

Nurse, Heal Yourself: Wholeness for Nurses

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Abstract

“Nurse, heal yourself” is a delightful imperative! This is a call for wholeness for nurses. This wholeness includes all facets of life: physical, mental, emotional, psychological, spiritual, and social. This article suggests various practical ways to attain wholeness for nurses, beginning from their training days. Relaxation time, time management, and physical exercises are inevitable stress- busters. Building good home, work, and social relationships positively affect wholeness. Each nurse must practice encouraging self-talk. Boundaries must be maintained and communicated properly. A growth mindset is surpassing to performance mindset. Therapeutic humor is a healer. This article promises to assist all nurses in finding balance in life and work.

Keywords: Mental Wholeness; Social Wholeness; Spiritual Wholeness; Emotional Wholeness; Personal Boundaries, Stress; True-Self; Self-Talk; Co-Dependency; Time Management; Growth Mindset; Work-place Bullying; Therapeutic Humor; Laughter.

1. Introduction

The Master-Teacher-Healer spoke a profound proverb well-known to His audience: “Physician, heal yourself” (Luke 4:23). A proverb is “a concise didactic statement offering advice about right living and proper behavior” (Mangum 2014, “wisdom”). It is also called a “parable” (Greek: *parabolē*; Hebrew: *mashal*), which was a known method of teaching or illustration that employed a common life occurrence to elucidate or underscore a spiritual truth (Bruce n.d.; Utley 2004). It condenses deep observations in brief sentence to convey reproof and encouragement with peculiar force and emphasis. The Greek words *iattros* literally means “physician” or health worker, and *therapeuō* means “to heal or cure the sick” (Godet 1881, p. 237; Robertson 1933).

“Physician, heal yourself.” This was first of all a sarcastic reflection or taunt to challenge Jesus to competently perform in Nazareth what He was reported to have done in Capernaum. It was also a salutary admonition for Him to take care of Himself before taking care of others (Simeon 1832). He has insisted “Why do you look at the speck in your brother’s eye, but do not consider the plank in your own eye? Or, how can you say to your brother, ‘let me remove the speck from your eye, and look, a plank is in your own eye? Hypocrite! First remove the plank from your own eye; and then you will see clearly to remove the speck from your brother’s eye” (Matt 7:3-5).

The writer of the book of Luke himself was a physician and he understood that a physician should have cured himself before attempting to attend to patients (Vincent 1887). This pointed statement: “Physician, heal yourself” was also rendered: “Physician, heal your own lameness” (Nichol 1980, 730). Any physician or health care worker must begin by making his or her own condition better and more secure first before helping others (Blight 2008). “Healing yourself is an essential foundation for healing others. Healing requires care for the whole person” (Birk 2003, p.46). Work as hard at healing yourself as you work in healing others!!

The literary reference to this blatant incongruity of a sick doctor appeared in various forms among the Jews; the Greeks like Euripides and Claudius Galenus; and Romans like Cicero, before and after the time of Jesus. The Chinese used to demand it of their physicians (Robertson 1933). It was recorded as early as Homer, before 700 BC (Wyatt 1924). Euripides, 4th century BC, said: “Doctor who wants to heal other himself runs with sores” (Nolland 1979, p. 199). The 2nd century Greek doctor and medical writer, Galenus, also referred to this proverb with a jeer, and mocks doctors who prescribe for others while not keeping themselves in constant health. They should heal their own sores before undertaking to heal others. It is ridiculous for a pharmacist to be advertising a cough medicine and giving assurance of its efficacy while at the same time he himself is coughing while promoting the medication (Nolland 1979).

Rabbinic sources retorted: “Doctor, take your own medicine” (Nolland 1979, p. 206). It was known and used in the time of Emperor Cicero in 45 BC of bad physicians who professed to have mastered the whole art of healing, but could not cure themselves (Williams 1927). The medication had failed to help the physician’s own condition, hence its usefulness for another’s remains questionable. To have a right to interfere in another’s affairs or healing the person needs first to have dealt effectively with that matter in one’s own life (Nolland 1979). The nurse is in no position to heal a patient when the nurse is neglecting his or her own illness. The healer of others, who himself running with sores, must heal those sores first.

2. Nurses to the Rescue

Nurses represent the largest group of health professionals in the world over (Bureau of Labor Statistics 2010).

They are the absolute caregivers and backbone of any viable healthcare system (Gordon 2005). However, their profession is so demanding and stress-prone, with the increasing complexities of healthcare delivery, such that recruiting and retaining them to fill the current and forecasted nursing shortage is a worldwide concern (Lai *et al.* 2006; Halfer 2007; Camerino, Conway & Van de Heijden 2006; AACN 2014; Herrera & Blair 2015).

Nurses' workload is measured in both physical and mental terms. Mental workload is "the amount of thinking, level of cognitive demand, or thought processing effort required by the worker to meet the physical, temporal, and environmental demands of the defined task" (Neill 2011, p. 133). Nurses must attend to multiple details simultaneously and this puts enormous mental strain on them (Braarud 2001; Haga, Shinoda, & Kokubun 2002; Luximon & Goonetilleke 2001). Too much physical and mental overload make nurses breakdown. Nurse staffing and workload affect nurse satisfaction and nurse turnover (Allen & Mellor 2002; Smith 2002; Beaudoin & Edgar 2003). There is need for nurses to take time off to reload, refresh, and rejuvenate. Nurses need time to heal themselves too.

Nursing, at its wholeness best, involves the head, the hand, and the heart, that is, knowledge, direct patient care, and compassion, respectively (Smith, 1989). Nurses should bring this same dynamic balance into their personal lives, caring for themselves as whole persons. Work must be balanced with physical health, emotional and intellectual development, spirituality, and social relationships (Domar & Dreher 2000; Brix 2003).

The professionalism of nurses must be guarded in spite of the pressures on them. The society expects that from nurses as they serve patients and interact with each other. The lack of it has negative consequences for all concerned and leaves nursing tarnished (Swick 2000). Professionalism reflects professional competence as well as the individual behavior as a whole (Swing 2007). They must be able to think, feel, act, and communicate right (Gale & Marsden 1982, Eraut 2000).

Nurses must be able to control their emotions, demonstrate critical thinking while providing clear and definitive solutions to problems. They must be self-regulated, ethical, altruistic, honest, teachable, team-players, respectful of self and others, and show correct attitude as they apply the profession's codes at all times (Schon 1983; Swick 2000; Wear *et al.* 2000). They must be able to tolerate uncertainty, handle conflicts, recognize and correct possible errors, and continue doing the right things no matter how they feel at any particular point in time (Epstein and Hundert 2002; De Rosa 2006).

Accepting yourself, your strengths and dreams, and persevering in taking care of and showing compassion to yourself will definitely result in personal healing. Concentrate on improving the best and unique skills so as to transform yourself from an ordinary into an outstanding nurse. It is loving yourself first that will give you the wisdom, energy, and vitality to love and help to heal others. This is so true of nurses as they meet the daily demands of their challenging careers (Kahn & Saulo 1993; Brix 2003; Drucker 2008).

3. Strategies for Wholeness for Nurses

To "heal" is "to make whole" (Birx 2003 p.46). In spite of the incessant pressures on nurses, each nurse must still maintain personal equanimity, professionalism, and wholeness without compromising the quality of care for patients. This involves the personal attention and tender care of each nurse's physical, mental, emotional, psycho-social, and spiritual aspects. Finding such balance can be a herculean task, but it is non-negotiable. The rest of this paper suggests some strategies for wholeness for nurses, based on available research.

3.1 Adequate Preparation

During the Nursing School training, nursing tutors must prepare the nursing students for the reality of the nursing profession. The strategies to be suggested below should be included in nursing training. Worrell (2005) uses creative method of presenting the nursing students with a packed bag for their nursing journey. Along with other illustrative items, she included in it an eraser to teach them to learn from their mistakes, correct them, and move on without dwelling on them. Failure never diminishes human value, but may yield the best lessons in life than what we get right. They must be taught to smile, laugh in healthy humor, love themselves, believe in themselves, and encourage themselves with positive self-talk while avoiding negative thoughts. She also included a candle to symbolize the need to keep focused on their long-term goals as life-long-learners, no matter the challenges.

During training, the nursing students develop professional identity through professional socialization, gaining all kinds of knowledge, skills and values and internalizing them (Cohen 1981; Du Toit 1995; Howkins & Ewens 1999; Cohen-Scale 2003). As time goes on, their professional values increase, their professional roles are structured, and their personality traits begin to change. However, stressful life events may negatively impact this process (Du Toit 1995; Altıok & Üstün 2013).

3.2 Take Time Out and Time Off to Relax

The work cannot be finished by you. Do your best and leave the rest. The human physical body was never built to function without rest. Let your off days be used to relax, not to pick up another job in another facility. Have

“me” time every day. Taking vacation days yields better performance reviews, lower employee turnover, increased productivity, and happier employees (Allen 2015). Choose a 100 percent non-toxic mattress to sleep on; one that provides maximum comfort and supports without exposing you to dangerous toxins that can cause illness. You need truly restorative sleep daily in order to combat stress (Loehr & Schwartz 2005).

Nurses need to examine their attitudes towards time and analyze time-wasting behaviors so that they would achieve lifestyle balance (Covey *et al.* 1994). Time management must be taught during nursing training (Eid *et al.* 2015).

3.3 Time Management and Lifestyle Balance

There exists a highly statistically significant relationship between time management and job satisfaction, leading to greater organizational productivity and success. Every hospital should provide time management skills training and tools and a favorable working environment for all hospital personnel, especially nurses who are the largest number of health workers (Elsabahy *et al.* 2015; Rombe & Mogga 2016). Lack of time management among nurses reduces the quality of care, work efficiency, and productivity while causing them to experience burnout and job dissatisfaction (Nasri *et al.* 2013).

Nurses must distinguish between what is important and what is urgent (MacKenzie 1990; Mark 2007). Though the most important is often not the most urgent tasks, people succumb to the tyranny of the urgent.

3.4 Pressure without Stress

Pressure and stress are not one and the same. Pressure is a precursor to stress. Rumination over the past or future events in a negative way inevitably results in stress. Know what you can control or influence and accept what you cannot (Petrie 2017). The perception and concern that one’s perceived ability cannot cope with the demands of an external situation yields stress that endangers one’s well-being (Gelabert-Vilella *et al.* 2014).

Stress, whether at home, work, school, neighborhood, or in social circle results in maladies, regardless of race or cultural background. Stress coping mechanisms differ from person to person and are influenced by ethnic, cultural, and socioeconomic characteristics (Al-Ayadhi 2005; APA 2013; Mahfouz & Alsahli 2016). Employers should establish a psychoeducational program for nurses to learn how to cope positively with their job stressors. Training curricula on self-efficacy have been proven to help nurses to heighten their stress-bearing capacity and improve their work performance (Zaki 2016).

Hugging a significant other or a close colleague can have profound stress-busting effects. It releases oxytocin, a hormone that promotes pro-social behaviors that can contribute to relaxation, trust, and compassion (Davis-Laack 2015). Writing out what is stressing you is a “brain dump” that relieves stress. As you get them out of your head onto paper, those challenges get amazingly different.

Play a mental game to override negative thoughts that keep playing on your mind. You may also reminisce good thoughts, events, and relaxing spots you had visited. People have also managed to control their anger by counting 1-10 backwards a few times. You can count backwards by 7 starting at 1000. You may play a relaxing music and sing along (Davis-Laack 2015).

Change your passwords for your multiple computer access at work, choosing creative passwords that will cheer you up and create for you a stress-free healing environment (Davis-Laack 2015). Research supports that adding “if...then” statements to your goals, greatly increases the likelihood of achieving that goal. This has been demonstrated with various goals even in the face of discouraging circumstances. For instance: “‘If it’s Monday morning, then I’m going to the gym.’ That becomes a habit, which puts my brain on autopilot” (Davis-Laack 2015). Nurses would find these both fun and fulfilling.

3.5 Physical Exercise: Stress Buster

The nurse must take care of his or her body. One way is doing aerobic exercises such as cardio like running, jogging, walking, or biking. It is a brain booster that grows the neurons in the brain and increases the production of glucose, the brain fuel. The more of this you do, the smarter you become. Some have found the healing balm of yoga to help them calm down, providing a buffer between work and home. Pick up hobbies such as gardening, photography, or hiking. They surely benefit both body and soul and help to realign one’s priorities. In breathing exercise, breathe in, hold your breath, and then exhale, counting some numbers as you do so.

Some have reported the benefits of energy healing techniques for stress reduction, relaxation, and healing. Healing Touch is a heart-centered, helps to restore the body’s energy system, and promotes balance. It enhances the human energy field to support the body’s natural ability to heal while balancing the physical, mental, emotional and spiritual well-being (<https://www.healingnurses.com>).

3.6 Finding your True Self

Some adults did not choose their profession, their parents did, based on their parents’ perception of the talents and gifts of their children, with little sensitivity to the children’s dreams and aspirations. In compliance, they

acted as the “perfect” children of their parents’ dreams. Those children, now adults, repressed and lost their true self and locked up their true feelings and threw the key away. Though their feelings, intellect, and bodies are deceived, tricked, confused, and manipulated for a very long while, they eventually burst out at the edges in desperate cry for liberty of the true self (Miller 1991). The repressed pain negatively imparts the emotional life causing serious physical symptoms. This may be the reason for many cases of addiction, a symptom of distress. For adult nurses to find wholeness, each must regain their lost integrity by choosing to look more honestly at the knowledge that is stored inside their bodies and bringing that knowledge closer to their awareness (Miller 1997).

You obtain the greatest long-term happiness when you pursue your own dreams and not another’s goals. When you do what you have passion for, you would not lack energy and focus and can easily prevail over attacks, rejection, errors and even failure (Corley 2010).

As they seek wholeness, nurses need to exhume and deal with and heal from childhood abuses that they carry around as emotional baggage. They need some form of binding the wounds. It is not out of place for a misfit “uncalled” nurse to change professions entirely. Some may just need to find an aspect of nursing that fits their personality or deep interest. For instance, some may go into nursing informatics or research that takes them out of constant patient contact of bedside nursing.

Talent can sometimes become a curse. This often happens when the talented worker works hard only to live up to others’ expectations, sapping all their energy at pleasing others (Petriglieri & Petriglieri 2007). As people praise the promise of the talented, the talented feel the burden of their promise. This excessive pressure denies the talented the excitement of the recognition. They are slavishly preoccupied with image and they lose authenticity and meaning in a dignified captivity. This hampers personal growth and wholeness.

To avoid this, nurses must not allow their talents to possess and consume them. Work must engage your whole self, not just your best self. Stop hiding your wounds in the bid to impress others with only your shiny polished aspects of life. Be authentic and vulnerable. Value the present (Petriglieri & Petriglieri 2007). It is essential for nurses to seek feedback from others, good or bad. Feedback is the food of champions. Do not be afraid of criticisms. It is a crucial component of learning, personal growth, success, and wholeness (Corley 2010).

3.7 Encouraging Self-Talk and Best Possible Self

Every nurse must perfect the art of encouraging self-talk. Discouraging moments may come with overabundant exposure to pain and suffering and occasional talk-down from clients and their families. Mastering how to use your words on yourself is a powerful self-healing technique (Cage 2010). Nurses, their colleagues, and families should evaluate and challenge negative thoughts expressed by each other as a way of better ensuring encouraging self-talk (Hughes *et al.* 2011).

Good leaders must always practice good self-talk (Browne 2005). Self-talk enhances attentional focus, increases confidence, regulates effort, and controls cognitive and emotional reactions (Theodorakis *et al.* 2008). Nurses, as teachers in the wards, use their inner speech and self-talk to improve their own feelings, self-esteem, effective cognitive skill acquisition, and health, which is also contagious to their patients (Hines *et al.* 1995; Payne & Manning 1998).

Most formal employee evaluations and feedbacks, no matter how complimentary, still accentuate the negative and focus on pinpointed opportunities for improvement. “The sting of criticism lasts longer than the balm of praise” in a world of hurts (Roberts *et al.* 2005). Criticism often makes people defensive and unlikely to change. Hence, too much energy and productivity is lost and overinvested in correcting perceived weaknesses. On the contrary, praise produces confidence and the desire to perform better. What is praised increases. When employees tap into and build up their strengths, they reach their highest potential.

The strength-based orientation of the Reflected Best Self (RBS) exercise, in the research area of positive organizational scholarship (POS), helps people to understand and leverage their individual talents and develop a sense of their “personal best” in order to tap into unrecognized and unexplored areas of potential (Roberts *et al.* 2005; Quinn 2015). Gather and analyze the best feedbacks about your strengths and recognize patterns and common themes among the feedbacks. This will be truly illuminating as it sheds more nuanced light on the skills one takes for granted.

Use this information plus your self-observations to compose your self-portrait that summarizes and distills the accumulated information as a guide for future action. This should be written as a prose composition of 2-4 paragraphs, beginning with the phrase, “When I am at my best, I...” This authentic and powerful narrative cements the rejuvenated image of your best self in your consciousness. This is your “possible self” that spurs you to make positive changes in our lives and contribute maximally.

Once you have identified ways to better exploit your strengths and talents go ahead to construct a plan to build on them and perform better. Armed with such realization, attempt to redesign your personal job description so as to achieve your goals through your strongest abilities. This shall reignite your passion, reenergize you, and make you feel intensely alive and authentic. Interestingly, knowing your strengths also offers you a better understanding of how to deal with your weaknesses—and helps you gain the confidence you need to address

them. This is a powerful approach to self-development and wholeness.

3.8 Develop a Growth Mindset

There are significant differences between a performance orientation and a learning orientation. Performance orientation assumes one's intelligence is a fixed quantity. It is a fixed mindset. It makes people to be embarrassed by failure and to feel discouraged when looking at tough problems because they fear making mistakes and not being perceived as always smart. On the other hand, those with learning orientation assume that their intelligence is malleable and expandable. They challenge themselves to stay and work on problems longer and harder, and to keep improving (Dweck 2007). This learning orientation is the growth mindset which praises and rewards efforts, not static intelligence and achievements.

Growth mindset seeks to become rather than being fixated on what one already is. It breaks the chain of limiting thoughts while embracing challenges, struggles, criticisms, and setbacks, with resilience, as a source of growth. It opens a learner up to fully develop and realize their potentials, rather than relying on luck or natural talent. Nurses seeking wholeness must change to a growth mindset. They must seize learning opportunities without fear of failure or discouragement, no matter the amount of effort needed to overcome the daunting challenge, learn from any failure, and passionately continue their effort with love and enthusiasm. This is how ordinary people have developed exceptional skills (Dweck 2007).

Growth mindset gives nurses value, satisfaction, meaning, and fulfillment in their calling and interventions regardless of the outcome. It allows them to see their relationships as a means for budding greater understanding and intimacy, in spite of their differences and challenges. Growth mindset allow personal interests to blossom into abilities through constant, endless curiosity and challenge seeking. You will find joy in the journey and process of becoming what you're capable of. As you operate in the growth mindset, things around you will change too.

3.9 Spiritual Wholeness for Nurses

Nurses' job put them in contact with illnesses that may have spiritual and diabolical dimensions. They could be dangerously exposed if they are not spiritually sound themselves. The health status of patients sometimes saps the inner energies of nurses too. Nurses need to be spiritually connected to a higher source so as to maintain their own wholeness. Nurses' spirituality enhances caring behavior and wholeness. This includes aspects of gratitude, sincerity, and patience. Spiritual training should be provided and sought on regular basis. Spirituality can be expressed in art and poetry also (Yang & Mao 2007; Hamid 2008; Bakar *et al.* 2017).

3.10 Mental and Emotional Wholeness

Good nurses must be aware of their emotions and be able to put them into words. Emotional health lead to self-motivation, achieving one's goals, coping with stress, and giving personal hope, happiness, optimism, and satisfactory fulfillment (Scheier & Carver 1992; Schette 1996; Brown *et al.* 1996; Schweizer & Koch 2001). Optimism helps a person to be able to adapt to life and learn from experiences. Optimism yields positive healthy emotions, high morale, ambition, efficient problem solving, success, coping with trauma, resilience, better interaction skills, and long and healthy life. On the other hand, pessimism is a psychological deficiency that leads to depression, being passive, failure, social inefficiency, sickness, and eventually, death (Seligman 2006; Çelik 2008; Greenberger & Padesky 2015; Loudenback 2017).

Nurses need to cultivate the frame of mind that fosters healing. Nurses' minds should focus on the whole person. "You treat a disease, you win, you lose. You treat a person . . . you'll win, no matter what the outcome" (www.goodreads.com). Having a presence of mind that is not distracted or preoccupied can aid nurses who are taking care of others to fully appreciate the meaning, richness, and fragile beauty of life (Quinn 1997; Birx 2002).

One way to cultivate such presence of mind is to take time to meditate each day. In meditating, simply sit in silence in the morning or evening for about 15 minutes, paying attention to your natural breathing. This helps you to know yourself better and learn to let go of excessive worries and preoccupation. "The best cure for the body is a quiet mind" (www.brainyquote.com). Meditation "clarifies the mind and opens the senses, bringing us into harmony of body, mind, and spirit—at one with all of creation" (Birx 2003, p. 46).

A nurse that seeks personal wholeness can get it simply by having a sincere sense of conscious connection and caring when touching each patient. "Nursing isn't what you do it's who you are" (Anonymous). While the patients sense that they are cherished and cared for, the nurses themselves are energized and healed by "connecting with the whole universe of caring. Each caring act contains the whole universe of caring" (Birx 2003, p. 46). Furthermore, as the nurse learns to appreciate the ordinary activities of his or her own life, such as eating, walking or exercising, and rest, a sense of healing and wholeness envelope such nurse (Birx 2003).

As they pursue wholeness, nurses must embrace happiness, self-satisfaction, self-acceptance, positive self-perception, self-contentment, and psychologically and mental wellness. Each nurse must develop personal life purpose, goal, and growth plan, and be aware of his or her limitations, be able to act autonomously and

independently, show environmental mastery and develop trusting and warm interpersonal relationships (Tennant *et al.* 2007; Ersanlı *et al.* 2016).

3.11 Social Wholeness: Build Good Relationships

A multi-generational and multi-dimensional 80-year Harvard University research reveals that the way to be happier and more successful is simple: Spend more time with people who make you happy (Ward 2016). Close relationships can make or break a person's well-being. Having someone to lean ensures high brain function and reduces emotional and physical pain. People who feel lonely are more likely to experience health declines, and to die sooner. With or without a spouse, any person who has a few good close quality relationships can remain happy and healthy. Time invested in connecting with people you enjoy being around always pays good dividends (Ward 2016).

3.12 Ensuring Safe Work Environment and Cordial Work Relationships

When the work place becomes a war zone of sort, productivity is reduced, conflicts are heightened, communication is a nightmare, and relationships are toxic and tattered (Kusy & Holloway 2009; Weeks 2010; Cloke & Goldsmith 2011). Time and energy invested in enhancing and nurturing good mutually-dependent relationship with one's manager is well-spent. Devoid of flattery and dishonesty, such relationship bloom with unambiguous mutual cooperation and expectations, reliability, connectivity, setting of priorities, effective communication, and obtaining of critical resources (Gabarro & Kotter 2008). Study your supervisors and be aware of their strengths, weaknesses, work styles, and needs vis-à-vis yours. This will yield improved relationship and productivity, simplify jobs expectations, eliminate interpersonal problems, detoxify work environment, and establish a conducive and efficient way of working together that fits each party (Gabarro & Kotter 2008).

Workplace bullying is a menace that should be identified and eliminated promptly. It involves hurting, intimidating, abusing or persecuting a weaker or smaller person. The bully covers his or her inadequacy, insecurity, jealousy, envy, immaturity, prejudice, manipulative arrogance, shame, power drunkenness, low self-confidence, low self-esteem and bad self-image by being mean to others. It is a personality disorder (Chinaka 2010).

Ensure zero tolerance for bullying. Bullying may be camouflaged by those claiming to be good and efficient workers. It is subtle and unnoticed, unlike harassment which may involve visible violence. Bullying may come in form of being over-supervised, over-monitored, over-questioned, unsupported, isolated more than others, over-corrected, criticized, humiliated, shouted at, and undermined in front of others. Being denied leave, doubted when sick, made to feel inferior, and subjected to sarcasm are all bullying (Chinaka 2010; Gabarro & Kotter 2008).

Bullying in clinical settings may include unfair regulation or policy, intimidating new comers, verbal and physical abuse from clients, patients, and their relatives, openly questioning a nurse's competence, and name calling. Excessive pressure of work may lead to pressure bullying whereby a colleague or supervisor becomes rude, short tempered, and angry under the disguise of stress (Chinaka 2010).

If bullying persists unchecked, it results in toxic work environment where stress, anxiety, fear, frequent illness, victim mentality, isolation, anger, bitterness, loss of confidence, reduced work productivity, and resignations from work abound. Report persistent bullying to the employer and trade union. Being assertive will minimize being bullied. This involves confidently and directly stating, declaring, exercising, and insisting on one's rights when interacting with others, without stepping on others' rights (Chinaka 2010).

Aggressiveness, which retaliates and infringes on others' rights, and its opposite, passiveness, both result in win-lose situations. However, assertiveness produces win-win peaceful and respectful results. Assert yourself emphatically, understanding the bully's feeling while still expressing the negative consequences and effects of their ill actions. Point out the discrepancies between what was agreed and what is being done by the other party (Chinaka 2010).

3.13 Recognizing and Adjusting Co-Dependency

Co-dependency explains a dynamic whereby someone aids and supports another individual's dysfunctional behavior or pitiable emotional health such as substance abuse, immaturity, irresponsibility, and under-achievement. Normal responsibility, dependency, independence, autonomy, and compassion found in mature and healthy reciprocal relationships yield resourcefulness and resiliency while abnormal codependency suffocates and restrains growth, as found in dysfunctional relationships (Durllofsky 2016).

A codependent person often covers up or lies to protect others from the consequences of their poor choices. He or she does more than their normal share of an assignment in order to earn people's approval. They may feel unworthy of love and mutual respect. Their attempt to solve another's problem or change another person leads to enabling the person's bad choices, and unwarranted loss of time and resources, sometimes without consent. The

codependent person ends up suffering from unrealistic expectations, manipulation, passive-aggressiveness, and self-neglect (Forward & Frazier 1998; Bogdanos 2013; Horton 2014).

Co-dependency exists when someone is overly desiring excessive approval from and focus on other people, thus thinking and acting in a way to please them at the expense of his or her identity and self-esteem. It is revealed in disproportionate sense of responsibility of others' happiness and emotional welfare. This negative learned behavior can be healed through personal awareness which comes through sincere information from honest feedbacks. One needs not jettison the sense of personal identity, self-esteem, self-respect, and healthy entitlement to one's own contemplations, feelings, and views, without yielding to others. It is broken by setting and maintaining healthy personal and emotional boundaries; and may sometimes need professional therapy sessions (Durlifsky 2016).

Codependent people find it easier to feel and express anger about injustices experienced by others than the ones done to them. They feel empty, bored, and insignificant if they do not have other persons to take care of, a problem or issue to resolve, or a crisis to confront. They have an insatiable need to be needed (Beattie 1986). This is true of compassionate people and professionals like nurses. Nurses must stop feeling guilty for protecting and nurturing themselves from over-commitment or abuse. Nurses, heal yourselves.

3.14 Set and Maintain Healthy Personal Boundaries

Boundaries are part of the created world. Boundaries exist between sexes and species, the dry land and water, night and day, seasons and other creative order. Personal boundaries are clearly established limits that allow for safe connections between an individual and other people. Personal boundaries assist in maintaining one's physical and emotional safety while avoiding burn out and compassion fatigue. They are safety nets around professional policies, practices, and responsibilities. Healthy boundaries are essential to getting things done and building relationships that last. It involves personal awareness of one's limits, strengths and abilities. It protects you from going overboard (Pappenheim 2016).

A boundary is a limit defining you in relationship to someone or to something. Personal boundaries should be set on the lending and spending of money and time. They increase one's sense of control and reduce one's stress. They protect us, clarify responsibilities, communicate needs, integrity, and self-worth, preserve physical and emotional energy, and help in achieving personal wholeness. Physical boundaries are tangible and relate to one's body, touch, physical space, personal space, belongings, and privacy (Gionta & Guerra 2015).

Boundaries help us to define who we are and who we are not. Boundaries are needed in all aspects of our lives, including in relationships with others at home, work, play, religious, recreational and social circles. Mental boundaries help to freely maintain our personal thoughts and opinions. Emotional boundaries help us to manage our personal emotions while avoiding poisonous, toxic, and manipulative emotions of others. Spiritual boundaries separate God's will from our own (Cloud & Townsend 1992; Whitfield 1994; Katherine 2000).

Emotional and mental boundaries are intangible and more subtle and tougher to spot (Gionta & Guerra 2015). Emotional boundaries concern accepting, maintaining, and communicating one's emotions without undue pressure of other people's expectations. They include issues of abuse, put-downs, disrespect, and toxic behavior. Do not enable or excuse abuse. Know those who are safe and emotionally mature enough to allow into a closer "inner circle" relationship with you. Audit people with wisdom and insight and without hurry. You are entitled to emotional self-care and healthy mental health (Pappenheim 2016; Bogdanos 2017).

Many women are overwhelmed with multi-faceted demands at home and work, cultural pressures as well as the guilt of perfectionism. They need to desist from suppressing their emotional needs and accept their limitations, boundaries, self-nurture, balance, lean on God and His words so as to avoid mental, emotional, and physical burnout (Hanks 2013).

Every professional should establish boundaries and tactfully and openly communicate them. Building boundaries takes time, practice, and consistency. Stay firm and committed to your boundaries. It is helpful to write them down. Revisit, reevaluate, amend, or change them as you deem fit, from time to time. Take pride in your stated boundaries. Often, saying "no" to other people is a great way of saying "yes" to yourself (Bogdanos 2017). You do not need to apologize for that, since you cannot love others until you truly love your authentic self.

You may set a boundary of never bring office work home, putting away your devices after work in order to spend quality family time, staying completely offline to replenish your mental, emotional and spiritual reserves. Nurses should not ordinarily receive gifts from patients, nor share personal home telephone numbers or other significant personal information with them. Clients' information must not be shared with unauthorized persons. Nurses must not vent with clients about other health workers (Tartakovsky 2014).

Nurses' busy schedules often crowd their lives to the brim and drain every energy. Change your language from saying "busy" to saying: "I'm richly scheduled." "I'm well used." "I'm on purpose." Fine-tune your "busy" mindset by redefining your obligations as opportunities for connecting with people and helping others find wholeness. This has a way of refocusing and reenergizing you. See yourself as making impact and connecting to purpose. Redesign your life. Do more prioritization and delegation. Stop enjoying the feeling of being busy as it

does not make you more important (Cavanaugh 2015).

When you respect your personal boundaries, others will learn how to treat you right. Respect other people's personal space and other boundaries. When your boundaries are violated, it is important to reinforce and exercise your boundary before it loses its power. Feelings of discomfort, resentment, or guilt are significant signals of boundary issues. You will be able to recognize when people unnecessarily impose their expectations, views, or values on you. Do not feel guilty about setting and enforcing your boundaries (Gionta & Guerra 2015).

People often cross other people's personal boundaries unintentionally and ignorantly. You should begin by handling it within your mind, seeking for any positives in that situation. Other times, you may need to gently confront the boundary violator and restate your boundary in a positive, compassionate, and respectful manner, using words and or actions. You may use words such as "no," "stop," "I am uncomfortable with this/that," etc. Your actions may include leaving the scene, shaking your head to indicate "no," or putting up your hand to indicate "stop," or avoiding the violator. This will guide the way forward in such relationship or may suggest the need to reconsider terminating a relationship with serial boundary breaker. Though speaking up or confronting boundary breaking issues may be uneasy and intimidating, and may trigger our insecurities, it is still the best way to being authentic, safe, and free; and to strengthen positive relationships (Black 1998; Tartakovsky 2016).

3.15 Therapeutic Humor

Nurses have recognized humor as a constructive therapeutic intervention, showing positive psychological and physiological outcomes for patient care; and have begun teaching therapeutic humor as a coping mechanism for caregivers (Ulloth 2002; Adamle *et al.* 2007; Chiang-Hanisko *et al.* 2009; Chiarello 2010; Valentine & Gabbard 2014). As the best medicine, laughter reduces pain, gives analgesic effects, aids in tolerating discomfort and in dealing with adversity and understanding rule violations, decreases stress response, connects people emotionally, and increases job performance. Consequently, humor therapy, laughter therapy, laughter meditation, and laughter clubs are becoming common place as group and self-management techniques (Martin 2001; Yarcheski *et al.* 2002; MacDonald 2004; Spickerman 2005; Kuhn 2006; Wilkins & Eisenbraun 2009).

Laughter enhances learning and supports people in their learning journey, heightening a comfortable learning community (Cueva *et al.* 2006). Laughter has physiological, psychosomatic, social, mental, spiritual, and quality-of-life benefits, with no known adverse contraindications. It is a complementary/alternative medicine that can prevent some sickness, aid in treating several illnesses and help to eject or minimize many negative emotions (Dean & Major 2008; Mora-Ripoll 2010; Gildberg *et al.* 2016).

Laughter is a potent "feel-good" endorphin releaser in the brain through opioid receptors, thereby induces euphoria. It improves the flow of oxygen to the heart and brain (DiSalvo 2017; Manninen *et al.* 2017). Laughing contagiously creates social bonds and promotes togetherness and safety. Laughter fosters beneficial connectivity between different brain regions. It also enhances relationships between suitors and married couples; the more they laugh together, the higher the quality of their relationship (Vlahovic *et al.* 2012; Kurtz & Algoe 2015; DiSalvo 2017). It works like an antidepressant by activating the release of the neurotransmitter serotonin. It also improves immune functions. Its anti-inflammatory effect guards blood vessels and heart muscles from the damaging effects of cardiovascular disease as the cheapest heart disease prevention activity (Clark *et al.* 2001; DiSalvo 2017). Laughter helps nurse feel whole again.

4. Conclusion

Nurses are the largest group among health care professionals. Patients draw confident assurance by observing their health care givers. Nurses who refuse to show balance and wholeness in their lives lose the right to treat others. Nurses, heal yourselves! The highest purpose of nursing care should be wholeness. Nurses cannot give what they do not have. Patients' hope of wholeness is minimized when their nurses cannot reveal that they have found wholeness too. This paper's call for wholeness for nurses is a precursor to patients' wholeness. It is non-negotiable. The wholeness strategies described above should be taught to others as nurses master them too.

References

- Adamle, K. N., Chiang-Hanisko, L., Ludwick, R., Zeller, R. A., & Brown, R. (2007). Comparing Teaching Practices about Humor among Nursing Faculty: An International Collaborative Study. *International Journal of Nursing Education Scholarship* 4(1), 1-16.
- Al-Ayadhi, L. Y. (2005). Neurohormonal Changes in Medical Students during Academic Stress. *Annals of Saudi Medicine* 9(1), 36-40.
- Allen, J., & Mellor, D. (2002). Work Context, Personal Control and Burnout Amongst Nurses. *Western Journal of Nursing Research* 24, 905-917.
- Allen, David. (2015). *Getting Things Done: The Art of Stress-Free Productivity*. New York: Penguin Publishing Group.
- Altıok, Hatice Öner & Üstün, Besti. (2013). The Stress Sources of Nursing Students. *Educational Sciences*:

- Theory & Practice 13(2), 760-766.
- American Association of Colleges of Nursing-AACN. (2014, April 24). Nursing Shortage Fact Sheet. Retrieved from <http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf>.
- APA's (2013). Stress in America Survey. <http://www.apa.org/news/press/releases/stress/2013/highlights.aspx>.
- Bakar, Abu; Nursalam; Adriani, Merryana; Kusnanto; Qomariah, Siti Nur; Hidayati, Laily; Pratiwi, Ika Nur; Ni'mah, Lailatun. (2017). Nurses' Spirituality Improves Caring Behavior. *International Journal of Evaluation and Research in Education (IJERE)* 6(1), 23-30.
- Beattie, Melody. (1986). *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*. Center City, MN: Hazelden.
- Beaudoin, L. E., & Edgar, L. (2003). Hassles: Their Importance to Nurses' Quality of Work Life. *Nursing Economics* 21(3), 106-113.
- Birx, Ellen. (2002). *Healing Zen: Awakening to a Life of Wholeness and Compassion While Caring for Yourself and Others*. New York: Viking Compass.
- _____. (2003). Nurse, Heal Thyself. *RN* 66(1), 46-48.
- Black, Jan. (1998). *Better Boundaries: Owning and Treasuring Your Life*. Oakland, CA: New Harbinger Publications.
- Blight, Richard C. (2008). *An Exegetical Summary of Luke 1-11*, 2nd ed. Dallas, TX: SIL International.
- Bogdanos, Maria. (2013). Signs of Codependence & Codependent Behavior. <https://psychcentral.com/blog/archives/2013/04/04>.
- _____. (2017, July 10). How to Create Emotional Boundaries. <https://psychcentral.com/blog/archives/2017/07/10>.
- Braarud, P. O. (2001). Subjective Task Complexity and Subjective Workload: Criterion Validity for Complex Team Tasks. *International Journal of Cognitive Ergonomics* 5, 261-273.
- Brady, J. M. (2007). Nurse Heal Thyself: Personal Power Can Create Professional Change. *British Journal of Anesthetic and Recovery Nursing* 8, 75-78.
- Brainard, A. H. and Brislen, H. C. (2007). Viewpoint: Learning Professionalism: A View from the Trenches. *Academic Medicine* 82(11), 1010-1014.
- Brown, D. S., Ryan, E. N., & McPartland, B. E. (1996). Why are so Many People Happy and What Do We Do for Those Who Aren't? *The Counseling Psychologist* 24(4), 751-757.
- Browne, Frederick R. (2005). Self-Talk of Group Counselors: The Research of Rex Stockton. *Journal for Specialists in Group Work* 30(3), 289-297.
- Bruce, Alexander Balmain. (n.d.). *The Synoptic Gospels*. New York: George H. Doran.
- Bureau of Labor Statistics. (2010). *Occupational Outlook Handbook, 2010-2011 Edition*. Retrieved July 14, 2017, from <http://www.bls.gov/oco/ocos083.htm>.
- Cage, Roy. (2010). *The Magic Loop, How to Use Your Words to Heal Yourself!* Durham, CT: Strategic Book Publishing.
- Camerino, D., Conway, P., & Van de Heijden, B. (2006). Low-perceived Work Ability, Aging, and Intention to leave Nursing: A Comparison among 10 European Countries. *Nursing and Health Care Management and Policy* 56(5), 542-552.
- Cavanaugh, Anese. (2015, January 5). How to Set Boundaries When You're Busy. <https://www.inc.com>.
- Çelik, Seher Balci. (2008). The Effects of an Emotion Strengthening Training Program on the Optimism Level of Nurses. *Educational Sciences: Theory & Practice* 8(3), 793-804.
- Chiang-Hanisko, L.; Adamle, K.; & Chiang, L. C. (2009). Cultural Differences in Therapeutic Humor in Nursing Education. *Journal of Nursing Research* 17(1), 52-61.
- Chiarello, M. A. (2010). Humor as a teaching tool. Use in Psychiatric Undergraduate Nursing. *Journal of Psychosocial Nursing and Mental Health Services* 48(8), 34-41.
- Chinaka, Phyllis. (2010). *Physician, Heal Yourself: Starting from the Inside Out*. UK: Authorhouse.
- Clark, Adam; Seidler, Alexander, & Miller, Michael. (2001). Inverse Association between Sense of Humor and Coronary Heart Disease. *International Journal of Cardiology* 80, 87-88.
- Cloke, Kenneth & Goldsmith, Joan. (2011). *Resolving Conflicts at Work: Ten Strategies for Everyone on the Job*, 3rd Edition. San Francisco, CA: Jossey-Bass.
- Cloud, Henry & Townsend, John. (1992). *Boundaries: When to Say Yes, How to Say No to Take Control of Your Life*. Grand Rapids, MI: Zondervan.
- Cohen, H. A. (1981). *The Nurse's Quest for Professional Identity*. Menlo Park, CA: Addison-Wesley.
- Cohen-Scale, V. (2003). The Influence of Family, Social, and Work Socialization on the Construction of the Professional Identity of Young Adults. *Journal of Career Development* 29(4), 238-249.
- Corley, Thomas C. (2010). *Rich Habits - The Daily Success Habits of Wealthy Individuals*. Minneapolis, MN: Langdon Street Press.
- Covey, S., Merrill, R. A., & Merrill, R. (1994). *First Things First: To Live, to Love, to Learn, to Leave a Legacy*.

- New York: Simon and Schuster.
- Cueva, M., Kuhnley, R., Lanier, A., & Dignan, M. (2006). Healing Hearts: Laughter and Learning. *Journal of Cancer Education* 21(2), 104-107.
- Davis-Laaek, Paula. (2015, May 25). 10 Stress-Relief Strategies When You Have Five Minutes or Less. <http://www.huffingtonpost.com>.
- De Rosa, G. P. (2006). Professionalism and Virtues. *Clinical Orthopaedics and Related Research* 449, 28-33.
- Dean, R. A., & Major, J. E. (2008). From Critical Care to Comfort Care: The Sustaining Value of Humour. *Journal of Clinical Nursing* 17(8), 1088-1095.
- DiSalvo, David. (2017, June 5). Six Science-Based Reasons Why Laughter is the Best Medicine. <https://www.forbes.com/sites/daviddisalvo/2017/06/05>.
- Domar, A. D., & Dreher, H. (2000). *Self-nurture: Learning to Care for Yourself as Effectively as You Care for Everyone Else*. New York: Viking.
- Drucker, Peter F. (2008). *Managing Oneself*. Harvard Business Review Classics. 1st ed. Boston, MA: Harvard Business Press.
- Du Toit, Dilit. (1995). A Sociological Analysis of the Extent and Influence of Professional Socialization on the Development of a Nursing Identity among Nursing Students at Two Universities in Brisbane, Australia. *Journal of Advanced Nursing* 21, 164-171.
- Durlofsky, Paula. (2016, November 18). Recognizing & Adjusting Co-Dependent Behaviors. <https://psychcentral.com/blog/archives/2016/11/18>.
- Dweck, Carol S. (2007). *Mindset: The New Psychology of Success*. New York: Ballantine Books.
- Eid, M. N., Safan, S. M., & Diab, Gehan M. (2015). The Effect of Time Management Skills and Self Esteem of Students on their Grade-Point Average (GPA). *Journal of Nursing and Health Science* 4(1), 82-88.
- Elsabahy, H. ELsayed, S., Wafaa, F., & El Atroush, H. G. (2015). Effect of Time Management Program on Job Satisfaction for Head Nurses. *Journal of Education and Practice* 6(32), 36-44.
- Epstein, R. M. & Hundert, E. M. (2002). Defining and Assessing Professional Competence. *Journal of American Medical Association (JAMA)* 287(2), 226-235.
- Ersanlı, Ercümen & Korkut, Mustafa. (2016). Correlates of Mental Well-Being among Turkish Health Care Workers. *Journal of Education and Practice* 7(36), 139-143.
- Eraut, M. (2000). Non-formal Learning and Tacit Knowledge in Professional Work. *British Journal of Educational Psychology* 70, 113-136.
- Forward, Susan & Frazier, Donna. (1998). *Emotional Blackmail: When the People in Your Life Use Fear, Obligation, and Guilt to Manipulate You*. New York: HarperCollins.
- Gabarro, John J. & Kotter, John P. (2008). *Managing Your Boss*. Boston, MA: Harvard Business School Publishing Corporation.
- Gale, J. & Marsden, P. (1982). Clinical Problem Solving: The Beginning of the Process. *Medical Education* 16, 22-26.
- Gelabert-Vilella, Sandra; Bonmat-Tomás, Anna; Bosch-Farré, Cristina; Malagón-Aguilera, M. Carmen; Fuentes-Pumarola, Concepció; and Ballester-Ferrando, David. (2014). Mental Health Nursing Practicum: Student and Mentor Perspectives on Stress and Satisfaction. *Journal of Technology and Science Education* 4(2), 79-88.
- Gildberg, F. A., Paaske, K. J., Rasmussen, V. L., Nissen, R. D., Bradley, S. K., & Hounsgaard, L. (2016). Humor: Power Conveying Social Structures Inside Forensic Mental Health Nursing. *Journal of Forensic Nursing* 12(3), 120-128.
- Gionta, Dana & Guerra, Dan. (2015). *From Stressed to Centered: A Practical Guide to a Healthier and Happier You*. Santa Barbara, CA: Sea Hill.
- Godet, Frédéric Louis. (1881). A Commentary on the Gospel of St. Luke. Trans. Edward William Shalders and M. D. Cusin, vol. 1. New York: I. K. Funk & co.
- Gordon, S. (2005). Nursing against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris undermine Nurses and Patient Care. Retrieved July 17, 2017, from http://www.nursingadvocacy.org/media/books/nursing_odds.html.
- Greenberger, Dennis & Padesky, Christine A. (2015). *Mind Over Mood, Second Edition: Change How You Feel by Changing the Way You Think*. New York: The Guilford Press.
- Haga, S., Shinoda, H., & Kokubun, M. (2002). Effects of Task Difficulty and Time-On-Task on Mental Workload. *Japanese Psychological Research* 44(3), 134-143.
- Halfer, D. (2007). A Magnetic Strategy for New Graduate Nurses. *Nursing Economics* 25(1), 6-11.
- Hamid, A.Y. (2008). *Text Book Spirituality Aspect in Nursing*. Jakarta: Widya Medika.
- Hanks, Julie de Azevedo. (2013). *The Burnout Cure: An Emotional Survival Guide for Overwhelmed Women*. American Fork, UT: Covenant Communications Inc.
- Herrera, Cheryl & Blair, Jennifer. (2015). *Predicting Success in Nursing Programs*. Research in Higher

- Education Journal 28, 8pp.
- Hines, P. L., Morran, D. K., & Stockton, R. (1995). The Self-talk of Group Therapists: A Beginning Investigation. *Journal of Counseling Psychology* 42(2), 242-248.
- Horton, Michelle. (2014). 10 Definitive Signs You're in a Codependent Relationship. <http://www.yourtango.com/2014236619/love>.
- Howkins, E. J., & Ewens, A. (1999). How Students Experience Professional Socialization. *International Journal of Nursing Studies* 35, 41-49.
<https://www.brainyquote.com>.
https://www.goodreads.com/author/quotes/436656.Patch_Adams.
<https://www.healingnurses.com>.
- Hughes, J. S., Gourley, M. K., Madson, L., & Le Blanc, K. (2011). Stress and Coping Activity: Reframing Negative Thoughts. *Teaching of Psychology* 38(1), 36-39.
- Kahn, Sherry & Saulo, Mileve. (1993). *Healing Yourself: A Nurse's Guide to Self-Care and Renewal*. Real Nursing Series. Stamford, CT: Delmar Cengage Learning.
- Katherine, Anne. (2000). *Where to Draw the Line: How to Set Healthy Boundaries Every Day*. Cambridge, Ontario, Canada: Fireside.
- Kuhn, Clifford. (2006). Healing with Humor. *Health Financial Management* 60(12), 30-32.
- Kurtz, Laura E. & Algoe, Sara B. (2015). Putting Laughter in Context: Shared Laughter as Behavioral Indicator of Relationship Well-being. *Journal of the International Association for Relationship Research* 22(4), 573-590.
- Kusy, Mitchell & Holloway, Elizabeth. (2009). *Toxic Workplace!: Managing Toxic Personalities and Their Systems of Power*. San Francisco, CA: Jossey-Bass.
- Lai, H., Peng, T., & Chang, F. (2006). Factors Associated with Career Decision in Taiwanese Nursing Students in Three Types of Programs. *Journal of Nursing Education* 43(5), 581-588.
- Loehr, Jim & Schwartz, Tony. (2005). *The Power of Full Engagement: Managing Energy, Not Time, is the Key to High Performance and Personal Renewal*. New York: Free Press.
- Loudenback, Tanza. (2017, April 23). 15 Habits of Self-Made Millionaires, from a Man Who Spent 5 Years Studying Rich People. <http://uk.businessinsider.com/>.
- Luximon, A., & Goonetilleke, R. S. (2001). Simplified Subjective Workload Assessment Technique. *Ergonomics* 44, 229-243.
- MacDonald, C. M. (2004). A Chuckle a Day Keeps the Doctor Away: Therapeutic Humor and Laughter. *Journal of Psychosocial Nursing and Mental Health Services* 42(3), 18-25.
- MacKenzie, A. (1990). *The Time Trap*. 3rd ed. New York: American Management Association.
- Mahfouz, Rasha & Alsahli, Haya. (2016). Perceived Stress and Coping Strategies Among New Nurse Students in Clinical Practice. *Journal of Education and Practice* 7(23), 118-128.
- Mangum, Douglas. (2014). *The Lexham Glossary of Literary Types*. Bellingham, WA: Lexham Press.
- Manninen, S., Tuominen, L., Dunbar, R., Karjalainen, T., Hirvonen, J., Arponen, E., Hari, R., Jääskeläinen, I. P., Sams, M., & Nummenmaa, L. (2017). Social Laughter Triggers Endogenous Opioid Release in Humans. *Journal of Neuroscience* 37(25), 6125-6131.
- Martin, R. A. (2001). Humor, Laughter, and Physical Health: Methodological Issues and Research Findings. *Psychology Bulletin* 127(4), 504-519.
- McGuinness, Mark. (2007). *Time Management for Creative People*. Free e-book. <http://www.wishfulthinking.co.uk/2007/12/03>.
- Miller, Alice. (1991). *Banished Knowledge: Facing Childhood Injuries*. Ventura, CA: Anchor.
- _____. (1997). *The Drama of the Gifted Child: The Search for the True Self*. New York: Basic Books.
- Mora-Ripoll, R. (2010). The Therapeutic Value of Laughter in Medicine. *Alternative Therapies in Health and Medicine* 16(6), 56-64.
- Nasri S., Pazargadi M., Tafreshi M, & Nassiri N, (2013). The Correlation of Head Nurses' Time Management with Nurses' Job Satisfaction in Medical & Surgical Wards of Hospitals in Arak Medical Sciences University. *Journal of Nursing and Midwifery* 22 (79), 1-7.
- Neill, Denise. (2011). Nursing Workload and the Changing Health Care Environment: A Review of the Literature. *Administrative Issues Journal: Education, Practice, and Research* 1(2), 132-143.
- Nichol, Francis D., ed. (1980). *The Seventh-Day Adventist Bible Commentary*, vol. 5. Hagerstown, MD: Review and Herald Publishing Association.
- Nolland, John. (1979). Classical and Rabbinic Parallels to "Physician, Heal Yourself" (Luke 4:23). *Novum Testamentum* 21, 193-209.
- O'Connor, M. (2002). Nurse Leader: Heal Thyself. *Nursing Administration Quarterly* 26, 60-79.
- Pappenheim, Harriet. (2016, May 25). 4 Steps to Setting Healthy Personal Boundaries. <https://psychcentral.com/blog/archives/2016/05/25/>.

- Payne, Beverly; Manning, Brenda H. (1998). Self-Talk for Teachers. *International Journal of Leadership in Education* 1(2), 195-202.
- Petrie, Nicholas. (2017, March 16). Pressure Doesn't Have to Turn into Stress. *Harvard Business Review*. www.bhr.org.
- Petriglieri, Jennifer & Petriglieri, Gianiero. (2007, May-June). The Talent Curse. *Harvard Business Review*. www.bhr.org.
- Quinn, J. F. (1997). Healing: A Model for an Integrative Healthcare System. *Advanced Practice Nursing Quarterly* 3(1), 1-7.
- Quinn, Robert E. (2015). *The Positive Organization: Breaking Free from Conventional Cultures, Constraints, and Beliefs*. Oakland, CA: Berrett-Koehler.
- Roberts, L. M., Spreitzer, G., Dutton, J. E., Quinn, R. E., Heaphy, E. & Barker, B. (January, 2005). How to Play to Your Strengths. *Harvard Business Review*. www.bhr.org.
- Robertson, A. T. (1933). *Word Pictures in the New Testament*. Nashville, TN: Broadman.
- Rombe, Michael & Mogga, Lawrence. (2016). Effective Time and Self-Management, Environment and Productivity in an Organization. *Science Journal of Business and Management* 4(6), 204-211.
- Scheier, M. F., & Carver, C. S. (1992). Effects of Optimism on Psychological and Physical Well-being: Theoretical Overview and Empirical Update. *Cognitive Therapy and Research* 16, 210-228.
- Schette, J. W., & Hosch, H. M. (1996). Optimism, Religiosity and Neuroticism: A Cross-cultural Study. *Personality and Individual Differences* 20(2), 239-244.
- Schon, D. A. (1983). *The Reflective Practitioner*. New York: Basic Books.
- Schweizer, K., & Koch, W. (2001). The Assessment of Component of Optimism by POSO-E. *Personality and Individual Differences* 31, 563-574.
- Seligman, M. E. P. (2006). *Learned Optimism: How to Change Your Mind and Your Life*. New York: Vintage.
- Simeon, Charles. (1832). *Horae Homileticae: Mark-Luke*, vol. 12. London: Holdsworth and Ball.
- Smith, A. P. (2002). Evidence of our Instincts: An Interview with Linda H. Aiken. *Nursing Economics* 20(2), 58-61.
- Smith, James P. (1989). *Virginia Henderson: The First Ninety Years*. Tokyo: Ishiyaku Euroamerica.
- Spickerman, F. (2005). Managing Stress from the Inside Out. *Family Practice Management* 12(5), 102.
- Swick, H. M. (2000). Toward a Normative Definition of Medical Professionalism. *Academic Medicine* 75(6), 612-616.
- Swing, S. R. (2007). The ACGME Outcome Project: Retrospective and Prospective. *Medical Teacher* 29, 648-654.
- Tartakovsky, Margarita. (2014, March 10). 7 Tips for Setting Boundaries at Work. www.psychcentral.com/blog/archives/2014/03/10/.
- _____. (2016, January 6). When People Cross Your Boundaries. <https://psychcentral.com/blog/archives/2016/01/06/>.
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. L. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK Validation. *Health and Quality of Life Outcomes* 5(63). doi:10.1186/1477-7525-5-63.
- Theodorakis, Y., Hatzigeorgiadis, A., & Chroni, S. (2008). Self-Talk: It Works, but How? Development and Preliminary Validation of the Functions of Self-Talk Questionnaire. *Measurement in Physical Education and Exercise Science* 12(1), 10-30.
- Ulloth, J. K. (2002). The Benefits of Humor in Nursing Education. *Journal of Nursing Education* 41(11), 476-481.
- Utley, Robert James. (2004). *The Gospel According to Luke*, vol. 3A. Study Guide Commentary Series. Marshall, TX: Bible Lessons International; Luke 4:23.
- Valentine, L. & Gabbard, G. O. (2014). Can the Use of Humor in Psychotherapy be Taught? *Academic Psychiatry* 38(1), 75-81.
- Vincent, Marvin Richardson. (1887). *Word Studies in the New Testament*, vol. 1. New York: Charles Scribner's Sons, 1887), 292-293.
- Vlahovic, T. A., Roberts, S., & Dunbar, R. (2012). Effects of Duration and Laughter on Subjective Happiness Within Different Modes of Communication. *Journal of Computer-mediated Communication* 17(4), 436-450.
- Ward, Marguerite. (2016, December 15). 75-year Harvard study Reveals the Key to Success in 2017 and Beyond. www.cnn.com/2016/12/15/.
- Wear, D. & Biskel, J., ed. (2000). *Educating for Professionalism: Creating a Culture of Humanism in Medical Education*. Iowa City, IA: University of Iowa Press.
- Weeks, Holly. (2010). *Failure to Communicate: How Conversations Go Wrong and What You Can Do to Right Them*. Boston, MA: Harvard Business School.
- Whitfield, Charles. (1994). *Boundaries and Relationships: Knowing, Protecting and Enjoying the Self*. Deerfield

- Beach, FL: HCI.
- Williams, W. G. (1927). *Cicero the Letters to his Friends I*. Loeb Classical Library. London: William Heinemann.
- Wilkins, J. & Eisenbraun, A. J. (2009). Humor Theories and the Physiological Benefits of Laughter. *Advances Mind-Body Medicine* 24(2), 8-12.
- Worrell, Mary Mullaly. (2005). Packing a Bag for the Journey Ahead: Preparing Nursing Students for Success. *Inquiry* 10(1), 49-53.
- Wyatt, William F., ed. (1924). *Homer: The Iliad: Volume I, Books 1-12*. Loeb Classical Library No. 170. 2nd Edition. Trans. Murray, A. T. Boston, MA: Harvard University Press.
- Yang, Ke-Ping & Mao, Xiu-Ying. (2007). A Study of Nurses' Spiritual Intelligence: A Cross-Sectional Questionnaire Survey. *International Journal of Nursing Studies* 44, 999-1010.
- Yarcheski, A., Mahon N. E., & Yarcheski, T. J. (2002). Humor and Health in Early Adolescents: Perceived Field Motion as a Mediating Variable. *Nursing Science Quarterly* 15(2), 150-155.
- Zafiroopoulos, George. (2017). Definition of Professionalism by Different Groups of Health Care Students. *Educational Research and Reviews* 12(7), 380-386.
- Zaki, Rania. A. (2016). Job Stress and Self- Efficacy among Psychiatric Nursing Working in Mental Health Hospitals at Cairo, Egypt. *Journal of Education and Practice* 7(20), 103-113.