

Strategies for Promoting Risk Management Professional Resilience



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INTRODUCTION

It often seems that health care risk professionals are seen through a negative lens. Physicians, nurses, administrators, and colleagues often make jokes that not seeing a risk professional is a good thing – followed by the statement “Guess I haven’t screwed anything up lately.” Due to the portrayals of risk professionals on television, in movies and the media, they may be viewed by colleagues and the public as angry, adversarial, unwilling to tell the truth and only there to protect the organization. Risk professionals have tried to overcome this negative perception for decades. It weighs down both the profession and those working in it and adds to the immense burden they experience of putting the needs of others first.

Anyone who provides care, is employed by, or interacts with the health care delivery system is directed to come to a risk professional with bad news, or with a problem to fix. That’s what risk professionals are here for, right? It’s the job they signed up for, and they are frankly very good at it. They provide solutions while being calm, cool, and collected in the face of high-running emotions and pressure from many directions. These situations often involve another human’s life or well-being and may be emotionally overwhelming. The risk professional, however, must suppress their feelings, while at times feeling despair when hearing about harm that may have been preventable. Working in this field and in this environment can have, and has had, consequences on the well-being of risk professionals.

In 2012, the concept of risk professionals being viewed as the third victims was introduced by Dr. Steve Shama in the ASHRM Forum article titled “The Third Victim: Caring for the Risk Manager.” Although that was more than a decade ago, there has been very little published on this subject since then, even though risk professionals continue to express feelings of actual and potential emotional harm. Taking on emotional labor and being empathetic were noted to be significant sources of harm for risk professionals. While the harm experienced by risk professionals often goes unacknowledged, those Shama polled experienced anxiety, loss of sleep, and emotional exhaustion.¹

Although risk professionals are at significant risk, resiliency and promotion of their emotional well-being has historically received little attention. The emotional disturbances that risk professionals are vulnerable to, such as imposter phenomenon, burnout, depression, and post-traumatic stress disorder (PTSD), will be introduced and discussed in detail in this paper. It is important that risk professionals are aware of these psychological states and their signs and symptoms so that they may seek support and pursue interventions before their distress becomes severely destructive to their health. We will also explore mental wellness support measures that can be helpful to preventing and improving the psychological states that risk professionals are prone to. These modalities include coaching, psychotherapy, self-care, mindfulness, and rest and can be utilized to create a resiliency reservoir.

The purpose of this publication is three-fold: (1) to bring broader awareness and attention back on the need for additional research into this issue, (2) to share early signs of potential stressors and psychological states that impact the emotional well-being of the risk professional, and (3) ultimately to provide strategies to navigate them before they have an impact that can cause psychological harm.

Since the COVID-19 pandemic, the term “burnout” has primarily been attributed to health care workers providing direct patient care. The *Journal for Patient Safety and Risk Management* reintroduced the concept of risk management and patient safety professionals as third victims to adverse events in 2019. According to Holden and Card, critical incident stress, emotional labor, abusive supervision, and competing loyalties and duties were outlined as sources of psychological harm to risk management and patient safety professionals. Stress experienced from the working environment, feelings of responsibility related to harm events and the toll of third victim impact

could lead to symptoms of acute stress disorder or PTSD, loss of confidence, and economic harm, and may even lead those impacted to leave the profession.²

Frequently, emotional first aid is provided to the health care worker involved in an adverse event. This could include referrals to an employee assistance program (EAP), a behavioral health specialist, or a peer support program. The risk professional often has these conversations with staff members and provides one of the first supportive interactions. Regardless of whether the staff member accepts additional services to help manage the emotional impact of the event, the risk professional often provides additional outreach and checks in on the individual. There is little to no formal training to prepare risk professionals for these conversations. The impact of the event, the emotional repercussions of providing support, and follow-up conversations with patients, family members, and organization leadership are often emotionally taxing, leading to residual effects on the psychological well-being of the risk professional. Understanding the rigors of the role, recognizing the signs of burnout or changes in emotional state, and knowing how to access resources can help promote resilience in the profession.

Value of Resiliency

Resilience is an optimistic or positive psychological and physical status through which an individual regains a state of well-being when faced with a negative or challenging situation. Resiliency is the ability to adjust to challenging situations or circumstances and bounce back.³ In essence, resiliency is the ability to spring or bounce back after being stretched or pushed.

This is an important characteristic for risk professionals to have as the pace and severity of the events that they manage can vary day to day and is often out of their control. They may interact with individuals who are experiencing a wide range of emotions. This includes coworkers, senior leaders, clinicians, patients, and their family members who may be angry, threatening, grieving, feeling despair, argumentative or potentially suicidal. They may also be grappling with the severity of an event as this role encounters devastating situations and outcomes. Resiliency is extremely important in life and essential to a fulfilling career in health care risk management.

Psychological States

It would be easy to think of individual psychological responses as cumulative or related to the level of stress experienced. That is not true. Every person perceives stress differently. Furthermore, the quality of stress is different in each situation, and individual physiology affects how each person responds to actual and perceived stress and trauma. It is a convergence of situation, physiology and psychology that must be looked at individually.

Nonetheless, the behavioral health implications for immediate urgency of intervention among the psychological states can be thought about along a continuum. Consequently, the key elements of the four most prevalent states are shared so that the risk professional and their organizations can have a clearer picture of both the causes and potential interventions. Imposter phenomenon, burnout, depression, and post-traumatic stress disorder are four psychological states that have overlapping characteristics but are also distinct. What makes them different are the degrees of psychological severity and the distinct types of effective interventions to manage or heal from them. Because these states share some features, it can be easy to confuse, and even minimize them. It is essential to understand the differences so that the person who is in distress may seek out the most effective form of support. The individual should also try to understand what has contributed to their experience, in order to take proactive steps toward building resilience and protecting against potential recurrence. The table below summarizes the four psychological states as well as first line approaches to provide relief and begin the resilience restoration and growth process:

Psychological State	Description	Causes	Symptoms	First Line of Treatments
Imposter Phenomenon	Feelings of self-doubt and like a fraud despite evidence to the contrary	High achieving individuals; long work hours; high stakes environment	Anxiety, stress, & reduced self-esteem	Coaching, mindfulness training, mentoring, professional development workshops, Cognitive Behavioral Therapy
Burnout	State of emotional exhaustion; depersonalization at work; feeling of ineffectiveness	Specifically, a work-precipitated state; Excessive workloads; limited resources; role conflict; lack of organizational support	Aloneness, emptiness, failure, lack of motivation, & helplessness	Self-care, coaching often in conjunction with psychotherapy, and organizational interventions such as encouraging time away, on-site wellness interventions, etc.
Depression	Mental health state affecting moods, thoughts, behaviors, and physical health	Can occur without a precipitating event or situation	Persistent sadness, loss of interest in normal activities, insomnia or hypersomnia, fatigue, changes in appetite, & excessive guilt; sometimes suicidality. Possible physical symptoms include hypersomnia or insomnia, fatigue, changes in appetite, withdrawing from friends and family or becoming more emotionally volatile	Psychotherapy; possibly antidepressant medications; self-care including exercise, healthy diet, relaxation, mindfulness; ultimately, coaching to advance goals once major symptoms are better
PTSD	Mental health condition from experiencing or witnessing a traumatic event	Intentional trauma, repeated trauma, or long duration trauma	Heightened arousal to mental and environmental stimuli, hypervigilance, nightmares, depersonalization, negative mood changes, avoidance, intrusive thoughts. Significant impairment in occupational, social, and personal areas of functioning; possible suicidality	Psychotherapy (Cognitive Behavioral Therapy or Eye Movement Sensitization and Reprocessing -EMDR, frequently recommended); possibly medications; support from understanding professionals

Imposter Phenomenon is the most common emotional disruption among these psychological states. It is defined as an experience of personal self-doubt and a sense of being a professional/ intellectual fraud despite evidence to the contrary and can lead to anxiety, stress, and reduced self-esteem thereby impacting a professional's workplace performance.⁴ One study has identified it as a co-morbidity for burnout because it is generally found among high achieving individuals with long work hours, in an environment with high stakes/high pressure.⁵ It has also been speculated that women and minority groups are most susceptible to imposter phenomenon because of the lack of mentors and other role models who reflect them.⁶

While some discussions imply that imposter phenomenon is a mental health disorder, it is argued that the feeling of others seeing a professional as more competent than that person feels about themselves can be viewed as a normal state. Unaddressed, imposter phenomenon may lead to burnout. To reduce that trajectory, it is up to the system to find mentors that young professionals who have few people who “look or think like them” can identify with. These mentors can help bridge the transition into full embodiment of professional identity.

Burnout is a step more serious and complex than imposter phenomenon. It is a state of emotional exhaustion, depersonalization, a feeling of ineffectiveness and lack of achievement in one's work. It is usually experienced by workers in jobs that require high emotional involvement such as the helping professions (which includes risk management professionals). It comes from the felt experience that the organization does not fully appreciate nor support efforts to accomplish the role and responsibilities. Because of the broad nature of symptoms and impact on the professional life of those experiencing burnout, the professional may feel like it is “their own fault.” This feeling of failure may spill into the personal life, rendering the individual tired, distanced from loved ones, and feeling physically depleted. (See the chart for a more complete description.)

Burnout is caused specifically by workplace stress. Although burnout is not considered a mental health disorder, if left unaddressed, the professional may find themselves slipping into a state of clinical depression.

Burnout is an insidious process, starting so slowly that one may attribute it to long hours of work, or a busy schedule. In reality it is the product of a sense of overwhelm created by feeling responsible for situations that are beyond the capability of any one human being to manage.⁷ There are several self-assessment tools available to assess burnout. Some are at no cost and can be found online. An example of one of these tools can be found on the PsychologyToday website at [Burnout at Work Test / Quiz | PsychologyToday](#).⁸ Those concerned about burnout will want to research the validity of the tool they select as many are not scientifically tested for reliability and validity, although they may still be helpful in obtaining a sense of one's level of burnout.

A professional experiencing burnout can be restored to health with work and determination. Many people do require professional help. However, in the early stages of burnout, coaching may be engaged to figure out how to manage the symptoms and learn how to build resilience. If the burnout has reached the stage where it interferes with personal life as well as professional life, then psychotherapy to address deeper issues and the devastating effects of burnout should be sought first to prepare the professional for the growth that coaching can provide.

Nonetheless, to change the impact of professional burnout on our health care system, a combination of personal and organizational interventions must occur. Organizations experiencing employee burnout must evaluate themselves. Interventions to improve burnout among employees includes evaluating and humanizing job characteristics, schedules, and providing training for self-care. Self-care is essential for developing the resilience necessary to prevent the onset as well as further burnout. In addition, the organization needs to self-evaluate for its commitment to having a healthy organizational culture by enhancing job resources and supporting employee self-care.⁹

Depression refers to more than a temporary feeling of sadness, and may present as a serious mental health state: Major Depressive Disorder. Clinical depression is a pervasive state of being which affects moods, thoughts, behaviors, and physical health. (See the chart for a more complete description.) It is characterized by loss of interest in normal activities, a persistent feeling of sadness, unworthiness, excessive guilt and sometimes suicidality. It also frequently presents with physical symptoms such as insomnia or hypersomnia, fatigue, and changes in appetite.^{10, 11} A person experiencing depression may start to either withdraw or become more easily angry with friends and loved ones. They may start to avoid social situations. Sometimes depressed people will engage in risky behaviors, physically or interpersonally, in order to “feel” something.

While depression is a psychological state that can occur without the stimulus of a precipitating event or situation, it may be insidious in its evolution and can sneak up on the individual. Mild depression can feel a lot like burnout, but depression extends beyond the workplace to encompass the individual's entire life. These are, however, different psychological states. Even so, burnout, if left unaddressed can wear down the resources of the body and mind to the place where depressive symptoms emerge and the two may exist simultaneously.

There are several ways to address depression. Many are the same as interventions recommended for burnout. Most important in depression treatment is having someone who understands the physical and psychological impact of depression and burnout to talk with regularly. Psychological therapies also address the pain and symptoms of burnout. Lifestyle changes such as exercise, striving for a healthy diet, sleep, relaxation, and mindfulness techniques, with or without medication, can be an important part of a self-care plan to support psychotherapy, and to build resilience.

Because of the serious nature of depression, it is wise to consider seeking treatment sooner, rather than later. It is never an error to rule out underlying physical causes of depressed feelings and fatigue when the individual feels overwhelmed. Sometimes a traditional physical examination may reveal medical causes for the symptoms and feelings. Conditions such as thyroid illness or diabetes can present with symptoms that mimic depression. It is an error to ignore symptoms saying, “It’s just burnout.” Medications and therapy may help build (or re-build) the physical and mental health reservoir to address concurrent burnout. Ignorance, in this situation, can have devastating consequences on the individual and those around them.

Post-Traumatic Stress Disorder (PTSD) is a serious disorder, defined as both a mental health and a psychiatric condition by the American Psychiatric Association (APA, 2022) because of its intricate nature and serious effects. The trigger for PTSD is witnessing or experiencing a traumatic event. Intentional trauma has the greatest association with PTSD, but those who experience repeated severe trauma, or trauma of a lesser severity that may continue over time are also more likely to develop symptoms in relation to the nature and length of their exposure.

PTSD has become common among health care workers, increasing in frequency with the COVID-19 pandemic. Rates of 23%¹² to 30%¹³ were identified in health care workers performing many different tasks during the pandemic. However, the pandemic was not the beginning of PTSD in health care. Some studies cited data showing that although PTSD increased in health care workers during the pandemic, prior to 2020, rates of 10-20% were reported, with emergency medical technicians and firefighters particularly affected.¹⁴

Those who work in high-stress environments, such as the emergency department and intensive care units, are at an elevated risk because of the long hours and the constant flow of high crisis interactions that are experienced.¹² Any health care worker who experiences a preventable medical error or is involved in any way with a never-event or witnesses a traumatic situation is subject to the conditions which can trigger PTSD. While there is no literature specifically citing the exposure of risk management professionals, one can surmise that a role which daily manages highly

stressful encounters, both directly and indirectly, could experience traumatic events triggering PTSD. By comparison, the lifetime prevalence for PTSD among the general population, including workers who have not been exposed to witnessing frequent traumatic events, has been reported to be 6.1-9.2%.¹⁵ This should serve as a cautionary reminder for health care professionals to be vigilant of changes in their own or colleagues' behavior who are at the sharp end of or repeatedly working with serious medical events.

Symptoms affect every aspect of life and can include heightened arousal or hypervigilance, nightmares, depersonalization, negative changes in mood, avoidance of reminder of the trauma, intrusive thoughts, and significant impairment in occupational, social, and personal areas of functioning.

Individuals with PTSD may be impaired in their ability to engage in professional interactions. Patients may perceive them as unsympathetic or uncaring. Co-workers may see them as difficult to communicate with and struggle with collaboration. Interpersonal skill deterioration might be the first sign of the internal disruption being experienced by these professionals.¹⁶

Treatments for PTSD include behaviorally focused psychotherapies and often antidepressants.¹⁷ Untreated, PTSD may lead to alcohol or other substance abuse, social isolation, and even suicide.

Supportive Measures

Risk professionals do not typically ask for help. The nature of the job requires confidentiality, which in time becomes the default mode, spilling outside of the workplace to encompass all aspects of life. Risk professionals ensure that colleagues involved in errors or harm events receive the therapeutic support needed or indicated. A risk professional may wonder, "We are fantastic listeners for others, but who listens to us?"

It is an expectation that the risk professional remains emotionless and puts their personal feelings aside. Some risk professionals may reach out to other risk management colleagues for support or use an EAP. In 2023, the American Hospital Association (AHA) developed resources and support services for front line health care providers (Nurses and Physicians) facing burnout. Health care organizations frequently offer an EAP for staff members who are seeking emotional support. Risk and patient safety professionals often refer individuals to these programs but may not consider utilizing them for their own needs. Continuing to reduce the stigma that surrounds behavioral and mental health services can help with increased utilization by risk management professionals. Recognizing and addressing the need for emotional support of the risk professional has been addressed through the American Society for Health Care Risk Management (ASHRM) sponsored educational events shining a light on this topic. The hope is that these conversations will continue and help to promote the risk professional's emotional well-being.

Risk professionals, being inherently at a high risk for burnout and emotional stress, should consider and have access to training and supportive resources. Supportive measures for all four psychological states include professional coaching and/or psychotherapy, self-care, mindfulness, and rest. Sometimes medication is helpful to return the body to equilibrium so the individual can fully access other interventions and rebuild resilience. The order and specific mixture of support measures depends upon the severity of symptoms and the extent of the interference with the professional's life.

There are two potential forms of professional support: psychotherapy (with possible medication) and coaching. It is important to recognize the nature, similarities, and differences between these forms of support and how each best fits an individual's needs. It is also important to note, that an individual may move from one form to another, depending upon the nature and severity of current

distress. Furthermore, at a later stage in the healing process, an individual may successfully take advantage of both simultaneously.

Psychotherapy

Emotional well-being from a mental health perspective is both diagnostic and functional. At a diagnostic level, one could say that emotional well-being from a mental health perspective is the absence of a mental health or psychiatric diagnosis. That opinion, however, would be far too simplistic. Well-being for the functionally mentally “healthy” person is the ability to navigate the most important aspects of life with a sense of agency, a reasonably positive attitude, and the capacity to manage the naturally occurring stress in day-to-day life. Life may not all be “positive,” but the individual has the self-awareness, coping skills, and ability to manage their emotions that allows them to function reasonably well in society.¹⁸ When evaluated through an even broader lens, mental well-being can be seen as integrated with emotional, social, and physical health.¹⁶

Psychotherapy aims to restore the person to a state of mental health, which ultimately means the ability to function fully and healthily in society. The goal of psychotherapy is to help the individual gain self-compassion and acceptance, move past self-criticism, and build a more accepting, positive self-concept.¹⁶ In the process, psychotherapy helps individuals pursue their personal goals and learn to live fulfilling lives that align with their values.

The American Psychological Association (APA) defines resiliency as the ability to recover quickly and adapt well in the face of challenges and difficulties.¹⁹ Psychotherapy is a relationship between a trained therapist and a client to communicate and address issues that are behavioral, emotional, or psychological with the purpose of understanding them and developing effective skills for managing or overcoming them. Psychotherapy goes beyond repairing issues to enhancing communication, coping skills, and resilience.²⁰

Psychotherapy provides a variety of tools and strategies to deal with emotional challenges. In Cognitive Behavioral Therapy (CBT), the client learns to challenge and reframe negative thought patterns, to shift responses to situations to ones that support emotionally healthy reactions.²¹ Interpersonal therapy teaches clients how to manage and express emotions effectively as well as to enhance problem-solving skills to reduce feelings of helplessness. It also builds self-efficacy or the belief in one’s ability to meet stress and challenges effectively.²² Effective psychotherapists help clients develop coping skills that meet their individual unique view of the world. It is personalized. Learning these skills helps the person bounce back from adversity even stronger than before.²³

In all forms of psychotherapy, it is the relationship that has the power to create transformation. Through the development of a trusting, client-centered relationship, the therapist is a guide in helping clients identify and boost their strengths.

Professional Coaching

Resilient people know who they are and what their purpose in life is. These people are aware of what they want or love as opposed to what they must or should do in life. A strategy for promoting one’s resilience is through an elevated state of consciousness that may be achieved by engaging a professional coach.

There has been a dramatic and fundamental corporate shift regarding the benefits of coaching over the past 10 to 15 years. In the twenty first century, the role of the manager is becoming that of a coach, rather than one who commands and controls or has all the right answers.²⁴ Coaching has been described as one of the fastest growing industries, with many people identifying themselves

as life or professional coaches.²⁵ The accrediting and credentialing body for professional coaches is the International Coaching Federation (ICF), who defines coaching as, “Partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.” It is important for a client to partner with a certified coach, one who has gone through comprehensive and rigorous training.

A coaching relationship is intended to move the client forward by helping the client to establish their own meaningful outcome session by session. Coaching is not a relationship in which a coach fixes problems or is brought into an organization as a punitive measure to work with a problem employee. A professional coach is not a mentor, consultant, therapist, counselor, or a judgmental friend. The coach does not give advice and recognizes that what works for one person may not work for someone else. There are many coaching certification courses available on the ICF website. Each teach basic fundamentals but may have differing philosophical roots, such as one life coaching certification organization teaches foundational coaching principles including: “We are each our own unique once-in-a-lifetime experiment” and “The answers to all questions lie within.”

A certified professional coach partners with the client, within a specific framework, utilizing specific core competencies, for the benefit of the client, in accordance with ICF Core Competencies.²⁶ These core competencies include demonstrating ethical practice, embodying a coaching mindset, establishing and maintaining agreements with the client, cultivating trust and safety, maintaining presence, listening actively, evoking awareness, and facilitating client growth.

Many may ask about the tangible benefits of coaching and whether it is worth the investment. Several studies and global surveys report on the benefits of coaching, including a global survey by PricewaterhouseCoopers and the Association Resource Center report of up to a seven times return on investment.²⁷ According to the ICF, 86% of organizations reported a return of investment on their coaching engagements.²⁸ The clients achieved tangible and intangible benefits including higher employee retention and improved performance, improved communication, stronger relationships, as well as growth in revenue.

One health care organization made an investment during the COVID-19 pandemic to enhance resilience and improve employee well-being. The University of Kansas Health System introduced coaching as a new and additional benefit to its leaders.²⁹ Armed with supporting data, risk management in partnership with human resources and executive leadership made the case for ICF-coach training with an accredited organization. Physician executive leadership understood the importance of an investment to reverse the negative impact of corporate catabolism on engagement, performance, and bottom line, especially during the challenging time of COVID-19.²⁹ One key strategic objective identified and sponsored by the physician executive leadership was establishing a process for the creation of an internal cadre of certified coaches (as defined by ICF).

The next task was selection of an ICF-accredited training organization, to provide coach training to a select group of interested leaders. Following a review of research studies and coach training program comparisons, the Institute for Professional Excellence in Coaching (iPEC) was selected. Many other qualified training organizations exist; organizations are encouraged to conduct their own research and evaluation of what each training program provides.

Through iPEC’s trademark core energy coaching model, the intent is to bring meaningful change in attitudes (as opposed to the near impossible/futile effort of changing personalities). Indeed, coaching has the potential to facilitate meaningful change to attitude (i.e., how one shows up on a typical day and how that same person responds under stress). The coach works with the client/coachee to raise their energy level overall and in relation to certain stressors or circumstances. When a person shows up at a higher (anabolic) energy level, this is more constructive and less draining to that person (as well as to others). Through increased awareness and acceptance,

people have the power to make conscious choices, while trusting the process (focusing on mastery as opposed to outcomes), and living with authenticity, fearlessness, confidence, connection, presence, and elevated energetic engagement. The key is recognizing one's inner energy blocks.³⁰ While one cannot control external events, a person can control not only how to respond but also how to perceive these events. Inner energy blocks can be described as looking through a foggy lens. Core energy coaching clears the lens, allowing for clarity. The coach partners with the client, allowing the client to understand energy blocks that might be stopping them from achieving their potential in life. People have inner energy blocks that internally influence their ability to perform.

An Introduction to Coaching Inner Energy Blocks Theory

The following section is based on the copyrighted work of Bruce D. Schneider and the Institute for Professional Excellence in Coaching (iPEC).³¹

People have inner energy blocks that stop them from achieving their utmost potential in life (or from reaching professional goals). These inner blocks are within one's control as opposed to outer blocks, such as lack of time, money, skill, or resources. The key is bringing the inner blocks to the surface.

One must be aware of core energy influencers which are the spiritual, mental, emotional, physical, social, and environmental factors that may be influencing, affecting, detracting from, or interfering with a person's ability to perform to their best. At any given point in time, these factors are either positively or negatively impacting a person's performance. One may ask themselves the following questions:

- **Spiritual:** How aligned are my values, beliefs, and goals in life with what I am currently doing?
- **Mental:** What is my level of focus in this situation?
- **Emotional:** How am I reacting when my needs are not being met?
- **Physical:** How well is my body functioning at this moment?
- **Social:** How well am I supported in my interactions with team members?
- **Environmental:** What are the conditions surrounding me and what effect do they have on me?

Understanding One's Inner Blocks

Through increased awareness, acceptance, and conscious choice, everyone has the power to overcome challenges and create solutions. It starts with an understanding and recognition of one's own inner blocks: (1) limiting belief; (2) interpretation; (3) assumption; and (4) gremlin (inner voice).

Limiting Belief: Generalized view or conviction (about life, people, or situations) holding us back

Consider: What is this belief? How true is this belief, really? How did I get this belief? What effect is this belief having on me? What is a more powerful new belief? What effect will this new belief have on my life?

Interpretation: Opinion created by one's viewpoint about an event or experience

Consider: What is another way of looking at this? What is another possible perspective?

Assumption: Belief that because something happened in the past, it automatically happens again

Consider: Just because something happened in the past, why must it happen again?

Gremlin: The inner voice, critic, saboteur, which lies within all of us, created in our head, early in our life, trying to protect us from something, telling us we are not good enough, that we must compromise, or play small to be safe

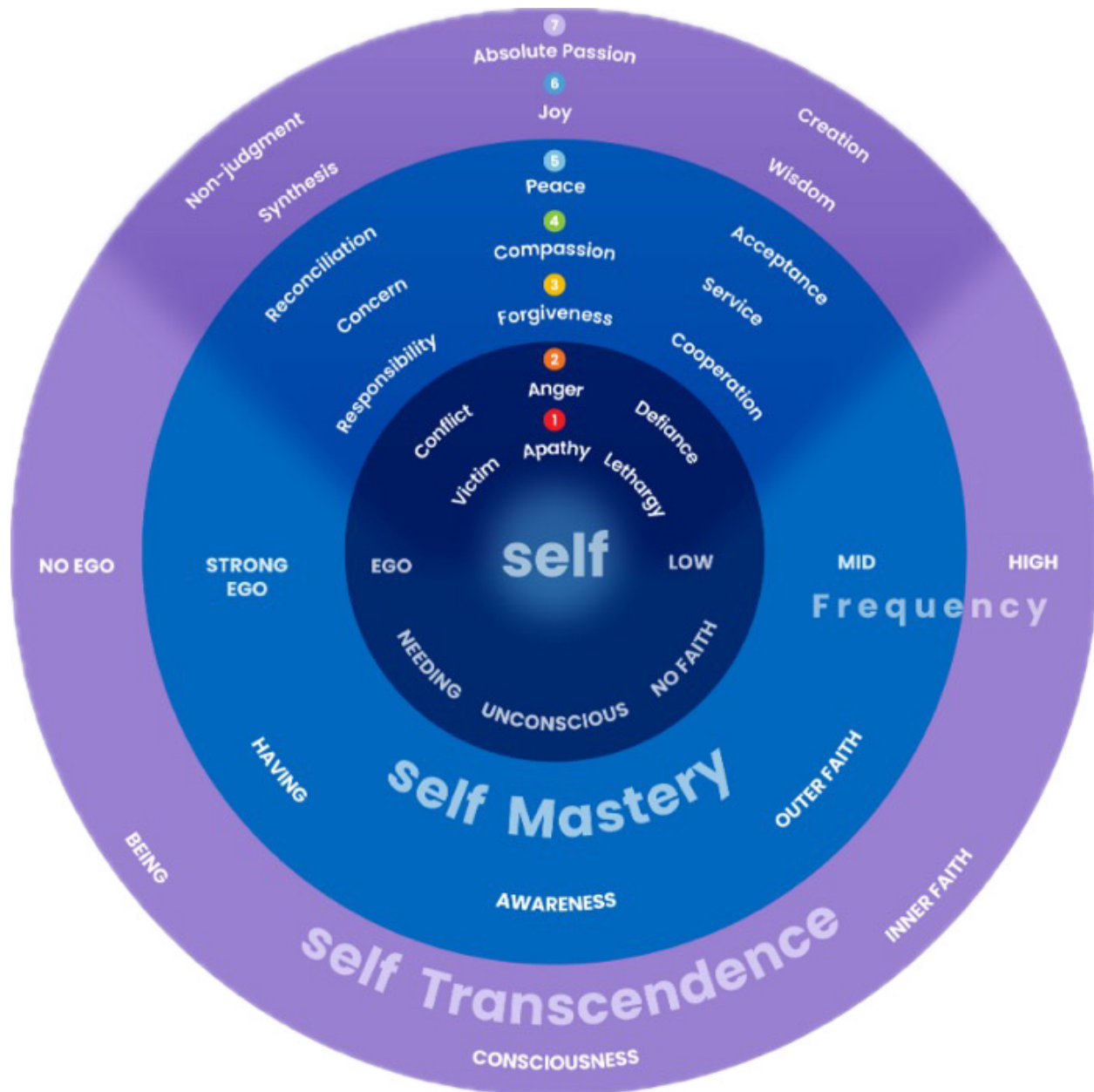
Consider: What is your gremlin trying to protect you from? What might you say to your gremlin when it shows up?

Only when a person recognizes that an inner energy block is holding them back, they may then make a change to connect their inner purpose in life with their goals to achieve meaningful and sustainable results. A coach may serve as a catalyst towards this change. A person may then seek a coach and enter into a coach/client relationship. A coaching engagement may extend for weeks to months. A typical engagement starts with an energy leadership index assessment, an attitudinal assessment that provides information as to how one shows up on a typical day (energetic profile) and how one reacts under stress (energetic stress reaction).³⁰ This assessment may then be repeated as the coaching engagement progresses to monitor progress.

This tool, based upon iPEC's energetic self perception model™, also measures one's average resonating level (ARL) of energy, the average of all energy levels under normal conditions plus energy levels in reaction to stress. This model recognizes two types of energy: (1) anabolic; and (2) catabolic. Anabolic energy is the constructive, building, growth-oriented energy. Catabolic energy is the destructive energy, that produces a boost in response to stress.

ENERGETIC SELF PERCEPTION CHART

The chart below is used with permission from iPEC. This self-awareness tool consists of seven energy levels, the first two are catabolic and the remaining five are anabolic.



Levels 1 and 2 are catabolic. From Level 3 upwards, with every energy level, anabolic energy increases up to Level 7 (which is 100% anabolic). Each energy level serves a purpose with advantages and disadvantages. There is no good or bad, if one has awareness and makes conscious choices to respond to specific situations (rather than reacting by default and being at the effect of things). Research, however, shows that the higher the overall ARL the more satisfied people are.³²

On a typical day, a risk professional presents to work with a unique combination of seven energy levels, creating typical viewpoints, perceptions, and beliefs about one's world. This is described as the person's energetic profile, a set of filters through which one sees the world. When faced with a stressful occurrence, the risk professional's energetic stress reaction determines the way one reacts (thoughts and actions).

The seven energy levels are:

1. Guilt: Victim/Apathy/Lethargy
2. Aggression: Conflict/Anger/Defiance
3. Tolerance: Responsibility/Forgiveness/Cooperation
4. Care: Concern/Compassion/Service
5. Opportunity: Reconciliation/Peace/Acceptance
6. Intuition: Synthesis/Joy/Wisdom
7. Detached Involvement: Non-judgment/Passion/Creation

To illustrate, suppose you are proposing a project to your manager. You have prepared, studied your proposal, and you genuinely believe that the proposal will benefit the organization. Let us say the proposal is for the creation of an enterprise risk program (ERM). Your presentation is based upon your knowledge of your current organization as well as on national research that you have spent weeks reviewing. Your energetic profile determines how you will present at that given moment when you meet with your manager to discuss the proposal. You mainly view this proposal as a combination of opportunity (Level 5 energy), service (level 4 energy), and synthesis (level 6 energy). You present your case to your manager, who concludes that the proposal should be shelved for another day. This is not the response you would have hoped for. Your energetic stress reaction determines how you react.

Let us look at each energy level to illustrate how one may react by default or how someone with a higher level of awareness may "choose" to respond to this stressful situation. There are seven ways to respond to this situation:

- If you are at level 1, you are the victim who is at the effect of things. "Nothing really works for me. It never matters. Does it? I give up. I will drop this proposal. I hate myself. I hate my life. I lose."
- At level 2, you are defiant. "My manager has no clue. I will fight back. I hate you. I will go to his supervisor and attack. You lose."
- At level 3, you tolerate. "I am not happy with my manager's response. Perhaps I can wait. It is possible there is something I do not know. I will propose this project again next year. I will win. If my manager also wins, that is fine."
- At level 4, you care. "I feel sympathy for my manager. They are in over their head. Let me help them win. I will wait a bit then re-explain and focus on service."
- At level 5, you see an opportunity. "I am at peace. This is an opportunity for me to educate my manager. I believe in myself. I also understand my manager has the best intentions. Perhaps they do not fully understand what ERM is. It is possible ERM did not work in the past. If we both remain calm and focused, we both win."

- At level 6, you are in the flow. “I hold no grudges. I empathize with my manager. I am synthesizing. I realize that innovation takes time. We are all in this together in unity.”
- At level 7, you are detached from the outcome. “I am fearless. I can create whatever I want. I do not judge. I am not concerned with the outcome. I am living in the moment, with a mastery mindset, believing there is no such thing as winning or losing. It is all an illusion.”

Application to Resiliency

When one is resonating at higher levels of energy, that person is more resilient. That is, the person can withstand and recover from stressful situations. In practice, however, humans tend to be judgmental by default. It takes training and discipline to learn to tap into and access level 7 energy. This never-ending process is described as one in which the person is focused on mastery rather than outcomes. In the above example, a typical reaction would be to view the outcome of the conversation as a failure. A more evolved and resilient response would be to view this situation as a lesson-learned, a step towards success, a mastery mindset of continuous growth, with the belief that the desired outcome eventually follows.

By understanding the energy levels, people become aware of who they are and who they want to be, become more concerned with ongoing improvement and learning, and less concerned with outcomes. Because the person is trusting the process, they live in the present, not negatively impacted by past experiences, not anxious about the future, ultimately developing into a master performer in life and at work. People simultaneously become participants and observers. This mastery orientation becomes a natural part of who one is. Imagine what that journey would do for one’s resilience and life satisfaction. For people who are open to coaching, partnering with a professional coach serves as a powerful resource, a catalyst, helping the person tap into level 7 energy, living in the moment, showing up with a positive attitude, responding to stressors, at will, with elevated consciousness, less judgment, and promoted resilience.

Self-Care and Mindfulness

In addition to the supportive measures discussed above self-care plays a vital role in strengthening resilience and preventing burnout. Self-care and mindfulness can strengthen both physical and mental resilience in the workplace. Although it may seem counterintuitive, these “soft” skills are not simply self-indulgent add-ons to “real” life, but these are actions that can prevent burnout, reduce stress, and maintain overall well-being. Self-care activities such as nutrition, exercise, and adequate sleep help the body restore its physiological reserves and hormone balance.³³ Furthermore, physical activity releases endorphins, natural mood lifters, which reduce pain. Other forms of self-care that may seem gratuitous but are worth the time, effort, and money are massages and other body work, as well as maintaining one’s personal appearance. Massage is therapeutic to the lymphatic system which reduces inflammation and thereby increases energy and contributes to mobility ease. Other self-care activities can simply increase one’s mood and self-esteem. Just as one would encourage friends to take care of themselves during a period of stress, why not encourage yourself to be your own friend?

Mindfulness practices work in a different way. Yoga, meditation, nature walks, and mindfulness-based reading, break the cycle of mental distance from the present moment. When a person is caught up in stress and anxiety, the sympathetic nervous system goes into overdrive as adrenaline floods the system preventing us from responding to life and to a given situation with clarity of mind. Mindfulness activities require active focus, and a return to focus when the participant notices they have lost this experience of focus. The cycle of “gentle focus and gentle return to focus” helps retrain the body’s ability to accept the present moment, whatever it is, through non-judgmental observation of thoughts and feelings. This may also lead to physiological changes

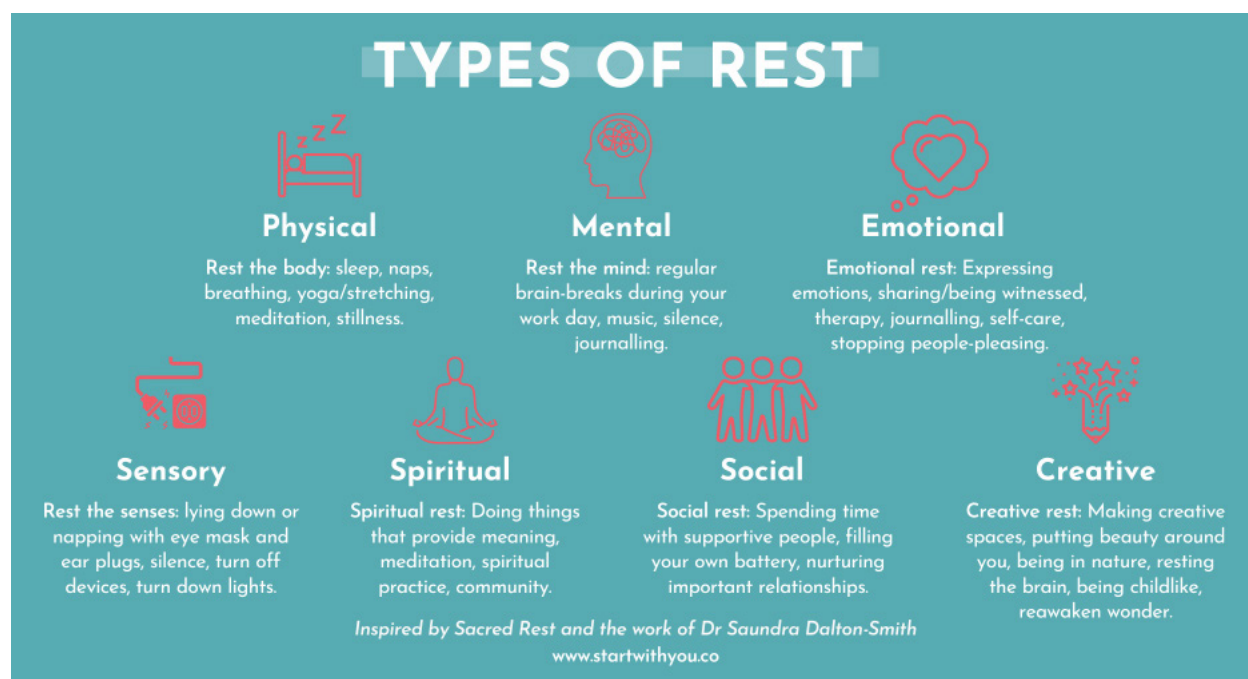
such as a slowing of respiratory rate, reducing heart rate, improving digestion, and lowering cortisol levels. Best of all, regular practice of mindfulness may lead to emotional regulation, or resilience, and greater relaxation.

A person does not need to join a group or do anything special to engage in mindfulness activity. Anything — such as walking outside or drinking coffee watching the sunrise — can be a mindfulness activity. Most of us, however, have very busy minds. This is natural and has been reinforced by society. Often taking a mindfulness class, such as yoga or meditation, can teach the skills and the way that mindfulness works so that the individual can then apply it to other parts of life. It is well worth the investment of time to engage in a class to deepen the ability to engage in mindful activities as part of life.

Instructions for performing mindfulness exercises can be found in many places such as on the internet, in literature, or at focused sessions such as a yoga class or therapeutic session. The Appendix includes step-by-step instructions for performing a short mindfulness exercise. There are also links to two recent ASHRM webinars that are available On Demand that share the value of mindfulness, how to incorporate the practice into a busy routine, and guided mindfulness activities led by the presenters.

SEVEN TYPES OF REST

Dr. Saundra Dalton-Smith, a board-certified internist, promotes utilizing the 7 Types of Rest Framework™ to overcoming burnout. She identifies that many people are lacking rest in their life and that rest involves more than traditional sleep. Her work encourages organizations and individuals to consider the seven types of rest that are necessary to promote their well-being.³⁴ The graphic below describes the seven types of rest that everyone needs:



Awareness and incorporation of the seven types of rest may have a positive effect on well-being. This in turn may help to decrease burnout or other psychological states and promote well-being and resiliency. A pilot study found that brief interventions inspired by mindfulness-based stress reduction (MBSR) combined with short daily meditation exercises in the everyday work of anesthetists at a university hospital increases resilience and reduces burnout symptoms.³⁵

Building a Reservoir of Resilience

For those who have previously worked in a clinical setting, it is likely such experience has helped them to “get a thick skin.” Others may detach or separate the emotions and weight of work events from the rest of their lives. These are likely seen as survival tactics or coping skills rather than thriving skills. It is the resilience-building habits that allow people to thrive. There are daily habits, of which there are many to consider, to build a reservoir of resilience. Risk professionals need the reservoir to be able to pull from it in times of crisis or high emotional stress.

Resilience can be built. It is not something people either have or do not have, not something either born with or not. For long-term personal and professional success, risk professionals must have resilience and know how to build it. There are four primary areas where one may focus to build and maintain resilience. As is a theme seen elsewhere in this paper, the areas of focus center around the mind (one’s thoughts), the body (exercise and nutrition), the spirit (cultivating a sense of optimism and joy) and lastly social bonds (intentional building of allies for connection). The following list of habits, actions, ideas, steps, and practices are offered as some of the most cited in research and literature.

Focus Areas and Practices for Building Resilience

1. Recovery Periods

- a. **Internal** — Refers to shorter periods of relaxation that take place during the workday or in the work setting. They are short scheduled or unscheduled breaks that allow shifting attention to other work tasks when mental or physical resources are depleted or exhausted.³⁶ Mindfulness practices as described above would fit well in this definition as would a ten minute walk at lunchtime.
- b. **External** — Refers to actions that take place outside of work, such as free time after work ends and before it begins, weekends, holidays, or vacations. The goal here is to give the brain a break from high states of mental arousal (such as getting riled up about politics, or home budget).³⁶

2. Strategically Stopping Work

- a. Use technology to control overworking³⁷
 - i. Download Instant or Moment apps to check how many times you turn on your phone each day.
 - ii. Use apps like Offtime or Unplugged to create tech free zones.
- b. Take breaks intentionally
 - i. Take cognitive breaks every 90 minutes (internal recovery periods).
 - ii. Eat lunch outside or with friends, not at the desk.
 - iii. Use your paid time off. One study indicated that paid vacation raises productivity and the likelihood of promotion.³⁸

3. State of Balance (maintain, create, adopt)

- a. **Mind Diet** — The nutritional value of the food used to fuel our body and support brain function is critical. Specifically mentioned in the literature is the Mediterranean diet because what people eat is important to maintaining or building resilience.³⁹
- b. **Meditation and Mental Reframing** — Learning to use a different framework to see negative situations in possible positive outcomes. Also living outside one's comfort zone, so that one becomes accustomed to mental and emotional challenges.
- c. **Exercise** — Building physical strength and stamina by running, weightlifting, or swimming. Putting stress on the body increases the ability to withstand pain and endure uncomfortable situations.³⁹
- d. **Journaling** — Keeping a notebook at bedside, with a specific time right before bed to write down worries, concerns, or problems may help you sleep peacefully. Consider using podcasts designed for sleep that retrain the brain with the use of stories such as the podcast "Nothing Much Happens."
- e. **Pro-Social bonds/Network/Coaching** — Is the ability to reach out to others for help and nurturing the right relationships with the right individuals. Having an "intentional relationship building strategy" allows one to feel fulfilled and to have internal and external allies, especially during times of need.
- f. **Spirituality/Faith** — Is built on the ability to find purpose, which is based upon one's beliefs, principals, values, and morals. It is the ability to invoke positive emotions such as optimism, curiosity, or joy. Spiritual resilience allows one to endure hardship and give more to others. This can be done through a daily gratitude practice where a person identifies "three things you are grateful for that day." Doing this helps in seeing the goodness in the world and moves one to optimism in unpleasant situations.⁴⁰

NEXT STEPS

Holden and Card suggested the research community move forward to more robustly characterize the sources and types of harm risk management and patient safety professionals encounter. Additional studies would allow for testing interventions aimed at preventing and mitigating that harm.² Health care professionals who are delivering direct patient care are thought to be particularly affected by burnout.⁴¹ It makes sense that those working closely with front line staff in a supportive role would be prone to burnout as well, yet resources and information for risk professionals is lacking.

In 2021, Card performed a pilot study on a small group of health care risk management and patient safety professionals and concluded that 71% had burnout, using the Oldenburg Burnout Inventory (OLBI), validated burnout assessment tool. Seventy-seven percent were emotionally exhausted. The impacts of COVID-19 likely played a role in these findings and additional studies of this group were again suggested.⁴²

Holden and Card were interviewed separately in August 2024 to discuss their thoughts and perceptions on this topic five years after their piece was published. Holden said she is most concerned about the effect third victim impact may have on patient safety. She stresses that the Institute of Medicine report "To Err is Human" was so impactful in the risk management and patient safety movement, but it would have been beneficial to include the importance the culture of the organization and the role of patient safety and risk management plays. When discussing this with Card, he made a perceptive revelation that "risk professionals have great responsibility but almost never have a matching scope of authority." These statements provide insight on the emotional toll that the role can have, especially when the stakes are so high. Risk professionals may not be in positions of authority where they are empowered to change the course of future

patient care to improve patient safety and mitigate risk, yet they bear the emotional weight of harm events that are repeated or could have been prevented.

Those in health care risk management positions would certainly benefit from additional studies and recommendations to help mitigate emotional harm.

CONCLUSION

In the professional lives of those working in risk management, challenges are inevitable, whether it is meeting deadlines, navigating complex projects or people, being exposed to others' devastating loss or sadness, or adapting to constant change. These opportunities keep risk management dynamic and interesting. At times, however, these challenges may cause one to experience stress and feel overwhelmed. Risk professionals can prepare themselves better for this through developing knowledge of the behavioral indicators of stress symptoms and states, what types of supportive measures are available and employing self-care practices that will help build and promote their resiliency. No two people are the same and what works for one individual may not work for others. The hope is that this publication will bring renewed awareness to this important topic and foster continued discussions related to the support needed for risk professionals' resiliency.

Each challenge faced and conquered helps individuals grow, builds their skills, and ultimately brings greater meaning to their lives and careers. It is through adversity that risk professionals find opportunities to build resilience. Health care risk management is rewarding work, and many individuals spend much of their professional careers in this field for that reason. By incorporating coaching, psychotherapy, self-care, mindfulness, and/or rest into their daily lives, risk professionals can create a resiliency reservoir that will be available for them to pull from in overwhelming times. There will be challenging days ahead but by building resiliency, risk management professionals will be better able to promote their own well-being so that they may continue the valuable work of supporting their colleagues and the organizations that rely on them.

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APPENDIX

Simple Introductory Mindfulness Exercise

This is an introduction to a simple meditation exercise that can be done anywhere, with any amount of time from two to 20 minutes, or longer. Although it is NOT to be done while in the process of driving, handling equipment, or performing any task that requires close attention. It has been done sitting cross-legged on a cushion, waiting in the examination room of a physician's office, in the airport, waiting in line at the grocery store, essentially any time and any place that a person is not actively engaged with an activity, they can take a few minutes to practice mindfulness. And, like any other skill that is practiced in short bursts regularly, the more frequently it is done, the quicker the benefits are seen and the more easily mindfulness of the situation can set in.

Instructions for a Mindfulness Exercise:

- Sit in a relaxed position without slumping. Eyes can be open with a soft gaze or closed.
- Do a quick body scan for points of tension, especially relaxing the jaw. The mouth might be slightly open with tongue behind the teeth.
- Place hands on lap with relaxed arms, if in a public place, even holding a magazine, or needing to not appear out of place, notice arms and release tension so that each arm feels heavy and relaxed.
- Breathe in and out normally. Do not try to change the breathing pattern. Breath will slow naturally while relaxing.
- Count breaths. Each full breath in and out is counted. For example: count 1 and breathe in and breathe out; count 2 and breathe in and breathe out; then continue counting with each full breath.
- Begin again after 10 is reached. If 10 is not reached or place is lost while counting, begin again at 1 and continue.
- If thoughts intrude, try to keep awareness enough to keep counting breaths. Thoughts may intrude; that is not a problem and is normal. No one can stop their thoughts completely. In fact, at the beginning, most cannot stop their thoughts.
- Start again when 10 is reached.
- Continue this exercise for as long as time is available in the situation.

Remember that meditation is NOT about stopping thoughts. It is about recognizing thinking about something else while trying to count the breath or meditate. Repeated small bouts of effort can lead to results even in unlikely situations without others who are present becoming aware that this exercise is occurring.

This is only one form of a meditation exercise. There are many. Research and try different ones to find out what works best. Then engage in that exercise frequently to begin feeling a stronger sense in the ability to relax in a variety of situations.

ASHRM On-Demand Webinars that Include Mindfulness Exercises

The Impact of Indirect Trauma on Risk Professionals

Presenters: Dawn England, MPH and
Anne Williams-Wengerd, MA, LP, PhD
Live session recorded on November 6, 2024
[ASHRM On-Demand Webinar: Work Related Stress
& Indirect Trauma for Risk Professionals:
The Cost of Caring](#)

Mindfulness for the Very Busy Mind

Presenter: Geri Amori PhD, ARM, DFASHRM, CPHRM
Live session recorded on December 6, 2024
[ASHRM On-Demand Webinar: Mindfulness for the
Very Busy Mind](#)



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