

Life Acceptance and Management Promotion: A Counseling Program for the Enhancement of the Quality of Life for Health Care Workers of the Elderly

Rosalie M. Ubo¹, Marietta D. Subida²

Centro Escolar University-Manila
Email: srmuar73@yahoo.com

Centro Escolar University-Manila
Email: mdsubida@ceu.edu.ph

Abstract: *This study evaluates the effectiveness of a structured counseling intervention, the Life Acceptance and Management Promotion (LAMP) program, designed to enhance the Professional Quality of Life among healthcare workers caring for the elderly in the Philippines and the United States. Using the Quality-of-Life Scale for Health Workers, the study assesses key dimensions including compassion satisfaction, perceived support, burnout, secondary traumatic stress, and moral distress. The quasi-experimental research involved pretest and posttest evaluations of 80 participants from care facilities managed by religious congregations. Findings indicate increased compassion satisfaction and perceived support post-intervention, with a concurrent decline in burnout levels. While changes were not statistically significant, the observed trends suggest the program's practical utility in supporting healthcare professionals' well-being. The study advocates the implementation of psychosocial support strategies to foster a sustainable caregiving environment.*

Keywords: professional quality of life, healthcare workers, elderly care, burnout, counseling intervention

1. Introduction

Healthcare workers are human beings who are dynamic and need to live healthy lives to continue serving their patients. Recently, there have been a lot of issues with healthcare workers, especially during the pandemic, and it continues even today. It is being discussed on social media that in different countries, including the Philippines (2010), the healthcare workers working in the challenging humanitarian contexts have direct contact with the lives of their patients and clients. They usually work for long hours, in under-resourced and high-pressure settings that cannot avoid being confronted by suffering and grief while working with their clients or patients. Because of this nature of work, healthcare workers may find that their well-being is impacted by the stressors, exposures to trauma arise in the context of their work, which results in increased vulnerability to burnout, Compassion fatigue, and Secondary Traumatic Stress.

The researcher has firsthand experience working in a care home or facility for the elderly, heard a lot of feedback, and has observed the struggles of the nurses and caregivers.

Recently, she noticed that there are healthcare professionals who opted to study education and plan to work in the academe, because, according to them, it is stressful to work in the healthcare setting. Another observation of the researcher is that there are healthcare workers who died noticeably young, and this motivates her to do this study to help them. The story of Jasmine and Joshua on The Guardian news website of the year is one of the examples in this issue.

Healthcare professionals are among the occupational groups most exposed to heavier workloads and work stress, and one

of the consequences associated with exposure to chronic stress is the development of burnout syndrome. (Fuentes, et.al. 2018)

The Encyclopedia of Mental Health states that burnout syndrome is a type of response to chronic emotional and interpersonal stress factors at work, which is recognized as a serious occupational hazard. The presence of stressors at work over extended periods can cause burnout in workers, especially those who maintain a constant direct care relationship with service users, as is the case with healthcare personnel. Healthcare workers are facing a dilemma during the pandemic, and this continues until today.

Stamm (2010) cited that most of the healthcare providers enter the field with the intent to help others and to provide empathic care for patients with critical physical, mental, emotional, and spiritual needs. Healthcare providers, however, can be impacted by the continuing stress of meeting the often-overwhelming needs of patients and their families, which may result in compassion fatigue. Thus, Compassion fatigue affects not only the healthcare provider in terms of job satisfaction, emotional, and physical health, but also the workplace environment, by decreasing productivity, the quality of the work, patient satisfaction, and increasing turnover.

Ripoll and his companions (2021) assessed the level of anxiety, depression, and PTSD among healthcare workers. The results of their study revealed that healthcare workers commonly present high levels of anxiety, depression, and PTSD, both before and after the outbreak of the COVID-19 pandemic. In conclusion, they urge government policy makers and relevant stakeholders to monitor and follow the

outcomes of their study, and conduct scientifically sound interventional research, to mitigate the mental health impact on healthcare workers. They also added that the physical health of the healthcare workers is already at stake from the virus, and once they tackle the current pandemic, they will heed to heal the healers, not only for the sake of having a prepared and resilient workforce but to honor their tremendous sacrifices. They emphasized that if we want to address these concerns and be able to lessen their impact, we need to act as soon as possible. Fiona & Nerida (2016) state that professionals who are exposed to the traumatic experiences of the people they serve are susceptible to developing Compassion Fatigue.

The researcher has many observations about the healthcare workers here in the Philippines and in the United States, while working there, such as struggling with their health and even dying young. The researcher is concerned with these issues since there are also sisters working in the same field. Hence, the researcher is motivated to pursue this study and develop a program that will help healthcare workers mitigate the issues and improve their Professional Quality of Life. The researcher is convinced that we can help the healthcare workers if their concerns are identified and addressed properly. The researcher aims to develop a Counseling program with the hope of helping them alleviate their suffering and enhance their Quality of Life.

The purpose of this study is to develop and evaluate a counseling program aimed at enhancing the professional quality of life among healthcare workers in elderly care homes.

This study is significant as it provides empirical insights into the psychosocial challenges of elderly healthcare workers and offers a replicable intervention model that can be applied across diverse caregiving contexts to support occupational well-being.

2. Literature Review

HealthCare Workers

The healthcare professional delivers care and special services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers. A healthcare worker needs protection from workplace hazards just as much as any other category of workers, such as miners or construction workers. (Joseph et. al., 2016).

Punsalan (2021) in her study confirmed that various negative effects were seen from the non-prioritization of healthcare workers. Healthcare workers heed distress calls affecting healthcare workers so that they will be working at maximum capacity to prevent the spread of COVID-19. On the other hand, the study by Kumar and colleagues (2018) concluded that to cope with the challenges in the healthcare system and to guarantee the quality of care rendered and the client's satisfaction with the care received is needed. It is important to know how satisfied the healthcare workers are with their Quality of Life and job, and what characteristics influence their Quality of life.

According to Biana, et. al. (2020), the non-prioritization of healthcare workers has led to detrimental effects. Hence, the study by Abrigo and Ortiz (2019) revealed that many Philippine-trained healthcare professionals do not necessarily end up working in the Philippines, meaning they go to different parts of the world to look for jobs, and it was also confirmed in the study of Pann (2018), elaborated that, in California, there are a large number of Filipinos who are employed as care providers for older people.

Elderly

Sun, et.al. (2021), in their study among the elderly, concluded that the transition to residential care facilities can be stressful for older people, entailing numerous challenges. The aging of the population is a global challenge. Aging causes both frailty and disability.

The study of Fahey, et. al. (2003) revealed that elderly people in one UK city are receiving inadequate care. Inadequate care takes several different forms: insufficient use of beneficial drugs; poor monitoring of chronic disease; and overuse of inappropriate or unnecessary drugs. They have shown that poor monitoring of disease and unnecessary drug prescribing are more likely to occur in nursing home residents than in people living at home, even after comorbidity and the amount of prescribed medication are controlled for. These findings are particularly topical considering government policy that aims to improve health.

Professional Quality of Life

Professional Quality of Life (QOL) is a concept that includes physical, psychological, social, and other domains of functioning (Diala, et.al.) The World Health Organization (WHO) defines Quality of Life (QOL) as individuals' Perception of their position in life in the context of the culture and value systems in which they live, and about their goals, expectations, standards, and concerns. (International Encyclopedia of Public Health 2008).

In the study of Woon, et.al. (2021), all domains of Quality of Life were assessed, and the results revealed that social support predicted all Quality-of-Life domains for those who work in a clinical setting. They recommended that mental health providers also provide psychosocial intervention in the form of group therapy to enhance social support among healthcare workers.

Biana, H. and Biana, R. (2020), in their study, said that, in dealing with the novel coronavirus (COVID-19) pandemic, governments have ignored the welfare of the most essential workers during this time, the healthcare workers. While they are at the top of the list to be infected because of their exposure to patients. They have been deprived of fair salaries, proper training, personal protective equipment. (PPE), and psychological and emotional interventions. They added that the non-prioritization of healthcare workers has led to detrimental effects.

Compassion fatigue is a common experience among healthcare workers and professionals, and can contribute to feelings of hopelessness and adverse behavior in caring for patients (Fiona et.al., 2016).

Counseling Intervention Program for HealthCare Workers

Cairns et.al. (2021) shared that thirteen interventions were found relating to interventions for the well-being of HCWs during a crisis. However, these were prospective and descriptive studies and were judged to be of poor-quality during quality assessment. This scoping review highlights the need for high-quality, theory-based interventions for the well-being of HCWs during a pandemic.

3. Methodology**Research Design**

This study used a Descriptive and quasi-experimental method of research, which means the researcher identified the respondents of the study from the different care homes and facilities. They were given a survey questionnaire to assess the level of their Professional Quality of Life with the following domains: Compassion satisfaction, Perceived support, Burnout, Secondary Traumatic Stress, and Moral Distress. After the assessment, an enhancement program, known as LAMP (Life Acceptance and Management Promotion), was developed to help healthcare workers improve their Quality of life. This program was implemented for five (5) months, and a post-test was conducted to assess whether it was effective or not.

Sample Size and Sampling Technique

In this study, purposive sampling was used in identifying the respondents. The respondents were the healthcare workers of the elderly whose ages were from twenty-one (21) to sixty (60). They are from four (4) institutions in the Philippines and one (1) in the United States of America. They are the target respondents who were given by the institution's head. The respondents were nurses and caregivers aged from twenty-one (21) to sixty (60) and working in the private care homes, institutions, and facilities owned by religious men and women.

Analyzing data

The researcher administered the questionnaires to the healthcare workers. She wrote a letter to the Administrators and conducted the survey via face-to-face and Online platforms using Google Forms. The data gathered was kept confidential. Only the researcher stored the data and submitted it to the statistician for processing, and after as promised to the participants was disposed of properly. The researcher utilized the following instruments:

- 1) **Demographic Profile Sheet.** This was used to gather the pertinent information about the respondents that will be substantial in this research, such as age, gender, number of years in work, and race.
- 2) **Professional Quality of Life Scale for Health Workers.** This is a 30-item questionnaire that measures several domains, such as Perceived Support, Compassion Satisfaction, Burnout, Secondary Traumatic Stress, and Moral Distress. Professional Quality of Life or ProQol uses a 5-point Likert-style format where the respondents was asked to rate each item in accordance with their professional life. The response options are "5 = Very often, 4 = Often, 3 = Sometimes, 2 = Rarely, and 1 = Never." Each dimension in this has herein the sum for each dimension will determine the level of perceived

support, compassion satisfaction, burnout, secondary traumatic stress, and moral distress of the respondents. The compassion satisfaction, burnout, and secondary traumatic stress dimensions that are relevant to this study have .88, .75, and .81 alpha scale reliability, respectively.

The researcher utilizes all domains in this study. The study used Descriptive and Inferential statistics, and the Wilcoxon Signed-Rank test

4. Findings/ Results

This chapter presents the analysis and interpretation of the data collected from the eighty (80) respondents, who were all healthcare workers for the elderly in the Philippines and the United States of America. This study was conducted to assess Compassion satisfaction, perceived support, Burnout, Secondary Traumatic Stress, and Moral distress, as well as to measure the effectiveness of the enhancement program.

Table 1

Age Range	Frequency	Percentage
21-30	23	29%
31-40	18	23%
41-50	27	34%
51-60	12	15%

Table 1 shows that from the eighty (80) total of respondents, 23 or 29 percent were ages 21 to 30, 18 or 23 percent were ages 31 to 40, 27 or 34 percent were ages 41 to 50, and 12 or 15 percent were ages 51 to 60. It shows that the majority of the respondents were 41 to 50 years old.

Table 2

Gender	Frequency	Percentage
Female	61	76%
Male	19	24%

Table 2 shows that out of eighty (80) respondents of this study, 61 or 76 percent were female, and 19 or 24 percent were Male. It shows that the majority of the respondents were female.

Table 3

Years of Service	Frequency	Percentage
1-5 years	33	41%
6-10 years	16	20%
11-15 years	12	15%
16-20 years	12	15%
More than 20 years	7	9%

Table 3 shows that out of eighty (80) respondents of this study, 33 or 41 percent were 1-5 years in the service, 16 or 20 percent were 6-10 years, 12 or 15 percent were 11-15 years, 12 or 15 percent were 16 to 20 years and 7 or 9 percent were in the service for more than 20 years. Most of the respondents had been in the service for 1 to 5 years.

Table 4

Race	Frequency	Percentage
American	35	44%
Filipino	45	56%

Table 6 revealed that 35 or 44 percent of the respondents were American, and 45 or 56 percent were Filipino. It shows that more than half of the respondents were Filipino.

Table 5

Professional Quality of Life	Mean	SD	Level	Low		Average		High	
				F	%	F	%	F	%
1. Compassion Satisfaction	26.09	2.56	High	0	0%	10	13%	70	88%
2. Perceived Support	24.21	3.16	High	0	0%	36	45%	44	55%
3. Burnout	13.10	4.60	Average	39	49%	36	45%	5	6%
4. Secondary Traumatic Stress	14.31	4.41	Average	24	30%	51	64%	5	6%
5. Moral Distress	13.56	4.49	Average	35	44%	41	51%	4	5%

Legend: ≤ 12 (Low), 13-23 (Average), ≥ 24 (High)

It can be deduced that participants of this study have a positive quality of life since they have a high level of compassion satisfaction (M=26.09, SD=2.56) and perceived support (M=24.21, SD=3.16), with only an average level of burnout (M=13.10, SD=4.60), Secondary Traumatic Stress (M=14.31, SD=4.41), and Moral Distress (M=13.56, SD=4.49).

It should be noted, however, that there is a need to increase the number of respondents with average to high levels of perceived support. This implies the need to increase the sense of having access to effective assistance when you need it. Based on the PROQOL manual, support can take many forms, such as performing tasks for us when our own capacity is exhausted, providing useful advice, collaborating with us to solve difficult problems, distracting us from work-related stressors, or providing emotional support and empathy for our struggles. Though the overall score in Secondary Traumatic

Stress is described as average, it is the dimension with the largest number of respondents with average to low levels of scores (70%). This may imply the need to address possible negative impacts of work-related stressful events, such as witnessing terrible suffering, violence, or death. This is followed by moral distress (56%), which means many may have the tendency to have difficulty when faced with difficult situations and choices that may conflict with their personal values, beliefs, and morality.

Because the scores are not deliberately low, enrichment programs can be implemented to address people's capacity to manage Secondary Traumatic Stress, followed by Moral Dilemma, and finally, Burnout. This could be addressed by programs that increase/improve employees' Perceived Support.

Table 6: Comparison of Pretest and Posttest Paired Samples t-Test Results for Pretest and Posttest Scores (N = 74)

Measure	Pretest		Posttest		t(73)	p	Interpretation
	Mean	SD	Mean	SD			
Compassion Satisfaction	26.19 (High)	2.57	26.55 (High)	2.51	-0.78	0.44	Not Significant
Perceived Support	23.95 (Average)	2.27	24.68 (High)	3.43	-1.56	0.12	Not Significant
Burnout	13.41 (Average)	5.34	12.73 (Average)	3.65	1.15	0.25	Not Significant
Secondary Traumatic Stress	14.62 (Average)	5.1	14.36 (Average)	5.79	0.36	0.72	Not Significant
Moral Distress	13.78 (Average)	5.08	13.01 (Average)	3.46	1.42	0.16	Not Significant

The study measured pretest and posttest scores across five domains of professional quality of life: compassion satisfaction, perceived support, burnout, secondary traumatic stress, and moral distress. To determine whether there were significant changes between the two time points, a series of paired-samples t-tests was conducted.

Before running the analysis, the normality assumption was evaluated using the Shapiro–Wilk test. Results indicated that although some variables showed slight deviations from normality, the paired-samples t-test is considered robust to such violations given the sample size (N = 74). Thus, the paired-samples t-test was deemed appropriate for comparing pretest and posttest means.

Table 6: Descriptive statistics indicated modest changes across the five domains of professional quality of life. Compassion satisfaction increased slightly from pretest (M = 26.19, SD = 2.57) to posttest (M = 26.55, SD = 2.51), remaining within the high range. Perceived support also improved from the average range at pretest (M = 23.95, SD = 2.27) to the high range at posttest (M = 24.68, SD = 3.43). In contrast, burnout decreased from pretest (M = 13.41, SD =

5.34) to posttest (M = 12.73, SD = 3.65), while secondary traumatic stress declined slightly from pretest (M = 14.62, SD = 5.10) to posttest (M = 14.36, SD = 5.79).

Similarly, moral distress decreased from pretest (M = 13.78, SD = 5.08) to posttest (M = 13.01, SD = 3.46), with all three negative indicators consistently falling within the average range. Paired-samples t-tests were then conducted to determine if these changes were statistically significant. Results showed that none of the differences between pretest and posttest scores reached statistical significance: compassion satisfaction, t (73) = -0.78, p = .44; perceived support, t (73) = -1.56, p = .12; burnout, t (73) = 1.15, p = .25; secondary traumatic stress, t (73) = 0.36, p = .72; and moral distress, t (73) = 1.42, p = .16. Thus, although the descriptive trends indicated increases in positive indicators and decreases in negative ones; these shifts were not statistically significant.

5. Conclusion

The healthcare workers for the elderly in different care homes and facilities in the United States of America and the Philippines were identified to have a high level of

Compassion satisfaction and Perceived support, while low in Burnout, with an average level of Secondary Traumatic Stress, and Moral distress. The Enhancement program, which was developed and implemented for them to improve their Quality of Life, revealed positive results. It is concluded this program is sufficiently effective. It shows that healthcare workers in the private care homes and facilities experienced a healthy environment and support from their employers and colleagues. Concerned individuals, such as administrators and those who are in charge of healthcare workers in facilities and care homes, can help the healthcare workers improve their Professional Quality of life by continuing the use of the enhancement program.

6. Recommendation

In light of the findings and conclusions, the following recommendations are given:

- 1) Employers of the respondents may undertake an in-depth study of the results of this research and disseminate the findings to the healthcare workers.
- 2) It may provide additional avenues to healthcare workers on how to maintain their health, especially in challenging situations.
- 3) Guidance Counselors and other professional helpers may use the program and enhance it for wider use.
- 4) Future researchers may come up with a study using a wider demographic, not limited to the facilities owned by the religious
- 5) congregation of men and women, but can include government facilities, and for a longer period.

References

- [1] Feist, Gregory J. & Rosenberg, Erika L. (2012) *Psychology: Perspective and Connection*, 2nd Edition.
- [2] Kyer, Beverly D. (2016). *Surviving Compassion Fatigue: Help for Those who Help others*
- [3] Nance, Sharise M. (2017) *Overcoming Compassion Fatigue: When Helping Hurts*
- [4] Allen, Rose, Tanya Judkins-Cohn, (2020) *Moral Distress Among Healthcare Professionals at a Health System*
- [5] Ahmad Ayed, et.al. (2024). *The Relationship Between Professional Quality of Life and Work Environment Among Nurses In Intensive Care Units.*
- [6] Biana, Hazel T. & Biana, Renee T. (2020) *Covid-19: Prioritizing health care workers; Journal of Public Health*
- [7] Badolamenti, Sondra. Fida, Roberta. Biagioli, Valentina. Caruso, Rosario Bhugra, Dinesh, Molodynski, Andrew, & Ventriglio, Antonio (2021). *Well-being and burnout in medical students*
- [8] Bongansico, J., Bongansico, R. (2022) *Compassion Fatigue and Satisfaction: A Professional Quality of Life (ProQol) of Filipino Guidance Designates*
- [9] Busseli, Rodolfo. Corsi, Martina. Baldanzi, Sigrid. Chiumiento, Martina. (2020) *Professional Quality of Life and Mental Health Outcomes among Health Care Workers Exposed to Sars-Cov-2 (COVID-19)*
- [10] Brandon A. Kohrt. Mark J. D. Jordans, Elizabeth L. Turner, Kathleen J. Sikkema, Nagendra P. Luitel. *Reducing stigma among healthcare providers to improve mental health services (RESHAPE): protocol for a pilot cluster randomized controlled trial of a stigma reduction intervention for training primary healthcare workers in Nepal.* DOI 10.1186/s40814-018-0234-3
- [11] Cairns, Patrick. Aitken, Gill. Pope, Lindsay M. Cecil, Joanne. Cunningham, Kathryn. Ferguson, Julie. Smith, Katie G. Gorden, Lisi. Jabuston, Peter. Laidlaw, Anita. Scanlan, Gillian M., Tooman, Tricia R., Wakeling, Judy. Walker, Kim. (2020) *Interventions for the Well-being of Health Care Workers During a Pandemic or Other Crisis: Scoping Review.* doi:10.1136/bmjopen-2020-047498
- [12] Cerrao, Carla. Martins, Vera. Ribeiro, Carla. Mala Paulo. Pinno, Rita. Texeira, Andreia (2022). *Professional Quality of Life among Physicians and Nurses Working in Portuguese Hospitals During the Third Wave of COVID-19 Pandemic*
- [13] Edén, David. DePierro, Jonathan. Marin, Deborah. Sharma, Vanshdeep. Chaney, Dennis.
- [14] Katz, Craig. (2021) *Covid-19 Pandemic Support Programs for Health Care Workers and Implications for Occupational Mental Health:* <https://doi.org/10.1007/s11262-021-09952-5>
- [15] Epstein, Elizabeth G. & Delgado, Sarah (2010). *Understanding and Addressing Moral Distress.* DOI: 10.3912/OJIN.Vol15No03Man01
- [16] Fiona, Cocker. Nerida, Joss. (2016) *Compassion Fatigue among Healthcare, Emergency, and Community Service Workers: A Systematic Review*
- [17] Ga, Colville, Dawson, D. Rabinthiran, S. Chaudry-Daley, Z., and Perkins-Porras, L. (2019). *A survey of moral distress in staff working in intensive care in the UK; Journal of the Intensive Care Society*
- [18] Gallagher, Ann (2010). *Moral Distress and Moral Courage in Everyday Nursing Practice*
- [19] Giannetta, Noemi. Sergi, Rebecca. Villa, Giulia, Pennestri Federico. Sala, Roberta. Mordacci, Roberto. and Manaran, Duillo Forenzo. (2021) *Levels of Moral Distress among Health Care Professionals Working in Hospital and Community Settings: A Cross-Sectional Study*
- [20] Handini, Febrina. S. Patarru, Fitriyanti. Weu, Basilius. Yousepfus, Herryanor. Purwansa, Sena Wahyu (2019). *Factors That Influence Professional Quality of Life (Pro-QOL) on Clinical Nurses.* [http://dx.doi.org/10.20473/jn.v14i3\(si\).17176](http://dx.doi.org/10.20473/jn.v14i3(si).17176)
- [21] Harr, Rae Cynthia. Riley, Kelly. (2014) *The Impact of Compassion Fatigue and Compassion Satisfaction on Social Work Students.* *Journal of the Society for Social Work and Research*, Volume 5
- [22] Jin, Man. Wang, Jialin. Zeng, Li. Xie, Wangqing. Tang, Ping. Yuan, Ziongqing. (2020) *Prevalence and factors of compassion fatigue among nurses in China. A protocol for systematic review and meta-analysis*
- [23] Jurado, María. Martínez, Africa. Linares, Jose; *New Burnout Evaluation Model-Based on the Brief Burnout Questionnaire: Psychometric Properties for Nursing*
- [24] Moss, Marc (2025). *Mitigating Burnout: The Role of Healthcare Organizations*
- [25] Luo, M., Chen, X., & Li, X. (2020). *Social support, job satisfaction, and professional quality of life among Chinese nurses working in tertiary hospitals: A cross-sectional study.* *International Journal of Nursing*

- Sciences, 7(3), 261-266. doi:10.1016/j.ijnss.2020.03.001
- [25] Sauharda Rai^{1,2,3}, Daisy R. Singla^{7,8}, Jagannath Lamichhane⁹, Crick Lund^{4,10} and Vikram Patel^{11,12,13}
- [26] Kumar, Amit. Bat, Pookala Shikaram. Ryali, Sumalatha (2020). Study of Quality of Life Among Health Workers and Psychosocial Factors influencing it
- [27] Pann, Leizel Cerezo (2018) California State University-San Bernardino; Filipino Service Care Providers' Experience of Compassion Fatigue While Working in Residential Care Facilities
- [28] Pavelkova, H. & Buzgova, R. (2015). Burnout among Health Care Workers in Hospice Care
- [29] Pittman, Patricia, Meeker, Samantha (2025). Current Approaches to Addressing Burnout and Moral Injury: Experiences from Four Community Health Centers
- [30] Punsalan, Mairre Louie D. (2021). Give what is due: the need to prioritize health care workers in response to the COVID-19 pandemic Ray, Susan. Wong, Carol. White, Dawn. Heaslip, Kimberly (2013) Compassion satisfaction, Compassion Fatigue, Work Life Condition, and Burnout Among Frontline Mental Health Care Professionals. DOI: 10.1177/1534765612471144
- [31] Ripoll, Maria J. et.al. (2020) Impact of Viral Epidemic Outbreaks on Mental Health of health care workers: a rapid systematic review and meta-analyses
- [32] Sabo, B. M., Cahn, P. S., & Steidley, T. (2018). The Relationship between age and professional quality of life among healthcare professionals. *Journal of Nursing Education and Practice*, (4), 80-90.
- [33] Sanso, Noemi. Galiana, Laura. Oliver, Amparo. Salva, Macia Tomas. Blanco, Gabriel Vidal (2020). Predicting Professional Quality of Life and Satisfaction in Spanish Nurses: A Cross-sectional Study
- [34] Shrestha MV, Manandhar N, Joshi SK (2021). Burnout among healthcare professionals in Nepal: An analytical study; DOI. 10.3126/ijosh.v11i2.37259
- [35] Sovald, Lene E., Naslund, John A. (2021). Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority.
- [36] Sun, Changxian. Ding, Yaping. Cui, Yan. Zhu, Shaqing. Chen, Shen. Zhou, Rong. Yu, Yiting (2021). The Adaptation of Older Adults
- [37] Transition to Residential Care Facilities and Cultural Factors: A Meta Synthesis. <https://doi.org/10.1186/s12877-020-01987-w>
- [38] Tomlin, Jack. Warburton, Bryan. D. Lamph, Gary (2020). Psychosocial Support for Health Care Workers During the COVID-19 Pandemic. doi:10.3389/fpsyg.2020.01960
- [39] Tove, G. & Hemberg, J. (2021) Compassion Fatigue as bruises in the soul: A qualitative study on nurses
- [40] Ulla, Peterson (2008). Stress and Burnout in Health Care Workers
- [41] WHO, (2020) Keep health workers safe to keep patients safe!
- [42] Woon, Luke Sy-Chang, Mansor, Nor Shuhada, Mohammad, Mohd Affuddin, Teoh, Soon Huat, & Abdullah Mohammad (2021). Quality of Life and Its Predictive Factors Among Health Care Workers After the End of a Lockdown: The Salient Roles of Covid-19 Stressors, Psychological Experience, and Social Support
- [43] Yang, Tianan. Ma, Tengyang. Liu, Pucong. Liu, Yuanling. Chen, Quian. Guo, Yilun. Zhang, Shiyang. Deng, Jianwei (2019). Perceived Social Support and Presenteeism Among Health Care Workers in China: The Mediating Role of Organizational Commitment
- [44] Zace, D., Hochaj, I., Orfino, A. Viteritti, A.M., Janiri, L., Di Pietro, M.L. (2021). Interventions to address Mental health Issues in Health Care
- [45] Workers During Infectious Disease Outbreaks: A Systematic Review. www.elsevier.com/locate/jpsychires
- [46] Van Mol, M. M., Kompanje, E. J., Benoit, D. D., Bakker, J., & Nijkamp, M. D. (2015). The prevalence of compassion fatigue and burnout among healthcare professionals in intensive care units: a systematic review. *PLoS one*, 10(8), e0136955.
- [47] Zhang, Y., Liu, Y., & Zhang, Y. (2018). Social support and burnout of nurses: the mediating role of work-family conflict. *Journal of Nursing Management*, 26 (5), 582-589. doi: 10.1111/jonm.125

Author Profile



Dr. Subida is a Psychology professor for 36 years, a practicing Counselling Psychologist, President of CEU AFI Science and Technology Alumni Chapter since 2008, Chairperson of CEU Consumers Cooperative since 2022 to present, and currently Vice Chairman of SPARKES INDIA.



Sr. Rosalie M. Ubo, AR, is a member of the Congregation of the Augustinian Recollect Sisters (AR), a registered Guidance Counselor, and currently the School Principal of The Lady Mediatrix Institute, Inc.