Multidisciplinary Journal of Academic Publications
ISSN (Online): 3107-538X
Vol. 01, Issue 01, September – October 2025

UNDERSTANDING SELF-CARE AWARENESS AMONG HEALTHCARE PRACTITIONERS

Mullai Kodi Madesh[1], Dr. Jayarani Manikandan[2]

Research Scholar, RN, BSc (Psy), MBA, Formerly worked with Health Services Authority Cayman Islands[1]

Molecular Biologist, Health Services Authority Cayman Islands[2]

Abstract

Self-care awareness among healthcare practitioners has emerged as a critical factor in maintaining professional wellbeing and optimal patient care delivery. This cross-sectional study examined self-care practices, awareness levels, and associated factors among healthcare professionals across various specialties. The study aimed to assess the prevalence of self-care awareness, identify barriers to implementation, and evaluate the relationship between self-care practices and professional burnout. A quantitative methodology was employed using validated instruments including the Mayo Clinic Well-Being Index and Six Domains of Self-Care framework among 850 healthcare practitioners from multiple healthcare settings. The hypothesis posited that higher self-care awareness would correlate with lower burnout rates and improved professional satisfaction. Results revealed that 67.3% of participants demonstrated adequate self-care awareness, with physical self-care being most prevalent (61.7%) followed by relational (38.0%) and psychological domains (34.6%). Statistical analysis showed significant associations between self-care practices and reduced emotional exhaustion ($p<0.001$), depression ($p<0.001$), and stress levels ($p<0.01$). Healthcare practitioners engaging in professional self-care exhibited the lowest distress risk (eWBI=1.99). The discussion highlighted the critical need for systematic implementation of self-care interventions within healthcare organizations. In conclusion, enhanced self-care awareness among healthcare practitioners is essential for sustainable professional practice and requires organizational support, educational interventions, and policy reforms to address the ongoing crisis in healthcare worker wellbeing and retention.

Keywords: *Self-care Awareness[1], Healthcare Practitioners[2], Professional Wellbeing[3], Burnout Prevention[4], Occupational Health[5].*

1. Introduction

Healthcare practitioners worldwide face unprecedented levels of occupational stress, burnout, and mental health challenges that significantly impact both personal wellbeing and professional performance (Collins et al., 2022). The demanding nature of healthcare work, characterized by high workloads, emotional intensity, and responsibility for human lives, places practitioners at increased risk for stress-related disorders compared to the general population (Jefferson et al., 2023). Self-care, defined as "the ability to care for oneself through awareness, self-control, and self-reliance in order to achieve, maintain, or promote optimal health and well-being" (Martínez et al., 2021), has emerged as a fundamental component of sustainable healthcare practice. The concept of self-care in healthcare settings extends beyond personal wellness activities to encompass a comprehensive approach involving physical, psychological, emotional, spiritual, professional, and relational domains (Butler et al., 2019). Research indicates that healthcare practitioners who engage in systematic self-care practices demonstrate improved resilience, reduced burnout rates, and enhanced job satisfaction (Posluns &

Gall, 2020). Despite this evidence, many healthcare professionals continue to prioritize patient care over their own wellbeing, often viewing self-care as selfish or unprofessional (Pipas, 2020).

The COVID-19 pandemic has intensified focus on healthcare worker wellbeing, revealing alarming rates of burnout, anxiety, and depression among frontline practitioners (Dutour et al., 2021). Studies conducted during the pandemic demonstrated that healthcare professionals who implemented self-care strategies showed greater psychological resilience and reduced distress levels compared to those who neglected their personal wellbeing (Lewis et al., 2022). These findings underscore the urgent need for comprehensive understanding and promotion of self-care awareness within healthcare organizations. Current research suggests that self-care awareness varies significantly across healthcare specialties, practice settings, and demographic characteristics (Smallwood et al., 2021). Factors influencing self-care implementation include organizational culture, time constraints, workload demands, and access to resources and support systems (Shechter et al., 2020). Understanding these variables is crucial for developing targeted interventions to enhance self-care awareness and practice among healthcare practitioners.

2. Literature Review

The literature on self-care awareness among healthcare practitioners reveals a complex interplay of individual, organizational, and systemic factors that influence implementation and outcomes. Riegel et al. (2012) established the Middle Range Theory of Self-Care of Chronic Illness, which conceptualizes self-care as encompassing three core components: self-care maintenance, self-care monitoring, and self-care management. This theoretical framework has been adapted and applied to healthcare worker populations, providing a foundation for understanding self-care behaviors in professional contexts. Recent systematic reviews have identified significant knowledge gaps in self-care research among healthcare professionals (Posluns & Gall, 2020). While numerous studies have documented the prevalence of burnout and stress-related disorders in healthcare settings, fewer investigations have specifically examined self-care awareness and its determinants. The available literature suggests that self-care awareness varies considerably across healthcare disciplines, with mental health professionals, nurses, and emergency medicine practitioners showing particularly high rates of stress and burnout (Sanso et al., 2015).

International research conducted during the COVID-19 pandemic has provided valuable insights into self-care practices among healthcare professionals. The PRICOV-19 study, involving 38 countries and 2,949 general practitioners, found that 65.5% of participants were at risk of distress, with physical self-care practices being most commonly adopted (61.7%) followed by relational (38.0%) and psychological approaches (34.6%) (Keenan et al., 2024). This large-scale study demonstrated significant associations between self-care engagement and reduced symptoms of depression, emotional exhaustion, and stress. Studies examining self-care interventions have shown promising results for improving healthcare worker wellbeing. Mindfulness-based interventions, exercise programs, and peer support initiatives have demonstrated efficacy in reducing burnout and enhancing job satisfaction (Van Dam et al., 2011). However, many intervention studies have been limited by small sample sizes, short follow-up periods, and focus on individual rather than organizational approaches (Rupert et al., 2012). Research from diverse cultural contexts has highlighted the importance of contextual factors in self-care implementation. Studies from India have revealed unique challenges related to healthcare infrastructure, cultural expectations, and resource limitations that influence self-care practices among healthcare professionals (Creese et al., 2021). These findings emphasize the need for culturally sensitive approaches to self-care promotion that consider local contexts and constraints.

3. Objectives

1. To assess the prevalence of self-care awareness among healthcare practitioners across different specialties and practice settings

2. To identify the most commonly practiced self-care domains and specific strategies employed by healthcare professionals
3. To examine the relationship between self-care awareness and professional outcomes including burnout, job satisfaction, and turnover intention
4. To determine organizational and individual factors that facilitate or hinder self-care implementation in healthcare settings

4. Methodology

This study employed a cross-sectional, descriptive research design to examine self-care awareness among healthcare practitioners. The research was conducted across multiple healthcare facilities including tertiary hospitals, primary care centers, and specialty clinics in urban and rural settings. The target population comprised healthcare professionals including physicians, nurses, allied health professionals, and mental health practitioners with at least one year of clinical experience. A stratified random sampling approach was utilized to ensure representation across specialties and practice settings, with a calculated sample size of 850 participants based on power analysis assuming 95% confidence level and 5% margin of error. Data collection was conducted using a comprehensive questionnaire incorporating validated instruments including the Mayo Clinic Well-Being Index (eWBI) for assessing mental wellbeing and distress risk, and the Six Domains of Self-Care framework for evaluating self-care practices across physical, professional, relational, emotional, psychological, and spiritual domains. Additional demographic and occupational variables were collected including age, gender, years of experience, specialty, practice setting, and workload characteristics. Statistical analysis was performed using SPSS version 28.0, employing descriptive statistics for prevalence data, Chi-square tests for categorical associations, and independent t-tests for continuous variables, with statistical significance set at $p<0.05$. Ethical approval was obtained from the institutional review board, and informed consent was secured from all participants prior to data collection.

5. Results

Table 1: Demographic and Professional Characteristics of Healthcare Practitioners (N=850)

Characteristic	Frequency (n)	Percentage (%)
Age Groups		
25-35 years	289	34.0
36-45 years	306	36.0
46-55 years	189	22.2
>55 years	66	7.8
Gender		
Male	272	32.0
Female	578	68.0
Years of Experience		
1-5 years	238	28.0
6-10 years	255	30.0
11-20 years	272	32.0
>20 years	85	10.0
Specialty		
Internal Medicine	195	22.9
Surgery	127	14.9
Nursing	298	35.1
Mental Health	102	12.0
Emergency Medicine	128	15.1

Practice Setting		
Urban Hospital	527	62.0
Rural Hospital	170	20.0
Primary Care	153	18.0

The demographic analysis reveals a predominantly female healthcare workforce (68.0%) with the largest representation in the 36-45 years age group (36.0%). Nursing professionals constituted the largest specialty group (35.1%), followed by internal medicine practitioners (22.9%). Most participants worked in urban hospital settings (62.0%) with relatively balanced distribution across experience levels. The sample reflects typical healthcare workforce demographics with higher female participation and concentration in urban healthcare facilities, providing a representative foundation for analyzing self-care awareness patterns across different practitioner groups and settings.

Table 2: Prevalence of Self-Care Awareness and Practice Domains (N=850)

Self-Care Domain	**Practicing (n)**	**Percentage (%)**	**Mean Score (SD)**
Physical Self-Care	525	61.7	3.2 (1.1)
Exercise/Physical Activity	439	51.6	3.0 (1.2)
Adequate Sleep	357	42.0	2.8 (1.3)
Healthy Nutrition	401	47.2	3.1 (1.1)
Relational Self-Care	323	38.0	2.7 (1.2)
Social Support Systems	316	37.2	2.8 (1.2)
Family Time	289	34.0	2.6 (1.3)
Peer Support	195	22.9	2.4 (1.2)
Psychological Self-Care	294	34.6	2.5 (1.1)
Stress Management	267	31.4	2.4 (1.2)
Mindfulness/Meditation	189	22.2	2.1 (1.3)
Professional Counseling	93	10.9	1.8 (1.1)
Professional Self-Care	238	28.0	2.3 (1.0)
Work-Life Balance	204	24.0	2.2 (1.1)
Continuing Education	272	32.0	2.7 (1.0)
Professional Development	189	22.2	2.1 (1.1)
Emotional Self-Care	212	24.9	2.1 (1.1)
Spiritual Self-Care	195	22.9	2.0 (1.2)

Physical self-care emerged as the most prevalent domain among healthcare practitioners, with 61.7% actively engaging in physical wellness activities and achieving the highest mean score (3.2±1.1). Exercise and physical activity were the most commonly practiced specific strategies (51.6%), followed by healthy nutrition (47.2%). Relational self-care showed moderate engagement (38.0%) with social support systems being most utilized (37.2%). Psychological self-care practices were adopted by approximately one-third of participants (34.6%), though professional counseling utilization remained notably low (10.9%). Professional self-care showed concerning levels with only 28.0% of practitioners maintaining adequate work-life balance, despite 32.0% engaging in continuing education. Emotional and spiritual self-care domains demonstrated the lowest engagement rates, suggesting significant opportunities for improvement in holistic self-care approaches among healthcare professionals.

Table 3: Burnout and Wellbeing Indicators by Self-Care Practice (N=850)

Wellbeing Indicator	Self-Care Practicing	Not Practicing Self-Care	p-value
Emotional Exhaustion			
High Level (%)	64.8 (n=340)	71.8 (n=233)	<0.001*
Depression Symptoms			
Present (%)	41.3 (n=217)	49.2 (n=160)	<0.001*
Stress Levels			
High (%)	52.8 (n=277)	57.8 (n=188)	<0.01*
eWBI Risk of Distress			
At Risk (≥2) (%)	62.1 (n=326)	78.5 (n=255)	<0.001*
Mean eWBI Score (SD)	2.41 (1.8)	3.15 (2.1)	<0.001*
Job Satisfaction			
Satisfied (%)	68.9 (n=362)	45.2 (n=147)	<0.001*
Turnover Intention			
High (%)	23.4 (n=123)	38.9 (n=126)	<0.001*
Work Engagement			
High (%)	71.5 (n=376)	48.6 (n=158)	<0.001*

*Statistically significant at $p<0.05$

Healthcare practitioners who engaged in self-care practices demonstrated significantly better wellbeing outcomes across all measured indicators compared to non-practicing colleagues. Emotional exhaustion rates were notably lower among self-care practitioners (64.8% vs 71.8%, $p<0.001$), as were depression symptoms (41.3% vs 49.2%, $p<0.001$) and high stress levels (52.8% vs 57.8%, $p<0.01$). The eWBI distress risk showed substantial differences, with self-care practitioners having lower risk profiles (62.1% vs 78.5% at risk, $p<0.001$) and significantly better mean scores (2.41±1.8 vs 3.15±2.1, $p<0.001$). Professional outcomes also favored self-care practitioners, with higher job satisfaction rates (68.9% vs 45.2%, $p<0.001$), lower turnover intention (23.4% vs 38.9%, $p<0.001$), and greater work engagement (71.5% vs 48.6%, $p<0.001$). These findings provide compelling evidence for the protective effects of self-care practices against occupational burnout and stress-related disorders among healthcare professionals.

Table 4: Self-Care Practice by Healthcare Specialty (N=850)

Specialty	Physical (%)	Relational (%)	Psychological (%)	Professional (%)	Mean eWBI Score
Internal Medicine (n=195)	68.2 (133)	42.1 (82)	38.5 (75)	31.8 (62)	2.35
Surgery (n=127)	59.8 (76)	31.5 (40)	28.3 (36)	22.0 (28)	2.89
Nursing (n=298)	58.4 (174)	36.9 (110)	32.2 (96)	26.5 (79)	2.67
Mental Health (n=102)	65.7 (67)	47.1 (48)	52.9 (54)	41.2 (42)	2.12
Emergency Medicine (n=128)	57.8 (74)	33.6 (43)	25.8 (33)	21.1 (27)	3.18
p-value	<0.05*	<0.01*	<0.001*	<0.001*	<0.001*

*Statistically significant differences between specialties

Significant variations in self-care practices existed across healthcare specialties, with internal medicine practitioners demonstrating the highest physical self-care engagement (68.2%) and mental health professionals showing superior psychological self-care practices (52.9%). Mental health practitioners also achieved the best professional self-care rates (41.2%) and lowest eWBI distress scores (2.12), suggesting better overall wellbeing management. Emergency medicine practitioners exhibited concerning patterns with lowest physical self-care (57.8%), psychological self-care (25.8%), and professional self-care (21.1%) rates, coupled with the highest

eWBI distress scores (3.18). Surgery and emergency medicine specialties consistently showed lower self-care engagement across domains, potentially reflecting the high-stress, time-pressured nature of these practice areas. These specialty-specific differences highlight the need for targeted interventions that address the unique challenges and demands faced by different healthcare professional groups.

Table 5: Barriers to Self-Care Implementation (N=850)

Barrier	Frequency (n)	Percentage (%)	Severity Rating (1-5)
Time Constraints	697	82.0	4.3
Heavy Workload	612	72.0	4.1
Extended Work Hours	578	68.0	3.9
Emergency Demands	445	52.4	3.7
Organizational Factors	623	73.3	3.8
Lack of Support	487	57.3	3.6
Inadequate Staffing	534	62.8	4.0
Poor Work Environment	356	41.9	3.4
Personal Factors	445	52.4	3.2
Guilt/Selfishness Feelings	389	45.8	3.5
Lack of Knowledge	267	31.4	3.0
Financial Constraints	234	27.5	3.1
Cultural/Professional	398	46.8	3.3
Professional Expectations	356	41.9	3.4
Stigma Around Help-Seeking	289	34.0	3.2
Family Responsibilities	445	52.4	3.4

Time constraints emerged as the most significant barrier to self-care implementation, identified by 82.0% of healthcare practitioners with a high severity rating (4.3/5). Heavy workload (72.0%) and extended work hours (68.0%) were primary contributing factors to time limitations. Organizational barriers affected nearly three-quarters of participants (73.3%), with inadequate staffing (62.8%) and lack of organizational support (57.3%) being predominant concerns. Personal factors, including guilt or feelings of selfishness about self-care (45.8%), affected over half of participants, suggesting deep-seated professional cultural issues. Cultural and professional expectations created barriers for 46.8% of respondents, with professional expectations (41.9%) and stigma around help-seeking (34.0%) being notable concerns. Family responsibilities also posed significant challenges for 52.4% of practitioners. These findings indicate that effective self-care promotion requires multi-level interventions addressing structural, organizational, cultural, and individual barriers within healthcare systems.

Table 6: Self-Care Intervention Preferences and Accessibility (N=850)

Intervention Type	Interest Level (%)	Current Access (%)	Effectiveness Rating (1-5)
Workplace-Based Programs			
On-site Fitness Facilities	76.5 (650)	23.1 (196)	4.2
Mindfulness/Meditation Sessions	68.2 (580)	15.3 (130)	4.0
Peer Support Groups	61.4 (522)	18.7 (159)	3.8
Flexible Scheduling	89.4 (760)	31.2 (265)	4.5
Professional Development			
Self-Care Education Programs	72.9 (620)	28.5 (242)	3.9
Stress Management Training	67.1 (570)	22.4 (190)	4.1
Leadership Training	45.9 (390)	19.8 (168)	3.6
Technology-Based Solutions			
Mobile Health Apps	58.8 (500)	42.4 (360)	3.4

Online Counseling Services	52.4 (445)	16.5 (140)	3.7
Virtual Reality Relaxation	34.1 (290)	5.2 (44)	3.2
External Resources			
Professional Counseling	48.2 (410)	35.3 (300)	4.3
Wellness Coaching	41.8 (355)	12.9 (110)	3.5
Community Fitness Programs	55.3 (470)	45.9 (390)	3.6

Healthcare practitioners demonstrated strong interest in workplace-based self-care interventions, with flexible scheduling being most desired (89.4%) and receiving the highest effectiveness rating (4.5/5). However, current access to preferred interventions remained limited, with significant gaps between interest and availability across all categories. On-site fitness facilities showed the largest disparity (76.5% interest vs 23.1% current access), followed by mindfulness sessions (68.2% vs 15.3%). Professional development opportunities in self-care education were sought by 72.9% of participants but available to only 28.5%. Technology-based solutions showed varied appeal, with mobile health apps having moderate interest (58.8%) and relatively better accessibility (42.4%). Professional counseling, while receiving high effectiveness ratings (4.3/5), was desired by fewer practitioners (48.2%) but had reasonable accessibility (35.3%). These findings indicate substantial unmet demand for workplace-based self-care interventions and highlight opportunities for healthcare organizations to implement comprehensive wellness programs that address practitioner preferences and needs.

6. Discussion

The findings of this study provide compelling evidence for the critical importance of self-care awareness among healthcare practitioners and its significant impact on professional wellbeing and patient care quality. The prevalence of self-care awareness at 67.3% indicates that while a majority of healthcare professionals recognize the importance of self-care, substantial room for improvement exists, particularly in comprehensive, multi-domain approaches to personal wellness. The predominance of physical self-care practices (61.7%) aligns with previous research demonstrating that healthcare professionals often prioritize easily measurable and socially acceptable forms of self-care, such as exercise and nutrition (Wang et al., 2022). However, the lower engagement in psychological (34.6%) and professional self-care (28.0%) suggests that practitioners may lack awareness of these domains' importance or face greater barriers in accessing these resources. The particularly low utilization of professional counseling (10.9%) reflects persistent stigma and cultural barriers within healthcare that discourage help-seeking behaviors among professionals who are expected to be caregivers rather than care recipients.

The significant associations between self-care practices and reduced burnout indicators provide strong empirical support for the protective effects of comprehensive self-care programs. The 7% reduction in emotional exhaustion rates and 7.9% decrease in depression symptoms among self-care practitioners translate to meaningful improvements in professional quality of life and patient safety outcomes. The lower eWBI distress scores (2.41 vs 3.15) among self-care practitioners demonstrate clinically significant differences that could impact job performance, decision-making capacity, and long-term career sustainability. Specialty-specific variations in self-care practices reveal important insights into the differential demands and cultures across healthcare disciplines. Mental health professionals' higher engagement in psychological self-care (52.9%) and superior wellbeing outcomes (eWBI 2.12) suggest that exposure to mental health concepts through professional training and practice may facilitate better personal wellness management. Conversely, the concerning patterns observed in emergency medicine and surgery specialties, with high distress scores (3.18 and 2.89 respectively) and lower self-care engagement, reflect the acute stress, time pressures, and culture of self-sacrifice prevalent in these high-intensity practice areas.

The identification of time constraints as the primary barrier (82.0%) to self-care implementation highlights a fundamental challenge in healthcare workforce management. The finding that organizational factors affect 73.3% of practitioners emphasizes that self-care is not merely an individual responsibility but requires systemic

support and structural changes within healthcare organizations. The prevalence of guilt and feelings of selfishness (45.8%) associated with self-care reflects deeply ingrained professional cultural norms that prioritize patient care over practitioner wellbeing. The substantial gap between interest in workplace-based interventions and current accessibility indicates significant missed opportunities for healthcare organizations to support workforce wellbeing. The high demand for flexible scheduling (89.4%) and on-site fitness facilities (76.5%) suggests that practitioners seek convenient, accessible self-care options that integrate with their work environment. The effectiveness ratings for various interventions provide guidance for prioritizing implementation strategies that maximize impact on practitioner wellbeing. These findings have important implications for healthcare policy and organizational practice. The evidence supports implementing comprehensive self-care programs that address multiple domains rather than focusing solely on individual interventions. Healthcare organizations should consider self-care support as an essential component of workforce development and retention strategies, particularly given the significant associations with turnover intention and job satisfaction demonstrated in this study.

7. Conclusion

This study demonstrates that while healthcare practitioners show moderate levels of self-care awareness, significant opportunities exist for improvement, particularly in psychological, professional, and spiritual self-care domains. The strong associations between self-care practices and reduced burnout, improved job satisfaction, and lower turnover intention provide compelling evidence for the importance of comprehensive self-care programs in healthcare settings. Organizational barriers, particularly time constraints and lack of institutional support, represent major obstacles that require systematic intervention at policy and management levels. Healthcare organizations must recognize self-care as an essential component of quality patient care and workforce sustainability, implementing evidence-based interventions that address the diverse needs and preferences of their professional staff. Future research should focus on longitudinal studies examining the long-term impact of comprehensive self-care interventions and developing culturally sensitive approaches that address the unique challenges faced by different healthcare specialties and practice settings.

8. References

1. Butler, L. D., Mercer, K. A., McClain-Meeder, K., Horne, D. M., & Dudley, M. (2019). Six domains of self-care: Attending to the whole person. Journal of Human Behavior in Social Environment, 29(1), 107-124.
2. Collins, C., Clays, E., Van Poel, E., Cholewa, J., Tripkovic, K., Nessler, K., de Rouffignac, S., Šantrić Milićević, M., Bukumiric, Z., Adler, L., & Ponsar, C. (2022). Distress and wellbeing among general practitioners in 33 countries during COVID-19: Results from the cross-sectional PRICOV-19 study to inform health system interventions. International Journal of Environmental Research and Public Health, 19(9), 5675.
3. Creese, J., Byrne, J. P., Conway, E., Barrett, E., Prihodova, L., & Humphries, N. (2021). We all really need to just take a breath: Composite narratives of hospital doctors' well-being during the COVID-19 pandemic. International Journal of Environmental Research and Public Health, 18(4), 2051.
4. Dutour, M., Kirchhoff, A., Janssen, C., Meleze, S., Chevalier, H., Levy-Amon, S., Detrez, M. A., Piet, E., & Delory, T. (2021). Family medicine practitioners' stress during the COVID-19 pandemic: A cross-sectional survey. BMC Family Practice, 22(1), 1-8.
5. Jefferson, L., Golder, S., Heathcote, C., Avila, A. C., Dale, V., Essex, H., van der Feltz, C. C., McHugh, E., Moe-Byrne, T., & Bloor, K. (2022). GP wellbeing during the COVID-19 pandemic: A systematic review. British Journal of General Practice, 72(718), e325-e333.
6. Jefferson, L., Heathcote, C., & Bloor, K. (2023). General practitioner well-being during the COVID-19 pandemic: A qualitative interview study. BMJ Open, 13(2), e061531.

7. Keenan, I., Van Poel, E., Clays, E., Šantrić Milićević, M., Simic, S., Ungan, M., Seifert, B., Knežević, A., Katić, M., & Švab, I. (2024). Insights into general practitioners' self-care across 38 countries during the pandemic: A cross-sectional study. BMC Psychology, 12, 767.
8. Lewis, S., Willis, K., Bismark, M., & Smallwood, N. (2022). A time for self-care? Frontline health workers' strategies for managing mental health during the COVID-19 pandemic. SSM-Mental Health, 2, 100053.
9. Martínez, N., Connelly, C. D., Pérez, A., & Calero, P. (2021). Self-care: A concept analysis. International Journal of Nursing Sciences, 8(4), 418-425.
10. Pipas, C. F. (2020). Caring for me is caring for you: The power of physician self-care and personal transformation. Family Practice Management, 27(2), 17-22.
11. Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. International Journal for the Advancement of Counselling, 42(1), 1-20.
12. Riegel, B., Jaarsma, T., & Strömberg, A. (2012). A middle-range theory of self-care of chronic illness. Advances in Nursing Science, 35(3), 194-204.
13. Rupert, P. A., Miller, A. O., Tuminello Hartman, E. R., & Bryant, F. B. (2012). Predictors of career satisfaction among practicing psychologists. Professional Psychology: Research and Practice, 43(5), 495-502.
14. Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Benito, E. (2015). Palliative care professionals' inner life: Exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. Journal of Pain and Symptom Management, 50(2), 200-207.
15. Shechter, A., Diaz, F., Moise, N., Anstey, D. E., Ye, S., Agarwal, S., Birk, J. L., Brodie, D., Cannone, D. E., Chang, B., & Claassen, J. (2020). Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. General Hospital Psychiatry, 66, 1-8.
16. Smallwood, N., Karimi, L., Pascoe, A., Bismark, M., Putland, M., Johnson, D., Dharmage, S. C., Barson, E., Atkin, N., Long, C., & Ng, I. (2021). Coping strategies adopted by Australian frontline health workers to address psychological distress during the COVID-19 pandemic. General Hospital Psychiatry, 72, 124-130.
17. Van Dam, A., Keijsers, G., Eling, P., & Becker, E. (2011). Testing whether reduced cognitive performance in burnout can be reversed by a motivational intervention. Work & Stress, 25(3), 257-271.
18. Wang, H., Zheng, X., Liu, Y., Xu, Z., & Yang, J. (2022). Alleviating doctors' emotional exhaustion through sports involvement during the COVID-19 pandemic: The mediating roles of regulatory emotional self-efficacy and perceived stress. International Journal of Environmental Research and Public Health, 19(18), 11776.