a focus on ubiquitous cognitive biases, as well as associated empirically supported, positive psychology approaches to thriving in trauma-rich environments.^{11,12} Psychoeducation is an evidence-based approach merging psychotherapeutic and educational interventions to promote health, collaboration, coping, and empowerment.¹³ A central tenet of cognitive psychology posits that rapid brain processes linked to survival sort information into patterns that, in turn, drive attention, interpretation, and decision-making in automatic and predictable ways. These cognitive biases can impact human judgment, behavior, and emotional experiences; are particularly salient in regard to threat assessment; and may be intensified in populations exposed to recurrent stress and trauma.¹⁴

Positive psychology, cognitive therapy, acceptance and commitment therapy, and insight-oriented therapy approaches all emphasize the development of metacognition and self-reflective capacity, or the development of a detached "internal observer" that attends to automatic processes and evaluates them, thereby increasing the likelihood of intentional responses more aligned with one's values.¹⁵ The OASIS study paired this integrative psychoeducational approach with positive psychology interventions that could be used in brief moments during the workday.

Methods

Design

A quantitative study with a prospective, pretest and posttest design was used in order to assess the effects of the OASIS education. This project followed an initial implementation in 1 hospital unit on a smaller scale in order to learn about how to deliver the education in a hospital-based setting. The institutional review board approved the procedures for the study. The OASIS project was implemented in 2018 in several higher-acuity hospital units at an academically affiliated medical center in the Mid-Atlantic region. These units were selected because they were able to provide a space that could be used as an OASIS room and because the leadership was open to having clinicians participate in OASIS.

Recruitment

Recruitment messages were sent to all clinicians (including physicians, RNs, and advanced practice clinicians) in the units that were to receive the OASIS education and room. The recruitment message included information about the study and the baseline survey.

Description of the OASIS Education Program and Relaxation Environments

The OASIS education sessions included brief introductions to tools and strategies that clinicians could use to promote their own well-being on the job. One central idea of OASIS was that well-being could be attended to during work time not just at home. Hence, the education sessions were brief and were designed to expose clinicians to a variety of tools grounded in positive psychology and increased awareness of attending to and overriding cognitive biases and thinking habits. It was hoped that clinicians might not only find the OASIS room useful but also adopt and regularly practice one of the self-care strategies outlined in the education.

The content of the 6 OASIS modules are described in Table 1. The OASIS education was provided in a "train-the-trainer" model in which champions delivered the educational content during regularly scheduled staff meetings. Champions were provided with scripts, PowerPoint presentations, and handouts for the activities.

OASIS rooms were special rooms on the participating units that were open to all clinicians, converted from existing spaces, and designed in collaboration with caregivers on the units. Each room included a massage chair and other design elements intended to promote relaxation, reflection, and recovery. A

Table 1. OASIS Education Module.

Module	Content of Module	Activity
1	Self-assessment and	Identification of
	Self-care	nonnegotiable needs
2	Identification of	Warning signs
	Warning Signs	assessment
3	Mindfulness in Many	Practice of mindfulness
	Forms	exercise
4	Identification of	Identification of
	Strengths	strengths
5	Overcoming the	Identification of the
	Negativity Bias	Three Good Things
6	Changing Relationship	None
	With Change	

picture of a typical OASIS room is included in the supplemental material (http://links.lww.com/NNA/A34).

Study Instruments

Professional Quality of Life Scale

The 30-item Professional Quality of Life Scale (ProQoL, version 5) was used to measure secondary traumatic stress, compassion satisfaction, and burnout. The questions are 5-point Likert items on a frequency scale in which 1 = never and 5 = very often. Compassion satisfaction is "about the pleasure you derive from being able to do your work well"; secondary traumatic stress "is a negative feeling driven by fear and work-related trauma" (it is also conceptualized as "compassion fatigue"); the burnout "is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively."¹⁶

Brief Resilience Scale

To assess the resilience of the participants, the first and follow-up surveys both included the Brief Resilience Scale (BRS).¹⁷ The BRS includes 6 items, and the responses are on a Likert agreement scale in which 1 = strongly disagree and 5 = strongly agree. A higher score suggests a greater perception of personal resilience.

Intention to Leave and Seeking a Better Job

Intention to leave was captured in one Likert item: "I often think about leaving this unit," and desire to seek a better job was assessed in another item: "I would like to find a better job." Both items had a Likert agreement scale with 1 = strongly disagree and 5 = strongly agree.

Usage of OASIS Rooms and Exposure to OASIS Education

The follow-up survey included 2 additional questions about OASIS utilization. One binary question asked participants to disclose whether they had used an OA-SIS room. Another question asked participants to indicate which education modules they participated in. To facilitate analysis of the exposure to education, a 3-level variable was derived for the following groups: no exposure to education, 1 to 2 sessions, and 3 to 6 sessions.

Data for the study were collected in a 1st survey before the implementation of the education and 1 to 2 months after the education was concluded. The 2 surveys included the same variables that were used to calculate the key constructs of the ProQoL. In addition, the surveys included demographic questions about work unit, type of shift, age, gender, number of years in the current position, and number of years of professional experience.

Data Analysis

Repeated-measures regression models were used to assess the association between OASIS education and usage of OASIS rooms and changes in the mean response to the ProQoL, BRS, turnover intention, and intention to find a better job for RNs. This would facilitate comparison of clinicians with similar roles across units. There were not enough responses to incorporate all the different roles that were represented in the study (because the statistical power was too low to adjust for differences across roles). All analysis procedures were conducted in SAS software version 9.4 (SAS; Cary, NC).

Each of the repeated-measures models had the following form:

$$\begin{split} Y_i &= \beta_0 + \beta_1(\text{time}) + \beta_2(\text{OASIS room usage}) \\ &+ \beta_3(\text{OASIS education exposure}) + \beta_4(\text{unit}) \end{split}$$

 $+\beta_5$ (time*OASIS room usage)

+ β_6 (time*OASIS education exposure) + e_i

In this model, OASIS room was a binary variable (1 = used and OASIS room, 0 = did not use OASIS room). Unit factor was a 4-level variable that represented the unit specified at the 1st survey, and it was used to adjust for between-unit differences and obtain better estimates of the effects of the intervention. OA-SIS education was the 3-level variable derived from the multiselect question about self-reported exposure to OASIS education. The primary tests were whether the time-by-treatment interaction (for OASIS education the OASIS room) was statistically significant (that is, whether β_5 and β_6 were equal to 0).

Results

There were 313 clinicians who completed the 1st survey, of which 193 identified as RNs. Of the 193 nurses who responded to the 1st survey, 63 also responded to the follow-up survey and were included in the regression analysis. Of the 63 RNs who

Parameter Estimates for Regression Model of Secondary Traumatic Stress						
	Estimate	SE	t-stat	p value		
Room Usage (Baseline=No)	0.20	2.03	0.1	0.9215		
Time (Baseline = pre-test)	-1.89	1.75	-1.08	0.2851		
Education						
3-6 Sessions	0.72	2.05	0.35	0.7261		
1-2 Sessions	2.29	1.82	1.26	0.2146		
No Sessions						
Time by Education						
3-6 Sessions	0.14	1.84	0.08	0.9405		
1-2 Sessions	-0.66	1.75	-0.38	0.7065		
No sessions						
Time by Room Usage	-0.61	1.78	-0.34	0.7316		
n=63, AIC = 763.3						

Figure 1. Parameter estimates for regression model of secondary traumatic stress.

completed both surveys, 22 did not receive OASIS education, 22 received 1 to 2 sessions, and 19 received 3 or more sessions. The average (SD) of OASIS education sessions that RNs reported attending was 1.87. In addition, 76% of RNs reported using an OASIS room.

Results of Repeated Measures Regression Analyses

Secondary Traumatic Stress

The parameter estimates indicate that there was no statistically significant time-by-treatment interactions for the OASIS education or usage of the OA-SIS room (Figure 1).

Burnout

For the respondents who reported receiving 3 to 6 education sessions (compared with those who did not report receiving any OASIS education), there was an average change in the burnout construct of -2.88 (95% confidence interval [CI], -5.73 to -0.03). This effect was statistically significant at P = .0476 (Figure 2).

Compassion Satisfaction

The parameter estimates in Figure 3 indicate that there was a statistically significant time-by-education effect for participants who reported receiving 3 to 6 education sessions. Compared with those who did not receive any OASIS education, those who reported receiving 3 to 6 education sessions had, on average, an increase of 3.09 in compassion satisfaction (95% CI, 0.02–6.16). This effect was statistically significant at P = .0486 (Figure 3).

Leaving the Unit

Compared with the pretest score, the mean score at posttest was lower by an average of 0.66 (95% CI, -1.33 to -0.001), suggesting that the mean response for leaving the unit decreased between these two time points for these respondents (Figure 4). However, this analysis may be biased because we could not capture data about those who completed the 1st survey but

Parameter Estimates for Regression Model of Burnout						
	Estimate	SE	t-stat	p value		
Room Usage (Baseline=No)	1.53	1.79	0.85	.3963		
Time (Baseline = pre-test)	-0.35	1.41	-0.25	.8068		
Education						
3-6 Sessions	0.32	1.8	0.18	.8579		
1-2 Sessions	0.12	1.59	0.07	.9408		
No Sessions						
Time by Education						
3-6 Sessions	-2.88	1.42	-2.03	.0476		
1-2 Sessions	-1.97	1.31	-1.5	.1393		
No sessions						
Time by Room Usage	-1.21	1.37	-0.88	.3818		
n=63, AIC=692.2						

Figure 2. Parameter estimates for regression model of burnout.

Parameter Estimates for Regression Model of Compassion Satisfaction						
	Estimate	t-stat	p value			
Room Usage (Baseline=No)	-0.69	1.74	-0.39	.6946		
Time (Baseline = pre-test)	-1.53	1.5	-1.02	.3116		
Education						
3-6 Sessions	0.13	1.74	0.07	.9422		
1-2 Sessions	0.1	1.59	0.06	.9523		
No Sessions						
Time by Education						
3-6 Sessions	3.09	1.53	2.02	.0486		
1-2 Sessions	0.64	1.48	0.43	.6659		
No sessions						
Time by Room Usage	1.23	1.53	0.80	.4252		
n=63, AIC=729.8						

Figure 3. Parameter estimates for regression model of compassion satisfaction.

who left the unit (or who left the institution altogether). There was a marginally statistically significant timeby-education effect: participants who reported receiving 3 to 6 education sessions had, on average, a decrease of 0.61 points on this scale (but the effect was significant at the $\alpha = .10$ level).

Seeking a Better Job

The parameter estimates for the time-by-relaxation room and time-by-education effects were not statistically significant (Figure 5).

Brief Resilience Scale

There were no statistically significant time-byeducation effects in the repeated-measures model for the BRS. There was, however, a marginally statistically significant time-by-relaxation room effect at the $\alpha = .10$ level. On average, participants at posttest who used an OASIS room had, on average, an increase of 0.28 points on the BRS (Figure 6).

Discussion

In the analyses of the ProQoL subscales, there were some findings that may suggest that the OASIS education has a benefit when it is received in a certain dose. In the analysis of the compassion satisfaction subscale, participants who received 3 to 6 education sessions had modestly greater scores on this scale compared with respondents who reported receiving no OASIS education, on average, after adjusting for unit. In the analysis of the burnout subscale, there was a marginally statistically significant effect for the exposure to 3 to 6 education sessions versus no education sessions. Taken together, these findings may suggest that exposure to most of the OASIS education sessions could help clinicians to practice

Parameter Estimates for Regression Model of Intention to Leave						
	Estimate	SE	t-stat	p value		
Room Usage (Baseline=No)	-0.29	0.34	-0.84	.4037		
Time (Baseline = pre-test)	-0.66	0.33	-2.01	.0495		
Education						
3-6 Sessions	0.33	0.36	0.91	.3654		
1-2 Sessions	0.01	0.33	0.04	.9671		
No Sessions						
Time by Education						
3-6 Sessions	-0.61	0.35	-1.76	.0838		
1-2 Sessions	.20	0.32	0.63	.5337		
No sessions						
Time by Room Usage	0.35	0.33	1.05	.2961		
n=63, AIC=729.8						

Figure 4	Parameter	estimates	for	regression	model	of	intention	to	leave
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Parameter Estimates for Regression Model of Seeking a Better Job						
	Estimate	SE	t-stat	p value		
Room Usage (Baseline=No)	0.26	0.35	0.76	.4478		
Time (Baseline = pre-test)	0.03	0.31	0.10	.9242		
Education						
3-6 Sessions	0.10	0.36	0.28	.7811		
1-2 Sessions	0.19	0.32	0.59	.5592		
No Sessions						
Time by Education						
3-6 Sessions	-0.50	0.33	-1.52	.1353		
1-2 Sessions	-0.37	0.30	-1.24	.2202		
No sessions						
Time by Room Usage	-0.10	0.32	-0.33	.7462		
AIC=729.8, n=63						

Figure 5. Parameter estimates for regression model of seeking a better job.

strategies that may ameliorate burnout. It is outside of the bounds of this study to say whether participants practiced mindfulness or activities to overcome the negativity bias.

There was no association between exposure to OASIS education and changes in secondary traumatic stress. One explanation may be that OASIS rooms provide short-term relief in stressful situations but do not, in themselves, teach clinicians new strategies for coping with distress or responding to stressful situations.

There was a marginally statistically significant effect for time-by-education in the analysis of the intention-to-leave variable. This finding may suggest that the OASIS education supports RNs in remaining in their positions. However, analyses of the first survey did suggest that there was significant variation in these scores across different units, and our study was unable to collect data about participants who may have left their positions during the study.

The analysis of the responses to the items for the BRS suggested that there was no change over time in the mean response to this scale. This may be because the scale measures a trait rather than a state, which the OASIS education and room were not necessarily designed to change. The items in the BRS were centered on measuring how much an individual believed that he/she could recover from stressful events (eg, "I have a hard time making it through stressful events," and "It is hard for me to snap back when something bad happens"). In addition, the items do not have a focus on work-related stressful events, so responses could be influenced by what happens in their personal lives. There was a marginally statistically significant effect for the usage of the room. An OASIS room

Parameter Estimates for Regression Model of Brief Resilience Scale						
	Estimate	SE	t-stat	p value		
Room Usage (Baseline=No)	07	0.21	33	.7431		
Time (Baseline = pre-test)	17	0.16	-1.03	.3096		
Education				I		
3-6 Sessions	0.11	0.21	0.49	.6227		
1-2 Sessions	-0.09	0.19	-0.46	.6440		
No Sessions						
Time by Education						
3-6 Sessions	0.03	0.17	0.18	.8578		
1-2 Sessions	0.12	0.16	0.74	.4647		
No sessions						
Time by Room Usage	0.28	0.16	1.72	.0912		
n = 63, AIC=222.7			_			

Figure 6. Parameter estimates for regression model of BRS.

may have helped participants to take a break and collect themselves before returning to work. Future research could investigate whether usage of the OASIS room helps RNs to collect themselves and return to work recharged after particularly stressful events.

Another key finding from the survey was that participants reported receiving much less of the OA-SIS education than was originally planned. These findings suggest that it is crucial to conduct periodic assessments to ensure that participants can access the education and design prompts or other interventions to increase the exposure to OASIS education. Other anecdotal reports suggest that champions were "bumped" from meeting schedules and unable to deliver the content. It may also be possible that clinicians did not attend meetings where the content was delivered. This finding supports moving OASIS education into online modules that can be accessed not only in the hospital setting but also at home or on a mobile device.

Limitations

One limitation of this study is that we could not control for factors on the units that may have affected participants' ability to access OASIS rooms or receive the OASIS education. Although OASIS rooms were located on each of the units that were part of the study, different local practices and policies may have made it easier for some participants to access the OASIS rooms. Future research studies should try to gather more data about system-level factors that affect the ability to integrate self-care activities into the workday. Also, given that this was an observational study with a relatively small number of participants across different units, it may be useful to conduct a more focused study with a control group in which it is possible to ensure that more participants get the full course of education.

Conclusion

Exposure to more OASIS education was associated with lower burnout and increases in compassion satisfaction for nurses. The study demonstrates that there are benefits to implementing a program that is designed to enhance the well-being of RNs through a program that includes education grounded in cognitive behavioral therapy and a special relaxation environment. This study suggests it is vital to ensure that nurses receive exposure to education in an environment in which lack of time can affect the ability to receive education that supports well-being.

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